Keele University Teaching Trust

NHS
North Staffordshire Combined Healthcare NHS Trust

Our Ref: NG/RM/25440
Date: 13th January 2026

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
Bellringer Road
Trentham
ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 12th December 2025**.** Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:
I am writing to you under the Freedom of Information Act 2000 to request the following information:

Please see Appendices 1-3 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Nicola Griffiths
Deputy Director of Governance

Dear Sir/Madam,
I hope you are well.

I am writing to you under the Freedom of Information Act 2000 to request the following information:

1. How many sexual safety incidents took place in Trust premises since 1 Jan 2020 to date? **380**

2. Please provide a breakdown of the total provided in question 1 by calendar year*

2020	2021	2022	2023	2024	2025 to date
45	**44**	**39**	**54**	**119**	**79**

3. Please provide a breakdown of the total provided in question 1 by type of sexual safety incident - e.g. a) rape, b) sexual assault etc

Rape	Sexual assault	Sexual harassment	d) Stalking	Abusive sexual remarks	Other
0	**5**	**375**	**0**	**0**	**0**

4. Please provide a breakdown of the total provided in question 1 by age of victim in the following categories: a) under 18, b) 18-64 and c) 65 and over**

Under 18	18-64	65+
13	**306**	**38**

23 No age identified

5. Please provide a breakdown of the total provided in question 1 by status of the victim and perpetrator in the following categories:
    a. Perpetrator was a staff member, and victim was staff member
    b. Perpetrator was a member of the public (or patient) and victim was a member of the public (or patient)
    c. Perpetrator was a member of the public (or patient) and victim was a staff member
    d. Perpetrator was a staff member, and victim was a member of the public (or patient)

Staff against staff	Public/ patient against public/ patient	Public/ patient against staff	Staff against public/ patient
0	**108**	**272**	**0**

6. Please provide a breakdown of the total number of rapes since 1 Jan 2020 (i.e. the answer to 3.a) by the age of the rape victim in the following categories: a) under 18, b) 18-64 and c) 65 plus**. **N/A**

Under 18	18-64	65+

7. Does your Trust have a dedicated policy to deal with sexual assault and harassment? If so please provide a copy of your trust's written policy and if possible provide a date that the current policy was put in place**. Please see Appendices 2 and 3 attached.**

*If your Trust records this information in tax year, please provide the following yearly totals instead: 2020/21, 2021/22, 2022/23, 2023/24, 2024/25, 2025/26 to date.

**If your Trust records this information in different age categories, please provide any information on age of victim available.

Keele UNIVERSITY TEACHING TRUST

NHS North Staffordshire Combined Healthcare NHS Trust

Document level: Trustwide
Code: 1.87
Issue number: _____

Sexual Safety and Responding to Sexual Violence Policy

Lead executive	Kenny Laing, Director of Nursing and Quality
Authors details	Head of Safeguarding Reducing Restrictive Practice Lead & Trust Resuscitation Lead

Type of document	Policy
Target audience	All individuals employed by the Trust including contractors, voluntary workers, students, locums, agency, and bank staff.
Document purpose	To ensure safe working systems are in place to protect service users, relatives, staff, and the public.

Approving meeting	Quality Committee Trust Board	Meeting date	3rd November 2022 10th November 2022
Implementation date	30th November 2022	Review date	30th November 2025

Trust documents to be read in conjunction with	
	1.70 Managing Safeguarding Allegations Against Staff Policy. 4.01 Safeguarding Children and Young People Policy. 1.89 Safeguarding Adults at Risk Policy. 3.09 Freedom to Speak Up (FTSU) Policy

Document change history		Version	Date
What is different?	Added reference to British Psychological Society Guidance and to Trust Sexual Safety Patient Leaflet.	V2	14/4/ 2020
	Major changes.	V3	17/09/20 22
Appendices / electronic forms			
What is the impact of change?	Improved access to other sexual safety tools.		

Training requirements	Safeguarding Children & Adults Level 1&2 is mandatory training for all staff. Domestic Abuse and Sexual Violence Training is provided for all appropriately identified staff. Awareness of this policy and the roles and responsibilities of individual staff groups is made explicit during this training.

Document consultation	
Directorates	
Corporate services	
External agencies	

Financial resource implications	

External references
1. Government's Mandate to NHS England for 2018-19, Department of Health and Social Care (2018). 2. Ending Violence against Women and Girls Strategy 2016-2020 HM Government (2016). 3. Strategic Direction for Sexual Assault and Abuse Services; Lifelong care for victims and survivors: 2018 – 2023.NHS England. (2018). 4. The Equality Act. Her Majesty's Stationery Office. (2010). 5. World Report on Violence and Health. World Health Organisation. (2002). 6. Crown Prosecution Service, Department of Health and Home Office. Provision of therapy for child witnesses prior to a criminal trial: practice guidance. Crown Prosecution Service (2001). 7. Crown Prosecution Service, Department of Health and Home Office. Provision of therapy for vulnerable or intimidated witnesses prior to a criminal trial: practice guidance. Home Office Communications Directorate. (2002). 8. New South Wales Health. Sexual Safety – Responsibilities & Minimum Requirements for Mental Health Services. New South Wales Government. (2013). 9. British Psychological Society. Capacity to Consent to Sexual Relations. The British Psychological Society. (2019). 10. Domestic Abuse Act (2021).

Monitoring compliance with the processes outlined within this document	This will be monitored via the Safeguarding Group, Clinical Safety Improvement Group and the Weekly Incident Group.

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Less favourable / More favourable / Mixed impact**
Does this document affect one or more group(s) less or more favourably than another (see list)?		
– **Age** (e.g. consider impact on younger people/ older people)	No	
– **Disability** (remember to consider physical, mental and sensory impairments)	No	
– **Sex/Gender** (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– **Gender identity and gender reassignment** (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– **Race / ethnicity / ethnic communities / cultural groups** (include those with foreign language needs, including European countries, Roma/travelling	No	

communities) – **Pregnancy and maternity, including adoption** (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) – **Sexual Orientation** (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not) – **Marriage and/or Civil Partnership** (including heterosexual and same sex marriage) – **Religion and/or Belief** (includes those with religion and /or belief and those with none) – **Other equality groups?** (May include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)	No No No No	

If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.
Whilst the policy does not discriminate against any particular group additional consideration has been given to the additional complexities faced by individuals from some minority groups and increased complications of a disclosure of experiencing sexual violence also meaning a disclosure of sexual orientation, gender identity or gender reassignment for some individuals. However, the compassionate response, support and signposting to specialist services should be of the same standard regardless of the aforementioned issues.
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?
N/A

Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	No
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason	N/A

N/A
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk

Was a full impact assessment required?	No
What is the level of impact?	Low

CONTENTS

1. Introduction/Background

Sexual safety is defined as the recognition, maintenance and mutual respect of the physical, psychological, emotional and spiritual boundaries between people. The Trust supports the view that all service users have the right to feel safe whilst in hospital and NHS Trusts should be helping to identify sexual harassment, violence and abuse earlier and supporting victims to get their lives back sooner, as defined in the Government's Mandate to NHS England for 2018-19. To support this the Trust has produced a sexual safety leaflet which is available in clinical areas.

As such the Trust recognises that any form of sexual harassment or violence is a criminal act which adversely affects the health and wellbeing of individuals. It occurs across society, regardless of age, gender, race, sexuality, wealth and geography. NHS organisations should be working towards the recommendations of the Care Quality Commission's report Sexual Safety on Mental Health Wards (2018) and therefore this policy reflects these recommendations.

People with mental health conditions have just as much right as everyone else to have safe and fulfilling sexual relationships. However, people affected by mental ill health can at times act in disinhibited ways or lack the mental capacity to make sound decisions about relationships. They may have experienced abuse in the past, contributing to their mental ill health, which might leave them at risk of exploitation from others. These factors make it more likely that people affected by mental ill health may engage in sexual behaviour or make them vulnerable to sexual abuse.

2. Policy Synopsis

The purpose of this policy is to:

- Inform staff of best practice when responding to disclosures of sexual harassment or sexual violence, whether current or historical.
- Improve safety and improve health by recognising sexual safety as a serious issue which has an adverse impact upon the health of individuals, families and communities.
- Increase awareness and understanding of sexual safety across the Trust.
- Ensure that all departments are clear within their roles in tackling and responding to issues surrounding sexual safety.
- Provide support for our staff that are experiencing sexual harassment or sexual violence.
- To ensure that processes are in place to support service users following a disclosure.

3. Definitions

3.1 **Sexual incidents**: Any behaviour of a sexual nature that is unwanted, or makes another person feel uncomfortable or afraid. It also extends to being spoken to using sexualised language or observing other people behaving in a sexually disinhibited manner, including nakedness and exposure. Sexual incidents may also include the unwanted exposure to pornography or child sexual abuse images.

3.2 **Sexual safety**: Responsibilities & Minimum Requirements for Mental Health Services (2013) defines sexual safety as the respect and maintenance of an individual's physical (including sexual) and psychological boundaries. Core elements of sexual safety in a mental health service include:

- A safe physical environment, including consideration of how the service environment could be improved, including eliminating mixed sex accommodation.
- Recognition of the rights of service users to physical and psychological safety.
- Assessment of the service user's vulnerability or potential to harm others.
- Identification of the service user's past experience of sexual assault or harassment.
- Monitoring of professional boundaries and appropriate mechanism's for reporting concerns.
- Management of sexually disinhibited behaviour and prevention of sexual activity in an inappropriate context or setting.
- Provision of professional development for staff.
- Appropriately responses to sexual assault and harassment.
- Proper reporting, recording and investigation of sexual safety incidents and feeding of root cause analysis into safety improvement processes at an organisational and local level.

For the purposes of this policy sexual safety incidents can be divided into three types of incident; sexual violence and harassment, consensual sexual activity in an inappropriate context/setting and sexually disinhibited behaviour.
Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by patients or staff.

3.3 **Sexual wellbeing**: Defined as feeling and being sexually safe in and being free from unwanted sexual activity, sexual harassment, and sexual assault.

3.4 **Sexual abuse**: this includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

3.5 **Sexual assault**: This definition is adapted from The Crown Prosecution Service: 'Is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object'. Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.

3.6 **Sexual consent**: Where an individual has the freedom and capacity to agree to sexual activity with other persons. It is important to note that individuals with mental health and or a learning disability conditions may appear to consent to activity, but may lack the capacity due to their mental health or learning disability condition.

3.7 **Sexual harassment**: Sexual harassment includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity. Verbal and non-verbal sexual gestures or behaviours are categorised as sexual harassment (including staring, leering, and suggestive comments/jokes).

These unwanted behaviours may only happen once or be an ongoing series of events. Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video), and this includes unwelcome sexual advances or unwelcome requests Sexual harassment may also include unwanted or non-consenting exposure to pornography.

3.8 **Grooming**: Grooming is a process offenders use to abuse and exploit children. It can happen online and in person. Learning more about grooming can help you spots signs and know what to do if you have concerns. Adults at risk can also experience the process of grooming.

3.9 **Other:** This category is for sexual incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.

3.10 **Sexually Disinhibited Behaviour:** Sexually disinhibited behaviour is the inability to restrain sexual impulses and involves behaviour or talk which is considered inappropriate for the environment. This behaviour may arise for a variety of reasons that may include mental illness or disorder, dementia or the side effects of medication.

Sexually disinhibited behaviour may present itself in one of the following ways:

- An increase in sexual thoughts.
- Engaging in indiscriminate sexual activity.
- Being hypersexual e.g. masturbating in public.
- Sexualised demeanour and general disinhibition.
- Being overly familiar or touching others.
- Wearing overly revealing clothing.
- Removing clothes when not appropriate.

Sexually disinhibited behaviour can be embarrassing, distressing and potentially dangerous for the person exhibiting the behaviour as well as for those that may be exposed to it. It can also negatively impact on existing relationships and be extremely distressing for those that have experienced a prior incident of sexual assault or harassment. For some people being exposed to this behaviour can trigger strong feelings of fear and anxiety. Service users exhibiting this behaviour are also more vulnerable to experiencing sexual assault or harassment and this should be risk assessed and appropriate measures put in place to protect both them and other parties.

These definitions are not exhaustive and any disclosures or behaviours which cause concern should be discussed with the nurse in charge, line manager or the safeguarding team as appropriate.

4. Sexual Safety and Equality

4.1 There are a range of equality issues to be considered around sexual safety including consideration of the following:

- Anyone can experience sexual harassment or violence; it can be perpetrated by members of same sex as well as the opposite sex and relates to power and control.
- Due to the gendered cultural differences surrounding sexual violence, it can be difficult for men to disclose that they are victims.
- People who are LGBTQ+ may have concerns relating to the dual disclosure of sexual orientation and the sexual violence or harassment.

This policy aims is to ensure that victims of sexual violence or harassment receive a high standard of care irrespective of age, race, culture, sexuality, religion or ability and equality underpins all its service provision.

Mental health service users can be more vulnerable to sexual violence particularly when they are acutely unwell, for a number of reasons, such as:

- Low self-esteem and confidence.
- Social isolation and loneliness.
- Poor social and communication skills.
- Impaired judgement, due to their mental illness, medication(s) prescribed for their illness or drug and alcohol abuse, or a combination of these.
- Interruption of usual developmental stages due to onset of mental illness combined with limited education regarding relationships, appropriate sexual behaviour and sexual safety.

4.2 There is also evidence to suggest that the prevalence of people with a mental illness who have been exposed to or have experienced personal trauma, including sexual abuse and violence, is high. This highlights the need for greater awareness of the sexual vulnerability of people with a mental illness, and the link between mental health issues and prior sexual assault and violence to be recognised and addressed as part of trauma informed care. Consideration should also be given to the individual's capacity to consent to sexual relations. The British Psychological Society produced guidance in 2019 to support with assessments of capacity specifically relating to sexual activity https://www.bps.org.uk/news-and-policy/capacity-consent-sexual-relations.

4.3 In relation to staff, the Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat staff that raise a concern about sexual harassment or violence, or are alleged to perpetrate sexual harassment or violence, does not discriminate against individuals or groups on the grounds of any protected characteristic.

5. Responding to a Disclosure or Suspicion of Sexual Violence or Harassment

5.1 Disclosing an incident of sexual assault or harassment can be a traumatic process, the fear of not being believed is an issue for many who are assaulted and this may be heightened for people with a mental health problem. The stigma that still surrounds mental health problems can result in service user's feeling their experiences are not legitimate. It is therefore important that staff respond to disclosures in an appropriate manner.

5.2 Disclosure is:

- telling another person about an incident of sexual abuse, sexual assault, or sexual harassment, whether the incident is recent, past or ongoing;
- distinct from making a report or allegation (even if sometimes they are one and the same event);
- about support-seeking, while reporting to Police and making allegations are ways of formally bringing the incident to the attention of the criminal justice system.

5.3 In the event of a disclosure the service user should be taken to a quiet and private area. When dealing with a disclosure it is important to try and put the individual at ease. Giving clear and simple messages such as:

- They are not to blame or responsible for what has happened.
- Help is available; you can put them in touch with specialist support services if they want this.
- You are concerned about their wellbeing and safety.
- Telling someone about what is happening is an important step in helping them get support and be safe.
- Explain limits of confidentiality and that if they give details regarding the alleged perpetrator that allow them to be identified such as name, address or date of birth there is a duty to share this with the police if it is identified that children or adults with care and support needs may be at risk.
- Discuss options available to the service user.(See Appendix 2).

In cases where the service user is from a refugee or asylum seeker status consideration should be given to previous experiences, such as previous political persecutions or torture, contributing to a lack of trust in authorities.

Disclosures, where the alleged perpetrator is a Trust employee, must be notified to the relevant manager and managed in accordance with Trust policies (See Managing Safeguarding Allegations Against Staff Policy).

An interpreter should be made available for service users who have experienced a sexual assault and have communication difficulties, such as English as a second language or are deaf.

An assessment of the service user's clinical mental state must be carried out by a senior clinician (in the event they are directly involved in the allegation an alternative clinician should be sought) within 24 hours.

At times a service user may retract the disclosure and this can be for a number of reasons, such as a fear of not being believed or being placed under pressure by the alleged perpetrator. Retraction does not necessarily mean that an incident of sexual assault or harassment did not occur and support should still be offered.

The decision whether or not to inform the police is the victims choice and their decision regarding this should be respected. Exceptions to this are where the service user making the disclosure is aged under 18 years old or where the service user is deemed not to have capacity to make this decision, in the case of lack of capacity the

responsible clinician has a duty of care to act in their best interests.

5.4 Following a disclosure it is important that the disclosure is recorded accurately, in the service user's own words including the responses given by the staff member; and discuss with the individual the next steps and choices available to them. If the service user states they do not want the police involved at this time, they may later change their mind and a first disclosure may well become important evidence in any subsequent criminal investigation and trial. Therefore the accurate recording of this disclosure remains vital.

If possible, the member of staff to whom the disclosure is made should establish whether the service user continues to have contact with the alleged perpetrator and if they are aware if the alleged perpetrator has any contact with children. Where the alleged perpetrator can be identified because details such as name, date of birth/age, address etc. are known, and the disclosure relates to childhood sexual abuse this information should be reported to the Police. This should be done without informing and / or gaining consent, in line with Safeguarding procedures.

A service user making a disclosure should be asked if they would like the support of an Independent Sexual Violence Advisor (ISVA). The role of an ISVA is to provide practical support, including but not limited to; support with housing, benefits, education and the criminal justice system including guidance from the point of considering making a report through to any potential Court appearance and beyond. At no point will an ISVA put pressure on an individual to pursue criminal charges or report an offence. (See Appendix 2)

6. Procedure for Reporting Sexual Harassment or Sexual Violence

Any incidents of sexual harassment or sexual violence should be reported to the Nurse in Charge/Ward Manager, who must inform their Senior Manager on call immediately if this has occurred in an inpatient setting. If the disclosure of sexual assault takes place in the community it should be reported to the Team Manager as soon as possible.

The incident must be reported on the electronic incident reporting system and must be submitted as soon as practicable; when assessing the level of severity consideration must be given to the psychological impact of the incident on the victim alongside any physical injuries.

When the service user requests the involvement of the police, they should be contacted immediately; providing the service user's mental state does not preclude this as a relevant action. The police will then arrange for the service user to attend the Sexual Assault Referral Centre (SARC).

If the service user does not want to inform the police, then information should be given to the service user regarding self-referral to the Sexual Assault Referral Centre (SARC). The SARC will provide advice and support, including preservation of evidence in case the individual changes their mind regarding informing the police.

For service users aged 18 years and over there are two referral routes to access the

SARC service, via the police or the self-referral route. For Children and Young People there will be an automatic referral to Children's Social Care and the police and they will co-ordinate accessing the SARC.

Information should be given on local support services the details of which are contained within appendix 2 and a referral made if this is requested by the service user.

A factual, comprehensive record of the disclosure and steps taken should be recorded in the service user's electronic care records. It is important to bear in mind this record may be used as evidence in a subsequent criminal trial.

7. Safeguarding Children and Young People

If during the course of an adult service user's disclosure it becomes apparent that children or young people under the age of 18 years may be at risk a referral for child safeguarding must be made.

If the service user making the disclosure is a child or young person under the age of 18 years a child safeguarding referral must be made.

In both cases a referral is needed so that further enquiries can be made; assessments conducted and appropriate safeguarding action taken. A child protection referral needs to be made in accordance with Trust policy and this should be recorded in the patient's electronic records. An alert should also be placed on the electronic record to ensure other practitioners within the organisation are aware of the referral.
A referral to Children's and Families Social Care can create anxiety and stress for victims. It is important to reassure the individual that Children's and Families Social Care will work with them so that they and any other children at risk can be protected and safe.

8. Safeguarding Adults with Care and Support Needs Who Are at Risk

Sexual abuse is a category of abuse under the Care Act (2014). If a service user is experiencing sexual harassment or sexual violence then an adult safeguarding referral should be completed if the criteria for adult safeguarding are met. The criteria for adult safeguarding as defined by the Care Act (2014) are as follows:

- The adult must have care and support needs (regardless of whether these are being met).
- They must be at risk of or experiencing abuse or neglect.
- As a result of their care and support needs, they are unable to protect themselves from abuse or neglect.

If an adult safeguarding referral is made it needs to be made in accordance with Trust policy and this should be recorded in the patient's electronic records. An alert should also be placed on the electronic record to ensure other practitioners within the organisation are aware of the referral.

9. Provision of Therapy Prior to a Criminal Trial

Concern has long been expressed that witnesses, including vulnerable or intimidated adult witnesses, have been denied therapy pending the outcome of a criminal trial for fear that their evidence could be tainted and the prosecution lost. This fear may conflict with the need to ensure that vulnerable or intimidated adult victims are able to receive, as soon as possible, immediate, and effective treatment to assist their recovery.

Discussions prior to a criminal trial with or between all types of witnesses have been held by the courts in a number of cases to give rise to the potential for:

- Witnesses giving inconsistent accounts of the events in issue in the trial.
- Fabrication, whether deliberate or inadvertent, such as becoming aware of gaps or inconsistencies in their evidence, perhaps when compared with that of others or becoming more convinced, or convincing, in their evidence. The key issue with regard to pre-trial discussions of any kind is the potential effect on the reliability, actual or perceived, of the evidence of the witness and the weight which will be given to in court.

It is recognised that the recovery of the individual must be a priority alongside the criminal prosecution and as a result there are recommendations for pre-trial therapy (PTT) good practice:

- The Crown Prosecution Service (CPS) should be informed of any PTT taking place.
- PTT should begin after the client has given their statement of evidence to the police.
- Detailed factual records of therapy should be kept and made available to the CPS as required.
- PTT should focus on the client's current responses and coping, rather than on the original abuse, utilising person-centred types of therapy to support this kind of 'current' focus.
- The CPS should focus on the welfare of the client, rather than simply on the pending court case.

Further detailed advice and guidance can be sought from the Safeguarding Team.

10. Supporting Staff Experiencing Sexual Violence

The Trust aims to respond sympathetically, effectively, and confidentially to any member of staff who discloses sexually harassment or sexual violence and are committed to supporting our staff. The Trust will work with the member of staff, and were agreed other agencies, to identify what actions can be taken to increase their personal safety as well as address any risks there may be to colleagues. The Trust will not discriminate against anyone who has been subjected to sexual harassment or violence in terms of their existing employment or career development.

Members of staff who experience sexual harassment or sexual violence may choose to disclose, report to or seek support from a staff side representative, a manager, or colleague. Members of staff who receive information from staff about sexual

harassment or sexual violence will not counsel victims, but can offer a listening ear, information, workplace support, and signpost to other organisations that may provide help and support.(See appendix 2)

Both the Named Doctor and Named Nurse for Safeguarding are also available to provide support for members of staff. They can also provide guidance for managers and staff side representatives.

Employee's right to confidentiality and discretion around personal details of employees will be respected (addresses, telephone numbers, work locations, shift times). However, cases where there are believed to be safeguarding concerns either relating to children or adults with care and support needs at risk of abuse there is a statutory obligation upon the Trust to share this information and confidentiality cannot be guaranteed.

11. Duties and Responsibilities

11.1 Chief Executive and Other Executive Directors

It is the responsibility of the Executive Directors to ensure that this policy is enforced.

11.2 Line Managers, Senior Medical Staff, Senior Nursing Staff, Senior Managers

It is the responsibility of senior members of staff to ensure that the policy is implemented.

11.3 Safeguarding Team

The Safeguarding Team will provide information and support to clinical staff working with service users who have disclosed sexual violence or harassment.

11.4 Professional Registered Clinical Staff

All professionally registered clinical staff have a responsibility to appropriately support service users and report incidents in line with Trust policy.

11.5 All Members of Staff

All members of staff have a duty to respond appropriately to disclosures of sexual violence or harassment and should access available training as appropriate to their role.

Appendix 1

Managing Sexual Incidences on the Ward

Ensure safety of those involved

- Consider the observation levels of the patients
- Consider introducing zonal observations
- Considered whether either person could be moved to a different ward
- Seek advice from safeguarding and or Patient Safety Team.

Assess what happened

- Speak separately to all patients involved. Consider whether you feel patients involved had capacity, assess/ request assessment as soon as practicable after the incident and clearly document in electronic records.
- If a sexual assault has taken place, you can seek advice immediately from The Grange (SARC) for adults: 0800 970 0372 –self referral line, 01782 980380- office number for professional advice. West Midlands Paediatric Sexual Assault Service: 24/7 0800 953 4131- Do not attempt to physically examine the patient yourself.
- The patient can report the assault to the police at any point but we have a duty of care to complete third party reporting if they don't want to.
- Consider making a safeguarding referral

Consider exposure

- It is important to know whether those involved are HIV or hepatitis B/C positive.
- Screening kits can be sought from https://sh24.org.uk/ for testing of Sexually transmitted infections and in cases where patients cannot be taken to the sexual health clinic.

Contraception

- Consider whether you need to prescribe emergency contraception. There are three options:
  - 1 X Levonorgestrel 1.5mg tablet - can be taken up to 3 days (72 hours) after unprotected sex, but ideally should be taken within 12 hours. BMI greater than 26kg/m or body weight greater than 70kg, or the woman is taking enzyme inducing medicines, then two tablets should be given.
  - 1 X Ulipristal 30mg tablet - can be taken up to 5 days (120 hours) after unprotected sex.
  - Emergency intrauterine device (effective up to 5 days/120 hours). This is more effective but the patient will need to visit a sexual health clinic.

Documentation

- Document your assessment and any discussions on the patent record. Complete a separate entry for each patient involved. Make sure you mention discussions about capacity, consent, screening and contraception.
- If a sexual assault has taken place, make sure you document what happened in the patient's words. Take accurate and contemporaneous notes. Seek advice and support (See Appendix 2)
- Update the Risk Assessment, care plan and complete incident form and safeguarding referral if appropriate.
- Handover what has happened and any outstanding tasks to the nurse in charge so they are aware.

Appendix 2

Resources

Local Services:

- Grange Park (SARC) for adults: 0800 970 0372: self-referral line, 01782 980380 office number for professional advice.

- West Midlands Paediatric Sexual Assault Service: 24/7 0800 953 4131.Please note this service has a paediatrician on call 24 hours a day. Referrals for children are usually made via the police or social care, so that safeguarding issues are dealt with in parallel with the SARC provision.

- If you are unsure about whether or not to refer a child/young person to the West Midlands Paediatric Assault Service for a medical, please contact: 0800 953 4131 for a case discussion with the on-call paediatrician.

- Staffordshire Women's Aid are commissioned to support people in North Staffordshire who have experienced sexual abuse by their Survive service providing counselling and ISVA services. Contact on: on 03003305959 or email referrals@staffordshirewomensaid.org

- Savanna are commissioned to support people in Stoke-on-Trent and provide 1:1 and group counselling, take referrals from 4 years of age, ISVA services: 01782 433205, 24 hour message line: 01782 433204.

National Support:

- The Survivors Trust: 0808 801 0818

- Safeline, the National Male Survivor Helpline: 0808 800 5005

- Rape Crisis: 0808 802 9999

Appendix 3

Savana Referral Form

Name of Referral……..….

Area ……..……....

Postcode ……..……

Tel: Home ……. Mobile ……..…..

Is it ok to leave a message on above number/s: Yes / No

D.O.B…...…… Age ……..……

Has consent been given to contact the client: Yes / No

Brief details of Referral……..……

……..……

……..……

……..…

Name of Referrer ……..……

Agency……..……

Tel: ……..……

Email: ……..……

Appendix 4

Training Needs Analysis

For the development and management of Trust wide procedural/approved documents.

There **is no** specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	
There **is** specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	✓

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trustwide learning programme for this staff group (✓ if yes)
Career Grade Doctor	✓		eLearning/Face to face	✓
Training Grade Doctor	✓		eLearning/Face to face	✓
Locum medical staff	✓		eLearning/Face to face	✓
Inpatient Registered Nurse	✓		eLearning/Face to face	✓
Inpatient Non-registered Nurse	✓		eLearning/Face to face	✓
Community Registered Nurse	✓		eLearning/Face to face	✓
Community Non Registered Nurse / Care Assistant	✓		eLearning/Face to face	✓
Psychologist / Pharmacist	✓		eLearning/Face to face	✓
Therapist	✓		eLearning/Face to face	✓
Clinical bank staff regular worker	✓		eLearning/Face to face	✓
Clinical bank staff infrequent worker	✓		eLearning/Face to face	✓
Non-clinical patient contact	✓		eLearning	✓

Non-clinical non patient contact		✓		

Please give any additional information impacting on identified staff group training needs (if applicable)

All front line clinical staff will be required to complete sexual violence awareness training. The Training Department will maintain records of training and report on levels of compliance.

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by	Head of Safeguarding	Date	13/09/2022	

3.13 Bullying & Harassment At Work Policy

DOCUMENT INFORMATION	
CATEGORY:	Policy
THEME:	Human Resources
DOCUMENT REFERENCE:	3.13
DIRECTOR LEAD:	Director of Leadership and Workforce
APPROVAL DATE:	30th September 2026
APPROVAL BODY:	PCDC
BOARD RATIFICATION DATE:	7th September 2017
FINAL REVIEW DATE:	30th June 2025

Contents

1 Policy Statement

1.1 As an equal opportunities employer, North Staffordshire Combined Healthcare NHS Trust (the Trust) supports a working environment for individuals in which dignity at work is paramount. The purpose of this policy is to support a working environment and culture in which bullying and harassment is unacceptable.

1.2 This policy supports application of our Trust Values which guide our actions and behaviours. We are Proud to CARE:

Caring
Approachable
Responsible
Excellent

2 Scope

2.1 This policy applies to all workers within the Trust, employees, visitors, patients, contractors, volunteers, students and staff from other organisations working on Trust premises. It also applies to all Trust employees working in other premises.

3 Duties

3.1 **The Executive Lead** for this policy is the Director of Leadership & Workforce, who is responsible for ensuring that there is an appropriate policy lead, that the policy is reviewed and updated appropriately and that compliance with this policy is monitored.

3.2 **The Policy Lead** has a responsibility to:

- Ensure the policy is reviewed in line with updates in legislation
- Carry out a full review of the policy every three years or sooner if changes are required
- Ensure the policy is produced in the agreed Trust format using the Trust template
- Contact all contributors at times of review
- Provide the approving committee with a final draft at the appropriate times
- Ensure that compliance is being met against this policy

3.3 **Managers** have a duty to encourage a culture free from bullying and harassment by:

- Setting a positive example by treating others with respect and demonstrating acceptable behaviours.
- Promoting a working environment where bullying and harassment is unacceptable.
- Taking prompt action to stop any form of bullying or harassment as soon as it occurs.
- Ensuring that potentially offensive material is not displayed or circulated in the workplace.
- Ensuring that staff who report incidents of bullying or harassment are protected from victimisation, and are aware of support available such as Occupational Health and the Staff Support and Counselling Service.
- Ensuring that staff attend Bullying & Harassment training sessions where a need has been identified.
- Seeking advice from Staff Side Representatives and Human Resources.

3.4 **Any person described in section 2.1** has a duty to ensure they do not bully, harass, or contribute to or condone bullying or harassment of colleagues by others. Staff will also be required to attend Bullying & Harassment training sessions when requested by a manager.

All working on behalf of the Trust have a responsibility to support a culture free from bullying and harassment and to promote inclusive team working and care environments. The Trust will not tolerate any form of racist, cultural, religious, sexist, misogynistic, ableist, biphobic, homophobic and/or transphobic discrimination, bullying and harassment in any of our services, whether from service users and patients, members of the public, or those working on behalf of the Trust. Action will always be taken where this occurs.

3.5 The **HR department** have a responsibility to ensure that the policy is followed fairly and consistently. Their duties will involve:

- Advising managers on the application of the policy
- Ensuring that all staff and managers involved are aware of support available to them
- Ensuring the effective implementation of the policy
- Monitoring incidents of bullying and harassment and initiating appropriate action
- Reviewing and amending the policy as necessary
- Ensuring that Bullying & Harassment training sessions are held and are open to all managers to attend.

3.6 **Trade Union Representatives** may support their members as required and guide them through the process if needed.

4. Framework

4.1 All employees have a right to be treated with dignity and respect and to work in an environment free from bullying or harassment.

4.2 The Trust recognises that bullying or harassment in the workplace is improper and inappropriate behaviour, which may cause stress and undermines the health and safety of people at work. Such behaviour will not be tolerated.

4.3 Managers and Trade Unions have a joint commitment to working together to monitor incidents of bullying and harassment, and to resolving issues in an effective and consistent manner, using appropriate mechanisms.

4.4 Each member of staff carries personal responsibility for their own behaviour and are responsible for ensuring that their conduct is in line with the standards set out in the behaviours framework (Appendix 2) and this policy. Staff should report to the appropriate manager, or trade union representative, or HR department, any incidents of bullying and or harassment which come to their attention.

4.5 Allegations raised regarding bullying and harassment will be taken seriously and treated confidentially. The Trust gives an assurance that there will be no victimisation against an employee making a complaint under this policy or against employees who assist or support a colleague in making a complaint.

4.6 Bullying and harassment may be treated as a disciplinary offence and will be managed in accordance with the Trust Disciplinary Policy. Disciplinary action may also be taken if a complaint is found to have been submitted maliciously or in bad faith.

4.7 The Trust aims to ensure that all managers are trained to recognise and deal with bullying and harassment, and that appropriate support is available to managers dealing with incidents, where required.

4.8 The Trust recognises that bullying or harassment causes stress and can affect job performance. Anyone who feels they are experiencing Bullying and harassment, or is involved in any way is encouraged to seek confidential support and advice from the Trust's Staff Support and Counselling Service, or the Occupational Health Service, at any stage.

5 Definitions

5.1 The Trust uses the following definitions to determine whether any reported behaviour constitutes bullying or harassment:

5.2 Harassment as defined in the Equality Act 2010 is:
Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual. The characteristics that are protected by the Equality Act 2010 are:

- age
- disability

- gender identity and gender reassignment
- marriage or civil partnership pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

5.3 An employee may find behaviour offensive and make a complaint even if the conduct is not directed at them and they need not possess the relevant protected characteristic themselves.

5.4 It doesn't matter whether any of these characteristics apply to you, or the people in your life. If you are treated worse because someone thinks you belong to a group of people with protected characteristics, this is discrimination.

5.5 The Act now also protects you if people in your life, such as family members, friends or co-workers have a protected characteristic and you are treated less favourably because of that. For example, you are discriminated against because your son is gay.

5.6 Bullying

5.7 Bullying may be characterised by offensive, intimidating, malicious or insulting behaviour, or an abuse or misuse of power which results in the recipient feeling threatened, undermined, humiliated or vulnerable.

5.8 Bullying or harassment may be by an individual against an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people. It may be obvious or it may be insidious. Whatever form it takes, it is unwarranted and unwelcome to the individual. Appendix 1 gives examples of unacceptable behaviours that can be considered to constitute bullying and harassment.

6 Procedure

6.1 A process map of the procedure can be found at Appendix 3.

6.2 Incidents of bullying or harassment may be reported to any manager, Union representative or the HR department. The person reporting the incident will be asked to complete a Bullying & Harassment Reporting Form in order to capture the details of the incident(s). This form can be found at Appendix 4, and the completed form should be forwarded to the Union office and or the HR department.

6.3 It is in the interests of all parties that allegations of bullying and/or harassment are resolved informally where possible in order to preserve working relationships. However, where a formal investigation into allegations of Bullying

or Harassment is required, this will be undertaken using the Disciplinary investigation process.

6.4 If allegations of bullying or harassment are substantiated, the alleged offender will be subject to the disciplinary process.

6.5 If the complainant is not satisfied with the outcome of the investigation at paragraph 6.3, they will have to right to appeal the outcome at Stage 3 of the Resolution of Grievance and Dispute Procedure.

7 Implementation and Monitoring

7.1 Compliance with this policy will be monitored through the mechanisms detailed in the table below. Where compliance is deemed to be insufficient and the assurance provided is limited an action plan will be developed to address the gaps; progress against the action plan will be monitored at the specified group / committee.

Minimum requirement to be monitored	Process / Method	Responsible individual / group / committee	Frequency of monitoring	Responsible individual / group / committee for review of results	Responsible group / committee for monitoring action plan
Duties	PDR	Line Manager	Annually	Line Manager	Line Manager
Statement by the organisation that harassment and / or bullying is not acceptable	Policy review	HR Team	3-yearly	N/A	N/A
Process for raising concerns about harassment and / or bullying	Report Review of Staff Survey Analysis of completed Bullying and Harassment forms plus disciplinary / grievance cases	HR Team Training & Development Team HR Team	Monthly Annually At least annually	- Head of Directorate - Executive Team - Trust Board Quality Committee JNCC	Head of Directorate Quality Committee JNCC
Process to be followed once a concern has been raised	Report	HR Team	Monthly	- Head of Directorate - Executive Team - Trust Board	Head of Directorate

	Review of Staff Survey Analysis of completed Bullying and Harassment forms plus disciplinary / grievance cases	Training & Development Team HR Team	Annually At least annually	Quality Committee JNCC	Quality Committee JNCC
Organisation's expectations in relation to staff training, as identified in the TNA	PDR	Line Manager	Annually	Line Manager	Line Manager

8 Associated Policy and Procedural Documentation

8.1 The Trust has a legal duty to provide its workers with a workplace that is free from harassment, intimidation and bullying. The Trust recognises and will adhere to its obligations arising from employment legislation, in particular:

Equality Act 2010

Employment Act 2002

Health and Safety at Work Act 1974

8.2 This policy should be read in conjunction with other relevant Trust policies such as the *Disciplinary Policy*, the *Performance Improvement Procedure*, and the *Work-related Stress Policy*.

9 Training

9.1 Bullying & Harassment training is available as part of the People Management Programme, and is open to anyone to attend. Consideration may also be given to arranging a departmental training session if sufficient numbers of staff require it. Managers should contact the HR Department to arrange this.

9.2 Requirement for Bullying & Harassment Awareness training should be identified as part of the Trust process of Training Needs Analysis.

9.3 Attendance at training sessions is recorded on the Trust training database.

Appendix 1

Examples of unacceptable behaviour that can be considered to constitute bullying and harassment:

- Shouting at an individual to get things done
- Picking on one person when there is a common problem
- Ridiculing or humiliating an individual especially in front of their colleagues
- Physically abusing or threatening someone
- Victimising or treating someone less favourably than another, for example because a person has brought proceedings, given evidence or complained about the behaviour of someone who has been harassing or discriminating against them or others
- Consistently undermining someone and their ability to do their job
- Changing working practices or job content/responsibilities at short notice without consultation or explanation
- Communicating instructions through third parties or in writing when direct verbal communication would be the norm
- Delegation of excessive workload, delegation of work with unreasonably tight deadline or delegation of demeaning tasks
- Excessive supervision/monitoring of work
- Persistent and unjustifiable criticisms of work performance
- Bypassing an employee by persistently seeking advice and information from the employee's manager/colleagues/subordinate staff
- Personal abuse and micro aggressions relating to gender identity, culture, race, religion, ability/disability, sexual orientation or other personal attribute or characteristic
- 'Trolling' and personal abuse on social media

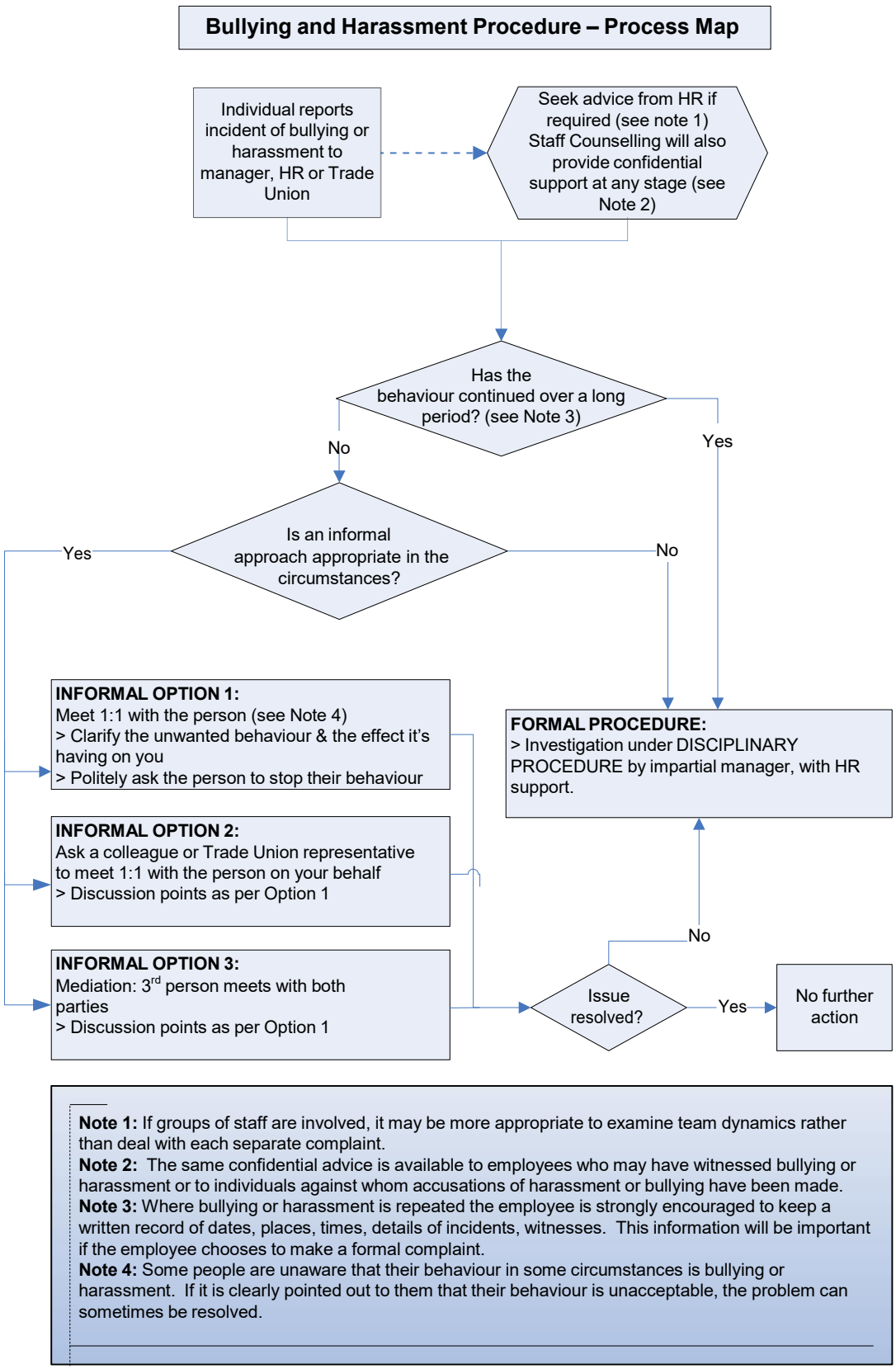
Appendix 2 Behaviours Framework

Proud to CARE **C**ompassionate **A**pproachable **R**esponsible **E**xcellent

The following is the behaviour framework, broken down by each value:

Compassionate ✓Listening to others, considering their feelings and needs ✓Respecting and being responsive towards diversity and difference ✓Pulling together, helping colleagues out when their priorities are greater than your own ✓Recognising your own stresses & limitations and developing ways to cope with them ✓Promoting and encouraging Healthy living and recovery with service users and colleagues	**Approachable** ✓Communicating with everyone openly, clearly and appropriately ✓Keeping a positive and calm manner when faced with challenging situations ✓Providing and welcoming feedback to support good behaviour and challenge inappropriate behaviour ✓Taking people's understanding, viewpoints and needs into account when making decisions ✓Being friendly and welcoming, making eye contact, giving your name and smiling where appropriate
Responsible ✓Always putting service users' first, maintaining professional integrity, confidentiality, following correct procedures, adhering to standards and adopting best practice ✓Holding ourselves & others to account to prioritise our workload in delivering high quality timely care ✓Developing our self-awareness by seeking feedback from others, reflecting and acting upon it ✓Making the most effective use of available resources to provide best value at all times ✓Take full responsibility for patients you come in contact with, ensuring any other needs are properly co-ordinated	**Excellent** ✓Encouraging team problem-solving to create better outcomes and solutions ✓Being flexible and responsive, changing our own practice and behaviours to ensure we continually improve ✓Inspiring and recognising others, so they feel they want to strive to improve or do something different ✓Welcoming and being prepared to take acceptable risk to innovate or provide safe patient-centred care ✓Looking outside the trust to compare our performance, search out best practice, develop relationships and share learning to improve ways of working

Appendix 3


Bullying and Harassment Procedure – Process Map
Individual reports incident of bullying or harassment to manager, HR or Trade Union
Seek advice from HR if required (see note 1) Staff Counselling will also provide confidential support at any stage (see Note 2)
Has the behaviour continued over a long period? (see Note 3)
No
Yes
Is an informal approach appropriate in the circumstances?
Yes
No
INFORMAL OPTION 1:
Meet 1:1 with the person (see Note 4)
> Clarify the unwanted behaviour & the effect it's having on you
> Politely ask the person to stop their behaviour
INFORMAL OPTION 2:
Ask a colleague or Trade Union representative to meet 1:1 with the person on your behalf
> Discussion points as per Option 1
INFORMAL OPTION 3:
Mediation: 3rd person meets with both parties
> Discussion points as per Option 1
FORMAL PROCEDURE:
> Investigation under DISCIPLINARY PROCEDURE by impartial manager, with HR support.
Issue resolved?
No
Yes
No further action
Note 1: If groups of staff are involved, it may be more appropriate to examine team dynamics rather than deal with each separate complaint.
Note 2: The same confidential advice is available to employees who may have witnessed bullying or harassment or to individuals against whom accusations of harassment or bullying have been made.
Note 3: Where bullying or harassment is repeated the employee is strongly encouraged to keep a written record of dates, places, times, details of incidents, witnesses. This information will be important if the employee chooses to make a formal complaint.
Note 4: Some people are unaware that their behaviour in some circumstances is bullying or harassment. If it is clearly pointed out to them that their behaviour is unacceptable, the problem can sometimes be resolved.

OUR ASSURANCE

All information will be treated as strictly confidential and no action will be taken without the complainant's knowledge.

We would still appreciate details of the incident for monitoring purposes, even if you do not wish any further action to be taken.

Do you agree to the Trust holding this information, in accordance with the Data Protection Act?

Incident details only

❑ Yes ❑ No

My details

❑ Yes ❑ No

Signature ……

Date ……..

DON'T SUFFER IN SILENCE

North Staffordshire Combined Healthcare NHS
NHS Trust

REPORTING FORM FOR INCIDENTS OF BULLYING

AND / OR

HARASSMENT

Please complete this form and return it to your Senior Manager, Union Representative or a HR Advisor

ABOUT THIS FORM

This form has been designed for you to report any form of bullying or harassment occurring in the Trust that you may have directly experienced, witnessed or are reporting on behalf of someone else.

Sometimes you may feel that the incident is too minor to report. It is, however, still important to tell us what's happened.

ABOUT YOU

The details you provide will be recorded for monitoring purposes. If you wish this incident to be investigated please include how you would prefer to be contacted.

Are you the complainant or a witness?

❑ Complainant ❑ Witness ❑ Third Party

Name .....
Job Title & Grade .....

Address where you wish to be contacted:

.....
.....
.....

Tel no (work or home): .....
E:mail: .....
If you wish to be contacted only at certain times or locations, please give details:

.....
.....

OTHER WITNESSES

Were there any other witnesses to the incident?

❑ Yes ❑ No

If Yes, please give names, grades and base or work location

.....
.....

ABOUT THE INCIDENT

What do you think motivated this treatment?

❑ Racism ❑ Religion ❑ Disability
❑ Sexuality ❑ Gender ❑ Age
❑ Other .....

When did the incident take place?
Time ……. Day …….. Date .....

Where did this happen?

.....
.....

Were there any injuries?

❑ Yes ❑ No If Yes please give details:

Did any loss or damage to property result from the incident?

❑ Yes ❑ No If Yes please give details:

.....
.....

Please tell us about the incident in your own words, giving as much detail as possible – continue on a separate sheet if necessary.

.....
.....
.....
.....
.....
.....
.....
.....

ABOUT THE COMPLAINANT

Age …… Gender …….
First Language ……

Please tick how you would describe yourself:

Religion

❑ Buddhist
❑ Christian
❑ Hindu
❑ Jewish
❑ Muslim
❑ Rastafarian
❑ Sikh
❑ Other
❑ No religion
❑ Prefer not to say

Sexuality

❑ Heterosexual
❑ Bisexual
❑ Gay/Lesbian
❑ Prefer not to say

Ethnicity

❑ White British
❑ White Irish
❑ White other
❑ Black Caribbean
❑ Black African
❑ Black other
❑ Asian
❑ Indian
❑ Pakistani
❑ Bangladeshi
❑ Chinese
❑ Other (please clarify)
.....
❑ Prefer not to say

ABOUT THE ALLEGED OFFENDER(S)

How many alleged offenders were there? ……
Do you know them?

❑ Yes ❑ No

If Yes, please give names, grades and base or work location