East Sussex Healthcare
NHS Trust

FOI REF: 26/444

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4th September 2026

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

I am writing to request the following information held by the Trust under the Freedom of Information Act 2000:

1. **A copy of the Trust's current policy or policies relating to sexual misconduct and/or sexual harassment**

   Please see the attached document - 'Sexual safety_Redacted'.

2. **Copies of any records, reports, meeting minutes, policy review documents, or other documentation showing changes, updates, reviews, or amendments made to these policies since 26 October 2024, when the Worker Protection (Amendment of Equality Act 2010) Act 2023 came into effect.**

   Please see the attached document - 'Sexual safety_Redacted'.

3. **Copies of any records showing how these policies have been communicated or promoted to staff since 26 October 2024, including (but not limited to) staff communications, training materials, intranet announcements, awareness campaigns, guidance documents, or briefing materials.**

   Please see attached the following documents:

   - Communication_Redacted
   - NHS Domestic Abuse Awareness Day - Standing Together for Safety and Support - news
   - Sexual Safety Charter message from Chief Executive - news_Redacted
   - Sexual Safety in the workplace - blog post_Redacted
   - Sexual safety_Redacted

- The NHS Sexual Safety Charter - tasks and guides_Redacted

- Violence and aggression update - new posters and sexual safety charter engagement events - news_Redacted

4. Details of the policies, procedures, reporting channels, and guidance available to staff for reporting sexual misconduct or harassment, including any mechanisms that allow reports to be made anonymously or confidentially.

Please see the attached document - 'Sexual safety_Redacted'.

Please note that it is the Trust's FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached documents.

Please also note we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust's IT Systems, staff that no longer work for the Trust, and any reference to direct email addresses and phone numbers, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- *NHS England — London » Synnovis Ransomware Cyber-Attack*

- *NHS England confirm patient data stolen in cyber attack - BBC News*

- *Merseyside: Three more hospitals hit by cyber attack - BBC News*

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term ''public interest'' does not refer to the private or commercial interests of a requestor; its meaning is for the "public good". The Trust receives a

significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: Freedom of Information Act 2000

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by

individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- *Organisations must do more to combat the growing threat of cyber attacks | ICO*

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:
"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on Disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website http://www.esht.nhs.uk.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

East Sussex Healthcare NHS Trust

Sexual Safety Policy

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Legacy ID/Reference:	Not applicable
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Date originally written:	May 2026
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Author of current version:	Lucy Birch, Head of ER
Ratifying Committee / Group:	Workforce Policies Partnership Group
Date ratified:	May 2026
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Trigger warning:
The contents of this policy framework may be upsetting for some colleagues to read. If you would prefer to discuss this policy or need support, please contact a manager, member of the HR team or the safeguarding team.

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

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East Sussex Healthcare NHS Trust

Policy on a Page

Document title: Sexual Safety Policy

Key points of the Document	Applicable to	Key changes since the last version
• This is a Trust wide document. It gives definitions of relevant terms and explains the processes in place to prevent and address instances of sexual safety	• All colleagues in the Trust	• This is a new policy, based upon the national People policy • This replaces information previously contained in the Dignity and Respect policy

Key associated documents	Training requirement	Regulatory requirements:
• Dignity and Respect policy • Resolution Procedure • Disciplinary Procedure • Maintaining High Professional Standards (MHPS) • Exclusion Guidelines • Freedom to Speak Up policy • Violence and aggression policy • Staff allegations Policy • Safeguarding policies	• Sexual Misconduct eLearning available on [redacted]	• Equality Act 2010 • Worker Protection Act 2023

Suggested search words: 'Sexual safety', 'sexual misconduct', 'harassment', 'sexual safety charter', 'dignity and respect'

1. Introduction and Purpose

We have signed the sexual safety in healthcare organisational charter. We are committed to a zero-tolerance approach to sexual misconduct in the workplace to create a workplace where everyone feels safe.

The Worker Protection (Amendment of Equality Act 2010) Act 2023 creates a duty on employers to take reasonable steps to stop sexual harassment from colleagues and third parties in the workplace. This includes protecting their employees and people employed by other organisations, such as suppliers or visitors, from sexual misconduct.

Domestic violence can affect 1:5 people, with care workers 3 times more likely to experience abuse than the national average. Having this policy supports our aim to raise awareness and reduce stigma.

Sexual misconduct is unwanted behaviour of a sexual nature.

It can happen to anyone, but it often happens where there is a power imbalance. People in some groups can be more vulnerable than others. For example, women, black, ethnic minority, disabled and LGBTQ+ people can be more at risk. However, as a Trust we recognise that men can also face specific challenges when it comes to sexual safety. Some people will also find it more difficult to report sexual misconduct.

Sexual misconduct may be linked to organisational hierarchy, professional authority, training relationships, or power imbalance. This may make it particularly difficult for students, trainees, bank staff, or junior colleagues to challenge or report behaviour.

People may find it difficult to report sexual misconduct for many reasons including fear of retaliation, concern about being believed, cultural stigma, previous negative experiences of reporting, immigration concerns, or worries about career impact. These barriers may be more significant for some groups including junior staff, internationally recruited staff, disabled colleagues, LGBTQ+ staff, or those from minoritised ethnic backgrounds.

Some individuals may experience overlapping or intersectional factors (for example gender, ethnicity, disability, or sexual orientation) which may increase vulnerability to sexual misconduct or create additional barriers to reporting.

This policy provides information about:
- how to recognise and report sexual misconduct
- our approach to taking actions when sexual misconduct is reported, including the other policies that might be used
- the support available to people involved or harmed. More information is on section 5.1 and in appendices D & E.

2. Scope

This policy covers sexual misconduct connected to work or the workplace. Sexual misconduct can include many things, such as:

- sexual comments or jokes
- unwanted touching or kissing
- showing sexual pictures
- staring at someone in a sexual way
- asking personal questions about someone’s sex life
- sexual assault or rape

These examples are not exhaustive and section 3.9 provides more examples.

Sexual misconduct can take place at any time and any place; for example, at social or learning events or while travelling for work. It can take place in person or online (for example, through chat messages, phone calls, voice messages, or social media).

All NHS employees, non-executive directors, volunteers, agency and bank workers, students and learners, contractors, secondees and interns can use this policy to report sexual misconduct.

This policy provides information about the support available and about the process used to keep people safe and manage concerns and reports.

It provides advice about what to do when someone makes a disclosure about sexual misconduct to you, and a checklist of information you need to collect when someone wants to report this to the organisation.

We want ESHT to be a place where everyone feels safe to work, and where actions are taken to stop sexual misconduct.

This policy commits the organisation and everyone working within it to take all reports of sexual misconduct seriously and to act on all reports. A zero-tolerance approach to sexual misconduct in the workplace is crucial to promoting a kind and caring culture.

3. Definitions used: Explanation of terms

3.1. A disclosure

If you experience or witness sexual misconduct you may choose to tell someone at work about your experience. This might be your manager, supervisor, a colleague or anyone else you trust, including a freedom to speak up guardian, a colleague from the safeguarding team, a Health and Wellbeing Champion or a trade union representative. It is important that the person who receives a disclosure uses the guidance in this policy and appendix J.

If you make a disclosure to someone this does not mean that you have made or must make a report.

3.2. Report

A report is different to a disclosure. A report involves telling someone who is in a position of responsibility or authority in the organisation about sexual misconduct that has happened to you or that you have witnessed.

A report means you are requesting that the organisation makes decisions and takes actions to stop it from happening again.

Section 5.1 provides information about how to report sexual misconduct.

3.3. Review group

A review group is responsible for using the information provided by you in your report to agree what to do about sexual misconduct. Section 5.13 provides more information about a review group.

3.4. Sexual safety

Sexual safety means being free from any unwanted sexual behaviour at work.

3.5. Sexual misconduct

This describes a range of behaviours including sexual assault, sexual harassment, stalking, voyeurism and any other conduct of a sexual nature that is non-consensual or has the purpose or reasonable effect of threatening, intimidating, undermining, humiliating or coercing a person. Sexual misconduct can occur between people of the same or different sex and genders.

3.6. Sexual harassment

Sexual harassment is unwanted behaviour of a sexual nature which has:
- violated someone's dignity, whether that was intended or not.
- created an intimidating, hostile, degrading, humiliating or offensive environment for them, whether that was intended or not.

Sexual harassment can be a one-off incident or an ongoing pattern of behaviour. It can happen in person or in other ways, for example online through email, social media or messaging tools.

3.7. Sexual violence

This describes any sexual activity or act that happened without consent.

3.8. Sexual assault

Sexual assault is any sexual act that a person did not consent to or is forced into, against their will.

3.9. Examples

The following are examples that might be reported using this policy. They could take place at work, or in the course of your work, during online meetings or online chats, at a work event or a party:

- sexual comments or jokes, including what might be called 'banter'
- the sharing of sexual material online (for example, sharing sexual memes or, videos by email or platforms like [redacted]
- sexually inappropriate behaviour on social media where colleagues are involved
- displaying or sharing sexually graphic pictures, posters or photos (or other sexual content)
- suggestive looks, staring or leering
- using power, seniority to influence others for sexual favours
- intrusive questions about a person's private or sex life, or discussing your own sex life
- flirting, gesturing or making sexual remarks about someone's body, clothing or appearance
- making sexual comments or jokes about someone's sexual orientation or gender reassignment
- touching someone against their will
- sexual assault or rape

4. Responsibilities

4.1. The organisation's Board will:

- prioritise principles set out in the Sexual Safety Charter, and ensure they are followed by the organisation
- guide the organisational culture and set priorities relating to sexual safety

- take actions to ensure the organisation meets its legal duties to protect employees from sexual harm in the workplace. This will include actions to improve the environment and culture, and understanding and awareness among staff of sexual safety
- encourage, support and train managers and leaders to support the use of this policy, and to build a positive culture in their teams where people can talk openly
- regularly review data about sexual misconduct and use it to agree actions to prevent sexual misconduct and protect colleagues from it
- agree actions to prevent sexual misconduct and protect employees from it
- appoint an executive group member with responsibility for improving the sexual safety of employees
- appoint a lead for domestic abuse and sexual violence

4.2. Senior leaders will:

- create an environment that encourages and supports colleagues to discuss and report sexual harm, without fear of retaliation or victimisation
- provide leadership to support a positive and safe culture
- ensure all colleagues are aware of issues relating to sexual misconduct, the sexual misconduct policy and how to deal with disclosures appropriately
- Everyone should:
- use this policy and get advice and support to report behaviour they have experienced or witnessed
- be respectful and maintain confidentiality when using this policy
- be clear that we do not accept any form of sexual behaviour described in appendix 3 at work or linked to work

4.3. HR will:

- promote and provide support and guidance about using this policy and other people policies
- ensure that every report is managed compassionately and support is provided to everyone involved
- use specialist advice where needed and work closely with safeguarding teams, the police and other organisations where required
- provide advice and guidance to support learning and change where it is required
- ensure accurate records are made of concerns and manage information confidentially and in line with the policy for managing records

4.4. Managers, supervisors and educational supervisors will:

- take every conversation and report about sexual misconduct seriously
- use this policy to support everyone who is involved in a concern or report about sexual misconduct
- speak to a member of the HR team about all reports and concerns about sexual misconduct
- maintain confidentiality, unless there is a safeguarding concern that needs to be reported

- be clear about what is acceptable and unacceptable behaviour
- role model behaviours to create a culture where people feel safe to raise concerns and feel listened to
- attend training and development to ensure they have the required skills, knowledge and confidence to recognise sexual misconduct and take action
- ensure learning and change comes from using this policy, so that future misconduct is prevented and a positive culture is fostered
- be available to support an investigation if needed
- be proactive in putting in place any reasonable adjustments or safety actions if they are required

4.5. Safeguarding leads will:

- provide specialist advice and support about safeguarding
- advise on safeguarding training and support
- provide guidance and make referrals in confidence to a 'person in position of trust' (PIPOT) or local authority designated officer (LADO)

4.6. Freedom to speak up guardians will:

- provide appropriate support and signpost to further support to those who speak up about sexual misconduct
- assist employees to make a report where appropriate
- be responsible for creating a culture where employees feel safe to raise concerns and feel listened to

4.7. Trade union representatives will:

- influence and guide organisations about the preventative actions they can take to improve sexual safety
- signpost to this policy, explain the process for reporting and the possible routes and outcomes
- support and assist employees to report sexual misconduct, where appropriate
- explain the options for support and help with conversations about accessing support
- provide support to their members through informal and formal processes

5. Procedure

5.1. Advice, support and making a report

If you experience sexual misconduct, it is likely to be a distressing and isolating experience and you might not know what to do next.

Trauma responses vary and may include delayed reporting, fragmented recall, or difficulty discussing events. These responses should not undermine the credibility of someone making a disclosure.

Sexual misconduct can take place when there are no other witnesses. This does not change the response you should receive. You will be believed and supported.

If you can, write down what happened as soon as you can. Include dates and the order that events took place, and how they made you feel. This will help you to remember the details.
It's important you speak to someone you trust, to get support and to decide what to do. This is often called a 'disclosure'.

When speaking with others, it's important that you are given the time to clearly express:

- what you need, including support
- what you want to happen next
- what you expect them to do

For example, you might discuss:
- getting help or advice from a manager or someone else
- this policy to decide how to report what happened
- that you need more time before you decide what to do

Staff may also seek support from staff network representatives who can help signpost reporting options.

You can also get advice and support from an external organisation (listed in appendix E).
If you decide and are ready to make a report, you can do this using the online reporting form.
Further information is also available in section 5.8. Every report will be taken seriously and there is no time limit – you can make a report at any time.

5.2. People who aren't employed by the organization

If your report is about the behaviour of someone at work, but they are not employed by the organisation, you should make a report using this policy.

The review group will liaise with the employer of the individual and will agree on the actions to support you and to prevent it from happening again.

5.3. Patients and service users

Staff are not expected to tolerate sexual harassment from patients, service users or visitors. Managers must take appropriate action to protect staff safety, including behavioural contracts, care adjustments, or escalation where required.

If your report is about the behaviour of a service user, patient, or a member of the public, you should speak to your manager or the person in charge as soon as possible after the event happens, if you can.

This will allow them to take actions as soon as possible using the violence and aggression policy and the safeguarding policy; for example, this could include warning a patient or service user about their behaviour, medically reviewing the patient or reporting a criminal act to the police.

5.4. Incidents unrelated to work

If you have been affected by a sexual safety incident, including domestic violence, that is not connected with work, the reporting process in this policy is not likely to apply. However, the impact of the incident might affect you at work. If you need support, speak to your manager or a person you trust.

Appendices D & E provide information about support, including specialist organisations you can

contact to get help.

5.5. Witnessing behaviour

We all see things happening around us every day that we do not agree with. These things might not be happening to us, but we can choose to do something about them. This is often called being an ‘active bystander’.

We can show others that we feel a behaviour is unacceptable. This will also give a voice to groups and individuals who may not feel able to challenge what is happening.

There may not always be a need to say something, and it may not always be safe to do so, but there are other actions we can take. These might include:

- asking someone to stop and being clear that the behaviour is inappropriate or unacceptable.
- interrupting, diverting or distracting to allow someone to move away.
- letting someone know you do not agree with what they are saying.
- giving a disapproving look or not laughing at inappropriate jokes or comments
- asking someone else to help (for example, another colleague or security)
- seeking emergency help (call 999 if necessary)
- writing down what happened as a reminder for later action.

You should speak to the person the behaviour was aimed at as soon as you can to give your support and to let them know that what you witnessed was unacceptable. Make sure you have a quiet and safe place to have this conversation and you have enough time to talk fully.

Appendices D & E provide information about the support available to those involved. Talk to them about what happened. Ensure they understand the reasons for reporting and ask if they agree with reporting their experience.

If they do not agree and you are worried about them or others, you should not put their name in your report. Speak to a member of the HR team or the safeguarding team to get advice.

5.6. Supporting a colleague

When someone talks to you about what they have seen or experienced, it is called a disclosure. You need to be supportive and sensitive. Appendix J provides advice about what to do when a colleague discloses their experience of sexual misconduct to you.

If you think urgent actions are required, it is important to be as open as possible with them about what urgent action you need to take and why.

If you believe that someone is in danger you should contact the police and report the incident to the Safeguarding team. When reporting to the police it is important to note the crime number.

5.7. How to make a report

It is important that sexual misconduct is reported so actions can be taken to keep people safe and to prevent it from happening again. There isn’t a time limit, but making a report as soon as possible will allow actions to be taken more quickly.

If you are reporting something you have witnessed, you should read section 5.5 and talk to the person the behaviour was aimed at before you make the report.

You can make a report yourself or you can ask the person you have disclosed to (for example, a colleague) to do this for you.

Reports may be made to:

- your manager or another manager, or a supervisor or educational supervisor. They will ask a member of the HR team for guidance.
- a member of the HR team
- a freedom to speak up guardian (FTSU)

A trade union representative or a domestic abuse and sexual violence ally can support you to make a report.

If the sexual misconduct relates to sexual assault, it is important that this is referred to the Police. This action may prevent further sexual harm to the individual or to any other colleagues.

Every report will be taken seriously.

5.8. Anonymous reports

If you give your name when you report sexual misconduct, the organisation will be able to complete a more in-depth investigation.

Providing your details can help the organisation to support you and signpost or refer you to further support.

All reports are taken seriously. If you do not feel you can provide your name, you can report anonymously.

Provide as much information as possible, including the times of events and the impact they are having on you and others. This will ensure the person reading your report can understand what happened.

The steps in this policy will be followed as closely as possible using the information you provide. If remaining anonymous is the right option for you, you should:

Anonymous reports can be made using the online reporting form, which is available on the Trusts extranet or website.

5.9. Listening to you

If you provide your name when you make a report, you will be given time to talk about what happened and discuss and agree what will happen next.

A suitable place to ensure you feel safe to talk will be agreed with you. You can bring a friend or family member, a colleague, interpreter or a trade union representative to support you.

The person you speak to will:

- ask you for information about what happened using the questions in appendix I.
- use the advice in appendix J about how to respond to a disclosure or report.
- If you have any notes or evidence, it's a good idea to take them with you to the meeting. If you don't have evidence this won't mean your concern is not taken seriously. During the meeting, we will also:
- discuss and agree how to manage your report.
- discuss your wellbeing and the support you need and agree how this will be provided. Appendices D & E provides information about support
- agree next steps and who you should contact if you have any questions

If you are not clear how you would like your report to be managed, you might find that taking time to think about it or talking to someone you trust about your options helps.

If you decide to stop your report, your wishes will be respected where possible. Section 5.21 provides information about when the organisation might be required to continue to act.

If you change your mind, or the behaviour continues, you can use this policy later. There is no time limit.

5.10. Support

The person you give your report to will talk to you about the options for accessing help and support, including from the organisations listed in appendices D&E.

If you are a member of a trade union, they can also provide advice and support.

Support for you to continue to work will be arranged where possible, based on advice from your organisation's occupational health team. This may involve using policies such as 'Work/Life balance and Special leave' policy. Examples of support could include adjustments to your role, your working hours or location, or giving you time off to attend appointments to get help and support.

All support will be reviewed with you regularly to ensure it remains helpful and to identify any additional needs you may have.

5.11. If you can't attend work

If you don't feel able or well enough to attend work, you should let your manager or other person in a position of responsibility know. They will provide advice about the sickness management policy. If it is reasonable, managers may agree to remove absence related to sexual misconduct from processes to manage levels of sickness absence.

If your sickness absence is a result of the sexual misconduct you have experienced at work and your absence will not be paid, or if your sick pay is reduced, you could receive injury allowance. This tops up your income (including some welfare benefits) to 85% of your usual pay during the absence. Section 22 of the NHS Terms and Conditions Handbook provides more information about injury allowance.

A member of the HR team or your trade union representative can provide advice and information about injury allowance.

5.12. After you make a report

Our organisation has a duty to ensure all employees involved with sexual misconduct cases are supported. This includes employees who have concerns raised about them.

The person you made your report to will request support from a review group to decide what to do. This will be arranged as soon as possible to ensure the report is managed quickly and in line with policies and procedures.

5.13. Review group

The review group will include:

- the person you made your report to
- a member of the HR team, preferably someone who has completed specialist sexual misconduct training

It might also include:
- a senior manager
- the lead for sexual safety
- an expert, who could include:
    - a colleague from safeguarding
    - the local authority designated officer
    - any other person who can provide advice that is needed

Appendix F provides more information about expert advice.

The review group will discuss the information provided, including the harm caused to you or others, and any other information available that is important to use alongside your report. For example, if there are aggravating factors, such as abuse of power over a more junior colleague.

The review group will review and make decisions about:
- actions that need to be taken quickly to prevent possible harm to you or others involved, using the template in appendix H. For example, if the people involved work together, temporary changes to working arrangements may be needed
- assessments that might be needed to understand and mitigate against any further harm to you or others
- the immediate support you and others involved need
- which policies or procedure(s) are relevant to managing your report
- what communication is needed to protect you and others, and to notify the right people
- whether the police or other organisations need to be contacted
- who needs to be told about the actions that have been agreed
- how you and others involved will be updated about what will happen next
- Read more about providing information and updates in section 5.17.
- The review group will use the checklist in appendix H to ensure that the plans to manage the report are clear. They will also ensure a record is kept (anonymously if needed).

5.14. Outcomes

The review group will ensure your views are considered when making decisions about how to manage your report. One or more of these outcomes could be agreed:

- a request for more information from you or others about what happened
- using the disciplinary policy to manage your report
- using the resolution or bullying and harassment or grievance policy to manage your report (if it was raised as a grievance)
- using the Maintaining High Professional Standards (MHPS) policy if the report is about a doctor or dentist
- a referral to NHS England's Regional Head of Professional Standards if the report is about a GP, general dental practitioner, optometrist or ophthalmic medical practitioner working in primary care and their name is included in one of the England Performers Lists
- using safeguarding policies to agree actions
- a report to the police
- a report to the employer of the person named in the report, if they are not employed by our organisation
- no further action

5.15. Investigations

If an investigation is needed, it will be completed using the policy agreed by the review group.

You can ask for adjustments if you need them, and they will be agreed if possible. Examples of possible adjustments include:
- a friend or family member attending meetings with you to support you, in addition to a trade

union representative or colleague
- using an external investigator or an investigator with specific training, skills and experience
- using an expert(s) to support the investigation

5.16. Preventing victimisation

Victimisation is negative treatment because of being involved with a discrimination or harassment complaint. It is unlawful under the Equality Act.

Harassment or victimisation of anyone who has reported, or has helped someone else to report, sexual misconduct is unacceptable as is any attempt to persuade or force an employee to not raise their concerns. Everyone will be supported when reporting sexual misconduct, whether their complaint is upheld or not.

If you believe you have been victimised, this will be taken seriously. You should report victimisation to a manager, a member of the HR team, a freedom to speak up guardian or your trade union representative.

5.17. Providing information and updates

You will be given the name of the person you can go to with your questions and to get advice and support. You can also raise any concerns or discuss any further needs you have with them and they will keep you updated. This will usually be the person you report your concern to or a member of the HR team.

Due to confidentiality, not everything that happens can be shared with you, but you will receive regular updates.

The information that can be shared with you will be shared with you. You will not normally be told about personal or confidential outcomes or actions relating to another employee.

5.18. Confidentiality

The information you share when using this policy will be kept confidential where possible. Everyone involved in the process will be informed of their responsibilities to keep information confidential.

This means that only people who ‘need to know’ will receive the information because they are, or will be, involved in the process. You will be told who will receive the information, and why. If there are safeguarding duties information may need to be shared to keep other people safe.

If you need advice or are concerned that confidentiality has not been kept you should speak to your manager, a member of the HR team or a trade union representative. Confidentiality or non-disclosure agreements will not be used to stop reporting of sexual harassment or whistleblowing.

5.19. Telling your manager

You will be asked how you feel about telling your manager.

If you haven’t told your manager, it may be helpful to so they can support you and others involved. If the concern is about your manager, another manager will be asked to support you.

5.20. When will the person the report is about be told it has been reported?

The person the report is about will often be told about some, or all, of the report to ensure they can take part in the investigation process.

This will always be done in a careful and planned way and will not happen without your knowledge. Before the person is told, conversations will take place to agree how to support your wellbeing and safety and that of others.

5.21. Involving the police and other organisations

Sexual misconduct can be a criminal act. Normally, it will be your choice whether to report what happened to the police.

If your report includes information that suggests other people are at risk, including patients or colleagues, the review group will get advice from our safeguarding team. They may need to share information with the police, the local authority designated officer (LADO) and / or the relevant local authority safeguarding team. This might happen even if you do not wish to use this policy. Where possible, you will be told before actions are taken and support will be provided to you throughout the process.

5.22. Police investigations

If a report has been made to the police, their investigation cannot be impacted by our Organisation's own investigation process.

This may mean there are delays in our organisation completing an investigation process. You will be told as soon as possible if the police ask for the process to stop or be put on hold. You will be told how long this might be for and we can discuss the support you and others involved will need during this time.

5.23. Statutory regulators

Sometimes, there may be a requirement to report an employee holding a professional registration to their statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, the Health and Care Professions Council, The Law Society) in line with their relevant professional code of conduct.

Depending on the professional body the most appropriate person will be responsible for reporting to professional bodies. This may also include the code of conduct under the NHS Leadership and Management Framework.

They may take advice from a range of individuals including the most senior person from the relevant profession within the organisation before making a formal referral.

5.24. Preventing sexual misconduct

Our organisation will:

- review the likelihood and risks of sexual misconduct occurring at work from colleagues, volunteers, learners and others including patients, service users and visitors
- decide the actions that can be taken to reduce risks and prevent harm
- ensure the agreed actions are implemented and managed
- update policies and procedures to clarify the law, how everyone can expect to be treated and how to make a report
- review the effectiveness of policies and training
- communicate consistently about our values and expectations for behaviour and what actions may be taken when these are not met
- communicate with patients, service users and visitors about how we expect them to treat our staff and each other
- provide guidance and support to colleagues, helping them assist others if they witness sexual misconduct
- create a culture where people feel safe to talk about and report sexual misconduct

- ensure systems are in place to respond to reports and provide timely support to all employees impacted by sexual misconduct

Our organisation will use reports about sexual misconduct to prevent events from happening again, and to understand potential patterns and areas of concern and what is required to mitigate risks, take action, and improve the culture within teams and across the wider organisation.

6. Equality & Health Inequalities Impact Assessment (EHIA)

Whenever we write a policy, we do an 'equality and health impact assessment' (EHIA) to ensure it treats everyone fairly, and it does not disadvantage or discriminate against anyone or any protected group.

We also review our policies regularly to see how we are doing. This includes listening to colleagues' views and reviewing information about how the policy works in practice.

Section 8 outlines how this policy will be monitored to ensure it treats everyone fairly.

7. Competencies and Training Requirements

It is important that everyone understands:

- what appropriate and inappropriate behaviours are
- how to use this policy
- what to do if they experience or witness inappropriate behaviours

Managers and members of the HR Team, freedom to speak up guardians (FTSU), wellbeing champions and colleagues from staff networks will receive training on this policy so they can offer support, advice and guidance to colleagues.

Feedback and experiences from those involved in using this policy will be used to create future training and ensure continuous reflection and learning across the organisation.

The Trust has made a variety of training available on [redacted] which includes 'Sexual Safety at Work – ESHT Sexual Safety Charter'. This training is not currently mandatory but all colleagues are strongly encouraged to complete this.

8. Monitoring Compliance and Effectiveness

What element of this policy will be monitored?	What is the method or information source, for example, audit or feedback?	Who will lead the monitoring?	When will the information be reviewed, by who or which group?	What are the arrangements for responding to issues and tracking delivery of planned actions?
How many individuals use this policy and how do they use it?	How many informal or formal processes are started each year? How many are completed?	Review group	This could be annually, monthly or quarterly. Managed by VARG and overseen by the board.	Identified by the review group and escalated to VARG or POD depending on issue/action identified
Does the extent of policy use vary across different staff or protected groups? Are there any differences in outcomes?	Using demographic, band and staff group data to analyse use of the policy. Monitoring should include analysis by protected characteristics and staff group to identify patterns, disparities in reporting, or differences in outcomes	Review group	This could be annually, monthly or quarterly. Managed VARG and overseen by the board.	Identified by the review group and escalated to VARG or POD depending on issue/action identified
Feedback on advice, process, ease of use and internal and external support.	Feedback to the HR team from individuals, trade unions, freedom to speak up guardians and staff networks.	HR team	This could be annually, monthly or quarterly. Managed Review Group and overseen by the board.	Data and feedback is monitored within HR and escalated as appropriate depending on issue/action identified
What are the outcomes of using this policy? How much change or learning happens? What does this tell us about the culture?	How many concerns move to disciplinary? How many appeals are made each year, how are these resolved? What outcomes have come	Review Group, PET Team	This could be annually, monthly or quarterly. Managed by POD and overseen by the board.	Anecdotal information will be gathered by the review group. The PET team will monitor trends to sexual safety staff survey question,

	from anonymous reports?			together with other survey culture questions

Appendix A: Governance section

Appendix A.1: Version Control Table

Version number and issue number	Date	Author & Job title	Reason for Change	Description of Changes Made
V1.0	February 2026	Lucy Birch/National People Policy group	New Document	New Document

Appendix A.2: Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Sexual Safety Task and Finish Group	Various inc. PET, Employee Relations, Safeguarding, Occ Health, EDI, Network chairs	March 2026
WPPG	Various	April 2026

Appendix B: Equality and Health Inequalities Impact Assessment (EHIA)

Function/policy/service name and number:	Sexual Safety Policy		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	The Sexual Safety Policy sets out the Trust's commitment to preventing and responding to sexual misconduct within the workplace. The policy provides clear definitions of sexual misconduct, explains how concerns or incidents can be disclosed or reported, and outlines the processes the organisation will follow to ensure concerns are taken seriously, investigated appropriately and that those affected receive support. The policy aims to: Promote a safe, respectful and inclusive working environment for all staff. Provide clear reporting routes for sexual misconduct. Ensure staff feel confident to raise concerns without fear of retaliation. Ensure reports are handled sensitively and in a trauma-informed way. Support organisational learning and cultural improvement through monitoring and review. This is a new policy aligned with the NHS Sexual Safety Charter and national People Policy guidance, replacing previous references to sexual misconduct within the Dignity and Respect Policy.		
How will the function/policy/service change be put into practice?	The policy will be implemented through: publication on the Trust intranet communication through management channels and staff briefings training and awareness sessions for managers and staff supporting e-learning on sexual misconduct awareness guidance for managers on responding to disclosures and reports monitoring of policy use and outcomes through HR governance structures.		
Who will be affected/benefit from the policy?	The policy applies to all individuals working within the Trust including substantive staff, bank and agency workers, students and trainees, volunteers, contractors and learners and secondees. The policy particularly benefits individuals who may experience or witness sexual misconduct by providing clear reporting routes, support mechanisms and organisational accountability.		
State type of policy/service	Policy	Service	
	Business Case	Function	
Is an EHIA required? NB: Most policies/functions will require an EA with few exceptions such as routine procedures	Yes		

Accountable Director: (Job Title)	Director of People
Assessment Carried out by:	Name: Sarah Feather Role: Workforce Equality, Diversity and Inclusion Lead
Contact Details:	
Date Completed:	19/03/2026

SECTION B ANALYSIS AND EVIDENCE

Analysis of the potential impact – Equality and Health Inequalities Duties

3. PROTECTED CHARACTERISTICS - Main potential positive or negative impact of the proposal for protected characteristic groups summarised
Please write in the box below a brief summary of the main potential impact (positive or negative) Please state **N/A if your proposal will not impact adversely or positively on the protected characteristic groups listed below, but make sure you include information on how you know there will be no impact.**

The Sexual Safety Policy is expected to have a positive impact by promoting a safe, respectful and inclusive working environment and by providing clear processes for reporting and responding to sexual misconduct. The policy recognises that some groups may be more vulnerable to harassment or face additional barriers to reporting, including women, ethnically diverse staff, disabled staff, LGBTQ+ colleagues, junior staff, trainees and internationally recruited staff. By providing multiple reporting routes, confidential support and a trauma-informed approach to responding to disclosures, the policy aims to reduce barriers to reporting and ensure all colleagues feel able to raise concerns safely. No adverse impacts on protected characteristic groups have been identified.

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? *(Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback*	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	Younger staff, students and trainees may be more vulnerable to sexual misconduct due to organisational hierarchy and power imbalance. The policy has a positive impact by providing clear reporting routes and support mechanisms.	Evidence from NHS workforce research and national reports such as Surviving in Scrubs highlight that junior staff and trainees may experience barriers to challenging inappropriate behaviour.	The policy includes multiple reporting routes including managers, HR, Freedom to Speak Up Guardians and trade union representatives to ensure staff can raise concerns safely including the ability to make anonymous reports
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Disabled staff may face additional barriers when reporting concerns or participating in investigations. The policy aims to reduce these barriers by promoting a supportive and inclusive reporting process.	Equality Act 2010 duties require employers to consider reasonable adjustments and accessibility for disabled employees.	Reasonable adjustments will be considered where required during reporting or investigation processes, including accessible communication methods and additional support.
Gender Reassignment and/or people who identify as Transgender	Trans and non-binary staff may experience sexual harassment linked to gender identity or expression. The policy provides protections against such behaviour and promotes respectful workplace culture.	National equality evidence and workforce inclusion data identify LGBTQ+ staff as potentially more vulnerable to harassment.	The policy clearly defines unacceptable behaviours and provides confidential reporting routes and support mechanisms.
Marriage & Civil Partnership: people married or in a civil partnership.	No specific adverse impact identified.		
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	Pregnant employees or those returning from maternity leave may experience power imbalance or vulnerability in workplace relationships.	Evidence from workforce equality research highlights that pregnant employees can experience discrimination or harassment.	The policy provides clear reporting routes and organisational responsibilities to address misconduct and support affected employees.
Race:	Staff from ethnically diverse backgrounds may experience additional barriers to reporting concerns due to cultural stigma, fear of reputational impact or previous negative experiences of reporting.	Evidence from NHS Workforce Race Equality Standard (WRES) reports and national workforce research highlights disparities in reporting harassment and discrimination.	The policy emphasises confidential reporting routes and support through Freedom to Speak Up Guardians, trade unions and HR.
Religion and belief: people with different religions/faiths or beliefs, or none.	Individuals from certain cultural or faith backgrounds may find it more difficult to discuss sexual matters or report sexual misconduct.	Evidence from equality and workforce research indicates cultural stigma can act as a barrier to reporting harassment.	The policy provides a range of reporting options and support services to ensure staff can seek support in ways that feel safe and appropriate

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? *(Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback*	Action that will be taken to address the potential for negative impact.
Sex:	Women are statistically more likely to experience sexual harassment in the workplace. The policy provides mechanisms to prevent and respond to sexual misconduct.	National research including NHS workforce surveys and the Surviving in Scrubs report highlight the prevalence of sexual misconduct experienced by women in healthcare settings.	The policy promotes a zero-tolerance approach to sexual misconduct and includes clear reporting routes and support mechanisms.
Sexual orientation	LGBTQ+ staff may experience sexual harassment or inappropriate behaviour related to their sexual orientation.	National equality evidence highlights that LGBTQ+ individuals may experience workplace harassment.	The policy explicitly defines sexual harassment and provides inclusive reporting routes and support services.
Veterans/Armed Forces Communities	No specific adverse impact identified.		

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). **If the policy/procedure is unrelated to patients, this section does not require completion.**

Please state none if you have assessed that there is not an impact, but please make sure you complete the 'how do you know this' column to demonstrate that you have considered the potential for impact**. If you identify the potential for impact for one or more of these groups, please complete the full assessment in Appendix A.**

Groups who face health inequalities[1]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people	The policy relates primarily to workforce conduct and workplace safety rather than patient care. Therefore no	The policy applies to staff behaviour and reporting processes rather than delivery of clinical services.	N/A

Groups who face health inequalities[1]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (Include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.	direct impact on patient access to services or health outcomes has been identified.		

SECTION C ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes, it's likely that you'll have to undertake specific engagement with patients. For smaller changes and policies, you may have undertaken some engagement with patient groups, gained insight from routine sources e.g. patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally.
Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes ✓	No

b. If yes, please ensure all stakeholders are listed on the consultation table at the beginning of the policy.

SECTION D SUMMARY OF FINDINGS

Reflecting on all the information included in your review-

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please **add an x** to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	✓	✓	✓
The proposal may support?			
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?		
Uncertain if the proposal will support?	✓	✓

8. **Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

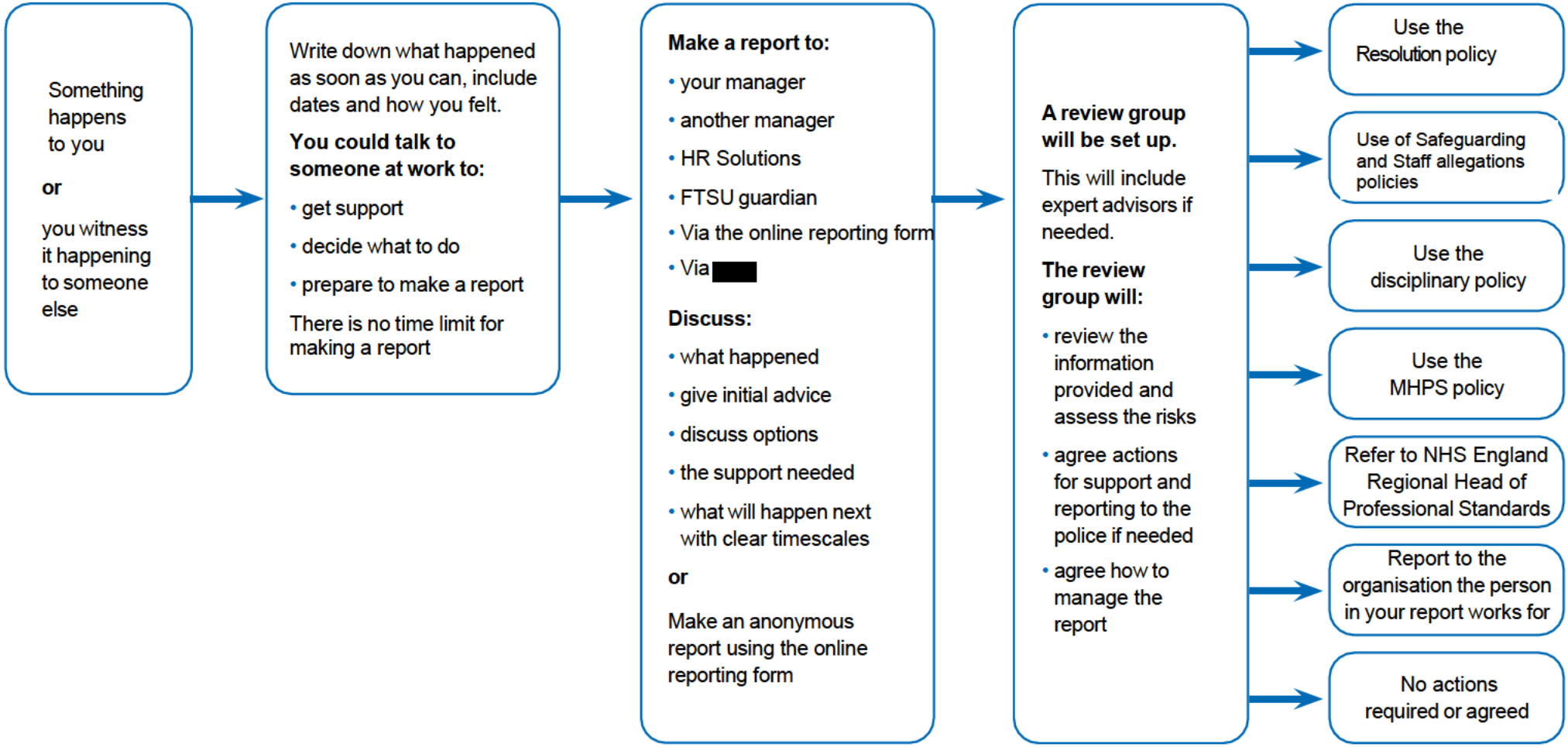
Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1		
2		
3		

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:	**Name and role: Sarah Feather**	**Date: 19/03/2026**
Line Manager of person completing:	**Name and role: Lucy Birch (not SF line manager but policy author)**	**Date: 19/03/2026**

Appendix C: Flowchart

This flowchart summarises the steps set out in this policy for reporting and determining how to handle cases of sexual misconduct.



Appendix D: Support provided by our organisation

- Our wellbeing partner Vivup operates a helpline 24 hours per day, 7 days per week, providing expert advice on any emotional, personal and work-related issues you may have. The helpline number is [redacted] or [redacted].
- Our Occupational Health team are available to support you should your experience impact your ability to work. Details of their services are available through the link above; they can also be contacted on extension [redacted] or [redacted].
- The Wellbeing Team are available to support you and signpost you to your local wellbeing champion, or mental health first aider.
- Additionally, if you have experienced a traumatic experience at work the trust have a Trauma Risk Management (TRiM) programme which can provide support. You can contact the TRiM team on [redacted] . Please note that occasionally there may be situations where colleagues would be better supported by specialist services. In those instances the TRIM team will support and signpost as appropriate.

Members of the HR team

Can provide advice and guidance about this policy, and information about other services that can provide support. Please contact HR Solutions on Ext: [redacted]

Tel: [redacted]

Safeguarding team

Can provide advice and support to employees who disclose sexual misconduct and can signpost and refer staff to external support. [redacted]

Trade union representatives

Can help and provide advice and support to their members about sexual misconduct at work.

They can provide advice, guidance and support, for example by attending meetings with you.

They will also help influence and guide organisations about preventative actions they can take to improve sexual safety.

Freedom to speak up guardians

Can offer a confidential and safe place to speak about sexual safety and provide guidance and information about how to resolve concerns. Find out more.

Domestic abuse and sexual violence allies

Local services

CGL – East Sussex Domestic Abuse Service operate services across Hastings and Rother and Eastbourne, Wealden and Lewis. Providing practical and emotional support to Medium and High Risk victims of current domestic abuse.

CGL – are a voluntary service and support clients to make informed choices about their situation and put in place robust safety plans to reduce risk.

To make a referral by email: [redacted] or please call – Tel: [redacted] – Domestic Abuse Service – East Sussex

Domestic abuse and sexual violence allies provide trauma informed support about complaints of sexual misconduct.

They can signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and help someone to make a report.

Appendix E: External support

ACAS: helpline for anyone experiencing workplace related issues including sexual harassment.

Rights of Women: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment at work.

Surviving in scrubs: provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

General Medical Council: What to do if you think you have been subject to sexual misconduct by a doctor: a resource for patients and colleagues.

Health & Care Professions Council: sexual safety hub provides help and guidance about making a report to that organisation.

Protect: free, confidential whistleblowing advice.

Equality Advisory & Support Service: helpline to advise on issues related to equality and human rights.

Citizens Advice: provide information about your legal rights in the workplace if you are experiencing sexual harassment.

Samaritans: support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure

Getting help for domestic violence and abuse: NHS.uk provides practical advice and help to recognise the signs and where to get help.

Supporting a survivor of sexual violence: advice from Rape Crisis about how to support a survivor of sexual violence.

NHS help after rape and sexual assault: information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

Rape Crisis England and Wales: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Rape Crisis Scotland: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Sexual assault referral centres (SARCs): offer medical, practical and emotional support to anyone who has been raped, sexually assaulted or abused. SARCs have specially trained doctors, nurses and support workers.

Galop: support LGBT+ people who have experienced abuse and violence.

The Survivors Trust: The Survivors Trust has 120 member organisations based in the UK & Ireland which provide specialist support for women, men and children who have survived rape, sexual violence or childhood sexual abuse.

SurvivorsUK: provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

Victim Support: provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

A list of support services on the Government's website: for victims of sexual violence and abuse.

Appendix F: Expert advice

An expert may be asked to support the review group and an investigation.

All reports will be different, so a range of expertise and experience could be needed. That knowledge and expertise may include:

Knowledge

- trauma informed interviewing and investigation techniques
- research led case reporting
- risk management
- understanding of issues impacting particularly vulnerable groups
- safeguarding

Skills

- ability to identify types of sexual misconduct
- ability to understand impacts on vulnerable groups
- ability to undertake extensive personal interviews to elicit better information and to reduce the potential for retraumatising
- ability to overcome barriers to disclosure while supporting employee wellbeing

Experience of

- undertaking or advising on trauma informed, employment led investigations
- supporting individuals or teams on a trauma-informed basis

- equality, diversity or inclusion implications within sexual misconduct reports and investigations, and understanding of the vulnerabilities of particular groups
- using subject matter expertise to aid investigations and improve decision making
- managing disclosures of sexual abuse and misconduct

Appendix G: Links to more help and guidance

NHS England

Sexual safety in healthcare charter

Sexual safety charter assurance framework

E-learning on understanding sexual misconduct in the workplace

Guidance on the role of domestic abuse and sexual violence allies (on FutureNHS, registration required)

NHS Employers

NHS Terms and Conditions Handbook section 32 Dignity at Work

Equality and Human Rights Commission (EHRC) guidance

Preventing sexual harassment at work: a guide for employers Employer 8-step guide: Preventing sexual harassment at work

Guidance on managing sexual misconduct

Advice about sexual harassment at work (ACAS)

Managing discrimination from patients and their guardians and relatives (BMA)

Managing concerns (Nursing and Midwifery Council)

Practitioner Performance Advice (PPA) (NHS Resolution)

Appendix H - Templates

Record of actions to support safety and wellbeing

Use this template to record risks to safety or wellbeing and decisions agreed to manage or provide support.

Anonymised details of people involved:	For example, refer to: the person who made the report and the person the report is about, rather than using names or initials.
Summary of the report:	
Expert advice provided by: **Details of the advice:**	
Has support been offered to everyone involved?	Yes or no – note response and actions
Are there safety risks? Who is impacted and how? (colleagues, service users, others) **What is the severity of impact?** **How likely is the impact to happen?**	
Decisions to support safety and wellbeing:	
Communication of decision to others that need to know: **Actions required to support the decision, for example, cover arrangements:**	

Review group checklist

This checklist should be completed by the review group to ensure they have completed all the relevant actions.

Checklist:	Details:
Wellbeing and safety **1.** Has support been offered to the employee who made the report and others involved? **2.** Are those involved safe and are there any risks that need to be managed? **3.** Has a risk assessment been completed to review and take actions to support wellbeing and safety, including actions to ensure no further harm and risks to colleagues, patients, service users or other people. See more in appendix 8.	
Find the facts **1.** Do you have the facts from appendix 10 that you need? **2.** Has the employee who made the report discussed a preferred outcome? **3.** Do those involved work for the organisation? If not, which organisation do they work for? **4.** Are there any similar live cases on file relating to the person (or people) the report is about? **5.** Do other organisations have any information that is important to know, for example, another investigation. **6.** If further information is needed, gather this information **7.** Are there any aggravating factors, such as the abuse of power over a more junior colleague that need to be taken into account?	

Agree how to manage the report **1.** Is there a requirement to get specialist advice? (for example, from safeguarding or legal). If so, record their advice **2.** Following advice, is there a requirement to request advice or refer to another organisation, for example, the police, local authority designated officer (LADO), regulator? **3.** Discuss and agree if another policy should be used. **4.** Identify and agree who will take forward the management of the report, including how to refer to other organisations. **5.** If a police report or LADO referral has or is being made, get advice about when the organisation can start to manage the report.	

Checklist:	**Details:**
Communication **1.** Identify who 'needs to know' (for example, relevant managers, or other employers if one of the parties works for a different organisation) **2.** Agree who will be the key point of contact for those involved and advise them of the arrangements **3.** Agree regular review points (with everyone involved) **4.** Have decisions and next steps been confirmed to those involved (including in writing if necessary)?	
Ensuring understanding **1**. Have you ensured the employee(s) understands the reasons for actions and for the approach to how the report will be managed? **2.** Have the next steps been discussed with the employee(s) involved (including a review of support)?	

Appendix I - Questions to ask when you receive a report

Use this checklist to gather the information needed to understand what happened. If more than one incident took place, you may need to record each separately.

Before you begin, check:

- they do wish to make a report
- if they need or want anyone to support them during the conversation
- they are clear about confidentiality and safeguarding processes that mean you may need to share information (for example, if there is a safeguarding concern)

Personal details:

1. Name of the person making the report
2. Contact details and the best time to contact them

Who is reporting this?:

- someone who has experienced sexual misconduct
- a witness to sexual misconduct:
  - do they have consent of the person who was affected?
  - if yes, who did it happen to?
  - if no, do not ask or record information about the person affected
- someone who has been disclosed to about sexual misconduct

About the incident:

1. Was it a single or multiple incidents?
2. Where did the incident(s) happen?

- virtually using either work or non-work equipment and through any virtual platform including, social media, email and messaging services
- NHS premises
- offsite, in the course of work, at a non-work event or a work event
- unsure or other

3. When did the incident(s) happen? If unsure, get rough dates or a range of dates
4. Do they want to name the person whose behaviour they are reporting?
5. Information about the behaviour(s) being reported (this doesn't need to be in lots of detail at this point)

Witnesses:

1. Did anyone witness this behaviour?
2. Do the witnesses know this report is being made?

Any further information the person wishes to provide? Check and discuss:

1. Do they have any notes or information to help them make their report?
2. Is anyone at immediate risk. Are any actions needed now?
3. What support is needed? (Refer to other policies such as flexible working or special leave)
4. Signpost to internal or external support (appendix 4)
5. Explain that more information will be needed if an investigation takes place
6. Explain the possible outcomes from the review group

Next steps:

1. Speak to a member of the HR team
2. Set up a review group

Notes:

Appendix J – Guidance for managers

How to respond to a disclosure or report of sexual misconduct

It is important that everyone working in the NHS knows how to respond when someone makes a disclosure or report about sexual misconduct.

Each person will have different needs so you must ask how they want you or others to support them. Do not assume what they might need and do not dictate the process.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimising trauma.

It is crucial to handle the conversation respectfully, sensitively and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take. Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

Do:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information (for example if a safeguarding concern is outlined)
- safely signpost them to support (and reporting options if they haven't reported already)

Do not:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)
- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing

For more information complete the E-learning on understanding sexual misconduct in the workplace

Promoting a positive culture

As a manager you have a key role in influencing the culture within your team. This begins with behaving in a way that lets your team see that you act and manage issues (not just those about sexual misconduct) fairly and with compassion. Your ability to recognise inappropriate behaviour and act as early as possible is important. It can help support people to speak up.

This means you need to challenge behaviours that are inappropriate and be aware of situations that might be harassment. Appendix 3 provides information and examples.

It may also involve identifying underlying tensions or information that suggests unreported events or behaviours within the team.

The resolution policy provides information about having early conversations to reach solutions between colleagues. It is important to consider whether this is appropriate before suggesting it. In some circumstances it will not be. You should never force someone to confront a colleague or try to resolve things together if they do not wish to. Ensure that you and your team attend the training to understand what sexual misconduct is and how to make a report.

Getting advice and support

Receiving information or a report about sexual misconduct can be worrying and you might not have experienced this before.

It's important to get advice from a member of the HR team, and the safeguarding team as soon as possible, especially if you are worried about safety.

You can do this without mentioning names in the first instance, to maintain confidentiality. It is important to remember that sometimes you may have a responsibility to escalate the report to ensure the safety of others.

If you are finding it difficult to support someone or to process information you have heard, speak to your manager or a member of the HR team who can provide advice and support.

Relationships at work

Relationships between work colleagues can happen. Sexual misconduct can happen within a range of relationships, and it is important that professional boundaries are maintained.

The relationship might not be appropriate where there is a power imbalance, when training and career progression opportunities of one party could be impacted, or when people work closely together. To discuss a relationship between colleagues, speak to a member of HR and read the relationships at work policy.

Receiving a report about sexual misconduct

You have an important role to ensure reports are made effectively and dealt with. Your openness, ability to listen and take actions will show that sexual misconduct is taken seriously.

Try to remain calm and listen fully when someone reports a concern about sexual misconduct to you. This may have taken a lot of courage to raise with you and could be an emotional experience for them.

You should let them know you take their report seriously and you are there to help. Appendix 11 provides guidance about how to respond and provide initial support and appendix 10 provides a list of questions to ask and points to check and discuss.

Discuss and agree what will happen next. It is important that you understand their needs and expectations and are clear with them about the actions you are going to take. This might be difficult if they are feeling emotional or anxious and it might help to follow up later to check understanding.

If they are very upset, or they need more time to think about what to do, it might be helpful to give them some time and meet again at another time. Always check they have support and take actions to put support in place.During the conversation, collect information about what happened and ensure they have time to discuss their views about what to do next, as it is important to respect their views.

Get advice from a member of the HR team or other professionals as soon as you can. They will support and help you to set up a review group.

Anonymous reports

Some people may prefer to report their concern anonymously. Anonymous reports will be recorded in one location and used to understand underlying concerns and trends.

It is important that anonymous reports are taken seriously. They can provide helpful information about patterns or areas of concern.

A member of the HR team will provide advice about managing anonymous reports

Message from Jenny Darwood, Director of People

Sexual Safety in the workplace

Dear colleagues

Sexual violence and harassment and sexually inappropriate behaviour is sadly an all too common feature of workplaces, including in the NHS. It can affect anyone of any gender, sexuality and ethnic background - and is significantly under-reported across all of these diverse groups.

Making a difference on these issues requires taking action on a number of fronts. An important one of these is the NHS Sexual Safety Charter, an initiative developed by NHS England. The trust signed up to the NHS Sexual Safety Charter in 2023 and most recently formed a Task and Finish group to look at the updates to the standards within the Charter that came out in December 25. The work from the group includes the development of a standalone Sexual Safety Policy, anonymised reporting tools, specialist investigation training and the formation of a review group to review reports to ensure they are dealt with swiftly and sensitively.

One of our most important responsibilities as an executive team is to ensure that every person in our organisation feels safe, respected, and able to bring their best self to work. A key part of that responsibility is maintaining a workplace free from any form of harassment, especially sexual harassment.

Sexual safety in the workplace is not just a legal requirement; it is a reflection of our culture, our values, and the standards we set for how we treat one another. Every employee deserves an environment where they feel secure, able to speak up, and confident that concerns will be taken seriously.

While I am encouraged to see a significant improvement in our NHS Staff Survey results regarding the proportion of colleagues reporting unwanted sexual harassment from another member of staff - reducing from 4.5% in 2024 to 3.3% in 2025 - it is clear that our work is far from finished.

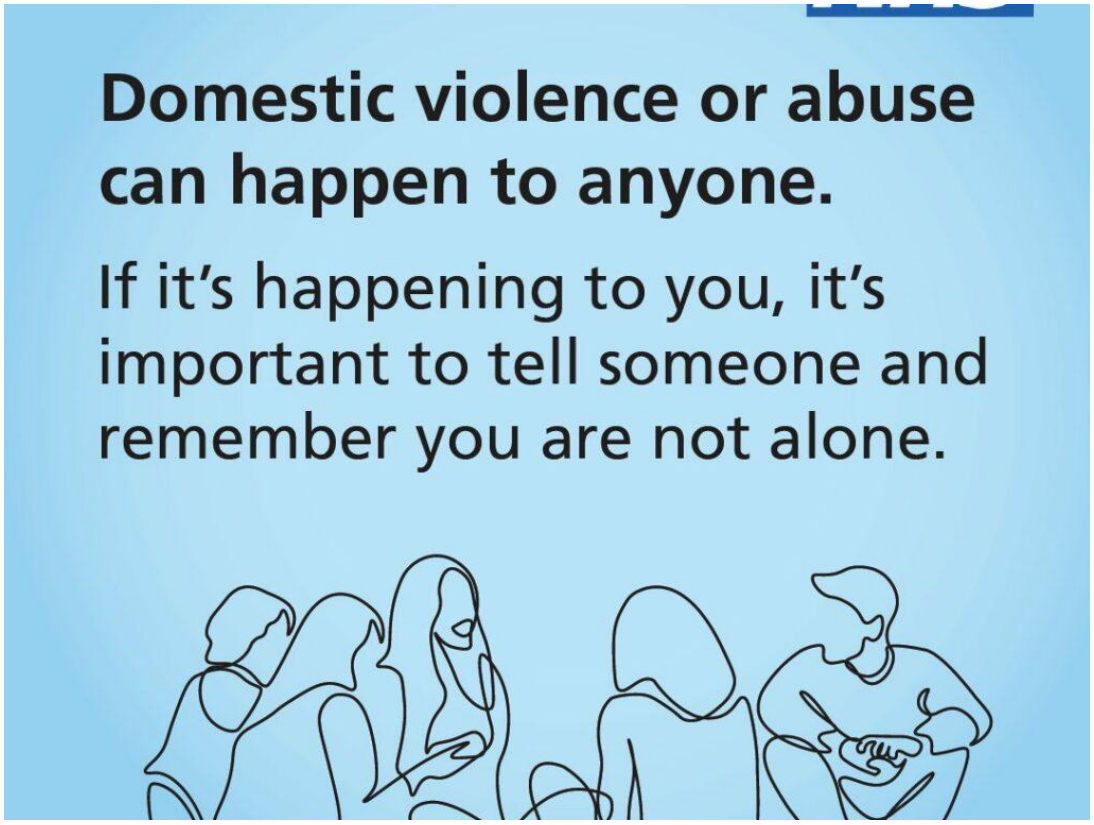
The increase in reports relating to patients and service users, rising from 8.1% in 2024 to 8.5% in 2025, is deeply concerning. No member of staff should ever feel unsafe or disrespected while carrying out their work, regardless of the source of the behaviour.

These findings reinforce how important it is that we continue strengthening our culture of safety, respect, and no tolerance for harassment of any kind. They also remind us that supporting our

people includes ensuring they have the skills, confidence, and organisational backing to report incidents and to manage challenging behaviours safely. I encourage all colleagues to undertake the e-learning training on [redacted] Sexual Safety at Work - ESHT Sexual Safety Charter module

You can also find dedicated support and information pages on our extranet: Sexual safety support

Jenny



NHS Domestic Abuse Awareness Day: Standing Together for Safety and Support

10 December 2025

Today marks the first NHS Domestic Abuse Awareness Day—a day dedicated to recognising the impact of domestic abuse, supporting those affected, and reaffirming the NHS's commitment to supporting the safety and wellbeing of staff and the public.

Domestic abuse does not discriminate. It affects people of all genders, sexual orientations, ethnic identities, ages, and professions. It can happen in any home, community, or relationship, and it affects many individuals who work within the NHS as well as those who rely on it.

Domestic abuse can take many forms: physical violence, emotional manipulation, sexual abuse, coercive control, financial restriction, or digital monitoring. Regardless of the form it takes, abuse is never the fault of the person experiencing it. The central message of this day—echoed across the NHS—is simple but vital: **you are not alone**.

Many people experiencing abuse feel isolated, frightened, or unsure where to turn – so if you have concerns about your safety, or the safety of someone else, please reach out. Speaking to a GP, nurse, midwife, mental health professional or trusted colleague can be a first step toward getting support.

Across the UK, support is available 24 hours a day. National helplines, local domestic abuse charities, independent advocates, and specialist services for men, LGBT+ people and minority communities all play a critical role in ensuring that help is accessible to everyone. No matter your background or situation, there are people who understand and are ready to support you.

Together, by listening, supporting and advocating for one another, we can help ensure that every person facing domestic abuse feels seen, valued and safe—and knows that there is hope, help, and a way forward.

19 September 2024

It's a shame I have to write this at all but, sadly, sexual violence and harassment and sexually inappropriate behaviour is still an all-too-common feature of workplaces, including in the NHS.

Despite common misconceptions, these issues can affect anyone of any gender, sexuality or ethnic background – and are significantly under-reported across diverse groups.

To address these challenges NHS England launched the Sexual Safety Charter last autumn, following a report into sexual harassment in the medical profession more widely. Since then our colleagues have been working hard over the past year to implement its standards here at the trust.

We know from information from our staff surveys and from our own internal reporting that sexual safety in the NHS is an issue. The Sexual Safety Charter took that information from across the NHS and has come up with a range of actions and recommendations that NHS organisations can take to deliver real change on sexual safety in their workplaces.

My colleague Simon Merritt, Chief Medical Officer, is the executive lead on the implementation of the charter here at the trust.

He says: "It has been a genuine privilege to lead and support our colleagues in the HR and training teams to make the changes to our policies and to our reporting procedures; to strengthen our training and to create a safe working environment for everyone.

"This is the beginning of our work to make our trust a sexually safe organisation, not the end. If you have any thoughts about how we can take this further, please let me or one of our HR or Wellbeing colleagues know."

[redacted] is the Chair of the trust's Women's Network. She says: "Sexual safety is important. We all have a right to it. Nobody has a right

to touch us without our consent; everyone has the right to feel safe and comfortable at work.

“Sexual safety is about more than physical touching. It’s unwanted sexual comments, so-called jokes, and so much more. It’s not harmless fun; at best it is demeaning and at worst can make people feel sad, frightened and powerless. If you aren’t comfortable with it – it’s not OK.

“The sexual safety charter is a really positive step towards tackling this important issue and empowering colleagues to speak out.”

It’s important that all of us are aware of this charter and what is acceptable and unacceptable behaviour. Remember, our trust values are kindness, inclusivity and integrity – all of which play a part in resolving this issue. It is with our values in mind that, together, we can strive to make our trust a better, sexually safe space for everyone.

If you have experienced sexual assault, harassment or sexually inappropriate behaviour, please speak to someone – that could be your line manager, colleagues, a Freedom to Speak Up Guardian or you can call our employee assistance providers Vivup on [redacted] Qualified counsellors are on hand to talk to you 24/7.

To familiarise yourself with the sexual safety charter, and the part you can play in embedding it here at the trust, please watch the video below. Full details of the range of the support that is now available, including an FAQ and links to the relevant documents, is available here.

Sexual Safety in the workplace

9 April 2026

Dear colleagues

Sexual violence and harassment and sexually inappropriate behaviour is sadly an all too common feature of workplaces, including in the NHS. It can affect anyone of any gender, sexuality and ethnic background – and is significantly under-reported across all of these diverse groups.

Making a difference on these issues requires taking action on a number of fronts. An important one of these is the NHS Sexual Safety Charter, an initiative developed by NHS England. The trust signed up to the NHS Sexual Safety Charter in 2023 and most recently formed a Task and Finish group to look at the updates to the standards within the Charter that came out in December 25. The work from the group includes the development of a standalone Sexual Safety Policy, anonymised reporting tools, specialist investigation training and the formation of a review group to review reports to ensure they are dealt with swiftly and sensitively.

One of our most important responsibilities as an executive team is to ensure that every person in our organisation feels safe, respected, and able to bring their best self to work. A key part of that responsibility is maintaining a workplace free from any form of harassment, especially sexual harassment.

Sexual safety in the workplace is not just a legal requirement; it is a reflection of our culture, our values, and the standards we set for how we treat one another. Every employee deserves an environment where they feel secure, able to speak up, and confident that concerns will be taken seriously.

While I am encouraged to see a significant improvement in our NHS Staff Survey results regarding the proportion of colleagues reporting

unwanted sexual harassment from another member of staff – reducing from 4.5% in 2024 to 3.3% in 2025 – it is clear that our work is far from finished.

The increase in reports relating to patients and service users, rising from 8.1% in 2024 to 8.5% in 2025, is deeply concerning. No member of staff should ever feel unsafe or disrespected while carrying out their work, regardless of the source of the behaviour.

These findings reinforce how important it is that we continue strengthening our culture of safety, respect, and no tolerance for harassment of any kind. They also remind us that supporting our people includes ensuring they have the skills, confidence, and organisational backing to report incidents and to manage challenging behaviours safely. I encourage all colleagues to undertake the e-learning training on [redacted]: Sexual Safety at Work – ESHT Sexual Safety Charter module

You can also find dedicated support and information pages on our extranet: Sexual safety support

14 November 2024

Tackling violence and aggression remains a top priority for the trust. We speak to Jacquie Fuller, our Director of Wellbeing, for an update on this important work:

“Hello everyone. I wanted to share with you the great news that, after a significant period of development, the trust’s new posters to discourage violence and aggression against our staff are being put up around the trust.

“I know that having new materials to help combat the violence and aggression from members of the public on us is something that many of our colleagues have wanted for some time. You can see some examples of the materials at the end of this article, and I wanted to explain a little bit about why we have taken the approach that we have in terms of their design and their messaging.

“The new posters have been designed to be trauma-informed. What this means in practice is that they have been specifically designed to engage effectively with a key group of members of the public who are amongst the most likely to be aggressive to staff. This group is those who – for a variety of reasons – have a mindset or have experienced previous trauma at some point on their lives and coming into a hospital environments which may enhance their stress and who, when stressed and particularly when challenged, are more likely to express themselves violently and aggressively towards colleagues.

“The new posters make it clear that violence and aggression towards our colleagues is not OK, but do so in a way that empathises with what they may be experiencing and reassures them of something that – when it comes down to it – we really want them to know: that we’re here to help them.

“I know there may be some initial scepticism about moving away from a Zero Tolerance message and that this approach might at first seem a bit fluffy. But research from around the world is clear – while we may personally feel reassured by zero tolerance messages, the

confrontational tone that sort of message strikes, can dial up the stress that this group of members of the public are already experiencing, and make it more likely, not less, that they will act aggressively. By contrast, messaging that is empathetic and focuses on how we are people that are here to help and not authority figures to be frightened of can dial down anxiety and worries of confrontation and make it less likely that they will respond to our colleagues in a violent way.

“The posters feature colleagues from a range of professions across our hospital services, so all of the areas where violence from the public is a particular risk will be able to have posters which show colleagues in roles similar to the ones that patients will interact with in their departments – making the posters immediately relevant to where they are displayed.

“A lot of work has gone into the creation of these materials, and I’d like to thank everyone who has been involved in creating them, in particular the trauma-informed leads for Sussex, who provided insight into the complex psychology that can underpin violent outbursts from members of the public, and our Communications team, who worked very hard to ensure that every detail of these posters supports that trauma-informed approach.

“We have already identified a number of different locations for the posters and they will be delivered over the coming weeks. Please could colleagues ensure that, when they are with you, that old posters and materials are removed so that we don’t end up giving mixed messages to members of the public. Your work area may already be on our list, but if you would like some of these materials for where you are then please contact [redacted] to let us know; as well as wall posters we also have versions that can be displayed on reception desks, so we can make sure you have what you need.

“While these posters won’t eradicate all of the violence and aggression that colleagues sadly experience far too frequently from members of the public, they are an important part of helping to reduce it.”

Sexual Safety – everyone should feel safe

“Sexual violence and harassment and sexually inappropriate behaviour is sadly an all too common feature of workplaces, including in the NHS. It can affect anyone of any gender, sexuality, and ethnic background – and is significantly under-reported across all of these diverse groups.

“As part of our ongoing work to embed the principles and practices of the Sexual Safety Charter here at the trust, all of our staff networks (Women’s, LGBTQ+, Faith and Belief, Multicultural, (dis)Ability, and A-Typical) have come together to host a special online event on 22 November about the trust’s Sexual Safety Charter. I will be talking a little more about it, why we’ve introduced it and the changes we are looking to make by doing so. But most importantly it’s an opportunity for anyone – particularly people who identify as a member of a group where sexual safety issues are under-reported – to ask questions and share their thoughts if they would like to.

So please do come along if you can – more details are available ~~here~~. I know that for many people these sorts of issues are ones that they want to hear more about, but may find difficult to talk about themselves – so if you just want to listen and hear more, that’s OK too. I hope to see you there, and I’d like to say thank you to [redacted], the Chair of our Women’s Network, for all of her hard work in bringing everyone together and organising this important event.

Sexual safety support

Sexual violence and harassment and sexually inappropriate behaviour is sadly an all too common feature of workplaces, including in the NHS. It can affect anyone of any gender, sexuality and ethnic background – and is significantly under-reported across all of these diverse groups.

Making a difference on these issues requires taking action on a number of fronts. This page provides information on the support available to you if you have experienced unwanted, harmful and/or inappropriate sexual behaviours – either in the workplace or outside of it – and feel you could benefit from support to address your experiences.

Report sexual misconduct

To report sexual misconduct that you have observed, or on behalf of someone who experienced it, please complete our Sexual Misconduct Reporting Form. Please note that you must have the consent of the person who was subjected to the misconduct.

NHS Sexual Safety Charter

An important part of our response to sexual violence and harassment is the NHS Sexual Safety Charter, an initiative developed by NHS England. Learn more about the NHS Sexual Safety Charter.

Resources

- Sexual Safety Policy (PDF)
- Complete the [redacted] module: Sexual Safety at Work – Our Sexual Safety Charter

Survivors Network
The Survivors Network provides a range of support for victims/ survivors of sexual abuse and violence, from immediate advice to longer term support. Support is available to people of aged 14 or older and all gender identities.

Their helpline is available on Mondays from 7-9pm and Wednesdays from 12-1.30pm on 01273 720 110. You can also make an online referral through the website linked to above or you can call 01273 203 380.

National Rape Crisis Helpline
Rape Crisis England and Wales – provides 24/7 Rape and Sexual Abuse Support through on 0808 500 2222 and online chat

Hersana
Hersana provides support for Black femme survivors of sexual abuse. Therapy referrals are available via the online self-referral form on their website or by phone through their helpline (which also provides immediate support and advice) on 0333 016 9610.

Galop
Galop is the UK's national LGBTQ+ anti-abuse charity. They provide support to LGBTQ+people who have experienced sexual abuse as well as other forms of abuse and are of any age, including children or young people. They can be contacted online or on 0800 999 5428

Survivors UK
Survivors UK provides support for male and non-binary victims of sexual abuse. They provide a webchat and SMS helpline service Monday to Sunday from midday to 8pm.

Domestic Abuse Service – East Sussex
~~The service~~ provides support on issues relating to domestic abuse for all people aged 16+ in East Sussex. Their main phone number is 0300 323 9985; their Eastbourne office number is 01323 417 598 and their Hastings office number is 01424 716 629. You can also contact them by email: ESDomesticAbuse.Info@cgl.org.uk

UK Government advice

The government also provide advice to victims of sexual violence and abuse which can be accessed here.