

Trust Board of Directors Meeting

Report Summary

Date of meeting: 8 January 2026	
Title of Document: Sexual Safety Charter Assurance Framework – Self Assessment	
To be presented by: Kate Read, Chief People Officer	Author: Clare Harper, HR Business Manager – Staff Experience & Culture
1. Status:	For Approval
2. Purpose:	To provide assurance that the Trust is compliant with the Sexual Safety Charter Assurance Framework
Relates to:	
Strategic Objective	Keep people in control of their health Support and develop our staff
Operational performance	The framework aims to ensure a safe environment is provided for our staff to work in and our patients and service users to receive treatment and care.
Quality and equality impact	The Worker Protection (Amendment of Equality Act 2010) Act 2023 creates a duty on employers to take reasonable steps to stop sexual harassment in the workplace from colleagues and third parties.
Legal, Regulatory, Audit	Requirement for all Trusts to sign up to the sexual safety in healthcare organisational charter and implement the Sexual Safety Charter Assurance Framework. Using this framework will support the Board and leaders at ESNEFT to assure themselves against this legal duty.
Finance	Whilst there are no costs associated to the actions stated in this report, there may be potential payouts/costs from any legal cases against the Trust if it was found that preventative steps were not taken to protect staff, patients and service users.
Governance	Annual review of progress reported to the EMC and POD Committee.
NHS policy/public consultation	NHS England » Sexual safety charter assurance framework
Accreditation/Inspection	None currently
Anchor institutions	As a key anchor organisation, the Trust should be leading by example by implementing and promoting preventative steps to protect its staff, patients and service users from any sexual harassment or assault.
ICS/ICB/Alliance	Updates provided to the SNEE EDI Meetings
Board Assurance Framework (BAF) Risk	-
Other	

3. Summary:

The Sexual Safety in Healthcare Organisational Charter was developed by NHS England in collaboration with healthcare partners and published in 2023. All NHS trusts and ICBs have signed the charter.

The Sexual Safety Charter Assurance Framework was updated in August 2025 to reflect a new set of actions which aim to safeguard staff and patients against sexual misconduct. All Trusts have been asked to review these new actions and complete a self-assessment.

This report provides the outcome of the self-assessment review and our progress against the [NHS England » Sexual safety charter assurance framework](#) including current status for each action, gap analysis and further actions proposed to address the gaps (Appendix 1).

This report has been considered at the Executive Management Committee and at the People and Organisational Development Committee and is recommended to the Board for approval.

4. Recommendations / Actions

The Board is invited to note that the Sexual Safety Charter Assurance Framework gap analysis and proposed actions to take forward were approved at the private Board meeting in December 2025, and to receive this report for information.

SEXUAL SAFETY CHARTER ASSURANCE FRAMEWORK

Background

The Trust signed up to the Sexual Safety in Healthcare Charter in March 2024, which was submitted to the EMC and Board as well as promoted trust wide to raise awareness and proactive actions required to prevent sexual harassment or assault in the workplace.

A key programme of works was then undertaken which included strengthening the Bullying and Harassment Policy with a Sexual Safety Toolkit which provides reporting mechanisms and support available to individuals who experience any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. In addition, Sexual Safety Training sessions were rolled out earlier this year and are held monthly, as well as bespoke sessions for teams upon request, and an inclusion of sexual safety awareness in corporate induction and EDI bitesize training.

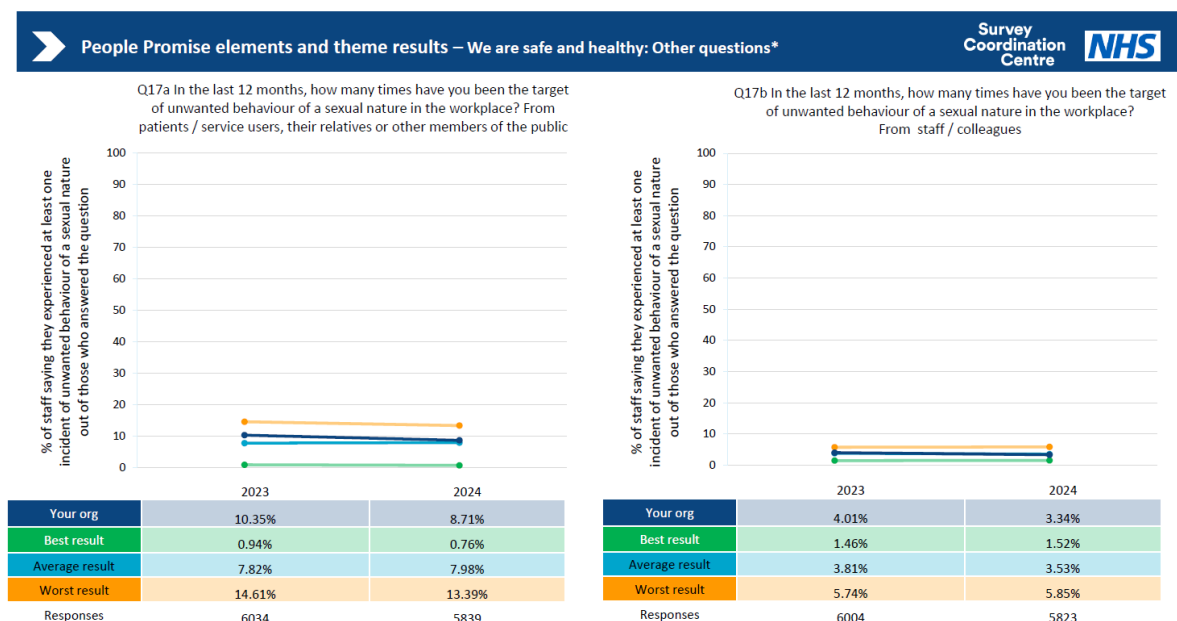
NHSE wrote to all Trusts in August 2025 to advise of an additional 49 actions which have been added to the [NHS England » Sexual safety charter assurance framework](#) and the requirement for a self-assessment against these actions to be undertaken, including a gap analysis and any further actions needed to be completed in order to evidence that preventative steps are being taken to safeguard anyone who works or receives care at this Trust.

Prevalence

Over the past year, the prevalence of sexual harassment in the Trust appeared to be relatively low given that only 2 cases were reported in the last year:

- Case 1 – Bullying and sexual harassment proceeded to investigation and letter of behavioural expectations issued
- Case 2 – Sexual harassment - proceeded to investigation and disciplinary hearing and Dismissal

However, when we reviewed the 2024 national staff survey results, the number of responders who answered yes to experiencing at least one incident of unwanted behaviour of a sexual nature from patients was 8.71% (511) and from colleagues this was 3.34% (196):



Source: 2024 National Staff Survey

We also cross referenced this against the number of incidents reported on Datix:

Incidents reported from 1st Nov 24 to 30th Sep 25 with sub category or wording in description of sexual abuse												
	2024		2025									Total
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Patient to staff ??										1		1
Patient to staff physical	1		1			1		7	1	1	1	13
Patient to staff verbal	2	3	3	1		3	1	1		1		15
Patient to staff verbal and physical					1							1
Relative to staff physical	1											1
Staff (security) to patient		1										1
staff to patient physical				3								3
Staff to staff verbal				1								1
Total	4	4	4	5	1	4	1	8	1	3	1	36

Both sets of statistics would indicate a significantly higher number of occurrence than the number of cases reported to ER and is a real concern around behaviours and culture within the organisation. Urgent action needs to be taken to with regard to accountability in addressing these behaviours and creating a safe environment for staff, patients and service users, particularly around reporting incidents.

The Charter Principles and New Actions – Self Assessment

The outcome of the framework self-assessment shows that of the 49 actions recommended:

- 17 were already embedded into trust wide processes or BAU with no gaps identified;
- 31 were fully or partly implemented and the self-assessment identified some gaps in analysis and further work required; and
- 1 outstanding action awaiting national guidance (Action 49)

Appendix 1 provides the 10 principles within the charter and the new recommended actions which underpin each principle, the Trust's current status update, and details of the gaps identified and proposed actions to address these.

Gap Analysis Summary

A summary of the themes of gaps in assurance are shown below:

- Requirement to increase frequency of communications to ensure all managers and staff are fully informed of:
 - the sexual safety charter principles and Trust's obligations to take proactive steps to prevent sexual harassment
 - how to identify sexual harassment/assault
 - how to report an incident and the support available to staff
 - where to seek support
 - promoting Allyship/active bystander principles
- Trust provides in-house Sexual Safety Awareness training however this is not mandatory and uptake has been relatively low. There is an e-Learning training module provided by the NHSE which is being explored for staff to access via OLM – this would enable monitoring of compliance.
Committee Action: Once implemented, Committee to consider if the e-learning training should be made mandatory for all staff?
- Further assurance needed around triangulation of incident reporting/information sharing between organisations from a patient safety lens and gaining views from senior clinical colleagues for consideration.
- Lack of assurance reporting:


- Sexual misconduct cases are clearly identified as such within regular ER Case reporting to Board;
- Clear response time targets on cases reported to be defined by Employee Relations team;
- Clear guidance and training to be provided relating to escalation thresholds; and
- Establish regular thematic reviews to support learning and continuous improvement.
- Trust wide reporting of feedback from national staff survey and learnings

APPENDIX 1: SEXUAL SAFETY CHARTER ASSURANCE FRAMEWORK

Charter principles 1 to 10: Actions and implementation updates for assurance

<p>Principle 1: we will actively work to eradicate sexual harassment and abuse in the workplace</p> <p>Principle 2: we will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours</p>				
<p>Outcome:</p> <ul style="list-style-type: none"> sexual misconduct, its prevalence, impact and how to eradicate it is discussed openly and appropriately within the organisation the executive board has agreed a suitable governance process to understand prevalence rates, staff experience and the outcomes of cases in their organisation data about prevalence, actions taken and learning from cases is shared across the organisation reduction in cases (recognising likely to be an initial increase due to increased confidence in reporting) reduction in staff saying in annual staff survey they have experienced sexual misconduct in the workplace the Board proactively governs and escalates emerging sexual misconduct risks, ensuring accountability, oversight, and early intervention across the organisation increased confidence in the organisation at tackling sexual misconduct and improving safety for all staff 				
Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
1. have clear plans to focus the organisation on prevention and culture change	Trust sign up to Charter in March 2024 with action plan of commitment presented to PODC and EMC in March 2024 who were assured by the plan.	Additional actions added to framework in August 2025 highlighted to respective leads to take forward.	N/A	
2. set clear standards of behaviour in policies and enforce them	Reviewed our B&H policy and created enhanced tool-kits one of which focusses purely on Sexual Harassment: Safe Workplace - Tackling Sexual Harassment Guides and toolkit . This provides clear examples of behaviours such as harassment and assault that will not be tolerated and explains the process for reporting an incident together with how the individual will be supported.	Whilst clear examples of behaviour expectations are included in B&H policy, further work to ensure all staff are aware.	Regular reminders in ESNEFT News, EDI Updates and SS posters to be erected across all sites	
3. core training for all staff and specialist training for those who need it	Sexual Safety Training provided in-house by ER team (c. 230 attendance to date) and bespoke sessions for teams available upon request. Monthly sessions promoted in monthly EDI Update SWAY and advertised on SS and EDI intranet pages.	New NHSE Sexual Safety e-learning module not currently implemented.	Working with Education Team to have this added to OLM	
4. communications campaign shared with all staff	Charter principles and Trust's commitment to preventing sexual harassment promoted to all staff via ESNEFT News and new page created on staff intranet: Sexual Safety in Healthcare Charter . Policy updated on intranet, promoted via ESNEFT News and linked within the dedicated Sexual Safety intranet page.	N/A	Regular reminders of charter/behavioural expectations to be communicated to all staff	
5. establish a structured risk management and escalation process for sexual misconduct, including defined risk thresholds for escalation to executive and board levels	All allegations of sexual misconduct are subject to a detailed fact-finding process and, where appropriate, a formal investigation. Each case undergoes risk assessment and ongoing review to identify and manage any safeguarding, workforce, or reputational risks. All cases are reported at the weekly Complex Case MDT and included as high-profile cases on the POD report, which is submitted to the Board on a bi-monthly basis. Clear escalation thresholds are in place to ensure cases with significant risk or impact are appropriately managed and, where necessary, escalated to Executive and Board level for oversight.	Current processes for managing and escalating sexual misconduct cases are robust, but some gaps remain. The timeliness of initial fact-finding can vary. Escalation criteria may not be uniformly understood, and there is limited trend analysis or formal feedback from completed cases.	To address these gaps, the organisation could set clear response time targets, provide guidance and training on escalation thresholds, and establish regular thematic reviews to support learning and continuous improvement.	

6. board-level ownership and accountability for cultural issues, prevention strategies, and oversight	Charter sign up reported to PODC/EMC/Board in 2024 which was approved.	Regular reporting not currently scheduled	Annual and where necessary more regular reporting to PODC proposed (see action above) with support from staff network leads and ER, to identify any cultural issues, prevention strategies.	
7. embed tackling sexual misconduct and protecting the sexual safety of our workforce into all relevant business as usual areas – for example, training, contracts, induction and equality, diversity and inclusion (EDI) improvement plans	B&H Policy, training provision and induction content embedded as BAU	Not currently reporting Sexual Harassment case numbers to determine the level of prevalence.	ER/OD Leads to provide regular reporting of case numbers and work with relevant leads to identify any areas of concern for interventional work	
8. clear signposting to policies and support services, which are easily accessible to all staff	Sexual Safety toolkit easily located within B&H Policy via search mechanism on intranet as well as a dedicated intranet page. B&H Policy and intranet page includes signposting to in-house and external support available.	N/A	N/A	
9. visible, senior leadership	The Charter was shared with the EMC in 2024 and subsequent updates have been included in the monthly EDI update report which was emailed to senior leads.	Further work required to ensure that all senior staff have completed the sexual safety training and are aware of the reporting process, signposting staff to support available.	Comms to be drafted	
10. appoint domestic abuse and sexual violence lead	Safeguarding Adult Leads in place which includes domestic abuse and sexual violence. 3 yearly review of the following policies: <ul style="list-style-type: none"> Domestic Abuse Policy reviewed in 2025. Domestic Abuse (Employees) Policy and Toolkit completed in Sep 2025 and will be promoted with policy at the Sexual Safety training sessions. Care and Treatment of Adults and Children Who Have Been Victims of Sexual Assault Policy. Review undertaken in 2024 - Next due 2027. 	Trust has considered whether a specific lead for domestic abuse and sexual violence is required. Given domestic abuse and sexual violence is included in the Safeguarding Adults Lead roles, who meet weekly with ER, Deputy Chief Medical Officer and Deputy Chief Nurse, the Trust does not feel an additional lead role is required at this time.	Review situation in 1 year.	
Principle 3: we will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate. For example, women, black, ethnic minority, disabled and LGBTQ+ groups				
Outcome				
<ul style="list-style-type: none"> a clear understanding of the prevalence of sexual misconduct within different workforce groups support is tailored, appropriate and effective in tackling intersectional experience of sexual misconduct 				
Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
11. complete equality impact assessment of sexual safety and misconduct work (including policies)	EIA completed on revised Bullying and Harassment policy.	Further EIA planned on effectiveness of in-house training, reporting process and wellbeing support.	When reporting of case numbers commences, the EDI lead will monitor the demographics and work with the OD/ER/FTSU leads to determine whether additional support or reporting mechanisms plus any targeted interventional work is required	
12. engage through staff networks, EDI officials and experts by	Sexual safety has been promoted to all network members including location of the policy and toolkit, sexual safety training sessions,	Frequency of engagement to increase.	Regular reminders to all staff of behavioural expectations and how to	

experience to ensure all cohorts of our staff are represented appropriately and robustly as part of this work	<p>process for reporting an incident and what support is available. All relevant leads within the Speaking Up wheel are aware of the process to follow should a member of staff report an incident. They have also been signposted to attend the in-house sexual safety training.</p> 		report incidents of sexual harassment or assault, training and wellbeing support available.	
13. use data from NHS staff surveys, cut by EDI metrics, to understand staff experience and inform iterative development of key products	The WRES/WDES/Speaking Up questions from the NSS were reviewed and findings shared with network/senior/Executive leads but the Sexual Harassment question was not included.	Requirement to include the Sexual Harassment questions in the EDI metrics going forward.	Added to the 2025 NSS results work plan.	
14. tailor responses to ensure they are appropriate for groups that experience sexual misconduct at a disproportionate rate	As per Q13 above, this question was not included in the review and sharing of data analysis.	Review and identify any cohorts that disproportionately experience sexual misconduct.	Work with respective network leads to provide targeted support work for any specific cohorts identified	
Principle 4: we will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours				
Outcome				
<ul style="list-style-type: none"> staff have knowledge of and access to a range of support tools and mechanisms that are iteratively reviewed and based on a growing evidence base specific and specialist support for those who experience sexual misconduct is embedded into organisational staff support structures 				
Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
15. confidential information and resources are available on the intranet and staff are signposted to them regularly	Dedicated intranet page including link to Policy, toolkit and training sessions.	Not regularly promoted	Regular promotion of resources to be scheduled	
16. staff support structures, like the Employee Assistance Programme, have guidance on sexual misconduct processes and pathways to specialist support	<p>We have both in-house psychological services who provide 1:1 psychological support as well as out of hours counselling provided by our Employee Assistance Programme.</p> <p>Our toolkit outlines the processes and pathways to specialist support. This is also listed on Wellbeing Hub intranet page.</p>	-	-	
17. the support offer is monitored to inform continuous improvement and ensure appropriateness. Offsite support can be offered	We use outcome measures and feedback forms to evaluate the individual psychological support we provide. Staff can be seen off site or can access counselling via our EAP completely externally to the organisation.	Possibly some cases are not being recorded as sexual misconduct	Review recording of incidents presenting to the Wellbeing Team.	
18. relevant policies are evidence based and informed by data and subject matter expertise	Due to the low cases reported our policy was drafted based on best practices and from other Trusts. However the in-house training we provide highlights our staff survey results and how the Trust dealt with the cases.	Due to low number of cases it has not been possible to review the policy via evidence based information.	Review in 1 year.	

Principle 5: we will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour

- Outcome**
- staff are clear about the standards of behaviour required in the organisation
 - the organisation adheres to policies and applies them consistently
 - staff feel empowered to take action should they witness or experience unwanted and/or harmful sexual behaviour

Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
19. sexual misconduct policy is clear on standards of behaviour, the role of those who witness inappropriate behaviour, and any interactions with other relevant policies	Clear examples of harassment and assault are included in the B&H policy together with expectations in terms of behaviour and conduct.	N/A	-	
20. roll out communications campaign to all staff	Completed in March 2024 and sexual safety training sessions promoted in EDI monthly update SWAY.	No specific comms relating to sexual safety since 2024.	Consider quarterly updates in ESNEFT News with number of cases for transparency and prevalence	
21. sexual safety and misconduct are comprehensively addressed in induction and all staff training	Mentioned in Corporate Induction under EDI slot and sexual safety training sessions available for all staff to attend	N/A	-	

Principle 6: we will ensure appropriate, specific, clear policies are in place. They will include appropriate and timely action against alleged perpetrators

- Outcome**
- action is always taken against perpetrators, and in line with policies
 - clear, evidence-based and trauma-informed processes are documented in policies
 - all staff are clear on roles and responsibilities
 - line managers are clear on their responsibility to escalate potential sexual misconduct issues and the processes for doing so
 - HR and people professionals are clear on the necessary steps required to take timely action against alleged perpetrators and this is part of their induction and ongoing training
 - HR and people professionals are clear about when information needs to be shared with future employers relating to sexual misconduct complaints and investigations

Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
22. publish a policy on sexual misconduct in line with the NHS national policy framework	See Framework Action 2 above. Policy will be reviewed against NHS national policy framework as part of the 3 yearly review process.	N/A	-	
23. sexual misconduct policy is supported by flowchart and easy-read version and is easily accessible to all staff	6 page toolkit provides examples of misconduct and process to follow when witnessing or experiencing an incident of sexual harassment.	Currently no flow chart	Consider this within next review process.	
24. conduct/competence policies should take account of complexities in cases where it may initially be unclear whether behaviours and actions should be considered as conduct or capability	These type of concerns are treated as a conduct matter, not capability. Any concerns would go via a fact finding process first, this is then triaged in line with the Trust Just & Learning culture by senior ER members. If it is found that policies have been breached we would then investigate and take actions in line with the Trust Disciplinary Policy. There may be odd occasions where a training element is	-	-	

	found and in which case we would deal with it informally, but normally they are all investigated under conduct as per Disciplinary Policy.			
25. policies set out roles and responsibilities of people in the organisation, for example, HR and people professionals, safeguarding teams, freedom to speak up guardians, mental health first aiders, leadership, line managers	The policy sits within the framework of the Disciplinary Policy which clearly highlights roles and responsibilities and signposts to wellbeing support.	-	-	
26. provide tools and support for line managers to understand their responsibilities and how to follow escalation processes consistently	Specific section within the policy and toolkit relating to line managers responsibilities and escalation process.	-	-	
27. policies are clear about action that needs to be taken against perpetrators, by whom, when and how	This is clearly stated within the disciplinary policy Sexual Harassment toolkit	-	-	
28. policies are clear about investigation processes and standards	This is clearly stated within the disciplinary policy Sexual Harassment toolkit	-	-	
29. policies are clear about the circumstances in which complaints and investigations about staff should be shared with future employers and police	<p>Section 2.2 of the policy discusses that sexual assault is a crime but there is no further guidance on when/if a case will be referred to the Police.</p> <p>However the Safeguarding Adults Policy state that:</p> <ul style="list-style-type: none"> • <i>If it is suspected a crime has been committed, the on-call Manager must be informed and a decision taken to contact the police.</i> • <i>The Care Act 2014 requires organisations to make safeguarding personal. ESNEFT will work together with other agencies within Suffolk & Essex such as Safeguarding Adult Boards for Suffolk & Essex, Social Services and the Police to achieve our aim. No single agency can act in isolation to ensure the welfare and protection of adults at risk.</i> 	Policy does not currently state that details of complaints or investigations will be shared with Police.	To address this we will develop clear guidance on the escalation thresholds i.e. when a case should be escalated to the Police.	
Principle 7: we will ensure appropriate, specific, clear training is in place				
Outcome				
<ul style="list-style-type: none"> • training on sexual misconduct and sexual safety is accessible to all staff • specialist training is accessible to those who need it • staff knowledge and awareness of issues relating to sexual misconduct increases 				
Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
30. training is available for all staff to recognise and report sexual misconduct and to understand	Sexual Safety Training provided once per month for any staff to attend. Within the training content is a section on how to report an incident and practical things a witness can do if they witness sexual	-	-	

how to support colleagues (victims and witnesses)	harassment and want to support. In addition, the ER team provide bespoke sessions for Teams upon request.			
31. specialist training is available for those who need it to ensure effective support, reporting and investigations (for case managers, investigators and responsible officers)	There is no specialist training as such other than the normal support for Investigating officers and from the case handler.	This is a gap and a measure that could be put in place to address.	Explore use of trained investigators who are skilled in; trauma informed interviewing, bias awareness, sexual harassment, sensitivity, etc.	
32 training is developed for managers to support culture change	The in-house training sessions highlight that some protected characteristics can prevent some staff to report to seek support when an incident occurs. It provides tips that supports managers on how to handle situations and provide support.	The number of responders to the National Staff Survey who stated they had experienced sexual harassment in the workplace compared to the number who reported a case to understand the culture.	Review to be undertaken	
33. all staff have undertaken national e-learning on sexual misconduct	Not yet actioned	Not currently promoted to staff	Working with Training Team to have this added to OLM. Roll out a.s.a.p.	

Principle 8: we will ensure appropriate reporting mechanisms are in place

Outcome

- staff can report an instance of alleged sexual misconduct through multiple routes, including anonymously
- staff have confidence their disclosure will be treated confidentially (and understand where it might need to be shared for safeguarding reasons) and escalated appropriately
- disproportionate and inappropriate use of patient records is picked up earlier

Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
34. policy outlines sexual misconduct reporting mechanisms, including anonymous reporting	Reporting mechanisms are clearly defined in the policy. Any concern can be raised confidentially or anonymously with the FTSU Guardian and it remains a fundamental principle of the process and is referred to in our policy. However, issues of confidentiality invariably limit the ability to follow anonymous reporting through	-	-	
35. reporting mechanisms are widely communicated to ensure awareness	Originally promoted in ESNEFT News in March 2024 and Sexual Safety Training promoted in the monthly EDI update report included in the ESNEFT Comms.	Requirement for specific regular promotion of sexual safety and reporting mechanisms/policies etc.	Action 20 above. Consider quarterly updates in ESNEFT News with number of cases for transparency and prevalence	
36. Freedom to Speak Up infrastructure and training for guardians updated to include sexual misconduct	This is included within FTSU Training	-	-	
37. there is a clear safeguarding process for identifying unusual patterns of patient record access (where an electronic patient record is in place)	The IG team run weekly audits on Classified Records in Epic for any unusual access. They can also audit for any queries from patients who may be concerned that their records have been inappropriately accessed. If inappropriate access is found this is dealt with under the Trust's Disciplinary Policy which starts with a fact finding meeting and if there has been unauthorised access we take formal action as per the policy due to this being an IG breach.	-	-	

Principle 9: we will take all reports of sexual misconduct seriously, and appropriate and timely action will be taken in all cases

Outcome

- sexual misconduct is identified in a timely way, all reports are actioned following organisational policies, and incidents are escalated appropriately
- staff have increased confidence to report concerns
- complex cases have Board and executive scrutiny, aiding the identification of systemic and organisation-wide issues

Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
38. clear actions and action-owners set out in the sexual misconduct policy	See status of Action 5 above. Current processes for managing and escalating sexual misconduct cases are defined within the policy and toolkit and are considered robust.	Some gaps remain regarding the timeliness of initial fact-finding which can vary and escalation criteria may not be uniformly understood for those not routinely experienced in such cases.	To address these gaps, the organisation could set clear response time targets, provide guidance and training on escalation thresholds, and establish regular thematic reviews to support learning and continuous improvement.	
39. timeframes for action set out in sexual misconduct policy	As per gap analysis in question 37, these are not defined within the policy as fact finding timeframes can differ depending on the complexity of the case and people/agencies involved.	As per Q37 above	As per Q37 above	
40. ensure access to external subject matter experts	We engage with our Safeguarding leads who will be our contact with the police however the majority of cases will only have police involvement if the complainant wishes to report the alleged Sexual Misconduct – we obtain assistance and guidance from our in-house Legal team where required and they also act as a link with the police where necessary.	-	-	
41. executive/board reporting, including on relevant data and learning from surveys, reports and investigations of sexual misconduct, FTSU, complaints	SM cases are currently included in Bullying & Harassment or Disciplinary data which is reported to Board monthly. Individual cases reported to FTSU Guardian are not taken to Board but would be discussed on a limited basis with key executives.	Staff cases, surveys, investigations or complaints of sexual misconduct are not clearly identified within regular reporting and nor are the learnings from surveys.	ER team to work with OD lead, FTSU, Complaints team to commence reporting of specific case numbers and learnings from investigations/surveys/ complaints a.s.a.p.	
42. establish a governance and risk oversight process for serious and complex sexual misconduct cases, with defined escalation thresholds for executive and Board review	<u>Patients:</u> Are discussed at Staff Serious Allegation (SSA) panel, once per month. Panel consists of: Safeguarding Leads, Medical Directors, Head HR, DCN (Chair). Presentation of SSA to Board annually. Some staff cases are also discussed at SSA if they meet the threshold. <u>Medical Staff:</u> Serious and complex sexual misconduct cases are escalated to the HR Matters decision-making group for their consideration and decision on next steps. There are close working links with safeguarding colleagues, and the Responsible Officer (Martin Mansfield) attends the monthly SSA meetings. For resident doctors we also work closely with the faculty of Medical Education and HEE, including Medical schools (for FY1 doctors). The MHPS (Maintaining High Professional Standards) policy provides the framework for managing concerns about doctors and dentists in conjunction with local disciplinary and bullying and harassment policies and toolkits The membership of HR Matters includes Deputy Chief Medical Officer/s, Responsible Officer, Deputy Responsible Officer and Director of People and Organisational Development, Associate	-	-	

	<p>Director of Medical Workforce and the Medical ER team which ensures immediate executive level oversight. The reporting structure includes bi-monthly reporting of all formal MHPS cases via the People and Organisational Development Committee (POD), where the Designated Board Members have oversight.</p> <p><u>Non-Medical Staff cases:</u> are managed by the ER team and a Suspension/Risk matrix completed where Suspension/Restrictions are identified as necessary taken to weekly Complex Case MDT for agreement as to appropriate next steps. The membership of this group includes Director of People and organisational Development, Associate Director of ER and Organisational change and Heads of Employee Relations.</p>			
43. there are timely routes to share with HR concerns raised through professional and clinical avenues that could have a sexual component plus data from FTSU and sexual misconduct reporting is triangulated to support	<p>See Action 40 above re Staff on Patients allegations.</p> <p>FTSU - This would normally be reported through the Workforce ODM depending on confidentiality issues.</p>	-	-	

Principle 10: we will transparently capture and share data on the prevalence of sexual misconduct and staff experience of sexual misconduct

Outcome

- executive board understands prevalence rates, staff experience and the outcomes of cases in their organisation, including impacts and any differences between different groups of staff and required actions
- staff have access to data on sexual misconduct prevalence in their organisation

Framework Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
44. staff survey results are published and shared, with actions taken/to be taken to address issues and risks raised in the results	The National Staff Survey results are shared with Board and senior leaders and are available on the national survey website. HRBPs share the results with their respective divisional MDTs.	To date we have not pulled through the specific questions relating to sexual harassment to Board. However each HRBP reviews the results for their division and raises any anomalies at their respective DMT.	We will ensure this is added to the annual reporting of EDI questions (WRES/WDES/Speaking Up) going forward.	
45. executive/board reporting on cases, including relevant data and learning	The ER Case Tracker is still work in progress and does not enable confidence in data accuracy in terms of specific categories.	See Q5 above. Not currently reporting specific SM cases to Board.	As per Q5 above. In addition we will look into transparency in our reporting by stating the number of cases on the Sexual Safety Charter page on the Staff intranet.	

Additional considerations....

Actions	Current Status	Gap Analysis	Actions to address gaps	RAG
46. Review staff policies and processes to ensure appropriate sharing of concerns about healthcare professionals with future employers and host organisations. (see next page....	All DBS checks are reviewed by Head of Recruitment and Associate Director – Organisational Change & ER and a decision made based on when the incident occurred, what are circumstances around the incident, what role they have been offered and if there are any further convictions/cautions/safety concerns.			

<ul style="list-style-type: none"> this should include investigation findings, relevant DBS information, and reflect cumulative patterns of behaviour Sexual misconduct should be considered through a patient safety lens as well as through HR processes 	<p>As mentioned in Action 42, there is a robust process in place within the Safeguarding policy, specifically the requirement to liaise with LADO and POT when allegations are made regarding staff to support multi-agency risk review. Within our SSA process we have introduced a risk assessment process to consider risks to patients, visitors, staff and the organisation.</p>	<p>Further assurance needed around triangulation of incident reporting/information sharing between organisations from a patient safety lens.</p>	<p>Multidisciplinary discussion to be arranged.</p>	
<p>47. Ensure that ESR (where an organisation uses this to record employee relations issues) is up to date with ongoing and complete investigations into staff:</p> <ul style="list-style-type: none"> inter-authority transfers (IATs) may reveal where there are ongoing investigations, and should be built into onboarding processes 	<p>IAT do not hold any information relating to investigations.</p>	<p>Potential risk if not informed by individual of investigations that are ongoing.</p>	<p>Explore process to provide assurance</p>	
<p>48. Review chaperoning policies to ensure they empower chaperones and lead to the creation of auditable records</p>	<p>The Trust's Chaperone policy provides clear definition of the role and the process to be followed when a patient is chaperoned including documenting within patient's notes (see Appendix 3)</p>	<p>Whilst the Trust's Chaperone Policy is widely known across the Trust, for further assurance it is recommended that the policy is circulated within future communications planned to highlight the patient element of sexual safety.</p>	<p>Circulate Chaperone Policy with Charter Comms</p>	
<p>49. Sharing of information that could protect patients or staff.</p>	<p>Process to be agreed once new guidance is provided by NHSE c. end of 2025 clarifying responsibilities on information sharing v data protection rules.</p>	<p>tbc</p>	<p>tbc</p>	