

Lead Employer Sexual Misconduct Policy

Version No: 1.0

Document Summary:

The aim of the policy is to show how staff should report Sexual Harassment, Sexual Abuse and Sexual Assault (Sexual Misconduct), and how the trust will respond.

Document status	Approved	
Document type	Policy	local
Document number	Document Control will provide document number if a new document	
Approving body	Commercial Services Council	
Date approved	07/05/2026	
Date implemented	07/05/2026	
Review date	*3 years from approval date 07/05/2029	
Accountable Director	Director of Human Resources	
Policy Author	Darren Mooney, Head of Equality, Diversity & Inclusion	
Target audience	Specific staff group	

The intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as “uncontrolled”, as they may not contain the latest updates and amendments

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Document Control

Section 1 – Document Information	
Title	Lead Employer Sexual Misconduct Policy
Directorate	Workforce
Brief Description of amendments	
New Policy	
Does the document follow the Trust agreed format?	Yes
Are all mandatory headings complete?	Yes
Does the document outline clearly the monitoring compliance and performance management?	Yes
Equality Analysis completed?	Yes
Data Protection Impact Analysis completed?	Yes

Section 2 – Consultation Information*	
*Please remember to consult with all services provided by the Trust, including Community & Primary Care	
Consultation Completed	<input type="checkbox"/> Trust wide <input type="checkbox"/> Local <input type="checkbox"/> Specific staff group
Consultation start date	Click here to enter a date.
Consultation end date	Click here to enter a date.

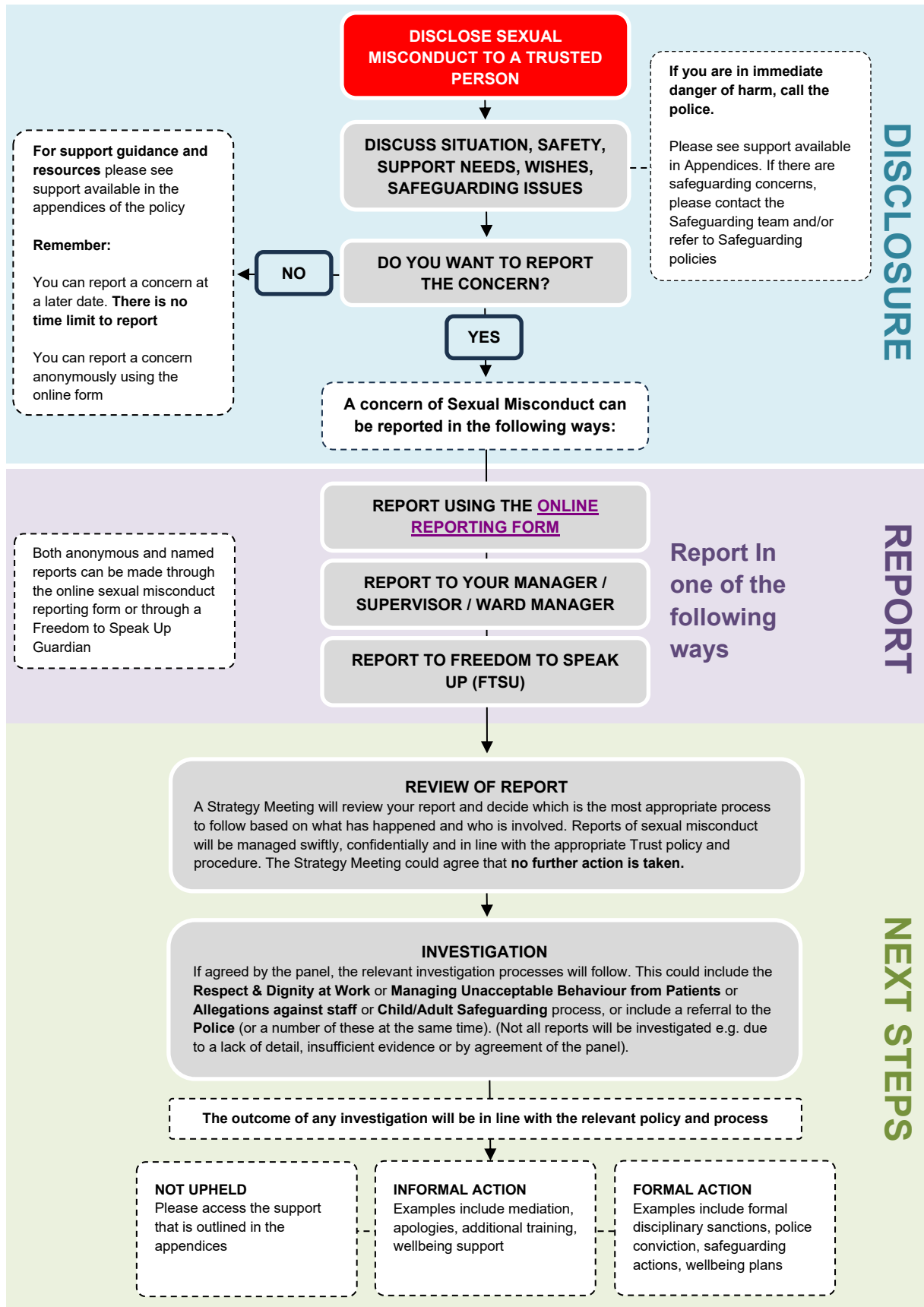
Section 3 – Version Control		
Version	Date Approved	Brief Summary of Changes
1.0	07/05/2026	New Policy

Section 4 – Approval – <i>To be completed by Document Control</i>	
Document approved	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with minor amendments
Assurance provided by author & Chair	<input type="checkbox"/> Minutes of meeting <input type="checkbox"/> E-mail with Chair's approval
Date approved	Click here to enter a date.
Review date	Click here to enter a date.

Section 5 – Withdrawal – <i>To be completed by Document Control</i>	
Reason for withdrawal	<input type="checkbox"/> No longer required <input type="checkbox"/> Superseded
Assurance provided by author & Chair	<input type="checkbox"/> Minutes of meeting <input type="checkbox"/> E-mail with Chair's approval
Date Withdrawn:	Click here to enter a date.

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Summary Flowchart



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Emergency Situations

If you are currently at risk or have recently been assaulted, you should immediately contact your Host Organisations Security or ring the Police on 999.

Content Warning:

The contents of this policy may be upsetting for some colleagues to read.

If you would prefer to discuss this policy or need support, please contact your Host manager or the LE HR Team on lead.employer@merseywestlancs.nhs.uk

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1. Scope

The Trust has signed the NHS Sexual Safety Charter and we are committed to a zero-tolerance approach to all forms of sexual harassment, sexual abuse and sexual assault – from now on referred collectively to as **sexual misconduct** - in the workplace; and to create a workplace where everyone feels safe.

This policy provides a framework to ensure that allegations can be investigated promptly and in a manner which recognises the sensitivity of the issues raised and the rights of all parties involved.

This policy should be used to report incidents where a member of staff has experienced sexual misconduct in work or in the course of their employment (unless otherwise outlined). This policy should not be used by patients/visitors/family members to report incident they have experienced whilst at a Host Organisation or in the course of receiving healthcare.

1.1 Who can report incidents of sexual misconduct?

You can use this policy to disclose or report sexual misconduct in any of the following situations:

- **If you have experienced** unwanted behaviour of a sexual nature yourself.
- **If you have witnessed** behaviour of a sexual nature that was directed at someone else, but which you found distressing, harmful or offensive.
- **If you have observed** behaviour that you believe is inappropriate or unacceptable, and you want to raise a concern to help keep our workplace safe and respectful (you are a witness).

You do not need to be the direct target of the behaviour to raise a concern. We recognise that witnessing or becoming aware of sexual misconduct can also be upsetting, and we encourage anyone who feels affected to speak up.

Please see the **Definitions** table below for further explanation of what is meant by the term unwanted sexual behaviour.

1.2 Who should use this policy

This policy applies to all medical, dental and public health employed under Agenda for Change Terms and Conditions, colleagues (“Colleagues in Training”) employed by Mersey and West Lancashire Teaching Hospitals NHS Trust Lead Employer (“Lead Employer”).

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You can use this policy to disclose or report sexual misconduct that you have experienced directly or indirectly, or that you have witnessed, if you are connected to the Trust in any of the following ways:

- A Core Colleague in Training
- A Specialty Registrar
- A Dental Foundation Colleague in Training
- A Medical and Dental Public Health Specialty Registrar
- A Non-medical Public Health Specialty Registrar

This policy applies regardless of role, seniority, contract type or length of time with the Trust. Everyone has the right to feel safe, respected and supported.

1.3 Who cannot use this policy

This policy is intended to support all Colleagues in Training employed by Lead Employer. It does not apply if you are:

- Staff employed and working at all Mersey and West Lancashire Hospital sites (a separate policy applies to those colleagues)
- A third-party contractor or employee of an external organisation,
- A patient,
- A visitor, family member or member of the public.

If this policy does not apply to you, the Trust recognises that experiences of sexual misconduct can still be distressing. Where appropriate, individuals will be supported to access alternative reporting routes or sources of help, such as Patient Advice & Liaison Service (PALS), complaints processes, safeguarding pathways or external organisations.

1.3.1 Complaints by Patients, Visitors and Family Members

Patients, visitors and family members who experience or witness sexual misconduct within Host Organisations are encouraged to raise their concerns in a way that feels safest and most comfortable for them.

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1.4 Incidents perpetrated by patients, visitors and family members

Where a patient, visitor, or family member of a patient engages in sexual misconduct behaviour towards a Colleague in Training or other patient/visitor/family member, the concerns should be referred to the host organisation to ensure that the concerns can be handled under the host organisation's appropriate policy.

It is important that incidents are responded to **promptly** and **appropriately** by **clinical teams** at the **time they happen**, particularly where patient care, capacity or risk escalation must be considered. Incidents must be managed safely and effectively, with appropriate **escalation, documentation** and **follow-up**.

Key steps a member of staff should follow:

1. **Prioritise your immediate safety** - If there is an immediate risk of harm, remove yourself from the situation where possible and seek support from colleagues, or security. Staff safety must always come first.
2. **Seek support and escalate promptly** - Inform your line manager, Ward Manager or senior clinician as soon as it is safe to do so. Security should be contacted if the behaviour is ongoing or escalating.
3. **Record the incident** - Complete a InPhase report (where appropriate) as soon as practicable, including details of what happened, those involved, witnesses, and any actions taken. Accurate recording is essential for follow-up action and staff protection
4. **Follow the policy response pathway** - Managers will apply proportionate steps under this policy, which may include: 1) Words of advice or de-escalation, 2) Advisory letters or written warnings, 3) Exclusion notices or police reporting in serious cases, including sexual abuse.
5. **Access support** - Your manager should complete the Violence and Abuse Staff Support Checklist and signpost you to appropriate support services.

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1.5 Incidents perpetrated by staff towards patients, visitors and family members

Patients, family members, and visitors are often in situations where they rely on staff for care, safety, and support. This places them in a position of vulnerability and trust. Any form of sexual misconduct towards them is not a disagreement or workplace conflict - it is a form of abuse and a serious breach of professional, ethical, and safeguarding responsibilities. Because of this, concerns must be responded to with transparency, sensitivity, and urgency, using processes designed to recognise the inherent power imbalance and ensure the highest level of protection for those who may be affected.

The Allegations of Abuse Policy and reporting route should be used whenever a concern, disclosure, or allegation of sexual misconduct is made against a colleague in training. Examples include when:

- A patient, family member, or visitor shares an experience or concern involving sexualised behaviour, boundary violations, coercion, harassment, or any behaviour that makes them feel unsafe or uncomfortable,
- Someone witnesses conduct, communication, or misuse of power that could constitute sexual misconduct towards patients, service users, or visitors,
- A staff member becomes aware—directly or indirectly—of information suggesting that a colleague may pose a risk of sexual harm, now or in the past,
- Patterns of behaviour emerge which may seem unclear individually but, when viewed together, raise concerns about possible risk.

This also includes situations where allegations indicate that a member of staff may have:

- Harmed or may have harmed a child or an adult at risk,
- Potentially committed a criminal offence against a child or adult at risk,
- Acted in a way that suggests they may be unsuitable to work with people who are vulnerable or reliant on their care.

Because these situations involve potential abuse and safeguarding risks, the **Dealing with Allegations of Abuse Against Trust Members of Staff Policy**¹ must be followed in the first instance. This ensures that safeguarding concerns are managed within a framework designed to protect individuals and uphold legal and professional standards.

That policy activates essential safeguarding steps, including:

- Notifications to safeguarding teams or statutory partners,
- Immediate actions to ensure the safety and wellbeing of patients or service users,
- A formal, fair, and lawful investigation process,

¹ See Safeguarding policies.

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- Liaison with external bodies such as the police or safeguarding boards where required.

To read this policy visit the [Lead Employer Website](#).

Note: We understand there may be overlap between this Sexual Misconduct Policy and the Allegations of Abuse Policy in situations involving staff-to-staff concerns. You can raise your concern through either route. What matters most is that you feel able to speak up safely. Whichever process you use, you will be supported, and the appropriate procedures will be followed. If anyone is at immediate risk, concerns must be reported straight away to the manager in charge or the safeguarding team.

1.5.1 When staff find the conduct personally offensive

If a colleague in training has witnessed this behaviour and has been personally affected or distressed by what they observed (see 1.1), then they can use the Staff Sexual Misconduct Policy to make a disclosure or a report.

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2. Introduction

There is no place for unwanted sexual behaviour of any kind in the workplace. It is inappropriate and the Trust commits to a **zero-tolerance approach**. No one should experience unwanted sexual harassment, sexual offences or sexual violence (collectively referred to as sexual misconduct) when in work, when accessing healthcare, as a patient, when going about their daily lives, or when at home.

The Trust is dedicated to fostering an open, diverse, and inclusive culture where everyone is treated with civility, respect, and dignity. Sexual misconduct has no place within our organisation, and we commit to take all appropriate steps to **prevent, reduce and respond** to incidents.

As an employer we have a duty to “*take all reasonable steps to prevent sexual harassment of our staff in the course of their employment*”², whether that be from other Colleagues in Training, host organisation colleagues, patients, visitors or members of the public. Furthermore, we have a duty to ensure that colleagues in training, patients and customers do not experience:

- any unwanted harassment because of their sex, gender reassignment or sexual orientation,
- any unwanted harassment where the behaviour is of a sexual nature (sexual harassment),
- any detrimental treatment because of person has rejected or submitted to forms of sexual harassment; or harassment on the grounds of sex or gender reassignment,
- Any form of detrimental treatment because they have complained, supported a complaint, or investigated a complaint of harassment or sexual harassment, which they are entitled to raise (this is called victimisation)³.

We are committed to taking appropriate action to **prevent, reduce and respond** to any unlawful sexual offences⁴ that occur at Host Organisations, when providing healthcare to the community; where this conduct is **perpetrated by colleagues in training**, or when **experienced by our colleagues in training** when carrying out their role.

Sexual misconduct 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, ethnic minorities, disabled people and LGBTQ+ people can be more at risk. Some people will also find it more difficult to report sexual misconduct.

This policy provides information about:

² Equality Act 2010, s40A

³ Equality Act 2010, s26-27

⁴ Sexual Offences Act 2003

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- how to recognise and report sexual misconduct,
- our approach to taking actions when sexual misconduct is reported, including which Lead Employer policies might be used,
- the support available to people involved or harmed.

2.1 What this policy covers

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,
- asking personal questions about someone's sex life,
- sexual assault or,
- rape.

For more examples, please refer to [Appendix 2 – Examples of Sexual Misconduct](#)

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).

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, and a checklist of information to collect when someone wants to **report** this to the Trust.

2.2 How this policy promotes a kind and caring culture

We commit to working with host organisations to ensure that all colleagues in training feel safe to work, and actions are taken to stop sexual misconduct.

This policy commits the Lead Employer and its stakeholders 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.

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3. Statement of Intent

The aims of the Sexual Misconduct Policy are:

- To ensure all colleagues in training understand the meaning of, and can recognise all forms of sexual harassment, sexual abuse and sexual assault (aka sexual misconduct),
- To outline the process for colleagues in training to report any form of sexual misconduct, including how to report anonymously,
- To outline the process by which Lead Employer will respond to and investigate concerns or complaints of sexual misconduct experienced by colleagues in training,
- To provide information, advice, guidance, and sign posting to colleagues in training who have experienced and witnessed sexual misconduct, and colleagues in training who have supported others who have,
- To provide information, advice, guidance, and sign posting to those within NHS England and host organisations who colleagues in training have raised incidents of sexual misconduct to.

4. Definitions

A more detailed glossary of terms is provided in [Appendix 12 – Detailed Definitions](#):

Term/Abbreviation	Definition/meaning
A disclosure	<p>A disclosure is when an employee tells someone they trust that they have experienced or witnessed Sexual Misconduct, for peer support, sign posting or for information; but they are not initially doing so because they want Trust to investigate the incident (a report). A disclosure can be made to a colleague, supervisor, manager, freedom to speak up guardian, safeguarding or a trade union rep. Making a disclosure does not mean action will be taken by the Trust, to do that a 'report' must be made.</p> <p><i>If a disclosure has been made to you please follow the guidance in Appendix 10 – How to respond to a disclosure or report of sexual misconduct</i></p>
A Report	<p>A report is when an employee tells someone in a position of responsibility or authority in the Trust that they have experienced or witnessed an incident of Sexual Misconduct and they want the Trust <u>to take action</u> to stop the incident, prevent it happening again, or make a decision about the behaviour.</p> <p><i>Section 6 “Making a Disclosure: Talking to someone you trust ” provides information about how to report sexual misconduct.</i></p>

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Term/Abbreviation	Definition/meaning
Consent	When someone agrees by choice and has the freedom and capacity to make the choice, to take part in sexual activity, at the time in question. Consent can be removed at any time.
Less favourable treatment for rejecting or submitting to unwanted conduct	This form of Harassment occurs when an individual is treated less favourably because they have rejected or submitted to unwanted conduct of a sexual nature or unwanted conduct related to sex or gender reassignment.
Patient	A reference to a patient is a reference to any member of the public who is scheduled to access, is accessing or has accessed any form of healthcare treatment provided by Host Organisations. This includes NHS and private patients where the private patients are being treated at a Host Organisation.
Strategy Meeting	A Strategy Meeting is responsible for using the information provided by a colleague in training in a “report” to agree what to do about sexual misconduct. <i>See page 31 for more information about a Strategy Meeting.</i>
Sexual assault	Sexual assault is where one person intentionally touches another person sexually without their consent. The touching can be done with any part of the body or with an object.
Sexual harassment	Is unwanted behaviour of a sexual nature which has the effect of: <ul style="list-style-type: none"> • violated a persons dignity, or • creating an intimidating, hostile, degrading, humiliating or offensive environment for them, 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.
Sexual misconduct	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.
Sexual nature	Refers to any behaviour, words, or actions that are connected to sex, sexual behaviour, personal sexual relationships or a person’s body in a way that creates discomfort, humiliation, intimidation, or an unsafe environment. It would include any activity that a reasonable person would consider to be of a sexual nature including touching, sexual activity, and penetration.
Sexual safety	Means being free from any unwanted sexual behaviour at work.
Sexual violence:	Describes any sexual activity or act that happened without consent.
Victimisation	Victimisation is when an individual is subject to a detriment because they have exercised their rights to make a complaint, provide evidence in complaint proceedings, or done anything else they are legally permitted to do related to sexual

Term/Abbreviation	Definition/meaning
	misconduct. Victimization can take the form of bullying, harassment, and sexual harassment.
Whistleblowing	Colleagues in training are protected from being subjected to any form of detrimental treatment because they have made a disclosure that sexual harassment has occurred, is occurring or is likely to occur.

5. Duties, Accountabilities and Responsibilities

5.1 Chief Executive

- The ultimate responsibility in all areas of performance and legislative adherence lies with the Trust's Chief Executive.

5.2 Trust Board

- prioritise principles set out in the Sexual Safety Charter, and ensure they are followed by the Trust,
- Guide the organisational culture and set priorities relating to sexual safety,
- Take actions to ensure the Trust 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 employees from it,
- Appoint an executive group member with responsibility for improving the sexual safety of colleagues in training,
- Appoint a Trust lead for domestic abuse and sexual violence.

5.3 Senior Leaders

- Take steps to prevent sexual misconduct within their areas of responsibility,
- Create an environment that encourages and supports colleagues in training to discuss and report sexual harm, without fear of retaliation or victimisation,
- Provide leadership to support a positive and safe culture,
- Ensure all colleagues in training are aware of issues relating to sexual misconduct, the sexual misconduct policy and how to deal with disclosures appropriately,

5.4 Lead Employer Human Resources

- 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.

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5.5 Host Organisation Managers, Supervisors and NHS England Educators

- 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 LE 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,
- Where appropriate to inform the safeguarding team of concerns inline with safeguarding policies,
- 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.

5.6 Safeguarding Leads

- Provide specialist advice, support and signposting about safeguarding,
- Advise on safeguarding training and support,
- Coordinate cases that meet the threshold for Management under the Trust Allegations policy, lead on those meeting the requirement for Peron in a Position of Trust (PIPOT) and refer when appropriate to the Local Authority Designated Officer (LADO),
- Support onward referrals to support services including the local Rape and Sexual Assault services (RASA).

5.7 Freedom to Speak Up Guardians

- Provide appropriate support and signpost to further support to those who speak up about sexual misconduct,
- Assist colleagues in training to make a report where appropriate,
- Be responsible for creating a culture where colleagues in training feel safe to raise concerns and feel listened to,

5.8 Staff Side/Professional Representatives

- Influence and guide organisations about the preventative actions they can take to improve sexual safety,

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- Signpost to this policy (and other relevant policies if required), explain the process for reporting and the possible routes and outcomes,
- Support and assist colleagues in training 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.

5.9 Colleagues in Training

- 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 2 – Examples of Sexual Misconduct](#) at work or linked to work,
- Commit to follow the MWL Sexual Safety Pledge principles:

I will:

- Personally, role model behaviours that promotes a sexual safety culture and working environment for all of my colleagues and patients.
- Not engage in any behaviour that could be considered sexist, misogynistic, sexual harassment or sexual misconduct.
- Promote a culture that fosters openness and transparency, encouraging and supporting the reporting of unwanted, harmful and/or inappropriate sexual behaviours.
- Take personal responsibility for learning about what constitutes unwanted behaviours that are sexist, sexual harassment, and sexual misconduct; completing all relevant training and development.
- Recognise that different groups experience sexism, sexual harassment, and sexual misconduct differently, based on their age, culture, lived experiences, job roles and seniority.
- Ensure that I understand the Trusts values and behaviours; policies on sexism, sexual harassment and sexual misconduct; and the methods available to staff to raise a concern or complaint.
- Provide appropriate support to all colleagues who experience sexism, sexual harassment and sexual misconduct; as well as sign posting to relevant support available.
- Report all instances of sexism, sexual harassment, and sexual misconduct that I experience personally, or that I witness.
- Take all reports of sexism, sexual harassment and sexual misconduct seriously and take appropriate and timely action. If accused on inappropriate behaviour I will be honest and transparent, and open to learning from the situation.

5.10 Commercial Services Council

The Commercial Services Council is responsible for monitoring the impact of the policy including any resulting equality issues on behalf of the Board. Any issues of significant concern will be escalated up to the Board.

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6. Making a Disclosure: Talking to someone you trust

It's important you speak to someone you trust, to get support and to decide what to do. This is often called a '**disclosure**' and should not be confused with making a "**report**" (which is when you want to raise a concern / grievance).

The person you choose to talk about your experience with could be a friend or colleague, your line manager or supervisor, a freedom to speak up guardian or champion, a member of the safeguarding team, a wellbeing champion, a member of the workforce equality team, or your trade union representative.

Disclosing your experience does not mean that you are "reporting" the incident / raising a concern to your Host Organisation or Lead Employer, and ordinarily, no further action would be taken by the person you have spoken to unless you have explicitly asked them to, or you have agreed with them that they will take it further.

However, there may be situations where, because of what you have disclosed, they may have a duty of care to escalate the incident for further consideration. If this does occur, you would be notified that they are doing this.

It is important that the person who receives a disclosure uses the guidance in this policy in [Appendix 10 – How to respond to a disclosure or report of sexual misconduct](#) and

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Appendix 11 – Additional guidance for managers

6.1 Advice on making a disclosure

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

Recognising that you may be in shock or have difficulty formulating a response at that time; when speaking with others, it would be useful to try and be as clear as possible and let them know:

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

For example, you might discuss:

- Immediate feelings, coping strategies and wellbeing needs,
- What wellbeing support is available and how to access it,
- Personal and/or digital safety and what steps could be taken,
- Whether to report formally or to not report at all,
- How to report, and the routes of doing this,
- How to best document events,
- What the trusted person can and cannot share with others (confidentiality and duty of care).

If you can, write down what happened as soon as you are able to. Include dates and the order that events took place, and how they made you feel. This will help you to remember the details.

If you decide and are ready to make a report, [Section 7 How to make a report](#) provides information about how to do this. Every report will be taken seriously and there is **no time limit** – you can make a report at any time, although we strongly encourage you to report as soon as possible.

You can also get advice and support from an external organisation (see [Appendix 4 – External Support](#)).

6.2 Incidents unrelated to work

If you have been affected by a sexual safety incident, including domestic abuse, that is not connected with work, the reporting process in this policy is not likely to apply.

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However, the impact of the incident might affect you at work. If you need support, speak to your Host Organisation manager, senior manager, safeguarding team or a person you trust.

Please also refer to the *Domestic Abuse Policy* ([SOTH Intranet](#)) ([STHK Intranet](#)) or the Health Work & Wellbeing webpages ([Lead Employer Wellbeing support](#)) or Equality, Diversity & Inclusion ([ED&I](#)) webpages or Domestic Abuse webpages ([Domestic abuse](#))

Appendix 4 – External Support provides information about support, including specialist organisations you can contact to get help.

6.3 Witnessing behaviour: Active Bystander

We may sometimes see things 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 or recording/videoing on a mobile phone 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.

Sometimes the person that the behaviour was aimed at or who was involved, may not themselves have found this to have been offensive or wrong. This does not mean that you should not still speak up because in the workplace we all have a responsibility to ensure that it is safe for everyone.

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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 the LE HR Team or the Safeguarding Team within your host organisation to get advice.

Please be aware, that if you have personally found behaviour that was not directly aimed at you, but which you witnessed, to have been personally offensive, intimidating, hostile or degrading, you can raise a concern yourself. If this is the case, please follow the process set out below.

Appendix 3 – Colleague in training Support provided by Appendix 4 – External Support provides information about the support available to those involved.

6.4 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 10 – How to respond to a disclosure or report of sexual misconduct 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 local host organisation security
- Report all incidents to your line manager,
- Contact the police (dial 999 in emergencies)
- Report to the police (101 non-emergencies)

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7. How to make a report

A report is when an colleague in training wants action to be taken by Lead Employer in response to an incident of sexual misconduct. To make a report, a colleagues in training must inform a person in a position of responsibility or authority within the Host Organisation or LE HR Team that an incident has taken place. A report will be reviewed and the relevant policies and processes will be used to investigate the incident and take appropriate action.

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.

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.

If you are reporting something you have witnessed, you should read *Supporting a colleague* and talk to the person the behaviour was aimed at before you make the report.

How to submit a report:

1. Submit a report using the [online reporting form](#) be reviewed directly by the LE HR Team who may start the Strategy Meeting process.
2. To your line manager, supervisor, or educational supervisor. They will ask a member of the LE HR Team for guidance,
3. To a Freedom to Speak Up Champion or Freedom to Speak Up Guardian (FTSU) at your local Host Organisation or where there are no local arrangements in place, you should follow the [MWL arrangements](#). If you are unsure of your local FTSU Guardian(s), please visit the National Guardian website [here](#).
4. To your local Host Organisation Safeguarding Team
5. To your Trade Union representative,
6. To the LE HR Team who may start the Strategy Meeting process,

Every report will be taken seriously.

Any reports made will be acted upon in a timely way and in accordance with the timescales outlined in the specific policy being used to manage the report (e.g. *Respect & Dignity at Work Policy*, *Allegations of Abuse Policy*, *Domestic Abuse Policy* etc).

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7.1 Reporting using the online form

The online reporting system is a confidential process managed by the LE HR Team, who will decide how to deal with the information to ensure confidentiality and provide people with the correct tools and guidance.

Open this weblink to complete the [Online Sexual Misconduct Reporting Form](#)

7.1.1 Anonymous reports

Lead Employer strongly recommends that reports are submitted by a named/identifiable reporter so that a complete and more in-depth investigation can take place and to enable support and sign posting to be offered.

However, Lead Employer recognises that there will be instances where a colleague in training does not want to provide their name/identity and wants to be able to report anonymously.

When reporting anonymously it is important to provide as much information as possible, including dates and times of events, what specifically happened, any witnesses and the impact they are having on you and others. Where a series of incidents have taken place, it can be helpful to put these in chronological order. 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 and the Strategy Meeting will determine whether any action can be taken.

If reporting anonymous is the right option for you, you can report the incident using the [Online Sexual Misconduct Reporting Form](#)

7.1.2 Limitations of anonymous reports

We recognise that sharing experiences of sexual misconduct can feel difficult and vulnerable. If you do not feel comfortable providing your name or contact details, you are still welcome to submit an anonymous report. Anonymous reports are taken seriously, reviewed carefully, and used to help us understand concerns and take any steps that are appropriate and possible.

We also want to be open about the limitations of anonymous reporting. In some situations, Lead Employer may be restricted in the actions it can take. This is because fairness requires that anyone who is alleged to have acted inappropriately has the opportunity to understand the concerns raised and respond to them. This can be challenging when we are unable to contact the person who made the report or seek further information.

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If you feel able to share your name and contact details, this can help us provide more tailored support, including access to wellbeing resources, and may allow us to take more meaningful action. However, the choice is entirely yours. You are welcome to decide what feels safest and most comfortable for you.

7.2 People who aren't employed by the Trust (excluding Patients or Visitors)

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

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

7.3 Patients and service users

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

This will allow them to take actions as soon as possible under the relevant policies within the Host Organisation.

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8. Supporting you

8.1 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 work colleague, trade union representative a friend or family member, to support you.

The person you speak to will:

- ask you for information about what happened using the questions in [Appendix 9 – Questions to ask when you receive a report](#)
- use the advice in [Appendix 10 – How to respond to a disclosure or report of sexual misconduct](#)

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. [Appendix 3 – Colleague in training Support provided by](#) 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 10.6 Statutory regulators](#) provides information about when Lead Employer might be required to continue to take action. If you change your mind, or the behaviour continues, you can use this policy later.

There is no time limit on raising a report after the incident, but please be aware that the older the incident, the more difficult it may be to effectively respond to it.

8.2 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 [Appendix 4 – External Support](#)

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

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Support for you to continue to work will be arranged where possible, if required following advice from Occupational Health. This may involve using policies such as '*Flexible Working Policy*' or the '*Special Leave Policy*' or the '*Domestic Abuse 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.

The Strategy Meeting will review and make decisions about actions that need to be taken quickly to prevent possible harm to you or others involved, for example, if the people involved work together, temporary changes to working arrangements may be needed (see 9.1 for role of the Strategy Meeting).

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

8.3 If you can't attend work

If you don't feel able or well enough to attend work, you should let your Host Organisation or LE HR Team know. They will provide advice about the *Attendance Management Policy* (aka sickness absence). If it is reasonable, the LE HR team will agree to remove absence related to sexual misconduct from processes to manage levels of sickness absence.

All staff who have suffered an injury at work and are on sick leave with reduced pay are entitled to apply for injury allowance. Refer to section 22 of the NHS Terms and Conditions for more details. Payment is not guaranteed, and a separate formal review process applies. A member of the LE HR Team or your trade union representative can provide advice and information about injury allowance.

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9. After you make a report: Next Steps

The Lead Employer has a duty to ensure all colleagues in training involved with sexual misconduct cases are supported. This includes colleagues in training who have concerns raised about them.

The person you made your report to, will request support from the LE HR Team who will organise a Strategy Meeting 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.

9.1 Strategy Meeting

The Strategy Meeting 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: aggravating factors, such as abuse of power over a more junior colleague.

The Strategy Meeting 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 7 – Record of actions to support safety and wellbeing**. 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 e.g.
 - *Dealing with Allegations of Abuse against Trust members of Staff (including Safeguarding Children and PIPOT procedures)*
 - *Domestic Abuse Policy,*
 - *Lead Employer Handling Concerns Policy and Procedure*
 - *Respect & Dignity at Work Policy,*
 - *Safeguarding Adults Policy / Safeguarding Children & Young People Policy*
- 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.

The Strategy Meeting will use **Appendix 8 – Strategy Meeting checklist** to ensure that the plans to manage the report are clear. They will also ensure a record is kept (anonymously if needed).

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9.1.1 Strategy Meeting Members

The Strategy Meeting will include:

- A Human Resources lead (chair)
- the person the report was raised with (e.g. line manager etc).
- a representative from the Host Organisation

The nature, risk, and scope of the incident that has been reported will determine if and who additional members of the Strategy Meeting may be, due to their role or specialist knowledge e.g. whether the incident involved domestic abuse, children, vulnerable adults, patients etc. Only those individuals that need to be involved in these meetings will be.

This may include (this is not an exhaustive list):

- a senior manager,
- Equality, Diversity & Inclusion (Workforce or Patients)
- Freedom to Speak Up Guardians,
- Health Work & Wellbeing / Occupational Health,
- Safeguarding,
- Security and/or Host Organisation Police Liaison,
- Sexual Safety specialists,
- Staff Side Representatives,
- The Responsible Officer (Medics)
- NHSE colleagues – this may include Head of School or a Training Programme Director, or an Associate Dean. Please note, this list is not exhaustive.

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Appendix 5 – Expert Advice provides more information about expert advice.

9.2 Outcomes

The Strategy Meeting will ensure your views are considered when making decisions about how to manage your report. One or more of these outcomes could be agreed (this is not an exhaustive list):

- No further action,
- To request more information from you or others about what happened,
- To use the *grievance policy and procedure* to manage and investigate your report,
- To use the Respect & Dignity at Work Policy to manage and investigate your report,
- To use the Lead Employer Handling Concerns Policy and Procedure where the report is about a doctor or dentist,
- To use the Allegations of Abuse / Domestic Abuse / Safeguarding Adults / Safeguarding Children policies and processes where the report involves vulnerable people/children,
- To make a referral to the 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](#)
- To report the incident to the police,
- To report to the Host Organisation / employer / University of the person named in the report, if they are not employed by the Trust,
- A referral to other external specialist agencies such as the local Rape and Sexual Abuse service (RASA) or local authority,
- A combination of the above

9.3 Investigations

If an investigation is needed, it will be completed using the policy or process agreed at the Strategy Meeting.

During the investigation stage, you will be offered support or adjustments to the process to help you if you need them, and they will be agreed if possible. Examples of possible adjustments could include:

- A trade union representative or colleague attending the meetings with you.
- A friend or family member attending the meetings with you

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9.4 Victimisation and Whistleblowing

[Victimisation](#) is when a person experiences some kind of detrimental treatment as a direct consequence of them being involved in a discrimination or harassment complaint. This applies to anyone who:

- raises a concern,
- is a witness,
- provides any supporting evidence or,
- is involved in anyway in an investigation.

Detrimental treatment can include a wide range of negative behaviour, including bullying, harassment and sexual harassment, being denied a benefit you are entitled to, or being unreasonably criticised or targeted.

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.

Similarly, [Whistleblowing](#) (aka making a disclosure in the public interest) is when someone reports wrongdoing that affects other people, including sexual harassment. All members of staff are protected from experiencing any form of detrimental treatment because they have disclosed that sexual harassment has occurred, is occurring or is likely to occur in the workplace, whether they are directly involved in the incident or not.

Everyone will be supported when reporting sexual misconduct, whether their complaint is upheld or not. If you believe you have been victimised or experienced detrimental treatment for raising a concern, this will be taken seriously.

You should report victimisation to the LE HR Team in accordance with the Respect & Dignity at Work Policy and whistleblowing concerns in accordance with the Freedom to Speak Up Policy.

Where the victimisation behaviour or detrimental treatment takes the form of sexual misconduct please use **this policy to report it**.

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10. Providing information and updates

You will be given the name of the person you can go to with and to get advice and support from. 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 reported your concern to or your designated LE HR contact.

Due to the confidentiality of others involved in the report, not everything that happens can be shared with you, but you will receive regular updates. You will not normally be told about personal or confidential outcomes or actions relating to another employees, such as the specifics of any disciplinary action taken, but what can be shared will be shared with you.

10.1 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 concerns 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, your designated LE HR contact or a trade union representative. Confidentiality or non-disclosure agreements will not be used to stop reporting of sexual harassment or whistleblowing.

10.2 Telling your Host Organisation manager

You will be asked how you feel about telling your Host Organisation manager (if they are not already aware). If you haven’t told your Host Organisation manager, it may be helpful to, so they can support you and others involved. If the concern is about your Host Organisation manager, another representative from your Host Organisation or NHSE will be asked to support you.

10.3 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.

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10.4 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 Strategy Meeting will get advice from our safeguarding team if not already involved in the review.

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 to make a 'report', or you do not wish to report the incident to the police.

Where possible, you will be told before actions are taken and support will be provided to you throughout the process.

10.5 Police investigations

If a report has been made to the police, their investigation cannot be impacted by Lead Employers own investigation process.

This may mean there are delays in Lead Employer 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.

10.6 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.

A member of the LE HR Team or the 'responsible officer' for medical professionals will be responsible for reporting to professional bodies.

They may take advice from a range of individuals including (but not limited to), the Lead Employer Medical Director, a senior person from the relevant profession within the host organisation (for example, the Medical Director) before making a formal referral.

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11. Preventing sexual misconduct

Preventing sexual misconduct is essential to creating environments where every person feels safe, respected, and able to participate fully without fear of harm. Preventing sexual misconduct strengthens our culture as a whole, it promotes healthier relationships, mutual respect, and shared responsibility. It encourages bystanders to speak up, leaders to model positive behaviour, and organisations to uphold the highest standards of accountability.

Lead Employer will:

- Seek assurances from Host Organisations that reviews are taking place to determine the likelihood and risks of sexual misconduct occurring within their organisations from colleagues, volunteers, learners and others including patients, service users and visitors,
- decide and disseminate the actions that can be taken by Host Organisations 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,
- encourage Host Organisations to offer training on sexual harassment and sexual misconduct in the workplace,
- 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,
- provide guidance and support to Host Organisations, helping them assist others if they witness sexual misconduct,
- create a culture where people feel safe to talk about and report sexual misconduct,
- ensure 'Safer Recruitment Principles' are embedded in the recruitment of those who work with children and young adults,
- ensure systems are in place to respond to reports and provide timely support to all colleagues in training impacted by sexual misconduct.

Lead Employer 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 and share recommendations with Host Organisations to take action, and improve the culture within teams and across the wider organisation.

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12. Training

What aspect/s of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Statutory & Mandatory Training Policy?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training	Who will ensure and monitor that staff have this training
Meaning of Sexual Misconduct	All	No	eLearning, training course, and online self directed study	eLearning, EDI (workforce), self directed learning	n/a	EDISG
How to raise a concern	All	No	Guidance	Guidance	n/a	n/a
Operational processes	HR Business Partners	No	Online/In Person	Arranged by LE HR Team	Every 4 years	EDISG

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13. Monitoring Compliance

13.1 Key Performance Indicators (KPIs) of the Policy

No	Key Performance Indicators (KPIs) Expected Outcomes
1.	Number of Reports and Type
2.	Number of Review Panels
3.	Outcome of Review Panels
4.	Staff Survey Sexual Harassment Question (Staff)

14. References/Bibliography/Relevant Legislation/National Guidelines

No	Reference
1.	Children's Act 1989
2.	Children's Act 2004
3.	Domestic Abuse Act 2021
4.	Employment Rights Act 1996
5.	Equality Act 2010
6.	Female Genital Mutilation Act 2003
7.	NHS National Sexual Misconduct People Policy Framework
8.	NHS Staff Constitution
9.	Sexual Offences Act 2003
10.	Worker Protection (Amendment of Equality Act 2010) Act 2023

15. Related Trust Documents

No	Related Document
1.	Attendance Management Policy
2.	Dealing with Allegations of Abuse against Trust members of Staff (including Safeguarding Children and PIPOT procedures)
3.	Disciplinary Policy
4.	Domestic Abuse Policy
5.	Equality and Human Rights Policy
6.	Freedom to Speak Up Policy
7.	Incident Reporting and Management Policy
8.	Media and Social Media Policy

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9.	Personal Relationships at Work Policy
10.	Lead Employer Handling Concerns Policy and Procedure
11.	Raising Concerns & Speaking Out Safely Policy & Procedure [Whistleblowing]
12.	Recruitment, Selection and Management of Volunteers Policy
13.	Resolution & Grievance Procedure
14.	Respect and Dignity at Work Policy
15.	Safeguarding Adults Policy
16.	Safeguarding Children and Young People Policy
17.	Special Leave Policy
18.	Stress & Wellbeing Policy

16. Equality Analysis Screening Tool

The EIA screening must be carried out on all policies, procedures, organisational changes, service changes, cost improvement programmes and transformation projects at the earliest stage in the planning process. Where the screening identifies that a full EIA needs to be completed, please use the full EIA template.

The completed EIA screening form must be attached to all procedural documents prior to their submission to the appropriate approving body. A separate copy of the assessment must be forwarded to the Head of Patient Inclusion and Experience for monitoring purposes via the following email, cheryl.farmer@sthk.nhs.uk. If the assessment is related to workforce a copy should be sent to the workforce Head of Equality, Diversity and Inclusion for workforce equality&diversity@sthk.nhs.uk. If this screening assessment indicates that discrimination could potentially be introduced then seek advice from either the Head of Patient Inclusion and Experience or Head of Equality, Diversity (Workforce) and Inclusion.

A full equality impact assessment must be considered on any cost improvement schemes, organisational changes or service changes that could have an impact on patients or staff.

Title of function	Staff Sexual Misconduct Policy
Brief description of function to be assessed	Policy to improve the support provided to staff who experience sexual harassment and sexual misconduct
Date of assessment	26/6/2025
Lead Executive Director	Malise Szpakowska
Name of assessor	Darren Mooney
Job title of assessor	Head of Equality, Diversity & Inclusion

Equality, Diversity & Inclusion

Does the policy/proposal:

- 1) Have the potential to or will in practice, discriminate against equality groups
- 2) Promote equality of opportunity, or foster good relations between equality groups?
- 3) Where there is potential unlawful discrimination, is this justifiable?

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	Negative Impact	Positive Impact	Justification/ evidence and data source
Age	No	No	
Disability	No	No	
Gender reassignment	No	Yes	To support reporting of sexual harassment, and sexual misconduct
Pregnancy or maternity	No	Yes	Ditto
Race	No	No	
Religion or belief	No	No	
Sex	No	Yes	Ditto
Sexual orientation	No	Yes	Ditto

Human Rights

Is the policy/proposal infringing on the Human Rights of individuals or groups?

	Negative Impact	Positive Impact	Justification/ evidence and data source
Right to life	No	No	
Right to be free from inhumane or degrading treatment	No	Yes	To support reporting of sexual harassment, and sexual misconduct
Right to Liberty/security	No	Yes	Ditto
Right to privacy/family life, home and correspondence	No	Yes	Ditto
Right to freedom of Thought/conscience	No	No	
Right to Freedom of expression	No	Neutral	Ditto
Right to a fair trial	No	Neutral	Ditto

Health Inequalities

Is the policy/proposal addressing health inequalities and are there potential or actual negative impact on health inequality groups, or positive impacts? Where there is potential unlawful impacts is this justifiable.

	Negative Impact	Positive Impact	Justification/ evidence and data source
Deprived Populations	No	No	
Inclusion health groups	No	No	
5 child clinical areas	No	No	
5 adult clinical areas	No	No	

Outcome

After completing all of the above sections, please review the responses and consider the outcome.

Is a full EIA required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Please include rationale: Positive impacts on EDI, no negative impacts
--------------------------------	--

Sign off

Name of approving manager	Darren Mooney
Job title of approving manager	Head of EDI
Date approved	26/6/2025

17. Data Protection Impact Assessment Screening Tool

If you answer **YES** or **UNSURE** to any of the questions below a full Data Protection Impact Assessment will need to be completed in line with Trust policy.

	Yes	No	Unsure	Comments - Document initial comments on the issue and the privacy impacts or clarification why it is not an issue
Is the information about individuals likely to raise privacy concerns or expectations e.g. health records, criminal records or other information people would consider particularly private?		X		This is a cover process to existing policies and procedures. Data collected will be done in accordance with pre-approved processes.
Will the procedural document lead to the collection of new information about individuals?		X		Ditto
Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?		X		Ditto
Will the implementation of the procedural document require you to contact individuals in ways which they may find intrusive?		X		Ditto
Will the information about individuals be disclosed to organisations or people who have not previously had routine access to the information?		X		Ditto
Does the procedural document involve you using new technology which might be perceived as being intrusive? e.g. biometrics or facial recognition		X		Ditto
Will the procedural document result in you making decisions or taking action against individuals in ways which can have a significant impact on them?		X		Ditto
Will the implementation of the procedural document compel individuals to provide information about themselves?		X		ditto

Sign off if no requirement to continue with Data Protection Impact Assessment:

Confirmation that the responses to the above questions are all NO and therefore there is no requirement to continue with the Data Protection Impact Assessment

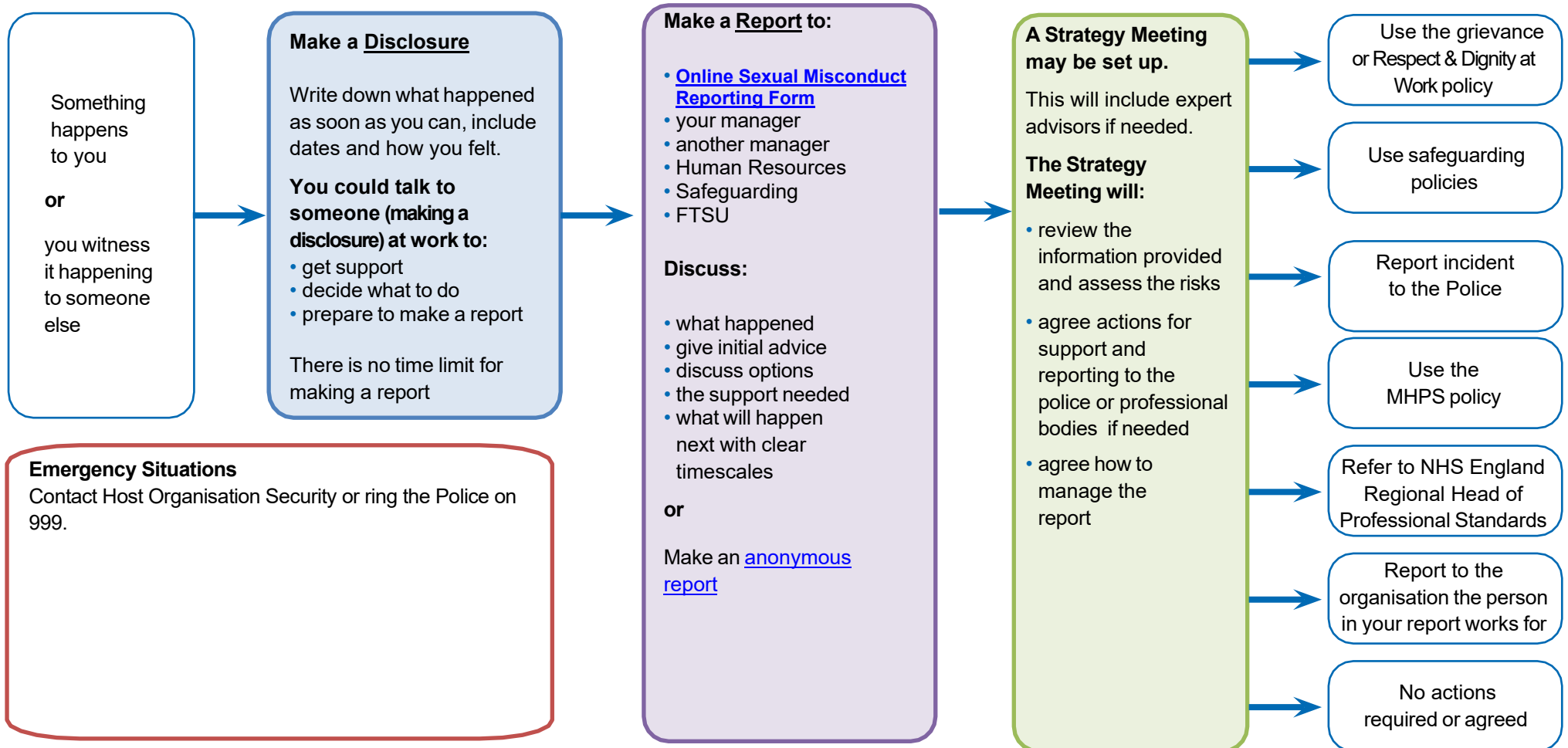
Policy author **Darren Mooney**

Date 26/6/2025

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18. Appendix 1: Flowchart

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



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19. Appendix 2 – Examples of Sexual Misconduct

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.

19.1 General Examples

- 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 WhatsApp),
- 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 and/or 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,
- unwelcome touching, hugging, kissing, cornering or intrusion on personal space
- Inappropriate physical contact,
- stalking, following and watching someone, and loitering in person or via technology,
- sexual assault or rape.

19.2 Examples of Sexual Misconduct

Boundary-Violating Physical Contact

- Any unwanted, unnecessary, or inappropriate physical contact of a sexual nature.
- Using clinical procedures, examinations, or care tasks as a pretext for sexualised behaviour.
- Touching a patient in ways not required for care and without consent, explanation, or justification.

Sexualised Comments or Questions

- Making comments about a person’s body, appearance, clothing, or perceived attractiveness.
- Asking personal, sexual, or intrusive questions that are unrelated to care or professional duties.

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- Sharing sexual stories, jokes, or innuendo in the presence of patients, visitors, or colleagues.

Sexualised Behaviour or Gestures

- Making non-verbal gestures or facial expressions that are sexualised or intended to intimidate.
- Exposing a patient, visitor, or colleague to sexual content, imagery, or behaviour.
- Entering a patient’s private space in a way that is voyeuristic, intrusive, or intentionally uncomfortable.

Misuse of Power, Trust, or Professional Position

- Flirtatious, intimate, or sexualised communication with someone who is receiving care or support.
- Suggesting special treatment, attention, or benefits in exchange for sexualised behaviour.
- Initiating or attempting a sexual or intimate relationship with a patient or family member during care or within the prohibited post-discharge period.
- Initiating or attempting a sexual or intimate relationship with a member of staff without consent or it being reciprocated.

Digital or Technology-Based Misconduct

- Sending sexualised messages, images, or content to patients, visitors, or colleagues.
- Requesting personal contact details for non-clinical purposes.
- Using work systems, devices, or digital platforms to access, store, or share sexual content in organisational settings.

Creating an Unsafe or Sexualised Environment

- Displaying, sharing, or showing sexually explicit or suggestive materials in clinical or workplace settings.
- Making jokes, comments, or behaviours that create a sexualised or hostile atmosphere.
- Failing to maintain privacy, dignity, and professional boundaries during examinations, personal care, or discussions.

Retaliation or Manipulation Connected to Sexualised Behaviour

- Punishing, threatening, or disadvantaging someone who rejects sexual attention.
- Pressuring an individual not to report sexual boundary-breaking behaviour.

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- Using position, influence, or authority to silence, discredit, or intimidate someone affected.

19.3 Examples of Sexual Offences

Sexual offences are acts of a sexual nature that are unlawful, non-consensual, and cause harm, fear, or distress. They violate a person’s dignity, autonomy, and safety. The examples below reflect how such offences could present in a workplace setting:

Non-Consensual Physical Contact of a Sexual Nature

- Any form of sexual touching without consent.
- Using force, pressure, or manipulation to initiate unwanted contact.
- Touching carried out under the guise of work tasks, when not required, justified, or agreed to.

Such actions remove a person’s sense of safety and control. Even if brief or seemingly minor, they can have severe emotional, psychological, and physical impacts.

Coercive or Pressured Sexual Behaviour

- Pressuring someone into sexual activity or sexualised behaviour through threats, intimidation, or misuse of authority.
- Implied or explicit suggestions that someone must comply to keep their job, secure opportunities, or avoid negative consequences.

Coercion exploits power imbalances and can trap individuals in unsafe situations. Trauma arises not just from the act itself, but from the fear, helplessness, and violation of trust.

Sexual Assault or Attempts at Sexual Assault

- Attempting to initiate sexual activity without consent.
- Groping, grabbing, or brushing against someone in a sexualised way.
- Touch framed as a “joke,” “accident,” or “affection” that violates boundaries.
- Using clinical care, supervision, or other work activities as a pretext for sexualised touching that is not required or justified.
- Exploiting access to private spaces (clinics, offices, storage rooms) to initiate unwanted contact.
- Holding, pinning, or restricting someone’s movement to enable sexual contact.
- Blocking exits or using physical presence to compel compliance.
- Assault following rejection of advances or complaints (“teaching a lesson”).
- Conditioning benefits, shifts, references, or opportunities on sexual touching.

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People who experience or witness such behaviour may feel fear, shock, shame, or long-term anxiety. Even an attempt can be profoundly traumatic and constitutes a serious offence.

Non-Consensual Sharing or Creation of Sexual Images

- Taking or attempting to take images of a sexual nature without consent.
- Sharing or distributing sexual images of someone without their permission
- Recording someone in private spaces or in a state of undress without their knowledge.

This type of offence causes lasting harm and loss of control over one's personal identity, privacy, and safety.

Sexualised Harassment That Meets a Criminal Threshold

- Repeated, unwanted sexualised comments, propositions, or behaviours that amount to harassment under criminal law.
- Threatening someone with sexualised harm.
- Stalking behaviours linked to sexual interest or intent.

Persistent unwanted attention can create fear, hypervigilance, and a sense of being unsafe at work, triggering or worsening trauma.

Indecent Exposure or Displaying Sexualised Content

- Intentionally exposing intimate parts of the body to another person without consent.
- Displaying sexual materials in a way that targets, humiliates, or intimidates others.

Exposure can cause immediate shock, distress, or fear and often leaves individuals feeling unsafe, disrespected, or violated.

Facilitating or Enabling Sexual Harm

- Assisting another person to carry out sexual contact without consent (e.g., creating opportunities, guarding doors, or pressuring the person to comply).
- Knowingly allowing an unsafe situation to continue where someone is at risk of sexual harm.
- Using one's role or authority to conceal sexual misconduct.

Failure to act can deepen trauma, undermine trust, and signal that harm is tolerated, which increases risk for others.

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20. Appendix 3 – Colleague in training Support provided by Lead Employer

Support	Contacts		Support
Employee Assistance Programme	0300 131 2067		Employee Assistance Programme
Equality, Diversity & Inclusion (Workforce) Team	Equality&diversity@merseywestlancs.nhs.uk		Equality, Diversity & Inclusion (Workforce) Team
Host Organisation Freedom to Speak Up Champions			Host Organisation Freedom to Speak Up Champions
Host Organisation Freedom to Speak Up Guardians			Host Organisation Freedom to Speak Up Guardians
LE HR Team	Lead.employer@merseywestlancs.nhs.uk		LE HR Team
Local Host Organisation Safeguarding Team			Local Host Organisation Safeguarding Team
Trade Unions			Trade Unions

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21. Appendix 4 – External Support

- [ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment.
- [Citizens Advice](#): provide information about your legal rights in the workplace if you are experiencing sexual harassment.
- [Equality Advisory & Support Service](#): helpline to advise on issues related to equality and human rights.
- [Galop](#): support LGBT+ people who have experienced abuse and violence.
- [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.
- [Getting help for domestic violence and abuse](#): NHS.uk provides practical advice and help to recognise the signs and where to get help.
- [Health & Care Professions Council](#): sexual safety hub provides help and guidance about making a report to that organisation.
- [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.
- [Protect](#): free, confidential whistleblowing advice.
- [Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.
- [Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment at work.
- [Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure
- [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.
- [Supporting a survivor of sexual violence](#): advice from Rape Crisis about how to support a survivor of sexual violence.
- [Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.
- [SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.
- [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.
- [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.

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22. Appendix 5 – Expert Advice

An expert may be asked to support the Strategy Meeting and an investigation.

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

22.1 Knowledge

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

22.2 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 re-traumatising
- ability to overcome barriers to disclosure while supporting employee wellbeing

22.3 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

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23. Appendix 6 – Links for more help and guidance

23.1 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)

23.2 NHS Employers

- [NHS Terms and Conditions Handbook section 32 Dignity at Work](#)

23.3 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](#)

23.4 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 \(PPA\) \(NHS Resolution\)](#)

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24. Appendix 7 – 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:	

25. Appendix 8 – Strategy Meeting checklist

This checklist should be completed by the Strategy Meeting to ensure they have completed all the relevant actions.

25.1 Wellbeing and safety

Checklist:	Details:
Has support been offered to the employee who made the report and others involved?	
Are those involved safe and are there any risks that need to be managed?	
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.	

25.2 Find the facts

Checklist:	Details:
Do you have the facts from appendix 10 that you need?	
Has the employee who made the report discussed a preferred outcome?	
Do those involved work for the organisation? If not, which organisation do they work for?	
Are there any similar live cases on file relating to the person (or people) the report is about?	
Do other organisations have any information that is important to know, for example, another investigation.	
If further information is needed, gather this information	
Are there are aggravating factors, such as the abuse of power over a more junior	

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Checklist:	Details:
colleague that need to be taken into account?	

25.3 Agree how to manage the report

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

25.4 Communication

Checklist:	Details:
Identify who 'needs to know' (for example, relevant managers, or other employers if one of the parties works for a different organisation)	
Agree who will be the key point of contact for those involved and advise them of the arrangements	
Agree regular review points (with everyone involved)	

Checklist:	Details:
Have decisions and next steps been confirmed to those involved (including in writing if necessary)?	

25.5 Ensuring understanding

Checklist:	Details:
Have you ensured the employee(s) understands the reasons for actions and for the approach to how the report will be managed?	
Have the next steps been discussed with the employee(s) involved (including a review of support)?	

26. Appendix 9 – 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.

26.1 Before you begin

Checklist:	Details:
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)	

26.2 Personal Details

Checklist:	Details:
Name of the person making the report	
Contact details and the best time to contact them	

26.3 Who is reporting this?

Checklist:	Details:
someone who has experienced sexual misconduct	
a witness to sexual misconduct:	
<ul style="list-style-type: none"> do they have consent of the person who was affected? 	
<ul style="list-style-type: none"> if yes, who did it happen to? 	
<ul style="list-style-type: none"> if no, do not ask or record information about the person affected 	
<ul style="list-style-type: none"> someone who has been disclosed to about sexual misconduct 	

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26.4 About the incident:

Checklist:	Details:
Was it a single or multiple incidents?	
Where did the incident(s) happen?	
<ul style="list-style-type: none"> virtually using either work or non-work equipment and through any virtual platform including, social media, email and messaging services 	
<ul style="list-style-type: none"> NHS premises 	
<ul style="list-style-type: none"> offsite, in the course of work, at a non-work event or a work event 	
<ul style="list-style-type: none"> unsure or other 	
When did the incident(s) happen? If unsure, get rough dates or a range of dates	
Do they want to name the person whose behaviour they are reporting?	
Information about the behaviour(s) being reported (this doesn't need to be in lots of detail at this point)	

26.5 Witnesses

Checklist:	Details:
Did anyone witness this behaviour?	
Do the witnesses know this report is being made?	

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

Checklist:	Details:
Do they have any notes or information to help them make their report?	

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Checklist:	Details:
Is anyone at immediate risk. Are any actions needed now?	
What support is needed? (Refer to other policies such as flexible working or special leave)	
Signpost to internal or external support	
Explain that more information will be needed if an investigation takes place	
Explain the possible outcomes from the Strategy Meeting	

26.7 Next steps

Checklist:	Details:
Speak to a member of the HR team	
Set up a Strategy Meeting	

26.8 Notes

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27. Appendix 10 – 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.

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27.1 Discussion Topic Examples

Topics that you may wish to discuss with the employee in a disclosure meeting could include the following. These are provided as examples, you do not need to cover all of them, and the conversation should be steered by the employee.

Some of these suggestions may require the involvement of a Line Manager or other teams to implement. Furthermore, some of these may be more appropriate to implement following a “report” and in discussion with/by the Strategy Meeting,.

27.1.1 Decision-making & options

- Whether to report formally, informally, or not at this time,
- How to use internal routes (HR, manager, safeguarding, FTSU) and external routes (police, helplines),
- Pros/cons and timing of each option; what “pausing” or “escalating” looks like.
- How to document events and communications while preserving privacy.

27.1.2 Emotional wellbeing & psychological safety

- Immediate feelings (shock, anxiety, guilt, anger) and coping strategies,
- Access to Health Work & Wellbeing, Employee Assistance Programme, peer support (internal and external),
- Grounding techniques, crisis plans, and what to do if distress escalates.

27.1.3 Physical safety & practical planning

- Safety planning at work (e.g., workspace changes, buddy systems, escorts to parking),
- Boundaries around contact with the alleged person (e.g., no-contact, differing schedules),
- Digital safety (blocking, privacy settings, preserving messages).

27.1.4 Workplace adjustments & protections

- Temporary or long-term adjustments (location, hours, remote work),
- Changes to reporting lines, meeting attendance, or seating plans,
- Use of special leave, flexible working, or workload modifications.

27.1.5 Confidentiality, boundaries & information control

- What the trusted person can/cannot share and with whom,
- How to protect sensitive information while ensuring safety,
- Managing rumours and privacy in team settings.

27.1.6 Evidence, record-keeping & timelines

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- Keeping a contemporaneous log (dates, times, witnesses, impacts),
- Safely storing messages, emails, screenshots,
- Understanding retention limits and data protection considerations.

27.1.7 Rights, policies & procedures

- Using sick leave, special leave, or paid/unpaid time off.
- Rights under workplace policies (Respect & Dignity at Work, Grievance, Safeguarding),
- Anti-retaliation/anti-victimisation protections,
- What a formal investigation entails, likely steps and timescales.

27.1.8 Impact on work relationships & performance

- How to handle team interactions and meetings with the alleged person,
- Communicating needs to a manager without disclosing details,
- Strategies to maintain performance while prioritising wellbeing.

27.1.9 Intersectional & personal considerations

- Cultural, religious, LGBTQ+, disability-related needs and specific supports.
- Language or accessibility requirements for any meetings or materials.

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28. Appendix 11 – Additional guidance for managers

28.1 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 & Grievance 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.

28.2 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 LE 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 LE HR team who can provide advice and support.

28.3 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 your Divisional HR Business Partner and read the Personal Relationships at work policy.

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28.4 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 10 provides guidance about how to respond and provide initial support and appendix 9 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 your Divisional HR Business Partner or other professionals as soon as you can. They will support and help you to set up a Strategy Meeting .

28.5 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 LE HR team will provide advice about managing anonymous reports.

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29. Appendix 12 – Detailed Definitions

Term/Abbreviation	Definition/meaning
A disclosure	A disclosure is when an employee tells someone that they have experienced or witnessed Sexual Misconduct for peer support, sign posting or for information, but they are not initially doing so because they want Trust to investigate the incident (a report). another person that they have experienced or witnessed sexual misconduct. A disclosure can be made to a colleague, supervisor, manager, freedom to speak up guardian, safeguarding or a trade union rep. Making a disclosure does not mean action will be taken by the Trust, to do that a 'report' must be made. A disclosure is not the same as a 'report' and does not mean that a report has or must be made.
Age of Consent	The legal age of consent in the UK is 16. This means that individuals aged 16 and over are legally able to agree to sexual activity, provided other aspects of consent (freedom and capacity) are met. Exemption: See Position of Trust
Child Sexual Abuse Material (CSAM)	This term refers to any images, videos, or other content involving the sexual exploitation of minors. In the UK, possession, creation, or distribution of CSAM is a severe criminal offence. Legislation: The Protection of Children Act 1978 and the Criminal Justice Act 1988 make it illegal to possess, create, or distribute any CSAM.
Coercion	Coercion involves pressuring someone into a sexual activity against their will, whether through threats, intimidation, or manipulation. Coercion invalidates any given consent, as consent obtained through pressure or force is legally void.
Consent	When someone agrees by choice and has the freedom and capacity to make the choice, to take part in sexual activity, at the time in question. Consent can be removed at any time.
Consent Withdrawal	Consent withdrawal recognise that a person can revoke consent at any time, even if sexual activity has begun. Continuing the activity after consent is withdrawn constitutes sexual assault. Legal Context: UK law affirms that consent must be ongoing and can be revoked at any moment.
Cyberflashing	Involves people sending unwanted sexual images to strangers in public spaces, via data sharing services, such as Bluetooth.
Domestic Abuse	Domestic abuse is behaviour from a current or ex-family member or partner that is: physical abuse, sexual abuse, violent or threatening behaviour, controlling behaviour, coercive behaviour, economic abuse, psychological abuse, emotional abuse, or other abuse. Economic abuse means any behaviour that has a substantial adverse effect on a person's ability to buy, use or maintain money, property, goods or services.

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Domestic Abuse, meaning of family member “personally connected too”	A person who is personally connected in a domestic abuse situation means: current or former husband/wife/civil partner; current or former fiancé; a current or former partner where the individuals has an intimate personal relationship; a current or former person who has had parental relationship for the same child; relatives, including brother, sister, aunt, uncle, cousins, parents, grandparents, whether biological or through marriage, including after a divorce.
Female Genital Mutilation	It is an offence to excise, infibulate, or otherwise mutilate the whole or any part of the persons labia majora, labia minora or clitoris, except by an approved medical practitioner for a surgical procedure necessary for a girls physical or mental health, or in connection to labour or birth.
Forced Marriage	A forced marriage involves coercing someone into marriage against their will, and it often includes elements of sexual violence and abuse. Legal Context: The Anti-social Behaviour, Crime and Policing Act 2014 criminalized forced marriage, recognizing it as a form of domestic abuse.
Gaslighting	Gaslighting is a form of psychological manipulation where someone makes another person doubt their perception, memory, or sanity, often as part of a larger pattern of emotional or sexual abuse. Relevance in Sexual Abuse: While not a standalone criminal offence, gaslighting can contribute to coercive control, which is an offence under the Serious Crime Act 2015.
Grooming	Grooming refers to the process of building trust with a young person, often with the intent of sexually exploiting them. Grooming can take place both online and offline, and may involve giving gifts, emotional manipulation, or making promises to gain access to a child or vulnerable person. Legal Aspect: The Sexual Offences Act 2003 criminalizes grooming if it is for the purpose of committing a sexual offence.
Honour Abuse	Honour based abuse is a collection of behaviours and practices used to control behaviour within families to protect perceived cultural and religious beliefs and/or honour. The punishments can include threats of violence, intimidation coercion or abuse, including psychological, physical, sexual, financial, or emotional abuse.
Hymenoplasty	A hymenoplasty is a surgical procedure aimed at reconstructing the hymen, a thin membrane partially covering the vaginal opening. It is an offense to aid, abet, counsel or procure the carrying out of a hymenoplasty; to offer to carry it out, or to carry it out; with or without the consent of the individual.
Indecent Exposure	Indecent exposure involves deliberately exposing one's genitals with the intent to cause alarm or distress to others. In the UK, it

	is covered by both common law and the Sexual Offences Act 2003.
Intentional harassment, alarm or distress on account of sex	When a person uses threatening or abusive words, behaviour, or displaying of signs or other visible representation, with the intention to harass, alarm or distress a person because of their sex or presumed sex, and this behaviour takes place in public spaces.
Intimate Image Abuse (Revenge Pornography)	Intimate image abuse, often called revenge porn, is the sharing of explicit or intimate images or videos without consent, intending to cause distress. This is a criminal offence in the UK under the Criminal Justice and Courts Act 2015.
Less Favourable Treatment for Rejecting or Submitting to Unwanted Conduct	This form of Harassment occurs when an individual is treated less favourably because they have rejected or submitted to unwanted conduct of a sexual nature or unwanted conduct related to sex or gender reassignment.
Local Authority Designated Officer (LADO)	Specialist safeguarding officer within a local authority (council) who is responsible for the management and oversight of allegations made against adults who work or volunteer with children.
Misogyny	Misogyny is the hatred, dislike, or mistrust of women. It can manifest in attitudes, behaviours, and social systems that demean, belittle, or oppress women based on their sex.
Non-Consensual Distribution of Sexual Content	Sharing explicit content (photos, videos) without the person's consent is illegal and considered a form of sexual abuse. Legislation: The Criminal Justice and Courts Act 2015 made it illegal to share private sexual photos or videos without consent, a crime commonly called "revenge porn."
Non-Fatal Strangulation and Suffocation	Non-fatal strangulation or suffocation is often used as a method of exerting control or intimidation in abusive relationships, including sexual contexts. The Domestic Abuse Act 2021 introduced new offences for non-fatal strangulation or suffocation, which is now a specific crime separate from assault.
Position of Trust	In the UK, while the general age of consent is 16, healthcare professionals are legally prohibited from engaging in any form of sexual activity with a person under the age of 18 who is in their care or under their supervision. Healthcare roles are defined as "positions of trust" under the Sexual Offences Act 2003, and sexual contact with 16- or 17-year-olds in these circumstances is a criminal offence. A person is in a position of Trust if they <ul style="list-style-type: none"> work in a place that provides accommodation for a person under 18, and includes: Hospitals, Independent Clinics, Care Homes, Children's Homes, Foster Care.

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	<ul style="list-style-type: none"> • Are a teacher, social worker, family welfare officer, foster parent for a person aged under 18 • coaches, teaches, trains, supervises or instructs a person under 18 on a regular basis, in a sport or a religion,
Rape	Rape is defined by the Sexual Offences Act 2003 as non-consensual penetration of the vagina, anus, or mouth by a penis. In the UK, this offence can only legally be committed by someone with a penis (usually men), but women can be charged with other sexual offences.
Report	<p>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.</p> <p>A report means you are requesting that the organisation makes decisions and takes actions to stop it from happening again.</p>
Strategy Meeting	A Strategy Meeting is responsible for using the information provided by you in your report to agree what to do about sexual misconduct.
Sexual activity with a child family member	It is a sexual offence to incite, coerce or engage in sexual activity with a child family member (a person under 18), where you are the parent, grandparent, brother, sister, half-brother, half-sister. Where the person lives with or regularly cares for or provides training for the child, this also includes the persons aunt or uncle, step-parent, cousin, step brother/sister, current or former foster parent, a parents partner.
Sexual activity with a person with a mental disorder – care workers and NHS staff	It is a sexual offence for a care worker of a person with a mental health disorder, to engage in any form of sexual activity with that person, whether or not that person consents, or has the capacity to consent or not. This includes causing, inciting sexual activity, or engaging in sexual activity in their presence. A person is guilty of this offence if they are a care worker or perform a function in a hospital where they are providing care or services for this person.
Sexual activity with a person with a mental disorder impeding choice	<p>It is a sexual offence to intentionally cause or incite sexual activity; engage in sexual activity in their presence of or causes a person to watch sexual activity; or sexually touch any person, who has a mental disorder and who does not have a capacity to consent, whether because they lack sufficient understanding or cannot reasonably foresee the consequences of that choice, or for any other reason; or is unable to communicate a choice.</p> <p>It is also a sexual offence to induce, threaten or through deception sexual activity with a person with a mental disorder.</p>
Sexual assault	<p>is any sexual act that a person did not consent to or is forced into, against their will.</p> <p>Sexual assault in the UK is defined under the Sexual Offences Act 2003 and includes any act of intentionally touching another person in a sexual manner without their consent. It can</p>

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	encompass a range of behaviours, from groping to forced sexual acts that do not involve penetration.
Sexual Battery	This term isn't commonly used in UK law (where "sexual assault" covers similar actions), but it often refers to non-consensual sexual contact involving physical force or violence. Examples may include touching someone in a sexual manner without consent but not involving penetration. Considered a form of sexual assault under UK law, where any non-consensual sexual touching is prosecutable.
Sexual Exploitation	Sexual exploitation involves taking advantage of another person for personal or financial gain through non-consensual sexual activity or coercion. This can include trafficking or grooming for sexual purposes.
Sexual Exploitation, Child	When this exploitation is aimed at children, it becomes a serious criminal offence with enhanced legal penalties.
Sexual harassment	is unwanted behaviour of a sexual nature which has: <ul style="list-style-type: none"> • 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 <p>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.</p>
Sexual misconduct	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.
Sexual Nature	The term "Sexual" means any activity that a reasonable person would consider to be sexual in nature including touching, sexual activity, and penetration. Touching includes touching any part of the body with any body part or item; either directly or through clothing/fabric/material/substance.
Sexual safety	means being free from any unwanted sexual behaviour at work.
Sexual violence:	describes any sexual activity or act that happened without consent.
Spiking	Spiking involves adding drugs or alcohol to someone's drink without their knowledge or consent, often with the intent of incapacitating them for sexual purposes. Legal Context: While there is no specific offence of "spiking" under UK law, it can lead to charges under the Offences Against the Person Act 1861, and any resulting sexual assault would be prosecuted under the Sexual Offences Act 2003.
Stalking and Harassment	talking and harassment involve repeated and unwanted attention, behaviour, or communication that causes distress or

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	fear. When the intent is sexual or leads to intimidation, it is often linked to sexual misconduct. Legislation: The Protection from Harassment Act 1997 covers both harassment and stalking, which includes sexual harassment behaviours that cause fear or distress.
Street Harassment	A terms used to refer to a number of types of sexual misconduct that take place in public spaces, including cyber-flashing, upskirting, exposure/flashing,
Transactional Sex (Survival Sex)	Transactional or survival sex refers to situations where individuals engage in sexual activity in exchange for essentials such as money, food, or shelter, typically due to economic coercion rather than free consent. Legal Relevance: While survival sex itself is not illegal, exploitation or coercion for sexual favours can be considered sexual exploitation under the Sexual Offences Act 2003.
Upskirting	Upskirting is the act of taking a photograph or video under a person's clothing without their consent, with the intention of capturing intimate areas. This act is typically done in public and is considered an invasion of privacy and a sexual offence. Legal Status: In 2019, upskirting became a specific offence under the Voyeurism (Offences) Act 2019, which amended the Sexual Offences Act 2003.
Victimisation	Victimisation is when an individual is subject to a detriment because they have exercised their rights to make a complaint, provide evidence in complaint proceedings, or done anything else they are legally permitted to do. Victimisation can take the form of bullying, harassment, and sexual harassment.
Virginity Testing⁵	Virginity testing is the practice of examining a person's genitals to determine whether they have engaged in sexual intercourse, typically based on the presence or condition of the hymen. It is a offense to aid, abet, counsel or procure the carrying out of virginity testing; to offer to carry it out, or to carry it out; with or without the consent of the individual.
Voyeurism	Voyeurism is observing someone in private situations (such as while they're undressed or engaged in sexual activities) without their consent, often for sexual gratification. This is sometimes referred to as "peeping" or "spying." Legislation: Voyeurism is a criminal offence under the Sexual Offences Act 2003 and includes recording or observing someone without their knowledge or consent.
Whistleblowing	Staff are protected from being subjected to any form of detrimental treatment because they have made a disclosure that sexual harassment has occurred, is occurring or is likely to occur.

⁵ Health & Social Care Act 2022, Part 5, Ch.1. Virginity Testing, Ch.2. Hymenoplasty

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