

# Sexual Misconduct Policy

Version 1.0, July 2025

Reference: HR106

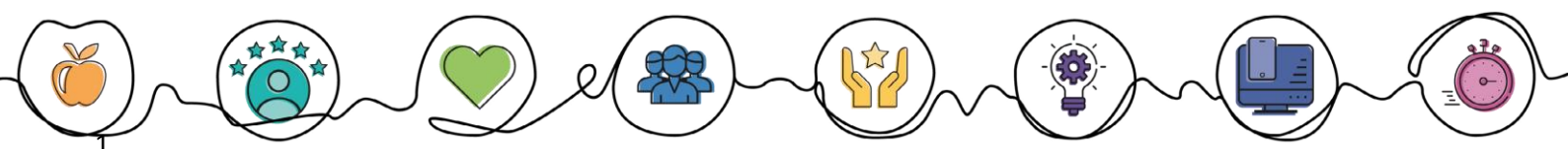
**Trigger Warning:**

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

If you would prefer to discuss this policy or need support, please contact a manager, member of the HR team or the safeguarding team.

Document Owner:	Associate Director People Services	Prepared by:	HR Operations
Version Number:	1.0	Effective Date:	5 <sup>th</sup> August 2025
First Published:	5 <sup>th</sup> August 2025	Next Review Date:	5 <sup>th</sup> August 2028

**Date of ratification (PCC):** 5<sup>th</sup> August 2025 (virtual)



## Contents

WHAT IS A PEOPLE POLICY	4
WHAT THIS POLICY COVERS	4
WHY WE HAVE THIS POLICY	4
HOW THIS POLICY REFLECTS OUR CULTURE AND PRIDE VALUES	5
HOW DO WE KNOW THIS POLICY TREATS PEOPLE FAIRLY?	5
LANGUAGE USED IN THIS POLICY	5
<b>A disclosure</b>	<b>5</b>
<b>Report</b>	<b>6</b>
<b>Review group</b>	<b>6</b>
ADVICE AND SUPPORT	7
PEOPLE WHO AREN'T EMPLOYED BY THE ORGANISATION	8
PATIENTS AND SERVICE USERS	8
INCIDENTS UNRELATED TO WORK	8
WITNESSING BEHAVIOUR	8
SUPPORTING A COLLEAGUE	9
REPORTING INAPPROPRIATE BEHAVIOUR	10
<b>How to make a report</b>	<b>10</b>
<b>Anonymous reports</b>	<b>10</b>
<b>Listening to you</b>	<b>11</b>
Support	11
If you can't attend work	12
After you make a report	12
Review Group	12
Outcomes	13
Investigations	13
Preventing Victimisation (or Detriment)	14
PROVIDING UPDATES AND INFORMATION	14
Confidentiality	14

Telling your manager	14
When will the person the report is about be told it has been reported?	15
<b>Involving the police and other organisations</b>	<b>15</b>
<b>Police Investigations</b>	<b>15</b>
<b>Statutory Regulations</b>	<b>15</b>
<b>PREVENTING SEXUAL MISCONDUCT</b>	<b>15</b>
<b>Training</b>	<b>16</b>
<b>APPENDIX ONE: FLOWCHART</b>	<b>17</b>
<b>APPENDIX 2: SUPPORT FOR STAFF</b>	<b>18</b>
<b>APPENDIX 3: EXTERNAL SUPPORT</b>	<b>20</b>
<b>APPENDIX 4: EQUALITY IMPACT ASSESSMENT</b>	<b>21</b>

## What is a people policy

A people policy provides advice and guidance on what is expected from you, and how you can expect to be treated. It also sets out the support that is available to you and how you can access it.

## What this policy covers

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

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

The Sexual Safety for Staff Toolkit provides more examples. Sexual misconduct can take place at any time and any place; for example, at a social or learning event or while travelling for work. It can take place in person or online (for example, through chat messages, phone calls, voice messages, or social media).

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

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

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

## Why we have this policy

We are committed to a zero-tolerance approach to sexual misconduct in the workplace and creating a workplace where everyone feels safe.

Sexual misconduct is unwanted behaviour of a sexual nature. It can happen to anyone, but people in some groups can be more vulnerable than others. For example, women, black, ethnic minority, disabled and LGBTQ+ people can be more at risk. Some people will also find

it more difficult to report sexual misconduct. This policy sets out how everyone should expect to be treated and how complaints will be treated.

## How this policy reflects our culture and PRIDE values

We want Cambridgeshire and Peterborough NHS Foundation Trust to be a place where everyone feels safe and supported at work. Our people policies are written with reference to our Trust PRIDE Values.

In 2024 we were proud to introduce our Trust Behavioural Framework which supports us all, wherever we are in the organisation and whatever our role, to live our values.

Our Behaviours Booklet sets out in full the behaviours that staff have told us they don't want to see and those they expect to see from each other and have modelled for us to be the best Trust we can together.



## How do we know this policy treats people fairly?

When a policy is written or reviewed, we do an 'equality impact assessment' (EIA) to ensure it treats everyone fairly, and it does not disadvantage or discriminate against anyone or any protected group.

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

## Language used in this policy

### A disclosure

If you experience or witness sexual misconduct you may choose to tell someone at work about your experience. This might be your manager, supervisor, a colleague or anyone else

you trust including a Freedom to Speak Up guardian, a colleague from the safeguarding team, a Health and Wellbeing Champion or a trade union representative.

It is important that the person who receives a disclosure uses the guidance in this policy and in the Sexual Safety for Staff Toolkit.

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

## Report

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

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

Page 10 provides information about how to report sexual misconduct.

## Review group

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

## Advice and support

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 listened to and supported.

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

It's important you speak to someone you trust, to get support and to decide what to do. This is often called a 'disclosure'.

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

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

For example, you might discuss:

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

You can also get advice and support from an external organisation (listed in Appendix 2).

If you decide and are ready to make a report, Page 10 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.

## People who aren't employed by the organisation

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

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

## 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 manager or the person in charge as soon as possible after the event happens, if you can.

This will allow them to take actions as soon as possible using the Managing Violence and Aggression Against Staff Policy and safeguarding policies; for example, this could include warning a patient or service user about their behaviour or reporting a criminal act to the police.



## Incidents unrelated to work

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

Appendix 3 provides information about support, including specialist organisations you can contact to get help.

## Witnessing behaviour

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

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

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

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

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

Appendices 2 and 3 provides information about the support available to those involved.

Talk to them about what happened. Ensure they understand the reasons for reporting and ask if they agree with reporting their experience.

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

## 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. The Sexual Safety Toolkit provides advice about what to do when a colleague discloses their experience of sexual misconduct to you.

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

If you believe that someone is in danger you should contact the police and report the incident to a senior manager immediately.

# Reporting Inappropriate Behaviour

## How to make a report

It is important that sexual misconduct is reported so actions can be taken to keep people safe and to prevent it from happening again.

There isn't a time limit but making a report as soon as possible will allow actions to be taken more quickly.

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

Reports may be made to:

- your manager or another manager, or a supervisor or educational supervisor. They will ask a member of the HR team for guidance.
- calling the dedicated voicemail service on 01223 271011
- emailing [reportingsexualmisconduct@cpft.nhs.uk](mailto:reportingsexualmisconduct@cpft.nhs.uk)
- contacting a freedom to speak up guardian (FTSU)

A trade union representative can support you to make a report. Every report will be taken seriously.

If you are reporting something you have witnessed, you should read the previous section 'Witnessing Behavior' and talk to the person the behavior was aimed at before you make the report.

## Anonymous reports

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

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

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

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

The steps in this policy will be followed as closely as possible using the information you provide.

If remaining anonymous is the right option for you, you should use the Freedom to Speak Up Guardian – Initial contact form [FTSU initial contact form | Intranet](#) or Confidential Voicemail: 01223

## Listening to you

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

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

The person you speak to will:

- ask you for information about what happened
- use the advice in Sexual Safety for Staff Toolkit about how to respond to a disclosure or report

If you have any notes or evidence, it's a good idea to take them with you to the meeting. If you don't have evidence this won't mean your concern is not taken seriously. During the meeting, the person you speak to will also:

- discuss and agree how to manage your report
- discuss your wellbeing and the support you need and agree how this will be provided. Appendices 2 and 3 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. Page 15 'Involving police or other organisations' provides information about when the organisation 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.

## Support

The person you make your report to, will talk to you about the options for accessing help and support. Details of available support are listed in Appendix 2.

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

Where possible support will be provided for you to continue to work, with guidance from Occupational Health or the Trust Staff Health and Wellbeing Service. Examples of support could include adjustments to your role, your working hours or location, or giving you time off to attend appointments to get help and support.

All support will be implemented with reference to relevant Trust policy, for example Special Leave Policy and Flexible Working Policy, and reviewed with you regularly to ensure it remains helpful and to identify any additional needs you may have.

## If you can't attend work

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

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

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

## After you make a report

As a Trust, we have a duty to ensure all employees involved with sexual misconduct cases are supported. This includes employees who have concerns raised about them.

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

## Review Group

The review group will include:

- a senior operational manager with responsibility for the service you work in.
- an HR Business Partner
- a senior member (Deputy Director or above) from the Trust Nursing Quality AHP Directorate

The review group may also include, when required:

- a colleague from safeguarding
- the local authority designated officer
- any other person who can provide advice that is needed

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

The review group will review and make decisions about:

- actions that need to be taken quickly to prevent possible harm to you or others involved. For example, if the people involved work together, temporary changes to working arrangements may be needed
- assessments that might be needed to understand and mitigate against any further harm to you or others
- the immediate support you and others involved need
- which policies or procedure(s) are relevant to managing your report
- what communication is needed to protect you and others, and to notify the right people
- whether the police or other organisations need to be contacted
- who needs to be told about the actions that have been agreed
- how you and others involved will be updated about what will happen next

## Outcomes

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

- a request for more information from you or others about what happened
- using the Trust Disciplinary Policy to manage your report, including a full formal investigation
- using the Early Resolution, Grievance and Dignity at Work Policy to manage your report
- using the Maintaining High Professional Standards (MHPS) policy if the report is about a doctor or dentist working for the Trust
- using safeguarding policies to agree actions
- a report to the police
- a report to the employer of the person named in the report, if they are not employed by our organisation. This could include a referral to NHS England's Regional Head of Professional Standards if the individual works in primary care and their name is included in one of the England Performers Lists.
- no further action

## Investigations

If an investigation is needed, it will be completed using the policy agreed by the review group. You can ask for adjustments if you need them, and they will be agreed if possible.

Examples of possible adjustments include:

- a friend or family member attending meetings with you to support you, in addition to a trade

union representative or colleague

- using an expert(s) to support the investigation

Once an investigation starts it is best for all involved that it is concluded quickly. The investigator will discuss with you any impact adjustments will have on the speed of the investigation.

### Preventing Victimisation (or Detriment)

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

Harassment or victimisation of anyone who has reported, or has helped someone else to report, sexual misconduct is unacceptable, as is any attempt to persuade or force an employee to not raise their concerns.

Everyone will be supported when reporting sexual misconduct, whether their complaint is upheld or not. If you believe you have been victimised, this will be taken seriously. You should report victimisation to a manager, a member of the HR team, a freedom to speak up guardian or your trade union representative.

### Providing updates and information

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

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

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

### Confidentiality

If you need advice or are concerned that confidentiality has not been kept you should speak to your manager, a member of the HR team or a trade union representative.

Confidentiality or non-disclosure agreements will not be used to stop reporting of sexual harassment or whistleblowing.

### Telling your manager

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

## 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.

## Involving the police and other organisations

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

If your report includes information that suggests other people are at risk, including patients or colleagues, the review group will get advice from our safeguarding team.

They may need to share information with the police, the local authority designated officer (LADO) and / or the relevant local authority safeguarding team.

This might happen even if you do not wish to use this policy.

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

## Police Investigations

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

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

## Statutory Regulations

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. This will be done by and appropriate Professional Lead.

## Preventing Sexual Misconduct

As a Trust we will:

- review the likelihood and risks of sexual misconduct occurring at work from

colleagues, volunteers, learners and others including patients, service users and visitors

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

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

## Training

It is important that everyone understands:

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

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

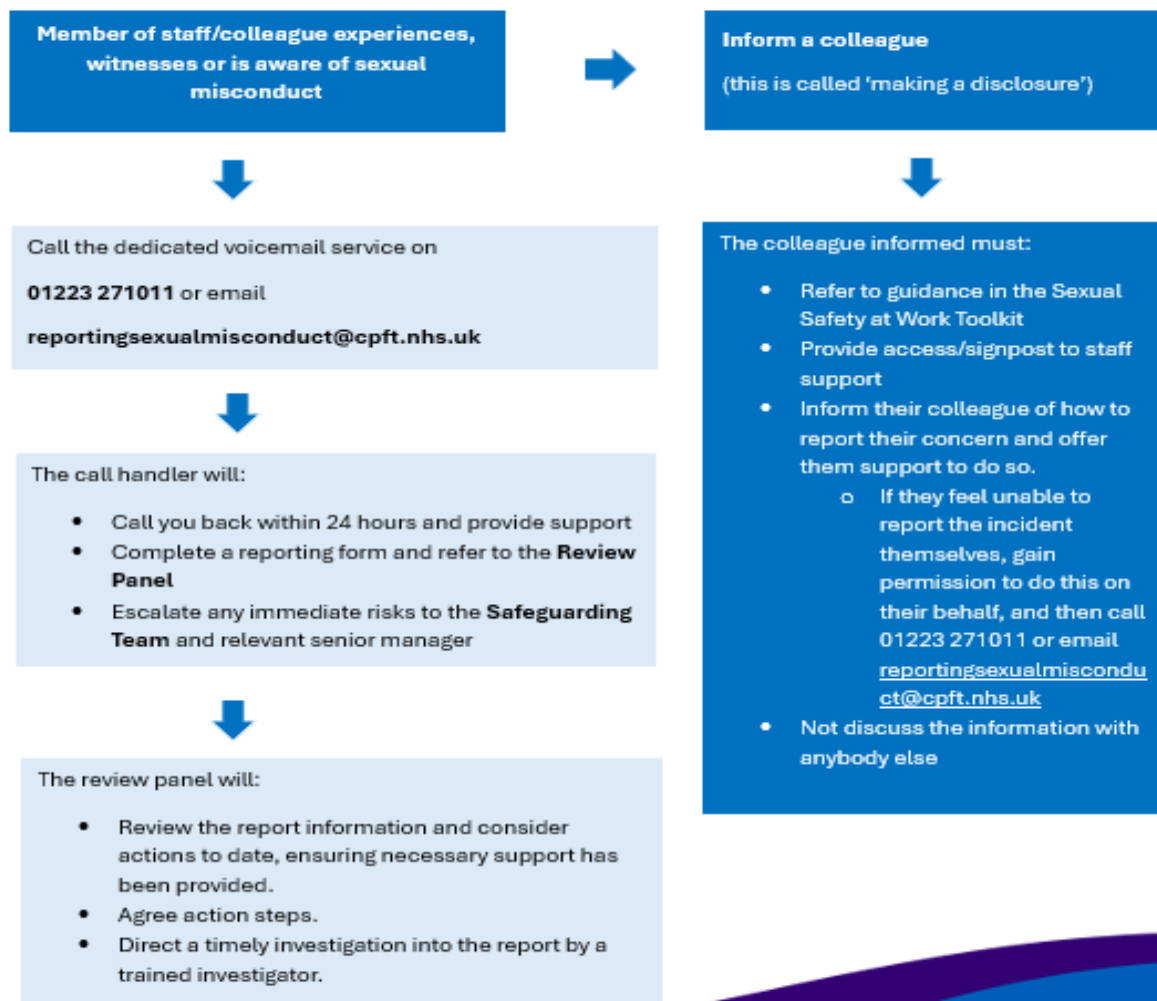
Feedback and experiences from those involved in using this policy will be used to create future training and ensure continuous reflection and learning across the organisation.

# Appendix One: Flowchart Reporting Sexual Misconduct



## Flowchart: Reporting Sexual Misconduct

Supporting document – CPFT Sexual Misconduct Policy



## Appendix 2: Support for staff

The following staff support services are available to CPFT employees.

### Occupational Health

The role of CPFT's Occupational Health provider Heales Medical, is to make an independent assessment of employee's medical fitness to perform their job and to offer support and advice to both staff and managers. The service includes pre-employment screening, sickness absence referral, health surveillance, needle stick injury hotline, health education and promotion.

Manager referral only via the online portal. Contact: 03333 449 089 or [info@heales.com](mailto:info@heales.com) More info:

<https://www.intranet.cpft.nhs.uk/hr-operations>

### Staff Wellbeing Service

We are a multi-disciplinary team providing one-to-one and group interventions to support staff to manage their health and wellbeing in the workplace. Our interventions include, occupational therapy, physiotherapy, mindfulness and workstation assessment. We also offer a range of workshops throughout the year. Details of these are advertised in the Wellbeing Wednesday Newsletter and Staff News bulletin.

More info: <https://www.intranet.cpft.nhs.uk/staff-wellbeing-> Contact: [staffwellbeingservice@cpft.nhs.uk](mailto:staffwellbeingservice@cpft.nhs.uk)

### Health Assured

Our Employee Assistance Programme provides mental health and wellbeing support including a 24-hour phoneline, a range of wellbeing webinars on topics such as stress and healthy living also 1:1 financial support, legal advice, general and relationship counselling and a wellbeing app. Contact: 0800 028 0199 or visit <https://wisdom.healthassured.org/login> and use organisation code MHA222684 to sign up

### Talking Therapies

Talking Therapies offers brief psychological interventions predominantly using CBT for people experiencing a range of low-mood and anxiety-based presentations."

The service also works with people with long term physical health conditions (LTCs) including coronary heart disease (CHD), respiratory problems, chronic pain and diabetes. As this is a service provided by CPFT please be assured all information is treated confidentially.

If you would like support, please discuss a referral with your GP or you may also refer yourself directly via the internet <https://www.cpft.nhs.uk/talkingtherapies/> or telephone: 0300 300 0055.

### Staff Mental Health Service

Our service is available for NHS staff in Cambridgeshire and Peterborough who work for CUH, RPH, CPFT, NWAFT and CCS. We are a multi-disciplinary team providing psychological, psychiatric, nursing, and occupational health interventions, for moderate to severe mental health need. We accept referrals from Occupational Health Departments, GP's, mental health practitioners, and staff wellbeing services. We cannot accept self-referrals, or referrals directly from colleagues or managers. More info:

[www.cpft.nhs.uk/smhs](http://www.cpft.nhs.uk/smhs)

## Freedom to Speak Up Guardians

The Freedom to Speak Up Guardians are available to support staff with speaking up about anything that gets in the way of providing great care for patients or adversely impacts staff experience – for example patient safety concerns, fraud, poor practice or a culture of bullying or harassment. Further information about Freedom to Speak Up is available on the intranet.

Contact confidentially/anonymously via Voicemail: 01223 219777 or email [freedomtospeakup@cpft.nhs.uk](mailto:freedomtospeakup@cpft.nhs.uk)

## Equality, Diversity and Inclusion (EDI)

The EDI team are available to support staff with all aspects of equality and diversity, this can be around issues of stigma, discrimination, racism etc. The team also oversee the staff networks and the rainbow badges/ lanyards. The team are physically based at the Eco Centre in Peterborough and can be contacted on [edi@cpft.nhs.uk](mailto:edi@cpft.nhs.uk)

## Staff networks in CPFT

CPFT has six staff networks that are available for support and to connect peers with individuals who have similar identities, interests or experiences, creating supportive communities for staff from underrepresented or minority groups.

Our networks are also available to staff who have a shared interest in supporting a particular network or to understand how they can support a colleague or family member from this community.

For more information on all the networks please visit the Staff Networks page of the intranet.

<https://www.intranet.cpft.nhs.uk/staff-networks>

## RCE Wellbeing Hub

RCE provides a collaborative, educational learning environment offering online and face to face sessions that explore top tips and strategies to support ourselves. Our aim is to enable our learners to recognise and develop their personal resourcefulness and awareness so that we can explore ways to manage and support our health and wellbeing. RCE is available to all staff members, please email us at

[RCEWellbeingHub@cpft.nhs.uk](mailto:RCEWellbeingHub@cpft.nhs.uk) or find out more by visiting <https://www.cpft.nhs.uk/rce-wellbeing-hub/>

## Heart & Soul

Heart and Soul volunteers, specialist NHS Chaplains and peer workers offer you a guaranteed human 'touch' to help you to experience the healing benefits of 'being human together' in a kind, accepting, gentle way; have someone to explore and affirm your spirituality with, should you wish or find someone to talk to in confidence if you are struggling in your healthcare role or role as a carer. More info: [Heart and soul | CPFT NHS Trust](#)

## Support for staff via trade unions

Several trades unions are recognised by CPFT and are available to support and represent the interests of their members. The support offered by unions in the Trust includes, financial assistance, small grants, links to credit unions for loans and savings, wellbeing breaks and debt advice. A full list of recognised Trade Unions can be found on the intranet.

Contact: Dean Calvert, Staff Side Secretary, on 07779565223, or Serena Watts, Staff Side Chair, on 07921834220 or email [Staff.Side@cpft.nhs.uk](mailto:Staff.Side@cpft.nhs.uk).

## Appendix 3: External support

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

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

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

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

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

**Protect:** free, confidential whistleblowing advice.

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

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

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

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

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

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

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

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

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

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

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

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

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

[A list of support services on the Government's website:](#) for victims of sexual violence and abuse.

## Appendix 4: Equality Impact Assessment

### EQUALITY AND DIVERSITY IMPACT ASSESSMENT

#### Policy: Sexual Misconduct Policy

An Equality and Diversity Impact Assessment has been completed to assess the potential impact this policy might have upon protected groups or how it is likely to influence the Trust's ability to comply with the Public Sector Equality Duty.

The author of this document has considered any potential impacts. There are no specific adverse impacts for people with protected characteristics identified.

If you require this policy in a different format (e.g. larger print, Braille, different language or audio) please contact the Corporate Governance Team ([corporateoffice@cpft.nhs.uk](mailto:corporateoffice@cpft.nhs.uk)).

<p><b>Who will be affected by the content of this document?</b> (e.g. staff, patients, service users etc.)</p>	<p>All NHS employees of the Trust, including non-executive directors, volunteers, agency and bank workers, students, contractors, secondees, and interns.</p> <p>Patients, service users, and the public.</p> <p>Witnesses, managers, and HR representatives involved in sexual misconduct cases.</p> <p>The accused who require due process protection.</p>
<p><b>What are the desired outcomes of this document?</b></p>	<p>Guidance and information for staff and people managers to avoid instances of sexual misconduct at work and to respond well when instances occur.</p> <p>Compliance employer duties to take “reasonable steps” to prevent sexual harassment of their employees.</p> <p>Prevent harm, create safe spaces, and provide clear guidance on reporting processes.</p>
<p><b>What does this policy, function, process link to in terms of wider business plans and objectives?</b></p>	<p>Policy is drafted in line with national policy framework and aligns to the NHS People Promise, behavioural framework which supports the Trust People Plan, PRIDE values and the Trusts broader commitment to equality, safety and inclusivity.</p> <p>NHS policies regarding safeguarding, dignity at work, grievance procedures, and professional standards.</p> <p>National guidance under the Equality Act 2010 and relevant employment legislation.</p>

**Evidence Considered:**

List the main sources of data, research and other sources of evidence. This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.

- Guidance from the Equality Act 2010 and other relevant statutory regulations.
- National research on workplace sexual misconduct
- Staff surveys and employee feedback (national)
- Stakeholder consultations, including HR representatives, trade unions and safeguarding teams.
- Best practices from other NHS Trusts implementing similar policies.

**When assessing potential impacts of this document on equality groups, the following has been demonstrated, in accordance with General Duty of the Equality Act 2010:**

*(Please tick the appropriate boxes)*

<p><b>Age</b>  <i>Consider age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>                      The policy notes that “some groups can be more vulnerable than others” but does not explicitly include age. The policy focuses on adult employees and specifically excludes younger people who are not employed in the trust. Younger staff may be vulnerable to power imbalance; older employees may require workplace adjustments younger and older adults both require flexibility.</p> <p><b>Neutral</b>                      The policy recognises that some people may be more vulnerable than others all age groups are treated with flexibility.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Disability</b>  <i>Consider any attitudinal, physical and social barriers.</i>                      Ensures accommodations are available for individuals with disabilities, including adjustments in investigations.</p> <p><b>Neutral with mitigation</b>                      The policy doesn’t explicitly reference invisible disabilities (mental health, neurodiversity). Explicitly mention hidden disabilities and commit to full reasonable adjustments.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Gender Identify or Reassignment</b></p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment

<p><i>Consider transgender and transsexual people. This can include issues such as privacy of data and harassment.</i> Explicitly includes privacy considerations and addresses harassment related to gender identity on an individual basis. The policy has elements of inclusive, but no detail on pronouns, privacy, or investigator choice. Referenced under “LGBTQ+ are more at risk”.</p> <p><b>Neutral with mitigation</b> Adding explicit guidance on pronoun use, confidentiality safeguards, choice of investigator.</p>				
<p><b>Marriage and Civil Partnership</b></p> <p>No recognition of potential indirect impact on spouses/partners in the policy.</p> <p><b>Neutral with mitigation</b> Acknowledge partners may be affected and signpost to external support if needed.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Pregnancy and Maternity</b> <i>Consider working arrangements, part-time working, infant caring responsibilities.</i></p> <p>Flexible working referenced but no pregnancy-specific provisions. The policy allows adjustments to your role, working hours or location.</p> <p><b>Neutral with mitigation</b> Add safeguards for maternity needs (meeting timing, avoiding health risks).</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Race</b> <i>Consider difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i></p> <p>Recognises intersectional vulnerabilities for ethnic minority groups. The policy highlights that women, black, ethnic minority, disabled and LGBTQ+ people can be more at risk. Acknowledges disproportionate risk for ethnic minority staff, but no operational provision for language barriers.</p> <p><b>Neutral with mitigation</b> Provide interpreters/translation services, culturally sensitive support.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment

<p><b>Religion or Belief</b>  <i>Consider people with different religions, beliefs or no belief</i></p> <p>No recognition of religious needs in relation to investigator gender, prayer observance.</p> <p>Neutral with mitigation  Respects different beliefs while fostering an inclusive environment. Include faith-sensitive adjustments in reporting and investigations.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Sex (Gender)</b>  <i>Consider men and women (potential to link to carers below).</i></p> <p>Women identified as higher risk, but the process may feel unsafe without gender-sensitive investigators.</p> <p><b>Neutral with mitigation</b>  Acknowledges that women are statistically at higher risk while ensuring fairness and protection for all genders. Offer same gender investigator or interviewer on request.  Acknowledge the change in law in relation to the biological definition to sex, each staff member should be supported on a case by case.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Sexual Orientation</b>  <i>Consider heterosexual people as well as lesbian, gay and bi-sexual people.</i></p> <p>Supportive and inclusive for LGBTQ+ individuals, recognising their increased vulnerabilities. The policy protects confidentiality.</p> <p><b>Neutral with mitigation</b>  Add LGBTQ+-specific support services in Appendix e.g., Stonewall, Galop.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Other</b>  <i>Consider and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i></p>				

<p><b>Armed Forces Community</b></p> <p>No explicit mention, but inclusivity language ensures fairness for veterans or reservists.</p> <p><b>Neutral with mitigation</b> Include reservists/veterans within scope and offer adaptation to processes for those staff call for deployment duties.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>Carers</b> <i>Consider part-time working, shift-patterns, general caring responsibilities.</i></p> <p>Acknowledges the need for flexible working arrangements to support those with caregiving responsibilities.</p> <p><b>Neutral with mitigation</b> Explicit provision for carers to have access to remote or virtual attendance to reduced discrimination by association of family member.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment
<p><b>PCREF</b> <i>Consider additional barriers for racialised communities accessing mental health services. How might the policy impact different ethnic minority groups' experiences and outcomes. See Trust website for the Patient and Carer Race Equality Framework for more information on how to identify potential impacts for racialised communities. <a href="#">Patient and Carer Race Equality Framework   CPFT NHS Trust</a></i></p> <p>The policy references broadly to vulnerable and disadvantaged groups</p> <p><b>Neutral with mitigation</b> Add explicit examples such as migrants, geographically isolated staff, ensuring remote reporting access. Involve PCREF steering group and multicultural staff networks in reviewing the impact of the investigation processes and pathway. Monitor the experience of patient in the investigation process.</p>	<input type="checkbox"/> Positive	<input checked="" type="checkbox"/> Neutral	<input type="checkbox"/> Negative	<input checked="" type="checkbox"/> Comment

### Engagement and involvement

<p>Have you consulted or engaged stakeholders in testing and/or gathering evidence to support the content of this policy?</p> <p>Engagement HR team, safeguarding, trade unions, FTSU</p> <p>If so, with whom?</p>
--

If not, why not?


National Policy with stakeholder engagement at a national level.

If any box is marked as 'Negative', or 'Unknown', please escalate to the Equality and Diversity Team ([EDI@cpft.nhs.uk](mailto:EDI@cpft.nhs.uk)) for further support and development of an action plan. Please then sign the box below:

### Action Planning for Improvement:

	Action/s required to address gap:	Target Date	Executive Lead
<b>Gaps and Challenges</b>	<p>The policy is inclusive of all genders but could explicitly reassure that support is equally available to men. In policy add link to resources specifically for men alongside other external support.</p> <p>Adding guidance on respecting gender identity, including pronoun usage and privacy safeguards, would support staff, particularly during investigations and for those undergoing transition. In the Toolkit inclusion of 'Respecting individual needs'</p> <p>Expanding reporting flexibility for carers and disabled employees would enhance accessibility. In the Toolkit inclusion of 'Respecting individual needs'</p> <p>Including a statement on age-related power dynamics and their impact on reporting could provide additional clarity. Included in Understanding Sexual Misconduct in the workplace module</p> <p>Workforce demographic impacts across protected characteristics need to be monitored once following investigations.</p> <p>Potential disproportionate impact on racialised staff and patients (PCREF/WRES).</p>	Completed Jan 2026	

<b>Monitoring, evaluating &amp; reviewing</b>	New policy		
	<p>Annually, with implementation audit of investigation based on reported incidents and feedback of the process, through staff engagement, gathering insights via surveys and forums, tracking inclusivity and accessibility in reporting processes.</p> <p>Work forces diversity monitoring, tracking PCREF, WRES and WDES data in relation to investigation process and impact on staff.</p>	<p>Ongoing</p> <p>Evaluation results will be applied at next review of policy</p>	<p>Ongoing</p>

<b>Agreement by:</b>	<b>Signature:</b>	<b>Date:</b>
Equality, Diversity and Inclusion Lead		23/01/2026
Chair of Approving Executive Led Group (Level 2)		
Document Author	EPeacock	23 01 26