Kent and Medway
NHS and Social Care Partnership Trust

Sexual Safety Policy
‘Let’s talk about sexual safety’

Document Reference No.	KMPT.CliG.241.01
Replacing document	New Policy
Target audience	All Staff Clinical and Non-Clinical
Author	Head of Safeguarding Alison Deakin
Group responsible for developing document	Trust Wide Patient Safety and Mortality Review Group
Status	Approved
Authorised/Ratified By	Trust Wide Patient Safety and Mortality Review Group
Authorised/Ratified On	February 2024
Date of Implementation	February 2024
Review Date	August 2024
Review	This document will be reviewed prior to review date if a legislative change or other event otherwise dictates.
Distribution date	February 2024
Number of Pages	18
Contact Point for Queries	kmpt.policies@nhs.net
Copyright	Kent and Medway NHS and Social Care Partnership Trust 2024

DOCUMENT TRACKING SHEET

Sexual Safety Policy

Version	Status	Date	Issued to/approved by	Comments
1.0	Final	February 2024	Trust Wide Patient Safety and Mortality Review Group	Virtually approved

REFERENCES

RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

Safeguarding Adults Policy	
Safeguarding Children and Young People Policy	
Domestic Abuse Policy	
Managing Allegations Against Staff Policy	
Duty of Candour Policy	
Professional Boundaries	
Mental Capacity Act Policy	

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)

CONTENTS

1 INTRODUCTION

1.1 Kent and Medway NHS and Social Care Partnership Trust (KMPT) is committed to safeguarding and pro-actively ensuring our environments are safe, and staff support to protect people and each other from any form of sexual abuse, and professional boundary breach.

1.2 Sexual safety refers to the recognition, maintenance, and mutual respect of the physical (including sexual), psychological, emotional, and spiritual boundaries between people. The Trust fully recognises the importance of having robust arrangements in place to ensure the sexual safety of all its patients and staff within KMPT services. The Trust recognises the importance of managing promptly and professionally any concerns raised in relation to sexual abuse or exploitation, and to respond appropriately to incidents that breach or compromise any person's sexual safety.

1.3 A sexual safety incident can happen to anyone, regardless of age, gender, sexual orientation, ethnicity and disability. Such an incident can cause significant lasting distress to the person and have a negative effect on mental and emotional health recovery.

1.4 In 2018, the CQC "Sexual Safety on Mental Health Wards (2018) report identified 1,120 sexual safety incidents (out of 60,000 reports) had occurred over a three-month period across NHS mental health wards, affecting service users, staff, and visitors.

1.5 NHS England and NHS Improvement commissioned the National Collaborating Centre for Mental Health (NCCMH) to develop standards and guidance on improving sexual safety in inpatient environments, and establish national Quality Improvement (QI) Sexual Safety Collaborative support for inpatient mental health NHS services.

1.6 **This NCCMH collaborative has four guiding principles**

- **People's rights**: The right to be safe from sexual harm, and to feel safe and supported on a ward. The right to have safe and age-appropriate relationships, to express their sexuality and to have personal sexual needs met in private (though not to engage in sexual activity with another person on hospital premises).
- **Organisational responsibility**: Sexual safety needs to be supported at every level of the organisation to ensure the right support, structures, and resources are in place.
- **Trauma-informed approach**: Acknowledge and understand any previous trauma that a person may have experienced and how it has affected them in the past and in the present. Provide a physical environment conducive to sexual safety, and provide care that makes people feel physically and psychologically safe.
- **Safeguarding:** Safeguarding and sexual safety are system-wide responsibilities. These are the responsibility of all staff. Sexual safety standards must be integrated into each organisation's safeguarding policies and practices.

1.7 On 4 September 2023, NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. Signatories, which

includes KMPT, to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.

2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.

3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.

4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.

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

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

7. We will ensure appropriate, specific, and clear training is in place.

8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.

9. We will take all reports seriously and appropriate and timely action will be taken in all cases.

10. We will capture and share data on prevalence and staff experience transparently.

2 WHO DOES THIS POLICY APPLY TO?

2.1 This policy applies to all Kent and Medway NHS and Social Care Partnership staff, employed, contracted, sub-contracted, agency, locum and guest patients and visitors.

2.2 This policy applies to both adults and children whilst ensuring different safeguarding approaches are to be followed as defined in the Safeguarding Children and Young People Policy, Safeguarding Adults Policy and Managing Allegations Against Staff and People in a Position of Trust Policy.

3 PURPOSE

3.1 The Sexual Safety policy is to promote the sexual safety of individuals who utilise our services, as well as support KMPT staff members where there are concerns regarding sexual behaviours that may have an impact upon patients, staff members and others.

3.2 This policy outlines the core principles and standards in ensuring sexual safety and sets out the way in which the Trust will seek to meet these core principles and standards during the delivery of services.

3.3 This policy will:

- Support practitioners to ensure that sexual wellbeing is promoted and that all concerns relating to "sexual incidents" are listened to and actioned appropriately.
- Consider the professional boundaries between staff and patients, and each other.
- Enable practitioners to understand their responsibilities in relation to sexual activity between patients.
- To support all persons (including staff, patients and visitors) who may be subject of a "sexual incident".
- Ensure those who lack the mental capacity to make decisions are protected whilst in the care of the Trust.
- Ensure that any allegations of sexual abuse are reported via the Inphase reporting mechanism.
- Appropriate safeguarding concerns should also be raised with the Local Authority.
- Where required, that allegations of sexual abuse are reported to the Police.

3.4 The policy aims to increase staff members' confidence in responding positively and respectfully to disclosures, altering the experience of patients, staff and families and others experiencing sexual assault and harassment so that they are reassured that any incident of abuse or harassment against them is considered important and taken seriously.

4 DUTIES

4.1 The KMPT Executive Management Team is responsible for enabling and supporting sexual safety initiatives within the trust.

4.2 The Chief Nurse will, on behalf of the Trust Board, ensure that this Policy is implemented and that resources are afforded to the Head of Safeguarding to enable delivery.

4.3 The Named Doctor for Safeguarding is responsible for promoting and enabling the implementation of the policy within the medical domain.

4.4 The Head of Safeguarding will support the implementation of the policy trust wide, and have oversight of the Policy and act as a point of escalation for matters requiring support and seek to achieve resolution.

4.5 The Chief People Officer/Employee Relations will on behalf of the Trust Board support to ensure the Policy is embedded and is congregant with the Professional Boundaries Policy.

4.6 Employee Relations (ER) will support by ensuring the delivery of staff support and ER processes in response to staff concerns.

4.7 The Professional Lead for Safeguarding Adults, the Professional Lead for Mental Capacity Act and Deprivation of Liberty Safeguards' and the Named Nurse for Safeguarding Children have a frontline role in supporting the Head of Safeguarding and operational teams with implementing this policy. The Safeguarding Team are responsible for giving advice to clinical teams regarding all types of sexual safety incident from a safeguarding perspective.

4.8 The Safeguarding Team will liaise directly with members of staff throughout the Trust regarding any matters requiring specialist support, advice and guidance.

4.9 All KMPT staff must be aware of the Sexual Safety policy and how it impacts on individual practice. Staff have an individual responsibility and accountability to ensure they are working within legal and ethical boundaries. It is each member of staff's responsibility to seek out contemporary guidance and seek assistance in implementing this guidance where they experience difficulty.

4.10 Practitioners must ensure that all incidents relating to sexual safety are reported using the Inphase reporting system to ensure the Trust has a robust mechanism for monitoring incidents of a sexual nature.

4.11 Staff must know of the different approaches required to safeguarding children and young people, this includes ensuring risks are removed i.e. children (under 18 years) are not to be placed/admitted to adult mental health wards. The only exception is within the Mother and Baby Unit who implement one to one care and have suite-based care facilities to safeguard young people and other adults as per contract.

4.12 Children or Young People who disclose concerns, or where concerns arise around sexual safety must be responded too in accordance with safeguarding children and young people policy and Managing Allegations Policy. For advice contact the KMPT safeguarding team.

5 PROCEDURES

5.1 This policy is based on the following core principles of sexual safety in mental health settings.

5.2 All patients are entitled to be sexually safe. Sexual safety standards ensure everyone understands and respects standards of behaviour.

5.3 Sexuality is a normal part of life; everyone has the right to have an age-appropriate relationship that is based on mutual consent with whomever they choose. This right also applies to people accessing mental health or learning disability inpatient care. Hospitals are legally designated 'places of safety' in which safeguarding is a priority, so sexual relationships are not appropriate and sexual activity with another person is not permitted on the premises, and staff should explain this to people in inpatient care.

5.4 Patients may at times form romantic or intimate relationships in hospital. While staff should not promote or encourage this, they may be able to encourage the safety and health of relationships between legally consenting people.

5.5 Staff have a duty to check with each person how they feel about the relationship, to ensure that they have capacity to consent to it, that it is mutual and that it feels safe to them. Please see the mental capacity section within this policy.

5.6 A person who has been admitted to an inpatient ward has the right to fulfil their personal sexual needs alone and in the privacy of their room. Masturbation should be done discreetly, and the right to do so must be respected, and in conjunction with understanding the risk assessments of patients i.e. continuous observation.

5.7 Patients are supported to access information to enable them to effectively recognise and respond to behaviours, both their own and other peoples, that may compromise or breach their own or another person's sexual safety, develop self-protective behaviours, and establish and maintain good sexual health.

5.8 Each inpatient setting and ward will have a Sexual Safety Charter on display and associated resources which will be promoted by staff (see Appendix B).

5.9 The physical environment of each inpatient service must consider the need to support the sexual safety of patients of staff in its layout, and use the eliminating mixed sex accommodation (EMSA) principles (Appendix C).

5.10 Patients, and their families, carers, and advocates, are given access to clear information regarding the patient's rights, and appropriate mechanisms for complaints and redress regarding sexual safety issues using the principles of the being open and in line with the Safeguarding Policies and the Duty of Candour Policy.

5.11 Trust staff and clinicians must foster a compassionate and open culture that encourages reporting of incidents relating to the sexual safety of patients.

5.12 Disclosures from patients about incidents that compromise or breach their sexual safety are taken seriously and addressed promptly and empathetically, regardless of the identity or affiliation of the alleged perpetrator. The Managing Allegations of People in a Position of Trust Policy must be utilised when the allegation is in regard to a staff member or person in a position of trust.

5.13 All sexual incidents that occur, must follow the usual procedures of reporting, documenting and seeking advice, support and guidance. Safeguarding procedures should be considered, along with the Managing Allegations Policy and apply accordingly.

5.14 Trauma-informed care should be implemented which requires a paradigm shift from asking, 'What is wrong with this person?' to 'What has happened to this person? Holding this principle, Trust staff must seek to undertake training and continuous education to enable them to use formulation-based approaches which promote strategies to support sexual safety and prevent further trauma.

5.15 Staff working with patients will follow the principles within this policy to ensure the sexual safety of their patients during their assessment and/or treatment and to protect them from sexual incidents. Trust registered nursing and medical staff will ensure that any issues in relation to sexual safety of their patients are documented fully and accurately and that where risk factors are identified, these are considered in collaborative risk and care planning, section 17 leave planning and in communication with relevant others (e.g., GP, referrer, and other members of the patient's care team).

6 ACTIONS IN RESPONSE TO AN ALLEGATION

6.1 When a patient makes an allegation against a staff member the Managing Allegations of People in a Position of Trust Policy (MAPPTP) must be followed, without exception. This includes reporting an incident on Inphase completing both Serious Incident and Safeguarding Tabs, please see MAPPTP policy as to how to do this.

6.2 When a patient makes an allegation against a fellow patient or visitor or other non KMPT employee, the Safeguarding Adults or Safeguarding Children and Young People Policy must be followed. This includes reporting an incident on Inphase.

6.3 When patients and cares are inferring a concern, however are not yet confident to report more fully, they must be given options to enable speaking up and reporting; this can be by sharing the PALS contact details and offering opportunities to talk, and sign posting to the local authority safeguarding process and the police.

6.4 When a staff member has concerns in regard to sexual safety and safeguarding of patients, the staff member can contact the KMPT Safeguarding Team for advice, contact their line manager, utilise the Freedom to Speak Up Guardian, or talk to Employee Relations.

6.5 When a staff member has been a victim of a Sexual Safety Incident perpetrated by another staff member, the staff member should seek support from their line manager or service manage, seek support from Employee Relations and can contact the safeguarding team to identify next steps to support the staff member and safeguard others.

6.6 When a staff member has been the victim of a Sexual Safety Incident perpetrated by patient, the staff member must be supported, the patient's care plans updated immediately to reflect no lone working, and subsequent action agreed which may include police reporting, medical review and movement from ward. The safety of the staff member and other patients must be a priority. The current care plan must be reviewed urgently to ensure the safety of all. An Inphase report will be required, the name of the staff member can be omitted from the report.

6.7 The Inphase reporting will stimulate the usual process of investigation/fact finding appropriate to the concerns raised.

7 DEFINITIONS

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

7.2 **Sexual Safety:** Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by patients or staff.

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

7.4 **Sexual abuse:** this includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting[1].

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

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

7.7 **Sexual harassment:** Sexual harassment includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity.

Verbal and non-verbal sexual gestures or behaviours are categorised as sexual harassment (including staring, leering, and suggestive comments/jokes). These unwanted behaviours may only happen once or be an ongoing series of events. Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video), and this includes unwelcome sexual advances or unwelcome requests.

7.8 **Professional Boundaries:** Professional boundaries are the limits to the relationship of a member of staff and a person in their care which allow for a safe, therapeutic connection between the staff member and that patient (and their nominated family, carers and friends), protecting both staff and patient/family.

7.9 **Abuse of Power or Position:** the misuse of a position of power to take unjust, unwanted advantage of individual.

7.9 **Grooming:** Grooming is a process when someone builds a relationship, trust and emotional connection with a person so they can manipulate, exploit and abuse them.

8 PROMOTING AND MAINTAINING SEXUAL SAFETY- ASKING ABOUT TRAUMA AT ADMISSION

8.1 Promoting sexual safety is an important component of any strategy to prevent sexual safety incidents. The most effective way to promote sexual safety is through the adoption of an ethos that promotes, encourages, and models mutual respect in its relationships between staff, between staff and patients, and between patients.

8.2 Developing a trusting therapeutic relationship with the patient is an essential foundation for all medical and psychological treatments and is necessary for patients to feel safe to disclose any history of sexual abuse or to report current sexual incidents or behaviour.

8.3 Improve sexual safety so people don't feel at risk and can talk to someone about their concerns.

8.4 Normalise this topic so that it is not a taboo subject or the 'elephant' in the room any more.

8.5 Build the confidence and skills of all team to have these conversations.

8.6 To be able to approach these conversations in a way that is appropriate for the individual, to have clear expectations and boundaries which apply to staff and service users alike.

8.7 To appreciate and be aware of language and terminology i.e., knowing of how to use pronouns.

8.8 To understand the client's right to pursue safe sexual relationships and what sexual safety is to them.

8.9 Mobile phones, the internet and social media offers many positive opportunities for learning and communication, it may also increase the sexual risks to patients by over sharing and or allowing access to inappropriate or illegal internet pornography, sexual chat rooms, and opportunities for grooming and inappropriate contact. Staff should discuss and enable patients to keep safe with open discussion around risks.

9 ACCESS TO SEXUAL SAFETY SUPPORT

9.1 All people within the inpatient environment should be given the opportunity to access an independent service or designated member of staff who can offer sexual safety advice, advocacy and specialist support in a way that is age and culturally appropriate.

9.1.1 Support might include: a clear route for raising concerns about sexual safety advocacy and support for concerns about personal sexual safety

9.1.2 Advice on sexual safety and appropriate sexual behaviours.

9.1.3 Support and / or advise in regard to referring to external agencies i.e. police, social care, advocacy, GP, therapies etc.

9.1.4 Support to access sexual health screenings and Sexual Assault Referral Centres

9.1.5 Support when making a disclosure, followed by ongoing, consistent support throughout the processes that follow.

9.1.6 Support in respect of mental capacity, so that people can receive the right support at the right time.

9.1.7 Support to discuss and access domestic abuse sexual assault services and advocates, should there be concerns in regard to any 'personally connected' risks, as defined in the Domestic Abuse Act 2021 concerns.

10 CLINICAL SUPERVISION TO ENHANCE RESPONSIVENESS TO SEXUAL SAFETY

10.1 Clinical supervision will support staff in developing their understanding of sexual issues encountered in clinical practice, promoting sexual health in patients, and maintaining professional boundaries. Arrangements for clinical supervision are detailed in the Trust's Clinical Supervision Policy.

.

11 PREVENTION

11.1 **Environment:** It is important that KMPT inpatient environments are as safe as possible to reduce the likelihood of sexual safety incidents. This includes single sex wards, clear lines of sight from the nursing station, identifiable areas of limited or no visibility, lightening, and visible sexual safety charters and discussion with patients and colleagues in regard to sexual safety.

11.2 **People:** It is important to identify individuals who may be particularly vulnerable to experiencing sexual trauma and abuse. People with mental health and or learning disability vulnerabilities in general are more vulnerable to being sexually assaulted or harassed.

11.3 Other factors that increase the risk for a patient of being sexually assaulted include:

- Being female
- Under 18 years of age
- Having a history of being sexually assaulted
- Being heavily medicated
- Being intoxicated and/or having a co-morbid drug and alcohol needs
- Having an intellectual disability and or cognitive impairment
- Being a refugee and/or history of torture and trauma
- Psychosis
- Experience of domestic violence
- Sexual disinhibition
- Impaired communication skills e.g., language, hearing, speech, visual etc.
- Care Leavers

11.4 A breach of sexual boundaries occurs when another person displays sexualised behaviour towards a person. This includes a range of behaviours like sexual humour or innuendo, and making inappropriate comments about a person's body, through to criminal acts like sexual assault or rape.

11.5 This can include things like:

- Inappropriate sexual or demeaning comments.
- Inappropriate flattery and personalise comments
- Being asked inappropriate questions about sex or sexual orientation.
- Ask for, or accepting an offer, of sex.
- Unnecessary exposure of a person's body.
- Any sexual act without consent.
- Taking photographs that are not consented to.
- Watching someone undress.
- Inappropriate touching.
- The exchange of goods (including drugs and alcohol) or services for sexual favours

11.6 Knowledge about a patient's previous history including sexual assault, harassment or abuse can inform staff of the patient's particular needs and inform therapeutic interventions. Some patients may be reluctant to disclose a history of sexual abuse unless they are asked directly. This reluctance may be due to a range of factors, including denial, fear of stigmatisation, inability to trust, loyalty to the perpetrator, feelings of shame, inability to identify the experience as abuse, fear of being labelled as a liar, attention-seeking or out of touch with reality.

11.7 **Assessing risk of sexual offending**

11.7.1 Patients may also be at risk of perpetrating sexual offences and abuse. It is important to recognise that some individuals may be both victims and perpetrators of sexual abuse.

11.7.2 Risk factors for sexual offending include:

- Being male
- History of sexually offending behaviour
- History of domestic violence offending
- Violent and threatening behaviours
- Intimidating behaviours including sexual harassment
- Sexually disinhibited behaviours
- Acute drug intoxication e.g., methamphetamines

12 SEXUAL SAFETY AND MENTAL CAPACITY

12.1 Literature law suggests sexual activity is a human desire and cannot be prevented/stopped so essentially it about safe support (1) and management where its identified there are risks/consent issues/Mental Capacity Act (MCA). Sexual activity between patients whilst requiring inpatient care should be discouraged and could be illegal i.e. Young People under 16 years, Section 3, Mental Capacity, lack of consent etc.

12.2 **Case Law: Sexual Activity between Patients on an Inpatient Unit**

12.2.1 If patients engage in sexual activity with one another, and one of the patients lacks capacity, and the other does not, then a sexual offence is likely to have been committed.

12.2.2 The Sexual Offences Act 2003 (the 'Act') states that it is a criminal activity to engage in sexual activity with someone with a mental disorder impeding choice (Section 30).

12.2.3 There are also other offences in relation to someone with a mental disorder impeding choice (referred to as P below) within the Act, including:

- Causing or inciting P to engage in sexual activity (Section 31).
- Engaging in sexual activity in the presence of P (Section 32).
- Causing P to watch a sexual act (Section 33).
- Using inducement, threat or deception to procure sexual activity with P (Section 34).
- Causing P to engage in or agree to engage in sexual activity by inducement, threat or deception (Section 35).

- Engaging in sexual activity in the presence of P (procured by inducement threat or deception of P) (Section 36).
- Causing P to watch a sexual act by inducement, threat or deception (Section 37)

12.3 Meanwhile the Mental Capacity Act 2005 (MCA) also states that if you engage in sexual activity with a person who lacks capacity, it is a crime.

12.4 The capacity assessment is to assess whether the person has capacity to decide to engage in sexual relations (this encompasses someone who initiates sexual activity as well as someone who is consenting or not to the advances of another).

12.5 Clinicians should note that the test for capacity is activity specific and not person specific. To demonstrate capacity P needs to understand, retain, weigh and use the relevant information. This includes the following:

a) The mechanics of the act and its sexual nature and character – i.e. that it is not a medical examination or procedure.
b) That the other person must be able to consent and must consent before and throughout sexual activity.
c) That P can say yes or no to sexual relations and is able to decide whether to give or withhold consent.
d) That sexual relations can lead to pregnancy.
e) That there are health risks involved in sexual activity, particularly sexually transmitted infections, and that this risk can be reduced by taking precautions such as using a condom.

12.5.1 Although not all of these considerations will apply in every case, staff must have a clear rationale for not addressing any of these factors, and this must be recorded in the capacity assessment form. However, (a) (b) and (c) must always be addressed – and (e) will normally be relevant.

12.5.2 P is not required to have a more detailed knowledge of any of these factors than the capacious person, but the capacity assessment must evidence that they are able to understand, retain (for at least a period of time), weigh and use this information in their decision to engage in sexual activity – including if this needs to be explained to them. If the person cannot do this, then consideration should be given to how they can be supported to do this, which may be through sex education.

12.5.3 In addition, consideration must be given to whether the lack of knowledge is due to a lack of education or due to the underlying impairment or disturbance in the functioning of the mind or brain.

12.6 If staff see, or are aware that patients are engaging in sexual activity with other patients or visitors, either in a communal area or in a private area, such as a bedroom and no specific care plan is in place for that sexual interaction, staff should immediately speak to a colleague **(do not take action by yourself if possible),** and both should attend and take steps, in the most appropriate way possible (reflecting the situation), to get the parties to cease the sexual activities (i.e. loudly knocking on the door).

12.7 As soon as is reasonably practicable after the activity has stopped, an assessment of each service user's capacity to decide to engage in sexual relations should be carried out by suitable health professionals (where possible by clinicians who have established relationships with the patients) and the assessments documented in their clinical records. The incident and review of capacity should be reported to the relevant service manager and shared with the relevant Clinical Specialist and Safeguarding.

12.8 If, as a consequence of that assessment, it is clear that one of the patients lacked capacity to decide to engage in sexual relations, the sexual assault procedure below should be followed, including contacting the police in addition to offering a referral to the Sexual Assault Referral Centre (SARC).

12.9 If, having intervened, the capacity assessments confirm that both patients have capacity to decide to engage in sexual relations (and believe that they are in a relationship), the MDT including the respective patients' Responsible Clinician or consultant, must consider whether a care plan needs to be developed to avoid a potential infringement of a right under the European Convention on Human Rights (as enacted by the Human Rights Act 1998) for example Article 8 – Right to respect for private and family life.

12.10 In particular, consideration will need to be given about the extent to which the relationship should be facilitated including sexual interaction. Legal advice must be sought if such a care plan is being considered. If staff have had to intervene in the manner noted above, full documentation of the action taken and the basis for this must be made in the patient's notes. In addition, where an assault has been witnessed or an allegation has been made or there are concerns about the capacity of one of the individuals, the Sexual Assault Procedure as set out in Appendix A will then have to be implemented including the procedure for contact with the police. If staff are unclear as to what action to take they should immediately seek the advice of a senior manager, who can obtain legal advice if it is required.

13 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

13.1 Support is available to assist implementation of this policy from the Head of Safeguarding, Lead Professionals for Safeguarding Adults and / or the Named Professionals for Safeguarding Children and Safeguarding Team.

13.2 There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:

- Place Directors and Place General Managers
- Service Managers and Modern Matrons
- Inpatient care providing staff (registered practitioners & non-registered practitioners)
- Community-based staff (registered practitioners & non-registered practitioners)

13.3 Additional, bespoke training may be accessed to support the delivery of this policy and all staff have a duty to identify areas of development as part of their Continuous Personal Development (CPD)

13.4 As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through a variety of means such as Induction, Clinical Supervision, Internal Communications, Team Meeting and Champion Meetings.

14 STAKEHOLDER, CARER AND USER INVOLVEMENT

14.1 Providing evidence of the delivery of the policy will form part of the Annual Safeguarding Report, in addition to quarterly audit.

14.2 The Sexual Safety Post-Cards will be a method to capture information and experience.

14.3 Patient feedback will form any development in policy and strategy.

15 EQUALITY IMPACT ASSESSMENT SUMMARY

15.1 The completed Equality Impact Assessment for this Policy has been published on this policy's webpage on the Trust Policy Library/Archive website.

16 HUMAN RIGHTS

16.1 Living a life that is free from harm and abuse is a fundamental human right and an essential requirement for health and well-being. Safeguarding adults is about the safety and well-being of all patients but providing additional measures for those least able to protect themselves from harm or abuse.

17 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

17.1 Bi-Yearly Audit will form the monitoring and compliance of the policy.

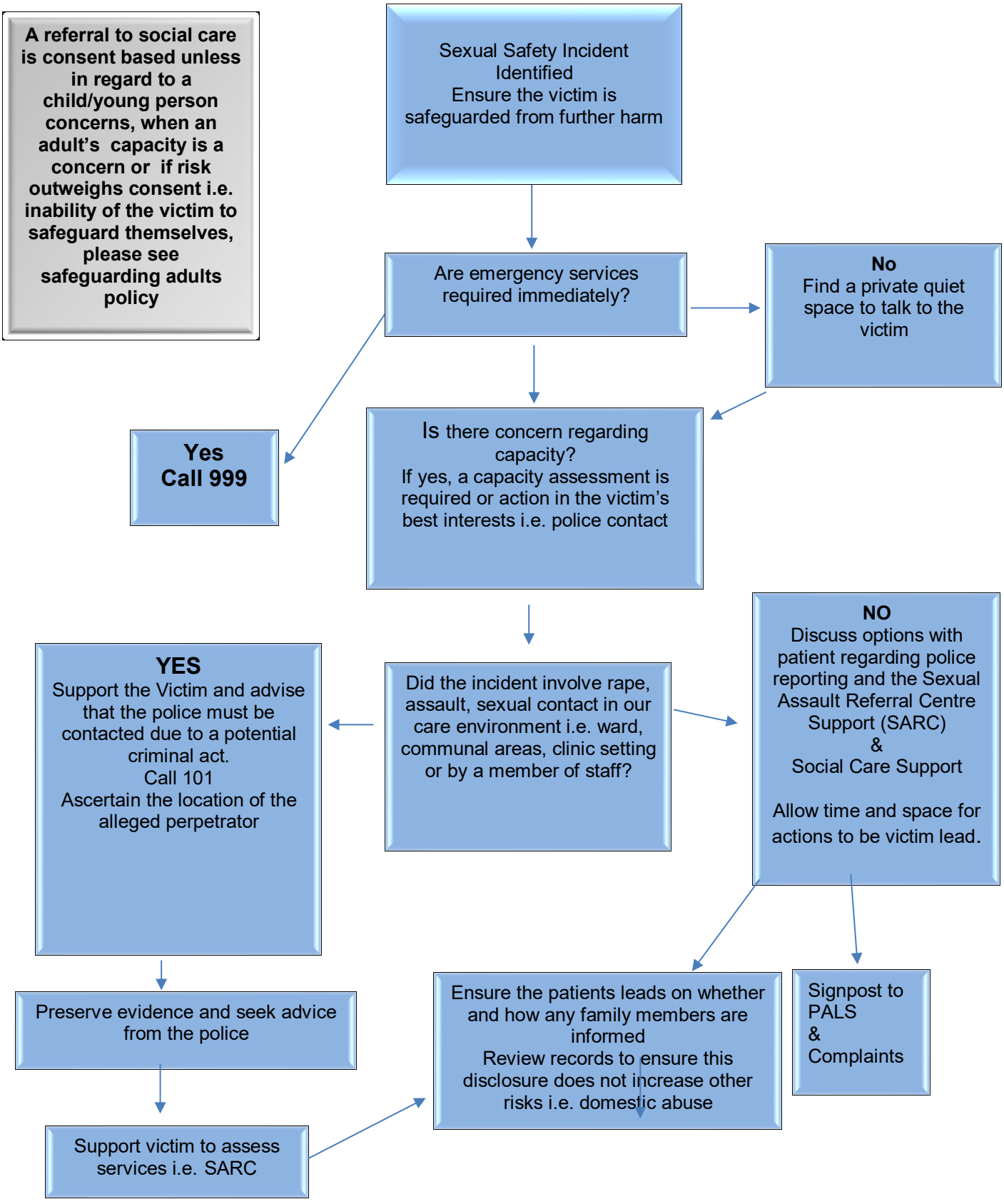
What will be monitored	***How will it be monitored***	***Who will monitor***	***Frequency***	***Evidence to demonstrate monitoring***	***Action to be taken in event of non-compliance***
Policy Application	Audit	Safeguarding	Bi-annual	Audit Report	Escalation to the Chief Nurse
Patient Safety Incidents	Review	Patient Safety	Bi-annual	Report	*As Above*
Staff Knowledge	Survey	Safeguarding	yearly	Survey Report	*As above*
Patient Experience	Survey/Feedback	Safeguarding	yearly	Report	*As above*

18 EXCEPTIONS

18.1 There are no expectations

APPENDIX A FLOW CHART

To Be Used With Safeguaring Adults Policy, Safeguarding Children And Young Pepole Policy and Manageing Allegation Agaist Staff and People in a Position of Trust Policy



APPENDIX B WARD CHARTER

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NHS
Kent and Medway
NHS and Social Care Partnership Trust

Ward charter

Sexual safety

Everyone has the right to feel safe from sexual harm.

On this ward, we do not want you to feel uncomfortable, frightened or intimidated in a sexual way by other patients, visitors or staff. We will work to promote everyone's sexual safety.

Expected standards of behaviour on KMPT wards

1	I will respect myself and I will treat others including patients and staff members with **respect and dignity**.
2	I will try to understand that I and fellow patients are vulnerable due to the nature of mental ill health, and therefore will respect boundaries.
3	I understand that **flirtation and sexual activity** with another patient on the ward is not advisable. Should any type of relationship develop, it will be **respectful** and **consensual** and never used for coercion, manipulation, exploitation, control or abuse.
4	I will not talk someone else into engaging in sexual activity or harass another person sexually.
5	I will try to be aware of how my behaviour makes others feel. I will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to.
6	I respect the rights of others to space and privacy to fulfil their sexual needs through masturbation. I understand that fulfilling my own sexual needs through masturbation must be conducted privately and discreetly.
7	I understand that I am a patient and that staff are in a position of trust. The relationship must be professional and respectful on both sides.
8	I will speak up if I feel unsafe, or if I have been hurt, harassed or assaulted physically or sexually by any person. I will speak up if I see or hear about someone else being scared, hurt, harassed or assaulted either physically or sexually by any person.
9	I will acknowledge that life experiences and cultural differences can affect people's perception of what is intimate or appropriate, and I will respect other people's choices and need for modesty.

If you feel too frightened to speak to a particular individual, you can speak to another member of staff on the ward or the ward manager. You can also contact KMPT's Patient Advice and Liaison Service (PALS), the Local Mental Health Advocacy Services, Care Quality Commission, Social Services or Kent Police.

Contact details for PALS: East Kent: 0800 783 9972
West Kent, North and Medway: 0800 587 6757 or email: kmpt.pals.kmpt@nhs.net

APPENDIX C ELIMINATING MIXED SEX ACCOMMODATION

The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

From 1 December 2010, the collection of monthly Mixed-Sex Accommodation (MSA) breaches was introduced. NHS organisations submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation. The collection enables the analysis and publication of consistently defined data to allow patients and members of the public to understand the extent to which MSA is occurring at individual organisations. In September 2019 an updated policy was published.

Data
Latest Mixed-Sex Accommodation data available here

Statistical Press Notice
Mixed Sex-Accommodation Stats Press Notice – September 2023 (PDF, 132KB)
Pre-Release Access List
Pre-Release Access List (PDF, 63KB)

Guidance and Information
In September 2019, an updated policy "Delivering same-sex accommodation" was published. Reporting from January 2020 data should reflect these updates.

Mixed-Sex Accommodation Guidance v1.5 (PDF, 167KB)

Mixed-Sex Accommodation Breach Rate Indicator methodology (PDF, 169KB)

DCB Assurance Certificate (PDF, 159KB)

Statistics » Mixed-Sex Accommodation (england.nhs.uk)

APPENDIX D TRAUMA INFORMED APPROACH RESOURCE

Working definition of trauma-informed practice

Realise that trauma can affect individuals, groups and communities
Trauma-informed practice is an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development.

Recognise the signs, symptoms and widespread impact of trauma
Trauma-informed practice aims to increase practitioners' awareness of how trauma can negatively impact on individuals and communities, and their ability to feel safe or develop trusting relationships with health and care services and their staff.

It aims to improve the accessibility and quality of services by creating culturally sensitive, safe services that people trust and want to use. It seeks to prepare practitioners to work in collaboration and partnership with people and empower them to make choices about their health and wellbeing.

Trauma-informed practice acknowledges the need to see beyond an individual's presenting behaviours and to ask, 'What does this person need?' rather than 'What is wrong with this person?' (Working definition of trauma-informed practice, Gov. 2022)

Rachel-Luby-Disclosures-of-sexual-violence (2).pdf

Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

What is Trauma-Informed Care? - Trauma-Informed Care Implementation Resource Center (chcs.org)

Trauma-Informed Care | ACEs Aware – Take action. Save lives.

APPENDIX E RESOURCES AND SUPPORT

Please click on each link

Beech House SARC

East Kent Rape Crisis Centre in Canterbury (ekrcc.org.uk)

Support for rape and sexual assault | Kent Police

Family Matters | The Survivors Trust

Rape Crisis Centres | Live Well Kent

Independent Sexual Violence Advocate

Many Rape Crisis centres , such as the SARC have specialist workers called advocates or Independent Sexual Violence Advocates (ISVAs).
They can provide impartial information and support, including information about your rights and options, and what to expect.

Sexually Transmitted Disease/Physical Health

Importantly the physical health of any person must be discussed following a sexual incident/assault. This includes discussions around gaining support and treatment in regard to any potentially injury and sexually transmitted diseases. Access to this support can be via the SARC who can also support to capture evidence as experts within the field of support people sexually assaulted and abused. It may be necessary to attend A&E for health concerns relating to physical injury which require emergency attention without delay.

Male Sexual Assault Support (MSAS)

MSAS is a male-specific project operating across Kent, Surrey and Sussex to support men and boys who have experienced sexual assault. Our Male Outreach Workers engage with agencies and organisations nationally, to raise awareness of SARCs (Sexual Assault Referral Centres) and the options available to men and boys.

MSAS (for males) - Beech House (beechhousesarc.org)