



Sexual Safety Policy

This is a new procedural document.



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Chief Nurse
Author/reviewer: (this version)	Safeguarding Team / Speak up Guardian / P and OD / Education Team
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Target audience:	Trust Wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 1	June 2024	<ul style="list-style-type: none"> • Following publication of the NHS England Sexual Safety Charter, this is a new policy requirement, please read in full. This policy has also been developed with the support of Patient Safety, Equality and Diversity and Patient Experience lead. Consultation of Divisional leads have also been sought. 	Safeguarding team / P and OD / Speak up Guardian / Education/ Patient Safety

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1 INTRODUCTION

In September 2023, NHS England launched the '[Sexual Safety in Healthcare – Organisational Charter](#)' in collaboration with healthcare partners. The charter was developed by NHS England, lived experience organisations, professional bodies, employers and partners across healthcare; this policy has been developed in response to Doncaster & Bassetlaw Teaching Hospital NHS Trust demonstrating a firm commitment to this initiative. As a Trust we have formally signed up to the principles of the charter and this policy outlines the responsibility of all colleagues in the Trust.

Sexual safety is defined as feeling safe from any unwanted behaviour of a sexual nature and feeling safe from sexual harm. Feeling safe from sexual harm means not being made to feel uncomfortable, frightened, or intimidated in a sexual way by any other person (including other patients or people working at DBTH) at any time.

Unfortunately, a sexual safety incident can happen to anyone working or attending DBTH and it can be perpetrated by people using or providing services. Incidents can happen to anyone, of any sex, sexual orientation or gender identity.

Sexual safety covers a range of inappropriate sexual behaviour, it includes language of a sexualised nature, sexual harassment, sexual assault, and rape. Some behaviour will be unlawful, some will not. Consequently, there are different, sometimes overlapping, legal and operational processes in play, including employment, safeguarding or police.

Every part of the NHS is being challenged to take a systematic zero-tolerance approach to sexual misconduct and violence, keeping our patients, colleagues and learners safe. It is crucial that when our colleagues come to work, they feel safe and supported.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours. This action should be in line with the principles of our DBTH Way, ensuring we are showing courage, integrity and honesty, as well as holding ourselves and others accountable and taking a person-centred approach. This policy provides direction on the most appropriate courses of action.

The Trust is committed to providing patients, colleagues and learners at DBTH, with a safe and secure environment. It is vital that the privacy and dignity of everyone is respected at all times and that we maintain our zero-tolerance on sexual safety incidents.

2 PURPOSE

This policy is applicable to all colleagues at DBTH (including learners). This policy will:

- Support colleagues and learners to feel listened to in all concerns relating to sexual safety incidents.
- Provide a clear process for colleagues and learners to ensure that there is a zero-tolerance approach to sexual safety incidents at DBTH.
- Provide colleagues and learners with a clear process to support patients who may be involved in a sexual incident.
- Ensure colleagues and learners feel supported and empowered to report allegations of sexual abuse to the Police where appropriate, and confident that such incidents would be treated as a safeguarding concern.

3 DUTIES AND RESPONSIBILITIES

Executive Team

The Chief Nurse is the Executive lead for this work stream and is supported by the Deputy Chief Nurse to ensure this Sexual Safety policy is implemented throughout the organisation.

Divisional and Directorate leads

Divisional leads will, on behalf of the Trust, ensure that this Policy is implemented and that all people working within the Trust comply with this policy, alongside other safeguarding, freedom to speak up and relevant people and organisational development policies.

Safeguarding Professionals within the organisation

The Head of Safeguarding, supported by Safeguarding professionals working within the Trust should ensure any updates required to this policy are undertaken timely in line with local and national guidance.

Provide support to Trust employees who may need additional guidance to understand and apply the principles of this policy. Provide support to colleagues to safeguarding patients that may require a safeguarding response.

Freedom to speak up guardian

The freedom to speak up guardian will ensure any updates required to this policy are undertaken timely and in line with local and national guidance. They will provide support to Trust colleagues who may need additional guidance to understand and apply the principles of this policy, providing support to colleagues that speak up to ensure that appropriate action is taken in line with this policy and that the appropriate restorative support is received. The Guardian will also include all sexual safety reports in the themes reported internally to Board and externally to the National Guardians Office.

People and Organisational Development teams

The People Business Partnering Team will ensure any updates required to this policy are undertaken timely and in line with local and national guidance and relevant employment legislation. They will provide support to Trust colleagues who may need additional guidance to understand and apply the principles of this policy. They will provide support to colleagues who raise concerns and signpost to other relevant policies and procedures, which may include Trust Grievance Procedures, The Civility, Respect and Resolution Policy, or the Disciplinary Procedure.

Education Team

The education team, including placement and vocational learning teams will ensure any updates required to this policy are undertaken timely and in line with local and national guidance. They will ensure learners are aware of this policy and that learners are signposted and guided to access the support available as needed. The education team will also notify University or College as appropriate.

All Colleagues working at DBTH

All colleagues working at DBTH must ensure the principles of the Sexual Safety policy are followed. It is each individual's responsibility to seek out guidance where needed, and seek assistance in implementing this guidance where they experience difficulty. People working at DBTH must ensure that all incidents relating to sexual safety are reported using the Trust incident reporting system to ensure the Trust has a robust mechanism for supporting, responding to and monitoring incidents of sexual safety.

4 PROCEDURE

4.1 Sexual safety principles:

We commit to a zero-tolerance approach to any unwanted, inappropriate and harmful sexual behaviours towards our people, learners and patients and visitor that access our services. At DBTH, we will commit to the following Sexual Safety principles and actions as outlined in the NHS England Charter for sexual safety in healthcare:

1. Actively work to eradicate sexual harassment and abuse within DBTH for our colleagues, learners and patients.
2. Promote a culture that fosters openness and transparency, which does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. Take an intersectional approach to sexual safety at DBTH, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. Provide appropriate support for patients and colleagues at DBTH who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. Clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.

6. Ensure this policy includes how appropriate and timely action against alleged perpetrators can take place and identify support pathways.
7. Ensure appropriate, specific, and clear training is in place to support our workforce.
8. Ensure appropriate reporting mechanisms are in place for those who may experience or witness a sexual safety incident.
9. Take all reports seriously and appropriate and ensure timely action will be taken in all cases.
10. Capture and share data on prevalence and staff experience transparently.

4.2 Preventing and responding to sexual safety incidents

The Trust has developed a framework for sexual safety standards. This details acceptable behaviours and principles that are relevant to patients, colleagues and learners working across Trust areas – See appendix 1. All colleagues and learners working across Trust sites need to ensure compliance with these behaviours. Anyone witnessing or experiencing a concern that a sexual safety incident has occurred should ensure this is reported appropriately (see section 4.3 - reporting a sexual safety incident).

The Trust will disseminate the ‘sexual safety standards’ via Divisional leads and to ensure these are visible in patient areas.

Patients (including where relevant carer’s and families of patients) and visitors to the Trust, where appropriate, will be signposted to escalate any sexual safety incident via the appropriate mechanism. If anyone is wishing to pursue a complaint they will be advised of the Trust’s complaints processes. If the complaints team receive any communications/complaints that indicate a sexual safety incident may have occurred, they will follow the guidance in this policy, including mechanisms for reporting (see Appendix 5).

The Trust also has the overarching [DBTH Way and We Care Values](#) that further underpin how the Trust lead by example and prioritise patient centred care, collaboration and accountability.

4.3 Reporting a sexual safety incident

Follow the responding and reporting flowchart (See appendix 2).

Colleagues directly experiencing a sexual safety incident should:

-Consider if a crime has been committed and if there is a requirement for reporting to the police.

-Challenge the experienced behaviour by speaking to the person responsible either at the time or at an appropriate time, but only if you feel confident and safe to do so. The sexual safety standards can be referenced to remind of appropriate behaviours.

-Where appropriate raise the concern with your line manager. Concerns can also be escalated to senior managers if appropriate.

-Consider contacting a freedom to speak up guardian, a member of the [People Business Partnering team](#) or any other speak up partner for advice and support in how to manage and report the incident. Further advice on how to support someone when they speak up can be found on the [HIVE](#).

- Consider if a Datix is required (see Appendix 5 for Sexual Safety Datix reporting guide). Additional support can be gained from your line manager or other appropriate colleague if assistance is needed to complete a Datix, however Appendix 5 provides a step by step guide on how to complete a Datix. Consider writing a statement detailing what has occurred and ensuring this is kept confidentially.

-Line managers and colleagues should consider if a safeguarding referral is required. The Safeguarding policies should be read in conjunction with this policy to ensure safeguarding processes are followed. (Safeguarding Children - PAT/PS10, Safeguarding Adults – PAT/PS 8, Domestic Abuse PAT/PS 12). In addition, advice can be sought from the [Safeguarding team](#).

Patients experiencing a sexual safety incident:

-If a patient is subject to a sexual safety incident whilst on DBTH site, immediate action should be put in place to prevent further harm. If a patient requires medical treatment this must be prioritised. Consideration should be given to contacting the Police. Evidence must be preserved for forensic purposes as requested / advised by the Police, if reported to them. Safeguarding Trust policies should be followed (this includes triggering a safeguarding referral where appropriate). Contemporaneous record keeping should also be completed.

Learners experiencing a sexual safety incident:

If a learner experiences a sexual safety incident, they should seek support with their placement clinical link or their education provider, ensuring they follow the appropriate Learner escalation process.

4.4 PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with [the Mental Capacity Act 2005 \(MCA 2005\)](#).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.
- An advocate to be sought if required.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

5 SUPPORT / TRAINING

5.1 Support

People who work at DBTH will be able to access clinical supervision and safeguarding supervision if a sexual safety incident is experienced, witnessed or disclosed to them. They will also be able to seek support from:

- The [People Business Partnering team](#)
- [Freedom to Speak up](#)
- [Professional Nurse/Midwifery advocates](#)

Speak up Wheel (also see Appendix 4)



[Freedom to Speak Up](#) guardians are available to support colleagues and learners.

How to approach a conversation around disclosure:

Somebody may wish to talk to you about their experiences, which is called a disclosure. This can be a daunting experience as we all want to be as supportive as possible, and you may understandably be afraid of “saying the wrong thing”. These are some “do’s” and “don’ts” which can help you in this conversation. Additional advice can be found at Rape Crisis’ advice page [‘supporting a survivor’](#).

DO

- **Listen**
- **Believe** them and take action
- Remember it’s **not their fault**
- **Recognise how tough** it might have been to disclose
- Let them **stay in control**

- **Respect** their **decisions**
- **Respect** their **boundaries**

Don't

- **Ask why** they didn't say anything sooner
- **Judge**
- **Ask why they didn't run-away or fight back**
- Judge them for **how they've responded** to sexual harassment or abuse
- **Tell anyone else without their permission.** (Anonymous support can be obtained from the Safeguarding team to discuss a case, if you have concerns about there is a risk to someone by not sharing the information that has been disclosed)

5.2 Training

Training slides related to this policy is outlined [on the Hive.](#)

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

The monitoring of the compliance and effectiveness of the policy will be achieved through the receipt and analysis of incident reports and identification of trends, themes and patterns.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Number of Incidents of a sexual safety nature	Freedom to Speak up Guardian via reporting to FTSU Forum and People Committee (to include data from SS incidents reported on Datix)	Bi-monthly and Bi-annually	Via reporting to People committee (via FTSU report)
	Safeguarding team – via quarterly reporting of themes to Strategic Safeguarding Group (SSG)	Quarterly	Via reporting to SSG if sexual safety incidents are noted as an emerging ‘theme’.
	Education team via quarterly reporting to Education and Research Senior Leadership Team	Quarterly	Via reporting to Education and Research Senior Leadership Team
Experience of colleagues	P and OD	Annually	Staff survey

7 DEFINITIONS (NHS ENGLAND)

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 or observing other people behaving in a sexually disinhibited manner, including nakedness and exposure. Sexual incidents may also include the unwanted exposure to pornography.

Sexual Safety

Feeling safe from any unwanted behaviour of a sexual nature and feeling safe from sexual harm. Feeling safe from sexual harm means not being made to feel uncomfortable, frightened, or intimidated in a sexual way by any other person (including other patients or staff) at any time.

Sexual abuse and violence

Any behaviour thought to be of a sexual nature which is unwanted and takes place without consent. Sexual abuse can be physical, psychological, verbal or online. Any behaviour of a sexual nature that causes distress is considered sexual abuse. Sexual violence encompasses acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force.

Sexual assault

Sexual assault is any sexual act that a person did not consent to, or is forced into against their will. It is a form of sexual violence and includes rape (an assault involving penetration of the vagina, anus or mouth), or other sexual offences, such as groping, forced kissing, child sexual abuse, or the torture of a person in a sexual manner.

Sexual misconduct

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 effect of threatening, intimidating, undermining, humiliating or coercing a person.

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 concerns and / or a learning disability may appear to consent to activity, but may lack the capacity due to their mental health or learning disability condition.

Sexual harassment

Sexual harassment occurs when a person engages in unwanted conduct of a sexual nature that has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them.

Examples of sexual harassment can include:

- *Sexual comments or jokes*
- *Displaying sexually graphic pictures, posters or photos –*
- *Suggestive looks, staring or leering*
- *Intrusive questions about a person’s private or sex life, and discussing your own sex life*

Intersectionality

Intersectionality is the acknowledgement that everyone has their own unique experiences of discrimination and oppression and we must consider everything and anything that can marginalise people – some examples being gender, race, class, sexual orientation, physical ability.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

[Complaints](#)

[Speaking Up Policy](#) – CORP EMP 14 V10

[Safeguarding Children](#) - PAT/PS 10

[Safeguarding Adult](#) - PAT/PS 8

[Domestic Abuse](#) - PAT/PS 12

[Mental Capacity Act 2005 Policy and Procedure, including Deprivation of Liberty Safeguards \(DoLS\)](#) - PAT/PA 19

[Privacy and Dignity Policy](#) - PAT/PA 28].

[Disciplinary Procedure](#) – CORP/EMP 2

[Grievance and Resolution Procedure](#) – CORP/EMP 3

[Fair Treatment for All](#) – CORP/EMP 4

[Health and Wellbeing Policy](#) – CORP-EMP 31

[Civility Respect and Resolution Policy](#) – CORP/EMP 58

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

<https://www.cqc.org.uk/publications/major-report/sexual-safety-mental-health-wards>

<https://www.england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter/>

<http://bisurvivorsnetwork.org/about-us/>

There are local and regional support services in your area for anyone who has experienced any form of sexual misconduct:

- [DRASACS](#) support for people in Doncaster affected by rape or any kind of sexual assault or abuse at any time in their lives.
- [Equation](#) is a support service in Nottinghamshire that works to provide practical tools and guidance to support survivors.
- [Bi Survivors Network](#) are a group of bisexual survivors facilitating peer-led, online support groups for survivors of sexual and/or domestic violence/abuse.
- [Galop](#) support the LGBT+ community and have experienced sexual assault, abuse or violence.
- [Loving Me](#) support for people who are trans and non-binary victims and have experienced domestic or sexual violence.
- [Man Kind](#) supports people who self-identify as male who are affected by unwanted sexual experiences.
- [NAPAC \(National Association for People Abused in Childhood\)](#) offers support to adults who have experienced of all types of childhood abuse, including physical, sexual and emotional abuse or neglect.
- [One In Four](#) supporting people who have experienced sexual violence and abuse.

- [Rape Crisis](#) provide specialist information and support to all those affected by rape, sexual assault, sexual harassment and all other forms of sexual violence and abuse in England and Wales.
- [Respond](#) support services to people with learning disabilities, autism or both who have experience abuse, violence or trauma.
- [Safeline](#) provides specialist, tailored support for anyone affected by or at risk of sexual abuse and rape, that empowers them to make choices about the lives they want and helps prevent abuse.
- [The Survivors Trust](#) work with people of all ages, all genders, of all forms of sexual violence, sexual abuse and sexual exploitation, including support for partners and family members.
- [Survivors UK](#) provide a national online helpline, individual and group counselling for boys, men and non-binary people aged 13+ who have experienced sexual violence at any time in their lives.
- [Stop It Now](#) provides support for people who have concerns that they may commit sexual abuse or sexual violence or are concerned about another person's behaviour, or a child's behaviour.
- [Rights of Women](#) offer support services providing free legal advice for women in the UK who are experiencing sexual harassment in the workplace.

APPENDIX 1 – SEXUAL SAFETY STANDARDS



Sexual Safety Standards

Everyone should behave in a way that meets these standards; patients, visitors, colleagues and learners working in the Trust. Sometimes individuals may not see that their behaviour is unacceptable. It is important to be able to speak up (or ask someone to support you) and tell the person that their behaviour is unacceptable.

Standard 1: I respect myself

Standard 2: I treat others with respect and dignity

Standard 3: I understand that sexual activity with another person should be for mutual pleasure and never used for punishment or through coercion

Standard 4: I do not try to talk someone else into engaging in sexual activity or harass another person sexually

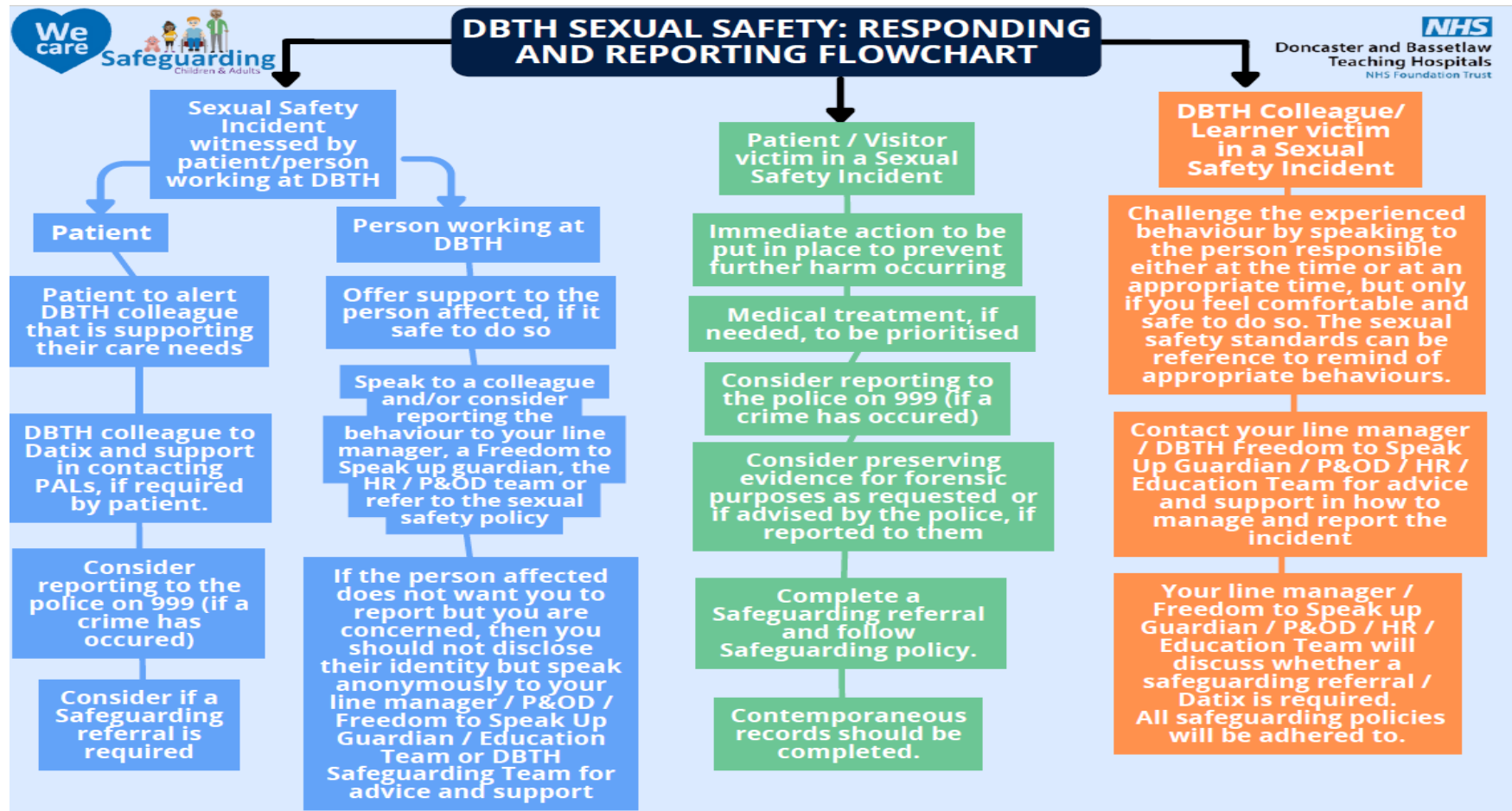
Standard 5: I try to be aware of how my behavior makes others feel, and will change my behavior if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to

Standard 6: I will speak up if I have been hurt, harassed or assaulted physically or sexually

Standard 7: I will speak up if I see or hear about someone else being hurt, harassed or assaulted either physically or sexually

Standard 8: I understand there are boundaries between patients / colleagues / learners working across the Trust and these should be mutually respected.

APPENDIX 2 - RESPONDING AND REPORTING FLOWCHART:



Where any escalation to the Police has been undertaken, ensure the Duty Matron / Clinical Site Manager is informed.

APPENDIX 3 – ESCALATION OF CONCERNS FOR PRE-REG PLACEMENTS

Escalation of Concerns for Pre-Reg Placements



Stage 1

All concerns within your placement area should be raised with your Practice Supervisor / Assessor, Learning Environment Manager (LEM) or Ward/ Department Manager

Is the outcome resolved to your satisfaction?

Yes

No

Stage 2

NB: This process should be used in conjunction with the appropriate local Higher Education Institutes/University Escalation of Concerns Policy



Further options to raise concerns:

- Visit Placement Team Office in the Education Centre at DRI or The Hub at BDGH
- Send a confidential email to dbth.studenthelp@nhs.net (you will receive a response within three working days)

The Placement Team will meet with you to fully understand your concern. They will escalate, action, plan or record appropriately. Your University will be informed at an appropriate level and they will support in developing an action plan if appropriate.

Are you satisfied with the outcome?

Yes

No

Stage 3

Your concern should be escalated to Deputy Director of Education and University for review. Your University will follow their own policies and procedures to review audit for placement area and to consider suspension of student placements.



Other Supporting Roles

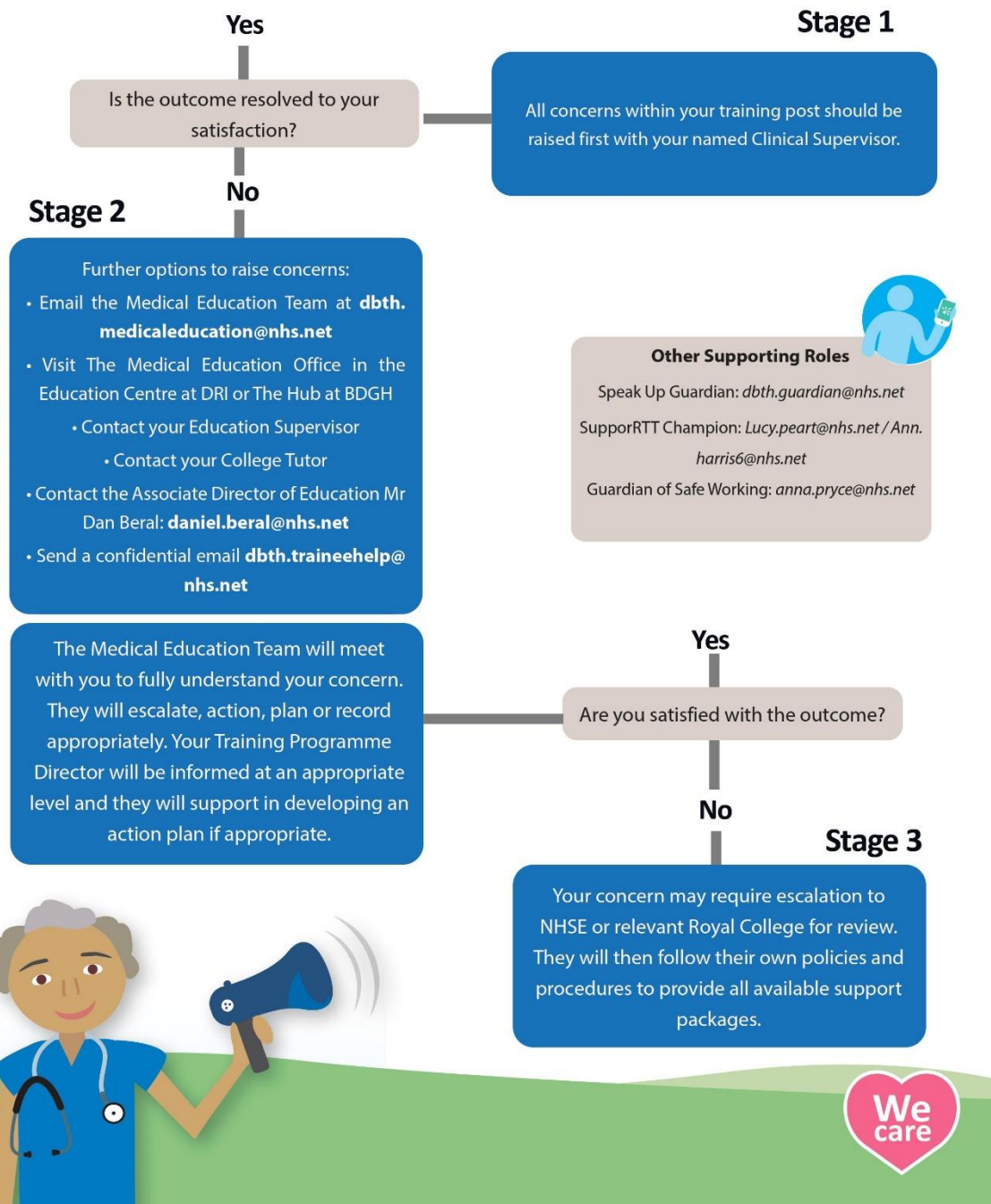
Professional Nurse Advocate (PNA) Team
dbth.pnateam@nhs.net

Professional Midwifery Advocate (PMA) Team
dbth.pmateam@nhs.net

Speak Up Guardian
dbth.guardian@nhs.net

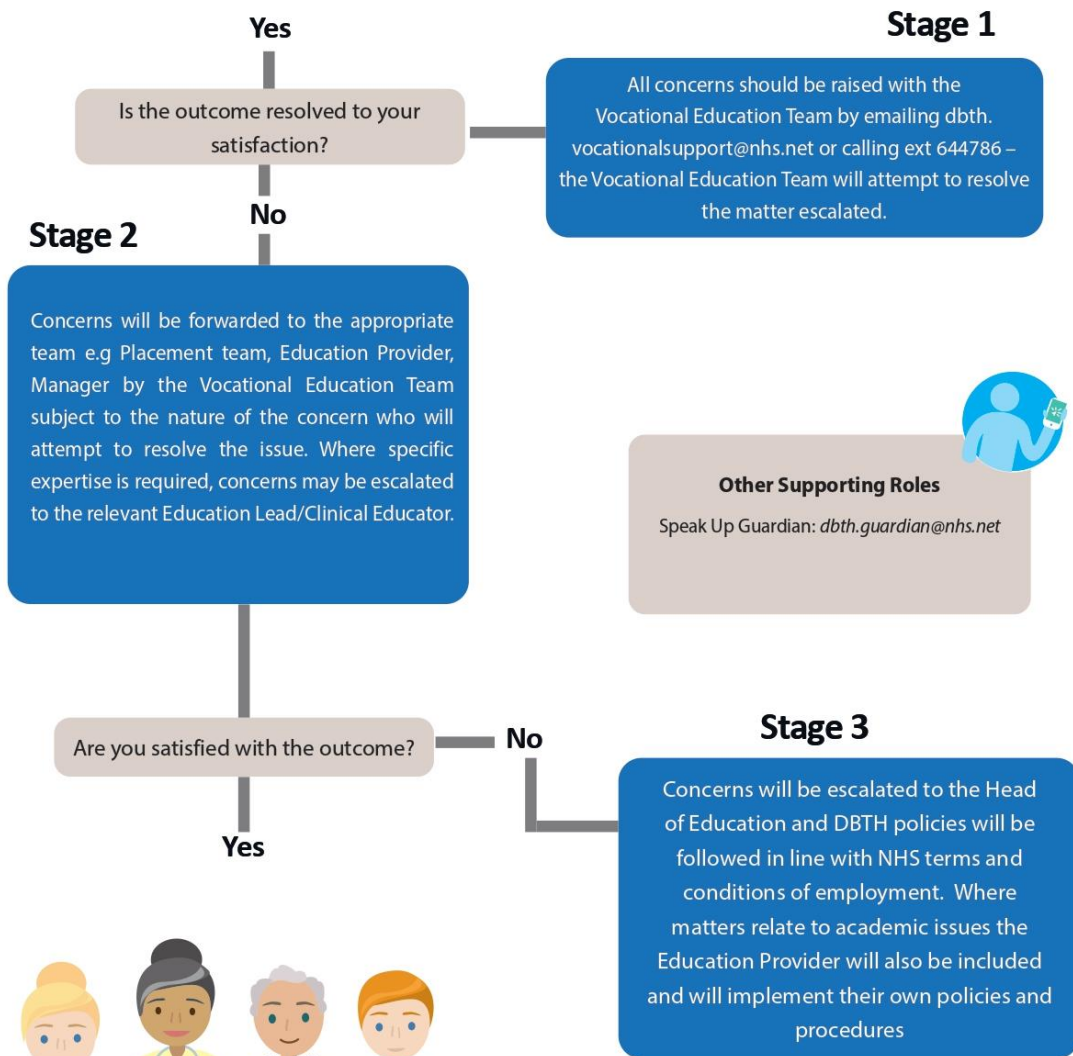
APPENDIX 3.1 – ESCALATION ON CONCERNS FOR DOCTORS IN TRAINING

Escalation of Concerns for Doctors in Training




APPENDIX 3.2 – ESCALATION OF CONCERNS PROCESS FOR DBTH VOCATIONAL EDUCATION – FOR ALL VOCATIONAL LEARNERS, MANAGERS, EDUCATORS AND EDUCATION PROVIDERS


Escalation of Concerns Process for DBTH Vocational Education – for all Vocational Learners, Managers, Educators and Education Providers



APPENDIX 4 - SPEAKING UP



Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust



Speaking up

Identifying that something may be wrong

1 Service user, patient or carer:

We have specialist teams able to support you with your concern. Please contact the Patient Advice and Liaison Service (PALS) on 0800 028 8059

Employee:

If you are a current or former employee, volunteer or student, please follow the path.

2 What can I 'Speak Up' about?

You can raise a concern about anything you are worried about in terms of patient care or colleague wellbeing. Please do not wait for proof about your concern, we are here to explore any risk and, where possible, prevent harm occurring.

3 Who can I 'Speak Up' to?

Speaking up is important for patient safety and colleague wellbeing. All teams and leaders at DBTH are able to support concerns. The first route to raise your concern with is your line manager, clinical lead or supervisor.

If your concern is in relation to fraud, bribery or corruption you need to report this directly to the Trust's Counter Fraud Specialist in line with the Trust's Counter Fraud, Bribery and Corruption Policy.

Where you don't think it's appropriate to do this, there are a number of other people you can speak to who can help you. See the #Speak Up to me below. If you wish to receive support from one of the Speak Up Partners below, please continue to follow the path.

6 What happens next

- ✔ You will be thanked for raising your concerns.
- ✔ Wellbeing support will be offered to you.
- ✔ We will listen, to learn and ask questions so we understand how best to support you.
- ✔ We will make a confidential record of your concerns.
- ✔ We will work with you to try to resolve your concerns quickly. We have trained mediators, coaches and restorative practitioners if support is needed.
- ✔ When facts are established, learning and appropriate actions will be identified. This may or may not include investigation and or liaison with another Speak Up Partner (e.g. patient safety).
- ✔ If an investigation or liaison is needed, we will ask you for consent to share the information you have provided.
- ✔ If escalation is required, the FTSU Guardian will liaise with the Executive Lead for Speaking Up to ensure that the formal escalation process is followed. Please see the Speak Up Policy and process for further details.


7 Outcome and Feedback

Feedback is provided to all who 'speak up' about what we have found when exploring the concern. If your feedback relates to another colleague, we will not be able to provide full details of actions taken due to confidentiality purposes; however we will be able to assure you that Trust processes and procedures have been followed, and also explain any learning and service improvements made due to the concern you have raised.

8 Reflecting and moving on

At DBTH we are committed to learning lessons, to improve patient care and colleague wellbeing. At the point where we agree together that your concern can be closed, we will discuss how the learning from the concern will be shared.

The learning may be very specific to the area in which you work. It may also be that there is learning that will support safety and wellbeing throughout the Trust. Where there is wider learning we will protect your identity or you will be supported to share your experience if you choose to.




5 Will I be anonymous?

You can raise your concerns anonymously and your concerns are kept confidential. However, concerns around patient and colleague safety may need to be shared but this will be discussed with you. Please ask if you are concerned, or see our Speaking Up Policy.

4 How can I Speak Up?

Speak to your line manager, supervisor or Speak Up partner. In addition, you can call the Speaking Up Helpline: 01302 644300 or email in confidence: dbth.guardian@nhs.net

Further contacts can be found here







APPENDIX 5 – DATIX REPORTING GUIDE – SEXUAL SAFETY

DATIX Basic Incident Reporting Guide - Sexual Safety

Please choose 'General Incident' for sexual safety reporting. You will notice the form expands after you make your selections.



DIF 1 2024 PSIRF version Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust Patient Safety Event Reporting Form

Notifications regarding downtime will be displayed here.

[Examples of Good Care for positive learning opportunities.](#)
 Please note you must NOT be logged in to use this function.
 Please click here if you want to share experiences or learning, from things that have gone well whilst delivering care.

Form guidance

A ★ indicates a mandatory field.

Click the  button to view and select from the list of available options for that field.

Dates must be entered in the format **dd/mm/yyyy**. Alternatively, click the  button to select the date from a calendar.

Click the  icon for help with a particular field.

For assistance with completing this form
 If you encounter any issues or require assistance please email **The Datix Administrator**. To view our page on the Hive, to book training or time with an administrator please **click here**.

- + Add a new incident
- 📄 My reports
- ✍ Design a report
- 🔍 New search

What are you reporting?

★ What type of incident are you reporting? 

Skin Integrity Issue

General Incident

Adult Safeguarding Referral

Add your **work email address** and click **Search**. Only manually complete the name sections if you can't find yourself in the search options box.

Reporter	
★ Your Work Email address	<input type="text"/> <input type="button" value="Search"/>
(forename.surname@nhs.net) Enter your work email address and press 'Search' Please only add your details manually if you cannot see your work contact information in the search box.	
Your first name	<input type="text"/>
Your Surname	<input type="text"/>
Work contact number	<input type="text"/>

Who is affected? Follow the instructions. For this example we will add a **patient affected** and as guided select 'Yes' on the Patient safety Trigger question, this will lead to the LFPSE (Learning from Patient Safety Events) section of the form to open. For Incidents affecting **Staff**, choose 'No' and the LFPSE sections will not be visible as they do not need to be reported.

Type of event/incident	
★ Type of Incident ? Who is affected by this event?	<input checked="" type="radio"/> Incident affecting Patient <input type="radio"/> Incident affecting Staff <input type="radio"/> Incident affecting Visitor, Contractor or Member of the Public <input type="radio"/> Incident affecting the organisation <input type="radio"/> Incident Affecting a GUM Patient ONLY
★ Patient Safety Trigger Patient affected? Choose Yes Unless this is a Safeguarding or Inquest report, then choose No. Selecting 'Yes' to the Patient Safety Trigger question will lead to the LFPSE (Learning from Patient Safety Events) section of the form opening. This is the mandated NHSE section of reporting.	
Are you reporting a patient safety event? ?	<input type="radio"/> None <input checked="" type="radio"/> Yes <input type="radio"/> No

Enter the date and time of the incident, this auto populates today's date and can be amended.

Date and Time of the event	
* Date of incident (dd/MM/yyyy) ?	<input type="text"/>
* Time of incident (approximate) (hh:mm)	<input type="text"/>
<p>Time is mandatory for trend tracking and Skin Integrity reporting. If you are reporting a different type of incident and do not know the time, please add 0000</p>	

From the drop down boxes select the:

Category as '**Abusive, violent, disruptive, sexual safety, self-harming behaviour or bullying**', choose the appropriate Sub Category and the Incident detail will be '**Sexual**'. Please note the choices you make changes the form.

Categorisation	
* Category ?	Abusive, violent, disruptive, sexual safety, self-harming behaviour or bullying
<p><i>For further guidance on Incident Categories, please click here.</i> Please see the help section for further advice.</p>	
* Subcategory	<input type="text"/>
* Incident Detail	Sexual

Next is the LFPSE section for NHSE reporting, this will be visible if you have said a patient is affected. From the drop down boxes select your responses. Please note the selections you choose changes the form as required.

APPENDIX 6 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Policy	Trust Wide	Amanda Timms	New	June 2024
1) Who is responsible for this policy? Name of Division/Directorate: Safeguarding Team / P and OD / Speak up Guardian / Education Team				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To provide consistent and safe approach to management of sexual safety incidents.				
3) Are there any associated objectives? Legislation, targets national expectation, standards: NHS England Sexual Safety Charter				
4) What factors contribute or detract from achieving intended outcomes? – Trust colleagues not having an awareness of this policy				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No <ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.				
Date for next review: June 2027				
Checked by: Denise Phillip		Date: June 2024		