

Under the Freedom of Information Act 2000, please provide me with the following information about the trust's compliance with the NHS sexual safety charter.

The trust is a signatory to the charter.

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

All signatories to the charter, including your trust, "commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce."

Where there are gaps in your records that limit the information you can provide please explain these in response to the relevant question.

In order to assist you, the trust's domestic abuse and sexual violence (DASV) lead should know the answers to these questions.

Questions:

1. Has the trust received written advice or guidance from NHS England setting out how to comply with the NHS sexual safety charter? Please answer yes or no.

1.1 If yes, please set out what advice or guidance NHS England provided, or provide a copy of it.

Yes. NHS England has provided comprehensive guidance [which can be found here](#)

2. Point 10 of the NHS sexual safety charter states: "We will capture and share data on prevalence and staff experience transparently." If you answered yes to question 1, has NHS England provided written advice or guidance as to how the trust should record the prevalence of unwanted, inappropriate and/or harmful sexual behaviour in order to comply with point 10 of the charter? Please answer yes or no.

2.1 If yes, please set out what advice or guidance NHS England has provided or provide a copy of it. Specifically, please clarify whether this guidance prescribes what sexual harm data the trust should record, and how to record it? For example, does it stipulate that the trusts should record specific categories of sexual harm, such as patient-on-staff or staff-on-patient incidents? If so, please provide details.

Yes. There is guidance:

Actions

- staff survey results are published and shared, with actions taken/to be taken to address issues and risks raised in the results
- executive/board reporting on cases, including relevant data and learning

Outcome

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

3. If the trust has received no guidance from NHS England as to how to record the prevalence of unwanted, inappropriate and/or harmful sexual behaviour, how does the trust currently record these incidents? **Via Datix reporting system**

3.1 Does the trust record and centrally collate all types of sexual safety incidents? Please answer yes or no. **yes**

3.2. Which of the following categories of incidents does the trust record and centrally collate. Please answer yes or no:

- Patient-on-staff incidents **yes**
- Staff-on-staff incidents **yes**
- Patient-on-patient incidents **yes**
- Staff-on-staff incidents **yes**
- Visitor-on-staff incidents **No**
- Visitor-on-patient incidents **No**
- Patient-on-visitor incidents **No**
- Staff-on-visitor incidents **No**

3.3 Does the trust record any other categories of incidents, such as incidents perpetrated by members of the public? If so, please provide details of these categories. **Not specifically however they can be recorded.**

4. Is the trust fully compliant with all 10 points of the sexual safety charter?

4.1. If yes, when did the trust become fully compliant?

4.2 If no, what points of the charter has the trust yet to comply with; and when does the trust expect to become fully compliant with the charter?

No – The Trust is committed to fully implementing all 10 Principles of the Charter by April 1, 2025. To achieve this, we have established a dedicated Task and Finish Group (launching December 2024) with an Accountable Officer, Programme Lead, and Project Manager. We have also assigned specific individuals responsible for overseeing each of the 10 Principles. We are ensuring thorough governance, including ratification of the Trust's Sexual Safety Policy, to guarantee full compliance with the Charter.

5. Has the trust's compliance with the charter been assessed or audited by NHS England? Please answer yes or no. - **NO**

5.1 If yes, what were the findings of that assessment or audit? Was the trust deemed to be fully compliant, partially compliant or not compliant? **N/A**

5.2 If yes, when was the assessment or audit carried out and when did the trust receive its findings? **N/A**

6. Has the trust undertaken any internal audits or assessments of its compliance with the sexual safety charter? Please answer yes or no.

6.1 If yes, what were the findings of this assessment or audit?

6.2 If no, does the trust have plans to conduct an audit or assessment of compliance?

6.3 If you answered yes to 6.2, when does the trust plan to conduct this assessment or audit of compliance?

No, but the assessment of compliance will be part of the Project Plan as described above in Question 4

7. Does the trust keep centralised records of child abuse committed on the trust premises? Please answer yes or no – Yes, if cases were reported on trust premises they would be recorded and reported on DATIX.

8. Which incident and risk reporting system does the trust use to record sexual unwanted, inappropriate and/or harmful sexual behaviour? (For example, Datix or Ulysses.) Datix

9. Has the trust appointed a domestic abuse and sexual violence (DASV) lead? Please answer yes or no.

Yes

Please provide the requested information as a Word document or a PDF