

Freedom of Information Request

Reference Number: EPUT.FOI.24.3577
Date Received: 12/07/2024

Information Requested:

A copy of or access to the trust's Sexual Safety Policy from your organisation under the Freedom of Information Act 2000.

Please see documents attached. Staff names have been redacted from the documents this is because the Trust considers the staff names to be personal information which is exempt under *Section 40 (Personal Information) of the Act.

Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT's Publication Scheme is located on its Website at the following link <https://eput.nhs.uk>

*Section 40 (Personal information):

- (1) Any information to which a request for information relates is exempt information if it constitutes personal data of which the applicant is the data subject.
- (2) Any information to which a request for information relates is also exempt information if—
 - (a) it constitutes personal data which do not fall within subsection (1), and
 - (b) either the first or the second condition below is satisfied.
- (3) The first condition is—
 - (a) in a case where the information falls within any of paragraphs (a) to (d) of the definition of “data” in section 1(1) of the Data Protection Act 2018, that the disclosure of the information to a member of the public otherwise than under this Act would contravene—
 - (i) any of the data protection principles, or
 - (ii) section 10 of that Act (right to prevent processing likely to cause damage or distress), and
 - (b) in any other case, that the disclosure of the information to a member of the public otherwise than under this Act would contravene any of the data protection principles if the exemptions in section 33A(1) of the Data Protection Act 2018 (which relate to manual data held by public authorities) were disregarded.
- (4) The second condition is that by virtue of any provision of Part IV of the Data Protection Act 2018 the information is exempt from section 7(1)(c) of that Act (data subject's right of access to personal data).
- (5) The duty to confirm or deny—

- (a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and
 - (b) does not arise in relation to other information if or to the extent that either—
 - (i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the Data Protection Act 2018 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or
 - (ii) by virtue of any provision of Part IV of the Data Protection Act 2018 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).
- (6) In determining for the purposes of this section whether anything done before 24th October 2007 would contravene any of the data protection principles, the exemptions in Part III of Schedule 8 to the Data Protection Act 2018 shall be disregarded.
- (7) In this section— “the data protection principles” means the principles set out in Part I of Schedule 1 to the Data Protection Act 2018, as read subject to Part II of that Schedule and section 27(1) of that Act;
- “data subject” has the same meaning as in section 1(1) of that Act;
 - “personal data” has the same meaning as in section 1(1) of that Act.



Essex Partnership University

NHS Foundation Trust

Sexual Health and Behaviour in In-patient Units Clinical Guidelines

CLINICAL GUIDELINE REFERENCE:	CG60
VERSION NUMBER:	2.2
KEY CHANGES FROM PREVIOUS VERSION	Language updated to reflect inclusion; EPUT policy references; name change from 'Mental Health In-patient Units' to 'In-patient units'. 2.2 – Extended to June 24 (Feb 24 CGQSC)
AUTHOR:	██████████
CONSULTATION GROUPS:	Mixed Sex Accommodation - Sexual Safety Group
IMPLEMENTATION DATE:	September 2020
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LAST REVIEW DATE:	December 2020
NEXT REVIEW DATE:	Extended to June 2024
APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE:	December 2020
CLINICAL GUIDELINE SUMMARY	
<p>This document sets out the Trust's approach to sexual behaviour on Trust premises to ensure a safe and therapeutic environment for all service users. It also addresses the assessment and management of sexual health needs of service users as part of a holistic care approach.</p> <p>It does not address emotional or psychological sexual health problems that impact on mental health which, if present, should be assessed by the clinical team in the context of the presenting mental health problem for each individual patient. Additional EPUT guidance:</p> <p>SOP 1; Working with sexually active young people under the age of 18 years old SSOP 60; Sexual health and behaviour procedural guidance for the Secure Services SSOP68 Procedural Guidance for Transgender Patients in Specialist Services</p>	
The Trust monitors the implementation of and compliance with this clinical guideline in the following ways:	
Datix reports and processes. Senior Operational Management Team meetings.	

Services	Applicable	Comments
Trustwide	✓	

The Director responsible for monitoring and reviewing this Clinical Guideline is the Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CLINICAL GUIDELINES ON SEXUAL HEALTH AND BEHAVIOUR IN IN-PATIENT
UNITS**

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ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CLINICAL GUIDELINES ON SEXUAL HEALTH AND BEHAVIOUR IN IN-PATIENT
UNITS**

Assurance Statement

This document supports staff to maintain a safe and therapeutic environment for service users by setting out the Trust's approach to sexual behaviour on Trust premises and to the management of sexual health needs of Trust service users.

The document includes guidance on how to respond to and manage allegations of sexual incidents or sexual assaults involving inpatients of the Trust.

1. INTRODUCTION

- 1.1. The purpose of this guideline is to support the staff of Essex Partnership University NHS Foundation Trust (EPUT) to provide and maintain a safe and therapeutic environment for all service users.
- 1.2. The Trust has a responsibility to protect and safeguard the well-being of its service users, ensuring that they are protected, as far as is reasonably possible, from abuse, harassment, exploitation and violation and that the dignity and welfare of those in its care remains paramount.
- 1.3. The guideline will focus on three key topics:
 - 1.3.1. Sexual behaviour on Trust premises, particularly among people using inpatient services
 - 1.3.2. Response to allegations of sexual incident or assault among inpatients
 - 1.3.3. Assessment and management of sexual health and lifestyle needs and risks.
- 1.4. The guidance should be implemented in conjunction with the following policies and good practice guidance:
 - 1.4.1. Adverse Incidents Policy (CP3)
 - 1.4.2. Safeguarding Adults Policy (CLP39)
 - 1.4.3. Safeguarding Children Policy (CLP37)
 - 1.4.4. Restrictive Practice Policy (RM05)
 - 1.4.5. Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) Policy (MCP2)
 - 1.4.6. Standard Operational Procedural Guidance for Working with Sexually Active Young People under the age of 18 years old (SOP1)
 - 1.4.7. Sexual health and behaviour procedural guidance for the Secure Services (SSOP60)
 - 1.4.8. Procedural Guidance for Transgender Patients in Specialist Services (SSOP68)

1.4.9. Equality, Inclusion and Human Rights policy (CP24)

1.4.10. Equality and Inclusion resources, including LGBTQ+ [EPUT intranet resources](#)

2. SCOPE

- 2.1. This guidance sets out standards for sexual health and behaviour on Trust premises and will contribute to the individual care plan for each service user.
- 2.2. This guidance does not cover emotional or psychological sexual health problems, including past trauma, which might contribute to the presenting mental health problem. This should be assessed as part of the specialised mental health assessment for each individual patient.
- 2.3. This guidance relates to people of all ages on Trust premises including children and older adults. The guidance also relates to people with Learning Disabilities who are in Mental Health In-patient units. Additional guidance for Secure Services and Young People under the age of 18 can be accessed from the intranet.

3. PRINCIPLES

- 3.1. The guidance is based on two key principles:
 - Users of the Trust services have the right to express themselves sexually and to form sexual relationships without fear of hindrance or disapproval from staff;
 - Service users should be protected from sexual exploitation and sexual abuse that may occur as the consequence of their illness or disability.
- 3.2. Staff must balance the rights, needs and dignity of individual patients with the Trust's responsibility to ensure the wellbeing, safety and security of all patients, staff and visitors.

4. GUIDANCE FOR STAFF

- 4.1. Forming relationships is an important and normal human activity and patients should not be discouraged from this while they are in hospital. Patient relationships must be monitored and managed by the multidisciplinary clinical team as an integral part of care planning whilst at all time maintaining the patient's privacy and dignity.
- 4.2. A number of factors and risks are associated with the development of patient relationships among people who are using Trust in-patient facilities. The Trust is responsible for anticipating and reducing any possible adverse consequences for patients, staff and visitors. Whilst research findings show that sexual intercourse is not uncommon between patients or patients and visitors in psychiatric hospital premises, this is not always acceptable. Staff should be aware that:

- some patients will have a history of unhealthy relationships that have caused harm to themselves or others;
 - admission to hospital restricts access to appropriate partners;
 - the hospital environment places restrictions on privacy and this influences the range of behaviours that is acceptable on Trust premises;
 - unprotected sex is associated with a high risk of acquiring sexually transmitted illnesses, including HIV and Hepatitis B or C, or of falling pregnant;
 - tolerating sexual activity without appropriate safeguards increases the risk of sexual assault;
 - some patients may display sexually disinhibited behaviour or increased libido as part of their condition.
- 4.3. It is essential for staff to address issues of relationships and sexual feelings openly and sensitively, recognising that such feelings are experienced by individuals of all ages, so that patients are provided with accurate information, reassurance, protection and support. Staff must use direct and precise language when discussing sexual issues. Staff may feel embarrassed or uncomfortable using such language, but substitution of direct terms with vague expressions will result in misunderstandings, or miscommunication of health and safety measures.
- 4.4. Staff should refrain from expressing personal, moral or ethical beliefs that judge or discriminate against behaviour or relationships among service users or carers, which could be seen as discriminatory. Standards should be applied consistently and equally regardless of culture, sexuality or gender (including but not limited to Lesbian, Gay, Bi, Trans and any other sexual or gender minority group).
- 4.5. If staff have any concerns about patients' welfare they should consider the Trust Safeguarding policies CLP37 and CLP39 or contact the Trust Safeguarding Team for advice, epunft.safeguarding@nhs.net

5. ASSESSMENT AND CARE

- 5.1. Sexual health is an important part of general physical health, and should be addressed in all clinical settings, through the usual process of individualised assessment and care planning.
- 5.2. All patients should have their sexual health needs assessed as part of a general physical health assessment. The following information should be sought:
- 5.2.1. Social history
 - 5.2.2. Gender identity
 - 5.2.3. Sexual history
 - 5.2.4. Behaviour that might increase the risk of acquiring blood borne viruses
 - 5.2.5. HIV, Hepatitis B/C status
 - 5.2.6. History of other sexually transmitted diseases (consider chlamydia, gonorrhoea, syphilis, genital warts etc.

- 5.2.7. Pregnancy history
 - 5.2.8. Contraceptive history (be aware of the need to maintain prescribed contraceptives during inpatient stays)
 - 5.2.9. Cervical screening history
 - 5.2.10. Potential impact of prescribed medication on sexual function
- 5.3. It should be noted that Transgender patients are at the same risk of sexually transmitted diseases as Cisgender people who are sexually active.
- 5.4. The assessment should be sensitive and appropriate, and only be as detailed as required for each individual patient.
- 5.5. It is mandatory for all staff to report any concerns regarding Female Genital Mutilation (FGM) to a member of the Safeguarding team. FGM is a severe form of child abuse and is illegal in the UK. For detailed procedures, see CLPG37 Safeguarding Children Procedure.
- 5.6. The health care plan should include appropriate management of any identified physical sexual health issues, including liaison or referral to usual primary and secondary healthcare services. This could include the need for sexual health promotion or providing tailored information to the patient, and managing any side effects of medication.

6.0 APPROPRIATE SEXUAL EXPRESSION

- 6.1. The Trust does not allow intimate physical (including sexual) relations to take place between consenting inpatients (or between patients and their visitors) in the Trust's facilities, including its grounds. Appendix 1 describes the range of sexual expression considered to be appropriate in the Trust.
- 6.2. Appendix 2 sets out how the Human Rights Act relates to this guidance. Patients admitted to the Trust represent a vulnerable group and the Trust has to balance:
- its duty of care to protect each patient with that patient's individual rights and wishes;
 - its responsibility to an individual patient with its responsibility for all patients, staff and visitors;
 - its need to act within a range of different laws;
 - its primary organisational function to provide physical and mental health care to a specified population, with what can reasonably be provided for one individual.
- 6.3. All patients on admission will be assessed to identify sexual risk behaviour or vulnerability to sexual harassment as part of the comprehensive risk assessment. The depth and breadth of the risk assessment should be proportionate to the presenting symptoms and personal circumstances of individual patients. Reassessment of risk should be considered or repeated on a regular basis, according to clinical indications. Consideration of the patient's capacity to consent to sexual intimacy is part of the risk assessment process, and aims to identify patients for whom extra safeguards need to be planned and managed.

6.3.1. The following risk factors will be considered:

- Presenting symptoms that might be associated with heightened risk of vulnerability or exploitation (e.g. sexual disinhibition or sexual aggression, cognitive impairment). Any patient suspected to be vulnerable to abuse in a relationship will be assessed using the trust Policy for Protection of Vulnerable Adults from Abuse (Safeguarding), CLP39.
- Previous history of violence, including sexual violence
- A past history of any other sexually unacceptable behaviour, including during previous admissions.
- Any history of being a previous victim of sexual abuse.
- Patients who identify as Transgender may be more vulnerable and at increased risk of unwanted sexual attention, sexual assault and/or discrimination from other patients; e.g. a Trans woman is someone who was assigned male at birth but identifies as female; note that not all patients who identify as Trans men or Trans women have medically transitioned to their identified gender (see SSOP68 Procedural Guidance for Transgender Patients in Specialist Services).
- Lack of capacity to consent to sexual intimacy (see Mental Capacity Act 2005 and Deprivation of Liberty Standards Policy & Procedure, MCP2 and MCPG2 respectively and Appendix)
- Any other concerns raised by the MDT

6.4. A management plan will be agreed for patients identified as at risk or as being a risk to others. The management plan will be part of the overall care plan and should be reviewed and updated regularly, as appropriate for the individual. The management plan will be proportionate to the identified needs and risks, and will allow for immediate, medium and long term actions.

6.5. Examples of immediate actions might include:

- For the patient to be provided with verbal and written information on the Trust's policy on sexual health and behaviour;
- If relevant to the individual patient, a detailed discussion with the keyworker, or other better suited clinician as identified by the multidisciplinary team.
- Enhanced supervision, including limiting access to isolated parts of the Trust's premises.
- Immediate referral for treatment of active symptoms / conditions e.g. to genito-urinary services.

6.6. Examples of medium or longer term actions might include:

- Appropriate referral to other sexual health services or sexual health promotion services; e.g., family planning services, relationship counsellors, genito-urinary clinics.
- Accessing primary care services for sexual health screening.
- Consideration of sexual health needs following discharge from hospital

- 6.7. It is recognised that a relationship may already exist, or may develop, between patients and visitors. The patient's clinical team will assess each individual case on the clinical issues and on the implications of the relationship for security and safety. If necessary, visitors will be informed of the hospital's policy, and a management plan agreed by the clinical team.
- 6.8. Whilst every protective measure will be taken by the Trust, empirical evidence shows that it is not possible to totally prevent consensual sexual activity in inpatient facilities. Therefore, each unit will be responsible for harm minimisation measures, such as giving contraception advice and information on how to seek access to 'the morning after' pill or other genitourinary medical (GUM) services.
- 6.9. The multidisciplinary team may consider that the expression of sexuality and sexual relationships is an important part of a patient's rehabilitation (for example, among patients in long term detention under the Mental Health Act). In such cases, the MDT should include sexuality within the care planning process, taking account of all other risk and clinical governance related issues for both partners, including capacity to consent. Staff must be aware that it could constitute a criminal offence under the Sexual Offences Act 2003 if they or other patients watch the sexual act.
- 6.10. Staff must be respectful of non-sexual gender expression. For detailed principles and guidance see SSOP 68. Procedural Guidance for Transgender Patients in Specialist Services.
- 6.11. Sexual relationships between staff and patients are illegal and are not permitted. Where colleagues are aware of the possibility of an inappropriate relationship between a patient and a member of staff, they should immediately draw it to the attention of their line manager or head of profession for advice on how to proceed.
- 6.12. The duty of care to patients means that staff will sometimes have to consider issues of maintaining or breaking patient confidentiality with respect to patient information.

7. PREVENTION OF SEXUAL ASSAULT AND MANAGEMENT OF ALLEGATIONS OF SEXUAL ASSAULT
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- 7.1. Staff have a duty to take action to reduce the risk of harm from sexual incidents, sexual assault and rape.
- 7.2. The law with respect to sexual offences is governed by the Sexual Offences Act 2003. The Voyeurism (Offences) Act 2019 amends the Sexual Offences Act 2003 to include 'upskirting' as a specific offence of voyeurism. Two new offences criminalise someone who operates equipment or records an image under another person's clothing (without that person's consent) with the intention of viewing or enabling another person to view their genitals or buttocks (with or without underwear), where the purpose is to obtain sexual gratification or to cause humiliation, distress or alarm.

- 7.3. “Revenge Porn”: is the sharing of private, sexual materials, either photos or videos, of another person, without their consent and with the purpose of causing embarrassment or distress. It is an offence for a person to disclose a private sexual photograph or film if the disclosure is made (a) without the consent of an individual who appears in the photograph or film, and (b) with the intention of causing that individual distress.
- 7.4. Appendix 3 sets out guidance for staff on steps to take to reduce risk and how to respond when an allegation of untoward sexual incident or sexual assault or rape is made by an in-patient of the Trust.

END

APPENDIX 1

APPROPRIATE SEXUAL EXPRESSION IN IN-PATIENT FACILITIES

1.0 Acceptable Behaviour

- 1.1. Sexual relationships and expressions of sexuality may develop between two people of the same or different gender. The relationship may be between two inpatients or between a patient and a visitor.
- 1.2. Kissing and hugging at greeting and departing is regarded as appropriate and acceptable behaviour. If this is excessive, or considered to be exploitative or abusive, staff must intervene to curtail it. Social distancing remains necessary within health care settings during the Covid – 10 pandemic.
- 1.3. Note that this does not apply to Children’s services which operate a personal space and ‘no touching’ approach. Healthy relationships boundaries are considered as part of the individual care plan.
- 1.4. Masturbation in private is acceptable.
- 1.5. Access to sex toys or aids will be determined by the clinical team on an individual patient basis and will be documented as part of the care record.

2.0 Unacceptable Sexual Behaviour

- 2.1. Intimate contact with others (including fondling, exposure of genitalia/breasts/buttocks, mutual masturbation, & sexual intercourse) is not acceptable and will be stopped when it is seen to be taking place.
- 2.2. Masturbation in public is not socially or legally acceptable.
- 2.3. Sexual behaviour between a member of staff and a patient is illegal and will be considered as gross misconduct.
- 2.4. An act is considered abusive if one person involved does not consent, or is not considered competent to give valid consent.
- 2.5. Sending sexually abusive text messages, pictures and other sexual material to another person by mobile phone and/or via social media is unacceptable and illegal.
- 2.6. Sharing private, sexual materials, either photos or videos, of another person, online without their consent and with the purpose of causing embarrassment or distress is unacceptable and illegal.

- 2.7. Sexual exploitation, i.e. engaging in sex with another patient in return for favours is not an acceptable behaviour.
- 2.8. Coercion or the infliction of physical wounds is not acceptable sexual behaviour.
- 2.9. The Trust Safeguarding Policy CLP37 and CLP39 should be referred to if there are concerns regarding abuse or risk of abuse and the Safeguarding team contacted for advice.

3.0 Management Of Sexual Behaviour

- 3.1. Sexual health and behaviour should be included in the overall physical and mental health assessment.
- 3.2. Staff who work closely with a patient, particularly those in the patient's multidisciplinary clinical team, are responsible for early awareness of a developing relationship, whoever it is with (e.g. another patient, a visitor, a staff member) and for its full assessment and management.
- 3.3. If patients from more than one clinical team are involved, it is essential that there is good communication between the teams on matters applicable to the relationship, including the option of a joint clinical team meeting to establish a consistent approach.
- 3.4. Patients must be sensitively encouraged to conform to the guidelines on the appropriateness of behaviour that is expected within the Trust.
- 3.5. If a patient experiences a breakdown in their relationship with another patient, they will be offered full support from key staff.
- 3.6. If unacceptable sexual behaviour is identified, staff will intervene to stop this in a sensitive and discreet manner. The clinical team(s) will be alerted to the behaviour and will take this into account in their clinical management of the patient(s).
- 3.7. If there is a dispute about the boundary between acceptable and unacceptable behaviour, the senior member of staff present will make the immediate judgement. The clinical team(s) will review any such incidents, and confirm the final decision. Lessons learnt will be used to develop and refine this guidance.
- 3.8. When patients are in, or develop a relationship with a visitor, patients and visitors will be reminded that the hospital is a public place and their behaviour must reflect Trust policy.

- 3.9. If unacceptable sexual behaviour takes place between patients and visitors, staff will intervene to stop this. If unacceptable behaviour persists, the clinical team will consider an appropriate management plan, which may include counselling parties, supervised visits, and/or prevention of future visits.
- 3.10. All management plans will be developed by the multidisciplinary team and will be documented in the clinical record / treatment plan.

4.0 Management of staff - patient relationships

- 4.1. Where a staff member is aware that there is a risk that they could develop a close relationship with a patient, or that they have done so then they must immediately seek advice from their line manager or another senior colleague. A general definition for a staff/patient relationship deemed to be too close would be if things started to occur between a member of staff and a patient, such that the member of staff found themselves seeking to conceal it.
- 4.2. Action should be taken to prevent further development of the relationship with counselling being provided, to both the member of staff and the patient, where necessary.
- 4.3. Where colleagues are aware of the possibility of an inappropriate relationship between a patient across all EPUT settings (or an ex-patient) and a member of staff, they must immediately draw it to the attention of their line manager/senior manager/head of profession.
- 4.4. On being informed of, or otherwise becoming aware of the possibility of a close personal relationship between a patient and a member of staff, the relevant manager(s) must discuss this with the staff member involved immediately and, where necessary, take immediate steps to ensure the relationship does not develop further.
- 4.5. Each case must be assessed on its own merits to determine whether there has been a breach of disciplinary rules and whether the Disciplinary Procedure needs to be invoked.
- 4.6. Where staff are concerned that a colleague may be having a relationship with an ex-patient, they must refer the matter to their line manager.

5.0 Management of access to sexual material (e.g. toys)

- 5.1. In general patients may be allowed to own and use sexual aids unless there is a clinical concern (e.g. using for self-harm or reinforcing acts that are illegal or unsafe for their health and wellbeing). Sex aids should be purchased by the patient after discussion with their named nurse / co nurse (depending on gender), risk assessed, and permission given by the multi-disciplinary team.

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- 5.2. The decision of the MDT will be recorded as part of the patient's care and treatment management plan.
- 5.3. The decision will be reviewed regularly taking into consideration any changes in mental state.
- 5.4. Continued permission to own and use sex aids will be contingent on patients complying with conditions set out below:
 - 5.4.1. The use of batteries will be risk assessed individually and kept separately when not in use.
 - 5.4.2. Sex aids should only be used in the privacy of a service users own bedroom.
 - 5.4.3. Sex aids must be cleaned by the patient after use with mild antibacterial soap and warm water or an appropriate disinfectant cleaner.
 - 5.4.4. The named nurse / co-nurse will discuss safe use of sex aids which includes no sharing of aid under any circumstances due to cross infection. If any sharing or misuse occurs then the sex aid will be confiscated or if mental state deteriorates to an extent that they do not have the capacity to manage the safe use of the aid.
 - 5.4.5. No member of staff should be expected to purchase sex aids for a patient.
 - 5.4.6. A sex aid should be kept in a private place in the patient's bedroom where appropriate. In some circumstances the sexual aid may need to be kept discreetly in the clinical room.
 - 5.4.7. Transgender women who have undergone sexual reassignment surgery from male to female (vaginoplasty) are required to dilate their neo-vagina regularly using a dilator. Trans women should be supported to dilate and staff must support their privacy and dignity to do so. A lack of dilation will cause contraction of the trans woman's neo-vagina who will require surgery to restore it. **It should be noted that vaginal dilators are medical devices and should not be considered, or referred to as, sex toys.**

6.0 Management of access to pornographic magazines

- 6.1. The Trust has a duty of care to protect service users, visitors and staff from coming into contact with material which they might find distressing, distasteful or offensive. There are restrictions on the property that people using inpatient services are allowed to keep within their possession.

- 6.2. The Child and Adolescent Services must not allow pornographic material onto the unit.
- 6.3. Secure Services protocols SSOP37 and SSOP8 cover management of access to pornographic materials.
- 6.4. ‘Soft’ /‘top-shelf’ pornographic magazines are considered restricted items.
Though not allowed to remain permanently within patients’ possession, they can be accessed and used by patients, either under staff supervision or under specific circumstances. When not in use, they must be stored securely on the ward under staff control.
- 6.5. Access to these items will usually be subject to an individual risk assessment by the MDT.
- 6.6. Service users with community leave can buy material whilst on leave but these must be “shown” to staff when they arrive on the ward. Any material brought into the ward by visitors should be checked in accordance with the Trust’s Search Clinical Policy CLP75.
- 6.7. Where there is evidence to suggest a service user is receiving pornographic material via a postal packet, consideration will be given to informing the Police. It is an offence under the Post Office Act 1953 to send obscene material through the post. Staff are not authorised to open mail, even if they suspect it to contain sexually explicit material. When this is the case advice must be sought from a senior manager. Service users should be asked to open the package/letter in the presence of a clinician/practitioner and, if inappropriate, it must be confiscated.
- 6.8. Staff must not obtain sexually explicit material, irrespective of its nature, on the behalf of a service user, unless part of a specialist clinical intervention agreed by the service user’s Responsible Clinician.

7.0 Masturbation As Acceptable Behaviour

- 7.1. Masturbation is viewed as a normal outlet for sexual feelings, provided it is conducted in the relative privacy of the patient’s own room. In any other context it would be viewed as unacceptable.
- 7.2. Any reports of excessive noise which may disturb or attract others and openly bragging about masturbation needs to be addressed sensitively by the nursing staff. Excessive periods and / or prolonged duration of masturbation by an individual service user must be reported to the relevant RMO / multi-disciplinary team.
- 7.3. Infection control procedures must be observed by patients and staff must encourage due observance.

8.0 Gender Identity

- 8.1. Specific responsibilities are attached to the conduct of NHS staff and organisations that care for transgender people. It is generally a criminal offence for staff to disclose the gender history of a legally recognised transgender person without explicit consent. NHS employees at all levels, who could learn about an individual's gender reassignment history in the course of their work, need to be very clear about the handling of this information.
- 8.2. More information can be found in SSOP68 Procedural Guidance for Transgender Patients in Specialist Services.

END

APPENDIX 2

Human Rights Act

Article 8 of the European Convention on Human Rights states that everyone has the right to respect for his private and family life. There shall be no interference by a public authority except such as is in accordance with the law and is necessary in a democratic society for the protection or health and morals or for the protection of the rights and freedoms of others. Private life includes sexual life for these purposes.

1. The decision to prohibit sexual activity on Trust premises is considered by the Trust to be necessary and proportionate, to ensure that patients are supervised properly; that patients are treated in a safe and therapeutic environment; and to allow the Trust to manage its premises appropriately for all patients and staff. A patient's right to private life is not completely prevented by this guidance as Section 17 leave is available for patients lawfully detained under the Mental Health Act.
2. Article 10 protects the right to freedom of expression. This is not an absolute right. Interference with this right may be permitted in some circumstances.
3. Article 12 protects the right to marry and found a family according to national laws governing this right. This can be supported and facilitated for people detained under the Mental Health Act as the ceremony can take place in the hospital. If the clinical team is concerned about capacity to consent, a 'caveat' by way of a letter to the registrar or clergy, could be indicated. Any attempt to prevent a marriage would need to be proportionate and justified. However, the right to marry does not automatically confer a right to consummation of the marriage.

APPENDIX 3

PREVENTION OF SEXUAL ASSAULT AND MANAGEMENT OF ALLEGATIONS OF SEXUAL ASSAULT

1.0 Risk Assessment And Management Of Sexual Incidents Or Assault

- 1.1. Single sex accommodation is essential to minimize the risk of sexual safety incidents. A patient's bed area should be treated as a safe and private space where they are not allowed to have guests or visitors. If a person is Trans gender (their gender identity differs from their biological sex), they should be nursed as their identified gender.
- 1.2. Patients and visitors should not be allowed in sleeping areas without the patient's consent and without prior agreement from the nurse in charge on entering the ward. Visiting areas, where appropriate, should be used for this purpose
- 1.3. Staff should be aware that sexual assault may occur between people of all genders and all sexual orientations.
- 1.4. Risk of sexual assault should be assessed as part of the initial risk assessment that is carried out when a patient is admitted to the unit.
- 1.5. The following factors are associated with an increased risk of inappropriate sexual behaviour:
 - Sexual disinhibition associated with certain disorders e.g. manic phase of bipolar disease.
 - History of sexual assault or being a victim of sexual assault on previous admissions.
 - Previous history of violence
- 1.6. If a patient is felt to present a risk of sexual assault or to be vulnerable to unwanted sexual approaches steps should be taken to reduce these risks and be clearly documented in any care plan This may include the following:
 - Close observation/one to one monitoring of the patient.
 - Observe the interaction of the patient with other service users/members of staff.
 - Consider transferring the patient to another ward where more appropriate monitoring of the patient may be implemented.
- 1.7. If at any point in time a patient appears to constitute an acute sexual threat there should be an immediate meeting of members of the multi-disciplinary team to determine an appropriate course of action.

2.0 Responding To Allegations Of Sexual Incidents

2.1 Establish the facts surrounding the allegation

- 2.1.1 All staff have a clear duty to report any concerns they may have about actual or suspected sexual abuse or exploitation of a vulnerable adult to their line manager at the earliest opportunity.
- 2.1.2 The Ward Manager or Nurse in Charge who is first aware of the incident will inform the duty doctor on-call and the senior ward manager on-call for further assessment of the situation.
- 2.1.3 The Ward Manager / Nurse in charge will attend to immediate needs of the patient who has been allegedly assaulted. This will include making the patient safe, and providing reassurance.
- 2.1.4 The patient must be separated from the alleged perpetrator of the assault. Staff must assess if any other patients are or have been at risk.
- 2.1.5 In an alleged incident of sexual assault, sexual abuse or rape, the Serious Untoward Policy and Protection of Vulnerable Adults against Abuse Policy will be activated. A DATIX must be raised and a Safeguarding adult alert completed in accordance to the Safeguarding Adult policy CLP39. If the case involved a child then the safeguarding team must be contacted in accordance with the Safeguarding children policy CLP37
- 2.1.6 The duty doctor should make accurate detailed records of the nature of the allegation, including the facts of what happened, time and date, location, persons involved, witnesses etc. The doctor should also record the actions they have taken within 24 hours of the incident.
- 2.1.7 Appropriate action taken with respect to the alleged perpetrator might include restraint, securing the patient in another ward, and informing the police.

2.2 Medical Examination And Prevention Of Further Injury

- 2.2.1 The duty doctor will assess the patient for their capacity to consent to sex, conduct an external examination (only) and participate in the subsequent management according to these procedures.
- 2.2.2 A detailed forensic examination to assess for signs of sexual activity (including internal examinations) will be coordinated by the Sexual Assault Referral Centre (SARC) and undertaken by the forensic medical examiner instructed by the police.

- 2.2.3 Further management of the patient victim by the forensic medical examiner will include the following:
- Identification of any trauma inflicted to any part of the body will be documented and swabs taken.
 - If the victim is a cisgender woman, arranging a pregnancy test and prescribing post-coital contraception. However consideration has to be given as to whether they may have been pregnant before the incident.
 - Risk of sexually transmitted diseases and the availability of antibiotic prophylaxis for Chlamydia and syphilis infections must be considered.
 - The need for Hepatitis B prophylaxis and Post Exposure Prophylaxis for HIV must be considered.
 - Psychosexual (rape crisis) counselling will be offered.

2.3 Informing the Police and Gathering Evidence

- 2.3.1 Sexual assault is a crime and early consideration should be given to informing the Police.
- 2.3.2 The patient may wish to report the incident to the police and should be given whatever support may be required.
- 2.3.3 Staff should report any incident to the police if the patient is unwilling or unable to do so, providing such a disclosure can be justified as being in public interest.
- 2.3.4 The incident can be reported without the patient's consent if the risks concerned are serious and imminent or when serious crime can be prevented or detected.
- 2.3.5 If staff informs the police without the consent of the patient they must decide whether or not it is appropriate to inform the patient that this has happened. In certain circumstances as listed below it may not be appropriate to inform the patient:
- Instances where there might be a violent response from the patient.
 - Instances where a criminal investigation would be jeopardised by the patient destroying evidence (e.g. washing clothes, bathing or showering).
- 2.3.6 All decisions to disclose information to the police must be clearly documented in the patient's notes stating the reasons behind the decision.
- 2.3.7 To facilitate the gathering of evidence the assaulted patient will be requested not wash prior to being examined by the forensic medical examiner.

- 2.3.8 Staff must ensure that items of clothing worn by the alleged victim and bed linen or any other soiled materials are retained for evidence and given to the police.

2.4 The Alleged Perpetrator

- 2.4.1 Support will be offered to the alleged perpetrator; staff must be non-judgmental.
- 2.4.2 Staff must ensure that items of clothing worn by the alleged perpetrator, and bed linen if relevant, are retained for evidence and given to the police.
- 2.4.3 Staff must ensure that other patients are not at risk.
- 2.4.4 Where a criminal offence appears to have been committed, an 'Appropriate Adult' under the terms of the Police and Criminal Evidence procedures and a legal representative must be provided when the vulnerable alleged perpetrator is interviewed by the police.

2.5 Informing family and friends

- 2.5.1 Both alleged perpetrator and victim have rights to confidentiality and may decide that they do not want their family or friends to know about the incident. If this is the case their wish must be respected.
- 2.5.2 Family/friends can only be informed with the explicit consent of the patient.
- 2.5.3 If a patient expresses that they do not want their family or friends to know this must be clearly documented in their notes.

2.6 Follow-up after Sexual Assault/Incident/Rape

A multi-disciplinary team involved in the post incident management should look at the following issues:

- Future care issues for the alleged perpetrator and victim
- Preventing or reducing the risk of a similar incident occurring again.

2.7 Allegation against a member of staff

2.7.1 The following policies apply:

Disciplinary Policy, HR27A (for all health professionals except doctors and dentists)

- Disciplinary Policy for hospital and community medical and dental staff, HR32.
- Policy on the Deployment of Temporary Staff (for non-permanent staff), HR40.
- Inform the Human Resources Department

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Further investigations and determining the facts surrounding the allegation will be required to determine the next line of action which may include:

- Suspension of the member of staff from duty.
- Instituting disciplinary measures in accordance with the policies listed above.
- Informing the police.

END
