

APPENDIX 1

APPROPRIATE SEXUAL EXPRESSION IN IN-PATIENT FACILITIES

1. 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.
- 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. 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. 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. 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 (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. 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.
- 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. 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 Guideline CG75.
- 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. 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. 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.