

# Sexual Safety Collaborative Launch Event

21<sup>st</sup> OCTOBER 2019



NATIONAL  
COLLABORATING  
CENTRE FOR  
MENTAL HEALTH



#MHSIP  
#SexualSafetyInMH

# Housekeeping

- ▶ Toilets are on the ground and first floors
- ▶ Lunch will be served on the ground floor
- ▶ No fire alarm tests are expected today
- ▶ We recognise that this topic can be difficult and challenging to think about and discuss. An optional debrief session will be offered at the end of the day by QI coaches Kate and Matt. You can also approach any of the NCCMH team if you need any extra support during today's event
- ▶ Room G9 is available if anyone needs to take some time out or needs some space on their own

# Twitter



- ▶ We encourage use of twitter and social media to share the work that you are doing throughout the collaborative. Starting today!
- ▶ However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission
- ▶ Thank you!



**@NCCMentalHealth**

Project hashtag **#SexualSafetyInMH**

Programme hashtag **#MHSIP**



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# Welcome and Introduction: Why sexual safety?

Kevin Cleary

# Why Sexual Safety ?

*21 October 2019*

*Dr Kevin Cleary, Deputy Chief Inspector for  
Hospitals (Lead for Mental Health), CQC*



Poor physical environment of mental health wards



High number of rehabilitation wards out of area

Physical health of people with mental health problems



Sexual safety on mental health wards



Use of physical restraint

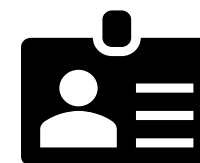


Mental healthcare for people with physical health problems

High secure hospitals



Clinical information systems



Staffing



# Introduction to the Improvement Collaborative

Tom Ayers



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# Mental Health Safety Improvement Programme

- ▶ Run a series of national improvement collaboratives focussed on key areas of safety in mental health
- ▶ First collaborative started in 2018 on reducing restrictive practice
- ▶ The sexual safety collaborative builds on the learning from this and is 50% bigger



# Sexual Safety Collaborative

Set out in response to the findings of the CQC report, the sexual safety collaborative was established to:

- ▶ Produce a set of standards around sexual safety during the mental health and learning disabilities inpatient pathway.
- ▶ Run a 2-year national QI collaborative to support mental health teams to improve sexual safety on their wards.
- ▶ Produce a library of resources, building on best practice, to support mental health trusts to improve sexual safety.

# Sexual Safety Collaborative

Expert design  
group

Production of  
standards  
and guidance

Theory of  
change &  
measurement  
plan

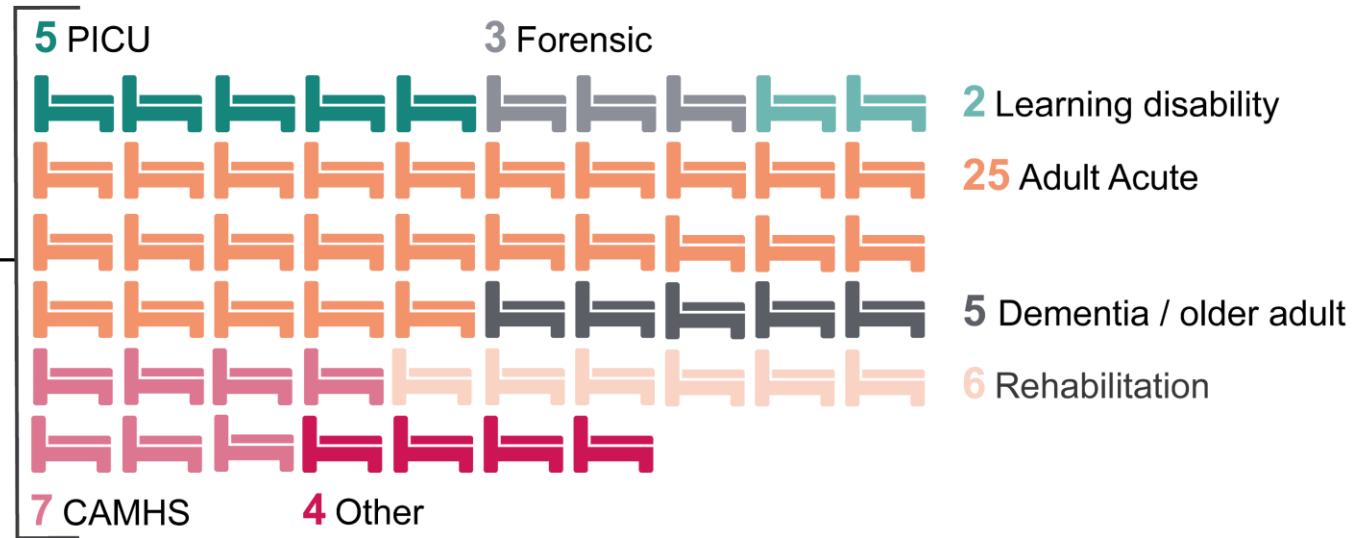
Quality  
improvement  
support

Learning  
from each  
other

Story-telling  
and sharing  
experiences


# Sexual Safety Collaborative

42 NHS trusts → 74 wards → 57 Project teams



# The Programme Team




**Amar Shah**  
MHSIP National  
Improvement Lead  
 @DrAmarShah



**Helen Smith**  
MHSIP Clinical Programme  
Director  
 @HSmithSafety




**Tom Ayers**  
MHSIP Programme Lead  
 @TomNCCMH




**Dominique Gardner**  
MHSIP Project Manager  
 @Dominiqueg\_05

## Quality Improvement Coaches



**Kate Lorrimer**  
 @QI\_KateL



**Emily Cannon**  
 @EmilyCanQI



**Matthew Milarski**  
 @MattNCCMH



**Saiqa Akhtar**  
 @SaiqaNCCMH



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# Connecting to the 'WHY'



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# Mental Health Wards, a Place to Heal?



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# Untold Story of Sexual Violence

Day Njovana and Emma Furlong

# The Untold Story of Sexual Violence....

Day Njovana, Lead Nurse, Forensics, ELFT

+

Emma Furlong Hems

Sexual Safety Lead, Forensics, ELFT



# Service



Arsenal losing to Tottenham

# The Female Perspective: working in Forensics

*'I've seen men who I know are married take their wedding rings off when they come in to work. Why do they do this?'*

*I've received text messages, WhatsApps, 'phone calls, even letters from male staff and patients whilst at work.'*

*'Why did he rub my back and massage my shoulders? There was no need to touch me...it felt like it lasted for ages....it was awful'*

*'All these pretty little girls turn up when the alarm goes off.....'*

*'When I'm in the Day Area I can see and feel him staring at me, sometimes he's licking his lips, it makes me feel very uncomfortable'*

## Data, Forensic Service, ELFT

**58.82%** of staff have experienced sexual violence at work

**70.59%** of staff did tell someone about their experience

**70.59%** of staff did receive support, post incident

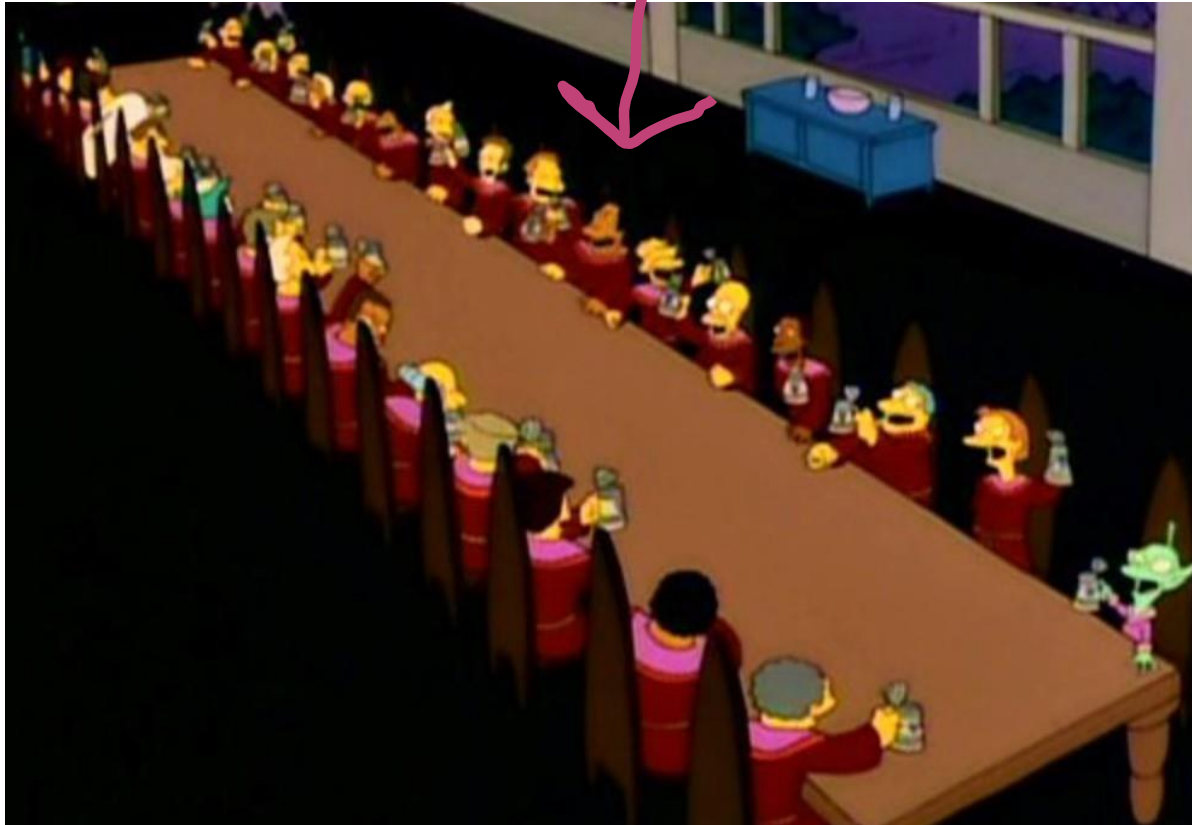
**94.12%** of staff have witnessed/overheard sexualised behaviour

**94.12%** of staff who completed the survey are ward based

**82.35%** of female staff completed the survey

The age range of staff completing the survey was between 18 - 54 years

Monday 8 January 2018, 10:00hrs



The Stonecutters, The Simpsons

Started our 'SAV'  
Steering Group

Awareness Raising

Pitching it to staff

Culture Change

Failing + Learning

Kept going - even  
though we felt like  
giving up

What we put in place

# Support: Buddies and the ISVA

**Buddies** offer post incident support

It's a targeted piece of work to:

Offer emotional support and

Offer practical guidance to the person affected

The ISVA will pick it up if/when more specialist support is required

## **Independent Sexual Violence Advisor (ISVA)**

Senior role

Qualified, accredited

A new, emerging body of professionals working in the field of sexual violence

Offer a range of specialist support post incident, throughout court, to the end of the court process





## Does it work?



Staff affected feel able to disclose  
Staff affected feel supported  
Staff affected return to work post incident  
Staff want to get involved in the work

# Some barriers to be aware of.....

## **Professionally:**

Men - not all men  
Hierarchies  
Challenging existing cultures  
Being listened to, heard, understood  
Unconscious bias  
The work being taken seriously  
Very few resources

## **Personally:**

Lonely, frustrating,  
It's complex  
Constant 'surprises'  
Not being heard  
Or being taken seriously  
Unconscious bias



## **What's great about the work:**

It's groundbreaking  
Learning all the time  
It's empowering and humbling at the same time  
It's a privilege to do the work

## **Personally:**

I can finally be myself  
I try not to compromise when doing this work  
I feel very proud of the people I work with

# Future

Really excited to be part of the national Sexual Safety Collab

We'll continue to work hard to develop this area of work

Continue to effect a positive culture change in our work environment

'Are these worms ever going to stop crawling out of this \*\*\*\*\* can?'





# How the Concerns About Sexual Safety Started

Jane Ray



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# Sexual Safety Improvements

Sarah Oliver and Alison Blofield



**Midlands Partnership**  
NHS Foundation Trust  
*A Keele University Teaching Trust*

# SEXUAL SAFETY

The Redwoods Centre  
Inpatient Services

Alison Blofield, Nurse Consultant/Approved Clinician  
Sarah Oliver, Clinical Matron



[sssft.nhs.uk](http://sssft.nhs.uk)

## Where we started:

- Increases in incidents where sexual activity, or the potential for sexual activity, were occurring;
- Concern expressed by the CCG, who commission our services;
- A spike in data noted by the CQC;

A Thematic Review was commissioned by the Director of Nursing, of all reported incidents of sexual safety to address the above points.

# Findings and Themes from The Redwoods Thematic Review:

1. Patients engaging in sexual activity
2. Patients involved in non-consensual activity
3. Patients who had become disorientated e.g. wandering, sexually disinhibited.

- **ACTIONS TAKEN TO DATE: (slide 1 of 2)**
- Guidelines have been developed by the Matron (local to The Redwoods) – all ward managers promote the use of these.
- Ward Managers, Ward Sisters and Charge Nurse monitor to ensure RIO alert system is used on a weekly basis.
- Incident forms – the Matron and Ward Managers ensure post incident reviews take place.
- Service Users' Information Packs include information regarding sexual safety and the need to raise any concerns.
- Reflective practice once a month facilitated by ward psychologist.

- **ACTIONS TAKEN TO DATE: (slide 2 of 2)**
- Patients are encouraged to use a personal alarm if they are feeling unsafe and this will be incorporated into the Personal Centre Care Plan.
- Community Meetings include information regarding sexual safety.
- Ward Team Meetings include sexual safety discussions.
- Following a short survey no concerns have been highlighted to date.
- Awareness sessions have been provided for MDT members.

## What we focus on in awareness sessions:

- Information from the thematic review
- Sexual Safety Guidelines
- Risk assessments
- Care plans –sexual safety, vulnerability, safety, risk management plans
- Trauma



# Personal Safety Alarms



Let's talk about sex(ual) safety,  
expression, intimacy

Rachel Luby



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# What is sexual health and why is it important?

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“Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.’ (WHO 2006 p. 5).

Around 50% of mental health services users include people who have suffered (sexual) abuse, especially those within households of domestic violence. A number are also associated with stigmas against non-heterosexual people (DH, 2009).

In a study that involved nursing staff from both the United Kingdom and Australia, one fifth of mental health nursing participants who operated in a variety of settings, admitted they never included issues relating to sexual health in their assessments, and whilst three quarters agreed that sexual health was part of the mental health nurses role, fewer than 10% said that their service did this.

# It all started with a care plan...

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**Patient questions.**

On a scale of 1 - 5 with 5 being very satisfied and 1 being not at all satisfied. How satisfied are you with the support you get to meet you sexual health and sexual expression needs? (please circle)

1   2   3   4   5

Do you currently feel comfortable talking about your sexual health? e.g protection from STI, sexual health screening. (circle answer)

Yes. No

Do you currently feel comfortable talking about your sexual needs? e.g. pornography/masturbation?

Yes. No.

On a scale of 1-5 with 5 being very comfortable how comfortable are you talking about your sexual health and sexual expression needs?

1   2   3   4   5

Of the following who are you currently comfortable talking about your sexual health or sexual needs to? (circle as many as you want)

Other patients   my primary nurse   Someone else from the nursing team.

The psychologist   The doctors   The whole MDT   The OT

**One off questions**

What can be done better so that you are more satisfied that your sexual health/ sexual expression needs are met

What would make you feel more comfortable talking about your sexual health and sexual expression needs? (circle as many as you want)

Groups on the topic like men's health.   To have it in my care plan.

If the project was discussed in community meetings.   For it do be discussed in CPA

For it to be discussed in ward round.   To have particular staff who I can go to.

To have particular patients I can go to.   If my primary nurse approached me.

For a specialist sexual health nurse to attend.   For it to be discussed on admission

For staff to be more comfortable talking about it.   Other (please specify)

What do you think causes sexual violence against staff or other patients on mental health inpatient units?

**Staff questions.**

On a scale of 1 - 5 with 5 being very satisfied and 1 being not at all satisfied. How satisfied are you that our patients meet their sexual health and sexual expression needs? (please circle)

1   2   3   4   5

Do you currently feel comfortable talking about sexual health with patients on the ward? e.g protection from STI, sexual health screening. (circle answer)

Yes. No

Do you currently feel comfortable talking about sexual needs? e.g. pornography/masturbation with patients on this ward?

Yes. No.

On a scale of 1-5 with 5 being very comfortable how comfortable are you talking about our patients sexual health and sexual expression needs?

1   2   3   4   5

**One off questions**

What can be done better so that our patients are more satisfied that their sexual health/ sexual expression needs are met?

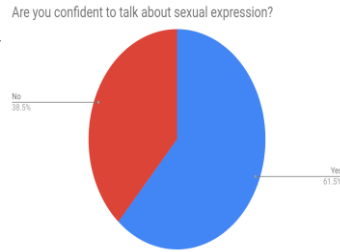
What would make you feel more comfortable talking about our patients sexual health and sexual expression needs? (circle as many as you want)

Groups on the topic like men's health.   To have it in patients care plans.

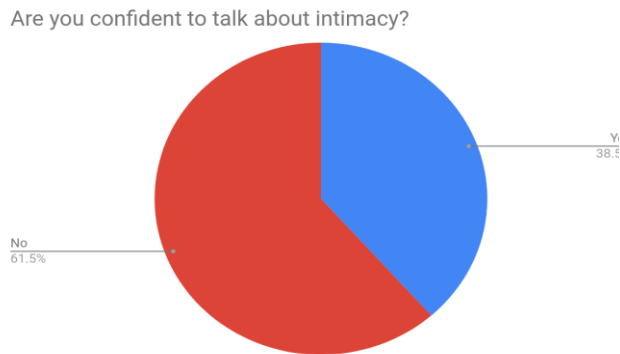
If the project was discussed in community meetings.   For them do be discussed in CPA

# What staff told us

“If anyone assaults me because of this project I will sue you”



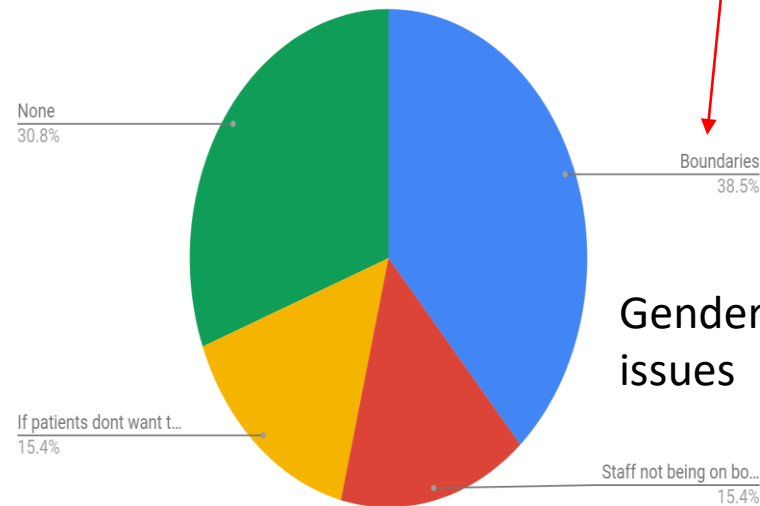
It isn't helpful to talk about sex



It is not a priority

There will be an increase in sexual violence

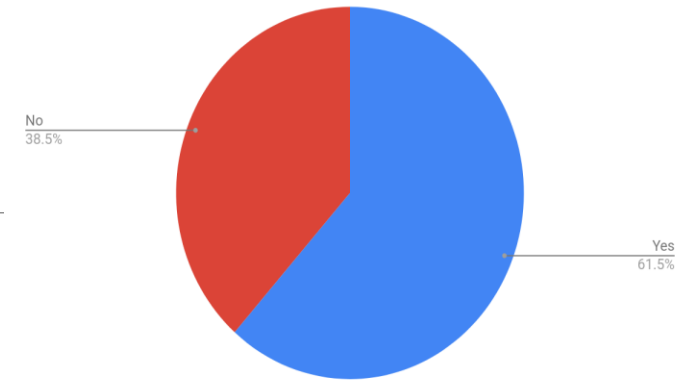
What are your concerns about the project?



Gender/cultural issues

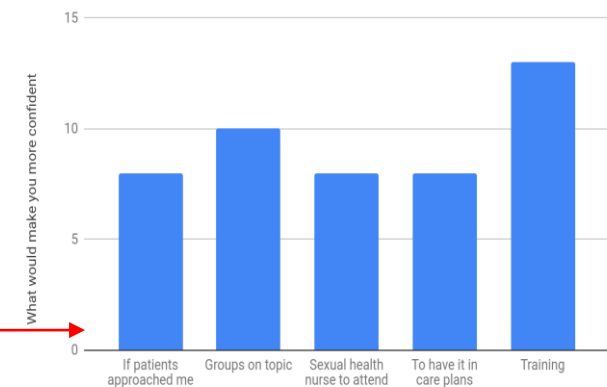
“I shouldn't have to talk to patient's about sex, they are adults”

Are you confident to talk about sexual health?



I won't ever be comfortable

What would make you more confident



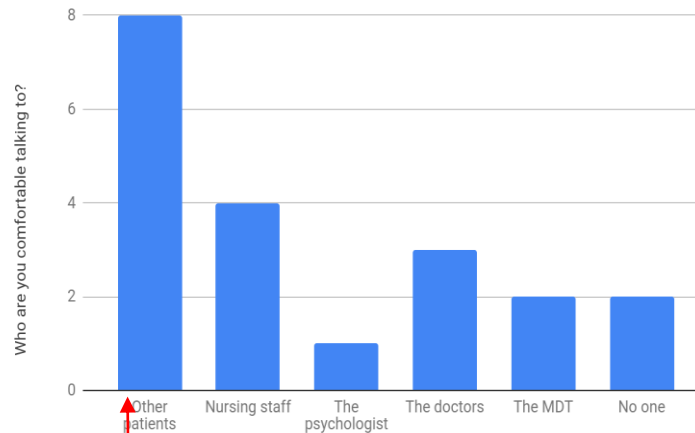
# What patients told us

“ I’m still a man, I still think about sex every day. I just cant talk about it”

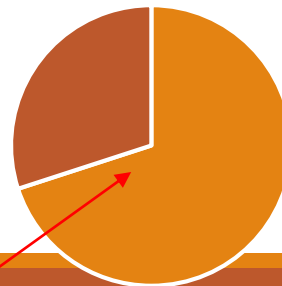


“We are locked away from our boyfriends or girlfriends and not allowed to engage in normal relationship stuff. Then the relationship breaks down. We have nothing to leave hospital for. Then when we do leave hospital, everything’s changed, people have moved on.”

Who are you comfortable talking to?



Are you comfortable to talk about sex?

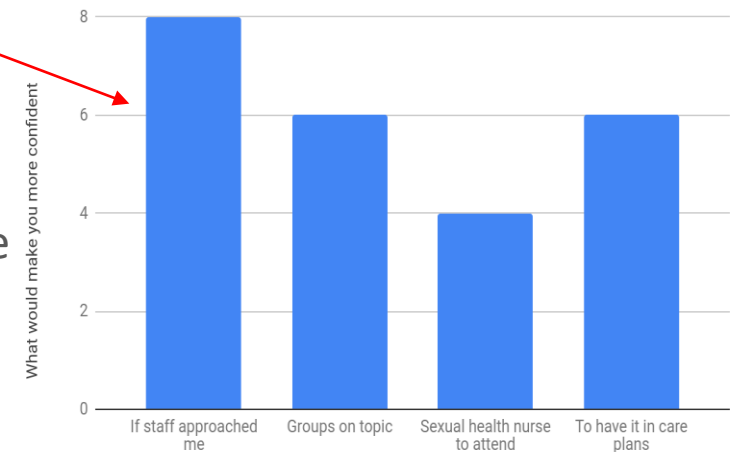


On a scale of 1 - 10 with 10 being very satisfied, 5 being neither satisfied nor dissatisfied and 1 being very dissatisfied, how satisfied are you with the support you get from the ward team to meet your sexual health and sexual expression needs? (please circle)



“I once had my leave suspended because I told the team I had visited a prostitute. Couldn’t they have just given me you know. Sex advice? Said where to get a check”

What would make you more confident



What can be done better so that you are more satisfied that your sexual health/ sexual expression needs are met?

prostitute access /counsel visits



# Using quality improvement to encourage staff and patients to 'talk about sex'

Quality improvement looks at finding solutions to a problem. The problem was that staff were not confident to raise the subject with patients and patients were not confident to be the ones who started the conversation.

## THE EARLY STAGES OF DATING

All patients to know about the Pornographic policy

All patients to be offered STI screening

All patients to be able to access free condoms when in the community

For the project to be spoken about in each community meeting

For patients to rate confidence talking about sex at 7/10 by Jan 2020

For 'Lets talk about love/sex/intimacy group'

For discussions in ward round with the team about sexual side effects

For all patients to have sexual expression care plans

For sex education sessions on the ward



<p><b>Sexual health care plan:</b></p> <p>Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence</p>	<p><b>Service User Views</b></p> <ul style="list-style-type: none"> <li>- I don't think the team can really meet my sexual needs but I am pleased we can access porn now</li> <li>- I think we should allow conjugal visits</li> <li>- I had STI testing and the test was negative which I was pleased about. I have also signed up to the condom project</li> <li>- I hope to get married and have a family on discharge</li> </ul> <p><b>Service User Actions</b></p> <ul style="list-style-type: none"> <li>- I will attend Love Sex Intimacy group</li> <li>- I will try and talk about my feelings</li> <li>- I will inform the team if I get into a serious relationship and require support</li> </ul> <p><b>Team Views</b></p> <ul style="list-style-type: none"> <li>- To encourage input from Saxonnorse's family regarding his care, with his consent.</li> </ul> <p><b>Team Actions/Interventions</b></p> <ul style="list-style-type: none"> <li>- Psychologist to facilitate group with nursing staff.</li> <li>- QI work to continue</li> <li>- 3 monthlys STI screening to be offered and if X asks</li> <li>- Sexual health to be discussed in care planning</li> </ul>	<p>The MDT and X</p>
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## WHERE AND HOW DO WE MEET PEOPLE?





# Collecting data

**Patient questions.**

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1 2 3 4 5

Do you currently feel comfortable talking about your sexual health? e.g. protection from STI, sexual health screening. (circle answer)

Yes No

Do you currently feel comfortable talking about your sexual needs? e.g. pornography/masturbation?

Yes No.

On a scale of 1-5 with 5 being very comfortable how comfortable are you talking about your sexual health and sexual expression needs?

1 2 3 4 5

Of the following who are you currently comfortable talking about your sexual health or sexual needs to? (circle as many as you want)

Other patients    my primary nurse    Someone else from the nursing team.

The psychologist    The doctors    The whole MDT    The OT

**One off questions**

What can be done better so that you are more satisfied that your sexual health/ sexual expression needs are met

**What would make you feel more comfortable talking about your sexual health and sexual expression needs? (circle as many as you want)**

Groups on the topic like men's health.                      To have it in my care plan.

If the project was discussed in community meetings.    For it to be discussed in CPA

For it to be discussed in ward round.                      To have particular staff who I can go to.

To have particular patients I can go to.                      If my primary nurse approached me.

For a specialist sexual health nurse to attend.                      For it to be discussed on admission

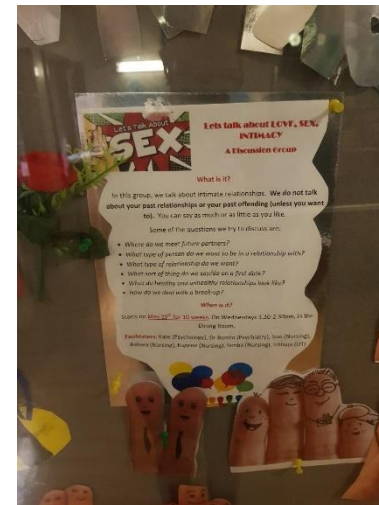
For staff to be more comfortable talking about it.                      Other (please specify)

\_\_\_\_\_

**What do you think causes sexual violence against staff or other patients on mental health inpatient units?**



# Advertising the project



# Supporting staff to embrace the project

**S**tart the conversation as soon as possible, discomfort is normal but needs to be overcome

**T**alk about sexual health concerns and sexual side effects

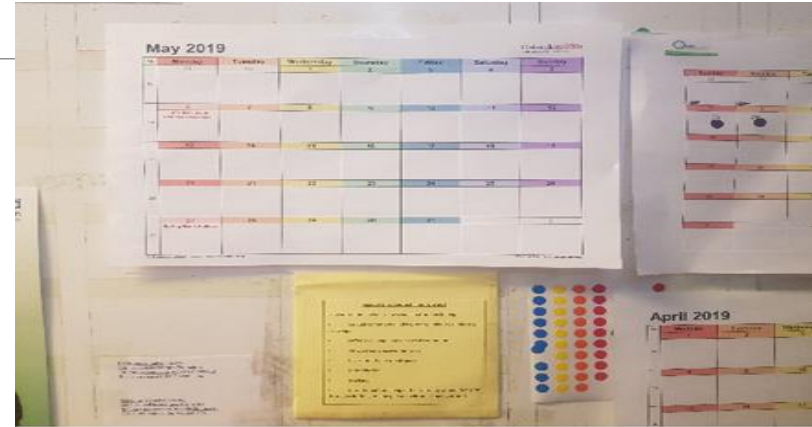
**A**cknowledge your own views, biases, assumptions

**R**efer to external services when necessary

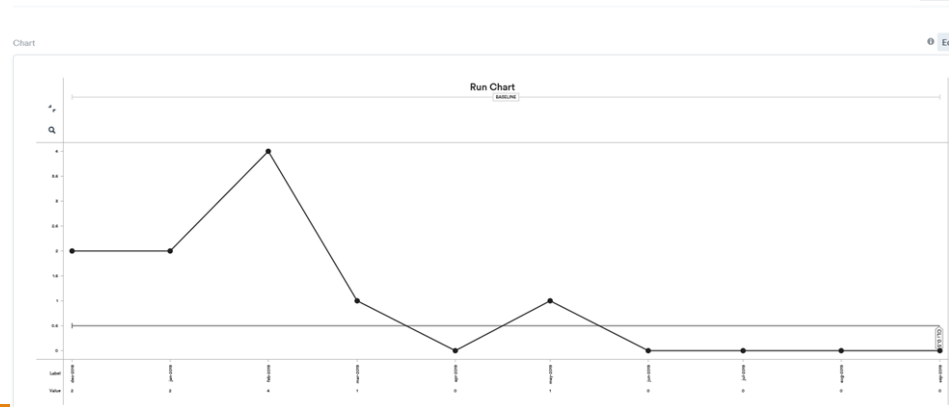
**T**ime - agree a schedule for when you will return to the topic

**E**ducate the patient and yourself

**R**eflect and record.

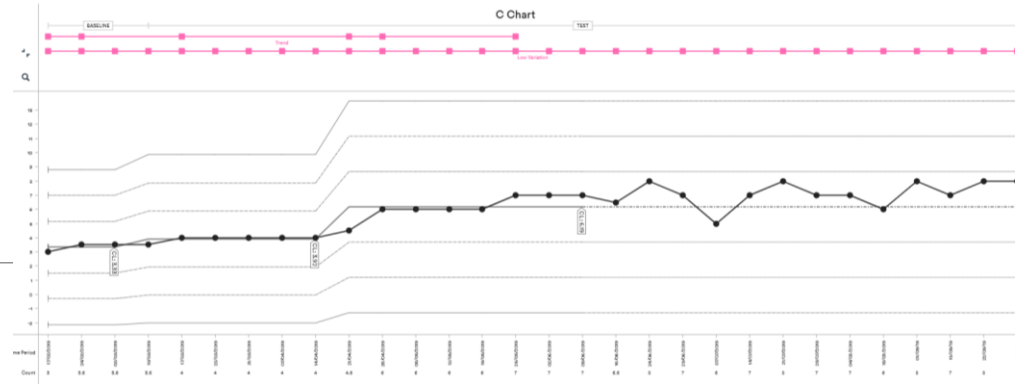


Run Chart – Breach of boundaries/ sexual violence (Number of purple dots recorded on chart)





# Outcomes



Saxonnorse Roman Draconian  
Limehouse Ward,  
John Howard Centre  
12 Kenworth Road,  
London E95TD



East London Mental Health and all this will concern; patients, staff and the community at large. I have been kindly asked to give a report about my personal feelings about the Quality Improvement on my ward; The Limehouse Ward. That project is called "Lets Talk About Sex". The project includes sexual health, sexual expression, sexual side effect and relationships.

Groups and meetings have been put in place to highlight agenda; Love, Sex and Intimacy group and open group for both staff and patients.

I felt very at ease, I really felt like I could talk about anything without being judged in a bad way. I other patients felt the same,

I noticed. Although some service users were shy other were more confident, if I'm being absolutely honest the staff fell into the same system of shy or confident, leaders or followers, those who take charge and those who give support.

Another group was once a week for one hour. Very meaningful indeed. The other group was men's group, the same setting, once a month on a weekend and we got more customers! No surprise! The thing with this group, I think, is it went a bit deeper with some topics and issues, which I know is a good thing.

I've learnt a few things, all involved have learnt a few new things. A lot of talking and listening when dealing with this kind of stuff. For instance, there are some patients and staff who totally do not entertain this project, but those who do back it back it fully, like myself.

Another group who meet every other work as part of the "Lets talk about sex" Quality Improvement sees me as the only patient, I know I represent the patients very well, the staff too funnily enough.

A lot of management goes into this meeting. You know what has been done, what needs to be done next etc. For example things have been implemented; Condom Cards so patients can get condoms in the community, Sexual transmitted infection screening on ward, Results and assistance by Homerton Hospital, Pornographic material DVDs and magazines have been updated. It's a work in progress, there are other things to stop and other things to get started.

The team and I have a very professional relationship, I feel we communicate with each other in a respectable way.

I will now move on to the "Lets Talk About Sex Confident QI Number" scoring cards. I give the cards to patients once a week or I fill them out for them. The patients fall into two categories 1. Interested 2. Absolutely not interested and they score on a scale between 1 and 10, 1 being not confident and 10 being very confident. I take the data every week for the order of Quality Improvement on Limehouse Ward. Staff then put this data on RIO.

# Making the findings relevant to sexual safety

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# Using Quality Improvement for this work

Amar Shah

# Preliminary Improvement Plan

The PIP is built on six themes for IMMEDIATE action:

Assessment and Monitoring of Risk	Governance and Leadership	Patient Experience
End of Life Care	Staffing	Medical Equipment

Plus, working within existing recovery plans

Urgent care	Referral To Treatment (RTT)	Cancer	Leadership development and engagement
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Measurable Key Performance Indicators  
action



Quality Improvement

**inspiring improvement**  
#improve365

By engaging with staff at the Ask and Act workshops the Preliminary Improvement Plan will grow into a Quality Improvement

NHS quality

Domain 1 Preventing people from dying prematurely

Commissioning Outcomes Framework

TheKingsFund Ideas that change health care

## Improving quality in the English NHS

A strategy for action

Authors: Chris Ham, Don Berwick, Jennifer Dixon

February 2016

First, let's define what we mean by...  
**Quality improvement**

NHS

## NHS Operational Planning and Contracting Guidance

2017-2019

Published by NHS England and NHS Improvement

Our quality improvement plan

Our 2020 Vision  
Our strategy to improve patient care over the next five years.

Patient care  
Our vision: Outstanding care and treatment you can be confident in.

Improvement Programme 2016-17 Update

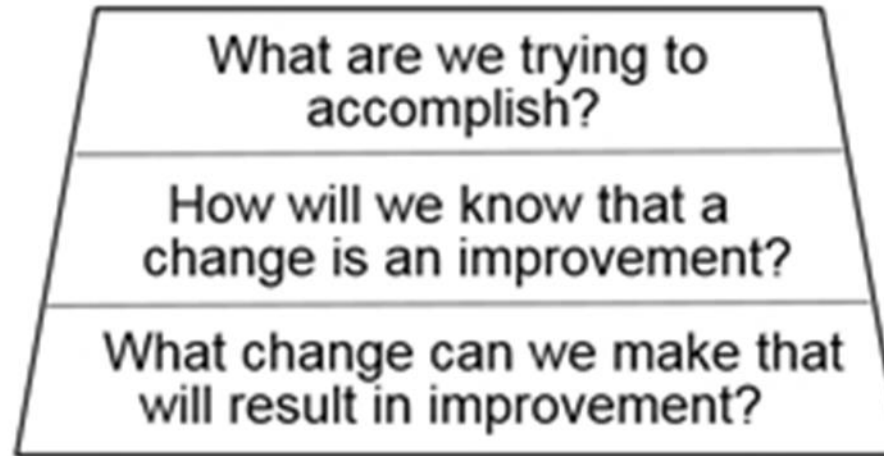
Colchester Hospital University NHS Foundation Trust

Improving Quality **NHS**



So,  
what's  
our  
method?

## Model for Improvement

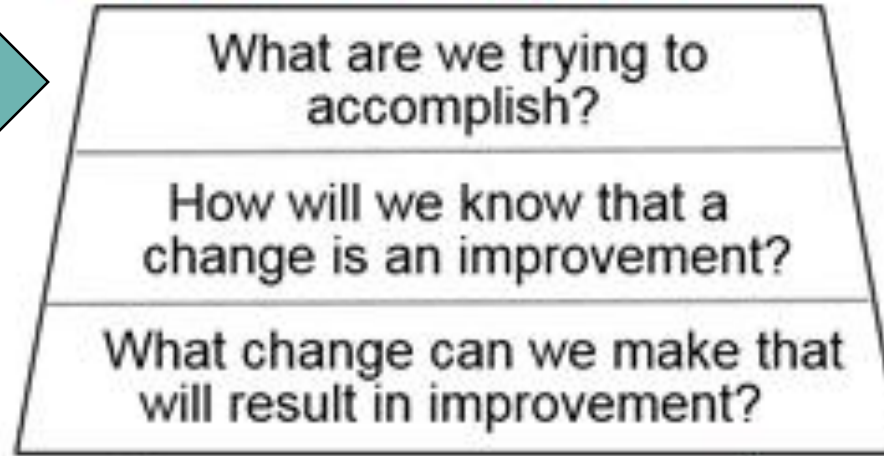




To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services

Aim

## Model for Improvement



Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by service users or staff. Your answers to these questions are anonymous.



**IMPROVING MENTAL HEALTH SAFETY**  
Sexual Safety Collaborative

Please tick:  Service user  Staff

In the past two weeks, have you felt safe from sexual harm on the ward?

**Yes / No**

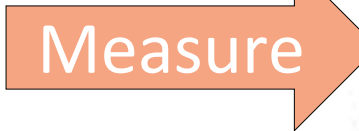
Please circle your answer

If you did not feel safe from sexual harm at any point, would you feel able to speak to someone about it?

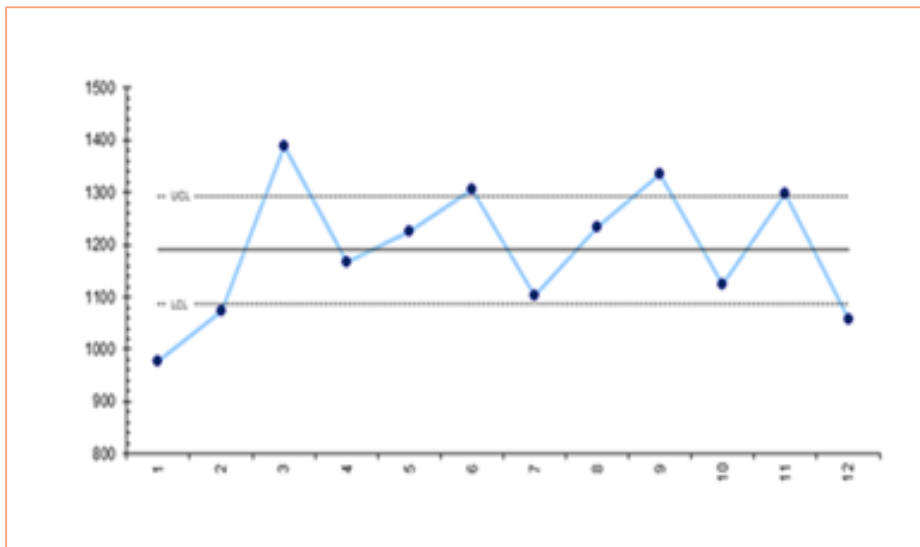
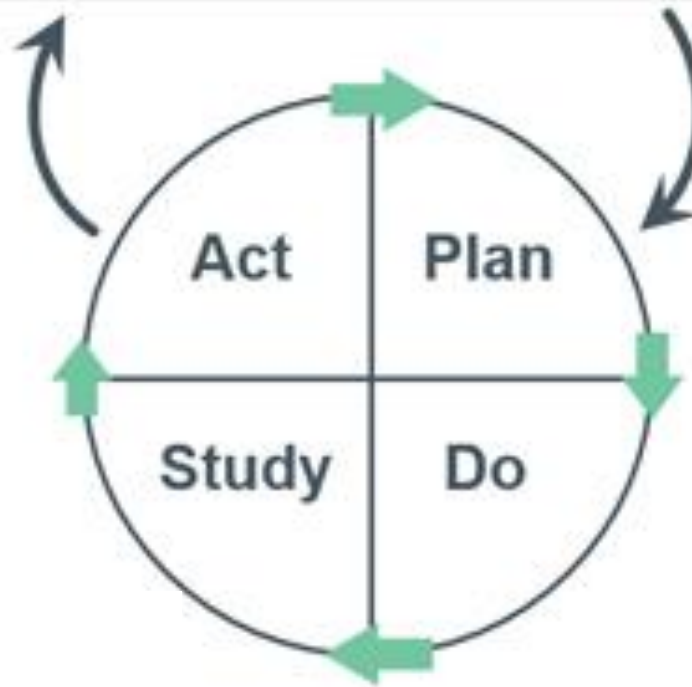
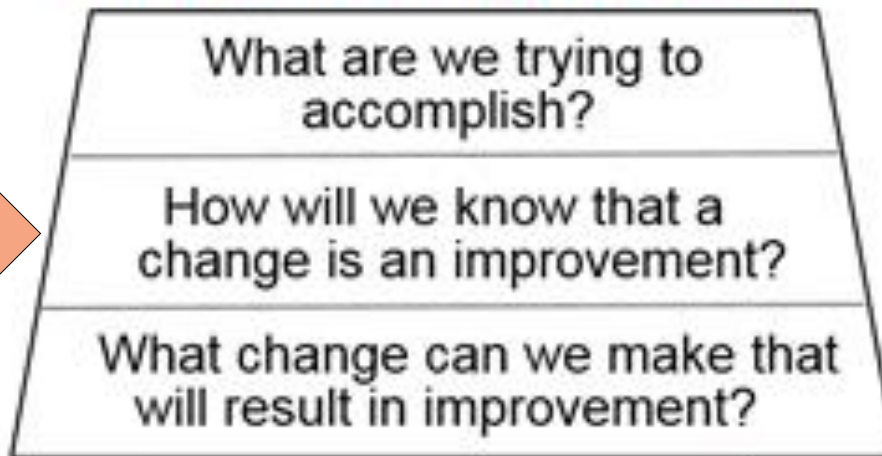
**Yes / No**

Please circle your answer

If you would like to speak with someone independent about your sexual safety on the ward, please see the contact details on the ward sexual safety charter.



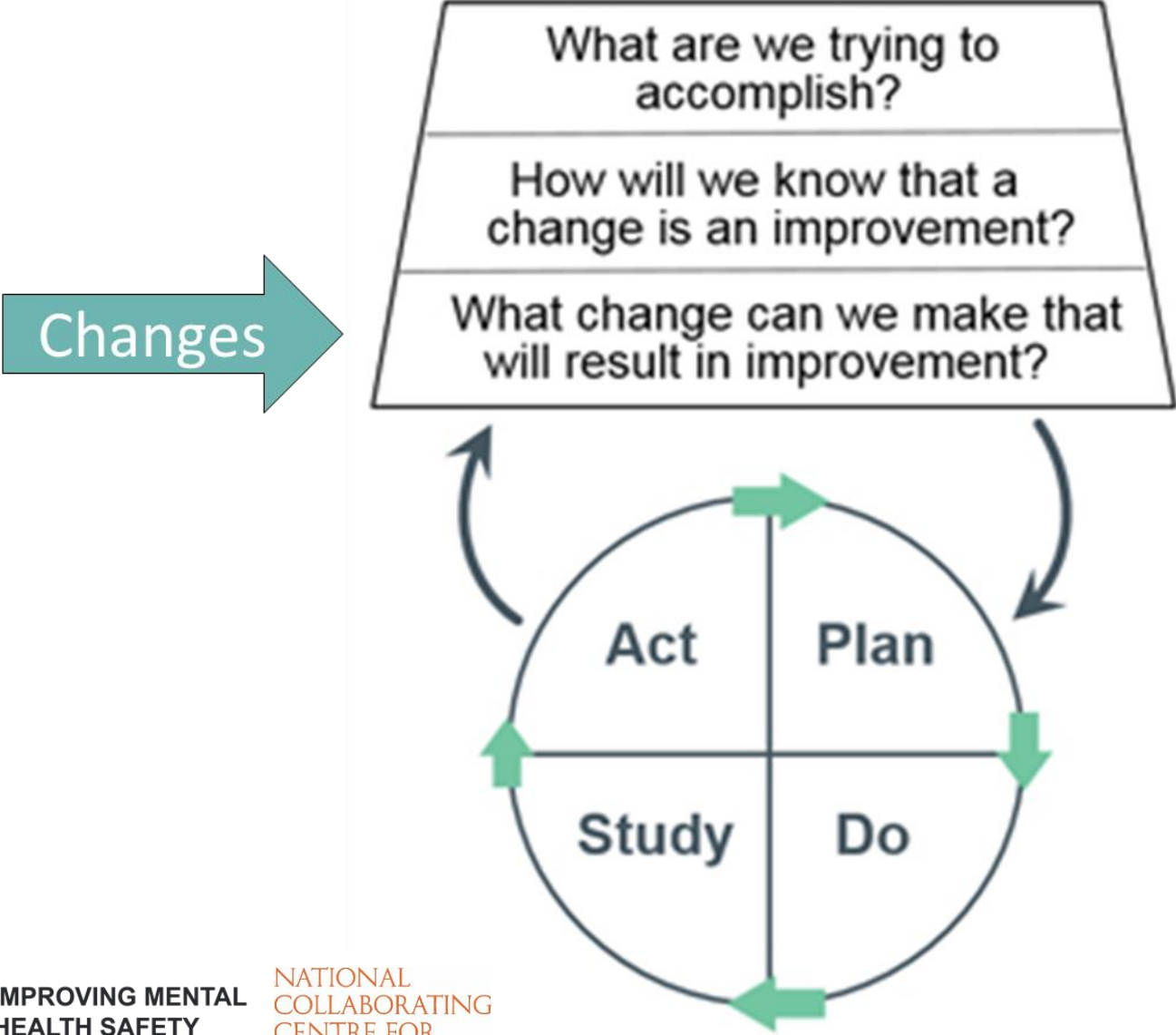
## Model for Improvement

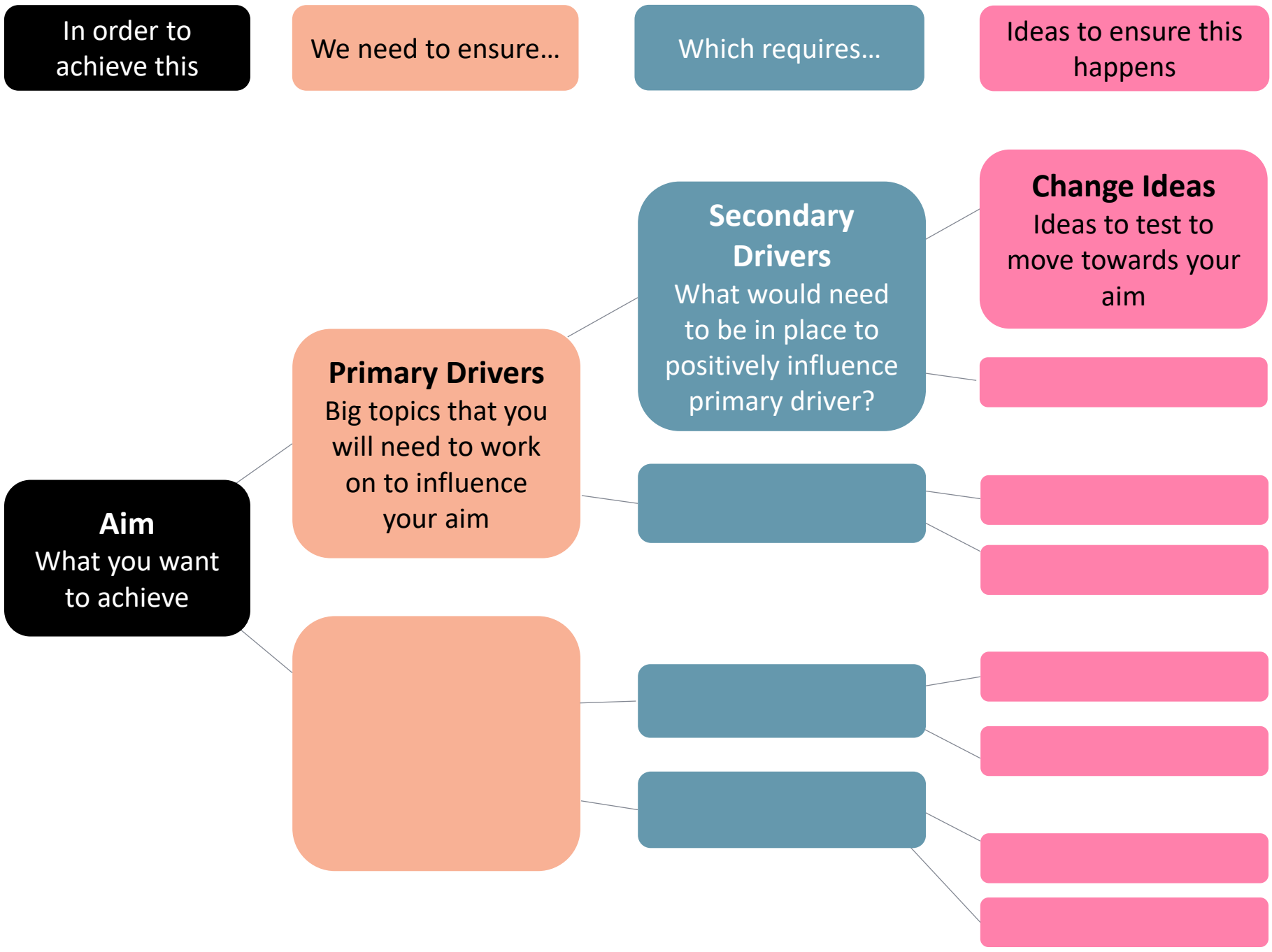


**IMPROVING MENTAL HEALTH SAFETY**  
Sexual Safety Collaborative

**NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH**

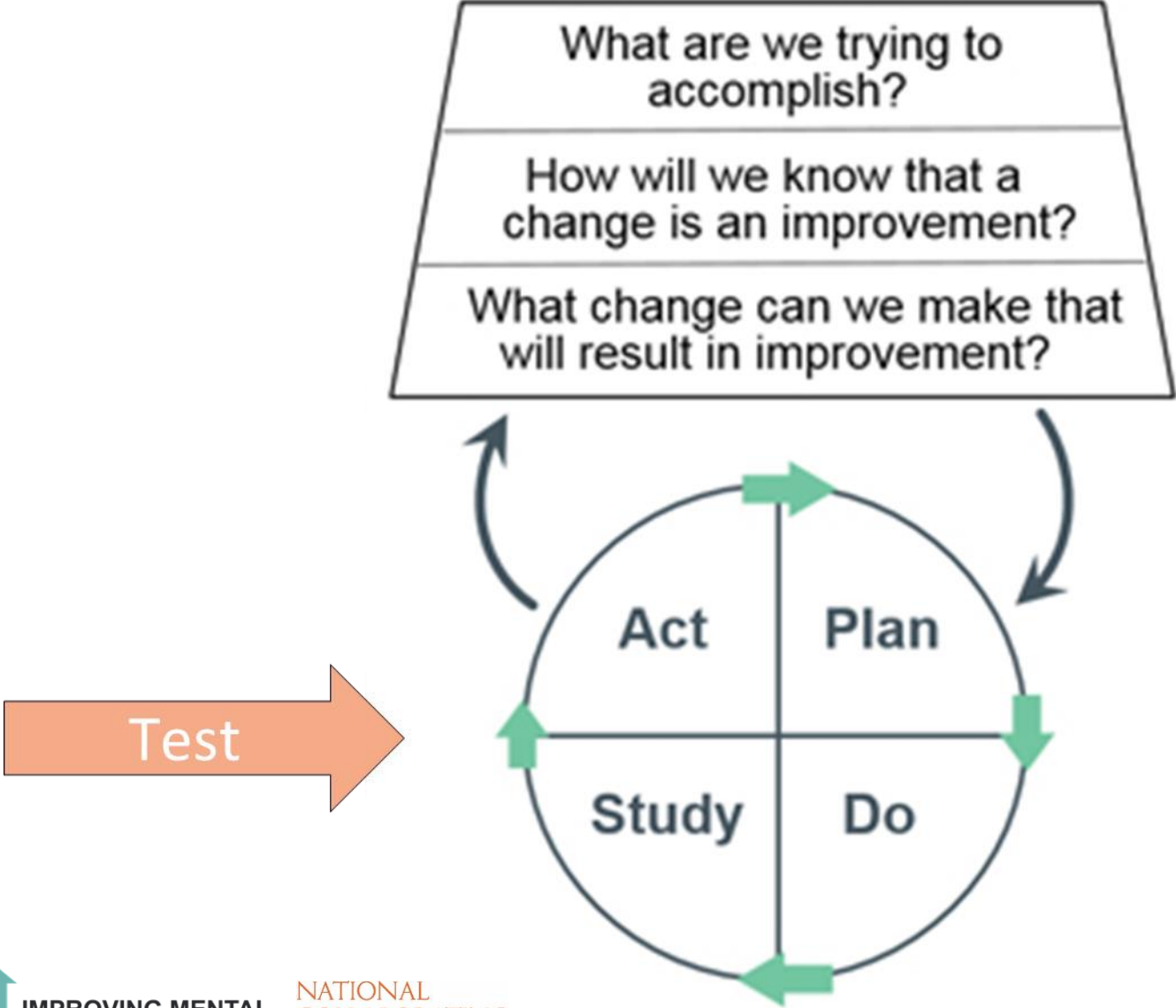
# Model for Improvement







# Model for Improvement



# What have we learnt from our first national improvement collaborative in mental health?

- ▶ Regular time and space to do the work
- ▶ Involving and partnering with service users and carers throughout
- ▶ Having a named, and active, senior sponsor
- ▶ Making the most of the QI coach support on offer
- ▶ Regular data collection, and learning the LifeQI platform



# LUNCH

12:50 - 13:20





# Breakout Sessions

13:25 - 15:10

- ▶ Life QI Introduction Room 1.7
- ▶ Early tasks for your team Room 1.1
- ▶ The measurement plan Room 1.2 - 1.4

# Breakout Sessions

13:25 - 15:10

<b>Group 1</b> <b>Room 1.7</b>	→	<b>Group 2</b> <b>Room 1.1</b>	→	<b>Group 3</b> <b>Room 1.2-1.4</b>
LifeQI Introduction		Early tasks for your team		The measurement plan

LifeQI

Saiqa Akhtar



# Where people, tools, data come together to make improvement happen



## Tools

QI tools are seamlessly integrated, providing an easy to use platform, tailored to running QI projects.

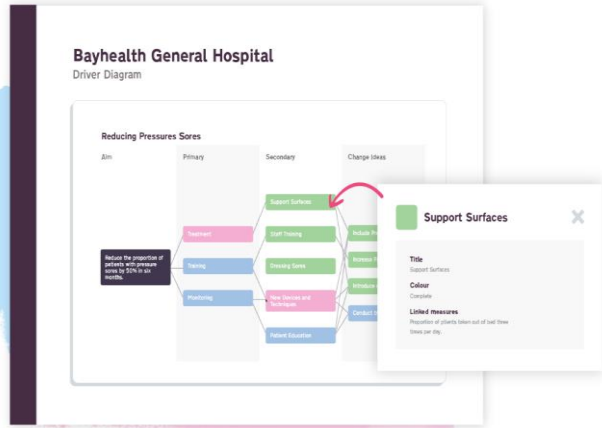
## People

Bring your people together to share ideas, accelerate learning and drive change - anytime, anywhere.

## Data

Track outcomes and analyse progress across your team, organisation and beyond with secure analytics tools.

# Time-saving improvement tools



Build Driver Diagrams

Run and Ramp PDSA Cycles

Reducing harm from Sepsis  
Everyone can view

New PDSA Ramp +

Change Idea: Vaccinations  
Reduction in Sepsis cases due to regular vaccinations  
4 FDSA cycles

Change Idea: Caring for wounds  
Reduction in Sepsis cases by caring for wounds  
4 FDSA cycles

Change Idea: Treating infections  
Reduction in Sepsis cases by  
4 FDSA cycles

Change Idea: Hand washing  
Reduction in pressure sores because of introduction of new beds  
4 FDSA cycles

New PDSA Ramp

Define the scope of this ramp

Title

Change Idea

Create a PDSA  
Title of PDSA



Evidence with SPC charts

- Log in to Life QI here: <https://uk.lifeqisystem.com/login>
- Access the project that you have been invited to direct from your Start page.
- Once in your project you can see an overview of the status of your project and begin to add in further information.

# Accessing your project

- Access the project that you have been invited to direct from your Start page.

< Part of the 'Sexual Safety Collaborative' programme

North Ward ▾ Sexual Safety Collaborative

There are 1 team member(s) pending an invite to this team.

We're delighted to welcome you to the Sexual Safety Collaborative. As we coach you through your QI journey, you will be using LifeQI to record your theory of change, data and the change ideas you are testing on your wards.

Please feel free to browse your project on LifeQI – your QI coach will take you through all the features in the initial stages of the programme. If you have any questions at any point, please don't hesitate to contact your QI coach Saiqa.Akhtar@rcpsych.ac.uk.

SA Saiqa Akhtar

Team [Send invites](#) [Add new members](#) +

SA Saiqa Akhtar  
Coach - Admin

Active Projects

0.5 **North Ward - Sexual Safety Collaborative** →  
Active - Created (17/10/2019)



**CLICK HERE**

N  
MM  
SA  
DG  
KL  
EC  
+3

Icons: List, Folder, Megaphone, Chat

- Once in your project, you can see an overview of the status of your project and begin to add in further information.

- Start
- Projects
- Programmes
- Discussions
- Reports
- Analytics
- Groups
- People
- Organisations
- Settings
- Admin

## North Ward - Sexual Safety Collaborative

Everyone can view

General
Driver diagram
Measures & charts
Pdsas
Discuss

Actions ↓

<p style="font-size: 24px; color: #e74c3c; margin: 0;">0.5</p>			<p style="font-size: 24px; margin: 0;">5</p> <p style="margin: 0;">Measures</p> <p style="font-size: 24px; margin: 0;">0</p> <p style="margin: 0;">Charts</p>	
<a href="#">Change score</a>	Project team	Driver diagram	Measures	Pdsas

Details Edit

Title	Status
North Ward - Sexual Safety Collaborative	Active



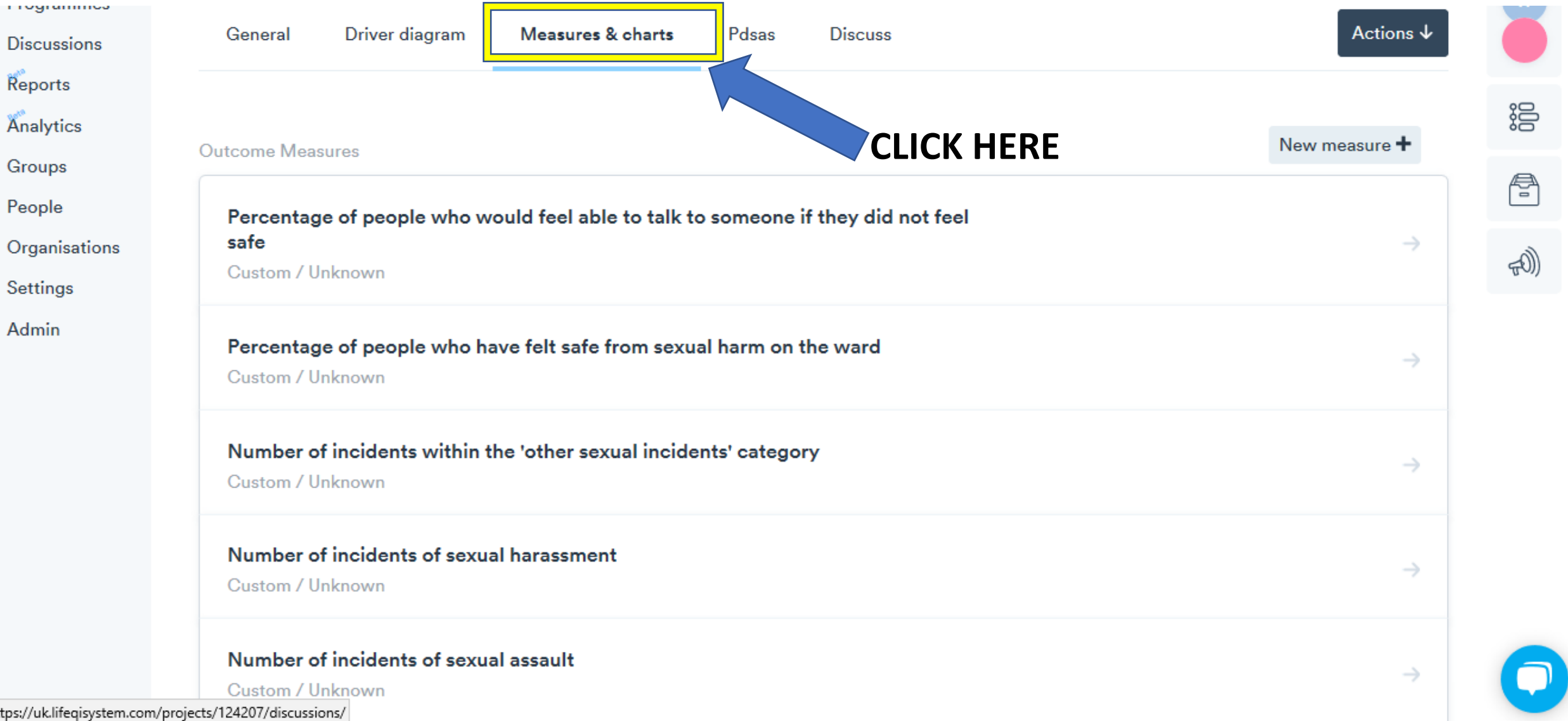
- To edit your project, select the edit button highlighted below.

The screenshot shows the project management interface for 'North Ward - Sexual Safety Collaborative'. The page is divided into several sections:

- Left Sidebar:** A vertical navigation menu with options: Start, Projects (highlighted), Programmes, Discussions, Reports, Analytics, Groups, People, Organisations, Settings, and Admin.
- Project Header:** 'North Ward - Sexual Safety Collaborative' with the subtitle 'Everyone can view'. Below this are tabs for 'General', 'Driver diagram', 'Measures & charts', 'Pdsas', and 'Discuss'. An 'Actions' dropdown menu is located on the right.
- Dashboard Cards:** A row of five cards representing different project metrics:
  - Change score:** A circular gauge showing a score of 0.5.
  - Project team:** A group of four team members represented by colored circles (DG, SA, and two others).
  - Driver diagram:** A diagram with multiple colored bars and an 'Add →' button.
  - Measures:** A card showing '5 Measures' and '0 Charts' with an 'Add →' button.
  - Pdsas:** A card with an 'Add →' button.
- Details Section:** A table with two columns: 'Title' and 'Status'. The 'Title' row contains 'North Ward - Sexual Safety Collaborative'. The 'Status' row contains 'Active'. An 'Edit' button with a pencil icon is highlighted with a yellow box. A large blue arrow points from the text 'CLICK HERE' to this button.
- Right Sidebar:** A vertical menu with icons for various features, including a top section with 'DG' and 'SA' buttons, and a bottom section with a chat bubble icon.

# Adding Data to your project

- To add data to your project, select the button highlighted below and you will see your 5 outcome measures listed .



The screenshot shows the LifeQI interface with the 'Measures & charts' tab highlighted. A blue arrow points to this tab with the text 'CLICK HERE'. Below the tab, a table lists five outcome measures:

Outcome Measure	Status
Percentage of people who would feel able to talk to someone if they did not feel safe	Custom / Unknown
Percentage of people who have felt safe from sexual harm on the ward	Custom / Unknown
Number of incidents within the 'other sexual incidents' category	Custom / Unknown
Number of incidents of sexual harassment	Custom / Unknown
Number of incidents of sexual assault	Custom / Unknown

# Adding Data to your project

- Select the measure you would like to add your data to

Start  
Projects  
Programmes  
Discussions  
Reports  
Analytics  
Groups  
People  
Organisations  
Settings  
Admin

Percentage of people who would feel able to talk to someone if they did not feel safe  
Outcome measure (P chart)

Charts Plan

Actions ↓

Charts

Percentage of people who would feel able to talk to someone if they did not feel safe (North ward)  
Custom / Unknown

Add a chart +

Aggregate chart

Edit

P Chart

Q

CLICK HERE

- Select 'edit' and scroll to the bottom of the page, where you will see a list of pre-populate dates covering the next 3 months. You will notice, the data is currently set to 'zero'.

P Chart – Percentage of people who would feel able to talk to someone if they did not feel safe (North ward)

Chart

P Chart

**CLICK HERE** 

Actions ↓


















 Edit


Time Period	Count	Total
04/11/2019	0	0
18/11/2019	0	0
02/12/2019	0	0
16/12/2019	0	0
06/01/2020	0	0
20/01/2020	0	0
03/02/2020	0	0



# Adding Data to your project

- Scroll down to the bottom of the page, to add new data select 'Add row' and type in your data, ensure you select the appropriate date by clicking on the calendar symbol

Time Period	Count	Total	
04/11/2019 	0	0	
18/11/2019 	0	0	
02/12/2019 	0	0	
16/12/2019 	0	0	
06/01/2020 	0	0	
20/01/2020 	0	0	
03/02/2020 	0	0	
17/02/2020 	0	0	
18/02/2020 			

**Add Row +**  **CLICK HERE**

# Adding Data to your project

- Don't forget to scroll back up to the top of the page and save your changes. Your chart will then be re-drawn to include your new data

P Chart – Percentage of people who would feel able to talk to someone if they did not feel safe (North ward)

Actions ↓

**CLICK HERE**

Save ✓ Cancel ✕

Chart

P Chart

The chart's data has been changed, you will need to re-draw it.

Re-draw chart ⚙

# Introducing your Driver Diagram



- Your driver diagram has been started at the Programme level which is great news.....
- We will take a closer look at this after all teams have collected 3 month's baseline data (Jan/Feb 2020)
- Your QI coach will explain what a driver diagram is, and how to use it, at that time

# Defining and beginning your PDSA cycles

- The Plan-Do-Study-Act (PDSA) cycle is a 'trial-and-learning' method that allows you to temporarily test and evaluate ideas for change.
- Life QI enables you to run the full cycle on a single page under the 'PDSAs' menu option of your project (highlighted here)
- Feel free to have a look at this section, but we won't look at it in depth until after baseline data has collected across the collaborative.



General   Driver Diagram   Measures & Charts   **PDSAs**   Discuss   Actions ↓

Change Idea: Replace Existing Beds With Newest Pressure Sensitive Beds   [New PDSA ramp +](#)

**Reduction in pressure sores because of introduction of new beds**  
5 pdsa cycles

Change Idea: Get All Patients Out Of Bed 3 Times A Day

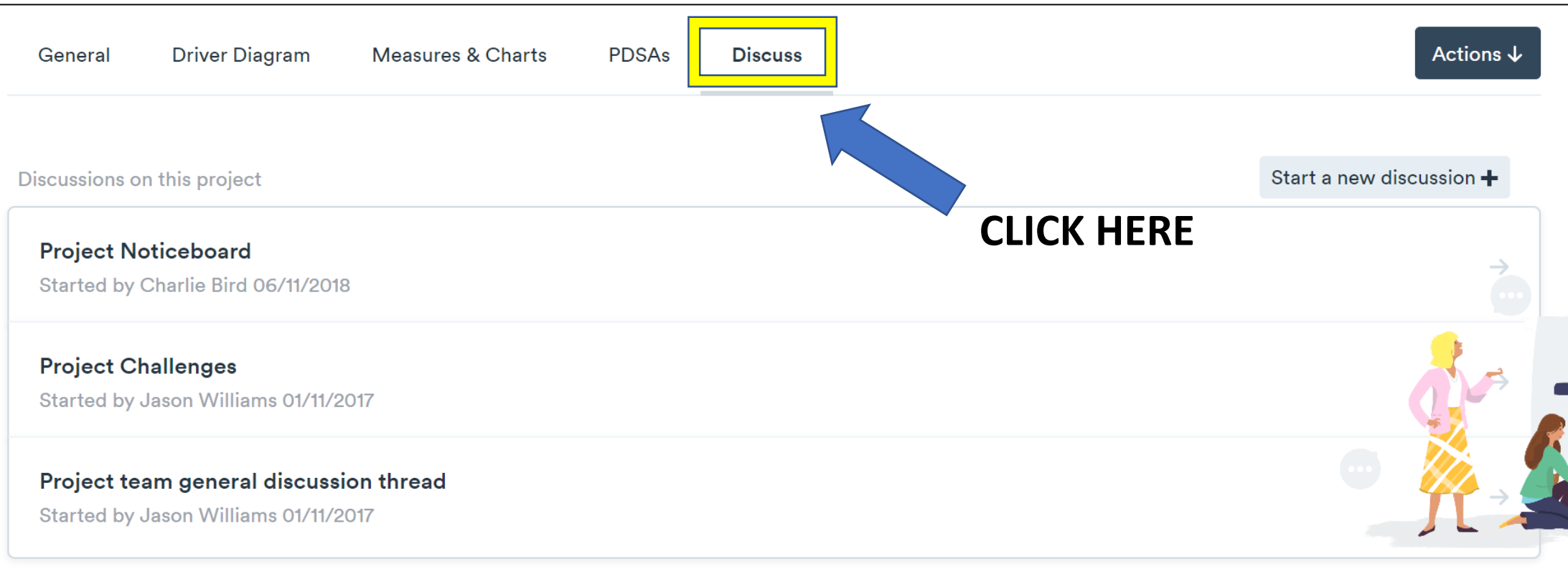
**More time spent out of bed by all patients**  
4 pdsa cycles

Change Idea: Include Pressure Sore Prevention Information In Admission Information

**Provide patients with more info on pressure sores**  
5 pdsa cycles



- Discussions are a great way of collaborating with the collaborative team members, your organisation, and the wider Life QI community.
- You can create discussions on any subject you want and invite who you want.



General   Driver Diagram   Measures & Charts   PDSAs   **Discuss**   Actions ↓

Discussions on this project   Start a new discussion +

**Project Noticeboard**  
Started by Charlie Bird 06/11/2018

**Project Challenges**  
Started by Jason Williams 01/11/2017

**Project team general discussion thread**  
Started by Jason Williams 01/11/2017

**CLICK HERE**

# Help and Support



## Visit the Help Centre

100s of how-to articles guiding  
you through the platform at  
your own place.

[help.lifeqisystem.com](https://help.lifeqisystem.com)

- There are demonstration videos on the help centre
- For example to create a chart:  
<https://help.lifeqisystem.com/measures-and-charts/creating-a-chart>
- Please use the help page or ask your QI coach if you require any further assistance.

- In addition to the Help Centre, you can....



## Visit the Help Centre

100s of how-to articles guiding you through the platform at your own place.

[help.lifeqisystem.com](https://help.lifeqisystem.com)



## Live Chat

The quickest and easiest way to chat to our experts online. **Get in touch via our website or platform.**



## Drop us a line

Send us a quick email and a member of our team will be in touch to answer your query.

[help@lifeqisystem.com](mailto:help@lifeqisystem.com)

# Action Planning

Tom Ayers

# Close

- ▶ Visit our website at:  
[www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes](http://www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes)
- ▶ Email us at:  
[safetyimprovement@rcpsych.ac.uk](mailto:safetyimprovement@rcpsych.ac.uk)
- ▶ Don't forget, you can contact your team's QI coach for support anytime

Thank you



NATIONAL  
COLLABORATING  
CENTRE FOR  
MENTAL HEALTH

# After Action Review (Optional Debrief Session)

**Structured approach to reflect on the work of a group and to identify strengths, weaknesses and areas for improvement**

- 1) What happened that we want to learn from?
- 2) What did we set out to do?
- 3) What actually happened? What did you experience?
- 4) Why were there differences?

# After Action Review (Optional Debrief Session)

- 5) What went well? Why?
- 6) What could have gone better? Why?
- 7) What would you do differently next time?

If you feel like you would like to talk to someone about anything to do with today's meeting, please do let me know and I can arrange for one of our Directors to get in touch with you to see how we can help. If you'd prefer to speak to someone outside of our team, I've included the numbers for a couple of helplines below that you can contact for support.

[Samaritans](#) : 116 123

[The Survivor's Trust](#) : 0808 801 0818



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