

Mental  
Health

# Mental Health Safety Improvement Programme (MHSIP) Sexual Safety Learning Forum

Kate Lorrimer  
09/01/2023

 @PTSafetyNHS

[www.england.nhs.uk](http://www.england.nhs.uk)

Delivered by:  
*The***AHSN***Network*

Led by:  
**NHS England**



# MHSIP key ambitions

**To improve safety by reducing harm caused to people using mental health, learning disabilities and autism (MHLDA) services by 2023:**

- Reduce restrictive practice (RRP) by 25% in MHLDA inpatient services by testing and scaling the RRP change package
  - To engage all NHS MHLDA Trusts across England with the programme
- Improve sexual safety
- Reduce suicide and self-harm

# Session objectives

By the end of this session I hope you will have a clear understanding of the:

- work of the **National Sexual Safety Collaborative (SSC)**
- **learning** from that collaborative
- **practical steps** you can take to lay the foundations for good practice and begin building the capability to improve sexual safety
- **resources** that can be used to support your work in this area.

# How the National Sexual Safety Collaborative came about

The National Sexual Safety Collaborative (SSC) was established in response to the Care Quality Commission report, [Sexual safety on mental health wards](#), and a request from the UK Secretary of State for Health and Social Care.

The SSC developed [a set of standards and guidance](#) to improve sexual safety on mental health and learning disabilities inpatient pathways (referred to as the Sexual Safety Standards), and delivered an 18-month quality improvement (QI) collaborative to improve sexual safety for patients, staff and visitors in those settings.

# Timeline



69 mental health, learning disabilities and autism wards from 42 NHS Trusts took part in the SSC

# Understanding sexual safety – operational definitions

## Sexual harassment

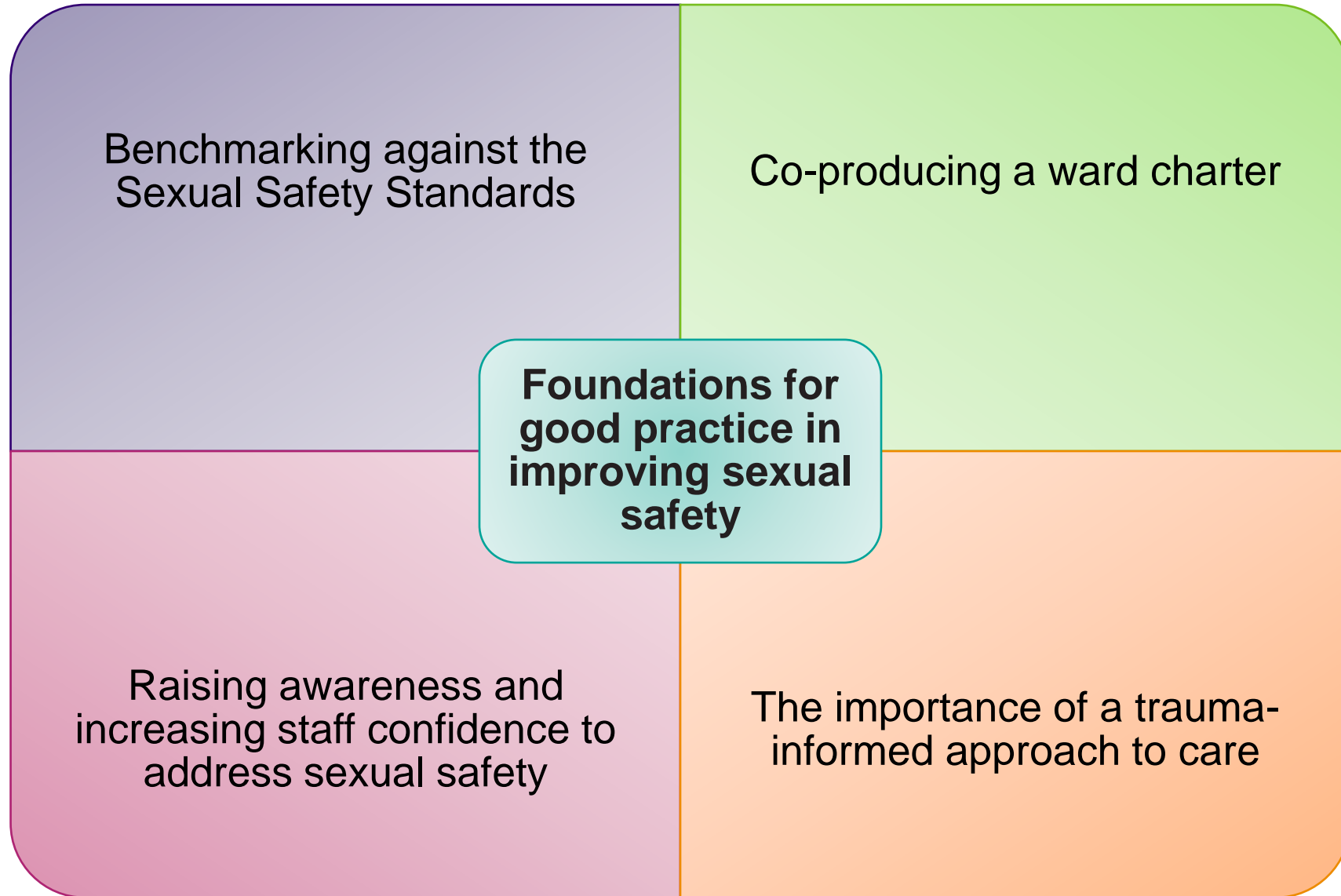
- Includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity. Verbal or non-verbal sexual gestures or behaviours are categorised as sexual harassment.
- These unwanted behaviours may only happen once or be an ongoing series of events.
- Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video, and graphic files, for any activity that involves human sexuality).

## Sexual assault

- Is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object (definition adapted from The Crown Prosecution Service).
- Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.

## Other sexual incident

- This category is for incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.





# Co-Production

**Dr Sarah Markham**

# Co-production

**Co-production** is a way of working that **involves people** who use health and care services, carers and communities **in equal partnership**; and which engages groups of people at the **earliest stages of service design, development & evaluation**. Co-production acknowledges that **people with ‘lived experience’** of a particular condition are **often best placed to advise** on what support and services will make a positive difference to their lives. Done well, **co-production helps to ground discussions in reality**, and to maintain a person-centred perspective

# Co-production as one way to work with people and communities

Graphic from: [Working in Partnership with People and Communities. Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England, July 2022](#)



A blended approach to working partnership with people and communities.

Being clear as to the rational and deciding that with people with lived experience

# Improving experiences by co-producing quality improvements together, within a quality assurance system



# Putting Patients at the Centre of QI

FIGURE 1: COMMON ELEMENTS OF QI



[https://www.cqc.org.uk/sites/default/files/20180911\\_QI\\_hospitals\\_FINAL.pdf](https://www.cqc.org.uk/sites/default/files/20180911_QI_hospitals_FINAL.pdf)

# Strong leadership and culture change

Going beyond one  
formally responsible  
director to full  
board ownership

Being comfortable  
with the  
uncomfortable

Celebrate  
success

**The successful alignment of Co-production, QI and Experience of Care requires a cultural change and needs to be driven from the highest level in an organisation or system.**

# Starting from what matters to people

Defining the question and solutions together

Using improvement methodologies and other tools to focus on 'what matters to people' e.g. Always Events®, EBCD, story telling

Change also has to come from the bottom-up. Method that are built around what matters to people work best.



# Power sharing

Being curious  
about resistance  
and valuing all  
feedback

Reflexivity on  
the process not  
just outcomes

Being comfortable  
with the uncom-  
fortable and expect  
differing opinions

Identify and explore  
hidden power

If co-production and quality improvement are effectively aligned, sharing power will be inherent in how the work is undertaken. Taking a curious and reflexive approach allows for a non-defensive exploration of why people may resist sharing power and building new and different types of relationships. People may feel uncomfortable as individuals with shifts in power but need to accept both discomfort in not knowing the answers and solutions at the start and in accepting differing opinions as a natural part of the process. Conversations about power can enable people to identify and explore what is hidden or implicit.



# Creating a Culture of Co-Production – Top Tips

- **Embrace** partnership and collaboration - Visibly support and sponsor co-production through culture, behaviour and relationships, including **senior leadership** role modelling and sponsorship.
- Identify where in the system there is a strong culture of co-production, and **nurture and spread** this way of working.
- Support the **adoption of co-production approaches** such as Experience Based Co-Design
- **Encourage** open and honest conversations.
- Support organisations and an infrastructure that enables the voice of people and communities to be heard - **Be curious** and eager to **listen to experiences of care, whether “lived” or “learnt”**, about **what matters to people** and what their change ideas are.
- **Invest in people** who use care and support, including unpaid carers, to ensure they have the **knowledge, skills and confidence** to contribute ‘on a level playing field’ and **reimburse** people for their time.

Q & A

# Co-producing a ward charter

The main aim in the Sexual Safety Standards is:

*‘to ensure that 100% of people within the mental health and learning disabilities inpatient pathways feel safe from sexual harm...’.*

When working towards this, each SSC ward that didn't already have one established an individual, co-produced 'ward charter' about sexual safety.

The ward charter sets out the expected standards of behaviour that all patients, staff and visitors should expect on the ward. It also does the following:

- makes a clear commitment to address sexual safety
- provides context for the work
- provides an understanding of how behaviour on the ward might differ from the expected standards
- acts as a starting point for conversations and improvement activity on each ward/unit.



Everyone has the right to feel safe from sexual harm. On this ward, we do not want you to feel uncomfortable, frightened or intimidated in a sexual way by service users or staff. We will work to promote everyone's sexual safety. Everyone should behave in a way that meets the following standards.

### Expected standards of behaviour on [insert ward name]

1	I respect myself
2	I treat others with respect and dignity
3	I understand that sexual activity with another person should be for mutual pleasure and never used for punishment or through coercion
4	I do not try to talk to someone else into engaging in sexual activity or harass another person sexually
5	I try to be aware of how my behaviour makes others feel, and will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if I need to
6	I respect the rights of others to space and privacy to fulfil their sexual needs through masturbation
7	I understand that fulfilling my own sexual needs through masturbation must be conducted privately and discreetly
8	I will speak up if I have been hurt, harassed or assaulted physically or sexually
9	I speak up if I see or hear about someone else being hurt, harassed or assaulted either physically or sexually

If you feel too frightened or upset to speak to a member of staff, you can get independent advice or support by calling {insert organisation name} on {contact details}.

# WARD CHARTER

## Sexual Safety

Everyone has the right to feel safe from sexual harm on Clearbrook. We do not want you to feel uncomfortable, frightened or intimidated in a sexual way by anyone including other service users, visitors or staff. We will work together to promote and protect as necessary, everyone's sexual safety. Everyone should behave in a way that meets the following standards.

1. I respect myself.
2. I treat others with respect and dignity.



3. I understand that sexual activity with another person should be for mutual pleasure and something that I have agreed to. It should never be used for punishment or through manipulation/bullying.
4. I do not try to talk someone else into engaging in sexual activity or harass another person sexually.



**Don't do**

5. I try to be aware of how my behaviour and what I say can make others feel and will change my behaviour if someone tells me it makes them uncomfortable, or I will ask for help with this if need to.



6. I respect the rights of others space and privacy to fulfil their sexual needs through self-stimulation (masturbation).



7. I understand that fulfilling my own sexual needs through self-stimulation (masturbation) must be conducted privately and discreetly.



**In our own room please**

8. I will report (speak up) if I have been hurt, harassed or assaulted physically or sexually.



9. I will report (speak up) if I see or hear about someone else being hurt, harassed or assaulted either physically or sexually.

10. I will be aware/sensitive to the possibility of difficult life events that may cause distress.



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

**If you feel too frightened or upset to speak to a Local member of staff, you can get independent advice or support by calling:-**

**For Service users:-**

- IMHA (Independent Mental Health Advocate)
- Chaplaincy

**For Staff –**

- Freedom to Speak Up Guardian
- Your Union Rep
- Chaplaincy

# Raising awareness and increasing staff confidence to address sexual safety

- The team at Forest Close, a unit with several wards within Sheffield Health and Social Care NHS Foundation Trust, added a measure of staff confidence to their measurement plan. They created a sexual safety survey for colleagues across their wards to complete.
- They also produced a [video](#) to explain how their survey was created and how the results guided the next stages of their work to improve sexual safety.

## Next steps

The MHSIP will hold one more national Sexual Safety Learning Forum:

- 27<sup>th</sup> March 2023 from 11am – 1pm. This session will focus on trauma-informed care.

Please save the date if you are interested in attending.



# Session evaluation

We'd be very grateful if you could give us your feedback on today's session, so that we can use it to improve the next one accordingly.





# Contacts

**Kate Lorrimer**, Deputy Head of Quality Transformation (Quality of Care)  
Mental Health, Learning Disability and Autism and Specialised Commissioning Teams

[kate.lorrimer@nhs.net](mailto:kate.lorrimer@nhs.net)

**Heather Pritchard**, Senior Programmes Lead  
National Patient Safety Improvement Programmes

[heather.pritchard1@nhs.net](mailto:heather.pritchard1@nhs.net)

## Useful resources

[National Collaborating Centre for Mental Health, Sexual Safety Collaborative](#)

All resources and learning from the MHSIP National Sexual Safety Collaborative can be found at the above link, including the booklet:

[Laying the Foundations for Improving Sexual Safety on Mental Health, Learning Disabilities and Autism Inpatient Pathways.](#)