Sexual Safety Collaborative Learning Set 2

10th March 2020

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

twitter

#MHSIP
#SexualSafetyInMH

Housekeeping

- Toilets are on the ground and first floors
- Lunch will be served on this floor (room 1.6)
- Fire alarm test is expected at 11am
- 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

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Additional support

- There is an optional session between 3pm – 4pm if anyone wants to meet with one of the QI coaches for 1:1 or small group QI support. There are sign up sheets just outside of this main room. Please feel free to sign up throughout the day.

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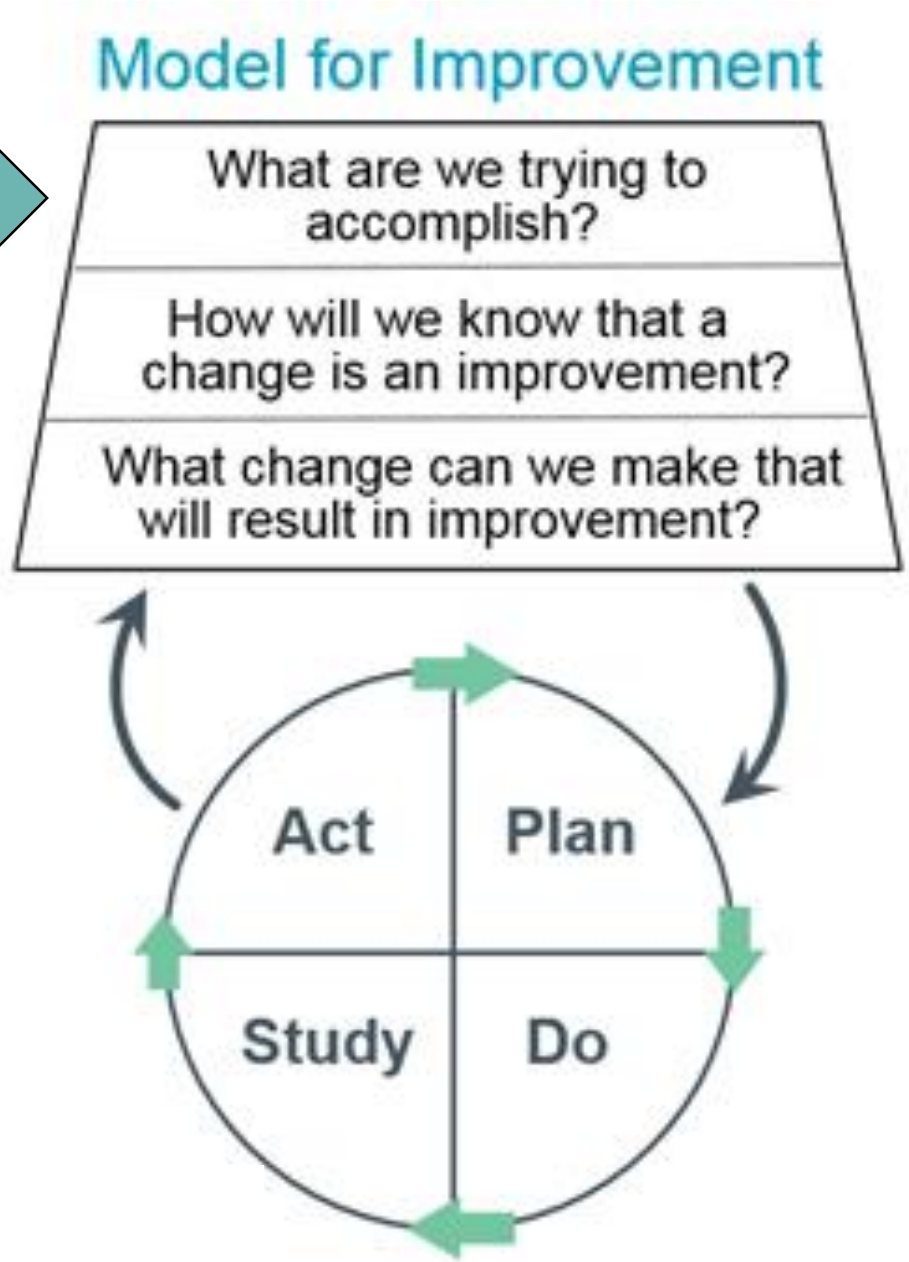
To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services

Aim



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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.

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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

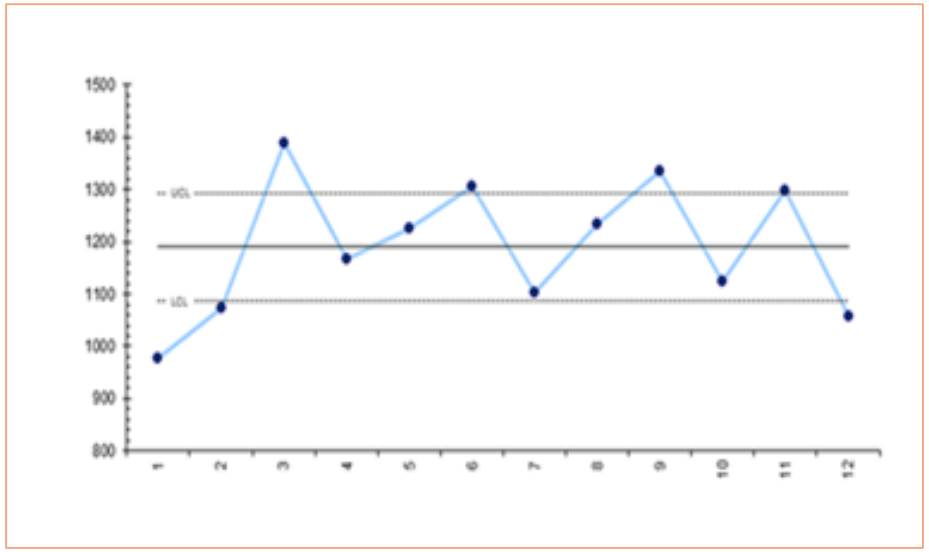
If you did not feel safe from sexual harm at any point, would you feel able to speak to someone about it?

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.

Measure



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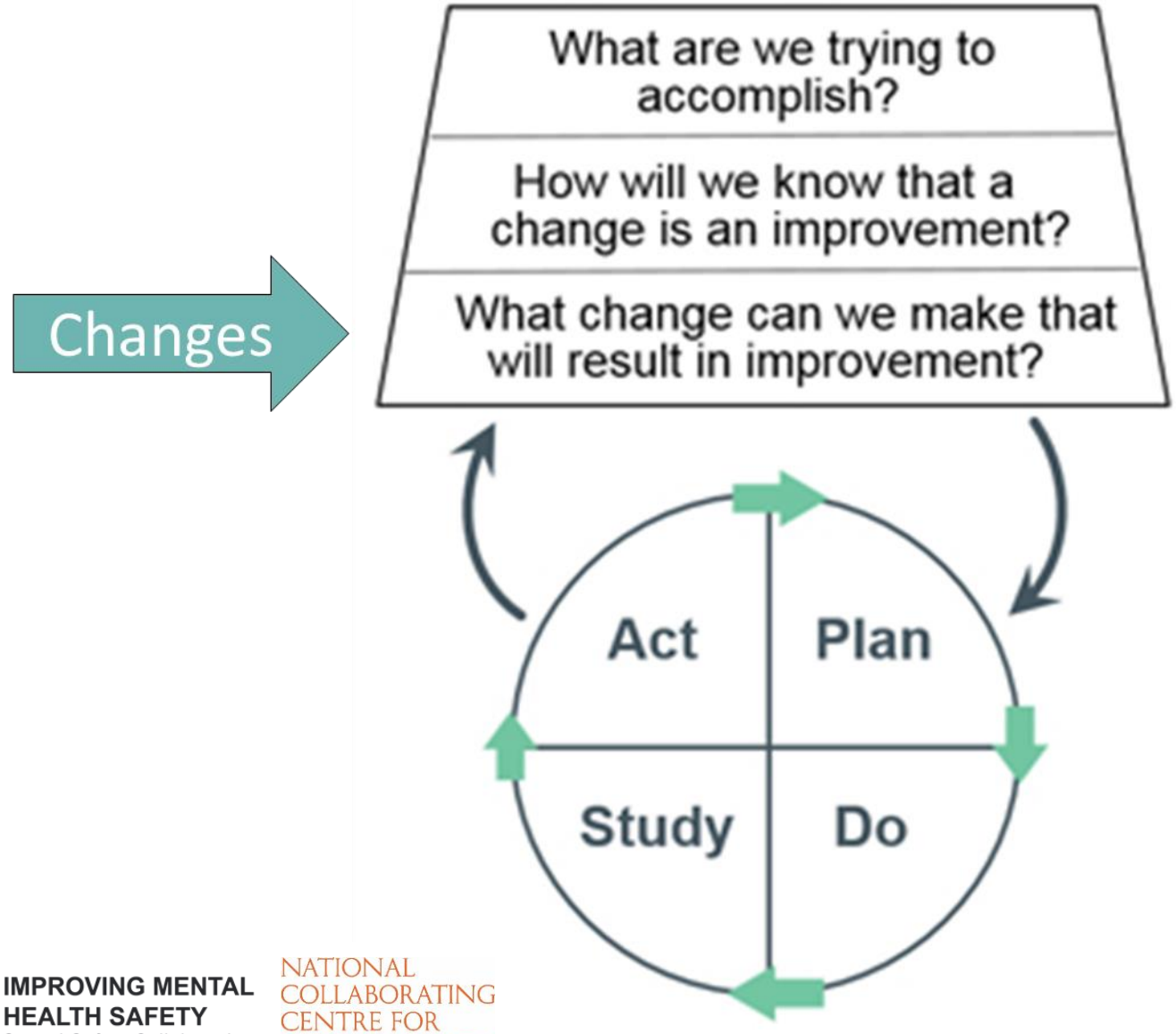
Model for Improvement

Changes



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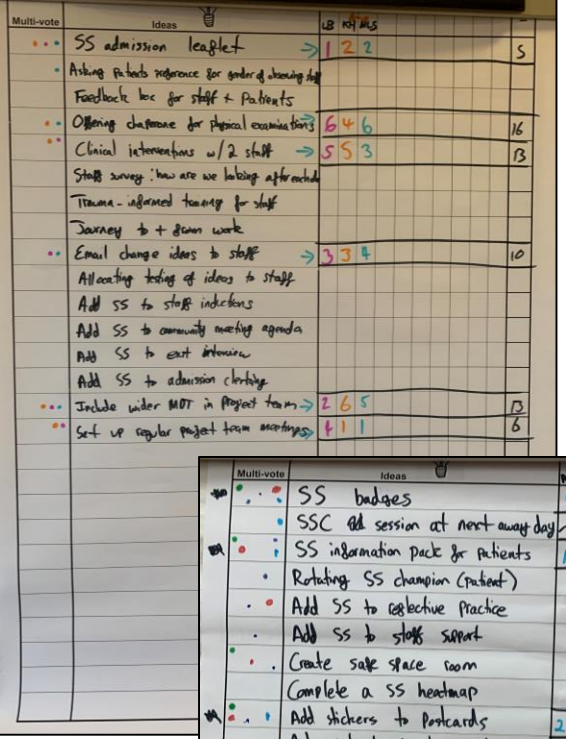

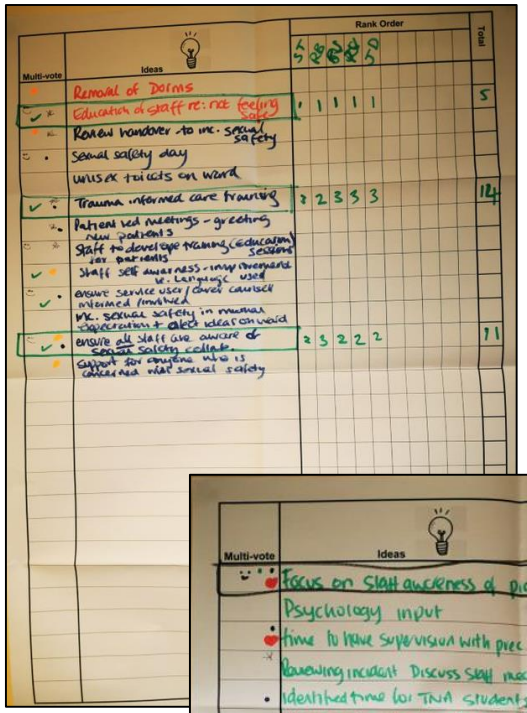

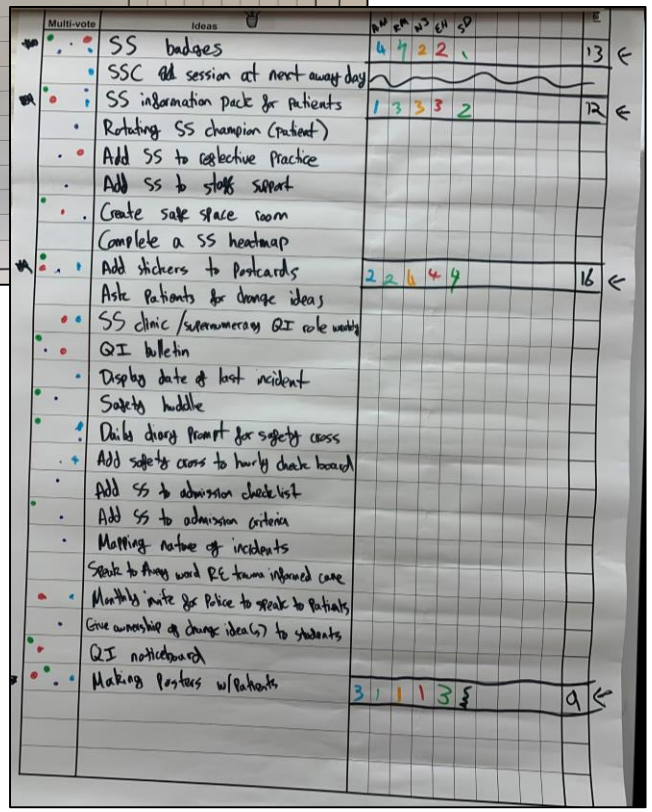

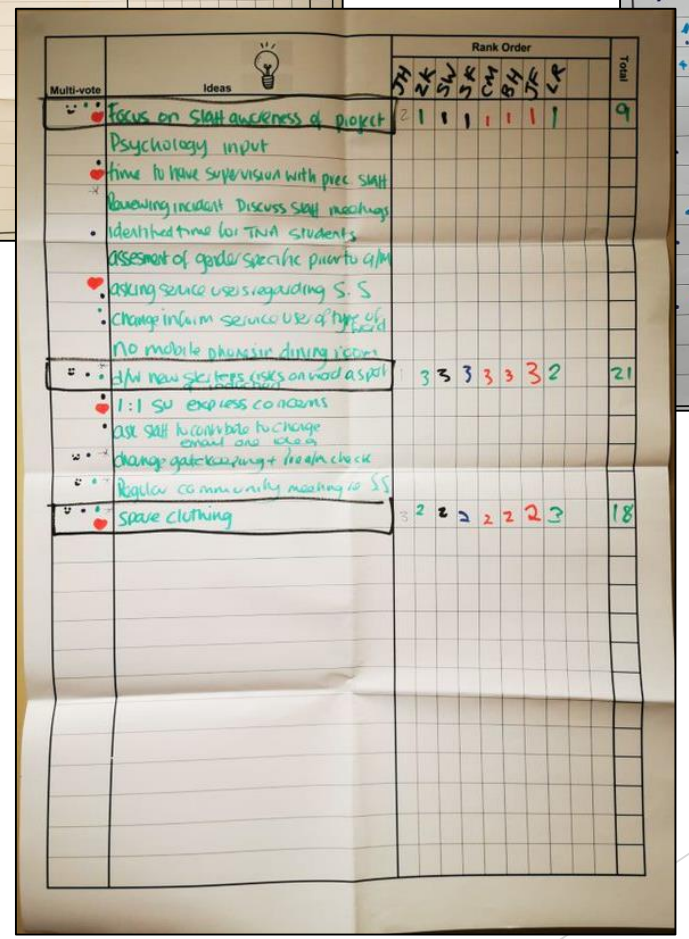

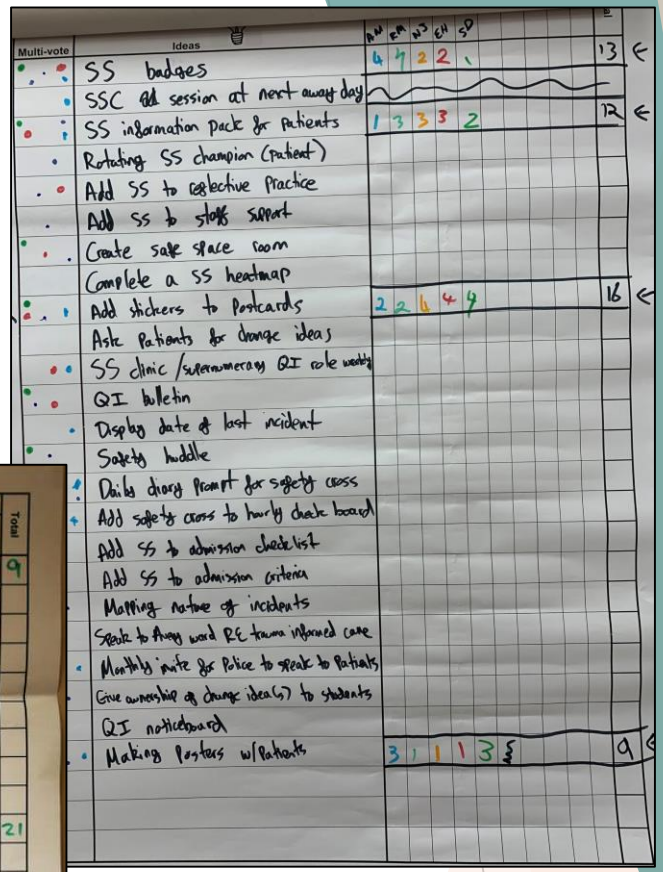

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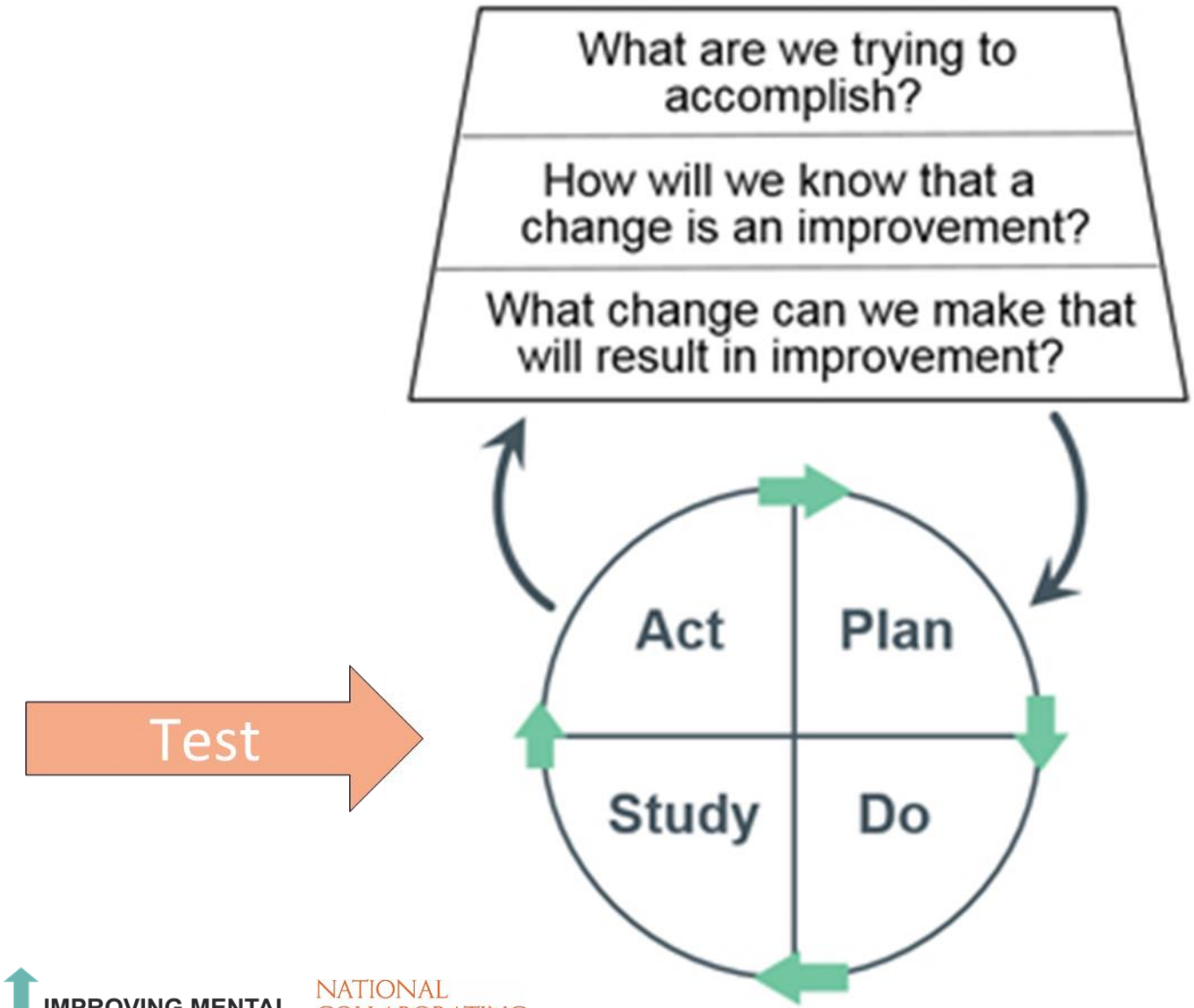
Model for Improvement



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PDSA: safe ~~safe~~ space for staff and patients

Objective: for people to feel safe when reporting sexual safety i.e. incident

Prediction: improve support, increase in reporting. People feeling safe to talk. Identify other areas i.e. improving or issues

Measure:
Questionnaire
Traker (patient experience)
measures life Q1
safety cross (identifying other areas)

Plan: Chris / Jason design questionnaire (Quarterly)
Tracker - monthly - speak to patient (amber)

PDSA: Hand out Postcards in handover

Objective: Improve regular & consistent data collection.

Prediction: Recieve more post card data from ~~YP~~ staff.
More discussion & engagement ~~w~~ among staff.
Recieve more post card data from YP.
Engagement & disscussions with YP.
Keyworker.

Measure: ① No. of post cards collected. YP & staff.
②. survey / Rating scale.

Plan:
- 1st week of every month.
- For 2 days.
- staff given 2 post cards → staff → YP.

HOW TO START TALKING ABOUT SEXUAL SAFETY IN YOUR WARD COMMUNITY

Day Njovana

Head of Nursing

East London NHS Foundation Trust

SEXUAL SAFETY MOVEMENT

Quote from the session below:

It's an uncomfortable experience, "whilst we talk openly about risk and physical violence and how we manage this, for various reasons we rarely talk about incidents of sexual aggression".

SEXUAL SAFETY MOVEMENT

The group felt this was a real and prevalent issue for staff and patients in the service.

What was evident is that open, honest conversations about the impact of sexual aggression need to occur.
#notinmyname #metoo

Sexual aggression and violence at work can be debilitating due to the fear, embarrassment, humiliation, reprisal or shame associated with it.

THE CHALLENGES

- Values and beliefs- what is the make up of your population
- Why now? - the urgency
- Who is the change for?
- Learning difficulties- the birds and the bees
- Consistency
- Modelling
- The myths – will increase sexual violence

THE CHALLENGES

- Service/ward decision
- Data capture – definition
- What do you do in real time
- Can women talk to men who have sexual offences?
- Perpetrators vs Victims – needs?

CHANGING PERCEPTIONS ON SEXUAL SAFETY

- Sharing vulnerabilities
- Work as you go along
- No idea is stupid
- Experts are users and staff on the floor
- Discovering possibilities
- Improvement in action

CHANGING PERCEPTIONS ON SEXUAL SAFETY

- We have been in this state for years
- Champions on the ward
- Safety huddles
- Away days
- Clinical improvement groups
- Quality improvement schedule (service wide)
- Male leading this work?

CHANGING PERCEPTIONS OF SEXUAL SAFETY

- #metoo
- Feedback, feedforward (allowing staff to experiment), feedback
- Service plan – priority
- Supporting roles for this work - 0.5 equivalent Band 5

OPERATIONAL DEFINITIONS

Exposing self

Asking other patients to expose themselves

Deliberately isolating staff

Masturbating in communal area

Touch (patients/staff)

Attempts to touch

Hugging/pulling

Seeking out certain staff

Pinching bottoms

Stalking

Inviting staff to sit on lap

Targeting for sexual gratification

Constant staring

Staring

Invading personal space

Intimidation

Trapping staff

Watching pornography in day area

Blow jobs

Winking

Going into each other rooms

Some patients show their bums that is why we wear clothes

Touching penis

Touching

Touching themselves in the balcony

Some patients/staff show their body

Stroke legs

OPERATIONAL DEFINITIONS

Using language for sexual gratification

Staff/Patients - self disclosure in front of others

Grooming

Initiating conversations about sex

Seeking intimacy

Wolf Whistling

Alright baby

Sexualised text

Phone calls

Blowing kisses

Gestures

Threats to rape

Singing suggestive songs

Inviting staff to bedroom

QUESTIONS?

Getting started on the Sexual Safety Collaborative within a CYP service

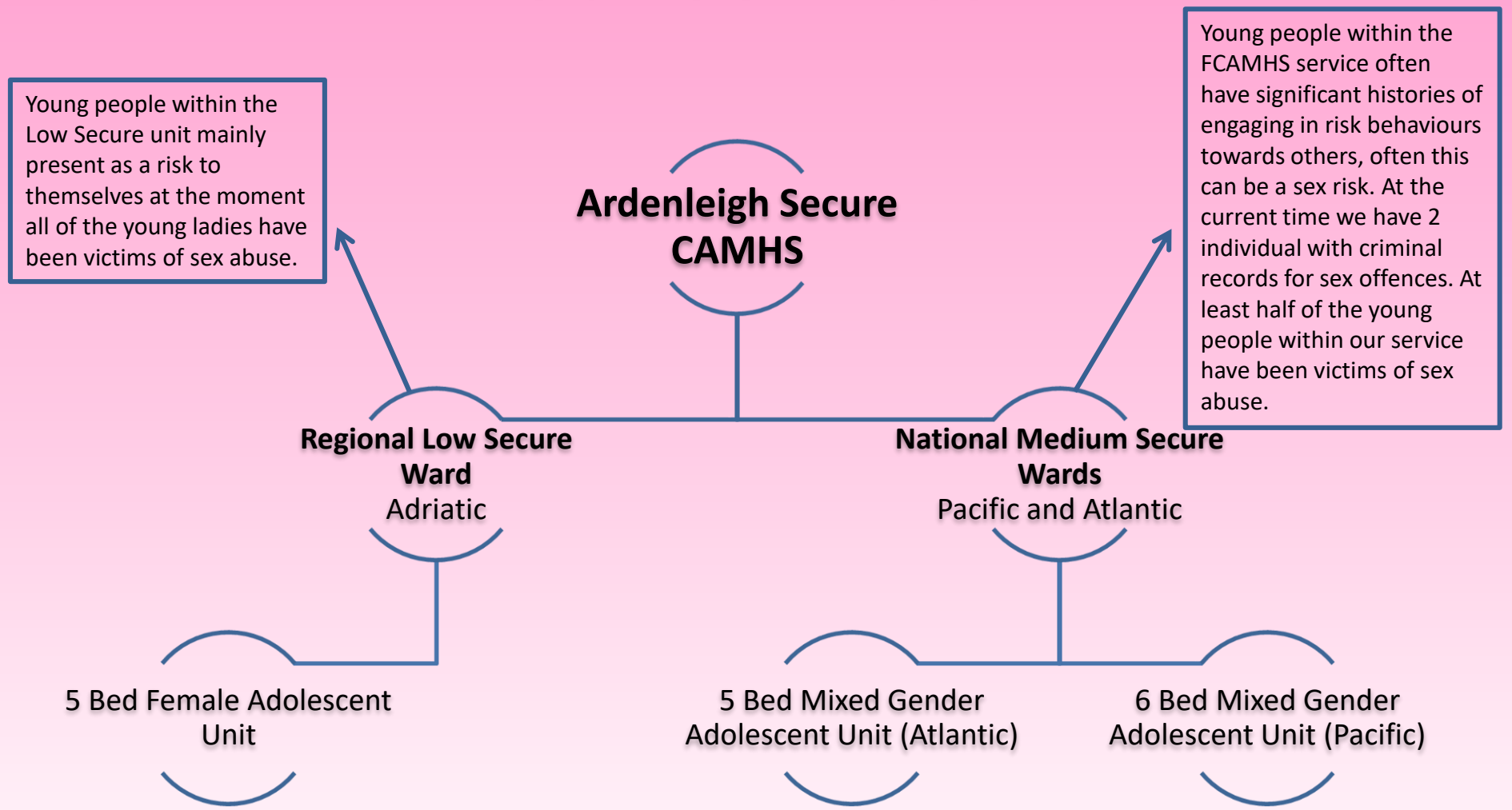
Emma Watts and Hayley Dilloway

Adriatic and Pacific wards

Who We Are

- **Emma Watts**
  - Interim Clinical Nurse Manager for Ardenleigh Hospital
- **Hayley Dilloway**
  - Secure CAMHS Matron at Ardenleigh

Our Services



Implementation

- **Community Meeting** – discussed with the young people the project, showed them the charter
  - FCAMHS – were ok with discussing
  - LSU – were struggling to talk in a group about the topic
- Gave out cards – positive reporting everyone felt safe and that they could speak to someone if they didn't feel safe. ☺

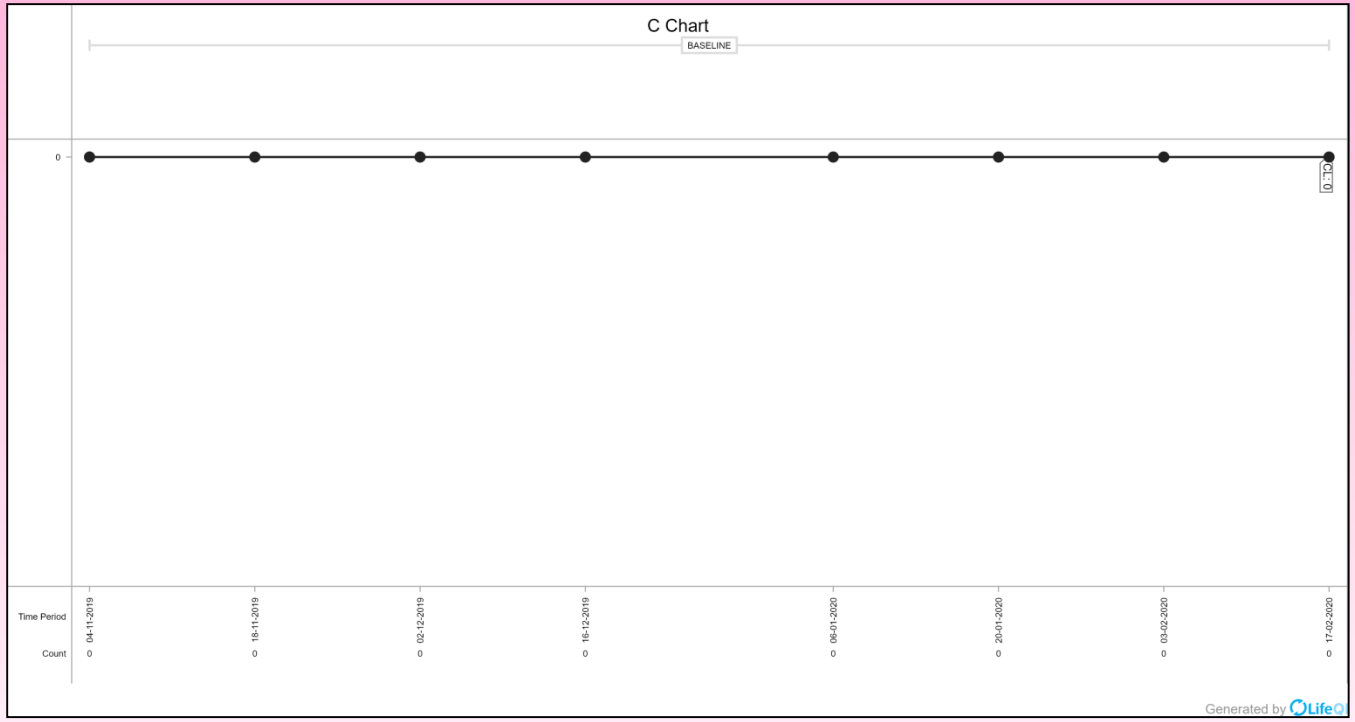
The Change

- New admission arrived and was displaying sexualised behaviours towards staff while on the ward and also while he was nursed in the seclusion suite and this continued while being nursed in the Long Term Segregation area

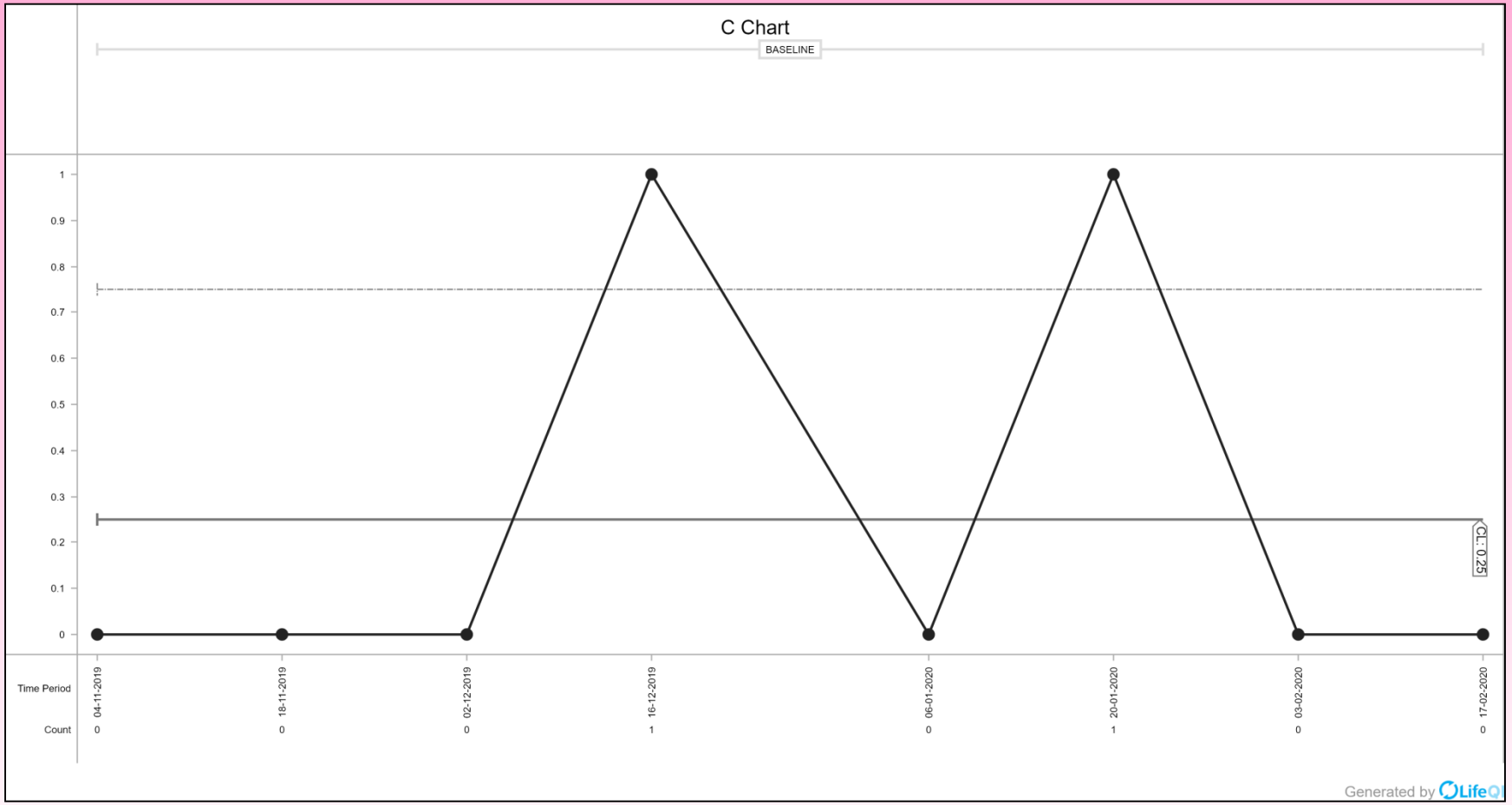
- **However Staff** – Still reporting that they feel sexually safe on the ward

What The Data Said…

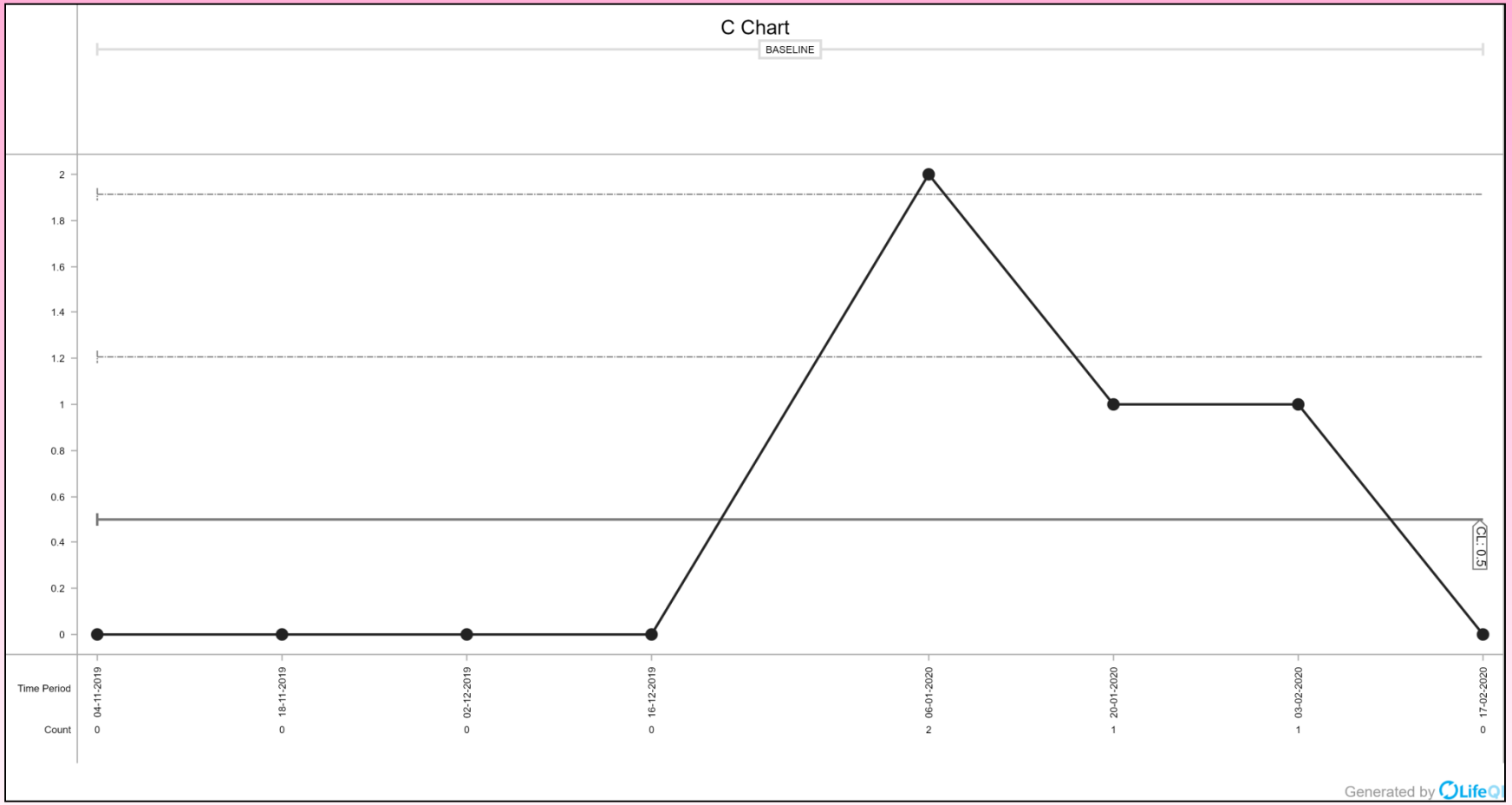
- Sexual Assault



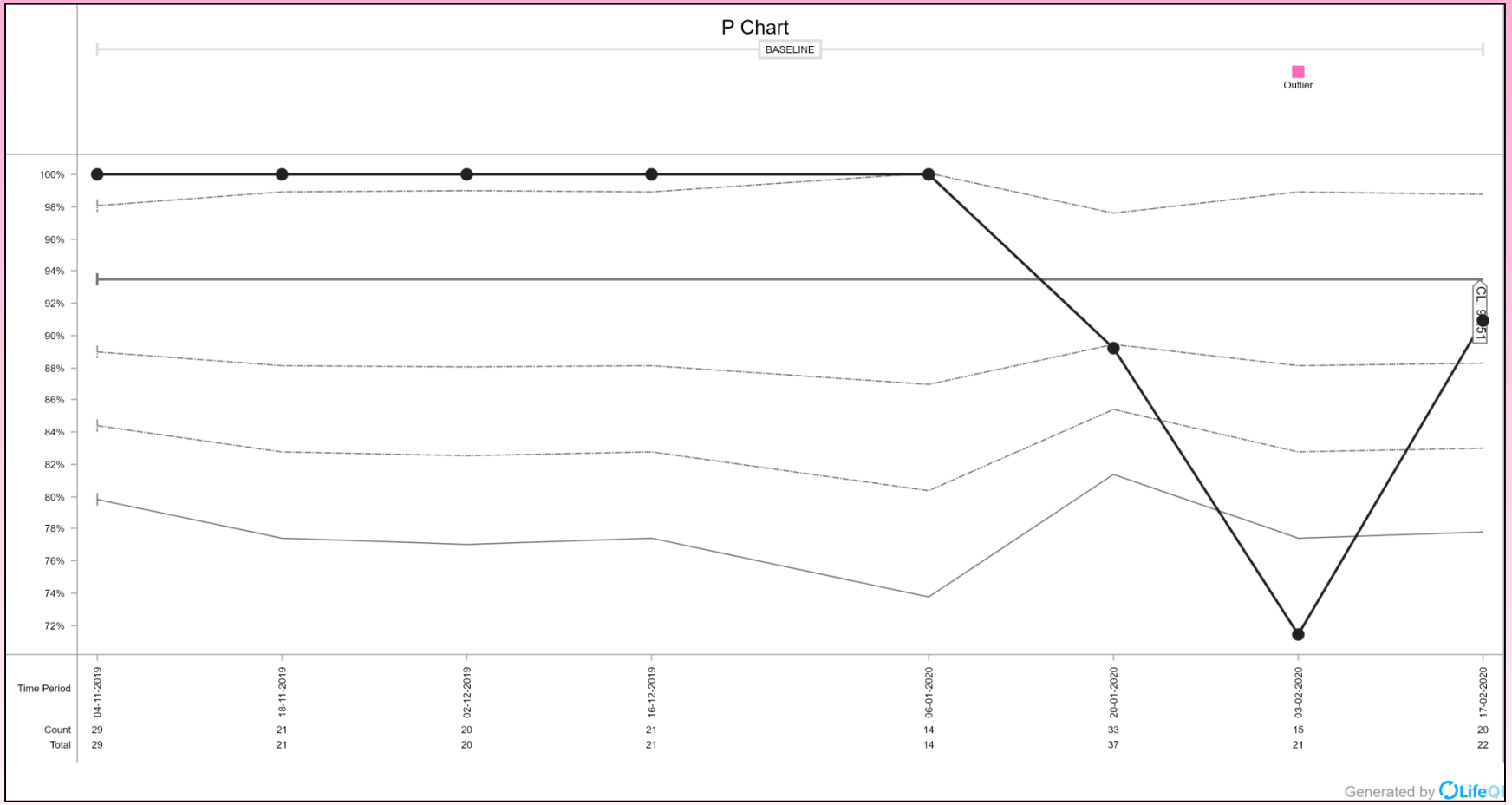
Sexual Harassment



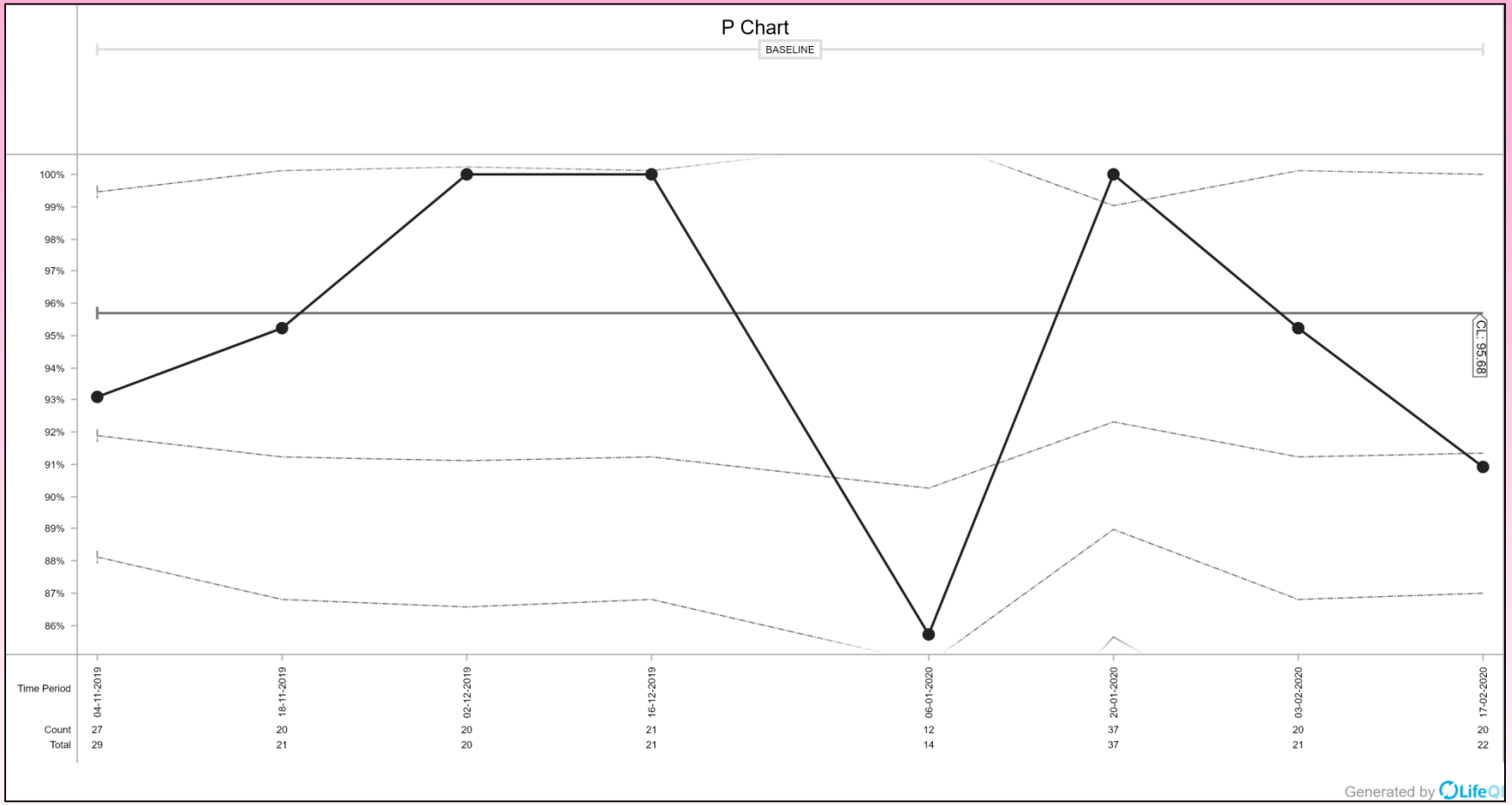
Sexual Incident



People Who Felt Safe on the Ward



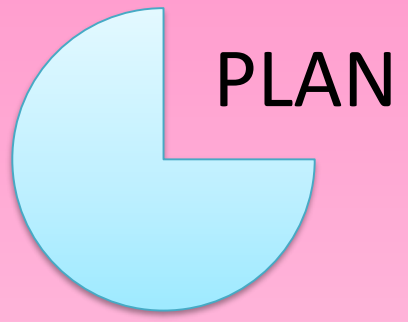
People Felt they could Talk to Someone



Context

- Seeing a raise in incidents we viewed the content of the eclipse forms
  - ‘Masturbating at member of staff’
  - ‘Starring at staff while masturbating’
  - ‘Staff informed young person his behaviour of starring and masturbating at them was inappropriate, he then continued to masturbate and was verbally threatening towards staff’
  - ‘Young person masturbating in front of young female staff. When staff encouraged young person to adhere to his masturbation care plan by moving into the bathroom for both his own privacy and dignity and in order to safeguard staff, the young person refused and became verbally hostile and agitated.’

PDSA

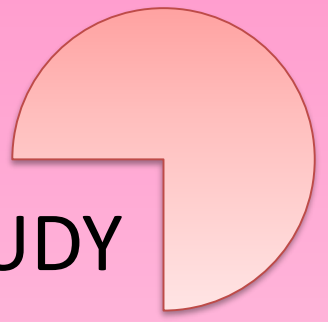


- **PLAN**
  - Change the way we collect the data by educating and informing staff about the project -
    - Speak with staff about the current data trends
    - Reflect incidents back to staff
    - Seek level of understanding of the project

PDSA

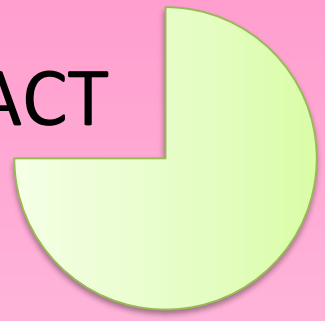
- DO
- Speaking with staff about the project and the current data trends, discussed our observations of an increase in what we felt were sexually unsafe incidents but staff were feeling safe.
  - ‘National Project’ – wanted to ensure the service was seen positively
  - Not viewing this behaviour as ‘unsafe’ towards them – not really having time to process the behaviour
  - Lack of understanding around the postcards and unsure what they working towards

PD**S**A



- STUDY
  - Some staff started to report that they were feeling sexually unsafe, which reflected that narrative of the incident reports as it appeared to be targeted behaviours.
  - However it appeared that staff still lacked knowledge around sexual safety and the sexual safety Quality Improvement Project

PDS**A**

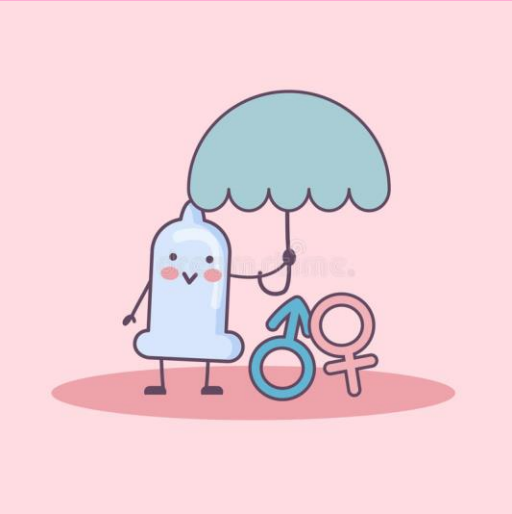


- ACT
- Continue with educating staff when handing out the postcards
- However it was felt that more education was needed for frontline staff, therefore we have now planned information sessions for the MDT, Ward Managers and Deputy Ward Managers so that they are able to provide 1:1 support to staff in Regular Management Supervision (RMS).
- With a view to having a fixed agenda item on RMS to be discuss sexual safety on the wards covering –
  1) Do you have any sexual safety concerns when working on the ward?
  2) Do you feel there are any barriers to improving sexual safety on the ward?

What Next…

- Educating Band 6's and Band 7's
  - This will then feed into all staff having Sexual Safety mentioned in their Regular Management Supervision every 6 weeks.
- RMS around Sexual Safety with two main questions being asked –
    1. Do you have any sexual safety concerns when working on the ward?
    2. Do you feel there are any barriers to improving sexual safety on the ward?

Any Questions?



Contact Details:

Emma Watts: emma.watts6@nhs.net

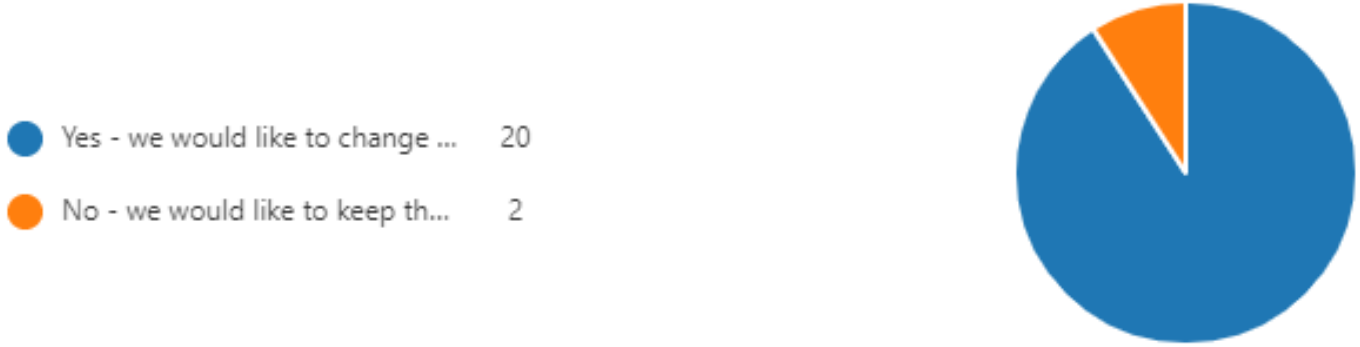
Hayley Dilloway: hayley.dilloway@nhs.net

Data update

- Recently we sent out a poll to all teams to ask whether you would like to split the postcard data into ‘staff’ and ‘patients’
- Thank you to the teams that responded to this poll. As you can see below the results are in favour of splitting the data

4. Would your project team like to collect postcard data that is separated into 'staff'' and 'service user' responses?

More Details



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What does this mean for you?

- Nothing right now
- The QI coaches will be creating additional charts on your LifeQI measures page so that you can record answers to postcards from staff and patients separately
- You will continue to input data for staff and patients combined (as you have been doing)
- From today please can you keep a record of total postcard responses, responses from staff and responses from patients. Make sure when people are completing a postcard they tick whether they are patient or staff on the card
- Your QI coach will be in contact over the next few weeks to explain what to do with this data and support you through the changes
- REMINDER: You will be collecting data for the duration of the collaborative. A handout with all the data entry dates was provided for you at registration

LifeQI

The driver diagram, recording change ideas and PDSA cycles

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LUNCH
12:25 - 13:10

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Setting our aim

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- Now that you have collected your baseline data we need to set our aim for the collaborative and your aim as a project team

- Our aim so far has been ‘to increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services’

- Having a SMART aim can help improve chances of succeeding in accomplishing a goal

- A SMART aim is an explicit statement which describes what a successful project is expected to achieve. ‘SMART’ is an acronym for Specific, Measurable, Achievable, Relevant, and Time-bound.

SPECIFIC

Clear aims and objectives

Should be clear to all staff and patients working towards it

MEASURABLE

How will you determine you have met your goal. This should by understood by all

E.g. ‘To increase percentage of people who feel safe from sexual harm by xx%’ or

‘For xx% of staff and patients to report feeling safe from sexual harm’

ACHIEVABLE

Aim high … but don’t make it impossible

RELEVANT

This ensures your goal is in line with the bigger picture

We all want to improve MH services – making people feel more safe is in line with that

TIME-BOUND

Have clear timeframes for review and end of project

Want to achieve goal by end of the collaborative in March 2021

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- Each project team will set their own aim for their ward/unit, and we will also set an overall aim for the collaborative

- Currently our aim is neither specific or measurable

- Using your charts and worksheet provided take a look at your data and think about:

- What is your data telling you so far?
- What improvement do you want to aim for by the end of the collaborative?
- Do you want to aim for a percentage increase (‘to increase percentage of people who feel safe from sexual harm by xx%)?
- Or do you want to aim for a target percentage? (‘for xx% of people on the ward to feel safe from sexual harm’)

Breakout Sessions

13:15 – 14:55

Group 1 Room 1.7	Group 2 Room 1.2 - 1.4	Group 3 Room 1.1
General adult teams Older age service teams	Forensic teams PICU teams	Children and young people teams Learning disability teams Eating disorder teams

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Close

- Visit our website at:

  www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes

- Email us at:

  safetyimprovement@rcpsych.ac.uk

- Don’t forget, you can contact your team’s QI coach for support anytime

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Thank you

If you have signed up to speak to one our coaches please remain in room 1.7 (the main room) and we will be with you shortly

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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 us know and we 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, contact numbers are included below that you can contact for support.

Samaritans : 116 123
The Survivor's Trust : 0808 801 0818

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