Sexual Safety Collaborative Learning Set 9

Monday 13th September 2021

Welcome!

Thank you for joining the final sexual safety learning set

The event will start at 11.30am

While you wait, visit our SSC Appreciation Board:

https://miro.com/app/board/o9J_lxGQG68=/

(link also provided in the chat)







Welcome

Tom Ayers





Housekeeping

- The presentations and discussion today will be recorded and may be shared on our website. If following today's event you do not wish to be identified please contact us on the email below.
- Please mute your microphone unless you are speaking.
- Please turn your camera off when others are presenting.
- If you would like to ask a question or leave a comment, please use the chat function within the meeting.
- If you experience any technical difficulties, please email safetyimprovement@rcpsych.ac.uk
- All presentation slides will be made available on the RCPsych Sexual Safety page, soon after the event.







Additional support

► We recognise that this topic can be difficult and challenging to think about and discuss.

► You can also contact any of the NCCMH team if you need any extra support during today's event.

➤ Should you wish to speak to a QI coach or require additional support, please email safetyimprovement@rcpsych.ac.uk and we will be in touch.





Agenda

11:30 - 11:40	Welcome	Tom Ayers, Director (NCCMH)
11:40 - 11:55	Opening speaker	Amy Herring, Co-chair - Expert Reference Group
11:55 - 12:05	End of Programme Theory of Change	Matt Milarski & Kate Lorrimer, QI Coaches (NCCMH)
12:05 - 12:25	Q&A Panel Discussion	Tom Ayers (NCCMH) QI Coaches (NCCMH)
12:25 – 12:30	Celebrating your achievements	QI Coaches (NCCMH)
12:30 – 12:45	Breakout groups: Making a Difference	All
12:45 – 12:50	Reflecting on the Collaborative	Saiqa Akhtar
12:50 – 13:00	Summary and close	Helen Smith, National Adviser to the Mental Health Safety Improvement Programme





Opening Speaker

Amy Herring Co-chair- Expert Reference Group





End of Programme Theory of Change

Matt Milarski & Kate Lorrimer QI Coaches





NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

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

Psychological Safety*

Understand and respond to the needs of the individual

Improve culture

Staff support, training and availability

Access to resources and education

Collaborate with other organisations

Respond to a sexual safety incident

Record incidents and analyse data

Trauma-informed care

Ensuring a safe ward environment

Openness to talk about sexual safety, relationships and sexual behaviours

Support change and quality improvement

Learn from incidents and good practice

Informed staff with confidence to discuss sexual health and safety

Improve staff visibility and availability

Co-produce staff training

Reflection and supervision for staff

Co-produced agreement, visible to all

Promote information

Shared understanding of the system response

Multi-agency working

Responder has adequate time and skills

Support for all parties involved

Step by step guidance and flowcharts

Use data to promote learning

Accurate and timely data collection

^{*}Psychological safety sits behind each primary driver as essential to creating the conditions for this work. In turn, addressing each of these primary drivers will also promote psychological safety. It should be seen as fundamental to improving sexual safety.

Trauma-informed care	◀	Staff training in TIC; TI group supervision; TI care planning; TIC Trust events, focus on emotional harm
Ensuring a safe ward environment		Diversity board; Improved visible nurse system; swipe access to prevent gender breaches; corner vision mirrors; offering patient alarms; sexual safety agenda item in handovers, personal alarms for SU's, CCTV, SU buddy training, RAG sexual safety assessments
Openness to talk about sexual safety, relationships and sexual behaviours		SS as agenda item in community meetings, staff meetings, supervision, wellbeing groups, reflective practice sessions; individual care planning; sexual health discussions on admission; weekly peer group meetings to discuss any safety concerns; Cards for patients to inform staff they want to talk if they lack confidence to say it out loud
Support change and quality improvement		Regular project meetings; shared learning; implementing and spreading change ideas
Learn from incidents and good practice		Changes to incident reporting system; operational definitions; daily safety huddles; shared learning
Informed staff with confidence to discuss sexual health and safety		SS included in supervision and MDT meetings; questionnaires to establish levels of staff confidence and then target training/awareness raising
Improve staff visibility and availability		SS champions; improved visible nurse system in communal areas; night-shift staff member in bedroom corridors; response to patient preferences re staff gender; chaperone for all physical examinations
Co-produce staff training	——	Experts by experience in project teams and involved in designing resources
Reflection and supervision for staff	—	SS included in supervision and MDT meetings; reflective practice sessions focused on SS run by psychology
Co-produced agreement, visible to all		Ward charter; advisory groups to support SS; SS leaflets and information (provided in welcome packs and staff induction); pocket leaflets; display boards
Promote information		Older adult advisory group incl. carers & third sector stakeholders; professional boundaries training; stabilisation packs, ssc in patient admission packs
Shared understanding of the system response		Talks with National Reporting & Learning System and other Trusts to categorise sexual safety breaches as Patient Safety Incidents
Multi-agency working		Links with sexual health services and Sexual Assault Referral Centres, links with police, local SARC, working with schools for CYP
Responder has adequate time and skills	——	Produced specific Datix training – what and how to report sexual safety incidents
Support for all parties involved	—	Support provided to patients or staff who witness an incident, as well as those directly involved
Step by step guidance and flowcharts	—	Trust-wide sexual safety policy; trust-wide pathway/flowcharts on responding to a sexual safety incident
Use data to promote learning	-	Visual displays of data; SS data included in Board reports; postcards and regular review in project meetings; benchmarking against national sexual safety standards
Accurate and timely data collection		Operational definitions; safety cross; changes to incident reporting system; training on incident reporting, consent forms for CYP involvement, digital postcards

Q&A Panel discussion

Tom Ayers & QI Coaches





Celebrating your achievements



Breakout groups: Making a difference



Reflecting on the collaborative

Saiqa Akhtar QI Coach





Summary and Close

Helen Smith

National Advisor - Mental Health Safety Improvement Programme



