Laying the foundations for improving sexual safety on mental health, learning disabilities and autism inpatient pathways

Learning from the National Sexual Safety Collaborative

Booklet for trusts and wards

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

IMPROVING MENTAL HEALTH SAFETY

National Patient Safety Improvement Programmes

Mental Health

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 co-produced 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).
>
> They also delivered an 18-month quality improvement (QI) collaborative, across a range of mental health, learning disability and autism wards, to improve sexual safety for patients, staff and visitors in those settings.

Timeline:

- **2019**: NHS England and NHS Improvement's Mental Health Safety Improvement Programme commissioned the National Collaborating Centre for Mental Health (NCCMH) to establish the SSC.
- **21 October 2019**: The SSC launched.
- **March 2020**: The SSC's work was paused because of the COVID-19 pandemic.
- **September 2020**: The SSC resumed.
- **September 2021**: The SSC work concluded, with 69 mental health, learning disabilities and autism wards from 42 NHS Trusts having taken part.

About this booklet

This booklet shares learning and resources from the SSC, to support organisations in laying the foundations for good practice. It contains information about raising awareness of sexual safety and increasing understanding of the safety culture that is required before starting improvement work in this area.

In this booklet, we focus on four key areas of increasing sexual safety:

1. Benchmarking against the Sexual Safety Standards (page 4)
2. Co-producing a ward charter (page 6)
3. Raising awareness and increasing staff confidence to address sexual safety (page 9)
4. The importance of a trauma-informed approach to care (page 12).

Practical steps:

In each of the four areas, we outline the steps that you can take to start to improve sexual safety for everyone. Learning and resources that wards found essential when they began their work on the SSC are also included.

The booklet ends with practical tips for the next steps in setting up a QI project to improve sexual safety (page 15).

Resources from the SSC:

Resources that were collated throughout the SSC are available on our web page.

They include presentations from participating wards about how they started their project, how they overcame challenges in this work, and outlining some of the ideas they tested.

You might also want to see our end-of-programme theory of change, which includes the final driver diagram. It shows how we went about this work, and can be found in the QI Programme resources on our web page.

We hope that looking at the driver diagram can help anchor the sections that follow in this booklet.

1. Benchmarking against the Sexual Safety Standards

Context:

From the outset, the Sexual Safety Standards[1] were co-produced with a wide range of stakeholders including people with lived experience, clinicians, academics and other relevant organisations. During the development process, we held three expert reference group meetings, two focus groups, two rounds of consultation and various other meetings with specialists on particular aspects of the guidance.

The Sexual Safety Standards can be used by staff in inpatient services that provide care for people of all ages and genders with mental health problems, learning disability and/or autism diagnosis as their primary presenting problem. The Sexual Safety Standards can also be used by commissioners and providers, and are applicable to all people within the inpatient pathway (people receiving care, staff and visitors).

The Sexual Safety Standards provide a fundamental starting point for understanding and building organisational capability to address sexual safety.

The seven domains of the Sexual Safety Standards

There are 26 Sexual Safety Standards, each with corresponding guidance and expected outcomes, grouped under seven domains:

1. Understanding and responding to the needs of the individual
2. Improving organisational culture
3. Staff: training, support and skills
4. Access to resources, information and education on sexual safety
5. Multi-agency working and collaboration
6. Responding to a sexual safety incident
7. Incident recording and data analysis.

[1] Sexual Safety Collaborative. Standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways. London: NCCMH, 2020.

Action you can take:

Is your organisation ready?

Our learning from the SSC shows that an essential first step is to use the Sexual Safety Standards as a benchmark for your current organisational readiness to address sexual safety.

Doing this will help you identify the key areas that have the potential for improvement, and ensure that sexual safety is considered across the system.

What did one participating trust do to prepare?

Cheshire and Wirral Partnership NHS Foundation Trust created a benchmarking tool (in Excel) that will help you consider your readiness at the organisational level. Each ward or team can also undertake their own benchmarking exercise.

Co-production: Patients and carers should be part of the group that decides if a standard has been met, whether the benchmarking is carried out across the system or by ward.

This Trust convened a group of staff and, by directorate, reviewed each of the Sexual Safety Standards to determine whether they were:

- **Fully confident** – objective clearly identified and delivered. All requirements in place
- **Partially confident** – objective not clearly identified. Some requirements in place or plans/actions require strengthening
- **Not confident** – objective not identified or no confidence that actions will result in requirements being achieved.

Next, the team agreed an overall confidence level per domain.

After completing their benchmarking exercise, split by specialist mental health, learning disabilities and children and young people's services, the Trust developed an action plan.

The action plan ensured that the Trust was fully confident that all domains were met. It also enabled them to fully embed examples of good practice from their SSC-participating wards.

You can find a presentation about this benchmarking work on our web page (Virtual Workshop 3).

2. Co-producing a ward charter

Context:

The aim of 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 '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.

Action you can take:

Do you have a co-produced ward charter, and is it visible to all staff, patients and visitors?

Ward charters should be displayed prominently in communal areas. Copies should be given to all patients, staff and regular visitors.

Each ward charter should include the following:

- An explanation of what sexual safety is (that is, a person's right to feel safe from sexual harm)
- A statement of intent to promote sexual safety on the ward
- Standards of expected behaviour for everyone on the ward
- Clear contact details for where independent support or advocacy can be obtained.

Resources:

Ward charter template

Here is a template of a co-produced ward charter. The template was given to every participating team to use or adapt, or they could develop their own.

Co-production: It is important that charters are produced together with patients and staff on the ward, so that there is a shared understanding and commitment to upholding the standards.

[Replace with Trust logo]

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Ward charter

Sexual safety

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 [insert contact details].

About the ward charter template

The ward charter template above is adapted from the Sexual Safety of Mental Health Consumers Guidelines (Appendix A, page 58) by the New South Wales Ministry of Health, Australia[2].

Links to other resources for creating a ward charter

> You can find links to resources that you can use to create your own ward charter or sexual safety information leaflets on our web page.

Here are links to some other useful resources:

- NCCMH SSC ward charter template
- Sexual safety PDF leaflets for patients and carers:
  - Keeping safe: Sexual safety information for patients and carers by Central and North West London NHS Foundation Trust
  - Sexual health and sexual safety during your stay at City & Hackney Centre for Mental Health by City and Hackney Centre for Mental Health
  - Sexual safety during your stay at Forest Close Intensive Rehabilitation Unit Sheffield by Sheffield Health and Social Care NHS Foundation Trust

[2] www.mentalhealthcarersnsw.org/wp-content/uploads/2017/07/GL2013_012Sexual-Safety-of-Mental-Health-Consumers-Guidelines.pdf

3. Raising awareness and increasing staff confidence to address sexual safety

Context:

After running the first national sexual safety collaborative of its kind, we noticed that sexual safety was a topic that staff and patients often found difficult to talk about. We also learned that sexual safety incidents were not always understood or recognised. And we had not anticipated how long it would take for staff and patients on wards to start feeling safe enough to be able to address sexual safety.

Many of the change ideas tested across the SSC related to creating a ward culture and safe space that enabled people to talk about sexual safety, discuss their own and others' experiences, and share their ideas for improvement.

Each SSC team spent time exploring what sexual safety meant for the patients and staff in their particular setting. For example, an acute admissions ward might focus on creating a safe ward environment, raising awareness of sexual safety, reducing incident numbers and improving the response to them. In contrast, some rehabilitation wards had low or non-existent incident numbers, but they wanted to understand and address their patients' frequent history of sexual trauma, to support them to transition back into the community with an understanding of safe and appropriate relationships.

Because of this learning, our SSC end-of-programme theory of change identified two of the **secondary drivers** as:

1. Openness to talk about sexual safety, relationships and sexual behaviours
2. Informed staff with confidence to discuss sexual health and safety.

> *'The team have become increasingly able to discuss sexual safety without embarrassment or feeling self-conscious, and we have all increased our awareness and understanding of the individual's perception of safety and strive to create a culture of psychological safety. As a team, we have encouraged each other to reflect on situations that might make us feel uncomfortable and explore those feelings with colleagues in a way that feels safe'.*
>
> Beach ward, Norfolk and Suffolk NHS Foundation

Action you can take:

Survey staff, to measure their confidence in discussing sexual safety

Our first recommendation based on this learning is related to measurement. As described in the Context section above, it took longer than anticipated for the wards on the SSC to start to see quantitative improvement – if they achieved it at all.

In response, the team at Forest Close (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 the wards to complete.

Resources:

Download a survey you can use

You can download the Forest Close survey to use on your own ward.

The survey explores how confident staff feel in talking about sexual safety, how conversations on sexual safety are initiated, and it asks staff to share their experience of a recent conversation on sexual safety.

Watch a video about the survey, from the Forest Close team

The video can be found under Additional Resources on our web page.

The Forest Close team also produced a video explaining how their survey was created and how the results guided the next stages of their work to improve sexual safety.

Download the SSC Measurement Plan and add a staff confidence measure

We recommend that anyone planning to begin work to improve sexual safety adds a staff confidence measure to the measurement plan used by the SSC and/or their own measurement plan.

View examples of change ideas to raise awareness and increase staff confidence

More examples of change ideas to raise awareness and increase staff confidence can be found on the NCCMH's Ideas for changing practice web page, which include:

- Making sexual safety a meeting agenda item: Include sexual safety as a standing agenda item in community meetings, staff meetings, staff supervision, wellbeing groups and reflective practice sessions.
- Make laminated cards for each patient, so they can present them to staff to let them know if they want to talk or if they lack confidence to say it out loud. Staff can then find a quiet place on the ward to have a conversation.

- Let's start talking about Sexual Safety (on Vimeo) is an animated awareness film made by Nottingham Healthcare NHS Foundation Trust (2021) to get people talking about sexual safety.
- Models to support staff to initiate conversations about sex, sexuality and sexual safety include: The BETTER Model (Mick et al., 2004[3]); The STARTER Model (Luby, 2020). Both are included in the recording of Virtual Workshop 1.

[3] Request it from the authors at ResearchGate: https://www.researchgate.net/publication/8657863_Using_the_BETTER_model_to_assess_sexuality

4. The importance of a trauma-informed approach to care

Context:

A key learning aspect for SSC teams was that supporting people to feel safe from sexual harm requires a trauma-informed approach to care. Trauma-informed care is a whole-system approach to delivering health services. It recognises the prevalence of trauma and its ongoing impact on people accessing mental health services.

> *'A trauma-informed care approach means having an awareness of that commonness and pervasiveness of trauma in people's lives and it means not disconnecting what we describe as people's symptoms and experiences from the context of what's happened to them. Not facing the scale and impacts of trauma means nothing changes.'*
>
> Sal Smith, Trauma-Informed Approaches Lead, Tees, Esk and Wear Valley NHS Foundation Trust

Embedding a trauma-informed approach to care is fundamental to this work and, if not already in place, requires a shift in organisational culture that can take time. For the wards taking part in the SSC, this was an opportunity to work with patients and staff, and to develop therapeutic relationships in a different way. It allowed people who have experienced trauma to feel listened to and believed rather than denied and invalidated, and for responses to trauma to be understood rather than dismissed or pathologised.

Action you can take:

Does your organisation have a trauma-informed approach to care?

The work of the SSC started shifting the culture in participating wards towards a greater understanding of the need for a trauma-informed approach to care. This enabled staff to respond more sensitively and to personalise care according to individual needs.

You can begin to think about developing your organisation's trauma-informed approach to care before beginning improvement work to address sexual safety by:

- raising awareness of the importance of a trauma-informed approach
- understanding any gaps in staff training around trauma-informed approaches, and
- seeking opportunities to develop that practice as needed.

Resources

Here are resources collated over the course of the SSC, and examples of change ideas that were tested by participating teams to develop their provision of trauma-informed care in relation to sexual safety

Talking about sexual safety: a video

- View the full recording of the SSC workshop 'Speaking about sexual safety: Exploring a trauma-informed approach to starting conversations' with Sal Smith and Rachel Luby on our web page (Virtual Workshop 1).

Introducing the topic of sexual safety early and often

- Introduce the topics of sexual health and safety multiple times during admission, to help normalise its discussion. Here's what Aquarius ward (South West London and St George's Mental Health Trust) learned from doing this:
    - Aquarius ward found that '*addressing this difficult topic has allowed for a more thorough understanding of patients' needs, as well as a trauma-informed approach*'.
    - They also tested sexual health and safety reviews on admission, to identify areas of support including starting discussion of sexual health and safety and offering sexual health screening.

Personalised sexual safety care plans

- Introduce personalised sexual safety care plans for young people on the unit.
    - Sowenna Unit, a children and young people's unit in Cornwall Partnership NHS Foundation Trust, co-produced care plans on admission and updated them after further assessment, to identify who on the ward the young person trusted to have conversations with. '*It can be a difficult topic for a lot of young people so it's easier to have discussions that are less generic and are personal to the young person's experiences and capacity*', they said.

Thinking about different models and frameworks

- Consider different trauma-informed models and frameworks, to support people on your ward in relation to sexual safety.
    - Eastlake and Fernely wards from Northwick Park Hospital did this, and you can find their presentation of how they use a trauma-informed approach on their ward on our web page (Learning Set 4).

Next steps to undertake a QI project

The four steps we've described above were the key areas of focus for the 69 SSC-participating wards. These areas can form part of the capability-building to address sexual safety in your organisation without undertaking a full-scale QI project. Then, if you decide you are ready to develop your QI work on sexual safety, you can draw upon the learning of the SSC.

Setting your aim:

Having a clear aim that everyone on the ward is working towards sets the intention for your project. We recommend that your aim is SMART (**S**pecific, **M**easurable, **A**chievable (but also aspirational), **R**elevant and **T**ime-based), to provide the best structure for planning and achieving your project.

Who should be involved?

In a QI project, everyone on the ward should be involved and an active participant in the culture change that normalises conversations about sex and sexual safety.

We suggest forming a **core multidisciplinary project team** of staff and patients to lead the project.

- **About six people** is a good number for a project team, to cover the range of roles on the ward.
- The team should **meet regularly** – ideally, every other week – to maintain the project's momentum throughout.
- One person should be the **project lead**. This should be someone with good ability to engage others.
- Allocate a **senior sponsor** to the project, to support the work at a senior level from within your organisation and unblock any barriers.

Creating a theory of change:

All of the change ideas tested by SSC wards were reviewed, and the NCCMH produced an end of programme theory of change based on the work of the SSC as a whole.

For anyone new to QI, What's your theory? is a helpful resource that explains how to use driver diagrams and explains the theory of change.

Generating ideas:

When thinking of ideas to test on the ward, patients and staff can review the theory of change and think of change ideas for the secondary drivers.

Start with testing change ideas that can be implemented on a small scale, to generate enthusiasm for the project across the wider team.

Measuring data over time:

To determine whether the changes you test are improving sexual safety on your ward, collect data regularly over time. You can use the SSC's measurement plan, but, as mentioned above, the learning from the SSC also recommends measuring staff confidence in discussing sex, sexual health and sexual safety because this will also be a key indicator of progress and a change in culture on the ward.

When creating a measurement plan at the start of your project, include:

- the outcome measures you'll use, and
    - the frequency of measurement
- operational definitions for each outcome measure
    - so that what you are measuring is clear and consistent for everyone involved
- any measurement tools you intend to use
    - such as postcards, safety crosses and line charts.

You can find all the resources mentioned here on our web page, as well as ideas for change, presentations and contact details.

For any questions relating to the SSC or Sexual Safety Standards, email the safety improvement team at: safetyimprovement@rcpsych.ac.uk.