Sexual Safety Collaborative Workshop

Tuesday 15h December 2020

Welcome!

Thank you for joining the Sexual Safety workshop

The event will start at 14:00

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

#MHSIP
#SexualSafetyInMH

Agenda	
13:45 – 14:00	**All attendees to join the meeting**
14:00 – 14:10	**Welcome and introduction** Emily Cannon
14:10 – 15:00	**Discussion of 4 change ideas being tested by wards on the Sexual Safety Collaborative** *Each QI coach will describe a change idea one of their wards is testing* *Discussion about each idea and participation from attendees will be encouraged.*

Housekeeping

- Please mute your speakers/audio 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 resources will be available on the RCPsych Sexual Safety page.

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

NCCMH

Additional support

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

- You can 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 QI coaches Kate and Matt will be in touch.

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Ideas currently being tested across the collaborative

Aim

Primary Drivers

Secondary Drivers

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

Understanding and responding to the needs of the individual
- Psychological safety, including trauma-informed care
- Environment

Record incidents and analyse data
- Accurate and timely data collection
- Using data to promote learning

Respond to sexual safety incident
- Support for all parties involved

Improve culture
- Learn from incidents and good practice
- Support change and quality improvement
- Openness to talk about sexual safety

Access to resources and education
- Co-produced agreement visible to all
- Promote information

Staff support, training and availability
- Informed staff with confidence to discuss sexual health and safety
- Reflections and supervision for staff
- Improve staff visibility and availability
- Co-produce staff training

6

Aim	Primary Drivers	Secondary Drivers	Your change ideas

Aim

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

Primary Drivers

Understanding and responding to the needs of the individual

Record incidents and analyse data

Respond to sexual safety incident

Improve culture

Access to resources and education

Staff support, training and availability

Secondary Drivers

Psychological safety, including trauma-informed care

Environment

Accurate and timely data collection

Using data to promote learning

Support for all parties involved

Learn from incidents and good practice

Support change and quality improvement

Openness to talk about sexual safety

Co-produced agreement visible to all

Promote information

Informed staff with confidence to discuss sexual health and safety

Reflections and supervision for staff

Improve staff visibility and availability

Co-produce staff training

Your change ideas

Individual preference for viewing panels on bedroom doors

Sexual health and safety on admission to identify areas of support

7

Aim

Primary Drivers

Secondary Drivers

Your change ideas

Understanding and responding to the needs of the individual

Psychological safety, including trauma-informed care

Environment

Individual preference for viewing panels on bedroom doors

Sexual health and safety on admission to identify areas of support

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

Osborne Ward, an adult inpatient ward in the Isle of Wight NHS Trust, share how they've given patients control over privacy in their bedrooms.

1. What problem were you trying to solve?
Vistamatics/privacy glass being determined by patient's preference to ensure patients had control of their own privacy.

2. What did you do?
We put cards on the outside of each bedroom door stating the date and the person's preference for the viewing panel that day - people were asked each day how they would like the panel set.

3. How did it go?
Patients appeared to feel empowered to make decisions about their privacy.

4. What was the main learning from your intervention?
That individual choice is important to patients.

QI
IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

#SexualSafetyinMH

Ideas for changing practice

On this page you will find various change ideas that wards in the Sexual Safety Collaborative are testing.

Secondary drivers

Click on a secondary driver below to see some of the change ideas currently being tested on the collaborative. You will see what problems wards were trying to solve, what changes they made on the ward and their learning from the interventions. If you use any of these resources, we ask that you acknowledge the author or source.

+ **Psychological safety, including trauma-informed care**

+ **Environment**

+ **Learn from incidents and good practice**

+ **Openness to talk about sexual safety**

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Q1 IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Improving data collection using technology

Bryony Dale, Head of Patient and Parent Involvement, at The Darwin Centre, **Cambridgeshire and Peterborough NHS Foundation Trust** shares an idea on data collection.
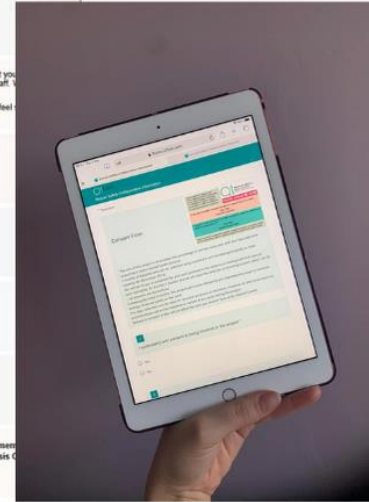
#SexualSafetyinMH

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

1. What problem were you trying to solve?

The challenge around getting postcards filled – sometimes the protected time to collect responses was not appropriate and leaving the postcards with individuals to complete in their own time sometimes meant that they were misplaced or forgotten about.

NHS Cambridgeshire and Peterborough NHS Foundation Trust

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Sexual Safety Project

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.

The aim of this project: To increase the percentage of service users and staff who feel safe from sexual harm within mental health services.

QI Code: Sexual Safety Information and Consent Form

QI Code: Sexual Safety Postcard

If you feel too frightened or upset to speak to a member of the team, or another member of staff, you can get independent advice or support by calling Cambridge Rape Crisis 01733 225937

3. How did it go?

Responses have increased. Using an iPad is practical and it is easier to catch young people at a good time as opposed to hoping the time put aside with the hard copies is a good time. It has also prompted conversation with young people as, there is an additional section to the postcard which asks 'would you like to comment?'.

2. What did you do?

We made the information sheet into a electronic form with a QI code which can be scanned and read by young people at any point. We also changed the postcard into an electronic form with a QI code. The QI code is on display for young people and staff so that they can complete a postcard at any time if they want to. I also carry round my works iPad which has a saved link to the online form so young people can be asked at any moment to complete a postcard if appropriate. The form is emailed to staff on a fortnightly basis.

4. What was the main learning from your intervention?

With young people, using technology to increase engagement is the way to go! The young people have responded far better to the offer of completing something on the iPad than on paper. Going forward, technology will be used for any engagement/ideas for the project. This may be working with young people to create posters, recordings, etc..

Generating sexual safety discussion

Aquarius Ward, a CAMHS ward in South West London & St George's Mental Health Trust, share how they have been generating discussions on sexual safety with young people.

#SexualSafetyinMH

1. What problem were you trying to solve?
We were having very few conversations around sexual health and safety with young people on our ward, who are a high risk client group.

2. What did you do?
We offered sexual health screening and review on admission to all service users which highlighted areas for support with their sexual safety. We also gently brought up general discussions around sexual health and sexual safety during the admission process, community meetings and named/associate nurse sessions.

3. How did it go?
General feedback is that the idea is proactive rather than reactive once a problem has occurred. At first some staff found it awkward to bring up the topic of sexual health/safety, but over time the process felt more natural and comfortable. Young people who had sexual health issues seemed to find it relieving that they had someone to talk with about these things and that they were not being judged. Ultimately, we are trying to address the service users' holistic needs.

4. What was the main learning from your intervention?
Introducing the topic (sexual health/safety) at multiple opportunities in the admission made it more normalised and accepted. The importance of addressing this difficult topic has allowed for a more thorough understanding of patients' needs, as well as trauma-informed approach.

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Charlie Fernandez, Ward Manager at Hawkesbury Lodge, Rehabilitation and Recovery Unit, **Coventry and Warwickshire Partnership NHS Trust,** shares an idea on how the ward is using volunteers with lived experience to support the sexual safety collaborative (SSC) work.

1. What problem were you trying to solve?

We wanted to improve our service users' engagement with the sexual safety programme on the ward, and increase their comfort with discussing the topic and availability of forums for that discussion.

2. What did you do?

We have volunteer representatives with lived experience, and a patient engagement coordinator as part of our SSC project team, and we came up with the idea of asking volunteers to come to the ward on regular days and support with giving out postcards and discussing the sexual safety work with our service users. This also led to setting up volunteer run drop-in sessions for service users, where they can have a cup of tea and discuss any concerns.

Come and have a friendly talk with one of our volunteers over a cup of coffee

Our Volunteers are available on

Date:
Time:
Venue:

All are welcome!!!

3. How did it go?

This had a positive impact on our data collection, and the awareness and understanding of the work within the community. The drop-in sessions are in the early set-up stages, so we will update further as we go along.

4. What was the main learning from your intervention?

It makes a big difference to include people with lived experience in the work. Our service users often feel more comfortable discussing difficult subjects with peers.

IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative
#SexualSafetyinMH

Working with volunteers with lived experience

Virginia Bailan (Askew PICU) and **Calum Officer** (Ravenscourt male admissions ward) from Hammersmith and Fulham mental health unit, **West London NHS Trust**, share their idea for a co-produced sexual safety information leaflet.

1. What problem were you trying to solve?

Raising awareness of sexual safety among patients who are sometimes unable to, or do not want to, engage directly in group sessions on the ward.

2. What did you do?

The idea for a leaflet evolved from two other change ideas we have been testing. We started a Sexual Safety/Men's group on each ward. During some of these meetings we review the sexual safety ward charter and from this our patients helped us co-produce a leaflet patients who prefer a more indirect approach.

Q IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

#SexualSafetyinMH

3. How did it go?

We are in the process of completing the leaflet. We work on it over time so that our patients can be involved as much as possible. Working closely with our patients has helped us to include information that is important to them e.g. sexual dysfunction as a medication side effects.

4. What was the main learning from your intervention?

That we need to tailor interventions to a myriad of patient needs and including patients as much as possible in our change ideas can help us to achieve this.

Using co-production to generate and test change ideas

Change ideas - Top tips

▶ Talk to the people on your ward –you might be surprised how many ideas you come up with

▶ You can start small

▶ Remember your PDSA cycles

▶ Just try stuff

Q IMPROVING MENTAL
HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH

Questions?