

Sexual Safety Collaborative Workshop

Thursday 18th February 2021

Welcome!

Thank you for joining the Sexual Safety workshop

The event will start at 13:00



NATIONAL
COLLABORATING
CENTRE FOR
MENTAL HEALTH



#MHSIP
#SexualSafetyInMH

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.

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 one of our QI coaches will be in touch.

Sexual safety standards



Contents

Preface: Ensuring sexual safety under extraordinary circumstances	3
Supporting statement	5
Executive summary	6
How to navigate this document	8
Part 1: Sexual Safety Standards	9
Overview of the sexual safety standards	10
<i>Domain 1: Understanding and responding to the needs of the individual</i>	11
Domain 2: Improving organisational culture	15
Domain 3: Staff: training, support and skills	17
Domain 4: Access to resources, information and education on sexual safety	19
Domain 5: Multi-agency working and collaboration	20
Domain 6: Responding to a sexual safety incident	22
Domain 7: Incident recording and data analysis	25
Part 2: Guidance to support the implementation of the standards	26
1. Background	27
1.1. Background of the Sexual Safety Collaborative	27
2. Developing the standards	29
2.1. How have the standards been developed?	29
2.2. How will the standards be monitored?	30
3. Sexual safety in inpatient environments	31
3.1. Co-producing a ward agreement	31
3.2. Expectations for staff	32
3.3. Supporting people in inpatient settings	32
3.4. Who may be involved in a sexual safety incident?	35
3.5. The role of the police in a sexual safety incident	36

Part 1: Sexual Safety Standards

9

Overview of the sexual safety standards

10

Domain 1: Understanding and responding to the needs of the individual

11

Domain 2: Improving organisational culture

15

Domain 3: Staff: training, support and skills

17

Domain 4: Access to resources, information and education on sexual safety

19

Domain 5: Multi-agency working and collaboration

20

Domain 6: Responding to a sexual safety incident

22

Domain 7: Incident recording and data analysis

25

Aim

Primary 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

Improve culture

Staff support, training and availability

Access to resources and education

Collaborate with other organisations

Respond to sexual safety incident

Record incidents and analyse data

Benchmarking practice against sexual safety standards

Louise Gill, Acting Head of Clinical Services
Cheshire and Wirral Partnership NHSFT



**IMPROVING MENTAL
HEALTH SAFETY**
Sexual Safety Collaborative

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MENTAL HEALTH

Sexual safety collaborative

Rosewood and Maple wards.

Cheshire and Wirral Partnership NHS Foundation
Trust

CWP Trust wide group

- Trust wide meeting each month to look at developments from the sexual safety collaborative.
- Review up to date guidance
- Review change projects and progress
- Develop Trust wide systems
- Share learning across areas of the Trust

Sexual safety standards

- For inpatient assessment and treatment services
- Co- produced with people with experience of inpatient care, staff who work in inpatient settings
- 26 standards, grouped into 7 domains. Each standard has corresponding guidance and expected outcomes.

What have we done?

- Reviewed each standard and carried out a benchmarking exercise to determine how confident we are in relation to meeting each standard.

Ratings Key:			
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.			



Quality Check Pointers for Sexual Safety Standards

Domain 1 - Understanding and responding to the needs of the individual	Rating	Overall confidence levels	
<p>1. The needs of each individual are understood and responded to. Meeting the needs of the service does not compromise the safety of the person. Staff will need to recognise and understand the complexity of this issue to find ways to balance the tensions that exist between the demands of the service and meeting the sexual safety needs of the person</p>	Partially Confident	Partially confident	Not yet at full maturity as an organ needs. This will be something to c
<p>2. Care and support are provided following the principles of individualised trauma informed care. The care environment and daily interactions ensure that a person's physical as well as psychological safety.</p>	Partially Confident		Due to the environment of service individualised trauma-informed ca
<p>3. Sexual safety is considered on an individual basis in the context of the person's strengths, any past trauma, past relationships and experiences. The outcomes of these conversations are documented and incorporated into the person's care plan; the plan is reviewed regularly.</p>	Not confident		This doesn't happen systematically this out effectively and safely. On patient being admitted, therefore however, a way around this could
<p>4. Using a strengths-based approach, the service establishes what makes people feel safe, including from sexual</p>			There are pockets of best practice

Next steps

- To review the benchmarking
- Action plan to be developed for all areas to maintain compliance or to address areas where we are not fully confident that we are compliant.



Any questions?