

Improving Sexual Safety in Mental Health Inpatient Settings

Vanessa Ford (chair)

Chief Executive South West London & St George's Mental Health NHS Trust



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MENTAL HEALTH



Context

- ▶ In 2018, in response to safety concerns raised by the CQC, NHS England and NHS Improvement commissioned NCCMH to develop standards and guidance on improving sexual safety in inpatient settings
- ▶ Implementation of these was then supported through the Sexual Safety Collaborative, a national quality improvement programme supporting mental health inpatient wards from 42 Trusts across England
- ▶ The focus of these pieces of work together was to use an improvement approach, as opposed to a regulatory one, to respond to a safety concern

Mental Health Wards, a Place to Heal?

Sal Smith - Trauma-informed approaches locality lead for Durham & Darlington in Tees, Esk and Wear Valleys NHS Foundation Trust and expert by experience



PSYCHIATRISTS

“Fire can warm or consume, water can quench or drown, wind can caress or cut. And so it is with human relationships: we can both create and destroy, nurture and terrorize, traumatize and heal each other”

Bruce Perry 2017 (psychiatrist)

“The way we engage survivors should look and feel like the opposite of abuse otherwise we can inadvertently replicate the dynamics of abuse and cause harm. Intentionality is key”

Concetta Perôt 2018 (training course)

Sexual Safety Collaborative: Standards

The development of national standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways

Jessica Barrett, Lead Researcher and Developer



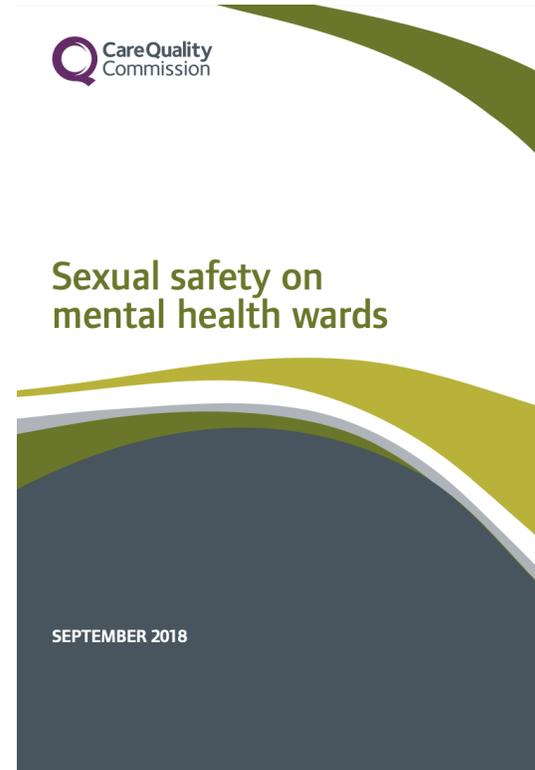
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Question?

In the CQC's 2018 report 'Sexual safety on mental health wards', out of 60,000 incident reports over a three-month period, how many sexual safety incidents were found?

- ▶ 140
- ▶ 470
- ▶ 880
- ▶ 1,120



Context

- ▶ In 2018, CQC found 1,120 sexual safety incidents (out of 60,000 reports) had occurred over a three-month period across NHS trust mental health wards
- ▶ Affecting service users, staff and visitors
- ▶ NHS England & NHS Improvement commissioned NCCMH to to develop standards and guidance on improving sexual safety in inpatient environments
- ▶ Establishment of national QI Sexual Safety Collaborative
 - ▶ Supports inpatient mental health teams in NHS mental health trusts to embed the standards and achieve improvement in ward sexual safety

Sexual Safety Standards

- ▶ 26 standards in total
- ▶ Grouped into 7 overarching domains
- ▶ 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
 - ▶ commissioners and providers

Settings

- ▶ Refer to inpatient assessment and treatment services (not residential settings),^a including pathways for:
 - ▶ Acute mental health
 - ▶ Children and young people's mental health
 - ▶ Eating disorders
 - ▶ Forensic mental health
 - ▶ Learning disability
 - ▶ Mental health rehabilitation
 - ▶ Older adult mental health
 - ▶ Perinatal mental health
 - ▶ Psychiatric intensive care units (PICUs)
- ▶ All inpatient environments - single-sex or mixed-sex wards, communal areas and outdoor spaces

Who are the standards applicable to

- ▶ All people in the inpatient environment
- ▶ All staff
- ▶ Can be used to keep all people safe

How were the standards developed

- ▶ Co-produced with people with experience of inpatient care, staff who work in inpatient settings and other experts in the field of sexual safety.
- ▶ Developed with guidance from an equalities focus group.
- ▶ Informed by expert opinion from representatives at the CQC, NHS England and NHS Improvement, including those involved in the production of the CQC report on [sexual safety in mental health wards](#).

The four guiding principles

- ▶ People's rights
 - ▶ The right to be safe from sexual harm, and to feel safe and supported on a ward.
 - ▶ The right to have safe and age-appropriate relationships, to express their sexuality and to have personal sexual needs met in private (though not to engage in sexual activity with another person on hospital premises)
- ▶ Organisational responsibility
 - ▶ Sexual safety needs to be supported at every level of the organisation to ensure the right support, structures and resources are in place

The four guiding principles

- ▶ Trauma-informed approach
 - ▶ Acknowledge and understand any previous trauma that a person may have experienced and how it has affected them in the past and in the present.
 - ▶ Provide a physical environment conducive to sexual safety, and provide care that makes people feel physically and psychologically safe.
- ▶ Safeguarding
 - ▶ Safeguarding and sexual safety are system-wide responsibilities. These are the responsibility of all staff.
 - ▶ Sexual safety standards must be integrated into each organisation's safeguarding policies and practices.

The 7 domains

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

Ensuring sexual safety under extraordinary circumstances

- ▶ The sexual safety standards should be upheld regardless of the current global, national or local circumstances
- ▶ Operational procedures or guidance that have been developed, or are in place, to support the delivery of care during the COVID-19 pandemic should complement the sexual safety standards, not undermine them.
- ▶ Services will need to consider a wide range of additional challenges
- ▶ Addressing the challenges will not be easy, but services should be supported to find local solutions that are co-produce with people who use the services and adhere to the standards and guidance

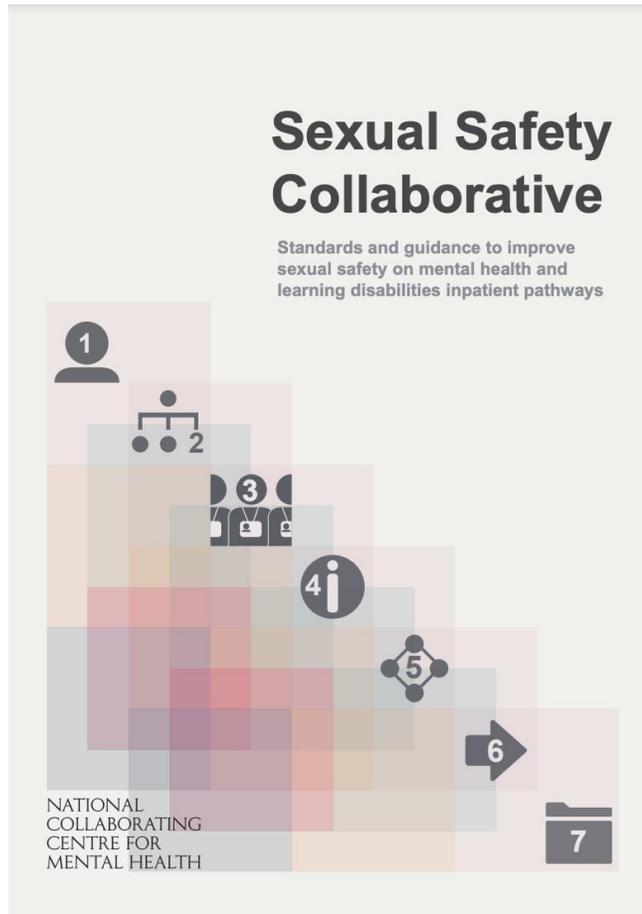
Outside the inpatient setting

- ▶ The promotion of sexual safety is equally as important in outpatient and custodial care settings as in inpatient settings
- ▶ While these standards and guidance may be relevant, further work may be required to address the needs of service users and staff in these settings

How are the standards being monitored?

- ▶ Standards are embedded into CQC inspecting cycles - the CQC published a [brief guide](#) outlining how inspectors will assess inpatient environments for sexual safety.
- ▶ It may take time for some areas to implement the standards, so the CQC will look at each trust's overall journey towards improving sexual safety over a given period.

Where to read the guidance



- ▶ The guidance can be accessed on the [RCPsych website](#).
- ▶ Arranged into two parts
 - ▶ Overview of the 26 standards
 - ▶ Context, background and development information; implementation guidance; service scenarios; positive practice examples; additional resources; expert reference group membership

The Sexual Safety Collaborative: Quality Improvement

Dr Matthew Milarski (he/him)
Quality Improvement Coach



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Sexual Safety Collaborative

- ▶ Overall aim: *To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services*
- We are working with 69 wards (53 project teams) across 42 trusts in England
- Using a quality improvement approach to address safety concerns raised by CQC
- Commissioned by NHS England and Improvement

The Typical Approach...

Conference Room



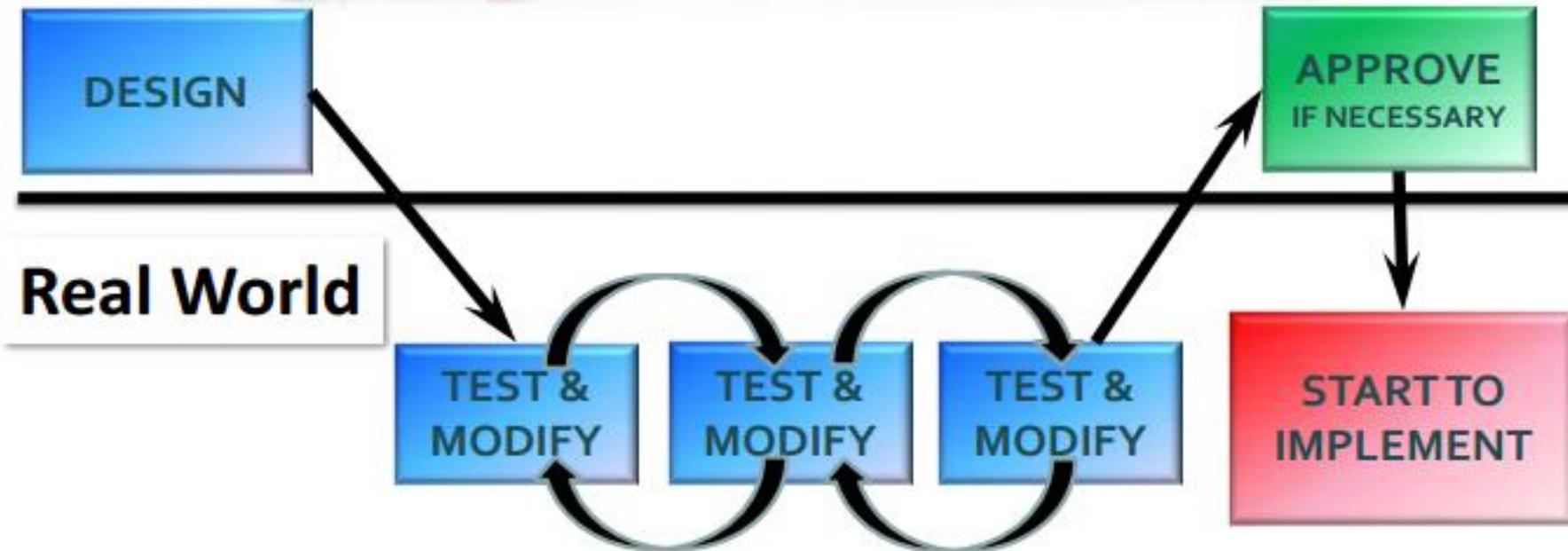
Real World



Source: Jason Leitch

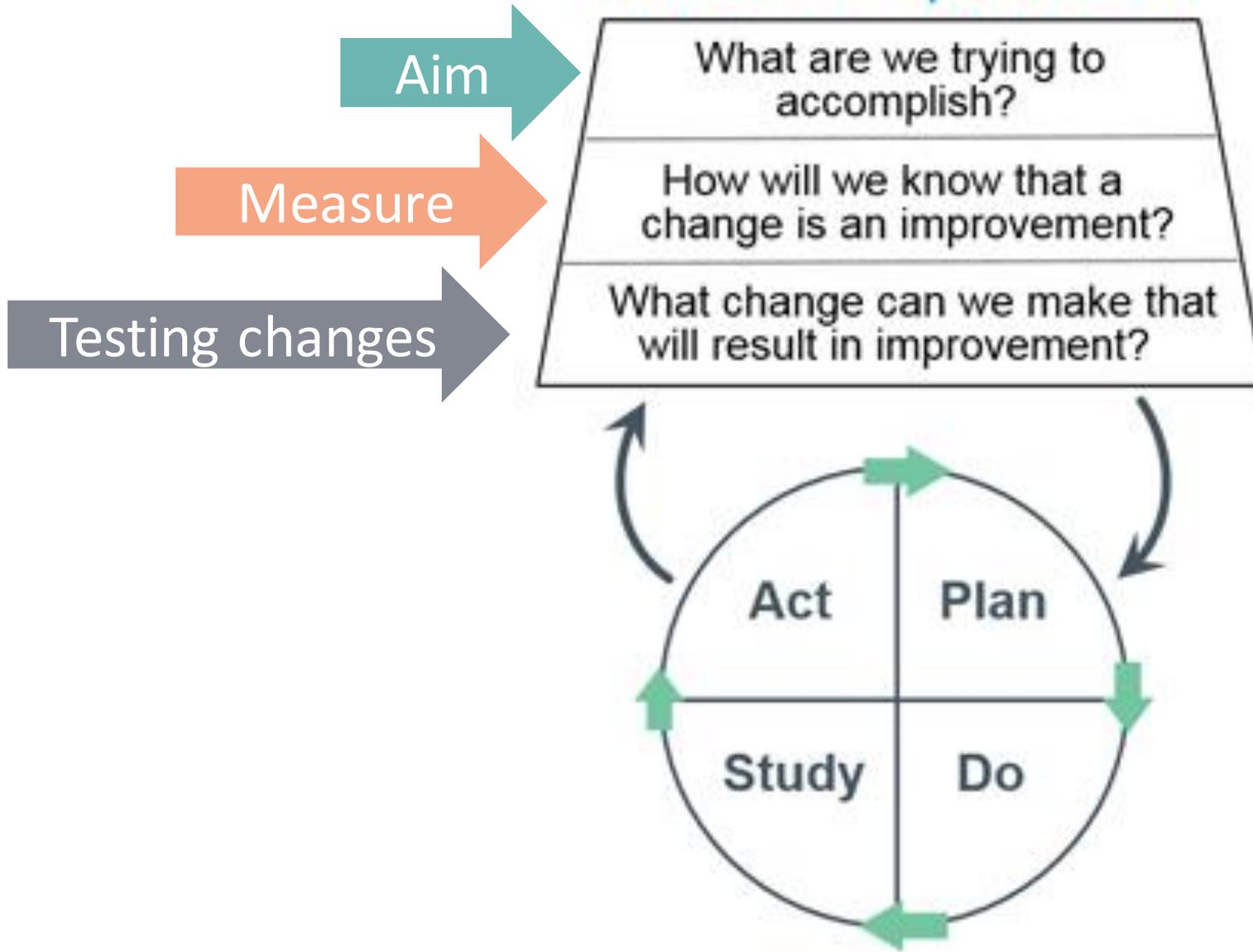
The Quality Improvement Approach

Conference Room



Source: Jason Leitch

Model for Improvement



The theory

Expert design
group

Theory of
change &
measurement
plan

Quality
improvement
support

Learning from
each other

Story-telling and
sharing
experiences

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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

Record incidents and analyse data

Respond to sexual safety incident

Collaborate with other organisations

Access to resources and education

Staff support, training and availability

Improve culture

Understand and respond to the needs of the individual

Flowchart

Shared understanding of the systems response

Multi- agency working

Co- produced agreement, visible to all

Promote information

Informed staff with confidence to discuss sexual health and safety

Improve staff visibility and availability

Co-produce staff training

Reflection and supervision for staff

Openness to talk about sexual

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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Sexual Safety Collaborative

Date

Please tick: Service user Staff

If you felt at risk from sexual harm at any point, would you feel able to speak to someone about it?

Yes / No

Please circle your answer

In the past two weeks, have you felt safe from sexual harm on the ward?

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.

The theory

Expert design
group

Theory of
change &
measurement
plan

Quality
improvement
support

Learning from
each other

Story-telling and
sharing
experiences

The Programme Team



Amar Shah
MHSIP National
Improvement Lead
 @DrAmarShah



Helen Smith
MHSIP Clinical Programme
Director
 @HSmithSafety



Tom Ayers
Director NCCMH
 @TomNCCMH



Christie Roman
MHSIP Project Manager

Quality Improvement Coaches



Kate Lorrimer
 @QI_KateL



Emily Cannon
 @EmilyCanQI



Matthew Milarski
 @MattNCCMH



Saiqa Akhtar
 @SaiqaNCCMH



The theory

Expert design
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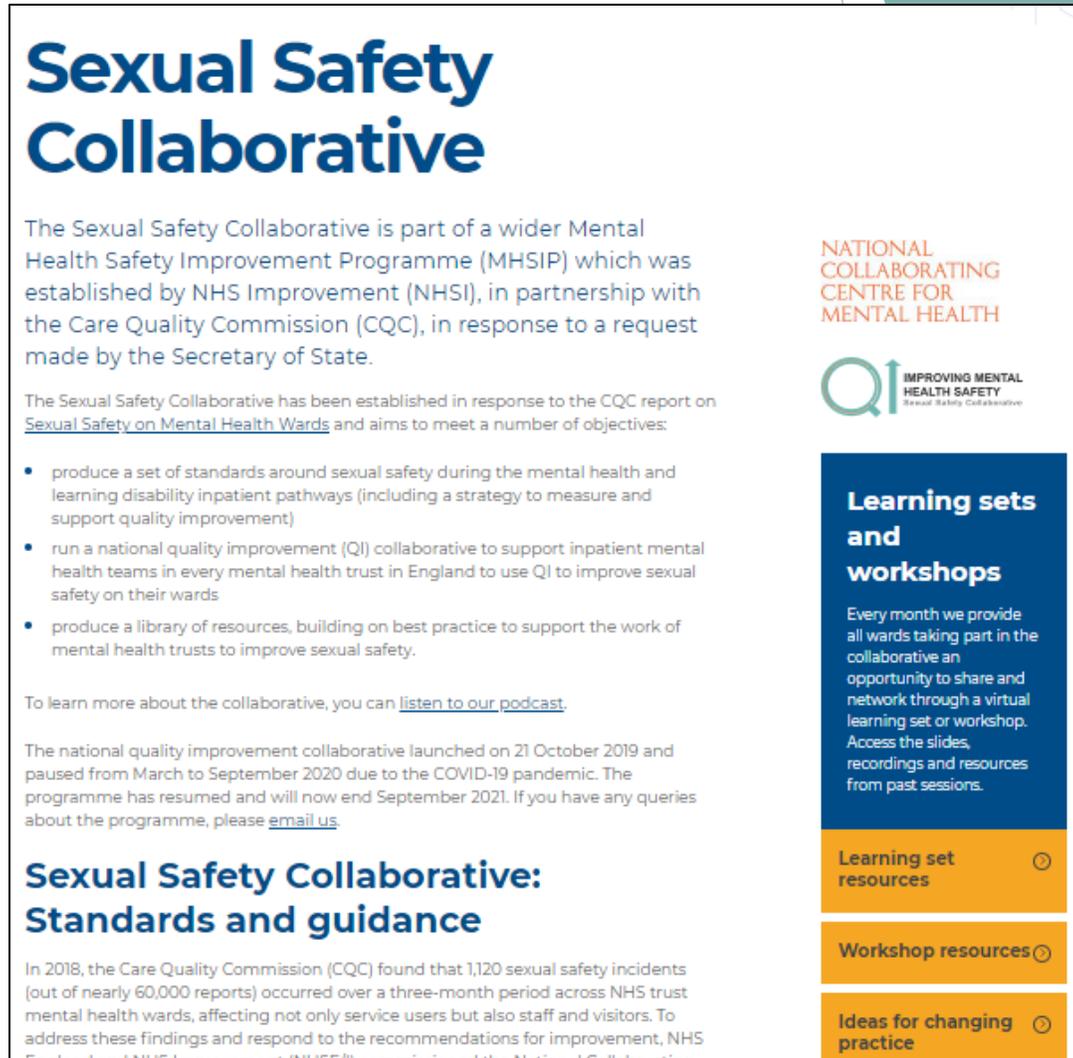
Story-telling and
sharing
experiences

Learning Sets

- Take place every other month
- Every team attends, people who use services too
- Sharing ideas being tested, having discussions, troubleshooting

Other ways of sharing ideas

- Monthly workshops
- Wards connecting with each other
- Twitter #sexualsafety
- RCPsych website



Sexual Safety Collaborative

The Sexual Safety Collaborative is part of a wider Mental Health Safety Improvement Programme (MHSIP) which was established by NHS Improvement (NHSI), in partnership with the Care Quality Commission (CQC), in response to a request made by the Secretary of State.

The Sexual Safety Collaborative has been established in response to the CQC report on [Sexual Safety on Mental Health Wards](#) and aims to meet a number of objectives:

- produce a set of standards around sexual safety during the mental health and learning disability inpatient pathways (including a strategy to measure and support quality improvement)
- run a national quality improvement (QI) collaborative to support inpatient mental health teams in every mental health trust in England to use QI to improve sexual safety on their wards
- produce a library of resources, building on best practice to support the work of mental health trusts to improve sexual safety.

To learn more about the collaborative, you can [listen to our podcast](#).

The national quality improvement collaborative launched on 21 October 2019 and paused from March to September 2020 due to the COVID-19 pandemic. The programme has resumed and will now end September 2021. If you have any queries about the programme, please [email us](#).

Sexual Safety Collaborative: Standards and guidance

In 2018, the Care Quality Commission (CQC) found that 1,120 sexual safety incidents (out of nearly 60,000 reports) occurred over a three-month period across NHS trust mental health wards, affecting not only service users but also staff and visitors. To address these findings and respond to the recommendations for improvement, NHS England and NHS Improvement (NHSI) commissioned the National Collaborating Centre for Mental Health (NCCMH) to lead the Sexual Safety Collaborative.

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QI IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

Learning sets and workshops

Every month we provide all wards taking part in the collaborative an opportunity to share and network through a virtual learning set or workshop. Access the slides, recordings and resources from past sessions.

Learning set resources

Workshop resources

Ideas for changing practice



Reflections so far ...

- ▶ Despite the obstacles presented by the pandemic the teams on the collaborative have continued to do amazing work to improve services
- ▶ Underestimated the time needed for patients and staff to introduce and engage with the topic of sexual safety and to start feeling safe and able to talk about it
- ▶ This is demonstrated in the common themes of change ideas tested - how to facilitate discussions about sexual safety, education and training about trauma-informed care
- ▶ But these changes have represented the beginnings of a real cultural shift in the wards we have worked with
- ▶ Our measurement plan has acted more as a facilitator of conversations about sexual safety than a measure of improvement

Find us on Twitter

#MHSIP

#sexualsafety

@DrAmarShah

@EmilyCanQI

@HSmithSafety

@MattNCCMH

@QI_KateL

@Saiqanccmh

@TomNCCMH



**More information and all
resources can be found on our
website:**

<https://www.rcpsych.ac.uk/improving-care/nccmh/sexual-safety-collaborative>

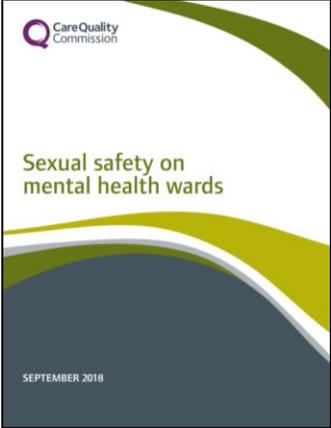
A Ward's Perspective

Forest Close
Sheffield Health and Social Care NHS Trust

Improving Sexual Safety on Forest Close

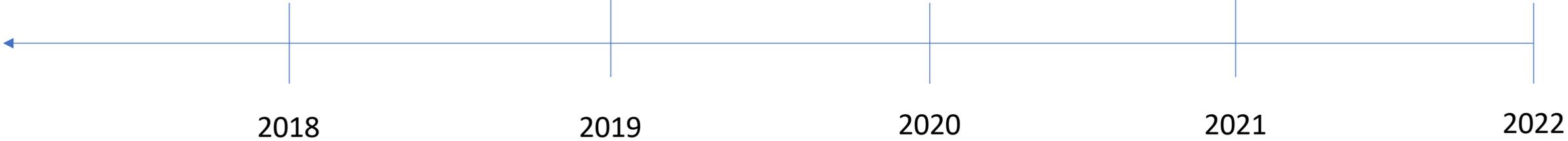
When thinking about sustainable change, the process is as *(if not more)* important than the change ideas and this needs to be one of ownership, co-production and learning. When conditions allow this to happen we get to **meaningful and sustainable change in the shortest time possible.**

Framing the journey:



October 2019
National Sexual
Safety Collaborative
launch

December 2020
June 2021



1. Define & Scope:

What does sexual safety on the ward mean to you and what do you want to get out of this work?

- Develop a sense of **ownership** of where this could go
- Started allowing people to **connect** to the topic
- Understand **feelings** about this emotive subject
- Established and broadened our **scope**
- Began shaping the **aims** which would guide this work

2. Understanding:

Reflecting on and learning more about what was currently happening across the wards in relation to sexual safety and exploring with staff.....

- Confidence levels and the reasons behind this
- Experiences of raising this subject and the kind of topics discussed
- Reflections on their most recent experience of discussing this with a service user



What does sexual safety on the ward mean to you and what do you want to get out of this work?

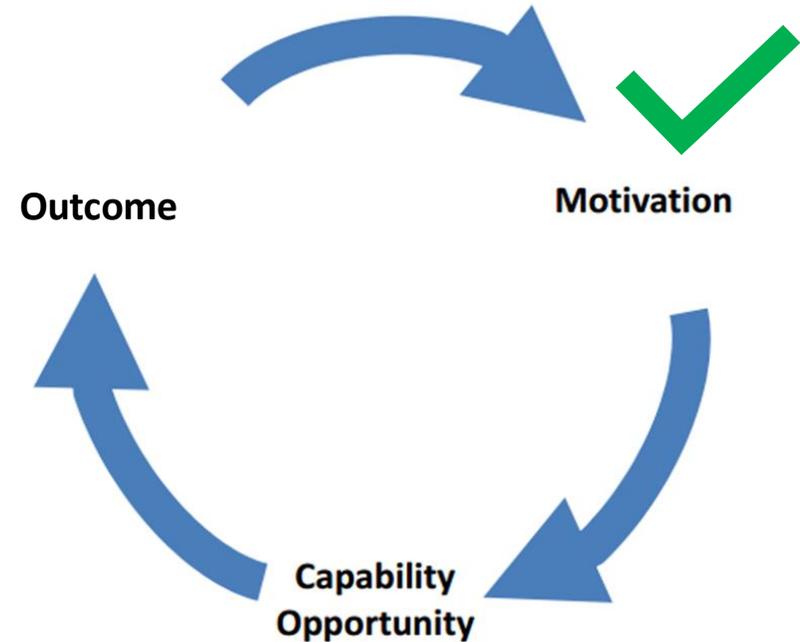
1. Confidence was the biggest factor and 4 themes underpinned this:



2. Types of conversations were wide ranging

3. Not routinely being introduced during the pathway

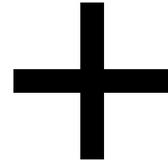
4. Motivation to improve in this area was evident



We used these findings to prompt conversations at Team Meetings

Environment

Ideas to create an environment where the subject can be normalised



Opportunity

Ideas that create opportunities for these conversations to take place

Capability

Ideas to support colleagues in developing confidence, experiences and approaches

3. Design and Plan:

Capability:

Training Sessions:

- Week 1: Introduction to Sexual Safety
- Week 2: Trauma Awareness
- Week 3: Trauma Sensitivity
- Week 4: Talking about Sex and Safety
- Week 5: Sexual Health, what do we know?
- Week 6: Responding to Disclosure



Opportunity:

Groups:

- Medication and side effects on sexual function
- Staying safe online, dating, profiles, grooming and sexting
- Sexual violence and harassment
- Contraception and pregnancy
- Sexually transmitted infections
- Sexual health, love and intimacy
- Consent and coercion
- Sexuality
- Forming relationships

Screening on Admission and Follow-Up

DASH Screening Tool

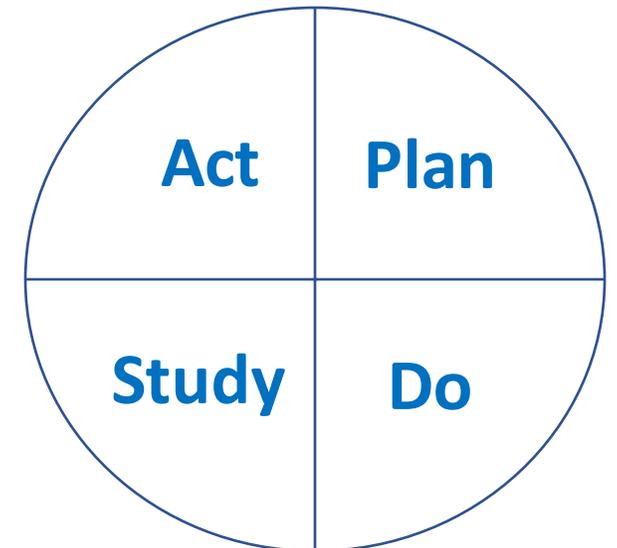
Sexual Health and Safety Workbook

Environment:

Information Boards

Align with other Groups

Anonymous Boxes



4. Measures:

Outcome Measures

Reported confidence of Staff and Patients to discuss and raise topic

Sexual safety incidents

Process Measures

% Screened on Admission

% incidents using DASH Tool

Regularity and Attendance of Groups

% trained in Sexual Safety

Balance Measures

Increase in reported incidents

Staff and service user feedback

"An issue was raised at the community meeting by a service user which led to some really helpful conversations amongst the group" "There have been occasions where service users have felt able to raise incidents of past trauma with staff and then psychology support brought in" "We have seen examples where people have reflected on past relationships and then talked about hopes and aspirations for the future" "Some patients have expressed their appreciation that you're talking about these things" "At the Creative Group Meeting service users were doing posters around this topic which prompted some helpful conversations within the mixed group"

5. Impact, Sharing and Growth

1. Positive progress against process measures and outcomes

Checking in with the wider team (45 responses):

Across the 6 weeks training an average of 80% strongly agreed or agreed that it

- a) raised awareness,
- b) increased confidence,
- c) would help initiating conversations
- d) would be applicable in practice

Ideas: the ideas being developed were popular and feedback was that the covered most angles, with a couple more ideas emerged such as Sexual Health Clinics and Sexual Safety Champions

We saw an increase in overall confidence with about 20% more people rating their confidence as an 8 or above out of 10

Feedback on the training:

- overwhelmingly positive and people valued the training
- any negatives referred to delivery via MS Teams and the lack of interaction
- people would like to focus on tools going forward such as STARTER Model

Approach to this project:

- generally people felt the balance had been about right
- people now want to see tangible changes now coming from this work
- some people weren't fully aware of the progress and would like more feedback
- a few comments were questioning the meaningfulness and repetition of the postcards

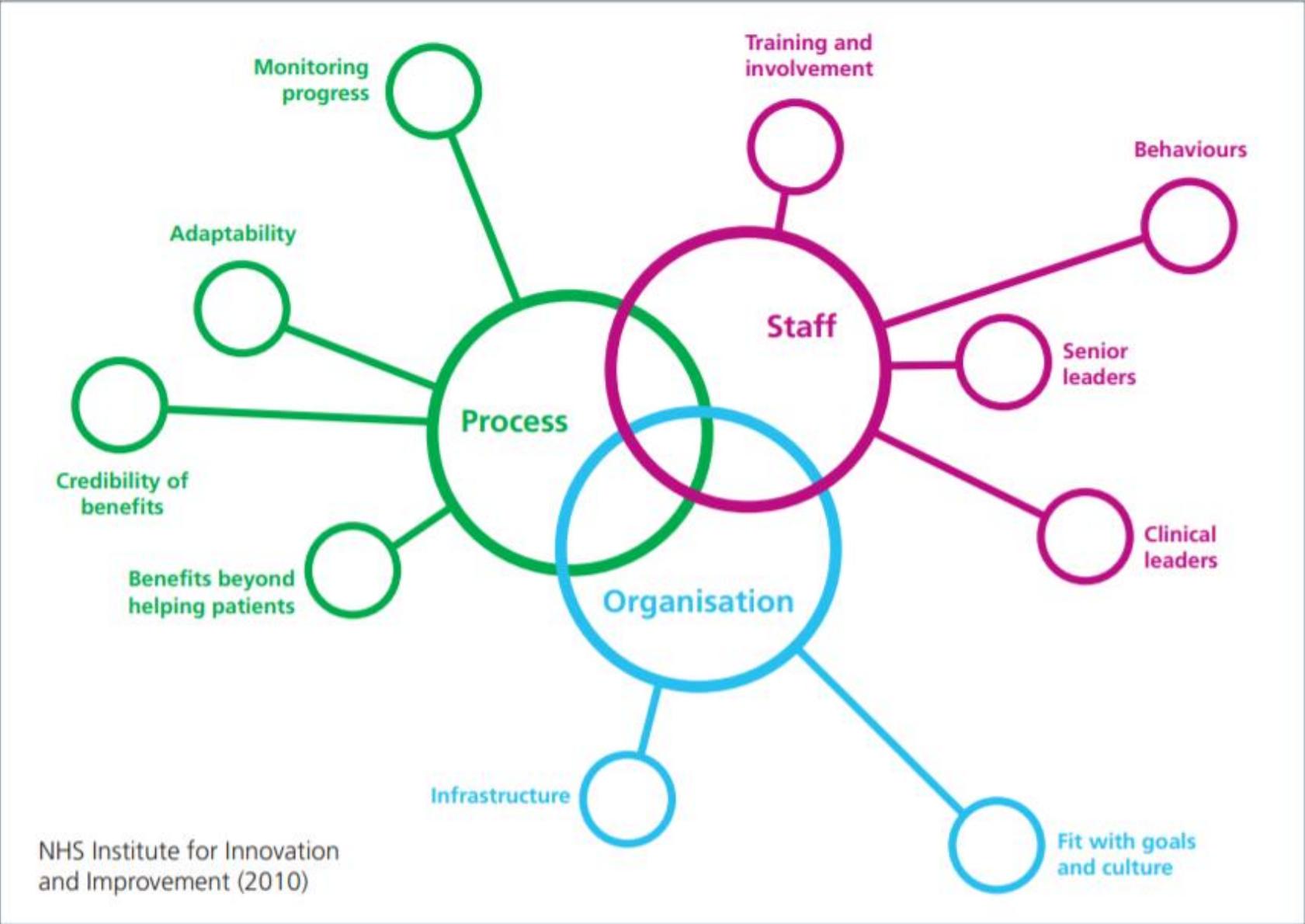
2. Recognised as part of the National Collaborative

3. Shared through Trust Wide Sexual Safety Group

4. Service has embarked on more improvement work



6. Key to sustainable success



Q+A

