# Sexual Safety Collaborative

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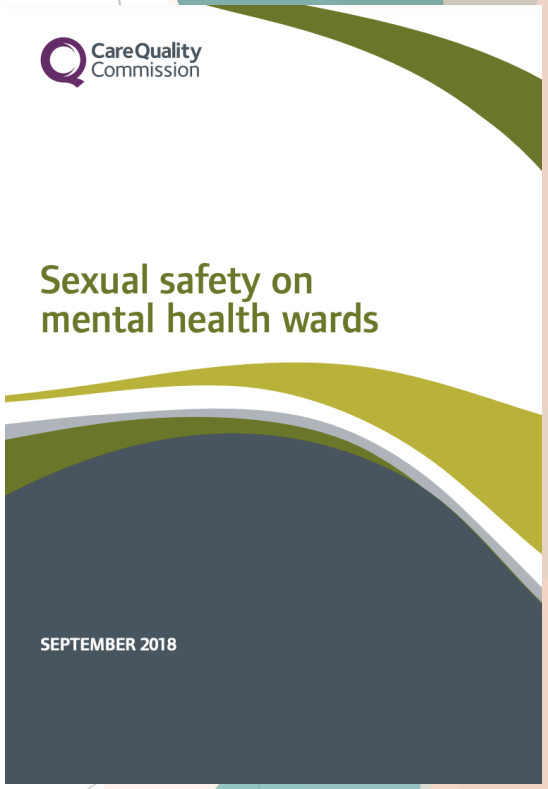
IMPROVING MENTAL HEALTH SAFETY
Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

# Sexual Safety Standards: 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
- In 2018, NHS England & NHS Improvement commissioned NCCMH 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

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# Sexual Safety Standards: Context

- Standards were 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.
- 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

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# Sexual Safety Collaborative: Standards

- The development of national standards and guidance to improve sexual safety on mental health and learning disabilities inpatient pathways
- 26 standards in total
- Grouped into 7 overarching 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

- 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

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# 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

[a] Refers to a mental health or learning disability service that is designated as a hospital (including settings that may be located in the community rather than on hospital grounds) where people receive 24-hour nursing care and have access to a multidisciplinary team, with oversight from a consultant psychiatrist.

# How are the standards being used?

- 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

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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 have worked with 69 wards (53 project teams) across 42 trusts in England

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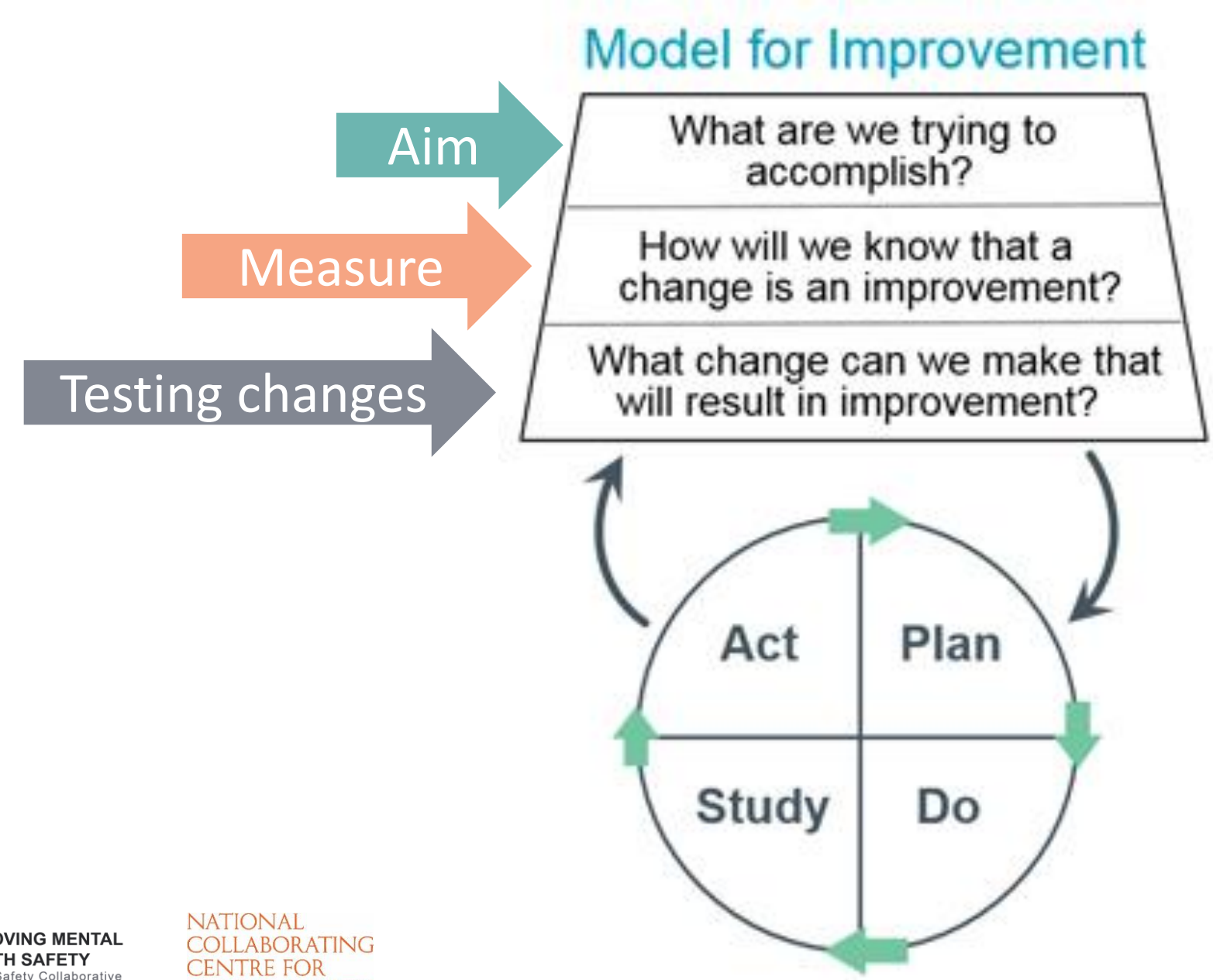


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# The theory

Expert design group

Theory of change & measurement plan

Quality improvement support

Learning from each other

Story-telling and sharing experiences

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# Measurement plan

## Operational definitions

**Sexual harrasment** includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated or degrade their dignity. Verbal and non-verbal sexual gestures or behaviours are categorised as sexual harassment.

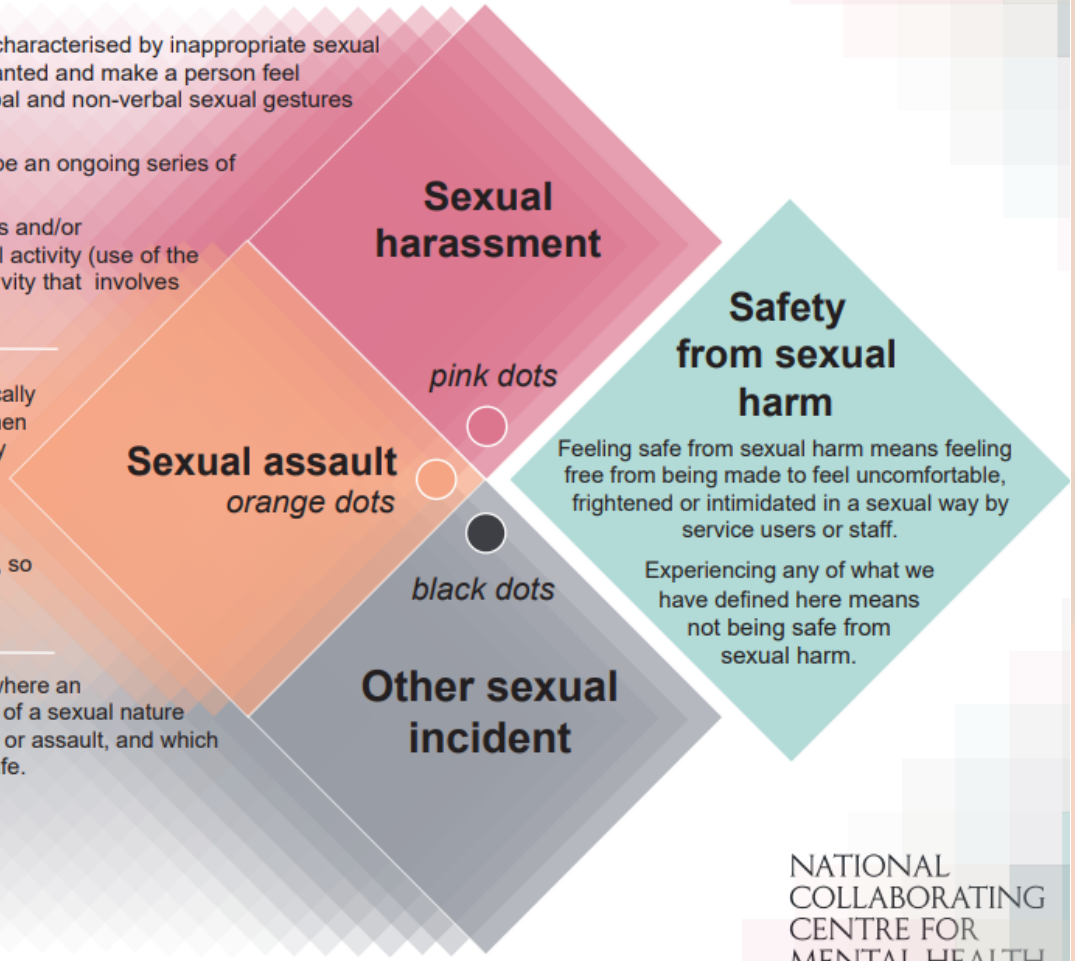
These unwanted behaviours may only happen once or be an ongoing series of events.

Sexual harassment also includes exposure to body parts and/or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video, and graphic files, for any activity that involves human sexuality).

'**Sexual assault** is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object' – definition adapted from The Crown Prosecution Service.

Sexual assault does not always involve physical violence, so physical injuries or visible marks may not be seen.

The **other sexual incident** category is for incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable and/or sexually unsafe.

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# Nottingham's sexual safety animation

Let’s start talking about Sexual Safety on Vimeo

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# Changes teams tested

## Benchmarking tools

NHS North Staffordshire Combined Healthcare NHS Trust

**Sexual Safety Collaborative:**

**Standards and guidance to improve sexual safety on mental health and learning disability inpatient pathways.**

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

| | |
|---|---|
| 1.1 | The needs of each person are understood and responded to |
| 1.2 | Care and support are provided following a trauma-informed approach. The care environment and daily interactions ensure a person's physical as well as psychological safety. |
| 1.3 | Sexual safety is considered on an individual basis in the context of past trauma, past relationships and experiences. The outcomes of these conversations are documented and inform the person's care plan; the plan is regularly reviewed. |
| 1.4 | The service establishes what makes people feel safe, including from sexual harm, and determines priority actions to address these needs. |
| 1.5 | People have clear access to a named member of staff or dedicated specialist services that can offer support or advocacy for concerns of a sexual nature. |

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**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.

#cwpQI

**Quality Check Pointers for Sexual Safety Standards**

NHS Cheshire and Wirral Partnership NHS Foundation Trust

| Domain 1 - Understanding and responding to the needs of the individual | Rating | Overall confidence levels | Comments |
|---|---|---|---|
| 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 | Partially Confident | Partially confident | Not yet at full maturity as an organisation due to the impact that meeting bed demands, for example, could, potentially, have on a patient and their needs. This will be something to consider as part of the PICU review. |
| 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. | Partially Confident | | Due to the environment of services, and the physical layout of the wards, we cannot assure ourselves that the comprehensive principles of individualised trauma-informed care can be met 100% of the time. |
| 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. | Not confident | | This doesn't happen systematically and staff are not aware of the need to discuss these issues on admission, nor do they have the skills in order to carry this out effectively and safely. On many occasions staff will not have access to the appropriate and required information about the clinical history of the patient being admitted, therefore will be unaware of any past trauma or specific sexual safety needs. They do not have access to psychology notes, however, a way around this could be for an alert to be inputted onto the patient's notes to ensure that all staff are aware of this past history. |
| 4. Using a strengths-based approach, the service establishes what makes people feel safe, including from sexual harm, and determines priority actions to address these needs. | Partially Confident | | There are pockets of best practice in relation to this e.g. in Rehab, however, this is not systematically applied throughout inpatients. Practice is being shared with the acute wards, raising awareness, and requires a more formal process to increase capability. |
| 5. People have clear access to a named member of staff or dedicated specialist services that can offer support for concerns of a sexual nature and advocacy. | Not confident | | This is not something that we offer or have access to at the moment. |
| 6. The physical aspects of the ward environment are regularly reviewed and plans are established to address any identified risk areas. | Fully Confident | | Head of Estates is a member of the Sexual Safety Group, and there are systems in place to ensure that the physical environment is reviewed. |
| **Domain 2 - Improving organisational culture** | **Rating** | **Overall confidence levels** | |
| 1. An environment is encouraged where people feel comfortable talking in an age and culturally appropriate way about sexual safety, relationships and sexual behaviours. | Partially Confident | | Already building capability in relation to this - part of the sexual safety collaborative, the existence of the sexual safety group and at a front line level, there are now the provisions of safety cards (every inpatient area has access to these). |

NELFT NHS

NHS Foundation Trust

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Sexual Safety Collaborative

# MOORE WARD

## Assessment and Treatment Unit for Adults with a Learning Disability

JENNY DUSOYE - MOORE WARD MANAGER

**Project Lead**: Jenny Dusoye

**Sponsor**: Kerry Barriffe (on behalf of the Director of Nursing for Clinical Effectiveness)

**Coach**: Kate Lorrimer

**Team Members**: Moore Ward Staff Including Carers, Family, Bank Staff, Service Users, Service User Representative

**Collecting Data**: Charlotte Searle

# Who are we?

Moore ward is an Assessment and Treatment Unit (ATU) which provides a specialist assessment and treatment service for adults with a Learning Disability and Autism that present with mental illness or disorders and/or challenging behaviours.

We are part of the Inpatient units within the North East London Foundation Trust (NELFT).

We cover 4 London boroughs and accept out of area patients

# Why did Moore Ward participate in the Sexual Safety Collaborative

Moore Ward is a 12 bedded mixed gender ward

10 reported sexual safety incidents on the ward since 2016

At the time of commencing this project there were sexual safety safeguarding concerns on the ward.

2018 CQC report on sexual safety raised awareness on the topic

CQC Inspection to NELFT in 2019 focused on how do we manage a mixed gender ward.

# What did we do?


Prior to attending the SSC Learning Set at the Royal College of Psychiatry we;

Started meeting with our project sponsor Kerry Barriffe fortnightly from the 6th September 2019.

Introduced the project at the Team Meeting.

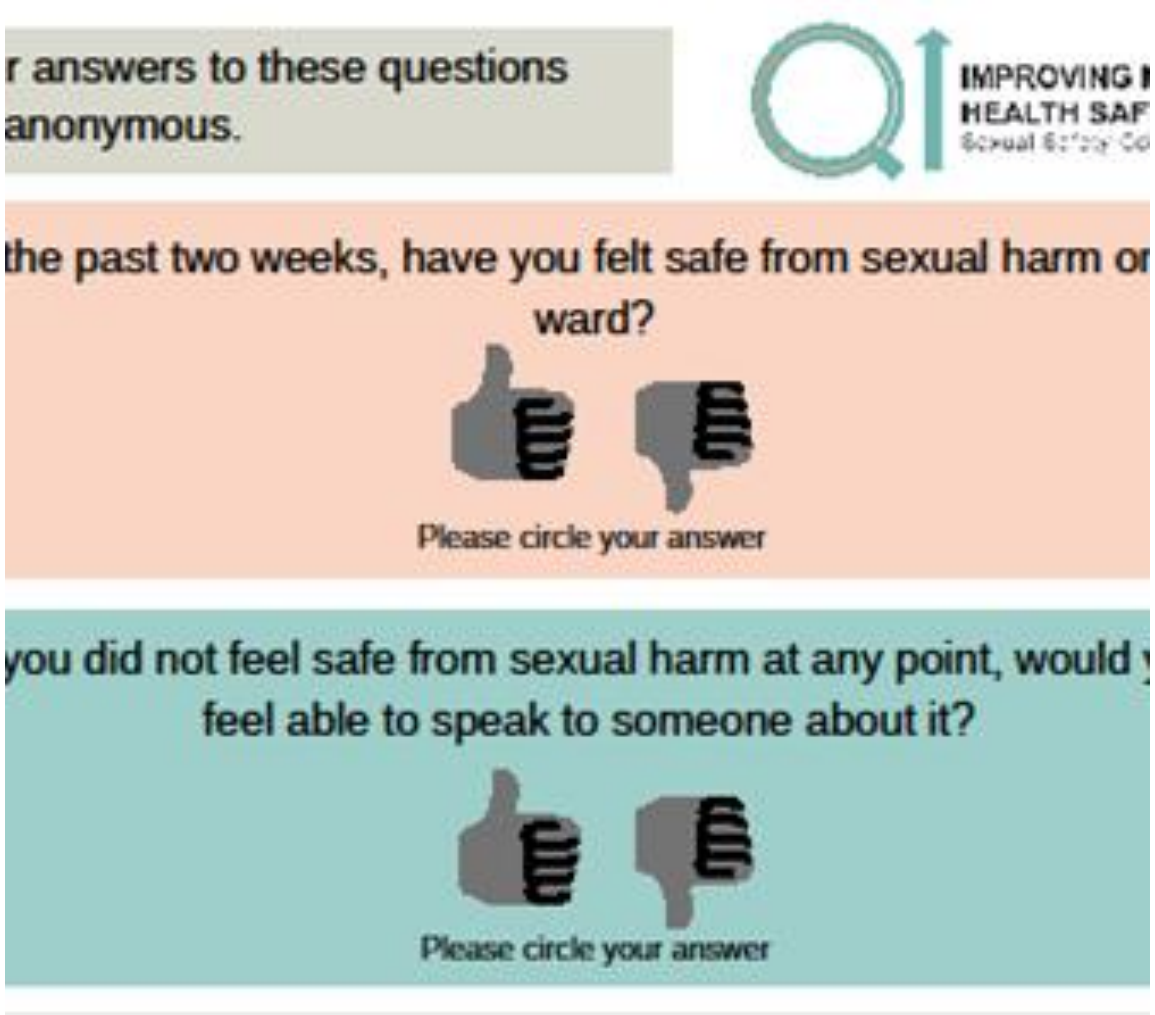
Created a folder on the shared drive where all relevant information regarding the project was saved for all staff on Moore ward to access.

A display board explaining the QI project was displayed at the ward entrance.

Sexual Safety meeting dates were organised from 6th September 2019 until 19th March 2021

We Jointly agreed on the stakeholders and project team members ensuring there is a mix of gender, skill, and disciplines. All were given the opportunity to attend the Learning Sets, a service user representative was involved in the project.

Project was introduced to patients at the community meetings




# Data Collection

Easy read post cards requested for our client group.

Post cards given to staff and patients fortnightly.

Safety Cross displayed and updated on each shift.

Incidents reported via the DATIX incident reporting system.

Data collected every fortnight and entered onto the Life QI.

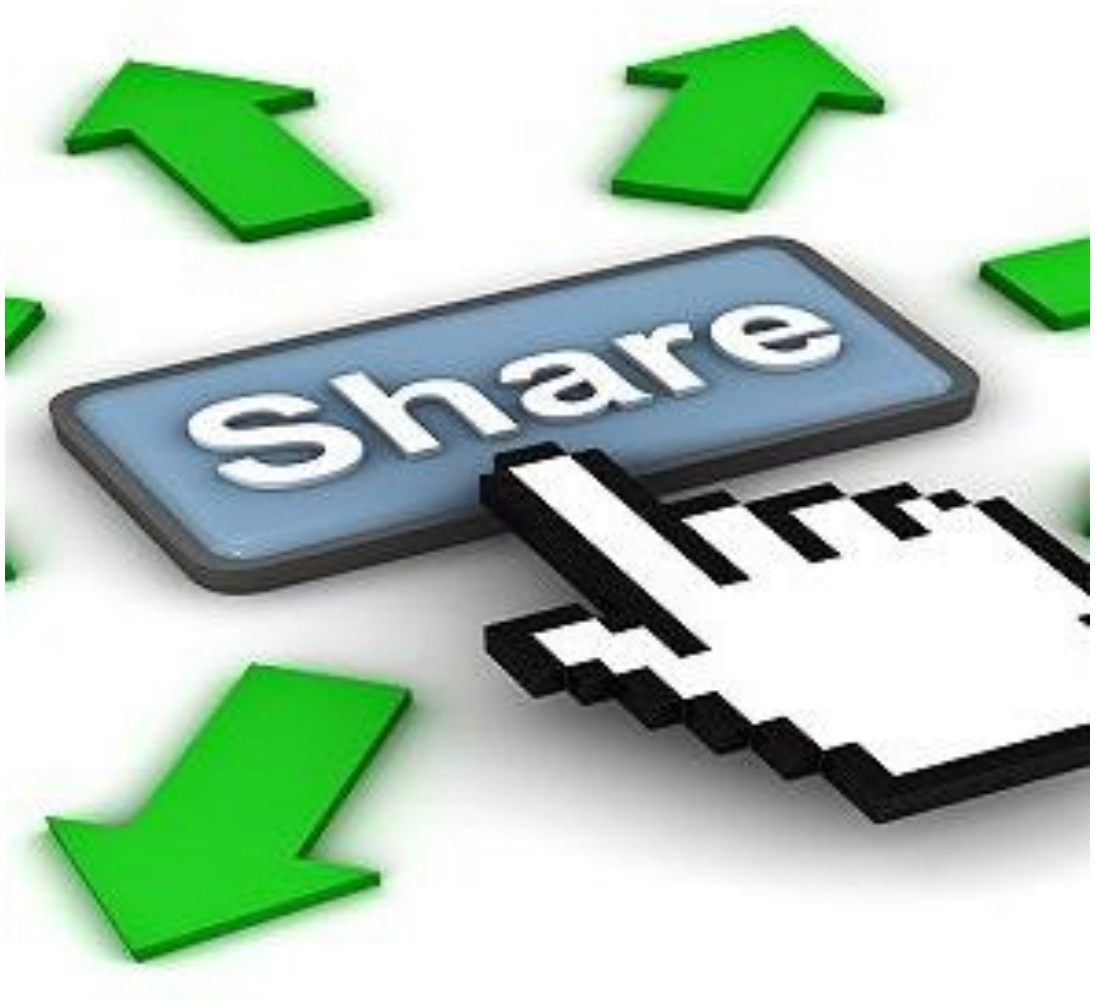
Driver diagram commenced on the 13th December 2019.

We agreed to use the post cards for 3 months and planned to review in February 2020.

# AIMS

We aim to reach 80% of people on Moore ward to feel safe from sexual harm.

We aim to reach 80% of people on Moore ward to feel able to speak to someone about sexual harm.




# How we Shared our Data

QI projects are part of the agenda at our Community meetings.

The SSC QI project fortnightly meeting with our Sponsor.

Moore Ward monthly Team Meeting

Fortnightly Safe Wards meetings where the data was shared with the 11 inpatient wards across the directorate

# Our Change Ideas

Moore Ward Charter displayed

Amended the Moore Ward easy read Welcome Pack to reflect the QI project.

Safe Wards Pictorial Mutual Expectations for staff and patients

Created an easy read “private part” poster discussed at the patient community meeting

Bespoke Sexual Safety training for ward staff

We created a “Sexual Safety Its Safe To Talk” easy read leaflet for Moore Ward

Training sessions in the community meeting for patients

Leaflets shared with the LD community health care professionals when attending Ward Rounds

We created an pictorial Internet safety leaflet, shared with the community team.

A number of forums were promoted to supported staff to talk openly about sexual safety, such as group reflective sessions (facilitated by an external psychologist), individual supervision, or a healthcare professional within the trust of their choice.

# CHANGE IDEAS YOU HAVE TESTED

**CO- PRODUCED AGREEMENT, VISIBLE TO ALL:** Sexual Safety Charter, easy read information leaflet in Inpatient Welcome Pack, display board, community meeting agenda

**PROMOTE INFORMATION:** Easy read sexual safety leaflet, easy read care plan on sexual safety, 1:1 sessions, bitesize training, easy read social story on sexual safety, easy read welcome pack, distribution of sexual safety leaflets for visitors and other community professionals, display board, ward round reviews and daily run-through handover, easy read sexual safety definitions, easy read on importance of medications and side-effects devised by ward doctor, easy read data collection postcard devised by ward staff, easy read safe wards ten interventions devised by Assistant Psychologist

# CHANGE IDEAS YOU HAVE TESTED

**CO-PRODUCE STAFF TRAINING:** Sexual safety training was in place, regular bitesize training in place.

**IMPROVE STAFF VISIBILITY AND AVAILABILITY**: Shift coordinator role & responsibilities reviewed.

**REFLECTION AND SUPERVISION FOR STAFF:** Monthly 1:1 session with staff and provide support

**INFORMED STAFF WITH CONFIDENCE TO DISCUSS SEXUAL HEALTH AND SAFETY:**

Sexual Safety Collaborative fortnightly meeting, group supervision

# CHANGE IDEAS YOU HAVE TESTED

**LEARN FROM INCIDENTS AND GOOD PRACTICE:** Debrief takes place after each incident and is recorded in progress notes and Life QI system

**OPENNESS TO TALK ABOUT SEXUAL SAFETY:** Community meeting template reviewed, and Sexual Safety added to the weekly agenda

**SUPPORT CHANGE AND QUALITY IMPROVEMENT:** Staff and patient involvement by addressing one change idea at a time, evidence of ownership, self-motivating team, enthusiastic team and support by bringing new ideas

**USE DATA TO PROMOTE LEARNING:** Safe Wards meeting, safety huddle, reflective sessions, supervision, handover system, community meeting, SSC meeting fortnightly

# CHANGE IDEAS YOU HAVE TESTED

**ACCURATE AND TIMELY DATA COLLECTIONS:** Postcard data collection, collected via safety cross, Datix system, harmful sexual behavior risk tool completed on RiO

**SUPPORT FOR ALL PARTIES INVOLVED:** Community meeting, team meeting, virtual meeting, debrief sessions, fortnightly sexual safety meeting, supervision, 1:1 support, psychology input

**STEP BY STEP GUIDANCE AND FLOWCHART:** Datix, Mental Capacity Assessment, team debrief, safety huddle, easy read care plan completed, risk assessment completed, social story re. sexual safety, discuss at ward round , psycho-education around sexual safety, psychological support provided, RiO entry in progress notes, harmful sexual behavior risk tool completed on RiO

**RESPONDER HAS ADEQUATE TIME AND SKILLS:** Guidance and support via SSC project lead, coach, sponsor, training, access to websites on sexual safety, access to sexual safety on shared drive, knowledge and skills gained through the learning sets

# CHANGE IDEAS YOU HAVE TESTED

**ENVIRONMENT:** Female and male area - signage in each area and pictorial version

**PSYCHOLOGICAL SAFETY:** Psychoeducation by psychologist

**TRAUMA INFORMED CARE:** Training was delivered on TIC by psychology team

**SHARED UNDERSTANDING OF THE SYSTEMS RESPONSE:** SSC fortnightly meetings, attended learning set, shared learning with different organisations via presentation, housing, advocacy, police, sexual health, GP, GUM, community team, care coordinator, supported living accommodation

**MULTI- AGENCY WORKING:** Housing, advocacy, police, sexual health, GP, GUM, community team, care coordinator, supported living accommodation and other providers

# CHANGES YOU HAVE SEEN ON THE WARD

DO YOU FEEL THAT SEXUAL SAFETY, SEXUAL HEALTH AND SEX IN GENERAL ARE DISCUSSED MORE ON THE WARD SINCE JOINING THE COLLABORATIVE?

Ward Charter was first introduced on the ward and has brought the expected standards of behaviour to everyone's attention. The ward charter was also discussed as part of the meetings agenda to familiarise everyone with the expected standards. Hence, awareness of sexual safety was raised. Staff and patients have been more open, honest, confident and comfortable to talk about sexual safety since the project was introduced on Moore ward.

JENNY DUSOYE - MOORE WARD MANAGER

# CHANGES YOU HAVE SEEN ON THE WARD

## HAS THE CULTURE ON THE WARD CHANGED IN TERMS OF HOW COMFORTABLE STAFF AND PATIENTS FEEL TALKING ABOUT SEX?

Some staff were not comfortable completing the postcard data, this was due to their cultural beliefs and was respected. However, most staff, patients and families who were involved in this project felt comfortable to address sexual safety and the full awareness of sexual safety implemented on the ward has changed the culture of the ward.

# CHANGES YOU HAVE SEEN ON THE WARD

DO PATIENTS AND STAFF FEEL ABLE TO SUGGEST CHANGE IDEAS TO INCREASE THEIR FEELINGS OF SEXUAL SAFETY?

As discussed above on the change ideas, all parties such as sponsor, coach, patients, families, visitors, community team, SSC lead and service user representative made a big difference in suggesting and implementing all the change ideas discussed above.

# CHANGES YOU HAVE SEEN ON THE WARD

**DO YOU HAVE ANY EXAMPLES OF HOW YOU'VE HANDLED A SITUATION RELATED TO SEXUAL SAFETY DIFFERENTLY SINCE STARTING YOUR QUALITY IMPROVEMENT PROJECT?**

A pictorial social story was devised in collaboration with a patient's family member to ensure sexual activity such as masturbation is safely done in a private space (bedroom area) and ensuring patient privacy and dignity are maintained. This plan was implemented successfully.

Attached is a social story.


# CHANGES YOU HAVE SEEN ON THE WARD

## WHAT DO YOUR PATIENTS, STAFF AND CARERS SAY?

Patients, staff and families were fully involved in this project, and have found that sexual safety is no longer a topic to feel embarrassed to talk about and now feel comfortable talking about sex openly.

JENNY DUSOYE - MOORE WARD MANAGER

# CHANGES YOU HAVE SEEN ON THE WARD

## WHAT IS YOUR EXPERIENCE OF TAKING PART IN THE PROJECT?

As a project lead for SSC, I have learned a lot through patient experience, learning sets, meetings I have chaired, in supervision with staff and communication with families and carers around sexual safety. I personally felt in the beginning this topic was not openly talked about in ward round reviews but this project has definitely highlighted how information on sexual safety is shared and discussed when appropriate in ward round reviews and daily run through handover.

JENNY DUSOYE - MOORE WARD MANAGER

# CHANGES YOU HAVE SEEN ON THE WARD

WHAT DO STAFF AND PATIENTS SAY ABOUT HOW SAFE THEY FEEL FROM SEXUAL HARM OR THEIR CONFIDENCE IN TALKING ABOUT SEXUAL SAFETY?

Percentage data- above 90% feel safe to talk about sexual safety.

HAVE CARERS GIVEN ANY FEEDBACK?

Carers felt the social story around sexual safety was very helpful.

# LOOKING TO THE FUTURE

HOW DO YOU PLAN TO CONTINUE THE POSITIVE WORK OF THE PROJECT?

The change ideas already implemented will be shared across other areas in NELFT. We are already delivering bitesize training to staff on a weekly basis to continue to strengthen awareness.

# LOOKING TO THE FUTURE

HAVE YOU EMBEDDED ANY CHANGE IDEAS IN TO EVERYDAY PRACTICE ON THE WARD?

All the above change ideas are fully embedded, except currently we don't have a psychologist in post to support with the trauma-informed care of patients.

# LOOKING TO THE FUTURE

HOW DO YOU PLAN TO LOOK AT AREAS OF THE SEXUAL SAFETY STANDARDS THAT YOU MIGHT NOT HAVE FOCUSED ON YET?

We are planning to share the Sexual Safety Collaborative work across community LD teams, NELFT and submitting an article in the TRUST Talk magazine.

# THANK YOU!

# TO EVERYONE WHO HAS MADE THIS PROJECT A SUCCESS

JENNY DUSOYE - MOORE WARD MANAGER

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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

## 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.

# Reflections…

- Despite the obstacles presented by the pandemic, teams on the collaborative 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 represented the beginnings of a real cultural shift in the wards we worked with
- Our measurement plan has acted more as a facilitator of conversations about sexual safety than a measure of improvement

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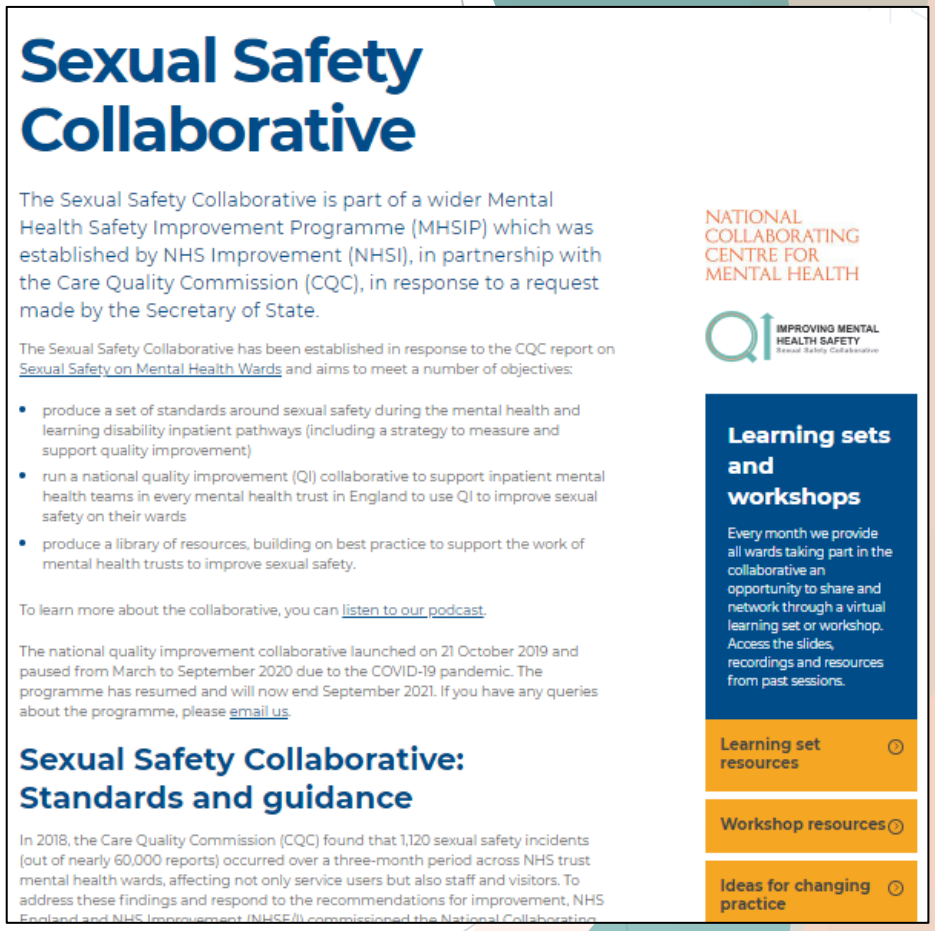
# More information and all resources can be found on our website:

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



## 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 (NHSE/I) commissioned the National Collaborating

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**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

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# We want to hear from you

Go to www.menti.com (we will add a link in the chat too) and enter the code:

4602 7291

or scan the QR code shown here

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