Sexual Safety Collaborative Learning Set 3

15th September 2020

Welcome!

Thank you for joining the Sexual Safety event

The event will start at 11:00am







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.





Additional support

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

► You can also 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.





- ► We encourage use of twitter and social media to share the work that you are doing throughout the collaborative. Starting today!
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission
- ▶ Thank you!



Project hashtag #SexualSafetyInMH
Programme hashtag #MHSIP



NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH



Kate L @Ql_KateL · Aug 12

Really looking forward to getting out #mhsip sexual safety QI collaborative restarted in September. Thanks so much to @RachelDios & @Nutcase10 for joining me to talk about our work on MHTV tomorrow night @DrAmarShah @HSmithSafety @NCCMentalHealth @EmilyCanQI @saiqanccmh @rcpsych





#TakeALookAtMeadowbrook

Great discussions this morning about the Sexual Safety Collaborative on Chaucer. Such positive change ideas that have already really benefited our service users and staff.

@GMMH_NHS @Chelsey85325056 @saiqanccmh

#checkinginonchaucer

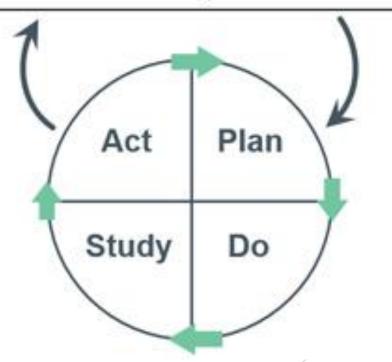
To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?





Aim

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.



Please tick: Service user Staff

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

Yes / No

Please circle your answer

If you did not feel safe from sexual harm at any point, would you feel able to speak to someone about it?

Yes / No

Please circle your answer

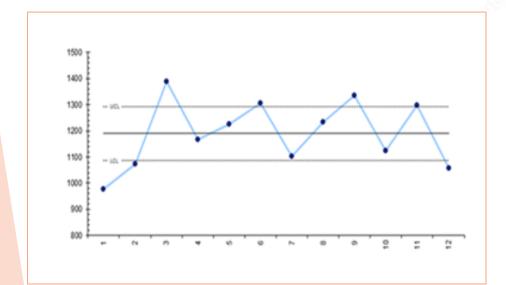
If you would like to speak with someone independent about your sexual safety on the ward, please see the contact details on the ward sexual safety charter.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

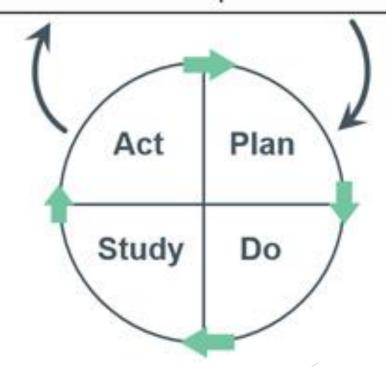
What change can we make that will result in improvement?





NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH

Measure



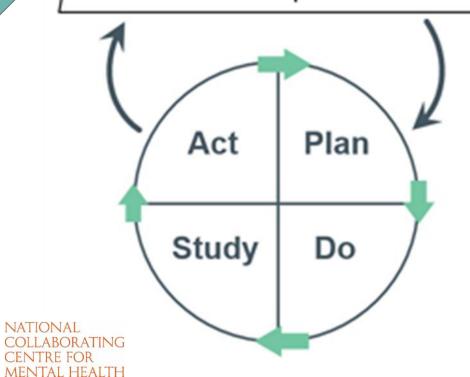
Model for Improvement

What are we trying to accomplish?

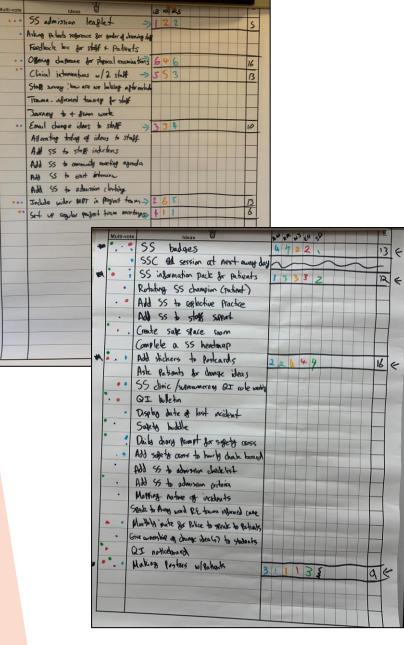
How will we know that a change is an improvement?

What change can we make that will result in improvement?

Changes

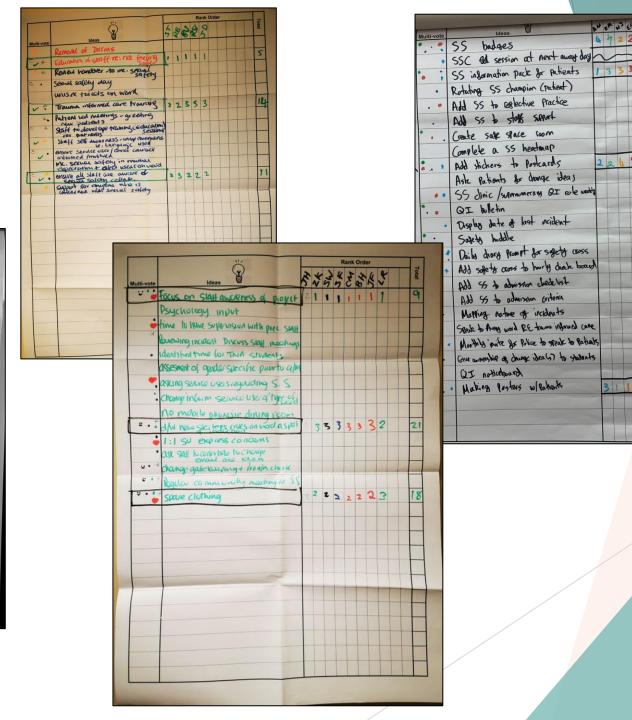






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	IMPROVING MENTAL
	HEALTH SAFETY Sexual Safety Collaborative

NATIONAL COLLABORATING CENTRE FOR MENTAL HEALTH



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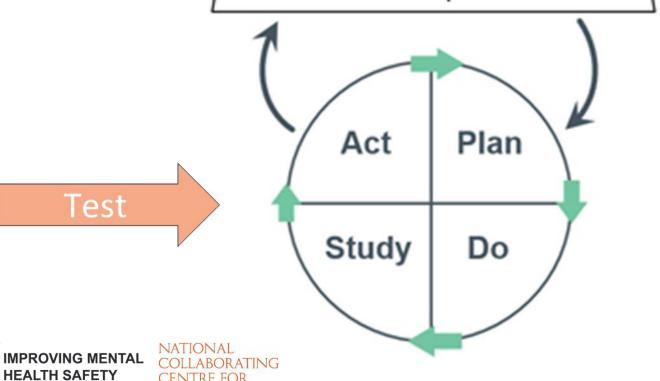
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Model for Improvement

What are we trying to accomplish?

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Sexual Safety Collaborative

MENTAL HEALTH

PDSA: safe space for staff and patients

Objective: For people to feel safe when reporting sexual safety 1.e. maident

Prediction: Improve support, increase in reporting. People feeling safe to talk. Identify other areas ie. improving or issues

Measure: avestionnaire

Traker (patient experience)

megsures life al

Safety cross (identifying other areas)

Plan: Chris / ason design overstranaire

(Quarterly)

Tracker - monthly - Speak to patient

PDSA: Hand out postcards In handover

Objective: Improve regular e consistent data carection.

Prediction: Recieve more post card data from 48. Staff. Hore discussion a engagement we among that. Recieus more post care data from 4P. Engagement a discussions with TP. Keyworker.

Measure: 1) No. of post Gords Colleged. 4P. e Haff. 2. surey/ Rating scale.

Plan:

· 1st week of every month.

· For 2 days.

· Stuff given 2 post cards - D 4P.

Splitting data on LifeQI: staff and patients

New measure + Outcome Measures Percentage of people who would feel able to talk to someone if they did not feel safe Custom / Unknown Percentage of people who have felt safe from sexual harm on the ward Custom / Unknown Number of incidents within the 'other sexual incidents' category Custom / Unknown Number of incidents of sexual harassment Custom / Unknown Number of incidents of sexual assault Custom / Unknown Percentage of staff who would feel able to talk to someone if they did not feel safe Custom / Unknown Percentage of staff who have felt safe from sexual harm on the ward Custom / Unknown Percentage of patients who would feel able to talk to someone if they did not feel safe Custom / Unknown Percentage of patients who have felt safe from sexual harm on the ward Custom / Unknown



SSC Refresher



Moore Ward

North East London NHS Foundation Trust





Sexual Safety Collaborative on Moore Ward

Jenny Dusoye Moore Ward Manager Nicole Sewell Modern Matron



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



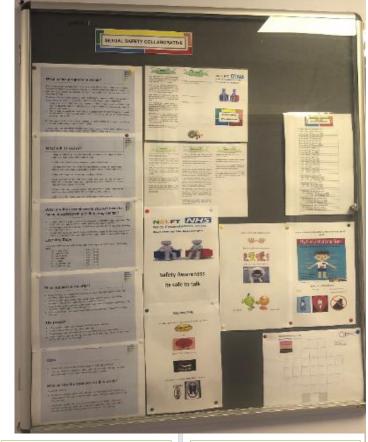
- Moore Ward is a 12 bedded mixed gender ward
- 10 reported sexual safety incidents on the ward since 2016
- At the time of commencing this project there were sexual safety safeguarding concerns on the ward.
- 2018 CQC report on sexual safety raised awareness on the topic
- CQC Inspection to NELFT in 2019 focused on how do we manage a mixed gender ward.



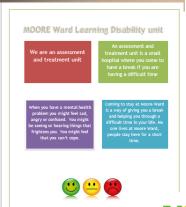


Prior to attending the SSC Learning Set at the Royal College of Psychiatry we;

- Fortnightly meeting with our project sponsor Kerry Barriffe.
- Introduced the project at the Team Meeting.
- Created a folder on the shared drive to store all relevant information re the project for all staff on Moore ward.
- Display board about the QI project 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. Encouraged attendance at Learning Sets, a service user representative was involved in the project.
- Project was introduced to patients at the community meetings





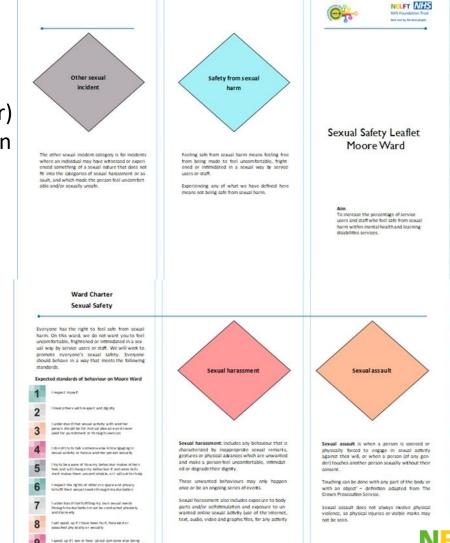


NHS Foundation Trust

What we did after attending the Learning Set on the 21st October 2019

Finalised the roles of the participants in the project;

- Project Sponsor Kerry Barriffe
- Project Lead Jenny Dusoye (Ward Manager)
- Deputy Project Lead Nicole Sewell (Modern Matron)
- Charlotte Searle Health Care support workers –
- Mohammed Bodee Health Care Support Workers
- Sarah Carr Deputy Ward Manager
- Sofia Sanchez Clinical Psychologist
- Introduced the project to staff at our Away Day on the 1st November 2019. A copy of the Ward Charter was given to all staff to review and all standards were jointly agreed.
- Following the Away Day, the Charter was discussed with patients and a Service User Representative at the community meeting.



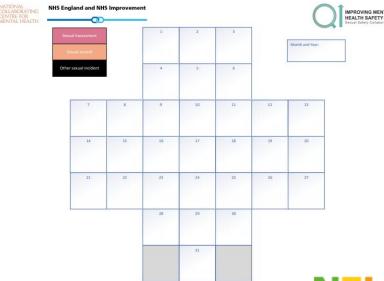
and discussy our concerns. They can then to be on your behalf and this is called advocacy.

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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 twice a month and entered onto 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.









How we share 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.



Moving forward 2020-2021



In addition to our previously stated change ideas;

- Project recommenced following COVID 19 restrictions.
- Psychology team will be carrying out educational sessions in regards to sexual safety with our client group.
- Following COVID-19 and the introduction of staff and patients using virtual platforms such as Zoom, WebEx and Teams we are educating the on how to use the platforms safely.



NELFT Support

Sexual safety awareness workshop training 23rd August 2019 for all mental health inpatient wards

NELFT Keeping Safe Sexual Safety Leaflet for patients and Carers LGBT- Trust promotes sexual awareness



Moore Ward





Rosewood and Maple Units

Cheshire and Wirral Partnership Foundation Trust



Sexual safety collaborative

Rosewood and Maple wards.

Rosewood

- 10 Female beds
- 8 Male beds
- High dependency rehabilitation ward catering for all areas within Cheshire and Wirral

Maple

- Male ward
- 11 rehabilitation beds
- 7 step down secure beds

Change ideas

Personal alarms

Ward offices

Co- produced changes

Care pathway

Collaborative notes

Personal alarms



Progress so far

- Following initial survey results a number of alarms were purchased and offered to service users
- Initial update was low why was this?
- Opinions of staff
- Opinions of service users
- Uptake had gradually increased and positive reports back about reassurance provided by having an alarm
- Alternative alarms to be sourced

Ward offices

- Service users did not always feel that they could access staff for timely support
- Staff spending time in the ward office seen as a barrier for effective communication
- Focus groups feedback
- Service user and staff opinions.
- Staff fears/ confidentiality/ safe spaces

Co-production

- Fortnightly sexual safety groups to discuss results from the survey
- 2 current service users involved in the groups
- Service users to produce monthly newsletter
- Service users to support the completion of the survey cards
- Person with lived experience to support the project and support staff and service users with this

Care pathway

Care pathway following a sexual safety incident

The following is aimed to prompt staff following a reported or observed sexual safety incident

Gather details of the incident from all relevant parties including the person affected, alleged perpetrator and any witnesses whilst providing staff to give emotional care and support.



Arrange for medical review of the person affected if required. Offer support with sexual health/pregnancy screening if appropriate.



For inpatient wards consider the suitability of the ward environment e.g. does the alleged perpetrator require a different ward environment.



Complete SBAR if either patient is moved to a different ward.



Inform the police if appropriate depending on the nature of the incident.



Depending on the nature of the incident, evidence may need to be preserved.



Inform safeguarding services.



Complete DATIX form (all sexual safety incidents need to be initially categorised as a B incident) a decision making process will take place to consider if a 72 hour review is required. Capacity assessment to be carried out and recorded for both the personaffected and alleged perpetrator in relation to capacity to engage in sexual activity.



Discuss and consider informing NOK important to remember and use Duty of Candour. Offer emotional support for the family/carers (a contact point or person will need to be offered).



Review therapeutic observation levels.



Continued support for the person affected to be provided. Also consider if a referral to advocacy is required.



Ensure that managers are aware (out of hours the bleep holder and possibly 2nd tier manager)



Ensure that risk assessment is updated and that past risk history has been reviewed.



Develop person centred care plan around sexual safety with people involved.



Involve both parties separately in the review if appropriate and ensure that this incident/issue is discussed with the care team at discharge or post discharge to ensure that additional follow up support is provided.

Collaborative notes

- Idea that service users should be supported to write their own daily notes or to work with staff to complete their notes collaboratively.
- Barriers confidentiality
- Steps taken a group of service users have been supported to do this and reported positive outcomes.
- Not exclusive to sexual safety but to support collaborative working and therefore less barriers between staff/ service users.

Next ideas

- Re launch of the sexual safety collaborative fortnightly groups
- Trust wide sexual safety group to re- start
- More service user friendly alarms to be sourced
- Set up focus groups to review ward environment and ward offices.

Chaucer Ward

Greater Manchester Mental Health NHS Foundation Trust





Sexual Safety Project Chaucer Ward



Our Aim

- Gain an understanding of where this project has come from
 - Gain an understanding of Chaucer Ward
 - Have an understanding of our project and how we are managing this as a ward.

Overall Outcome

To improve Sexual Safety on a Mixed PICU Ward



Sexual Safety Project

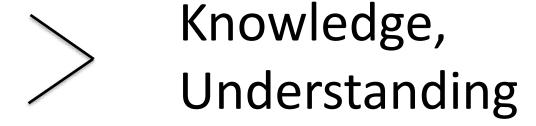
- What is Chaucer Ward?
- The Sexual safety project came from a CQC report that had been completed in the past few years.
- The main focus of this is around staff and patients.....

"feeling safe from sexual harm" and "feeling able to talk to someone about feeling unsafe



How....

Our First Aim: Staff
Patients



This lead us to 'Our Main Focus':

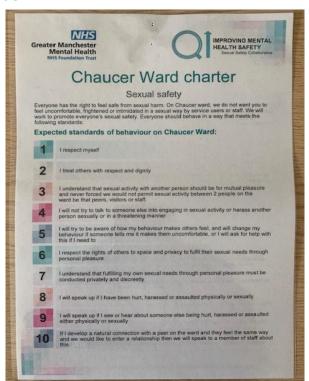
- The importance of gaining staff confidence and knowledge
- Why?



Then....

- Sexual Safety Cross
- Data Collection
- Leads

Our Ideas....





Provide sexual safety project information in the patients handbook on admission

To embed sexual safety in supervision

Involve domestic staff in sexual safety on the ward

Sexual safety to be added to preceptorship training

To make sexual safety a standing agenda item at the patients weekly community meeting

To make sexual safety a standard agenda item at the weekly staff meetings

Display the sexual safety project information on the main corridor of the ward

Reflective practice to include sexual safety sessions



#SexualSafety

Driver Diagram- Sexual Safety Chaucer Ward

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

Primary Drivers

Record Incidents on Datix and sexual safety cross

Respond to sexual safety incidents

Collaborate with other organisations involved in sexual safety

Access to resources and education for patients and staff

Staff support, training and availability

Improve culture on the ward

Understand and respond to the needs of the individual

Secondary Drivers

- Use data to promote Learning
- Accurate and timely data collections
- Responder has adequate time and skills
- Support for all parties involved
- Step by step guidance and flowchart
- Shared understanding of the systems response
- Multi-agency working
- Co-produced agreement, visible to all
- Promote information
- Reflection and supervision for staff
- Informed staff with confidence to discuss sexual health and safety
- Improve staff visibility and availability
- Co-produce staff training
- Openness to talk about sexual safety
- Support change and quality improvement
- Learn from incidents and good practice
- Trauma-informed care
- Environment
- Psychological safety



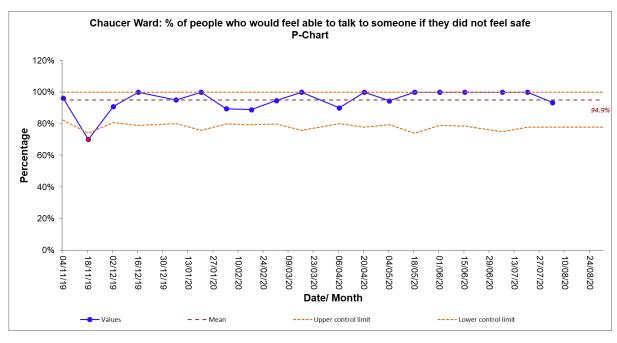
Challenges....

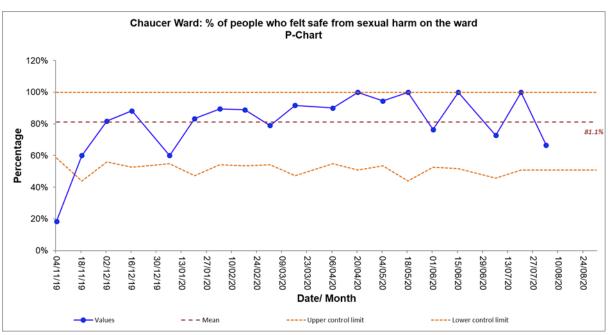
COVID-19 – Data Collection
 Training
 Stress/Anxiety

Mix of Patients



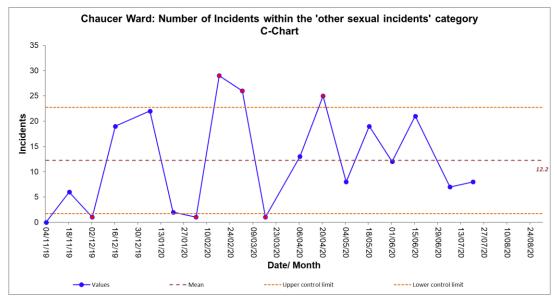
Data Collection

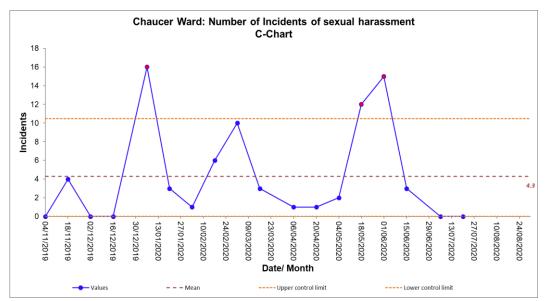


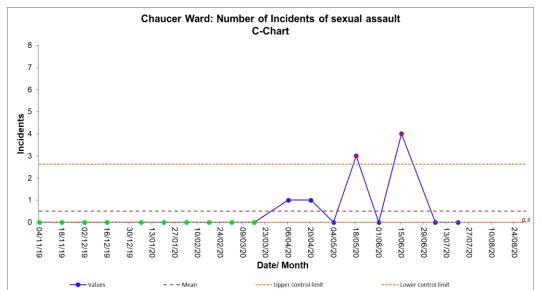




Continued...









#MDEPathway

What Next...

- Patients Perspective
- Planning/involving
- Change Idea





Thank you



Breakout Sessions

