Sexual Safety Collaborative Launch Event

21st OCTOBER 2019

#MHSIP
#SexualSafetyInMH
Housekeeping

- Toilets are on the ground and first floors
- Lunch will be served on the ground floor
- No fire alarm tests are expected today
- We recognise that this topic can be difficult and challenging to think about and discuss. An optional debrief session will be offered at the end of the day by QI coaches Kate and Matt. You can also approach any of the NCCMH team if you need any extra support during today’s event
- Room G9 is available if anyone needs to take some time out or needs some space on their own
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!

@NCCMentalHealth

Project hashtag #SexualSafetyInMH
Programme hashtag #MHSIP
Welcome and Introduction: Why sexual safety?

Kevin Cleary
Why Sexual Safety?

21 October 2019
Dr Kevin Cleary, Deputy Chief Inspector for Hospitals (Lead for Mental Health), CQC
Reminder of CQC's overall concerns in the mental health sector:

- Poor physical environment of mental health wards
- Sexual safety on mental health wards
- High number of rehabilitation wards out of area
- Physical health of people with mental health problems
- Use of physical restraint
- Mental healthcare for people with physical health problems
- High secure hospitals
- Clinical information systems
- Staffing
Introduction to the Improvement Collaborative

Tom Ayers
Mental Health Safety Improvement Programme

- Run a series of national improvement collaboratives focussed on key areas of safety in mental health

- First collaborative started in 2018 on reducing restrictive practice

- The sexual safety collaborative builds on the learning from this and is 50% bigger
Sexual Safety Collaborative

Set out in response to the findings of the CQC report, the sexual safety collaborative was established to:

- Produce a set of standards around sexual safety during the mental health and learning disabilities inpatient pathway.
- Run a 2-year national QI collaborative to support mental health teams to improve sexual safety on their wards.
- Produce a library of resources, building on best practice, to support mental health trusts to improve sexual safety.
Sexual Safety Collaborative

- Expert design group
- Production of standards and guidance
- Theory of change & measurement plan
- Quality improvement support
- Learning from each other
- Story-telling and sharing experiences
Sexual Safety Collaborative

42 NHS trusts → 74 wards → 57 Project teams

5 PICU

3 Forensic

2 Learning disability
25 Adult Acute
5 Dementia / older adult
6 Rehabilitation

7 CAMHS
4 Other
The Programme Team

Amar Shah
MHSIP National Improvement Lead
@DrAmarShah

Helen Smith
MHSIP Clinical Programme Director
@HSmithSafety

Tom Ayers
MHSIP Programme Lead
@TomNCCMH

Dominique Gardner
MHSIP Project Manager
@Dominiqueg_05

Quality Improvement Coaches

Kate Lorrimer
@QI_KateL

Emily Cannon
@EmilyCanQI

Matthew Milarski
@MattNCCMH

Saiqa Akhtar
@SaiqaNCCMH
Connecting to the ‘WHY’
Mental Health Wards, a Place to Heal?
Untold Story of Sexual Violence

Day Njovana and Emma Furlong
The Untold Story of Sexual Violence....

Day Njovana, Lead Nurse, Forensics, ELFT + Emma Furlong Hems Sexual Safety Lead, Forensics, ELFT
Arsenal losing to Tottenham
The Female Perspective: working in Forensics

‘I’ve seen men who I know are married take their wedding rings off when they come in to work. Why do they do this?’

I’ve received text messages, WhatsApps, ‘phone calls, even letters from male staff and patients whilst at work.’

‘Why did he rub my back and massage my shoulders? There was no need to touch me...it felt like it lasted for ages....it was awful’

‘All these pretty little girls turn up when the alarm goes off.........

‘When I’m in the Day Area I can see and feel him staring at me, sometimes he’s licking his lips, it makes me feel very uncomfortable’
Data, Forensic Service, ELFT

58.82% of staff have experienced sexual violence at work

70.59% of staff did tell someone about their experience

70.59% of staff did receive support, post incident

94.12% of staff have witnessed/overheard sexualised behaviour

94.12% of staff who completed the survey are ward based

82.35% of female staff completed the survey

The age range of staff completing the survey was between 18 - 54 years
Monday 8 January 2018, 10:00hrs

Started our ‘SAV’ Steering Group

Awareness Raising

Pitching it to staff

Culture Change

Failing + Learning

Kept going - even though we felt like giving up

What we put in place

The Stonecutters, The Simpsons
Support: Buddies and the ISVA

**Buddies** offer post incident support
It’s a targeted piece of work to:
Offer emotional support and
Offer practical guidance to the person affected
The ISVA will pick it up if/when more specialist support is required

**Independent Sexual Violence Advisor (ISVA)**
Senior role
Qualified, accredited
A new, emerging body of professionals working in the field of sexual violence
Offer a range of specialist support post incident, throughout court, to the end of the court process
Does it work?

Staff affected feel able to disclose
Staff affected feel supported
Staff affected return to work post incident
Staff want to get involved in the work
Some barriers to be aware of.....

Professionally:
Men - not all men
Hierarchies
Challenging existing cultures
Being listened to, heard, understood
Unconscious bias
The work being taken seriously
Very few resources

Personally:
Lonely, frustrating,
It’s complex
Constant ‘surprises’
Not being heard
Or being taken seriously
Unconscious bias

What’s great about the work:
It’s groundbreaking
Learning all the time
It’s empowering and humbling at the same time
It’s a privilege to do the work

Personally:
I can finally be myself
I try not to compromise when doing this work
I feel very proud of the people I work with
Future

Really excited to be part of the national Sexual Safety Collab

We’ll continue to work hard to develop this area of work

Continue to effect a positive culture change in our work environment

‘Are these worms ever going to stop crawling out of this ******* can?’
How the Concerns About Sexual Safety Started

Jane Ray
Sexual Safety Improvements

Sarah Oliver and Alison Blofield
SEXUAL SAFETY

The Redwoods Centre
Inpatient Services

Alison Blofield, Nurse Consultant/Approved Clinician
Sarah Oliver, Clinical Matron

www.mpft.nhs.uk
mpftnhs
sssft.nhs.uk
@mpftnhs
Where we started:

• Increases in incidents where sexual activity, or the potential for sexual activity, were occurring;
• Concern expressed by the CCG, who commission our services;
• A spike in data noted by the CQC;

A Thematic Review was commissioned by the Director of Nursing, of all reported incidents of sexual safety to address the above points.
Findings and Themes from The Redwoods Thematic Review:

1. Patients engaging in sexual activity
2. Patients involved in non-consensual activity
3. Patients who had become disorientated e.g. wandering, sexually disinhibited.
• ACTIONS TAKEN TO DATE: (slide 1 of 2)

• Guidelines have been developed by the Matron (local to The Redwoods) – all ward managers promote the use of these.
• Ward Managers, Ward Sisters and Charge Nurse monitor to ensure RIO alert system is used on a weekly basis.
• Incident forms – the Matron and Ward Managers ensure post incident reviews take place.
• Service Users’ Information Packs include information regarding sexual safety and the need to raise any concerns.
• Reflective practice once a month facilitated by ward psychologist.
• ACTIONS TAKEN TO DATE: (slide 2 of 2)

• Patients are encouraged to use a personal alarm if they are feeling unsafe and this will be incorporated into the Personal Centre Care Plan.

• Community Meetings include information regarding sexual safety.

• Ward Team Meetings include sexual safety discussions.

• Following a short survey no concerns have been highlighted to date.

• Awareness sessions have been provided for MDT members.
What we focus on in awareness sessions:

• Information from the thematic review
• Sexual Safety Guidelines
• Risk assessments
• Care plans – sexual safety, vulnerability, safety, risk management plans
• Trauma
Personal Safety Alarms
Let’s talk about sex(ual) safety, expression, intimacy

Rachel Luby
What is sexual health and why is it important?

“Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.’ (WHO 2006 p. 5).

Around 50% of mental health services users include people who have suffered (sexual) abuse, especially those within households of domestic violence. A number are also associated with stigmas against non-heterosexual people (DH, 2009).

In a study that involved nursing staff from both the United Kingdom and Australia, one fifth of mental health nursing participants who operated in a variety of settings, admitted they never included issues relating to sexual health in their assessments, and whilst three quarters agreed that sexual health was part of the mental health nurses role, fewer than 10% said that their service did this.
It all started with a care plan...
One of the four, I didn’t feel comfortable talking about your sexual health and sexual expression.

You're not alone.

The four people you should talk to about your sexual health and sexual expression are:

1. Your partner
2. Someone you trust
3. A health care provider
4. A friends or family member

What do you think it means to feel comfortable talking about your sexual health and sexual expression?

Yes, no.

Do you currently feel comfortable talking about your sexual health?

No, I'm not sure.

If you're not sure, you can talk to a health care provider or a trusted friend or family member.

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Do you currently feel comfortable talking about your sexual health?
What staff told us

“If anyone assaults me because of this project I will sue you”

“I shouldn’t have to talk to patient’s about sex, they are adults”

It isn’t helpful to talk about sex

There will be an increase in sexual violence

I won’t ever be comfortable

Gender/cultural issues

It is not a priority
What patients told us

“I’m still a man, I still think about sex every day. I just can’t talk about it”

“We are locked away from our boyfriends or girlfriends and not allowed to engage in normal relationship stuff. Then the relationship breaks down. We have nothing to leave hospital for. Then when we do leave hospital, everything’s changed, people have moved on.”

“I once had my leave suspended because I told the team I had visited a prostitute. Couldn’t they have just given me you know. Sex advice? Said where to get a check”
Using quality improvement to encourage staff and patients to ‘talk about sex’

Quality improvement looks at finding solutions to a problem. The problem was that staff were not confident to raise the subject with patients and patients were not confident to be the ones who started the conversation.
Collecting data

**Factual questions**

On a scale of 1-5 with 1 being very satisfied and 5 being not at all satisfied. How satisfied are you with the support you get to meet your sexual health and sexual expression needs? (please circle)

1 2 3 4 5

Do you currently feel comfortable talking about your sexual health? e.g. protection from STI, sexual health screening, circle answer)

Yes No

Do you currently feel comfortable talking about your sexual needs? e.g. pornography/sexuation?

Yes No

On a scaleting of 1-5 with 1 being very comfortable to 5 being not at all comfortable ease you feeling comfortable talking about your sexual health and sexual expression needs?

1 2 3 4 5

Of the following who are you currently comfortable talking about your sexual health or sexual needs? (please answer as you see fit)

Other patients No primary care No one else from the nursing team.

The psychologist The doctors The whole CLT The CT

**One off questions**

What would make you feel more comfortable talking about your sexual health and sexual expression needs? (circle as many as you wish)

Group(s) on the topic like next health

If this topic was discussed in community meetings

For it to be discussed in CPD

For it to be discussed in ward round

To have particular staff who can go to

To have particular patients I can go to

If I'm a specialist sexual health nurse to attend

If it's to be discussed in education

If staff are not comfortable talking about it

Other (please specify)

What do you think causes sexual violence against staff or other patients on sexual health related units?
Advertising the project
Supporting staff to embrace the project

- Start the conversation as soon as possible, discomfort is normal but needs to be overcome
- Talk about sexual health concerns and sexual side effects
- Acknowledge your own views, biases, assumptions
- Refer to external services when necessary
- Time - agree a schedule for when you will return to the topic
- Educate the patient and yourself
- Reflect and record.
Outcomes

I noticed. Although some service users were shy other were more confident, if I'm being absolutely honest the staff fell into the same system of shy or confident, leaders or followers, those who take charge and those who give support.

Another group was once a week for one hour. Very meaningful indeed. The other group was men's group, the same setting, once a month on a weekend and we get more customers! No surprise! The thing with this group, I think, is it went a bit deeper with some topics and issues, which I know is a good thing.

I've learnt a few things, all involved have learnt a few new things. A lot of talking and listening when dealing with this kind of staff. For instance, there are some patients and staff who totally do not entertain this project, but those who do back it back it fully, like myself.

Another group who meet every other week as part of the "Lets Talk about Sex" Quality Improvement sees me as the only patient, I know I represent the patients very well, the staff too funny enough.

A lot of management go into this meeting. You know what has been done, what needs to be done next etc. For example things have been implemented; Condom Cards so patients can get condoms in the community. Sexual transmitted infection screening on ward. Results and assistance by Romerston Hospital. Pornographic material DVDs and magazines have been updated. It's a work in progress, there are other things to stop and other things to get started.

The team and I have a very professional relationship, I feel we communicate with each other in a respectable way.

I will now move on to the "Lets Talk About Sex Confident QI Number" scoring cards. I give the cards to patients once a week or I fill them out for them. The patients fall into the categories 1. Interested 2. Absolutely not interested and they score on a scale between 1 and 10. I being not confident and 10 being very confident. I take the data every week for the order of Quality Improvement on Limehouse Ward. Staff then put this data on RIO.
Making the findings relevant to sexual safety
Using Quality Improvement for this work

Amar Shah
First, let’s define what we mean by...

Quality improvement
So, what’s our method?
To increase the percentage of service users and staff who feel safe from sexual harm within mental health and learning disabilities services.
Primary Drivers
Big topics that you will need to work on to influence your aim

Secondary Drivers
What would need to be in place to positively influence primary driver?

Aim
What you want to achieve

In order to achieve this
We need to ensure...
Which requires...
Ideas to ensure this happens

Change Ideas
Ideas to test to move towards your aim
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?

Act | Plan
---|---
Study | Do

Test
What have we learnt from our first national improvement collaborative in mental health?

- Regular time and space to do the work
- Involving and partnering with service users and carers throughout
- Having a named, and active, senior sponsor
- Making the most of the QI coach support on offer
- Regular data collection, and learning the LifeQI platform
LUNCH
12:50 - 13:20
Breakout Sessions
13:25 - 15:10

- Life QI Introduction  Room 1.7
- Early tasks for your team  Room 1.1
- The measurement plan  Room 1.2 - 1.4
### Breakout Sessions

13:25 - 15:10

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
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</thead>
<tbody>
<tr>
<td>Room 1.7</td>
<td>Room 1.1</td>
<td>Room 1.2-1.4</td>
</tr>
<tr>
<td>LifeQI Introduction</td>
<td>Early tasks for your team</td>
<td>The measurement plan</td>
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LifeQI

Saiqa Akhtar
Where people, tools, data come together to make improvement happen

**Tools**
QI tools are seamlessly integrated, providing an easy to use platform, tailored to running QI projects.

**People**
Bring your people together to share ideas, accelerate learning and drive change - anytime, anywhere.

**Data**
Track outcomes and analyse progress across your team, organisation and beyond with secure analytics tools.
Time-saving improvement tools

- Build Driver Diagrams
- Run and Ramp PDSA Cycles
- Evidence with SPC charts
Getting started

• Log in to Life QI here: https://uk.lifeqisystem.com/login

• Access the project that you have been invited to direct from your Start page.

• Once in your project you can see an overview of the status of your project and begin to add in further information.
Accessing your project

• Access the project that you have been invited to direct from your Start page.

North Ward – Sexual Safety Collaborative

We’re delighted to welcome you to the Sexual Safety Collaborative. As we coach you through your QI journey, you will be using LifeQI to record your theory of change, data and the change ideas you are testing on your wards.

Please feel free to browse your project on LifeQI – your QI coach will take you through all the features in the initial stages of the programme. If you have any questions at any point, please don’t hesitate to contact your QI coach Saiga.Akhtar@rcpsych.ac.uk.

Team

Saiqa Akhtar

Send invites Add new members

Saiqa Akhtar
Coach - Admin

CLICK HERE
Once in your project, you can see an overview of the status of your project and begin to add in further information.
• To edit your project, select the edit button highlighted below.
Adding Data to your project

- To add data to your project, select the button highlighted below and you will see your 5 outcome measures listed.

CLICK HERE
Adding Data to your project

• Select the measure you would like to add your data to
Adding Data to your project

- Select ‘edit’ and scroll to the bottom of the page, where you will see a list of pre-populate dates covering the next 3 months. You will notice, the data is currently set to ‘zero’.

![P Chart - Percentage of people who would feel able to talk to someone if they did not feel safe (North ward)](image)
Adding Data to your project

- Scroll down to the bottom of the page, to add new data select ‘Add row’ and type in your data, ensure you select the appropriate date by clicking on the calendar symbol.
Adding Data to your project

• Don’t forget to scroll back up to the top of the page and save your changes. Your chart will then be re-drawn to include your new data
Introducing your Driver Diagram

- Your driver diagram has been started at the Programme level which is great news.....

- We will take a closer look at this after all teams have collected 3 month’s baseline data (Jan/Feb 2020)

- Your QI coach will explain what a driver diagram is, and how to use it, at that time
The Plan-Do-Study-Act (PDSA) cycle is a 'trial-and-learning' method that allows you to temporarily test and evaluate ideas for change.

Life QI enables you to run the full cycle on a single page under the 'PDSAs' menu option of your project (highlighted here).

Feel free to have a look at this section, but we won’t look at it in depth until after baseline data has collected across the collaborative.
Discussions are a great way of collaborating with the collaborative team members, your organisation, and the wider Life QI community.

You can create discussions on any subject you want and invite who you want.
Help and Support

• There are demonstration videos on the help centre

• For example to create a chart: https://help.lifeqisystem.com/measures-and-charts/creating-a-chart

• Please use the help page or ask your QI coach if you require any further assistance.
Help and Support

- In addition to the Help Centre, you can....

Visit the Help Centre
100s of how-to articles guiding you through the platform at your own place.
help.lifeqisystem.com

Live Chat
The quickest and easiest way to chat to our experts online. Get in touch via our website or platform.

Drop us a line
Send us a quick email and a member of our team will be in touch to answer your query.
help@lifeqisystem.com
Action Planning

Tom Ayers
Visit our website at:
www.rcpsych.ac.uk/improving-care/nccmh/quality-improvement-programmes

Email us at:
safetyimprovement@rcpsych.ac.uk

Don’t forget, you can contact your team’s QI coach for support anytime.
Thank you
After Action Review
(Optional Debrief Session)

Structured approach to reflect on the work of a group and to identify strengths, weaknesses and areas for improvement

1) What happened that we want to learn from?

2) What did we set out to do?

3) What actually happened? What did you experience?

4) Why were there differences?
After Action Review  
(Optional Debrief Session)

5) What went well? Why?

6) What could have gone better? Why?

7) What would you do differently next time?

If you feel like you would like to talk to someone about anything to do with today’s meeting, please do let me know and I can arrange for one of our Directors to get in touch with you to see how we can help. If you’d prefer to speak to someone outside of our team, I’ve included the numbers for a couple of helplines below that you can contact for support.

Samaritans: 116 123  
The Survivor’s Trust: 0808 801 0818