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

Act

Plan

Study

Do

Changes
<table>
<thead>
<tr>
<th>Task</th>
<th>Start Date</th>
<th>Due Date</th>
<th>Status</th>
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<td>Task A</td>
<td>2023-01-01</td>
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<td>Task B</td>
<td>2023-01-15</td>
<td>2023-02-15</td>
<td>In Progress</td>
</tr>
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<td>Task C</td>
<td>2023-02-01</td>
<td>2023-03-01</td>
<td>Not Started</td>
</tr>
</tbody>
</table>

**Notes:**
- Task A notes: ...
- Task B notes: ...
- Task C notes: ...
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
PDSA: safe space for staff and patients

Objective: for people to feel safe when reporting sexual safety i.e. incident

Prediction: improve support, increase in reporting. People feeling safe to talk. Identify other areas i.e. improving for issues

Measure: questionnaire
Tracker (patient-experience)
measures life as a safety cross (identifying other areas)

Plan: Chris / Jason design questionnaire
Quarterly
Tracker - monthly - speak to patient

PDSA: hand out postcards in handover

Objective: Improve regular & consistent data collection

Prediction:
- Relieve more postcard data from YP staff.
- More discussion & engagement are among staff.
- Relieve more postcard data from YP.
- Engagement & discussions with YP.
- Keynotes:

Measure:
1. No. g post cards collected. YP & staff.
2. Survey / Katty Scale.

Plan:
- 1st week g every month.
- For 2 days.
- Staff give 2 postcards to YP.
Splitting data on LifeQI: staff and patients
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.
What Did We Do?

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 6^{th} September 2019 until 19^{th} 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
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.
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.
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

thank you
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 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 person affected and alleged perpetrator in relation to capacity to engage in sexual activity.

- Discuss and consider informing NOH 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.

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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 \rightarrow Knowledge, Understanding

Patients

This lead us to ‘Our Main Focus’:

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

#SexualSafety

Improving Lives
Then....

- Sexual Safety Cross
- Data Collection
- Leads

Our Ideas....

<table>
<thead>
<tr>
<th>Change Ideas</th>
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</thead>
<tbody>
<tr>
<td>Provide sexual safety project information in the patients handbook on admission</td>
</tr>
<tr>
<td>To embed sexual safety in supervision</td>
</tr>
<tr>
<td>Involve domestic staff in sexual safety on the ward</td>
</tr>
<tr>
<td>Sexual safety to be added to preceptorship training</td>
</tr>
<tr>
<td>To make sexual safety a standing agenda item at the patients weekly community meeting</td>
</tr>
<tr>
<td>To make sexual safety a standard agenda item at the weekly staff meetings</td>
</tr>
<tr>
<td>Display the sexual safety project information on the main corridor of the ward</td>
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<tr>
<td>Reflective practice to include sexual safety sessions</td>
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#SexualSafety

Improving Lives
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

Chaucer Ward: % of people who would feel able to talk to someone if they did not feel safe
P-Chart

Chaucer Ward: % of people who felt safe from sexual harm on the ward
P-Chart

#SexualSafety
Improving Lives
Continued…

Chaucer Ward: Number of Incidents within the 'other sexual incidents' category
C-Chart

Chaucer Ward: Number of Incidents of sexual harassment
C-Chart

Chaucer Ward: Number of Incidents of sexual assault
C-Chart

#MDEPathway
Improving Lives
What Next...

• Patients Perspective
• Planning/involving
• Change Idea
Thank you
Breakout Sessions