Thank you all for the work you are already doing to help make our inpatient environments safer, and free from harm. Even though we’re only four months into this work together, we’re seeing some wonderful progress being made across our community.

I’d encourage us all to keep ensuring we are talking openly within our ward environments about the topic of sexual safety, and involving our service users, carers and families in this. Only by honest conversation, and working together can we start improving. Over the next month, I’d encourage you to get going with testing ideas. Be brave, try something - run a test, and see what happens. Most importantly, keep learning and keep connected to the purpose of our work together.

Best wishes, Amar

Increasing engagement

Osborne Ward (Isle of Wight) are thinking of ways to engage the ward community in discussing both the project and sexual safety in general. The team have been holding drop-in sessions in the lounge and are now going to introduce an activity during these sessions as a way of increasing engagement and encouraging discussion.

Elmleigh (Hampshire) has created a leaflet to raise awareness of the sexual safety project on their ward. It includes their ward charter, key contacts for project leads and a general overview of the project. You can view Elmleigh’s leaflet here.

Early change ideas

Many of you will be starting to think about your first change ideas, particularly if you’ve had your first visit from your QI Coach.

Rosewood & Maple Units in Cheshire are testing giving patients an alarm to use when they feel unsafe. This was trialled with two patients, one on each ward, and whilst neither patient used the alarm, knowing they had one helped them feel safe. Alarms have now been offered to all patients, with eight patients deciding to have one. The use of the alarms will be included in patients’ care plans.

Trauma-Informed Care

Adriatic & Pacific wards in Birmingham are using a Trauma Informed Environment (TIE) walkabout tool on their wards. The TIE tool helps the wards to consider how sensitive their physical space is to those who have experienced trauma:

- Is the physical space adding any additional stress to individuals on the ward?
- Does the ward environment promote psychological as well as physical safety?
- Are there areas for change ideas to promote wellness and feelings of safety?

One of the primary drivers on your driver diagram is ‘how to respond to a sexual safety incident’ which includes responders having adequate time and skills to respond to a sexual safety incident, with step-by-step guidance and flowcharts to follow. Two Trusts have recently published pathways which we thought would be helpful to share with you all.

Cheshire & Wirral Partnership NHS Foundation Trust (Rosewood & Maple Units) have published a care pathway which you can view here.

Hertfordshire Partnership University NHS Foundation Trust (Swift Ward) have published flow charts on how to respond to disclosures of a sexual incident which you can see by clicking here.

Top Tips

We asked wards on our Reducing Restrictive Practice Collaborative what their top tips are for you all as you get your quality improvement projects underway. They said:

- Start small and ensure co-production
- Use every opportunity to network
- Share your work on Twitter and ‘steal’ ideas from others
- Organise local ward meetings to support the work

Responding to disclosures

Here are some pictures from the QI coaches first visits to the project teams. We are enjoying getting to meet you all in person and impressed with all the great change ideas you are coming up with.

Left: Elmleigh (Hampshire)
Right: Chaucer ward (Manchester)