

Brief guide: Sexual safety on mental health wards

Context and policy

In its report on **Sexual safety on mental health wards**¹, CQC concludes that sexual incidents are commonplace on mental health wards, that they affect both staff and patients and that they may cause significant and lasting distress. People with mental health conditions have just as much right as everyone else to safe and fulfilling sexual relationships. However, people affected by mental ill health can be vulnerable, lack capacity to make sound decisions about relationships and may have experienced abuse in the past.

This brief guide recommends how this issue can be regulated throughout the inspection process to improve the sexual safety of people using the services.

Activity during the monitoring phase

Notifications of incidents: Many sexual safety incidents are reported as no or low harm through NRLS and it is recognised that inspectors do not have time to look at these routinely. For severe harm incidents relating to sexual safety look to see what action has been taken by the trust – has the incident been reported to the police or safeguarding where appropriate. Refer to the specific incident guidance for further actions.

Engagement meetings with the provider: Ask the provider whether it:

- Is aware of the CQC report on sexual safety? (all NHS CEOs have been informed)?
- Has a lead for sexual safety who is or reports to an executive member of the board?
- Monitors sexual safety incidents – any themes and how are they being addressed?
- Takes steps to improve the sexual safety on the wards? Is this being co-produced with patients?

Engagement with other stakeholders: Are they aware of the CQC report on sexual safety and are they supporting the trust to improve the sexual safety of people using their services?

Focus groups with people who use services/carers: Does this concern affect them? Are they aware of any work being done to improve sexual safety? Do they know how to raise concerns/who to speak to? (This is a distressing experience so do make time to speak to people after the focus group if needed.)

Focus groups with staff:

- Have they received any training, guidance or support to manage sexual safety incidents? (Good practice will be if they have received training in trauma informed care.)
- How are they supported to keep safe themselves? (Many incident reports showed that staff were also subject to sexual harassment and assaults from patients).

Assessing sexual safety on inspection

Core service inspections:

- Is gender separation well managed on mixed sex wards? (See brief guide on same sex provision.)

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- When needed, are risks assessments and care plans in place relating to sexual safety? Are risks being appropriately and effectively managed?
- Do staff identify people who are sexually vulnerable, have been previously abused, or may abuse others?
- Are people who are sexually vulnerable offered admission to a single gender ward?
- Do staff discuss sexual safety with patients and report sexual incidents?
- Have staff had training on promoting sexual health and responding to sexual safety incidents (This may take the form of trauma informed care)?
- Do staff manage disinhibited behaviour thoughtfully and effectively?
- Do patients report feeling sexually safe and know what to do if they have concerns?

Well-led reviews: Interview the lead for sexual safety and ask about the approach of the provider to improving sexual safety and how this is being achieved. Topics to ask about include:

- reporting of sexual safety incidents, themes and learning including board oversight;
- is there a process to identify risks, to mitigate those risks and learn if those processes fail or need to be updated?
- partnership working with police and safeguarding;
- links to staff learning and development strategy;
- improvements to ward environments as part of estates programme;
- support to staff as recipients of sexual safety incidents linked to staff well-being programmes.

Reporting and post-inspection

Most of the evidence from the core service inspections will be recorded under assessing and managing risks to patients and staff. The evidence collected during the well-led review would mostly be reported under **management of risk, issues and performance**.

Sexual safety is a priority area for the **Mental health patient safety improvement programme** (a joint initiative between CQC and NHS Improvement). Any concerns about sexual safety identified during the inspection should be raised at the three-way engagement meeting (CQC/NHSI/Trust) that follows publication of the inspection report.

Link to regulations

In most cases any breaches will be reported using Regulation 12: Safe care and treatment and Regulation 13: safeguarding service users from abuse and improper treatment.

Further information and guidance

Jane Ray is the lead Head of Hospital Inspection. Guidance can also be sought from a nursing National Professional Advisor

¹<https://www.cqc.org.uk/publications/major-report/sexual-safety-mental-health-wards>

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