

Sexual and Reproductive Health Rights, Inclusion and Empowerment (SHRINE) Change Ideas Menu

The tables included in this document provide you with the change ideas that are linked to each of the secondary drivers in the SHRINE driver diagram. These ideas were developed by the teams taking part in SHRINE, those in attendance at SHRINE learning sets and the NCCMH SHRINE Patient Advisor. The change ideas presented in these tables are either already being tested by wards at River House and the Mother and Baby Unit, at the Bethlem Royal Hospital, or have been suggested as ideas to improve patient sexual and reproductive health rights, inclusion, and empowerment.

The change ideas presented here can serve as a menu for you to select from when your project team establishes their priorities for areas of work and tests of change. It is not expected that every ward will select every change idea for implementation as you will also think of ideas tailored for your service users and environment.

If you have any questions related to the information presented here, please contact your Quality Improvement Coach.



Primary driver	Secondary driver	Change ideas
Referrals to clinic / delivery of clinics	Patients on the ward are offered a sexual health assessment at regular intervals	
	The delivery of clinics is regularly reviewed, and the approach/ environment adapted as needed	Suggestion box for patients to share opinions
	The number of patients that have been offered a sexual health assessment and attended clinics is monitored	
Improve staff confidence	Staff training and development	Staff training on SHRINERegular meetings with SHRINE project team
	Staff supervision and reflective practice	
	Staff are skilled and feel safe to have conversations about sexual health with patients	 SHRINE champions Introduce quarterly workshops for staff and patients Communicate to staff who the key person on the ward is to discuss any sexual health issues and signpost to the right person
	The cultural factors / different needs of patients are considered, and the approach adapted	



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Normalise conversations on sexual health on the ward	Safe spaces for staff and patients to talk about sexual health	 Talk about SHRINE in existing spaces, e.g., tea talks, therapy etc. Protect time to discuss sexual health One to one with patients Informal workshops with patients to explain what sexual and reproductive health is about Short sessions with patients to discuss sexual related topics Psychological/ educational session to speak with patients about sexual and reproductive health in small groups Invite sexual health doctor to speak to individual patients (or in groups) on the ward about the clinics – during clinic time Explore sexuality through creativity: writing, music, sculpting Use of peer mentors, where there is trust and relationships already built Identifying staff people have respect for and good relationships with to start conversations about sexual health



Primary driver	Secondary driver	Change ideas
	Promote clinics and sexual health on the ward	 Discuss sexual health with patients in ward community meetings and offer referral to clinics Information pack about SHRINE to give to patients on admission Education for patients on the benefits of SHRINE/sexual health Encourage patients to attend clinics or discuss any concerns Discuss sexual health with patients in ward rounds Design and share leaflets about clinics/sexual health topics (co-design with patients) Notice boards to promote clinics/sexual health Posters on the ward about the sexual health clinics
		 Provide patients with sexually transmitted infection (STI) testing kits, condoms, immunisation against STIs Provide patients with sexual health provisions, such as pills to treat erectile
		dysfunction
		 Use pharmacists and sexual health doctors to discuss the effects of medication
	Sexual health is embedded in physical health assessments	Adapt admission checklist to include sexual and reproductive health