BOARD OF DIRECTORS MEETING (Open)

Date: 10 July 2019 **Item Ref:** 10

TITLE OF PAPER	**Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance.**
TO BE PRESENTED BY	Clive Clarke, Deputy Chief Executive/ Director of Operations
ACTION REQUIRED	Confirmation and Ratification

OUTCOME	▫ Members are assured of the Trust's Compliance against the Department of Health Guidance outlined in a letter dated November 2010 and the Mental Health Code of Practice 2015 ▫ Compliance statement to be up-dated on the Trust's public website ▫ EMSA breaches to be reported to EDG and Quality Assurance Committee and onward to NHS Sheffield Clinical Commissioning Group and Department of Health
TIMETABLE FOR DECISION	July 2019
LINKS TO OTHER KEY REPORTS / DECISIONS	Department of Health (DoH) Guidance outlined in the NHS Operating Framework 2010/11 and 2012/13 Mental Health Act Code of Practice 2015 (CoP)
STRATEGIC AIM & OBJECTIVE **BAF RISK NUMBER & DESCRIPTION**	A1 Quality and Safety A1 02 Deliver Safe Care At All Times
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	The Directorate Risk No: 2773. NHS Constitution: Principles and values
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Failure may impact on the services user experience whilst and in-patient and lead to deterioration of mental state. Failure to comply may result in requirement of additional staffing resource to mitigate the associated risks. Failure to comply with the required standards may lead to compliance/enforcement action by the Care Quality Commission (CQC) and fines imposed by the CCG.

CONSIDERATION OF LEGAL ISSUES	Failure to comply may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)

Author of Report	Maxine Statham
Designation	Deputy Associate Director / EMSA Lead
Date of Report	July 2019

Summary Report

Subject: **Eliminating Mixed Sex Accommodation (EMSA) Declaration**

From: **Clive Clarke, Deputy Chief Executive**

Author: **Maxine Statham, Deputy Associate Director**

1. Purpose

Following receipt, discussion and approval of the Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety Annual Report (Appendix 1) at the Executive Directors Group (EDG) and Quality Assurance Committee (QAC). The Board are asked to consider and support the recommendation to declare the Trust is compliant with EMSA based on assessment against the Department of Health letter from the Chief Nursing Officer and Deputy NHS Chief Executive, November 2010 (PL/CNO/2010/3) and the Mental Health Act Code of Practice, 2015.

Provide an overview of the Trusts' compliance with the Department of Health (DoH) Guidance. (NHS Operating Framework 2011/2012/2013)

Approval to publish the annual declaration of compliance on the Trust's website in line with Department of Health.

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
✓					

2. Summary

Arrangements to assess, monitor and review EMSA compliance in each of the Trust's six mixed sex inpatient wards are in place to ensure the Trust is compliant with EMSA standards and requirements as outlined in the Department of Health letter dated November 2010 and the Mental Health Act Code of Practice, 2015.

For the purposes of the Trust's reporting and declaration the Trust has assessed itself against the standards and requirements contained within The NHS Confederation Briefing – Eliminating Mixed Sex Accommodation in Mental Health and Learning Disability Services, dated **January 2010.**

The CQC 'Brief Guide for Inspectors' dated May 2015, refers to all the above. It requires inspectors to:
Use the definition of same-sex accommodation in the **January 2010** document
Identify any breaches of that definition using the **November 2010** document
Link any breaches to the **Code of Practice 2015**
Summary of Provision

Single Sex Wards:

- Forensic: Forest Lodge x 2 Wards - both male
- Rehabilitation: Forest Close x 3 wards - 2 male, 1 female

Mixed Sex Wards:

- Acute: Burbage, Stanage, Maple & Dovedale
- Psychiatric Intensive Care Unit (PICU): Endcliffe
- Dementia: G1
- Learning Disability: Firshill Rise

Currently the four acute admission wards are mixed sex. The physical layout and design of some of these wards and the lack of en-suite facilities does present significant operational challenges to maintaining EMSA compliance.
Maple Ward has female and male bedroom areas and females do have to walk along a corridor / mixed communal area to access the female only bedroom area.
Stanage has two dormitories, one female and one male and single bedrooms along a corridor.

Burbage has two dormitories, one female and one male and single bedrooms along a corridor and also accommodates up to five detoxification beds for substance misuse.

The Ward Managers and their teams continuously manage admissions to achieve EMSA compliance and relocate patients, as necessary, to alternative bedrooms to ensure access to single sex room 'areas', bathrooms, toilet facilities and female only lounges.
Whilst maintaining EMSA compliance is a significant operational / clinical challenge on the acute wards the standard of 'not having to pass through opposite sex areas to reach toilet or bathing facilities' is achieved in all areas, although patients do have to walk through mixed communal areas to reach their bedroom and bathing areas.
Dovedale ward now has designated areas for each gender (lounge and bedrooms).

The PICU, Endcliffe Ward, opened in January 2016. The environment has completely separate sleeping, washing and toilet facilities, all en-suite bedrooms and a designated women's lounge and represents a major improvement in delivering EMSA standards/requirements.

All the bedrooms at Firshill Rise are en-suite and there is a separate female only lounge.
At G1 the ward is split into two halves, one half is used for male patients and the other half is mixed sex. All bedrooms are single rooms with a mixture of en-suite and toilet facilities and there is one female only lounge.
There have been 14 incidents relating to EMSA in the last year, 13 of these occurring on Dovedale and 1 on Endcliffe. These, in the majority, relate to a female being admitted to a bed in a male area, in all instances service users have been asked if they

have any concerns, the DRAM has been updated and appropriate observations have been put in place. None of these incidents are considered breaches in line with standard.

These incidents occurred due an unexpected situation in which there has been an influx of Female patients compared to Male.

Key Arrangements to Monitor Compliance:

Service users' views about their privacy, dignity and being in a mixed sex environment are sought and recorded
On admission / during care planning.
Via the Quality and Dignity survey (a service user led assessment).
Via the Patient Led Assessments of the Care Environment (PLACE).

There is an electronic system linked to each service users risk management plan which identifies if service users' views on mixed sex accommodation are being sought and recorded in their care record

The Deputy Director with responsibility for EMSA works with the operational leads to ensure in-patient care records are audited twice a year.

Twice yearly joint EMSA monitoring visits / assessments are undertaken with the CCG. The Sheffield CCG Quality Team shares our understanding of the Trust's reported position.

Associate Service and Clinical Directors continue to review the current mixed sex ward arrangements and make proposals to address ongoing EMSA operational challenges.

Recommendation

Quality Assurance Committee were assured that EDG had substantive debate on EMSA Compliance and would recommend to Board that the Trust was compliant. To note there have been no adverse indicators (2018/19) that alters the committee recommendation view.

3. Next Steps

The Trust declares compliance in relation to Eliminating Mixed Sex Accommodation (EMSA) requirements as assessment against the DoH letter from the Chief Nursing Officer and Deputy NHS Chief Executive, November 2010 and the Mental Health Act Code of Practice, 2015.

Bi annual joint monitoring & assessment visits continue with NHS Sheffield Clinical Commissioning Group (NHSSCCG).

4. Decision Needed/Actions

For the Trust Board to:

i. Consider & support the declaration that the Trust is compliant with EMSA as required by the Department of Health.

ii. Agree that EMSA breaches are reported to QAC
iii. Agree to publish the Declaration of Compliance on the Trust's public website (Appendix 2).

5. Monitoring Arrangements

i. Compliance reporting annual to Board.
ii. Any breach will be managed at Directorate level and reported to the EDG and (QAC). And to the Board of Directors via the QAC significant issues report.

6. Contact Details

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Title: Deputy Associate Director
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Quality Assurance Committee (QAC)

Date: 24th June 2019 **Item Ref:** 12

TITLE OF PAPER	**Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety Annual Report**
TO BE PRESENTED BY	**Clive Clarke, Deputy Chief Executive**
ACTION REQUIRED	**To report progress**

OUTCOME	**To report progress**
TIMETABLE FOR DECISION	**24th June 2019**
LINKS TO OTHER KEY REPORTS / DECISIONS	
STRATEGIC AIM **STRATEGIC OBJECTIVE** **BAF RISK NUMBER & DESCRIPTION**	Quality and Safety A1 01 – Effective Quality Assurance and Improvement will underpin all we do. A101.1 Inability to provide high quality care due to failure to meet regulatory standards (registration and compliance)
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC	Mental Health Act Equality BME NHS Constitution: Service users' Rights
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Failure to comply with the required standards may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)
CONSIDERATION OF LEGAL ISSUES	Failure to comply may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)

Author of Report	Maxine Statham, Deputy Director Deborah Horne, Associate Director Alison Shore, Performance & Business Manager
Designation	Clinical Operations
Date of Report	3rd June 2019

SUMMARY REPORT

Report to: **Quality Assurance Committee (QAC)**

Subject: **Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety Annual Report**

Author: Maxine Statham, Deputy Director
Deborah Horne, Associate Director
Alison Shore, Performance & Business Manager

1. Purpose

For Approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information*	*Other (please state below)*
X		*X*			

2. Summary

In June 2018 the Crisis and Emergency Network provided a report regarding proposed plans to change Stanage and Burbage from mixed to single sex wards. The plan was developed in response to the 2016 CQC report which detailed that Dovedale, Stanage and Burbage ward at the Michael Carlisle Centre did not meet EMSA requirements. These concerns related to the bedrooms not being grouped by gender.

The purpose of the 2018 report submitted was to explain:

- how acute care reconfiguration bed numbers were calculated in 2015
- the challenges associated with moving to single sex accommodation within the current ward configuration as a result of the unpredictable swing in demand by gender
- the options available to achieve single sex wards and the resulting risks
- how patient safety is central to the provision of inpatient care
- recommendations for how EMSA compliant inpatient provision will be delivered prior to the long term solution for all new wards at the Longley Centre
- the changes made on Dovedale to address EMSA concerns

The outcome of this report was that the acute wards should not transition to single sex but remain mixed and managed under pre-established arrangements; this due to the variability of demand and the need for some flexibility in terms of bed gender. In line with Trust Board decision, this report provides the annual review of EMSA position and

sexual safety in line with said monitoring arrangements.

The data reviewed as part of this report reaffirms that the plans to create single sex wards at the Michael Carlisle Centre are still not viable. Doing so will create significant challenge and increase the risk of sending service users outside of Sheffield to receive acute inpatient care (unless clinically indicated to do so).

3 Next Steps

EDG/QAC to receive and review the Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety Annual Report
To Action/ progress of any points raised by EDG/QAC.
Continual monitoring of EMSA and Sexual Safety incidents.

4 Required Actions

EDG/QAC to review annual report

5 Monitoring Arrangements

EDG
QAC
Crisis & Emergency Network Governance meetings
Clinical Operations Governance meetings

6 Contact Details

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Eliminating Mixed Sex Accommodation (EMSA) and Sexual Safety

Acute Wards

4th June 2019

Maxine Statham, Deputy Director
Deborah Horne, Associate Director
Alison Shore, Performance & Business Manager

Contents

1. Purpose

To review the feasibility of achieving single gender ward accommodation within the current acute mental health wards and bed compliment and make recommendations regarding the management arrangements up until completion of the Longley Centre development.

To review both the potential Eliminating Mixed Sex Accommodation (EMSA) breaches and the incidents of sexual safety and report the actions taken to resolve and mitigate the identified risks.

2. Introduction

The Trust is committed to complying with EMSA in line with the Department of Health (DOH) standards. In June 2018 the Crisis and Emergency Network provided a report regarding proposed plans to change Stanage and Burbage from mixed to single sex wards. The plan (table 1) was developed in response to the 2016 CQC report which detailed that Dovedale, Stanage and Burbage ward at the Michael Carlisle Centre did not meet EMSA requirements. These concerns related to the bedrooms not being grouped by gender.

Table 1 – configuration of proposed single sex wards

	Male	**Female**
Stanage	16	0
Burbage	0	16
Maple	9	8
Total Mental Health Beds	**25**	**24**

The purpose of the 2018 report submitted was to explain:

- how acute care reconfiguration bed numbers were calculated in 2015
- the challenges associated with moving to single sex accommodation within the current ward configuration as a result of the unpredictable swing in demand by gender
- the options available to achieve single sex wards and the resulting risks
- how patient safety is central to the provision of inpatient care
- recommendations for how EMSA compliant inpatient provision will be delivered prior to the long term solution for all new wards at the Longley Centre
- the changes made on Dovedale to address EMSA concerns

The collective decision from the Trust Board 11th July 2018 following review of this paper was that acute wards should not transition to single sex but remain mixed

and managed under pre-established arrangements; this due to the variability of demand and the need for some flexibility in terms of bed gender. Monitoring arrangements were established by Quality Assurance Committee (QAC) by means of receiving a quarterly report / dashboard and that Trust Board receive an overall annual review.

In line with Trust Board decision, this report provides the annual review of EMSA position and sexual safety in line with said monitoring arrangements.

3. CQC Inspection 2016 and 2018 outcomes and action taken

Date	Detail
Nov 2016	In November 2016 the CQC undertook their comprehensive inspection of SHSC services
Mar 2017	The CQC report following the inspection was published in March 2017 – this identified a MUST action in relation to EMSA compliance: *The trust must ensure that it complies with guidance on mixed sex accommodation in all of its inpatient services.*
Apr 2017	The Directorate reviewed the options to improve EMSA compliance in terms of potential estates solutions as well as working practices. This identified that estates changes could be made on Dovedale Ward to resolve the identified issue. It was not possible to create an estates solution for Stanage or Burbage which would provide complete segregation due to the linear layout of these wards. It was agreed at EDG that in order to address the CQC compliance notice requirements in the short term in 2017 it was agreed to: ▪ Undertake alterations within Dovedale (Older adult acute ward) ▪ Change both Burbage and Stanage to single sex acute wards The Head of Mental Health Act Legislation prepared a paper in April 2017 that was presented at Trust Board to address the variation in guidelines available for EMSA standards as referenced above.
Aug 2017	Review data regarding feasibility of single sex wards due to the possibility of resulting in out of area placements and delays in accessing beds due to a lack of flexibility of a model with single sex wards at the Michael Carlisle Centre. Informal meeting with CQC and Care Standards sharing the developing design for Dovedale and the long term plans for Longley. In this meeting the proposal to move to single sex wards on Burbage and Stanage was discussed and it was acknowledged that this needed to carefully considered and planned to ensure there were no negative consequences as a result that would affect service user safety or experience.
May 2018	The changes to Dovedale were completed in May 2018. This created clearly defined separated areas for men and women. This work provided a new clinic room in a central location with improved facilities. The changes also enabled the

	creation of a green room and an additional accessible bathroom so that women no longer had to pass through the male bedroom area to access such a facility. The plan to move Burbage and Stanage to single sex only has not been possible as a result of both the increase in admissions during recent months, and more importantly the variability in gender mix (i.e. sometimes higher demand for female beds and sometimes higher demand for male beds). Hence the bed stock and gender allocation compliment previously agreed does not cater for the variation experienced. As a result the Executive Directors Group requested Clinical Operations to undertake a detailed review of the original proposal to assess the feasibility and as a result of the findings submit options for considerations.
July 2018	The detailed review of the proposal to have single sex acute wards was presented. Clinical Operations recommended that Stanage and Burbage remain as mixed sex wards and the EMSA requirements are met by the Acute Care Reconfiguration. This was supported by EDG and QAC and it was agreed that this would be reviewed on an annual basis and quarterly monitoring/assurance would occur through QAC
Oct 2018	The 2018 CQC inspection report (published October 2018) stated that the acute wards for adults of working age and psychiatric intensive care units complied with guidance on eliminating mixed sex accommodation. The same report for wards for older people with mental health problems stated: *"Dovedale ward at the Michael Carlisle Centre did not comply with guidance on eliminating mixed sex accommodation. Male patients were allocated bedrooms in areas designated as female areas. There was a lounge designated as female only, however, this was at the end of the male bedroom corridor. Female patients had to walk through the areas designated for male patients to access communal facilities."* Their summary of findings identified that: *"The trust should continue to undertake robust risk assessments and management plans in relation to mixed gender accommodation."* No MUST or SHOULD actions were detailed in the 2018 CQC report

4. Current Position / Data Review

All Data is for the period 1st April 2018 - 31st March 2019

4.1 Current Bed State – Acute Wards

A Trust overview of all Inpatient areas is included Appendix A

Ward	Numbers of Beds	Configuration
Stanage	18	14 are single rooms all with en-suite facilities. There are 2 dormitories (1 male and 1 female)

		both with en-suite shower and toilet facilities. There are 2 accessible bathrooms on the ward (1 male and 1 female)
Burbage	19 (14 mental health, 5 detox)	15 are single rooms. Of these 15 12 have en-suite facilities and the other 3 do not. The 2 dormitories (1 male and 1 female) these both have en-suite shower and toilet facilities. The are 2 accessible bathrooms on the ward (1 male and 1 female)
Maple	17 (+ 2 Places of Safety)	15 are single rooms with are all en-suite. There is 1 female dormitory on the ward with shower and toilet facilities. The are 2 accessible bathrooms on the ward (1 male and 1 female)
Dovedale	18	14 are single rooms. There is 1 dormitory with 4 female beds. The dormitory has en-suite shower and toilet facilities. There are two accessible bathrooms on the ward (1 male and 1 female)

4.2 Bed Swing requirement

Should the single sex bed compliment (table 1) be adopted there would be a maximum of 49 beds (24 female and 25 male) in the acute system (Burbage, Stanage and Maple). Of the 2018/19 data - the below table shows the number of days the stated amount of occupied beds was achievable, the range of males and females where that number of beds were occupied and the required swing/flexibility to meet this:

*The data includes leave and excluded are beds used for detox patients

Total in use Beds	**Manageable Days (%)**	**Range**	**Swing required (i.e. flexibility from Male to Female) NB. The difference between Max and Min Gender**
Up to and including 49	19 (5%)	Max Male: 31 Min Male: 27 Max Female: 22 Min Female: 18	4
Up to and including 50	30 (8%)	Max Male: 33 Min Male: 24 Max Female: 26 Min Female: 17	9

Up to and including 51	40 (11%)	Max Male: 32 Min Male: 24 Max Female: 27 Min Female: 19	8
Up to and including 52	61 (17%)	Max Male: 35 Min Male:25 Max Female: 27 Min Female: 17	10
Up to and including 53	77 (21%)	Max Male: 35 Min Male: 24 Max Female:29 Min Female: 18	11
Up to and including 54	111 (30%)	Max Male: 37 Min Male: 22 Max Female: 32 Min Female: 17	15
Up to and including 55	144 (39%)	Max Male: 38 Min Male: 23 Max Female: 32 Min Female: 17	15
Up to and including 56	178 (49%)	Max Male: 36 Min Male: 23 Max Female: 33 Min Female: 20	13
Up to and including 57	217 (59%)	Max Male: 40 Min Male: 23 Max Female: 34 Min Female: 17	17
Up to and including 58	264 (72%)	Max Male:29 Min Male: 25 Max Female:33 Min Female: 19	4
Up to and including 59	299 (82%)	Max Male: 40 Min Male: 25 Max Female: 34 Min Female: 19	15
Up to and including 60	324 (89%)	Max Male: 41 Min Male: 26 Max Female:34 Min Female: 19	15
Up to and including 61	344 (94%)	Max Male: 40 Min Male: 27 Max Female: 34 Min Female: 21	13
Up to and including 62	361 (99%)	Max Male: 42 Min Male: 32 Max Female: 30 Min Female: 20	10
Up to and including 63	365 (100%)	Max Male: 42 Min Male:37 Max Female: 26 Min Female: 21	5

This review has shown that a swing/ flexibility between male and female of 17 beds would be required in order to meet demand based on 2018/19 bed use.

4.3 Bed Occupancy

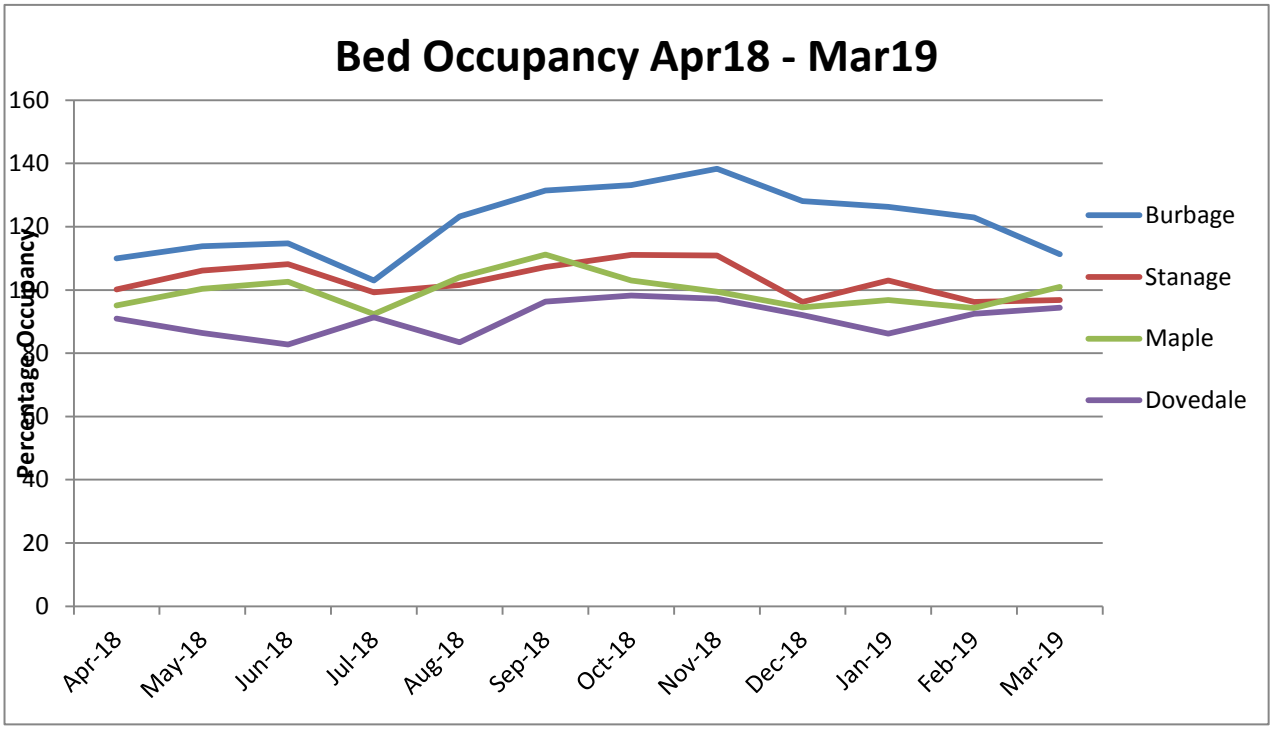
Bed occupancy for 2018/19 has been based on the following number of beds per ward:

Burbage – 14

Stanage – 18

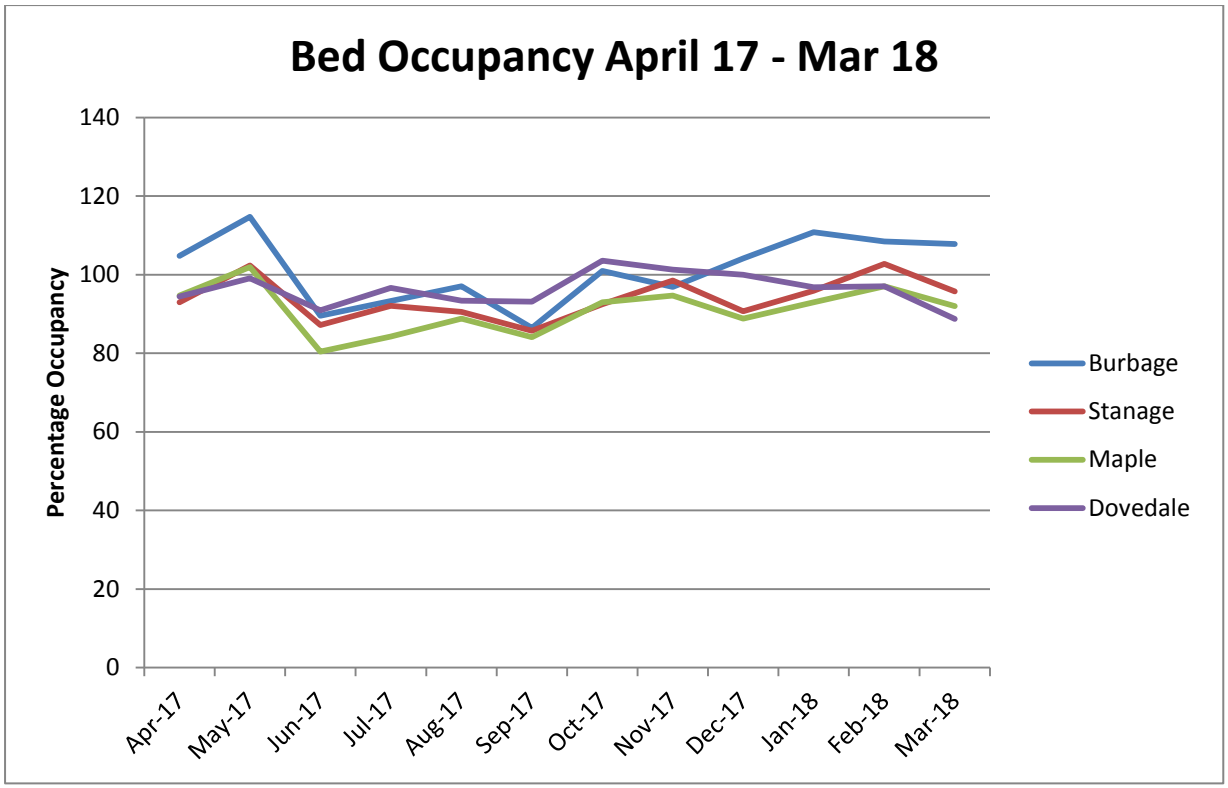
Maple – 17

Dovedale - 18



Ward	Mean Bed Occupancy 2018/19
Burbage	121.4%
Stanage	103%
Maple	99.55%
Dovedale	91%
Overall	103.75%

Bed occupancy 2017/18 comparison



Bed occupancy for 2017/18 has been based on the following number of beds per ward:
Burbage – 14
Stanage – 18
Maple – 17
Dovedale - 18

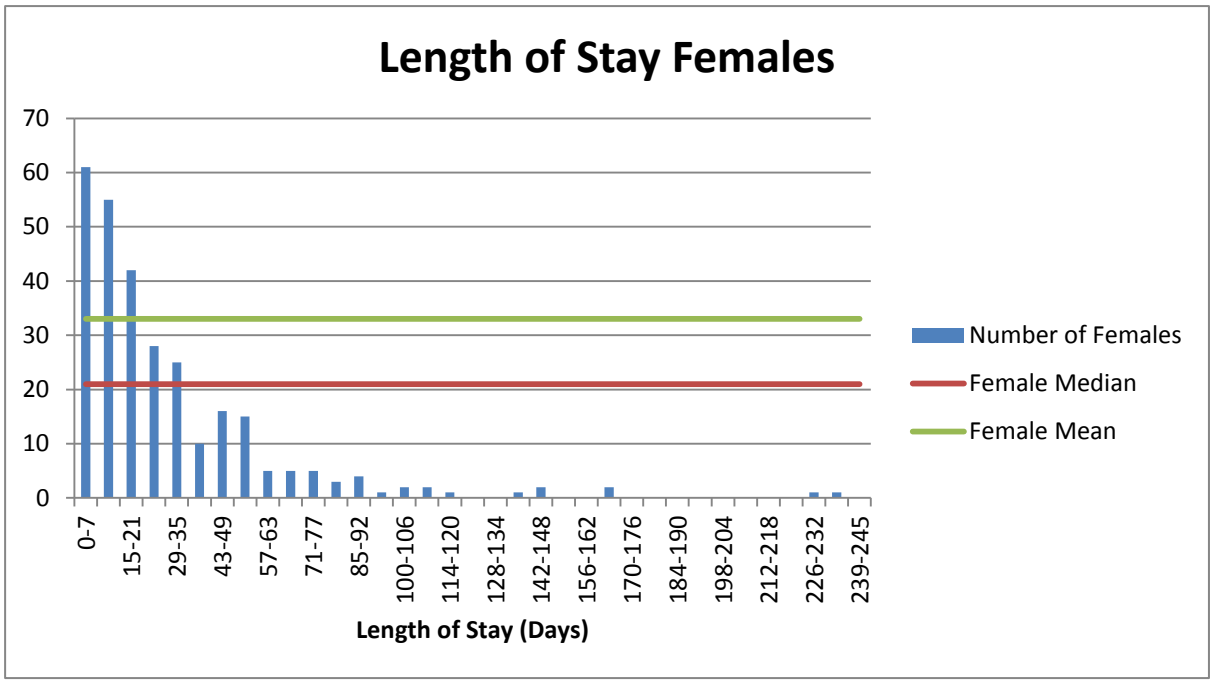
Ward	Mean Bed Occupancy 2017/18
Burbage	101.24%
Stanage	93.91%
Maple	91.06%
Dovedale	96.25%
Overall	95.61%

4.4 Split by Gender

Female - Analysis of the ability to manage with female bed compliment of 24.

Data reviewed 1st April 2018 – 31st March 2019 showing female occupancy for each day of the year across the acute system (Burbage, Stanage and Maple). Data analysis shows:

- 142 nights within 18/19 were over the 24 bed female occupancy
- Therefore 39 % of the year there would not have been enough female beds to accommodate demand
- Total bed nights over the level available = 567
- Average additional female bed nights per month = 47.25



NB: The length of stay data may include transfers between wards therefore the length of stay will be exaggerated for some episodes

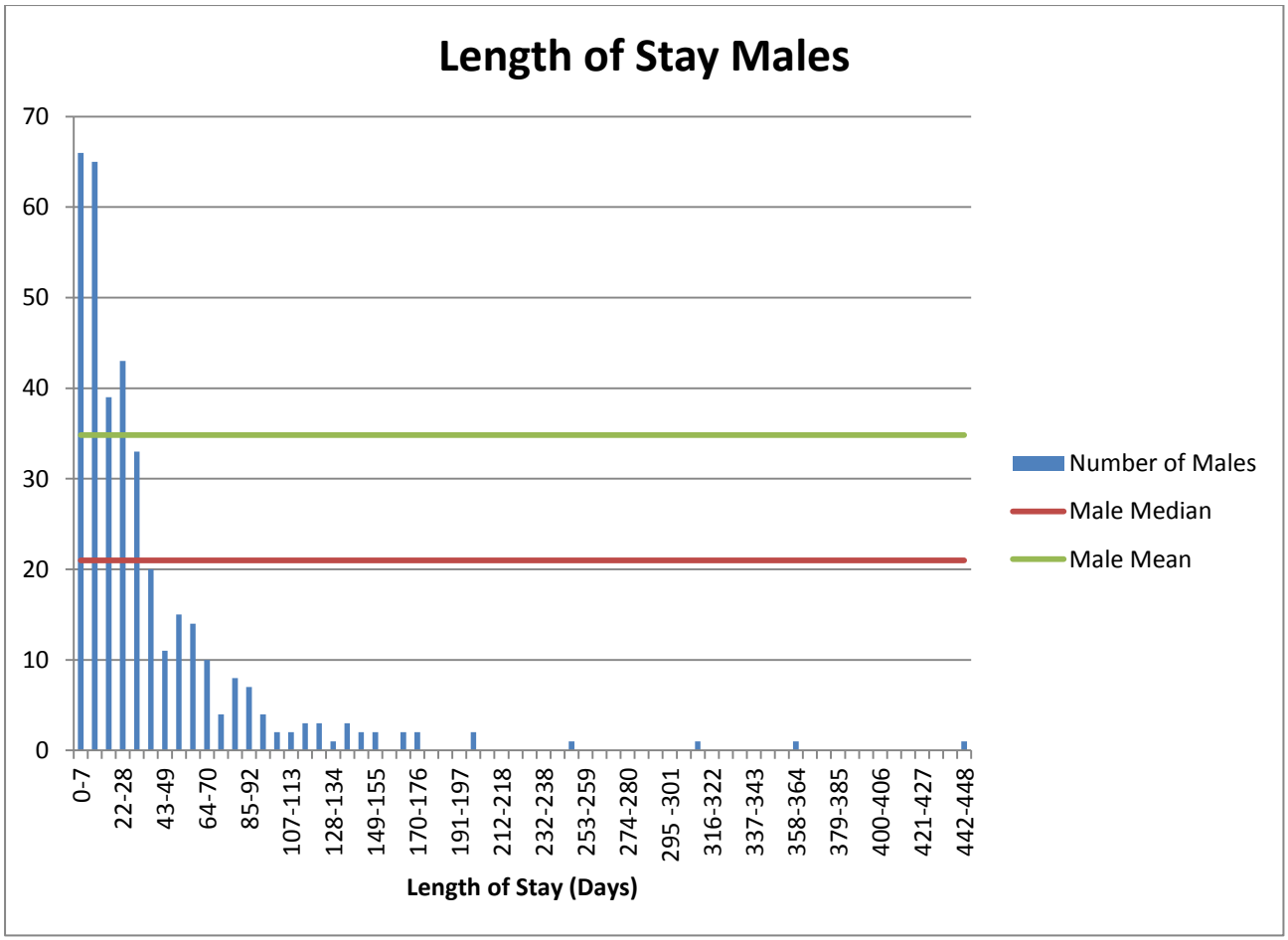
	2017/18	**2018/19**
Average (mean) length of stay	38 days	**33 days**
Median length of stay	24 days	**21 days**
Variability of length of stay range	0 to 407 days	**0 to 234 days**

Compared to 2017/18, the length of stay for female has reduced in 2018/19.

Male - Analysis of the ability to manage with male bed compliment of 25.

Data reviewed 1st April 2018 – 31st March 2019 showing each day of the year the number of male occupants across the acute system (Burbage, Stanage and Maple). Data analysis shows:

- 322 nights within 18/19 were over the 25 bed male occupancy
- Therefore 88% of the year there would not have been enough male beds to accommodate demand
- Total bed nights over the level available = 2614
- Average additional female bed nights per month = 217.1

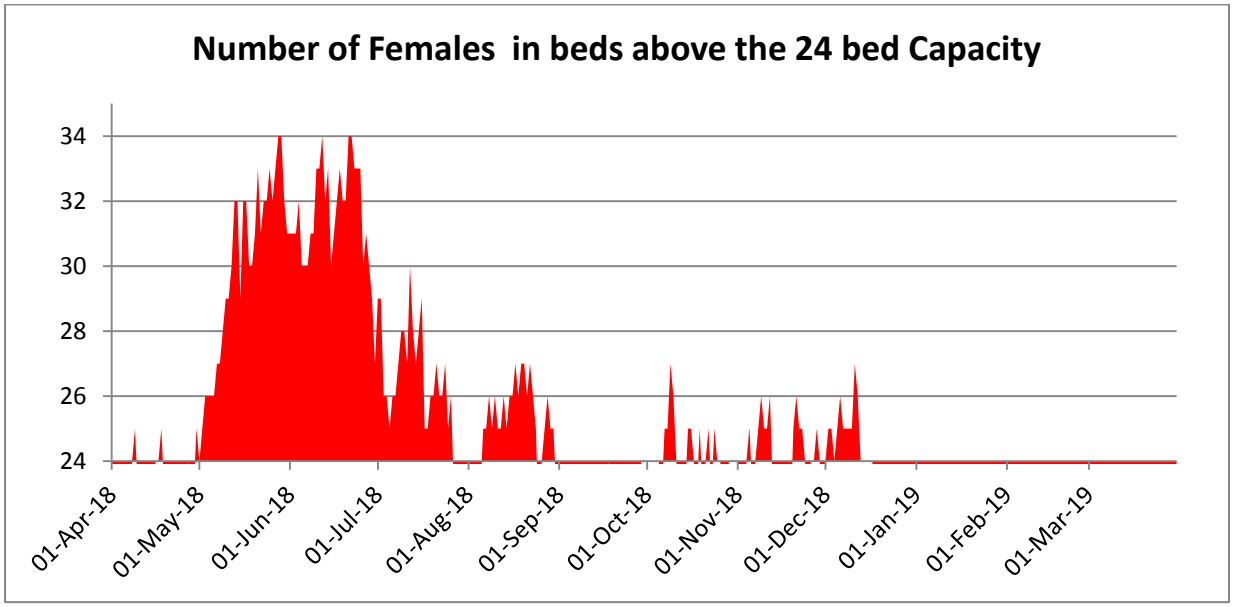


NB: The length of stay data may include transfers between wards therefore the length of stay will be exaggerated for some episodes

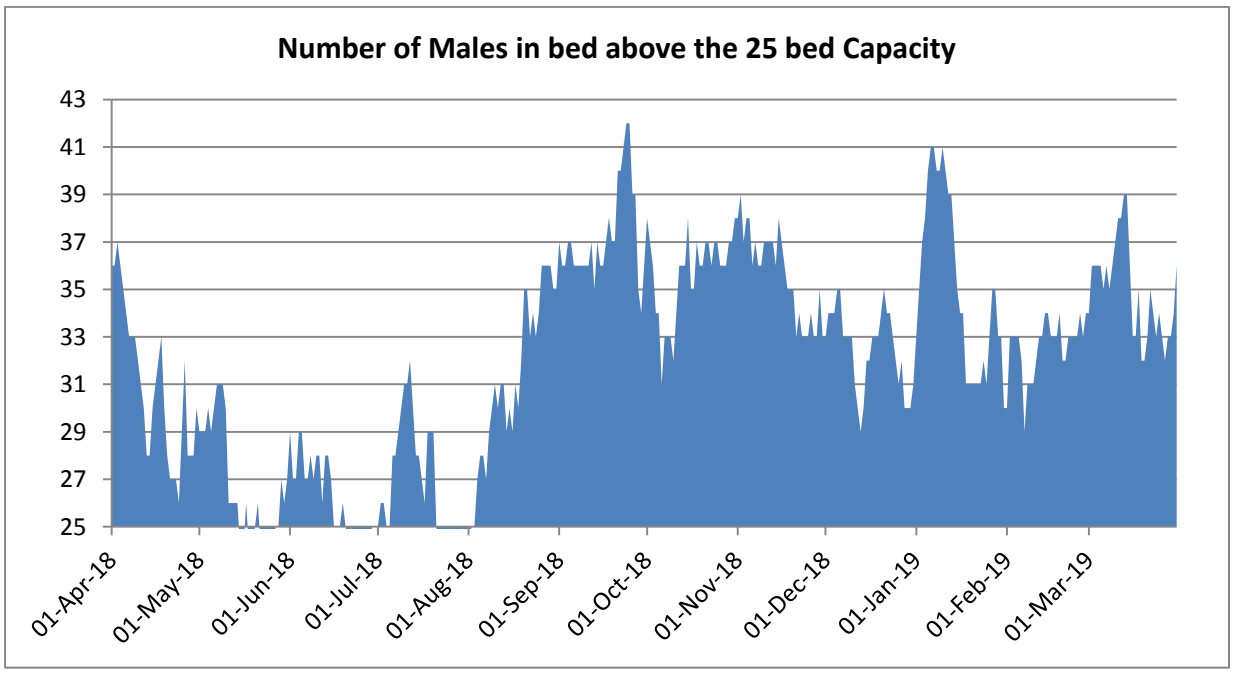
	2017/18	**2018/19**
Average (mean) length of stay	27 Days	**35 days**
Median length of stay	18 Days	**21 days**
Variability of length of stay range	0 - 257	**0 to 443 days**

4.5 Range of Male and Females number of nights – number above available beds as per configuration, table 1.

*The data includes leave and excluded are beds used for detox patients



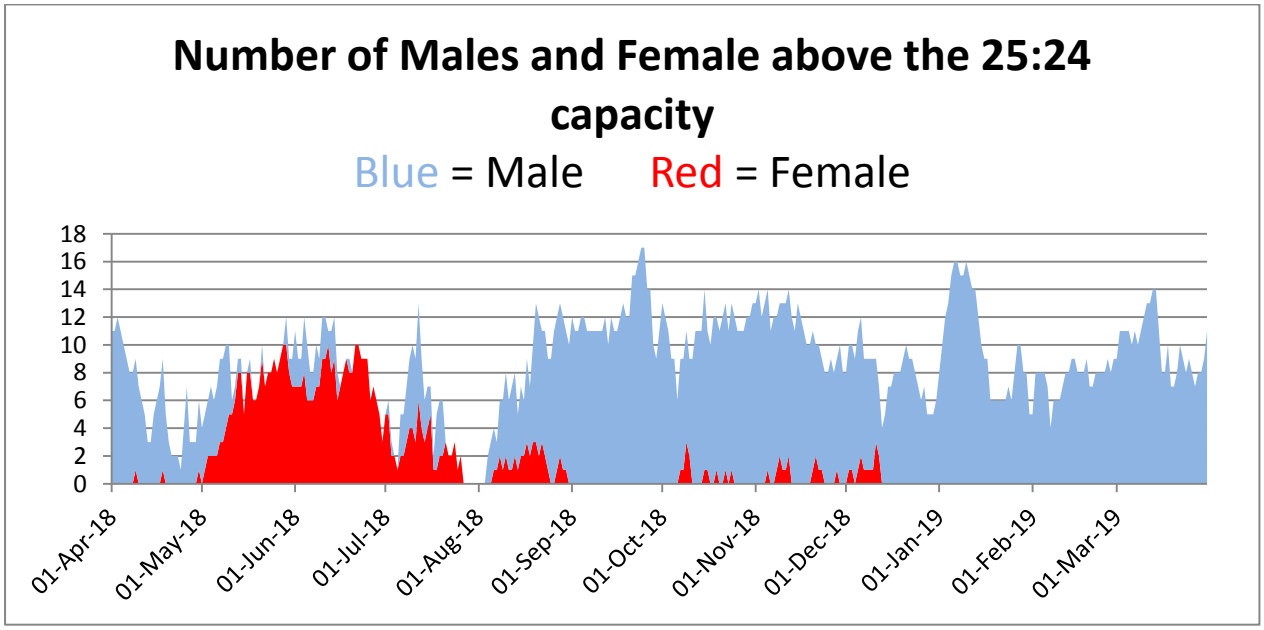
The above graph shows the number of females above the 24 bed capacity (should single sex wards be adopted) across the acute wards on any given day in 2018/19. This details that for the year on 142 days (39% of the year) the number of females would not have been achievable by the acute system.



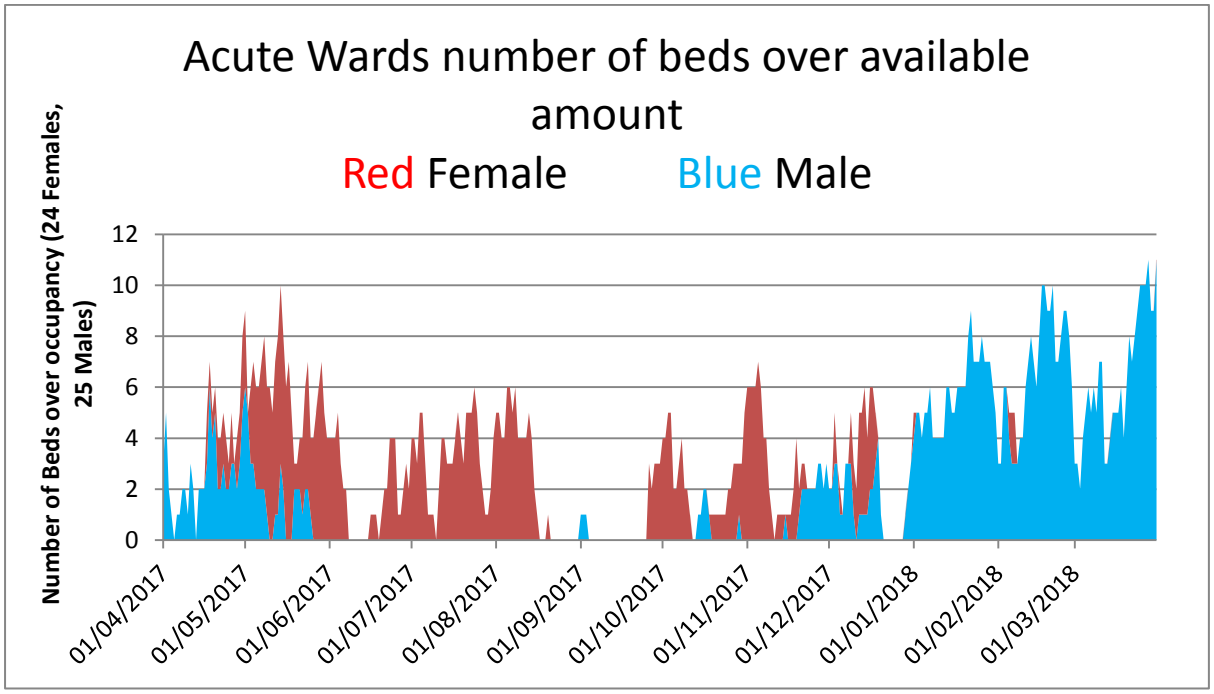
The above graph shows the number of males above the 25 bed capacity (should single sex wards be adopted) across the acute wards on any given day in 2018/19.

This details that for the year on 322 days (88% of the year) the number of males would not have been achievable by the acute system.

Combined 2018/19 graph



Combined 2017/18 graph



4.6 SHSC Benchmarking Data Performance Summary 2017/18:

The benchmarking data demonstrates SHSC has:

- A below average number of beds per 100,000 population
- A below average number of admissions per 100,000 population
- A below average Length of stay

Appendix B displays the above data

5. Notifiable EMSA Breaches

In 2018/19 there were no reportable EMSA breaches. However there have been instances where a service user has had to be admitted into an area on the ward for the opposing gender as this has been deemed clinically appropriate, Q1, Q2 and Q3 have previously been reported via quartering monitoring arrangements with QAC, these are:

Dovedale

Quarter	Details
Q1	No instances
Q2	A female service user was admitted overnight the male area of the ward. The service user had capacity and had no concerns about the bedroom location. The service user spent daytime in the day areas and at night 1:1 observation were provided. All affected male service users were also asked and had no concerns.
Q3	4 instances in which female service users were admitted into bedrooms located in the male area of the ward. No concerns were raised and service users DRAMs were updated. The service users were not required to cross male bedrooms to access toilet or hygiene facilities. Conversations occurred with the CCG who confirmed that these were not reportable EMSA breaches.
Q4	5 instances in which female service users were admitted into bedrooms located in the male area of the ward and 2 instances where men have been admitted in the Female area. The service users were not required to cross the opposing genders bedrooms to access toilet or hygiene facilities.

The rise in instances of females being placed in male areas on Dovedale has arisen from an unexpected situation in which there has been an influx of older Female patients compared to Male. There are appropriate and effective management plans in place to manage these instances. These have all been reviewed by the Trust EMSA lead (Deputy Director) with the CCG who have concluded these are not reportable EMSA breaches.

Endcliffe remains challenged when the ward is full and the gender split is not as catered for within the unit, i.e. higher number of females than planned. With the ward configuration and the split of lockable doors 7:3 can never be achieved. All rooms are en-suite and corridor doors split the male / female areas. One to one observation arrangements are put in place to ensure safety, should the corridor doors not support the split accommodated. Clinical Operations are working with the Facilities team to explore the options to introduce an additional set of corridor doors to enable the further division of male / female groups.

6. EMSA Audit

All service users have a detailed risk assessment and management plan (DRAM) completed upon admission. This includes asking the individual if they have any concerns about being in a mixed sex environment. The Care Records Audit from Q1 2018/19 showed that risk assessments were completed for all service users on the wards included in the sample (50% of the ward population at time of Quarterly audit.)

The combined EMSA audit for **2018/19** shows:

Ward	Number Audited (50% of the ward population at time of Quarterly audit)	% asked about EMSA Concerns & recorded on DRAM	% of service users with EMSA concerns on admission	
			% No	% Yes
Burbage	39	100%	95%	5% (2)
Stanage	42	100%	93%	7% (3)
Maple	38	100%	97%	3% (3)
Endcliffe	20	100%	95%	5% (1)
Dovedale	38	100%	95%	5% (2)
Total	177	100%	94%	6%

Of those service users expressing concerns on admission, these were:

- Due to being fearful of the opposite sex, this was documented in the DRAM and service user was given single room
- Due to service user preferring a single sex ward and being fearful of members of the opposite sex, this was documented in the DRAM and the service user was assured that males would not go into female areas and that staff can be contacted if any further concerns arose.

- They do not get on with males and would prefer an all female ward (Burbage)
- Service user would prefer and all female ward (Dovedale)
- Feels uncomfortable on a mixed sex ward; service user was offered a single, lockable room at earliest opportunity, DRAM updated. The second service user was continued on 1:1 observations.

In addition to service user concerns being logged on the DRAM, staff continue to use the DRAM to report any concerns they may have regarding service users being on a mixed sex ward and the mitigation to support this.

The DRAM Audit results for the Crisis and Emergency network from 2018/19 (which included 99 service users on the above wards) showed that the DRAM risk assessment was completed for all service users.

7. Compliments and complaints

In 2018/19 there is one formal complaint apparent that has links to Mixed Sex Accommodation – this was submitted by Melanie Hall, Strategic Commissioning Manager at Sheffield City Council, on behalf of a service user. The complaint was an allegation relating to the female service user being hit by a male service user following an accusation of sexual incident.

The complaint was not upheld and investigation found that the complainant was not assaulted but the instigator in an incident not linked to sexual safety or mixed sex accommodation.

8. Patient Feedback

The Quality of Experience (formally Quality and Dignity Survey) data for 2018/19 shows that 25 people out of 84 people asked on Maple, Stanage, Burbage and Dovedale Ward answered yes to having concerns about privacy and dignity on a mixed sex ward.

Of these 25, 14 provided no further comment. The rest provided the following comments:
(NB these are exact extracts from the survey comments)

- I'm on one to one observations
- The window to my room
- Don't have the keys to my door
- Staff just walk into my room
- Prefer female only ward
- Shouldn't be on mixed ward
- Don't feel dignified
- Because I'm in a bed bay

- Windows
- Was once followed home and because I live close by, a bra was stolen and someone weed on the floor. In addition I received my meds, the packaging made it more obvious that I had them, this is from abbeydale pharmacy. As a divorced woman with shared responsibility of a child, significant danger was brought to my home by my ex husband because of drugs.
- Most of the time

9. Incidents relating to sexual safety

For 2018/19 focussed on Stanage, Burbage and Maple (S,B,M) Ward

Incidents occurring in Q1, 2 and 3 have previously been reported through QAC.

Quarter	Num of incidents from bedded units trust wide	Num occurred on S,B,M	% of total	Gender	Type
1	29	13	45%	13 involved both male and female 2 were female to male patient 5 were Male patient to female staff 6 were Male to female patient	8 were unwanted gestures or actions and these included kissing, inappropriate touching whilst clothed and/or comments. 1 related to service users kissing 2 were service users that appeared to be consenting to their actions and expressed no concerns when asked by staff 1 was a service user masturbating in a public area
2	41	14	34%	4 involved both male and female patients 8 were male patient to female staff 1 was a male patient to male staff 1 involved on one male patient	12 were unwanted gestures or actions and these included kissing, inappropriate touching whilst clothed and/or comments. 1 related to service users kissing 1 was an incident where the

					service users that appeared to be consenting to their actions and expressed no concerns when asked by staff
3	26	17	65%	6 involved both male and female patients 7 were male patient to female staff 1 was a female patient to male staff 1 was a male patient to male staff 1 was male to male patient 1 was an allegation made by a female service user regarding a male staff member	13 were unwanted gestures or actions and these included kissing, inappropriate touching whilst clothed and/or comments. 3 where the service users that appeared to be consenting to their actions and expressed no concerns when asked by staff. 1 was an allegation made by a female service user regarding a male staff member.
4	38	17	45%	8 involved both male and female patients 2 involved male and male patients 5 were male patient to female staff 1 was female patient to male staff 1 was male patient	14 were unwanted gestures or actions and these included kissing, inappropriate touching whilst clothed and/or comments. 1 related to service users kissing 2 were allegations made by patients about other patients

Action to incidents

Staff proactively respond to incidents as they occur and ensure that appropriate documentation and follow up actions are developed. Some examples of responses are:

- Prompted and advised regarding appropriateness of behaviour
- Safeguarding alerts raised
- DRAMs updated

- Care Plans updated
- Increased/Enhanced observations
- Specific gender nursing to both support staff and service users
- Families contacted
- Service users separated for safety
- Appropriateness of placements explored
- Initiation of investigation into service user report of male staff member
- Where staff have been affected support and supervision has been offered

10. Current Management of the system

All admissions are allocated via the Patient Flow Coordinator in collaboration with key clinicians and senior managers when required. The Patient Flow Co-ordinator will support the gatekeeping of prospective admissions, ensure timely and appropriate placement of patients requiring admission and support the ward based Discharge Coordinators in facilitating and expediting complex discharge arrangements by proactive management and leadership. The Flow Coordinator has responsibility for facilitating, enabling and supporting ward teams in their decision making in order to achieve optimal patient flows and utilisation of available resources across services.

Bed allocation is determined on:

- Service user need (i.e. level of observation and input required, any previous admissions, physical health/mobility needs)
- Gender
- Ward clinical activity

To avoid EMSA breaches and to ensure emergency admission can be taken, leave beds are used and where absolutely necessary patient moves are facilitated.

Governance is managed through quarterly and annual reports to QAC regarding data and current position in line with mixed sex accommodation. EMSA is discussed regularly in the Crisis and Emergency quadrant meetings and as part of the sexual safety group.

On admission patients are risk assessed and a collaborative care plan initiated; this risk assessment includes identification of any risk related to being on a mixed sex ward. Where vulnerabilities are identified the clinical management plan and associated observations are documented and managed through the collaborative care planning process. The allocation of bedrooms on admission is decided based on a number of factors including; gender, vulnerability and risk to self /others. On occasions where patient safety concerns become apparent, this is managed by

mitigating the risk on the ward or moving service users in order to reduce risk. There are Standing Operating Procedures in place regarding EMSA management and Lone/Vulnerable Female **see appendix c and d**.

11. Influencing factors to demand on the wards

- Patient Acuity
- Delays in Forensic / Rehab
- Access to Medium/ Low Secure
- Increase in admissions to 136
- Increase in male occupancy for 2018/19

12. Summary

The data reviewed as part of this report reaffirms that the plans to create single sex wards at the Michael Carlisle Centre are still not viable. Doing so will create significant challenge and increase the risk of sending service users outside of Sheffield to receive acute inpatient care (unless clinically indicated to do so).

In addition there are concerns associated with reduced flexibility for service user moves between wards in order to manage vulnerability, reduce conflict and to balance staffing resource requirements.

Although the estate does not currently allow for specific male and female areas, where possible these are designated and adhered to unless clinical appropriate to amend. There have not been any instances where a reportable breach has occurred and where instances have arisen that a person has been admitted into opposing gender areas, risks have been assessed, management plans put in place to mitigate and the Trust EMSA lead has communicated with the CCG lead regarding plans and compliance.

It should be noted that there are clinical development strategies in hand that will support further admission avoidance and early discharge opportunities. These include the full implementation of the Decisions Unit and extension of the hours of cover of adult Home Treatment.

13. Recommendation

EDG/QAC is requested to:

- Receive and review the report
- Acknowledge the challenges and risk associated with any decision to move to gender specific wards at this moment in time.
- Acknowledge the current performance of the Trust in relation to acute adult admissions in comparison with other organisation within the benchmarking group.
- Note the potential EMSA breaches over the past 12 months and that none are reportable
- Note the current means of mitigating patient safety risks through effective processes and procedures.
- Note the incidents of sexual safety and the action to mitigate these

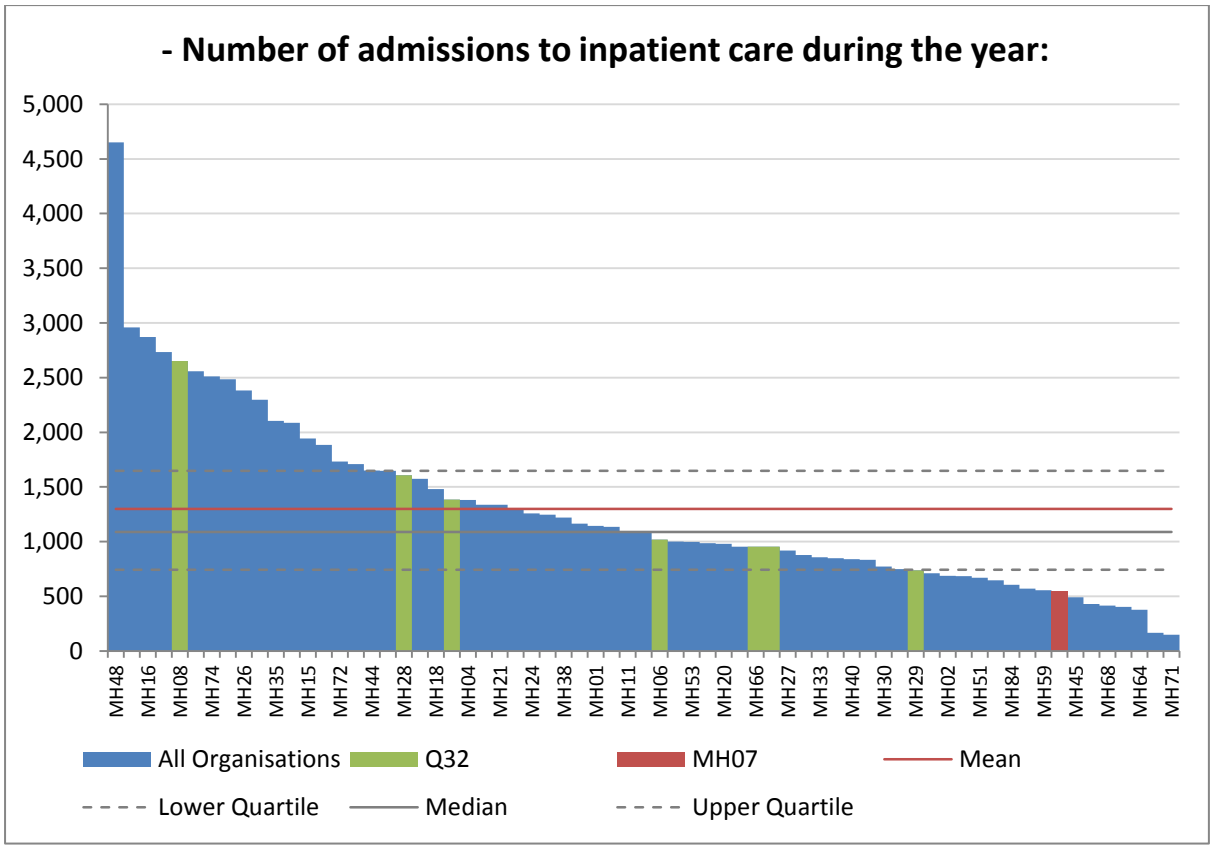
Clinical Operations recommends that:

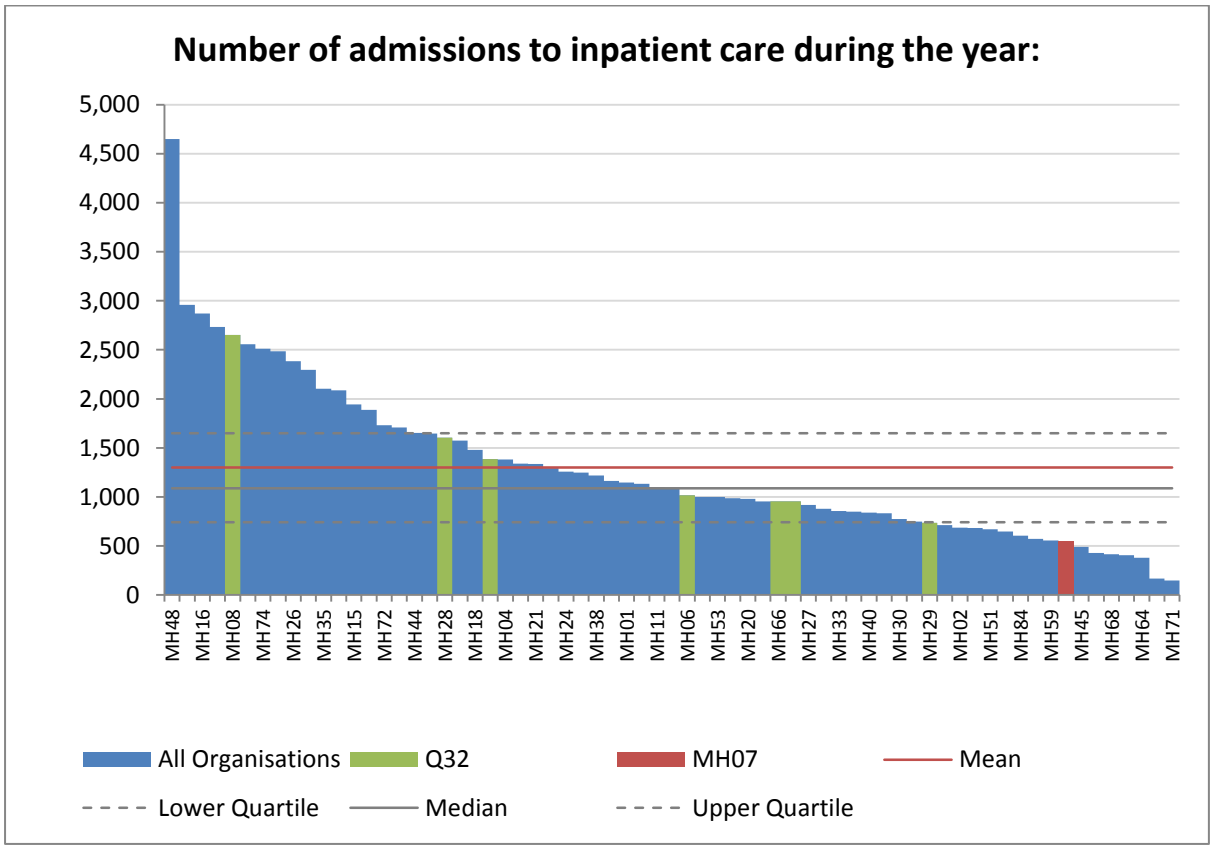
- That Stanage and Burbage remain as mixed sex wards and the Directorate continue to respond to EMSA guidance
- This position is reviewed on an annual basis in line with the Department of Health EMSA standards and the Mental Health Act Code of Practice 2015.
- Data relating to patient experience and safety indicators are monitored on a quarterly basis and presented at QAC

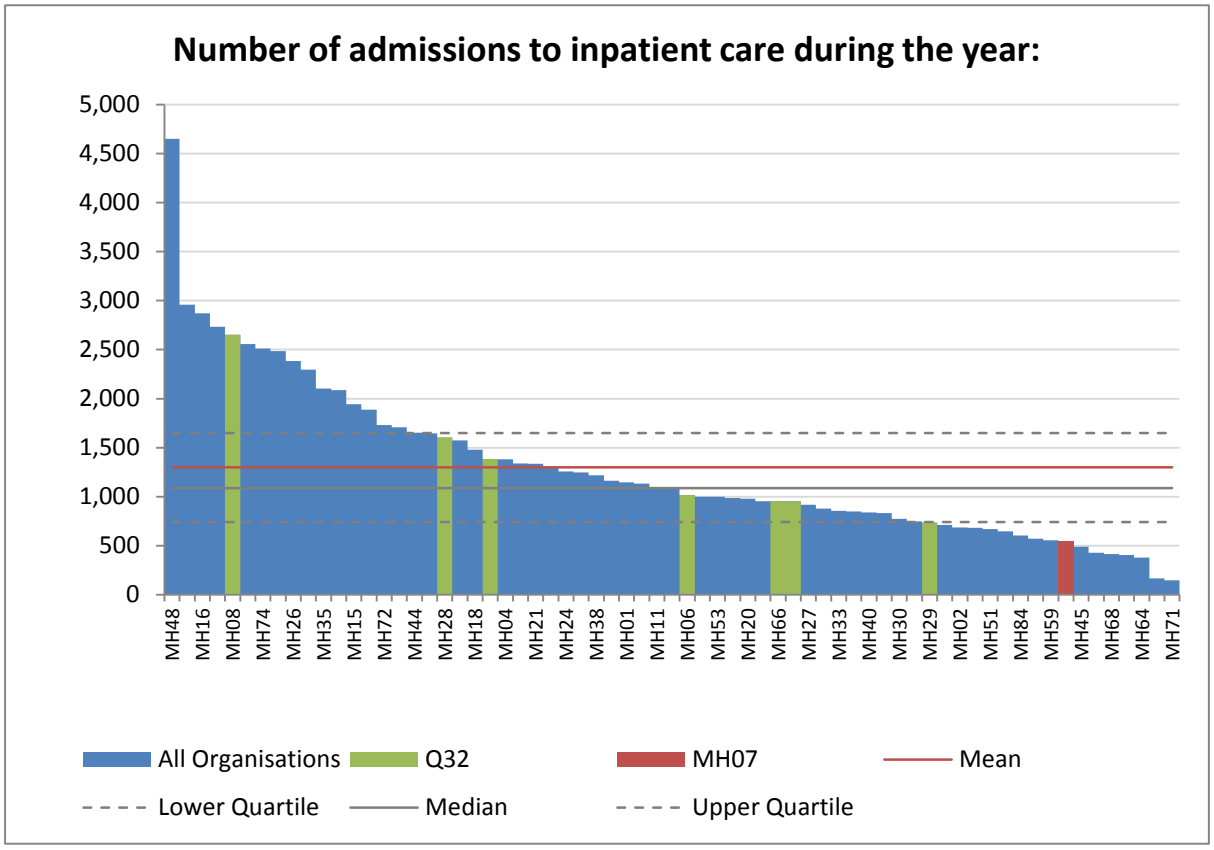
Appendix A - Glossary of Inpatient Services

Service	Description of service
Burbage – Adult Acute Ward	19 bedded Ward mixed sex ward adult acute ward at the Michael Carlisle Centre, Nether Edge. 14 mental health beds and 5 detox beds 1 Male Dorm – 3 beds 1 Female Dorm – 3 beds 1 Male Twin – 1 bed
Stanage – Adult Acute Ward	18 bedded Ward mixed sex ward adult acute ward – Michael Carlisle Centre, Nether Edge 1 Male Dorm – 3 beds 1 Female Dorm – 3 beds 2 Male Twin rooms – 1 bed in each
Maple - Adult Acute Wards	17 bedded adult acute ward and co-located Place of Safety Suite (2 beds) at the Longley Centre Dedicated female area – bedrooms and lounge. All male bedrooms grouped together
Dovedale - Older Adult Acute	18 bedded mixed sex older adult acute ward at the Michael Carlisle Centre Designated male and female areas with fixed boundary 1 Female Dorm – 4Beds
Endcliffe PICU	10 bedded mixed sex psychiatric intensive care unit based at the Longley Centre. This unit has been designed with EMSA flexibility with a moveable boundary between male and female beds with appropriate facilities.
Forest Close	Forest Close site on Middlewood Road. One 14 bedded male unit and two 8 bedded female units. All accommodation single sex
Forest Lodge	Forest Lodge / Close site on Middlewood Road. One 11 bedded male assessment unit and one 11 bedded male rehab unit
ATS (Firshill Rise)	7 bedded mixed sex assessment and treatment service for people with learning disabilities
G1	16 bedded mixed sex ward for people with Dementia

Appendix B – Benchmarking






Number of admissions to inpatient care during the year:
5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0
MH48
MH16
MH08
MH74
MH26
MH35
MH15
MH72
MH44
MH28
MH18
MH04
MH21
MH24
MH38
MH01
MH11
MH06
MH53
MH20
MH66
MH27
MH33
MH40
MH30
MH29
MH02
MH51
MH84
MH59
MH45
MH68
MH64
MH71
All Organisations
Q32
MH07
Mean
Lower Quartile
Median
Upper Quartile

Appendix C – EMSA SOP

Standard Operational Procedure

Title	Eliminating Mixed Sex Accommodation (EMSA)
Area Covered	All mixed gender Inpatient Wards: Adult Acute: Maple 17 beds and 2 places of safety Stanage 18 beds Burbage 14 beds and 5 detox beds PICU: Endcliffe 10 beds Older Adults: Dovedale 18 beds Firshill - assessment and treatment unit Learning Disabilities 7 beds Grenoside Grange G1 – Dementia unit 16 beds
Core Principles/purpose	The primary aim of this SOP is to promote the privacy and dignity of all service users. SHSC ensures service users need and wishes are actively sought and documented. Inpatient services aim to be compliant with Eliminating Mixed Sex

	Accommodation standards This SOP provides guidance for: • Requirement of EMSA compliance. • Process if breach occurs • Process for admission and whilst on the wards • Risks
Resource Needed	• EMSA lead • Bed availability and flexibility • Incident reporting systems • Staff knowledge and understanding of EMSA standards and the SOP
Guideline for use	Every person admitted in to an in service user ward of Sheffield Health and Social Care to receive the following: • That everything possible will be done to make sure their privacy and dignity is respected and maintained. • They should be made aware that the ward they are being admitted to is for men and women. • They should be advised that they will never share sleeping accommodation with members of the opposite sex. • They will have designated toilet and bathing facilities. • They will not have to walk through opposite sex accommodation to reach their toilet or bathing facilities. • That they will not be overheard or over looked in private conversation or examination • They will be asked when they are admitted to they ward “Do you have any concerns about your privacy and dignity whilst being on a mixed sex ward”. This will be recorded in the DRAM • They will be given written information leaflet about what they can expect. Service users will have their views documented on admission about the facilities. This will be recorded in the DRAM and then revisited as required based on the service user’s clinical presentation. This will be recorded on the Ongoing Views Form. Also: • Should be encouraged and supported to wear clothes that maintain their dignity and wear suitable clothing when in communal areas of the ward. • Should be made aware that wearing night clothes could compromise their dignity. • Service users who choose to wear night wear during the day will be risk assessed to establish that they understand the potential consequences of being dressed this way. • Should be made aware of the impact that wearing night wear may have

	on other service users. • Vulnerable service users who wear nightwear will be accompanied by a member of staff in communal areas of the ward. • Women must have access to a designated lounge space. This will be actively protected and incident reported if a breach occurs. In the event of a breach of EMSA compliance, staff should: • Contact EMSA lead (Kim Parker) via phone or email • Ensure Clinical Nurse Manager and Assistant Clinical Director are made aware • Complete and incident form • EMSA lead will then attend ward to review situation and mitigate
Precautions	Service users who are admitted to bedrooms or bed bays that do not have en-suite facilities should: • Be risk assessed to establish their level of vulnerability. • If assessed as vulnerable they should not be admitted to facilities where they have to come out of their room and into communal areas to access their toilet or bathroom. • If a vulnerable service user is admitted to these areas staff will have increased vigilance and awareness and this will be recorded in the care plan/risk assessment. • Advocates, families or carers should be involved if the service user lacks capacity • Any situation where a service user who is concerned about their accommodation or is assessed as vulnerable, and there is no imminent solution (i.e. within 12 hours) will be reported to the Service Director. • Breaches will be reported on a Clinical Incident Form and sent to the Risk Department. For advice on any aspect of Eliminating Mixed Sex Accommodation contact Kim Parker or out of hours the on call service manager via switchboard
Policy links	EMSA Standards https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation-in-hospitals

Appendix D – Lone Female Service User Policy

Standard Operational Procedure - 11

Title	Supporting Vulnerable /Lone Female Service Uses Room number
Area Covered	All areas
Core Principles/Purpose	Endcliffe ward provides for service users with severe mental illness, who during acute episodes, present with a significant risk of violent, aggressive, self-harming behaviour and/or complexity. Therefore by definition all service users within Endcliffe ward may be deemed vulnerable. However some service users are by virtue of their mental health presentation, physical health condition, gender ethnicity or other protected characteristic, may have a higher level of vulnerability that requires an increased level of vigilance. Service users who require secure care are know to have a higher prevalence of a history of physical sexual or emotional abuse, at some point in their lives, than the general adult in patient population Staff will therefore be aware of the possibility of re victimisation or re traumatisation and take steps to respond accordingly. A detailed assessment of vulnerability will be informed by the service user, their family or friends or based on previous presentations and documentation.
Resources needed	Staffing that meets the gender requirements of service users

Guideline for use	Each service uses level of vulnerability will be assessed and recorded in their DRAM. Predatory behaviour can increase vulnerability and this should be considered in the same way as vulnerability. Service users will if possible be involved in this assessment and they will be given an opportunity to record their views Service users will be actively protected from all forms of abuse including intimidation, coercion, bullying and threats of violence. Members of the opposite sex will not share sleeping, toilet or bathroom areas Women will have access to a protected women only area Male and female areas of the ward will be segregated at all times. Services users views about being in a mixed sex environment will be recorded. Service Users will have appropriate clothing to maintain dignity and avoid increasing vulnerability Increased levels of observation may be required to keep service users safe who are in a minority or who are isolated from their peer group Consideration should be given to the gender of staff undertaking constant and close constant observations. The gender of the name nurse will be taken into consideration. Service users will have access to medical staff of the same gender for medical examination if this is their preference. Every complaint or allegation will be documented and investigated
Precautions	

Policy links	Sexual Safety Standards Observation of In Patients Policy Domestic Abuse (Service Users) Personal Search Policy Safe guarding Adults Aggression and Violence Seclusion

Sheffield Health and Social Care NHS FT
Website Publication

Declaration of Compliance 1st April 2019

Elimination Mixed Sex Accommodation (EMSA) also known as Delivering Same Sex Accommodation (DSSA).

Sheffield Health and Social Care NHS Foundation Trust is pleased to confirm that it is compliant against the Department of Health EMSA standards and reporting requirements as outlined in its letter of November 2010 and is compliant against the Mental Health Act Code of Practice 2015. The only exception to this is when it is in the patient's overall best interest i.e. when hospital admission is necessary or reflects their personal choice. This would be subjected to a risk assessment and multi-disciplinary team agreement.

The Trust has the necessary facilities, resources and culture to ensure that patients who are admitted to its wards will only share the room where they sleep, with members of the same sex, and same sex toilets and bathrooms will be close to the their bed area. The Trust is actively working to reduce the number of patients who have to share accommodation with the same sex, i.e. bed bays and is committed to eliminating shared sleeping space altogether. For people who sleep in shared spaces with people of the same sex, Trust staff will do everything possible to ensure dignity and privacy.

The Trust has a major service redesign programme in progress, as part of its Acute Care Reconfiguration. This will have a significant impact on improving the quality of the environment.

If the Trust's care should fall short of the required standard this will be reported to the NHS Clinical Commissioning Group (CCG).

For further information please contact:

Maxine Statham, Deputy Associate Director and EMSA Lead
Telephone: 0114 2263986
Email: Maxine.Statham@shsc.nhs.uk

Overarching DSSA Principles for inpatient services v2 Revised March 2010	
1. There are no exemptions from the need to provide high standards of privacy and dignity.	✓
2. Men and women should not have to sleep in the same room, unless sharing can be justified* by the need for treatment (see 14) or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.	See 14
3. Where mixing of sexes does occur, it must be acceptable and appropriate for *all* the patients affected.	✓
4. Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.	✓
5. Men and women should not have to walk through the bedrooms/bed bays or bathroom/toilets of the opposite sex to reach their own sleeping, washing or toilet facilities.	✓
6. Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.	✓
7. Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems and practice.	✓
8. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female.	✓
9. In all areas, toilets and bathrooms should be clearly designated as male or female.	✓
10. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, their relatives, carers and/or advocate (as appropriate), should be informed why the situation has occurred, what is being done to address it, who is dealing with it, and an indication provided about when the situation will be resolved.	✓
11. Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.	✓
12. Patient preference re mixing should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.	✓
13. There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where: • they are wearing gowns/nightwear, or where the body might become exposed • they are unable to preserve their own modesty, e.g. recovery from general anaesthetic or when sedated. • their illness means they cannot judge for themselves.	✓

14. Any circumstance that constitutes clinical justification for mixing of the sexes is for local determination, Generally, for acute services, justification might relate to 'life or death' situations, or a patient needing highly technical or specialist care/one-to-one nursing (e.g. ICU, HDU). ***There is no clinical justification for mixing in mental health and learning disability services.***	✓
15. Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities.	✓
16. In mental health and learning disability services there should be provision of women-only day rooms on wards where men and women share day areas.	✓
17. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. In mental health and learning disability services, boys and girls should not share bedrooms or bed bays and toilets/washing facilities should be same-sex. An exception to this might be if a brother and sister were to be admitted onto a children's unit – here sharing of bedrooms, bathrooms or shower and toilet areas may be appropriate.	N/A in SHSC
18. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.	✓