

BOARD OF DIRECTORS MEETING (Open)

Date: 13th May 2020

Item Ref:

08

TITLE OF PAPER	Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance.
TO BE PRESENTED BY	Michelle Fearon, Chief Operating Officer
ACTION REQUIRED	Board is asked to Approve the Annual Declaration of Compliance.

OUTCOME	<ul style="list-style-type: none"> Members are assured of the Trust's Compliance against the Department of Health Guidance outlined in a letter dated November 2010 and the further updated Guidance in September 2019 as well as the Mental Health Code of Practice (2015) Board are assured that an up to date compliance statement will be subsequently published on the Trust's public website Board are assured that EMSA breaches are locally reported, investigated and appropriately mitigated and that there is a clear line of reporting through Board and its sub-committees, and onward to Sheffield CCG and the Department of Health.
TIMETABLE FOR DECISION	13 th May 2020
LINKS TO OTHER KEY REPORTS / DECISIONS	<p>Department of Health Guidance outlined in the NHS Operating Framework (2010/11) and (2012/13)</p> <p>Mental Health Act Code of Practice (2015)</p> <p>Department of Health Guidance for Delivering Same Sex Accommodation (September 2019)</p> <p>Care Quality Commission Inspection Report (April 2020)</p>
STRATEGIC AIM	Delivering Outstanding Care
STRATEGIC PRIORITY	Transformation – Changing thing that will make a difference
STRATEGIC OBJECTIVE	Improve priority named environments where we deliver care and where our staff work
BAF RISK NUMBER & DESCRIPTION	
LINKS TO NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS,	Equality and Service users' Rights

RISK, OUTCOMES ETC	
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	<p>Failure to comply with the required standards will adversely affect our ability to deliver our strategic aims and priorities.</p> <p>There may be a need to provide additional staffing resource to mitigate associated risks.</p>
CONSIDERATION OF LEGAL ISSUES	<p>Failure to deliver will lead to compliance and enforcement action by the Care Quality Commission, specifically but not exclusive to the eradication of dormitories. Fines may be imposed by the Clinical Commissioning Group for failure to comply with standards.</p>

Author of Report	Maxine Statham
Designation	Deputy Director – Acute Bedded Services / Trust EMSA Lead
Date of Report	6 th May 2020

Summary Report

<i>For Approval</i>	<i>For Assurance</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓						

1. Purpose

Board is asked to receive a summary of the previous 12 months EMSA compliance and approve the publication of the Trust’s Annual Declaration and Compliance statement, in line with Department of Health requirements.

2. Summary Position

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, Mental Health Act Code of Practice, 2015 and the Guidance for Delivering Same-sex Accommodation September 2019.

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**

Environmental Summary

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 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.

EMSA Reportable Breaches in previous 12 months May 2019 – May 2020

There has been 1 occasion in August 2019 on Dovedale where male patients were admitted to the female area of the ward due to a lack of available beds on the male corridor. This resulted in 7 reportable EMSA breaches due to female patients having to walk past a male bedroom to access the nearest facilities. In all instances service users were asked if they have any concerns, the Detailed Risk Assessment and Management Plan (DRAM) was updated and appropriate enhanced observations where been put in place.

Please note further to the September 2019 Guidance for Delivering Same-sex Accommodation these incidents would no longer be considered reportable as guidance now excludes corridors as an area for breach.

Key Arrangements to Monitor Compliance

- i. 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).

- ii. T
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.

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

- iv. 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.

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

3. Next Steps

Clinical leads have developed the plan to eliminate dormitories from our acute inpatient wards. Expediting our processes to enact this plan is been agreed by Executive leads w/c 11th May 2020

Ongoing internal assurance processes as described in "Key arrangements for compliance" above

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

4. Decision Needed / Actions

That the Board is assured that it is compliant with the EMSA reporting requirements outlined within this report and approve the annual compliance statement.

For the Board to agree to the continuation of EMSA reporting, in line with the recommendation within this report.

5. Monitoring Arrangements

- i. Subject to approval, a minimum reporting schedule to the Board of Directors will be on an annual basis.

- ii. Any breach will be managed through Operations and reported to the Quality Assurance Committee (QAC) and to Board of Directors via the Quality Report.

6. Contact Details

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**Sheffield Health and Social Care NHS FT
Website Publication**

Declaration of Compliance 13th May 2020

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; compliant against the Mental Health Act Code of Practice 2015; and operates in accordance with the September 2019 Guidance for Delivering Same-sex Accommodation. 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 Modernisation (ACM) in addition to a programme of work to eliminate dormitories.

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:

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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 <i>all</i> 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.	✓

<p>13. There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where:</p> <ul style="list-style-type: none"> • 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. 	✓
<p>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). <i>*There is no clinical justification for mixing in mental health and learning disability services.</i></p>	✓
<p>15. Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities.</p>	✓
<p>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.</p>	✓
<p>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.</p>	N/A in SHSC
<p>18. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.</p>	✓