

Board of Directors – Public

Date: 26 May 2021

Item Ref: 11

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| TITLE OF PAPER | Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance |
| TO BE PRESENTED BY | Beverley Murphy, Executive Director of Nursing, Professions and Operations |
| ACTION REQUIRED | Board Members to Approve the Annual Declaration of Compliance |

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| OUTCOME | <p>Board Members are assured that:</p> <ul style="list-style-type: none"> • The Trust is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015) • An up-to-date compliance statement will be subsequently published on the Trust's public website • EMSA breaches are locally reported, investigated and appropriately mitigated; there is a clear line of reporting through Board and its sub-committees and to Sheffield CCG and the Department of Health |
| TIMETABLE FOR DECISION | Board of Directors May 2021 |
| LINKS TO OTHER KEY REPORTS / DECISIONS | Equality and Service Users' Rights |
| STRATEGIC AIM STRATEGIC OBJECTIVE | <p>Improve our use of resources Transformation: changing things that will make a difference</p> |
| BAF RISK NUMBER & DESCRIPTION | <p>BAF.0007 Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation)</p> |
| LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC | <ul style="list-style-type: none"> • Department of Health Guidance outlined in the NHS Operating Framework (2010/11) and (2012/13) • Mental Health Act Code of Practice (2015) • Department of Health Guidance for Delivering Same Sex Accommodation (September 2019) • Care Quality Commission Inspection Report (April 2020) |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | <p>Failure to comply with the required standards will adversely affect our ability to deliver our strategic aims and priorities There may be a need to provide additional staffing resource to mitigate associated risks</p> |

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| CONSIDERATION OF LEGAL ISSUES | 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 |
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| Author of Report | Vin Lewin |
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| Designation | Patient Safety Specialist |
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| Date of Report | 19 th May 2021 |
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Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance

1. Purpose

| For approval | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
|--------------|---------------|-------------------------|---------------|--------------------|-----------------|----------------------|
| | ✓ | ✓ | ✓ | | | |

2. Summary

Arrangements to assess, monitor and review EMSA compliance in each of the Trust's in-patient 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.

Environmental Summary

Single Sex Wards:

- Stannage Ward (Male)
- Burgage Ward (Female)
- Forensic: Forest Lodge x 2 Wards - both male
- Rehabilitation: Forest Close x 3 wards - 2 male, 1 female

Mixed Sex Wards:

- Psychiatric Intensive Care Unit (PICU): Endcliffe
- Dementia: G1
- Learning Disability: Firshill Rise
- Dovedale Ward
- Maple Ward

In the mixed sex areas, Ward Managers and their teams continuously manage admissions to achieve EMSA compliance and locate patients to bedrooms that 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 mixed sex wards, the standard of 'not having to pass through opposite sex areas to reach toilet or bathing facilities' is achieved in all areas.

EMSA Reportable Breaches in previous 12 months May 2020 – May 2021

There were a total of 15 EMSA breaches during this period.

Each reported breach was individually reviewed. In all reported breaches:

- The patient was informed and provided with the relevant information
- The individual patients' DRAM and Collaborative Care Plan was updated with a specific risk plan
- EMSA 1-1 observations were maintained throughout each breach
- Senior managers were informed
- EMSA compliance achieved at the earliest opportunity

3. Next Steps

Once the Board has received the EMSA annual report it will be published on the Trust's website.

4. Required Actions

- Board Members are asked to receive a summary of the previous 12 months EMSA compliance.
- Board Members are asked to approve the publication of the Trust's Annual Declaration and Compliance statement, in line with Department of Health requirements.
- Board Members are asked to agree to the continuation of EMSA reporting, in line with the recommendation within this report.

5. Monitoring Arrangements

- Ward Managers and their teams will continue to manage admissions to achieve EMSA compliance.
- Subject to approval, a minimum reporting schedule to the Board of Directors will be on an annual basis.

6. Contact Details

Vin Lewin
Patient Safety Specialist
0114 2716379
Vin.lewin@shsc.nhs.uk