

Quality Assurance Committee

Date: 9th June 2021

Item Ref: 10

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	For the Annual Declaration of Compliance to be approved

OUTCOME	Members are assured that: <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 (where reportable breaches occur).
TIMETABLE FOR DECISION	Board of Directors May 2021, Quality Assurance Committee June 2021
LINKS TO OTHER KEY REPORTS / DECISIONS	Equality and Service Users' Rights
STRATEGIC AIM STRATEGIC OBJECTIVE	Improve our use of resources Transformation: changing things that will make a difference
BAF RISK NUMBER & DESCRIPTION	BAF.0007 Inability to deliver our transformation plans resulting in a failure to deliver our objectives (CQC, Transformation)
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	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.

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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Summary Report

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:

- Stanage 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 care: G1
- Assessment and Treatment Service : 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 Incidents in previous 12 months May 2020 – May 2021

Staff report incidents internally within the Trust to alert potential breaches. There were a total of 15 EMSA incidents reported during this period.

- 13 incidents over 12 hours
- 2 incidents under 12 hours

Each reported incident was individually reviewed against Department of Health Guidance for Delivering Same Sex Accommodation (September 2019). In all internally reported incidents the required standards were met including:

- The patient was informed and provided with the relevant information
- The patient was given access to protected separate toilet and bathroom facilities
- The individual patients' DRAM and Collaborative Care Plan was updated with a specific risk plan
- EMSA 1-1 observations were maintained throughout each incident and for the full extent of the event
- Senior managers were informed in all cases
- EMSA compliance was achieved at the earliest opportunity.

The internally reported incidents are non-reportable (ie do not meet the national criteria for an EMSA breach) due to the safeguards in place.

3. Next Steps

Once the Board is assured that the Trust is compliant with the EMSA reporting requirements, outlined and has approved the annual compliance statement, 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

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