

Board of Directors (Public)

SUMMARY REPORT

Meeting Date: 25 May 2022
Agenda Item: 17

Report Title:	Annual Compliance – Eliminating Mixed Sex Accommodation (EMSA)	
Author(s):	Vin Lewin, Patient Safety Specialist	
Accountable Director:	Beverley Murphy, Executive Director of Nursing, Professions and Operations	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee
	Date:	11 May 2022
Key points/recommendations from those meetings	<p>Committee received assurance that there were no breaches and that the Trust was compliant during the period April 2021 to March 2022.</p> <p>It is recommended to the Board that we publicise our compliance as required.</p>	

Summary of key points in report

- NHS hospitals are required to make an annual declaration of compliance with Eliminating Mixed Sex Accommodation (EMSA) standards and to publish this.
- There were no EMSA breaches reported between April 2021 and March 2022, SHSC is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015).
- Potential EMSA and sexual safety incidents are monitored daily and there is an escalation process in place should issue be identified.
- Single sex accommodation does not eliminate all sexual safety risks and a Standard Operating procedure has been developed to mitigate these risks.
- All sexual safety incidents during this period have been reported in the IPQR and have been managed.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	
The Board of Directors to be assured that the Trust is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015) and to agree the publication of this on the SHSC public website.							

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering Effectively				No
CQC Getting Back to Good Continuous Improvement	YES			
Transformation – Changing things that will make a difference	Yes			
Partnerships – working together to make a bigger impact				No
Is this report relevant to compliance with any key standards ? State specific standard				
Care Quality Commission Fundamental Standards	YES			Fundamental standards of care.
Data Security and Protection Toolkit			No	
Any other specific standard?	Yes			<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)
Have these areas been considered? YES/NO			If Yes, what are the implications or the impact? If no, please explain why	
Service User and Carer Safety and Experience	Yes			There is a risk of abuse and harm to patients if compliance is not achieved.
Financial (revenue & capital)	Yes			Fines may be imposed by the Clinical Commissioning Group for failure to comply with standards
Organisational Development /Workforce			No	
Equality, Diversity & Inclusion	Yes			Equality and Service Users' Rights
Legal	Yes			Failure to comply could lead to compliance and enforcement action by the Care Quality Commission. Fines may be imposed by the Clinical Commissioning Group for failure to comply with standards

Section 1: Analysis and supporting detail

Background

- 1.1 Arrangements to assess, monitor and review EMSA compliance in each of SHSCs inpatient wards are in place, to ensure the SHSC 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.
- 1.2 For the purposes of reporting and declaration SHSC 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.

Environmental Summary

1.2 Single Sex Wards:

- Stanage Ward (Male)
- Burbage Ward / Dovedale 2 (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 (Service paused)
- Dovedale 1 Ward
- Maple Ward

- 1.3 In the mixed sex areas, Ward Managers and their teams managed admissions to achieve EMSA compliance and locate patients to bedrooms that ensured access to single sex room 'areas', bathrooms, toilet facilities and female only lounges.

Summary

- 1.4 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' was achieved in all areas.
- 1.5 EMSA breaches in previous 12 months April 2021 – March 2022
- There were no reportable EMSA breaches during this period.
- 1.6 EMSA learning points

In April 2021, prior to the relocation of Burbage Ward to Dovedale 2, there were 4 individual incidents of seclusion reported.

- 2 male patient were secluded on female Burbage/DD2 Ward
- 2 female patients were secluded on male Stanage Ward

The patients were escorted through the single sex accommodation whilst being monitored by staff at all times. The seclusions were terminated on the same day. From the 15 April 2021 action was taken to ensure that this process is no longer utilised to either host or place service users on opposite sex wards.

In May 2021 Endcliffe (PICU) increased a patient's observations to level 1 when the male patient was accommodated in a room adjacent to a female room. The male patient was moved to a different room on the following day.

In July 2021 Maple reported a number of safeguarding issues in relation to monitoring the female only bed space area. An immediate management review was commenced on the day of reports, and actions included:

- urgent installation of the wristband activated security to female bedroom area
- urgent installation of the magnetic locks to the bathroom door
- urgent installation of CCTV to the main corridors of the ward with observation of the CCTV in the office for night staff
- as an interim, observation of the female only entrance and area to ensure compliance until above works completed. No further incidents recorded.
- urgent work with Information Governance to develop a policy to record on CCTV and utilise in the event of allegations being made - no update on this point.
- update of Maple Ward Risk Register

Section 2: Risks

- 2.1 During the period between April 2021 and March 2022 there was an identified increase in sexual safety incidents where patients were transferred from mixed sex to single sex accommodation due to their sexual vulnerability risks. Despite the development of single sex accommodation there continues to be a need for safety planning when vulnerable patients are transferred between wards. The sexual safety group have developed a Standard Operating Procedure (SOP) for the transfer of sexual vulnerable patients between wards which will be implemented at the end of May 2022.
- 2.2 Whilst the management of wards as single gender for patients can reduce specific risks, this does not mitigate risks to SHSC staff groups. There are concerns from the predominantly female staff team on Stanage Ward (male) in relation to the patients behaviour and interactions of a sexualised nature towards the staff team. Further consideration is required to understand the impact of working on a single male gender ward and interventions to provide a safe working environment.

Section 3: Assurance

Assurance

- 3.1 There were no recorded EMSA breaches for the period: April 2021 to March 2022, SHSC is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015).
- 3.1 EMSA breaches and sexual safety incidents are monitored via the Daily Incident Safety Huddle and escalated accordingly.
- 3.2 Sexual safety Incidents are reviewed by the sexual safety group and reported through the Clinical Quality and Safety Group.