

Board of Directors

SUMMARY REPORT

Meeting Date: 24th May 2023
Agenda Item: 13

Report Title:	Annual Compliance Declaration – Eliminating Mixed Sex Accommodation (EMSA)	
Author(s):	Vin Lewin, Patient Safety Specialist	
Accountable Director:	Salli Midgley, Director of Nursing & Professions	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee
	Date:	10 May 2023
Key points/recommendations from those meetings	The Quality Assurance Committee expressed assurance that SHSC is compliant against the EMSA Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015).	

Summary of key points in report

- There were no EMSA breaches between April 2022 March 2023 and 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 a robust escalation process in place.
- Action has been taken in relation to the sexual safety incidents reported during this period.
- Single sex accommodation does not eliminate all sexual safety risks and Standard Operating Procedures (SOP's) are in place to mitigate these risks.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	
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The Trust is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015)

A declaration of compliance statement should be subsequently published on SHSC'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 ICB and the Department of Health (where reportable breaches occur).

Please identify which strategic priorities will be impacted by this report:					
Recover services and improve efficiency	Yes		No	X	
Continuous quality improvement	Yes	X	No		
Transformation – Changing things that will make a difference	Yes	X	No		
Partnerships – working together to make a bigger impact	Yes	X	No		
Is this report relevant to compliance with any key standards ? State specific standard					
Care Quality Commission Fundamental Standards	Yes		No	X	
Data Security and Protection Toolkit	Yes		No	X	
Any other specific standard?	Yes	X			Delivering same-sex accommodation, NHS England and NHS Improvement 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, Engagement and Experience	Yes	X	No		There would be an impact on the reputation of the organisation if the safety of patients is not maintained.
Financial (revenue & capital)	Yes	X	No		Fines may be imposed by Commissioners for failure to comply with standards
Organisational Development /Workforce	Yes		No	X	
Equality, Diversity & Inclusion	Yes	X	No		Equality and Service Users' Rights
Legal	Yes	X	No		Failure to comply could lead to compliance and enforcement action by the Care Quality Commission. Fines may be imposed by the Integrated Care Board for failure to comply with standards
Environmental sustainability	Yes	X	No		The environmental impact of any work to re-build, replace current single sex accommodation

Section 1: Analysis and supporting detail

Background

- 1.1 Arrangements to assess, monitor and review EMSA compliance in each of SHSC's 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.

For the purposes of SHSC's 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/Burbage Ward (Male)
- Dovedale 2 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 (Service suspended)
- Dovedale Ward
- Maple Ward

- 1.3 In the mixed sex areas, Ward Managers and their teams continuously managed 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.

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 2022 – March 2023

- There was one reported EMSA breach during this period.

The breach in EMSA regulation was reported by G1 ward on 1 March 2023. It was reported that a male patient had been placed in a bedroom on a female corridor.

This suspected breach was investigated against the EMSA standards. **No reportable breach occurred.** The NHS Confederation and CQC have changed the definition from passing through an **area** occupied by the opposite sex (such as the corridor leading to their rooms) to passing through a **room**. It is therefore permissible to admit male and female patients to the same corridor as long as

their bedrooms and facilities are grouped to achieve as much separation as possible and steps are taken to return the ward to single sex corridors as soon as possible.

In this case the patient had access to en-suite facilities and a member of staff was stationed at the bedroom door. The patient did not have to pass through a room occupied by anyone of the opposite sex, The patient was moved to an all-male corridor at the earliest opportunity.

1.6 Sexual Safety incidents

During this 12-month period there were 104 sexual safety incidents reported. All sexual abuse incidents were reported to the safeguarding team and safeguarding concerns were raised.

42% of these were reported as patient to patient sexual abuse. 82% of the incidents were reported to have had a negligible or minor level of harm.

These types of incidents were managed in a variety of ways including reporting to the police, safeguarding S42 investigations, increased levels of observation and/or transfer to single sex wards.

Section 2: Risks

- 2.1 During Quarters 2 and 3 of 2022/23 the Quality Assurance Committee were alerted to the risk that the **sexual safety workplan** is not fully in progress and concerns have been raised about the staff knowledge, management, and risks in our acute mixed gender wards. A specific workplan has been requested for Quarter 1 2023/24 for these wards.

Section 3: Assurance

Assurance

- 3.1 There were no recorded EMSA breaches for the period: April 2022 to March 2023 and 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 which reports through the Clinical Quality and Safety Group.