

Board of Directors - Public

SUMMARY REPORT

Meeting Date: 22 May 2024
Agenda Item: 17

Report Title:	Annual Compliance Declaration – Eliminating Mixed Sex Accommodation (EMSA) 2023/24	
Author(s):	Vin Lewin, Patient Safety Specialist	
Accountable Director:	Salli Midgley, Director of Nursing, Professions and Quality	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Quality Assurance Committee Executive Management Team
	Date:	April 2024
Key points/recommendations from those meetings	Paper accepted.	

Summary of key points in report

- There were no externally reportable EMSA breaches between April 2023 March 2024 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	X	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.
- Suspected 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:				
Effective Use of Resources	Yes			
Deliver Outstanding Care	Yes			
Great Place to Work			No	
Ensuring our services are inclusive	Yes			
Is this report relevant to compliance with any key standards ?		State specific standard		
Care Quality Commission Fundamental Standards			No	
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 Engagement and Experience	Yes			There would be an impact on the reputation of the organisation if the safety of patients is not maintained.
Financial (revenue & capital)	Yes			Fines may be imposed by Commissioners 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 Integrated Care Board 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 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:

- Stannage Ward (Male)
- Maple Ward (Male) mid year temporary change.
- 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

- 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 Potential EMSA breach incidents reported in the previous 12 months April 2023 – March 2024

- There were eight reported EMSA breach during this period.

One reported breach was in relation to a staff member sleeping whilst on observations. This incident was dealt with via the disciplinary processes.

5 reported breaches were in relation to patients entering restricted areas of the opposite sex. In all 5 incidents the patient was removed immediately from the restricted area and given an explanation as to why they were not allowed in that part of the ward environment.

One reported breach was in relation to the management of G1 patients during a covid-19 outbreak. In order to maintain infection control standards, the infected cohort of patients were nursed on one ward. The only covid positive female patient was nursed in a single room on the male ward side with male covid positive males. This patient was maintained on constant 1-1 observations in a single room with access to separate bathroom and toilet facilities. The service returned to status quo once the outbreak was declared as over and the female returned to the female ward area. This was all agreed with family and the patient to manage infection control.

One breach was reported by Dovedale 1 ward. It was reported that a female patient, admitted as a priority had been placed in a bedroom on a male corridor. There were no other female beds available across the system.

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 separate facilities and a member of staff was stationed at the bedroom door at all times. The patient did not have to pass through a room occupied by anyone of the opposite sex, The patient was moved to an all-female corridor at the earliest opportunity.

This incident was escalated directly to the Director of Nursing, Professions and Quality and she has since written to Operational managers to mandate that this approach to bed management must not be repeated. Whilst there was no reportable breach it is not acceptable from a privacy, dignity and experience perspective that older adult wards are not managed in the same way as adult wards, which would not permit this practice. SHSC will maintain the highest possible standards of safety for our patients irrespective of a change in guidance from CQC.

The use of 1:1 observations to manage mixed gender, planned incidents may appear acceptable in relation to managing safety, however, they are a restrictive practice and SHSC will continue to work towards minimizing any use of observations, particularly where they have been instigated to manage and mitigate environmental capacity issues.

1.6 Sexual Safety incidents

During this 12-month period there were 44 patient related sexual safety incidents reported. All sexual safety incidents were reported to the safeguarding team and safeguarding concerns was raised.

88% of the incidents were reported to have had a negligible or minor level of harm. The remaining 12% were all reported as moderate. Only one of these involved sexual contact between two patients. This incident is currently being managed by the Safeguarding and Patient Safety Teams. The remaining incidents were categorised as moderate because they were either allegations of staff misconduct (no.3) or due to aggressive and intimidating behaviour during the reported incident.

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. During the period between April 2023 – March 2024 there were five Section 42 safeguarding enquiries completed that were related to the sexual safety of SHSC patients.

Section 2: Risks

- 2.1 During Quarters 3 of 2023/24 the Quality Assurance Committee were alerted to the risk that the **sexual safety workplan** is not fully progressing and concerns have been raised about the staff knowledge and potential sexual safety risks in our acute wards. A specific improvement plan has been requested for Quarter 1 2024/25 for these wards.

Section 3: Assurance

Assurance

- 3.1 There were no recorded EMSA breaches for the period: April 2023 to March 2024 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 and the Quality Assurance Committee.