

OPEN BOARD OF DIRECTORS
8 March 2017

Open BoD: 08.03.2017 Item: 9
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TITLE OF PAPER	Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance. Also referred to as Delivering Same Sex Accommodation (DSSA)
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
ACTION REQUIRED	Confirmation and Ratification

OUTCOME	<ul style="list-style-type: none"> ▫ Members are assured of the Trust's Compliance ▫ Compliance statement to be up-dated on the Trust's public website by 1st April 2017 ▫ EMSA to be in the Trust's Performance Dashboard Report to ensure ongoing monitoring.
TIMETABLE FOR DECISION	March 2017 Board Meeting
LINKS TO OTHER KEY REPORTS / DECISIONS	Department of Health (DoH) Guidance outlined in the NHS Operating Framework 2010/11 and 2012/13
BAF OBJECTIVE No and TITLE	1.9 Ability to provide services that are safe 7.1 Compliance with quality and safety standards
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	<p>To be included in Board Performance Dashboard Report and Board Assurance Framework (BAF).</p> <p>HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality ✓ BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/></p> <p>NHS Constitution: Staff Rights <input type="checkbox"/> Service users' Rights ✓ Public's Rights <input type="checkbox"/> Principles ✓ Values ✓</p>
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Failure to comply with the required standards may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)
CONSIDERATION OF LEGAL ISSUES	Failure to comply may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)

Authors of Report	Liz Lightbown and Kim Parker
Designation	Executive Director of Nursing, Professions & Care Standards and Senior Nurse, Quality Improvement
Date of Report	28 th February 2017





SUMMARY REPORT

Report to: Open Board of Directors

Date: 8th March 2017

Subject Eliminating Mixed Sex Accommodation (EMSA) – Declaration of Compliance 2017 also referred to as Delivering Same Sex Accommodation (DSSA)

From: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Authors: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Kim Parker, Senior Nurse, Quality Improvement

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state)</i>
✓					
<p>i. Following receipt, discussion and approval of the annual EMSA declaration of compliance report at the Executive Directors Group (EDG) and the Quality Assurance Committee (QAC), the Trust Board is asked to consider and support the declaration that the Trust is compliant with EMSA.</p> <p>ii. Provide an overview of the Trusts’ compliance with the Department of Health (DH) Guidance. (NHS Operating Framework 2011/2012/2013 and the 18 ‘DSSA Principles’ DH 2010 v2 at Appendix 1</p> <p>iii. Approval to publish the annual declaration of compliance on the Trust’s website (with effect from 1st April 2017) in line with Department of Health Guidance at Appendix 2.</p>					

2. Summary

Arrangements to assess, monitor and review EMSA compliance in each of the Trust’s six mixed sex in patient wards are in place to ensure the Trust remains compliant with EMSA standards and requirements.

Single Sex Wards (6):

- Forensic: Forest Lodge x 2 Wards both male
- Rehabilitation: Forest Close x 3 wards, 1 male, 2 female
- Psychiatric Intensive Care Unit (PICU)

The PICU, Endcliffe Ward, is a redesigned environment for people with high risk, acute and complex mental health problems. The environment has completely separate sleeping, washing and toilet facilities, all en-suite bedrooms and a designated women's lounge and represents a major improvement in delivering EMSA standards/requirements.

The completed redevelopment of the three single sex rehabilitation wards at Forest Close has enabled full compliance with EMSA standards / requirements. Bungalow 1a is male, Bungalows 1 & 2 are female.

Mixed Sex Wards (6):

- Acute: Burbage, Stanage, Maple & Dovedale.
- Dementia: G1
- Learning Disability: Firshill Rise

Currently the four acute admission wards are mixed sex. The physical layout and design of the wards and the lack of ensuite facilities does present significant operational challenges to maintaining EMSA compliance.

Maple Ward has female and male bedroom areas and females do have to walk along a corridor / mixed communal area to access the female only bedroom area.

Stanage has two dormitories, one female & one male & single bedrooms along a corridor. Burbage has two dormitories, one female & one male & single bedrooms along a corridor and also accommodates five detoxification beds for substance misuse. Dovedale has a 4 bedded dormitory which is either designated male or female depending on the gender ratios and the remaining beds are in single rooms (with 1 ensuite).

The Ward Managers & their teams continuously manage admissions to maintain EMSA compliance and relocate patients, as necessary, to alternative bedrooms to 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 the acute wards the standard of 'not having to pass through opposite sex areas to reach toilet or bathing facilities' is achieved in all areas, although patients do have to walk through mixed communal areas to reach their bedroom and bathing areas.

All the bedrooms at Firshill Rise are ensuite and there is a separate female only lounge.

At G1 the ward is split into two halves, one half is used for male patients and the other half is mixed sex. All bedrooms are ensuite and there is one female only lounge.

There have been no breaches on any of the mixed sex wards.

Key Arrangements to Monitor Compliance:

- i. Service users' views about their privacy, dignity and being in a mixed sex environment are sought & recorded:
 - On admission / during care planning.
 - Via the Quality and Dignity survey (a service user led assessment).
 - Via the Patient Led Assessments of the Care Environment (PLACE).

- ii. There is a new electronic system linked to each service users risk management plan which identifies if service users' views on mixed sex accommodation are being sought and recorded in their care record. The current check recorded over 95% compliance with asking / recording views.
- iii. The Senior Nurse with responsibility for EMSA works with ward staff to audit in-patient care records twice a year and the outcome is reported to the Acute & In-Patient Forum and Quality Assurance Committee. There have been no recorded/reported breaches in 16/17.
- iv. Twice yearly joint EMSA monitoring visits / assessments are undertaken with the CCG.
- v. Service & Clinical Directors have been asked to review the current mixed sex ward arrangements and make proposals to address ongoing EMSA operational challenges

Recommendation

The Trust declares compliance in relation to Eliminating Mixed Sex Accommodation (EMSA) requirements.

3. Next Steps

- i. Bi annual joint monitoring & assessment visits continue with Sheffield Clinical Commissioning Group (CCG).

4. Required Actions

- i. For the Trust Board to consider & support the declaration that the Trust is compliant with EMSA as required by the Department of Health.
- ii. Board agree that EMSA is included in the Trust's Performance Dashboard Report to ensure on-going monitoring.
- iii. Agree to publish the Declaration of Compliance on the Trust's public website (Appendix 2).

5. Monitoring Arrangements

- i. Board members receive monthly monitoring of EMSA via the Board's Performance Report/Dashboard with exception reporting via the Quality Assurance Committee (QAC). A minimum reporting schedule to the Board of Directors will be on an annual basis.
- ii. Any breach will be managed at Directorate level and reported to the EDG & Quality Assurance Committee (QAC) and to Board of Directors via the QAC significant issues report.

6. Contact Details

For further information, please contact:

- Kim Parker, Senior Nurse, Quality Improvement
- kim.parker@shsc.nhs.uk
- 226 3306

Overarching DSSA Principles for inpatient services v2 Revised March 2010	
1. There are no exemptions from the need to provide high standards of privacy and dignity.	✓
2. Men and women should not have to sleep in the same room, unless sharing can be justified* by the need for treatment (see 14) or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.	See 14
3. Where mixing of sexes does occur, it must be acceptable and appropriate for <i>all</i> the patients affected.	✓
4. Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.	✓
5. Men and women should not have to walk through the bedrooms/bed bays or bathroom/toilets of the opposite sex to reach their own sleeping, washing or toilet facilities.	✓
6. Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.	✓
7. Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems and practice.	✓
8. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female.	✓
9. In all areas, toilets and bathrooms should be clearly designated as male or female.	✓
10. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, their relatives, carers and/or advocate (as appropriate), should be informed why the situation has occurred, what is being done to address it, who is dealing with it, and an indication provided about when the situation will be resolved.	✓
11. Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.	✓
12. Patient preference re mixing should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.	✓
13. There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where: <ul style="list-style-type: none"> • they are wearing gowns/nightwear, or where the body might become exposed • they are unable to preserve their own modesty, e.g. recovery from general anaesthetic or when sedated. • their illness means they cannot judge for themselves. 	✓

Overarching DSSA Principles for inpatient services v2 Revised March 2010	
14. Any circumstance that constitutes clinical justification for mixing of the sexes is for local determination, Generally, for acute services, justification might relate to 'life or death' situations, or a patient needing highly technical or specialist care/one-to-one nursing (e.g. ICU, HDU). *There is no clinical justification for mixing in mental health and learning disability services.	✓
15. Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities.	✓
16. In mental health and learning disability services there should be provision of women-only day rooms on wards where men and women share day areas.	✓
17. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. In mental health and learning disability services, boys and girls should not share bedrooms or bed bays and toilets/washing facilities should be same-sex. An exception to this might be if a brother and sister were to be admitted onto a children's unit – here sharing of bedrooms, bathrooms or shower and toilet areas may be appropriate.	N/A in SHSC
18. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.	✓

Reviewed 7th February 2014

† http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894



Sheffield Health and Social Care

NHS Foundation Trust

Sheffield Health and Social Care NHS Foundation Trust

Website Publication

Declaration of Compliance 1st April 2017

Eliminating Mixed Sex Accommodation (EMSA) also known as Delivering Same Sex Accommodation (DSSA).

Sheffield Health and Social Care NHS Foundation Trust is pleased to confirm that it is compliant with the Government's requirement to eliminate mixed sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

The Trust has the necessary facilities, resources and culture to ensure that patients who are admitted to its wards will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. The Trust is actively working to reduce the number of patients who have to share accommodation with the same sex, i.e. bed bays and is committed to eliminating shared sleeping space altogether. For people who sleep in shared spaces with people of the same sex, Trust staff will do everything possible to ensure dignity and privacy.

The Trust has a major service redesign programme in progress, as part of its In-Patient Care Reconfiguration. This will have a significant impact on improving the quality of the environment.

If the Trust's care should fall short of the required standard, this will be reported to the NHS Sheffield Clinical Commissioning Group (CCG).

For further information please contact:

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