# Eliminating Mixed Sex Accommodation (EMSA)

**Meeting Date:** 22.03.2017  
**Report Title:** Eliminating Mixed Sex Accommodation (EMSA)  
**Agenda Item:** A5(iii)  
**Lead Director:** Mrs Helen Lamont, Nursing and Patient Services Director  
**Report Author:** Mrs Suzanne Medows, Senior Nurse (Practice Development Corporate)  
**Classification:** NHS Unclassified  

<table>
<thead>
<tr>
<th>Purpose (Tick one only)</th>
<th>Approval</th>
<th>Discussion</th>
<th>For Information ✓</th>
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**Links to Strategic Objectives**  
NUTH Quality Strategy 2015-18 To put patients and carers at the centre of all that we do and to provide care of the highest standard in terms of Safety and Quality  
- key priority patient experience  
  - The Trust regularly seeks the opinions of its patients and receives feedback from a number of National Patient Experience Surveys.  

**Links to CQC Domains/ Fundamental Standard(s)**  
Dignity and Respect  
Regulation 10 (2)a ‘ensuring the privacy of the service user’  

**Identified Risk? (If yes, risk reference)**  
No  

**Resource Implications**  
None  

**Legal implications and equality and diversity assessment**  
None  

**Benefit to patients and the public**  
Patients’ views are actively sought and responded to. The Trust continues to meet the Department of Health standards in relation to EMSA  

**Report History**  
Reported to the Board on a biannual basis the last Board Paper was September 2017  

**Next steps**  
Trust Board to receive the report and note the contents
1. INTRODUCTION

The Board is aware that in June 2010 the Department of Health (DH) published the “Revision to the Operating Framework for the NHS in England 2010/11” which confirmed the Government’s commitment to Eliminate Mixed Sex Accommodation (EMSA).

This paper presents results from patient participation surveys in the acute and community settings the data presented to the Department of Health EMSA breeches. The report is in line with Commissioner requirements for twice yearly reporting to Trust Board.

2. PATIENT PERCEPTION SURVEYS

‘Real time’ surveys of patient perception continue. Since April 2012 the process for collection of Patient Perception involves the PALS Officers who visit each inpatient ward on a quarterly basis to seek patient views on a number of issues including mixed sex accommodation. In outpatient areas the process is slightly different as the nurse completing the Clinical Assurance Toolkit (CAT) each month undertakes the survey for that area. The following two questions are asked;

- During your stay in hospital have you shared toilet or washing facilities with someone of the opposite sex?
- During your stay in hospital have you shared a sleeping area with someone of the opposite sex?

From May 2014 the results for inpatient areas have been collated within the Patient Experience and Engagement Team. Since the last report in September 2017, patient perception surveys undertaken between September 2017 and January 2018 are presented in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Number of Patient Responses</th>
<th>% Patients perceiving shared sleeping area</th>
<th>% Patients perceiving shared bathroom</th>
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<tbody>
<tr>
<td>September 2017</td>
<td>52</td>
<td>8%</td>
<td>6%</td>
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<tr>
<td>October 2017</td>
<td>81</td>
<td>2%</td>
<td>2%</td>
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<tr>
<td>November 2017</td>
<td>43</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>December 2017</td>
<td>65</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>January 2018</td>
<td>48</td>
<td>4%</td>
<td>4%</td>
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As noted in previous reports, there continues to be variation in the monthly data. As has been reported previously, a number of these instances occur in wards which care only for women, for example, in September 2017, three of the four instances of reported shared sleeping accommodation occurred on RVI wards 40
(gynaecology), 32 (post-natal) and the Newcastle Birthing Centre. Similarly, in December 2017, the one reported instance occurred on ward 33, RVI which is a post-natal ward.

This change in patient perception from post-natal wards appears to be in response to a new, patient-led initiative following dissatisfaction from women in relation to their partners not being allowed to stay in hospital with them to provide emotional and physical support in the care of their new born babies. (This happens in other local Trusts). Following consultation and approval of the Executive Team, partners (male and female) are allowed to remain overnight, in a chair next to the bed, at the request of the woman who has given birth. If this is in a 2 or 4 bedded bay, the other women are asked if they are happy for this arrangement and often, their partners will be present also.

If a woman objects then she will be accommodated in an area where there are no men staying overnight. In relation to bathroom and toilet facilities, it is made clear that the facilities on the ward are single gender and men are directed to toilets which are adjacent to the ward. The Head of Midwifery and her team are aware of the issues of privacy and dignity and keep the position under review however, the initiative to allow partners to stay overnight was requested by women themselves.

This issue has been given careful consideration to determine whether or not this constitutes a breach. Unfortunately the current guidance is silent on this issue and, therefore, based on the following criteria this does not constitute a breach

- The DSSA guidance published in 2009 (and not subsequently updated) states “Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment, or by patient choice” – we consider that the partners of women who have just given birth are not there to sleep, indeed they are expected to sit in a chair and are there to provide emotional support for their partner and offer care to them and their baby. Additionally, the rationale for doing this is patient choice.
- We routinely allow relatives to stay overnight with sick and dying patients, often this might be in a cubicle but if there is none available, then it would be in a bay and we would take the same precautions they are doing in Women’s Services i.e. making other patients aware, keeping curtains around beds closed and having nursing staff to hand to maintain the privacy and dignity of other inpatients.

Upon investigation almost all other areas where patients responded ‘yes’ to these questions were in wards where it is acceptable for sharing to take place e.g. Ward 24 (Coronary Care), Freeman Hospital. In all areas, the clinical needs of the patient take priority over considerations of gender separation and the areas to which this applies in the Trust have been agreed with the CCG and its predecessor organisation. At all times the patient’s privacy and dignity is maintained by the presence of a nurse.

3. EMSA ACTION PLAN

Since March 2011 the Trust has published a declaration of compliance with EMSA requirements as required by the DoH. This declaration was accompanied by an
action plan which has been updated annually. A further update is now attached for consideration (appendix 1). Following Board approval, this action plan will be updated on the Trust website.

4. BREACH REPORTING

A policy is in place to ensure that any breaches of Same Sex Accommodation are reported immediately by staff to the relevant Matron and Senior Nurse (Practice Development Corporate). This would occur if, in those areas where there are no agreed exceptions, e.g. monitoring bay in AS or Critical Care units, men and women were placed in the same bed area. This differs from patient perception data, since a patient might believe they have shared mixed sex accommodation because they are on a mixed sex ward. Monthly breach reporting via Unify2 continues and data from the Trust identifies that no actual breaches of sleeping accommodation have occurred.

5. NEXT STEPS

In addition to ongoing work previously reported, the following steps will be taken:

- On-going monitoring of patient perception.
- Continue to identify areas which appear to be ‘outliers’ in terms of patient perception and work with staff to improve this.

6. SUMMARY

The Trust continues to meet its requirements in relation to EMSA standards. A system of monthly reports to the DH in respect of breaches is in place. As discussed in section 2 above, a recent change inpatient perception from patients in Women’s Services is, we believe, due to a change in the practice of allowing partners to stay overnight in a supportive capacity and in response to the demands of patients themselves. This will be kept under review by the Head of Midwifery and her team and will also be picked up in future patient perception surveys.

7. RECOMMENDATION

To i) receive the briefing and note the content and ii) support ongoing work.

Helen Lamont
Nursing & Patient Services Director

Suzanne Medows
Senior Nurse Practice Development

12th March 2018
### Eliminating Mixed Sex Accommodation (EMSA) Self Assessment, and Action Plan March 2018

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<thead>
<tr>
<th>ISSUE</th>
<th>ACTION</th>
<th>LEAD EXECUTIVE</th>
<th>OPERATION LEAD</th>
<th>DEADLINE/REVIEW DATE</th>
<th>EXPECTED IMPACT/OUTCOME</th>
<th>COMMENTS/EVIDENCE</th>
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<tbody>
<tr>
<td>Patient Experience</td>
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<tr>
<td>1. Patient experience of SSA is regularly monitored and reported as required to Trust Board</td>
<td>Data collection undertaken on all inpatient wards (see 2) and reported biannually as agreed with local Commissioners. Continue participation in National Patient surveys.</td>
<td>Nursing and Patient Services Director</td>
<td>Senior Nurse Practice Development</td>
<td>Ongoing</td>
<td>To measure patient perception in relation to the delivery of same sex accommodation. To monitor trends and any changes in perception, responding to these in an appropriate manner.</td>
<td>Reported in Board Papers September 2017 and March 2018; EMSA Action Plan published on website</td>
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<tr>
<td>2. There is a process to track other mechanisms for determining patient experience of SSA, e.g. through patient complaints/comments, PALs, LinKs</td>
<td>Complaints panel will consider Privacy and Dignity issues. PAL’s officers carry out patient perception surveys and these are collated through the Patient Experience and Engagement Team.</td>
<td>Nursing and Patient Services Director</td>
<td>Head of Patient Experience</td>
<td>Ongoing</td>
<td>To monitor patient experience, consider issues arising from both formal and informal complaints. To develop an action plan in response to key issues identified.</td>
<td>Monthly complaints panel. Report to Board on complaints arising from Privacy &amp; Dignity issues. Reported to Board as (1) above. Issues addressed immediately by PAL’s Officers. Themes and trends reported to the Patient, Carer and Public Involvement group</td>
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<td>3. Information leaflets for patients refer to SSA and are available and used by staff in discussions</td>
<td>Develop and maintain up to date ward level information.</td>
<td>Nursing and Patient Services Director</td>
<td>Matrons</td>
<td>Currently under review</td>
<td>Appropriate and understandable information will be available to patients.</td>
<td>Patient information</td>
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<td>Estates</td>
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<td>4. Estate able to support virtual Elimination of Mixed Sex Accommodation</td>
<td>DoH Estates survey. Appropriateness of MSA signage and use of accommodation included in Matrons Monthly checklist</td>
<td>Nursing and Patient Services Director</td>
<td>Senior Nurse Practice Development Estates manager – operations Dave Pratt</td>
<td>Completed January 2010 and reviewed post TNH moves in December 2010</td>
<td>EMSA requirements met.</td>
<td>Declaration on website. Matrons Monthly checklist via CAT</td>
</tr>
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<td>5. EMSA is assured in planning of any new or refurbished capital development schemes</td>
<td>EMSA issues are considered and discussed at the planning stage of refurbishment and new build. Minimum standards for wards during refurbishment have been agreed</td>
<td>Senior Nurse Practice Development Estates manager – operations Head of Estates and facilities</td>
<td>Ongoing</td>
<td>EMSA requirements will continue to be met</td>
<td>Plans for works to be undertaken.</td>
<td></td>
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<td>Systems &amp; Processes</td>
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<td>6. Regular assurance to the Board.</td>
<td>Instances of mixing will be reported as per</td>
<td>Nursing and Patient Services Director</td>
<td>Senior Nurse Practice Development</td>
<td>Ongoing</td>
<td>Systems will be in place to assure the Board of compliance with MSSA</td>
<td>Board Reports Monthly returns to DoH</td>
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<td>A system of monitoring all occurrences of mixing, whether clinically justified or not</td>
<td>policy. Non-clinically justified instances of sleeping accommodation breaches will be reported at Board level and via Unify to DoH</td>
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<td>EMSA Policy available to staff and Patients, contains clear reporting arrangements.</td>
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<td>7. Where there are rare occurrences for non-clinical reasons, a process exists to investigate reason, take prompt action and take remedial actions as required to prevent future occurrence</td>
<td>Reporting will take place through as per policy Root cause analysis (RCA) will be undertaken for any instances of mixing</td>
<td>Nursing and Patient Services Director</td>
<td>Senior Nurse Practice Development</td>
<td>Ongoing</td>
<td>Systems will be in place to assure the Board of compliance with EMSA principles. Instances of mixing will be escalated and investigated</td>
<td>Board Reports Exception reports to SHA and RCA where required (none in 2012-13, 2013-14, 2014-15, 2015-16, 2016-17 or 2017-18) Directorate quarterly reviews</td>
</tr>
<tr>
<td>8. Relevant Trust policies refer to requirement to EMSA and privacy and dignity</td>
<td>Trust policies will make expectations clear in relation to EMSA and privacy and dignity</td>
<td>Nursing and Patient Services Director</td>
<td>Senior Nurse Practice Development</td>
<td>Ongoing</td>
<td>Trust policies will support the delivery of SSA.</td>
<td>Same Sex Accommodation Policy Privacy and Dignity Policy Transfer of Patients Policy Visitors Policy</td>
</tr>
<tr>
<td>9. The Trust can demonstrate the virtual elimination of MSA in:</td>
<td>Estate and facilities support the delivery of Same Sex Accommodation.</td>
<td>Nursing and Patient Services Director</td>
<td>Estates manager – operations Head of Estates and facilities</td>
<td>Ongoing</td>
<td>EMSA requirements will continue to be met</td>
<td>Estates survey carried out in January and December 2010 Patient perception surveys</td>
</tr>
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<tr>
<td>Patients do not share sleeping accommodation or toilet facilities with members of opposite sex</td>
<td>Consideration given to EMSA in any refurbishment &amp; new build</td>
<td>Senior Nurse Practice Development</td>
<td></td>
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- **Staff Culture**

10. The Board demonstrates a commitment to on-going delivery of SSA

- EMSA issues will be reported at Board level.
- Nursing and Patient Services Director
- Nursing and Patient Services Director
- Ongoing
- A non-executive Director will be identified to support issue of EMSA and privacy and dignity
- Regular Board reports
- Non-exec identified.

11. The Trust has articulated its intent to deliver care with privacy and dignity within which delivering same sex accommodation is an integral component

- The Trust will publicly state its commitment to the delivery of care with privacy and dignity.
- Nursing and Patient Services Director
- Nursing and Patient Services Director
- Ongoing
- Articulated on Trust website.
- Action plan for EMSA

12. The FT believes that delivering SSA should be the norm. Mixing will only occur by exception for reasons of clinical justification or patient choice

- The Trust will clearly articulate its commitment to the delivery of same sex accommodation.
- Nursing and Patient Services Director
- Nursing and Patient Services Director
- Ongoing
- Mixing will only occur when clinically justified or through patient choice.
- Patient perception surveys.
- Board reports.
- Reports through UNIFY RCA
- Directorate quarterly reviews

13. If mixing does occur, staff attempt to rectify the situation as soon as

- If an episode of mixing occurs patients and their
- Nursing and Patient Services Director
- Matrons
- Ongoing
- All staff will understand and adhere to EMSA principles and the expectations of the
- Patient information
- Reports through UNIFY
<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>possible, whilst safeguarding the individuals dignity and keeping the patient informed about; why the situation occurred and what is being done to address it (with indication of timescales)</td>
<td>carers will be kept informed of the situation and how this will be resolved (including timescale)</td>
<td></td>
<td></td>
<td></td>
<td>Trust.</td>
<td>RCA</td>
</tr>
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<td></td>
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<td>Patients and their carers will be kept informed in those exceptional instances where mixing does occur.</td>
<td>Directorate quarterly reviews</td>
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<td>Staff Education programmes</td>
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Suzanne Medows  
Senior Nurse (Practice Development Corporate)  
March 2018