RUH

Royal United Hospital Bath NHS
NHS Trust

Report to:	Trust Board	Agenda item:	12.
Date of Meeting:	9 February 2011		

Title of Report:	Eliminating Mixed Sex Accommodation (EMSA)
Status:	For information
Board Sponsor:	Francesca Thompson Director of Nursing
Author:	Francesca Thompson Director of Nursing
Appendices	1. EMSA Strategic Action Plan (v.1)

1. Purpose of Report (Including link to objectives)

To inform Trust Board of the RUH position with regard to EMSA following updated National guidance.
EMSA relates to meeting the strategic pillars of quality improvement, service performance and physical environment.

2. Summary of Key Issues for Discussion

This paper outlines the successful outcome of the EMSA improvement plan for the RUH throughout 2009/10 culminating in the submission of a zero breach return for the first month of National reporting (December 2010).

Appendix 1 outlines the strategic plan endorsed by Management Board and shared with our commissioners and SHA.

3. Recommendations (Note, Approve, Discuss etc)

To note

4. Care Quality Commission outcomes(which apply)

Essential standards of quality and safety Outcomes 1 and 4

5. Legal / Regulatory Implications (NHSLA / ALE etc)

N/A

6. Risk (Threats or opportunities link to risk on register etc)

There is a potential risk in achieving EMSA standards when the trust is experiencing peak operational pressures. Clear local guidelines have been developed in order to readily assist frontline staff in their everyday management of the key targets and outcomes.

7. Resources Implications (Financial / staffing)

Payment will be withheld from Trusts that are not meeting EMSA standards from April 2011. The penalty levy is currently being locally negotiated as determined within the operating framework, via the contact rounds.

8. Equality and Diversity

Gender EMSA patient surveys have been undertaken monthly throughout 2009/10 and this data is in the body of the report

9. Communication

- Patient EMSA literature available at ward level

United in Excellence

- Public declaration of EMSA compliance due April 2011
- Public data of EMSA

10.	References to previous reports

April 2010 extraordinary private meeting of Trust Board October 2009
Public Trust Board January 2010 and March 2010
Monthly corporate scorecard

11.	Freedom of Information
Public	

Eliminating Mixed Sex Accommodation (EMSA)

1. Introduction

1.1. The purpose of this report is to inform Trust Board on the progress relating to EMSA. Included within the paper is a:

- brief outline of the background to this work
- summary of the NHS BaNES / NHS South West review and outcome
- conclusion highlighting the achievements within MAU particularly; the positive outcome of the NHS BaNES / NHS Southwest review; our current compliant EMSA position and staff commitment to continuous improvement

- strategic EMSA compliance plan version one - Appendix 1

2. Background

2.1. In 2009/10 the RUH undertook a comprehensive programme of work to improve privacy and dignity for patients. The RUH Dignity in Care project closed as planned in October 2009 with all objectives completed and on time. The five work streams for the project included the refurbishment of sanitary facilities in RUH west, establishing a new Privacy and Dignity Committee to address the wider aspects of Privacy and Dignity, introducing Patient Experience Tracker (PET) monitoring, breach monitoring and mixed sex accommodation standards trust wide. This included a trust wide audit of patient experience and achieving EMSA compliance on MAU. The significant estates work undertaken in order to comply with EMSA, has been delivered on budget and to time. The patient and staff experience and feedback has been extremely positive which culminated in winning the Team of the Year in January 2010.

2.2. The RUH was required to have met the national standard of "virtually eliminating" mixed sex accommodation by 31st March 2010. However, data collected from patients in December 2009, January and February 2010 showed that 45% of patients claimed to have shared sleeping accommodation with members of the opposite sex when they were first admitted.

2.3. The RUH declared a position of non compliance with DSSA (Delivering same sex accommodation) at the end of March 2010, based upon the above data. MAU was unable to sustain compliance through the 2009/10 winter months. The key contributory factors were seen as pressure on the bed capacity, pressure on emergency access and the protracted outbreak of Norovirus.

2.4. In the light of the RUH public declaration of non compliance with DSSA, a compliance plan was developed for both Medical and Surgical Assessment Units (MAU/ SAU). It is important to note that there was not a same sex accommodation issue within the main hospital, as in line with the EMSA standards, this was only occurring in areas where critically ill patients required close assessment and observation, for example the Intensive Care Unit (ITU).

2.5. A weekly task force was established and an improvement plan for MAU and SAU was developed. All actions were completed as planned by May 2010. A declaration of compliance was made at the start of Q2 2010.

2.6. In May 2010 the RUH was reviewed by NHS BaNES and NHS South West. The key discussion points were:

- The need for same sex accommodation plans to be integrated into the emergency escalation plan
- The need to join up “targets” prior to next winter
- The need to consider lowering the bed occupancy in MAU.

3. Operating Framework 2010 - 2011

3.1 This makes clear that NHS organisations are expected to eliminate mixed sex accommodation, except where it is in the **overall best interest of the patient, or reflects their personal choice.**
The revised terminology is eliminating mixed sex accommodation (EMSA).

3.1 Organisations providing NHS funded care are to agree with their commissioners how they will determine whether or not a particular episode of mixed sex sleeping is clinically justified.

3.2 The agreement is sufficiently detailed to cover the majority of predictable situations and to ensure that episodes of mixing are not wrongly classified as justified for non clinical reasons. A matrix (appendix 1, page 1) is provided in order to frame the local agreements.

4 Monitoring and Reporting

4.1 All providers of NHS-funded care are required to regularly monitor their estate, and the way they use it in order to ensure that the highest possible standards are maintained.

4.2 EMSA Breaches of bathroom accommodation are also to be monitored at organisational level, and if necessary plans (agreed with commissioners) put in place to address.

4.3 National reporting of unjustified mixing in relation to sleeping accommodation commenced on 1 December 2010 with the first submission on 12 January 2011 and subsequently on the 7th working day of each month.

4.4 Data was due to be made public from the Department of Health from 1st January 2011.

4.5 In addition, Trusts are required to declare whether or not they comply with the new policy statement by April 2011: **Mixed sex accommodation will be eliminated, except where it is in the overall best interest of the patient, or reflects their personal choice.**

5 Definition of a breach

Detailed National guidance on what constitutes a breach and how this is counted, is available for providers, commissioners, SHA’s and regulators. The key points are that the

breach gets counted immediately at the point of occurrence and for all those patients affected. The operating framework threshold for non clinically justified breaches is zero.

6 Eliminating breaches

6.1 Where breaches occur, commissioners can consider imposing financial sanctions. The financial levy can range from a minimum of 10% through to the total cost of the procedure / service, of all those patients affected.

6.2 The RUH is currently in negotiation with commissioners as part of the contract signing for 2011/12 and potentially a contract variation for 2010/11.

7 RUH position

7.1 A strategic and an operational plan have been developed. These are reviewed fortnightly at the EMSA Task Force meetings. The strategic plan version one has been endorsed by management board (Appendix 1).

7.2 In line with National guidance the breaches are classified as:

Clinically justified

- Patients on supported ventilation
- Monitored/unwell patients
- Infective patients
- Care of the dying/palliative patients
- Bariatric patients
- Patients who require appropriate safe placement from the Emergency Department or direct admits

Non clinically justified

Patient choice

7.3 Detailed operational guidance which includes the above definitions, is available to all front line staff in order to support their professional judgement and decision making at the point of admission. It has been made clear in this guidance that **the patient needs and preference must always come first in order to maximise their care and safety.**

7.4 A data collection is in place on MAU, SAU and the Day Surgery Unit to record mixed sex accommodation breaches. It is planned to roll out data collection to Paediatrics and Endoscopy by February 2011. All other areas where EMSA may breach are in areas where the National guidance accepts that this may occur, e.g. Acute Stroke Unit, ITU.

7.5 Data collection (Unify2) is submitted on the 7th working day of each month for National reporting and will be published by the Department of Health.

7.6 The trust submitted, Nationally a zero return for non clinically justified breaches for December 2010. There were 51 clinically justified breaches locally reported.

7.7 80 patients are interviewed each month by our audit facilitators to triangulate the information and capture most importantly, the patient experience. Agreement will be made with the commissioners on the numbers of patients that we continue to interview each month.

7.8 From the survey period 5th August 2010 – 21st January 2011 gender was documented in 248 patients. 45% were women and 55% were men. Out of those who did share mixed sex accommodation, 24% women stated that they minded and 16% men stated that they minded.

8 Summary

This paper has sought to demonstrate the absolute local commitment to improving privacy and dignity for our patients here at the RUH by outlining the:

- Progress and achievement of MAU and SAU EMSA compliance.
- Substantial financial investment on the upgrading of toilets and bathrooms in several clinical areas across the RUH.
- Positive outcome of the NHS BANES / NHS Southwest review of MAU in May 2010.
- Future plans for addressing EMSA and Privacy and Dignity being supported via the privacy and dignity group chaired by a lead matron
- Zero breach return for December 2010 which demonstrates that the RUH is on track for the EMSA compliance declaration to the public in April 2011.

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Appendix 1

EMSA - Single Sex Accommodation Compliance Plan 2010/11 – Strategic Plan – Version (1)

<table>
<tr><th>Area</th><th>Action</th><th>By whom</th><th>By When</th><th>Update</th></tr>
<tr><td rowspan="6">Review the decision to mix matrix template (DH gateway no. 15024/2010 pg 6)</td>
<td>• Investigate the current processes for care within the areas identified within the Matrix. NB This includes those areas where it is deemed “almost always acceptable” to mix gender (This is to ensure the privacy and dignity of patients within these areas is maintained)</td>
<td>FT/GH/JL</td><td>Complete</td>
<td rowspan="4"><u>Decision to mix matrix (DH 2010)</u>
<table>
<tr><th>Category</th><th>Acceptable?</th></tr>
<tr><td><u>Critical care, levels 2&3</u> e.g.:
• ICU/coronary care units
• High dependency units
• Hyper-acute stroke units
• Recovery units attached to theatres/procedure rooms</td><td>Almost always</td></tr>
<tr><td><u>Acute wards</u>, e.g.:
• Medical/surgical (general and specialist)
• elderly care
• orthopaedic</td><td>Never</td></tr>
<tr><td><u>Intermediate and continuing care wards</u></td><td>Never</td></tr>
<tr><td><u>Admissions units</u>, e.g.:
Medical/surgical admissions
• Observation wards
• Clinical decision units</td><td>Almost Never</td></tr>
<tr><td><u>Day surgery</u></td><td>Rarely</td></tr>
<tr><td><u>Endoscopy units</u></td><td>Rarely</td></tr>
<tr><td><u>Patients with long-term conditions</u> admitted frequently as part of a cohesive group (e.g. renal dialysis)</td><td>Sometimes</td></tr>
<tr><td><u>Children/young people’s units</u></td><td>Sometimes</td></tr>
<tr><td><u>Mental health and LD</u></td><td>Never</td></tr>
</table>
</td></tr>
<tr><td>• Clarify the acceptability criteria for “Almost never, rarely and sometimes” and what this entails in terms of numbers</td><td>FT/GH/JL</td><td>Complete</td></tr>
<tr><td>• Ensure those areas which never mix are aware of their responsibilities to maintain single gender areas and function.</td><td>GH/JL</td><td>Complete</td></tr>
<tr><td>• Ensure the new guidance, reporting and contract information is interpreted appropriately.</td><td>FT/ML/RR</td><td>Complete</td></tr>
<tr><td>• The development and commencement of the reporting processes in the Day Surgery Unit, Paediatrics and Endoscopy Unit.</td><td>JL/BB/KD/ MO</td><td>Feb 2011</td><td rowspan="2">NB - This will also build on the previous cycles of the DSSA taskforce)</td></tr>
<tr><td>• New Guidance is in the process of being reviewed as are the operational implications. Confirmation required in the following areas :</td><td></td><td></td></tr>
</table>

Area	Action	By whom	By When	Update
	- Level of financial penalties - Clinical exception process - Commissioners interpretation of the DH Guidelines • Develop a roll out plan for EMSA based on this matrix and where there is the potential for patients to be cared for in an area of the opposite gender, and which are not almost always acceptable. - MAU - SAU - Paediatrics - Day Surgery Unit - Endoscopy - Patients with a Mental Health condition or a Learning Disability	RR/FT RR/FT RR/ML KD JS LWH BB JL AF SB	Q4 2011 Q4 2011	Leads to be identified from these areas within the next cycle of this work. EMSA TASFORCE TO CONTINUE MEETING FORTNIGHTLY Need to confirm age range within the Paediatric areas Patients in these categories will **never** be cared for in a mixed sex accommodation environment

Area	Action	By whom	By When	Update
2) Breach reporting process	• List of clinical exceptions developed and confirmed • All breaches must be reported using the clinical exception process identified. • List of Clinical exceptions reviewed and as this project is being rolled out to a number of areas, there is a need to simplify: • Data for 2010/11 to be reworked to date using the REVISED National guidance • The process for the collection and sample number of patient experience information to be confirmed (as the project rolls out) - resources available within the audit team. • Different methods of collecting patient experience data to be investigated. • National reporting and ratification process to be confirmed. • NHS BaNES specific information and reporting mechanisms to be confirmed - This is to include the impact of “secondary breaches” and	JS/HJ/GH/ FT/JL JS/SB/ KD/LWH CH CH SM/FT/RR SM/MO MO/FT RR/ML	Complete Daily April 2011 Complete Feb 2011 Q4 2011 Complete Feb 2011	The current clinical exceptions are : • Patients on Supported Ventilation • Monitored/acutely unwell patients • Infective patients • Care of the dying/palliative • Confused/aggressive/mental health patients • Bariatric patients • Patients who require appropriate and safe placement from the Emergency Department • Other – Shift Co. discretion - e.g. patient sleeping, patient been moved twice already a) Clinically justified in the overall best interests of the patient -In the case of 4 hour breaches, which will be when there is a decision to admit b) Non-clinically justified. – UNIFY REQUIREMENT c) Patient choice 2010/11 has conducted 80-100 face to face interviews per month in the areas of MAU and SAU. DH notification that publication dates slipped by 2 months. Data submitted 7th day of each month on b) Contract variation being negotiated and 2011/12 contract rounds commenced

Area	Action	By whom	By When	Update
	the proportional costs identified for breaches which occur • Extent of patient identifiable data required to be clarified (Need to confirm if Unit No, Demographics etc are required, or just numbers). • Ensure compliance by 31st March 2011, when the providers will make a public declaration of compliance status ▪ Progress and feedback to Executive Team and Trust Board	 RR/CH FT/KD/JL/ HGR KD/SB/FT		 On track for compliance declaration January 2011 management board and February Trust Board
3) Appropriateness of Estates	• Works to future proof the Medical Assessment Unit • A Trust wide scoping exercise of Toilets and washrooms to be scoped • EMSA – Environmental review to be completed in Paediatrics, Endoscopy and Day Surgery Unit	SBox/GH SBox SBox	Complete April 2011 April 2011	 Estates to be supported by the Matron/Clinical Manager for the specific area

FT - Francesca Thompson – Director of Nursing
ML - Executive Nurse (NHS BaNES) – Lead Commissioner
JL - ADNS Surgery
KD - Interim ADNS Medicine
GH - Gareth Howells: Assistant Director of Nursing (left employment Jan 2010)
MO - Head of Business Intelligence
SB - ADNS Site management Team and LD/MH lead line management
AF - Matron Medicine
JS - James Stevenson: Matron Emergency Medicine Directorate
SBox - Steve Boxhall – Head of Capital Projects (For the duration of the MAU works)
CH - Caroline Holloway – Business Analyst
SM - Sharon Manhi – Head of Quality Improvement
LWH - Matron General Surgery
RR – Rhiannon Richards Head of Contracts/Business planning