

Public Board of Directors

Item number: 10

Date: 28 May 2025

Private/ public paper:	Public
Report Title:	Eliminating Mixed Sex Accommodation (EMSA) Compliance Report
Author(s) Accountable Director:	Ciara Perera, patient safety specialist Dr Caroline Johnson, executive director of nursing, professions and quality
Presented by:	Dr Caroline Johnson, executive director of nursing, professions and quality
Vision and values:	Monitoring of compliance support the maintenance of patient safety so that we keep improving . This supports the values of we work together for our service users, everyone counts and a commitment to quality.
Purpose and key actions:	<p>The purpose of the report is to provide an update for assurance on the Trust's position on work to Eliminate Mixed Sex Accommodation and provide assurance that the Trust is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015)</p> <ul style="list-style-type: none"> • A declaration of compliance statement should be subsequently published on the Trust 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).
Executive summary:	<p>For the purpose of reporting and declaration, the Trust 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.</p> <p>There were no recorded EMSA breaches for the period April 2024 to March 2025 and the Trust is compliant against the Department of Health guidance outlined in September 2019 and the mental health code of practice (2015). A declaration to this effect should be subsequently published on the Trust website.</p> <p>There is a risk regarding the environment of Dovedale, in that male rooms are not always large enough for personal care needs where mechanical assistance may be required. This may lead to considerations around utilising female rooms for male patients. Where this does need to be considered, the environment can be adapted to ensure this would not result in an EMSA breach. Although this is a potential risk, this has not occurred during this reporting period</p>

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	x	No		
Deliver Outstanding Care	Yes	x	No		
Great Place to Work	Yes		No	x	

Reduce inequalities	Yes	x	No		
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What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<p>The purpose of the report is to inform regarding the Trust's position on work to Eliminate Mixed Sex Accommodation and provide assurance that the Trust is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015).</p> <p>Department of Health Guidance outlined in the NHS Operating Framework (2010/11) and (2012/13) Mental Health Act Code of Practice (2015)</p> <p>Department of Health Guidance for Delivering Same Sex Accommodation (September 2019)</p>	
BAF and corporate risk/s:	<p>BAF0024: Risk of failing to meet fundamental standards of care with the regulatory body caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.</p> <p>BAF0025b There is a risk of failure to deliver the therapeutic environments programme at the required pace caused by difficulty in accessing capital funds required, the revenue requirements of the programme, supply chain issues (people and materials), and capacity of skills staff to deliver works to timeframe required resulting in impact on service user safety, more restrictive care and a poor staff and service user experience</p>
Any background papers/ items previously considered:	<p>The reporting of Eliminated Mixed Sex Compliance Report takes place annually.</p> <p>This report was received at the Quality Assurance Committee and the Executive Management team in May 2025.</p>
Recommendation:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the contents of this report. • Approve the Declaration of Compliance, for publication on the Trust's external website.



Meeting Title: Board of Directors

Report title: Eliminating Mixed Sex Accommodation Compliance Report

1. Purpose of the report

The purpose of the report is to inform regarding the Trust's position on work to Eliminate Mixed Sex Accommodation and provide assurance that 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).

2. Background

Arrangements to assess, monitor and review EMSA compliance in each of SHSC's inpatient wards are in place, to ensure that 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 purpose 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.

3. Environmental Summary

1.2 Single Sex Wards:

- Stanage Ward (Male)
- Dovedale 2 (Maple) Ward (Male)
- Burbage 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
- Dovedale Ward

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.

Incidents did highlight a risk regarding one area, Dovedale 1, which is a mixed sex ward. It has been identified that the male rooms are not always suitable when a person has a physical disability requiring the use of aids such as hoists. There have been no EMSA breaches to date as a result. However, the ward have identified an option to use 2 female bedrooms (which are larger), to meet the needs of male patients with complex physical health needs. This has been reviewed by the Executive Director of Nursing, and it has been agreed that as the two bedrooms are located away from the rest of the female rooms with their own bathroom behind a double door which opens onto the main corridor they could be converted safely to male rooms and prevent an EMSA breach. Both rooms would need to be used for males at the same to avoid a breach.

4. Position regarding Eliminating Mixed Sex Accommodation

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.

Potential EMSA breach incidents reported in the previous 12 months April 2024 – March 2025:

- There were two reported EMSA breaches during this period.

One reported breach was in relation to a patient removing their clothes in a communal area and dancing in front of a member of staff. Immediate support was sought from other staff members. Following a review of the incident, it was established that the behaviour was linked to the patient's mental state and interventions were put in place to support the patient during times of distress. This is therefore not considered an EMSA breach.

The other reported breach was in relation to two patients (one male, one who identifies as non-binary (although was female at birth and is nursed in a female bedspace)), who were found to be hugging, and also found to be attempting to enter the male corridor on the ward. Boundaries were put in place, along with increased monitoring and the patients encouraged away from the male corridor. SHSC's safeguarding team also reviewed the incident and the follow up actions and advised that these were appropriate for the situation.

This suspected breach was investigated against the EMSA standards. No reportable breach occurred. The non-binary patient did not enter the male corridor and, if they had, this would not constitute an EMSA breach which relates to patients needing to pass through a male or female bedspace to access their own bedspace or toilet facilities.

The use of enhanced observation to manage mixed gender areas; whilst may appear acceptable in relation to managing safety; are a restrictive practice and SHSC will continue to work towards minimising any use of enhanced observations. To this effect, a new supportive observation policy is being ratified and will be published during the first quarter of 2025/26 to support minimising the use of observations as a restrictive practice.



4.1 Sexual Safety Incidents

Previously, we have included the reporting of sexual safety incidents within this EMSA annual report. However, as these are reported directly through our sexual safety workstream and included within the Integrated Performance Quality Report, this data has been removed to avoid duplication.

4.2 Assurance

There were no recorded EMSA breaches for the period: April 2024 to March 2025 and SHSC is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015).

EMSA breaches and sexual safety incidents are monitored via the Daily Incident Safety Huddle and escalated accordingly.

Sexual safety Incidents are reviewed by the Daily Incident Safety Huddle and the Safeguarding team, which reports through the Clinical Quality and Safety Group and the Quality Assurance Committee.

5. Risks

There is a risk regarding the environment of Dovedale, in that male rooms are not always large enough for personal care needs where mechanical assistance may be required. This may lead to considerations around utilising female rooms for male patients. Although this is a potential risk, this has not occurred during this reporting period.

6. Recommended Declaration

There is a requirement to publish an annual declaration that SHSC is compliant against the Department of Health and Social Care's EMSA standards. It is suggested that the following worded is included on SHSC's external website, in order to comply with this requirement:

Declaration of Compliance 1st April 2025.

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 against the Department of Health and Social Care's EMSA standards and reporting requirements as outlined in its letter of November 2010 and is compliant against the Mental Health Act Code of Practice 2015.

The only exception to this is when it is in the patient's overall best interest or reflects their personal choice. This would be subject to risk assessment and multi-disciplinary team agreement.

There are no inpatient spaces where patients have to share accommodation with the opposite sex.



The Trust has a major service redesign programme in progress, as part of its Acute 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 Integrated Commissioning Board (ICB). For further information please contact: Ciara Perera, Patient Safety Specialist, via email Ciara.perera@shsc.nhs.uk

7. Recommendations

The Board of Directors is asked to:

- **Note** the contents of this report.
- **Approve** the Declaration of Compliance, for publication on the Trust's external website.