Norfolk County Council

Suffolk County Council

Joint Health Overview and Scrutiny Committee

Date: **Thursday 8th September 2022**

Time: **2pm**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich NR1 2DH**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties may, at the discretion of the Chair, speak for up to five minutes on a matter relating to the following agenda. A speaker will need to give written notice of their wish to speak to Committee Officer, Jonathan Hall (contact details below) by **no later than 5.00pm on Monday 5th September 2022**. Speaking will be for the purpose of providing the committee with additional information or a different perspective on an item on the agenda, not for the purposes of seeking information from NHS or other organisations that should more properly be pursued through other channels. Relevant NHS or other organisations represented at the meeting will be given an opportunity to respond but will be under no obligation to do so.

MAIN MEMBER	**REPRESENTING**
Cllr Daniel Candon	Norfolk Health Scrutiny Committee
Cllr Jessica Fleming	Suffolk Health Scrutiny Committee
Cllr Brenda Jones	Norfolk Health Scrutiny Committee
Cllr Robert Kybird	Norfolk Health Scrutiny Committee
Cllr Margaret Maybury	Suffolk Health Scrutiny Committee
Cllr Debbie Richards	Suffolk Health Scrutiny Committee
Cllr Keith Robinson	Suffolk Health Scrutiny Committee
Cllr Alison Thomas	Norfolk Health Scrutiny Committee
SUBSTITUTE MEMBER	
Cllr Edward Back	Suffolk Health Scrutiny Committee
Cllr Penny Carpenter	Norfolk Health Scrutiny Committee
Cllr Inga Lockington	Suffolk Health Scrutiny Committee
Cllr Emma Spagnola	Norfolk Health Scrutiny Committee

For further details and general enquiries about this Agenda please contact the Committee Officer:

Jonathan Hall on 01603 223053 or
email committees@norfolk.gov.uk

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However, if you wish to attend in person it would be helpful if you could indicate in advance that it is your intention to do so as public seating will be limited. This can be done by emailing committees@norfolk.gov.uk

The Government has removed all COVID 19 restrictions and moved towards living with COVID-19, just as we live with other respiratory infections. However, to ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

A g e n d a

1. To receive apologies and details of any substitute members attending

2. Members to declare any Interests

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is on your Register of Interests you must not speak or vote on the matter.

If you have a **Disclosable Pecuniary Interest** in a matter to be considered at the meeting and that interest is not on your Register of Interests you must declare that interest at the meeting and not speak or vote on the matter

In either case you may remain in the room where the meeting is taking place. If you consider that it would be inappropriate in the circumstances to remain in the room, you may leave the room while the matter is dealt with.

If you do not have a Disclosable Pecuniary Interest you may nevertheless have an **Other Interest** in a matter to be discussed if it affects, to a greater extent than others in your division

- Your wellbeing or financial position, or
- that of your family or close friends
- Any body -
    - Exercising functions of a public nature.
    - Directed to charitable purposes; or
    - One of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union);
      of which you are in a position of general control or management.

      If that is the case then you must declare such an interest but can speak and vote on the matter.

3. **To receive any items of business which the Chair decides should be considered as a matter of urgency**

4. **Chair's announcements**

5. **14:05 – 15:00** **Norfolk and Suffolk NHS Trust Proposals for the redesignation of Psychiatric Intensive Care Units (PICUs) in Norfolk and Suffolk** (Page 4)

Tom McCabe **Head of Paid Service** Norfolk County Council County Hall Martineau Lane Norwich Norfolk NR1 2DH	**Nicola Beach** **Chief Executive** Suffolk County Council Endeavour House 8 Russell Road Ipswich Suffolk IP1 2BX

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Norfolk and Suffolk NHS Trust Proposals for the redesignation of Psychiatric Intensive Care Units (PICUs) in Norfolk and Suffolk

Suggested approach from Scrutiny Support Officers

On 28 June 2022 and 6 July 2022 respectively, Norfolk Health Overview and Scrutiny Committee and Suffolk Health Scrutiny Committee individually agreed to establish a joint health scrutiny committee under Regulation 30 (1) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The role of the joint committee is to receive formal consultation from Norfolk and Suffolk NHS Foundation Trust (NSFT) on proposals to redesignate Psychiatric Intensive Care Units (PICUs) at Rollesby Ward in Norfolk and Lark Ward in Suffolk from mixed sex PICU to single sex PICU wards.

1.0 Background

1.1 Members have been supplied the following summary of proposed changes:

To support sexual safety of individuals on our Psychiatric Intensive Care Units (PICUs), we are proposing to:

- *change Rollesby Ward in Norfolk and Lark Ward in Suffolk from a mixed sex PICU ward to a single sex PICU ward*
- *review the implications of this change*

NSFT intends to re-open Rollesby in summer without re-designating it to a single sex ward, as planned. This 10-bedded ward has been shut for renovations. This is because we have nine people who are out of area at the moment, who would be better cared for closer to their homes. At the JHSC, NSFT will set out the rationale and its plans

- *to gather feedback from staff*
- *to gather feedback from carers/service users*
- *to complete an equality impact assessment*
- *to complete a quality impact assessment*

1.2 Following circulation of an initial briefing to health scrutiny councillors in both Suffolk and Norfolk in June 2022, and subsequent discussions between the Chairmen of both Committees with NSFT, the proposed change outlined above is considered to be a **substantial variation in service**.

1.3 Whilst the term “substantial variation” is not defined in Regulations, guidance suggests this is a judgement call for health scrutiny councillors taking into consideration matters such as the impact of the proposed change on patients, patient access, the extent of the impact on the wider community and other services, how patient, public and stakeholder views have informed the proposal and local feelings about the proposal.

1.4 Where health scrutiny deems that that an NHS proposal to change services is a substantial variation, NHS bodies are required to consult with the relevant health scrutiny committees covering those areas in which patients will be impacted by the change. The requirement to consult with health scrutiny is a separate duty to the requirement to consult patients and the public in planning and developing services.

1.5 Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 states that in the event an NHS body consults more than one local authority’s health scrutiny function, the local authorities are required to appoint a joint committee for this purpose.

1.6 Membership of the joint committee has been appointed according to the arrangements set out in standing Terms of Reference agreed between Norfolk and Suffolk, with four members from each participating authority and up to two named substitutes.

1.7 In accordance with the Terms of Reference and following discussions between committee leadership from both Suffolk and Norfolk, it has been proposed that Norfolk will act as the lead authority for the purpose of this consultation and will provide the chairmanship and officer support to the joint committee.

2.0 Purpose

2.1 The purpose of today’s meeting is for the joint committee to receive formal consultation on the proposals. The attached report provides further details about how the proposals have been formulated and seeks to address the key areas for investigation identified by the individual committees as set out in paragraph 4.

3.0 Suggested approach

3.1 Norfolk Health Overview and Scrutiny Committee and Suffolk Health Scrutiny Committee have identified the following areas which they would like to explore further with NSFT:

a) What it the rationale for not having single sex wards for male and female patients in both counties?
b) What work was undertaken to conduct an options appraisal to underpin the decision making for this proposal?
c) What is the evidence that the number of beds commissioned will meet demand?

d) Is there evidence to support commissioning an equal number of male and female beds given data suggests there is a higher level of need in men?
e) What data is available to demonstrate the number of bed days, length of stay and benchmarking against PICU provision in other areas of the country?
f) What are the plans for the use of any spare capacity on these wards?
g) What engagement has taken place with patients, families and the wider public about these proposals, what has this shown and how has this been taken into account?
h) What engagement has taken place with clinical and nursing staff within NSFT and in other stakeholder organisations about these proposals, what has this shown and how has this been taken into account?
i) Could further information be provided about staffing, recruitment and retention, and support?
j) How will the Trust ensure the safe movement of patients in crisis? Who is involved in providing this service and how have they been engaged with?
k) What were the results of the Equality Impact Assessment and Quality Impact Assessment?
l) What support and advice will be made available to family members to enable them to visit?

4.0 Action

4.1 Following consideration of the evidence received, the lead authority will prepare a draft report summarising the deliberations of the joint committee, including any comments or recommendations agreed. The report will set out whether the recommendations are based on a majority decision or are unanimous.

4.2 If the joint committee makes recommendations to NSFT and NSFT disagrees with these recommendations, such steps will be taken as are "reasonably practicable" to try to reach agreement in relation to the subject of the recommendation.

4.3 If the joint committee does not comment on the proposals, or the comments it provides do not include recommendations, the joint committee must inform NSFT as to whether it intends to exercise its power to refer the matter to the Secretary of State and, if so, the date by which it proposes to do so.

4.4 The joint committee will only make a referral on the basis of a majority vote being taken in favour of this course of action by those members present at the time the vote is taken. The majority will include at least one vote in favour from each participating authority.

4.5 Any referral will be subject to the conditions in the terms of reference (paragraphs 6.1, 9.5 and 9.7) being met.

Norfolk and Suffolk
NHS Foundation Trust

Information from Norfolk and Suffolk NHS Foundation Trust

17 August 2022

Single-sex Psychiatric Intensive Care Units (PICU)

Overview

This paper seeks to provide information on each of the areas highlighted by the Norfolk Health Overview and Scrutiny Committee and Suffolk Health Scrutiny Committee.

a) *What it the rationale for not having single sex wards for male and female patients in both counties?*

NSFT has two Psychiatric Intensive Care Units (PICU) – Lark ward in Suffolk and Rollesby ward in Norfolk, both of which have 10 beds. The Trust has around 440 beds in total for adults and older people.

PICUs have fewer admissions than acute mental health wards. Comparatively, demand for PICUs is low and does not justify a need for two male and two female units in Norfolk and Suffolk.

There are also workforce challenges to consider. The staffing ratio requirements are higher in a PICU than in an acute mental health ward. For example, a 10-bedded PICU needs six staff per shift. A 19-bedded acute mental ward needs five staff per shift. On the grounds of lower demand, higher staffing requirements and not being able to build a new PICU in each county, having two male and two female units is not feasible.

Only two out of five mental health providers in the region currently have any female PICU beds. If NSFT did not provide any female PICU beds, there would only be a total of nine female PICU beds in the region resulting in the majority of females being sent significant distances for treatment, so not just out of Norfolk and Suffolk, but also out of region.

If a new service user is identified needing a PICU bed when all are occupied, the service user will be risk assessed and moved to an out of area PICU bed via specialist transport. For more detail, please see (i) below.

b) *What work was undertaken to conduct an options appraisal to underpin the decision making for this proposal?*

An options appraisal was undertaken taking into consideration; safety (including sexual safety); demand, current provision, regional bed analysis, best practice, costs, benefits and risks associated with options. The options appraisal considered the impact of three options.

1. Rollesby ward to re-open as a male PICU

2. Rollesby ward to re-open as a female PICU

3. Rollesby ward to re-open as a mixed sex PICU

Option 2 was the recommended option for the following reasons.

- Trust wide provision of female PICU beds, there are currently no female PICU beds.
- Having both male and female PICU pathways within the Trust allows for specialisms in both areas. This enhances the psychologically informed approach which can be taken for both pathways.
- Supports best practice for single sex accommodation and supports sexual safety and enhances service users' privacy and dignity.
- Will be cost neutral.

The potential challenge resulting from option 2 is lack of demand. However, unmet need is not known and we will need to open the wards to get a true picture. Historic data will not help us understand this, as we have had to send people to beds that are out of area.

The options appraisal was taken to our executive team for discussion, their support was given to contact the Norfolk and Suffolk Health Overview Committees.

The options appraisal was also discussed with our commissioners in Norfolk and Waveney and Suffolk and North East Essex Integrated Care Boards. They both agreed that single-sex PICUs are a valid option. To note, PICUs are not commissioned as specialised services, which are defined by NHS England as: “those provided in relatively few hospitals, accessed by comparatively small numbers of patients but with catchment populations of usually more than one million.”

c) What is the evidence that the number of beds commissioned will meet demand?

Between 1st January 2019 and 18th August 2022, the Trust has seen an average of 14.6 referrals for PICU beds per month, with female demand accounting for on average 5.1 referrals and males accounting for 9.5 referrals.

This data, in particular female referral rates, should be treated with caution as it does not account for an unmet need which cannot be measured. It is difficult to predict whether female referral rates would have been comparable with that of male or indeed higher than depicted if Rollesby Ward had remained open. Due to a national shortage of female PICU beds there is data to show that there have been at least 12 cases since Rollesby closed where a female patient was referred and accepted to PICU but was unable to be moved from the acute ward or community setting and consequently would not be included in the data. There are also instances of patients who would have been referred to a PICU not being referred due to the knowledge around lack of beds and therefore managed in an acute setting and unable to be quantified.

The data shows that 76% of admissions to ‘in Trust’ PICU between 1st January 2019 to 18th August 2022 were males, this number is increased due to the closure of Rollesby in June 2021 leading to Lark only being able to accept male patients. However, when including the data for Out of Area patients we find that admissions rate for males is 71%.

Although the data shows a higher number of males needing admission when taking into account the length of stay, which is on average 54.4% for males, this suggests that the female patients have longer treatment episodes within the PICU which balances the need for an equal split of beds.

Please see **Appendix 5** for breakdown of PICU data.

d) Is there evidence to support commissioning an equal number of male and female beds given data suggests there is a higher level of need in men?

Despite the data demonstrating the demand for female PICU beds currently remaining lower than demand for male PICU beds, there is still a need for female PICU beds. Not having a female PICU in the Trust would result in all females requiring PICU services being sent out of area. The delay in finding timely access to an appropriate bed will place a strain on existing on Health Based Places of Safety (HBPoS) and acute wards, this is also not in the service users' best interests. This extends to system partners who will also feel the same strain i.e., acute trusts and emergency services.

Opening Rollesby Ward as a Female PICU allows for a pathway which focuses on Female Mental Health within the Trust. There will be opportunities to create and share pathways amongst the female acute wards (both those current and planned for the new build), Mother and Baby, Perinatal Mental Health, Community Mental Health as well as Crisis and Liaison teams. This will allow for shared knowledge and expertise across all aspects of a mental health journey any of our female service users will come in to contact with.

e) What data is available to demonstrate the number of bed days, length of stay and benchmarking against PICU provision in other areas of the country.

The table below shows current PICU provision across the East of England.

Trust	**Male PICU Beds**	**Female PICU Beds**
Cambridge and Peterborough Foundation Trust	6	0
East London NHS Foundation Trust (Bedfordshire/Luton)	9	0
Essex Partnership University Trust	16	9
Hertfordshire Partnership University Foundation Trust	12	0
Central North West London Foundation Trust (Milton Keynes)	0	0
NSFT (proposed)	10	10
Total	**53**	**19**

Currently, there are 62 PICU beds available within the East of England. This does not include the 10 beds on Rollesby, therefore once these are re-opened this will increase to 72 PICU beds within region.

Of these beds, 53 are male and nine are female. It is important to note the nine female beds are on mixed sex units.

Three Trusts continue to rely on out of Trust provision within the private sector for their PICU offer, one Trust has access to its own female PICU albeit in a separate locality (over 50miles away) but also must rely on out of Trust provision.

We do not have benchmarking data covering number of bed days, length of stay versus provision for other Trust PICUs but in the data above shows average for our patients placed out of area. Benchmarking for PICU length of stay as per National Association of Psychiatric Intensive Care Units (NAPICU) guidelines is based on clinical need and assessment of risk but would aim not to exceed of duration.

f) What are the plans for the use of any spare capacity on these wards?

When beds become available due to step-down or discharge on PICU the beds will be offered to any gender appropriate patient at the time in an out of area PICU bed, where it is appropriate for them to return. Spare capacity on a PICU ward cannot be released to other service users who do not clinically require a PICU bed given the secure nature of a PICU ward and the needs of the other service users in the unit. PICU staff will offer an outreach service to acute wards who have high acuity patients who do not meet the threshold for a PICU admission to offer support and planning. Available beds will support timely and appropriate admission to PICU which is a positive position to be in for those that require this level of care and treatment.

g) What engagement has taken place with patients, families and the wider public about these proposals, what has this shown and how has this been taken into account?

A series of one-to-one conversations took place in May 2022 to capture feedback from service users currently on Lark ward on their views of being on a mixed-sex or single sex ward however it is noted that they were at an acute stage of their illness. To offer rigor to this for the future we will offer a patient questionnaire on discharge/transfer from the PICU wards.

Please see feedback in **Appendix 1**.

A series of one-to-one interviews took place in May 2022 to capture feedback from carers of service users who had recently been discharged or were currently in an out of area PICU were also interviewed. The sample size was small but that is reflective of the number of patients who require a PICU admission.

Please see **Appendix 2** for full carers feedback questionnaire results.

Feedback includes the following points.

- Carers who might need support to travel need to be better informed of support available, lack of funding was identified as a barrier for some. Staff will now ensure a discussion happens early on with carers to establish whether there are any barriers to visiting and create a plan to address these.
- No carers interviewed had received a call following their relatives' admission.
- In most cases carers had received updates from the ward by telephone and were contacted at discharge. One said they had had an initial phone call and attended review meetings via video or phone.
- Two carers specifically mentioned communication – stating that it was generally good, and staff were friendly.
- Two were able to and encouraged to visit, one person said they were not able to because of a lack of transport.

Actions taken following this feedback

- Carers are now contacted following admission within a 72-hour period
- Contact with carers is maintained during the admission, they are invited to attend reviews and offered the opportunity to attend face to face meetings. Digital options are also available.
- Inform carers within contact how we can support in face-to-face visits, for example arranging transport.

Challenges and mitigations to carers/relatives visiting service users is covered in detail within the Equality and Health Inequalities Impact Assessment.

g) What engagement has taken place with clinical and nursing staff within NSFT and in other stakeholder organisations about these proposals, what has this shown and how has this been taken into account?

Clinical and nursing staff have been asked how a change from mixed sex to single sex services has impacted on service users and carers. Universally, they said they had a preference of single sex wards because it was better for service users as it increased sexual safety and reduced safeguarding incidences. It also allowed clinicians to specialise in working with males or females at their most acute phase of illness.

Representatives from Suffolk and Norfolk Constabularies were asked for their views on the impact a change might cause. They reflected that there was a need for more male than female beds. Concerns were raised about people who do not identify as male or female or who are transitioning (this concern is also covered in section j regarding the Equality and Health Inequality Impact Assessment). Norfolk's representative suggested that having a male PICU in Ipswich would mean a delay to wait for specialist transport and pointed out that there are four Police Investigation Centres in Norfolk and two in Suffolk, suggesting there may be a greater need in Norfolk.

There are several mitigations that the Trust will put in place to address some of the concerns raised including timely bed management responses, transportation to and a from units as required to reduce the time to review people in custody or emergency departments. The Trust is already working closely with the police to address inappropriate waiting times for people with mental health issues held in police custody.

h) Could further information be provided about staffing, recruitment and retention, and support?

On Lark ward, there are two shifts – a day shift and a night shift. Each is staffed by six people, made up of two registered nurses and four clinical support workers. In addition, there are also two senior nurses, one who covers the ward manager role, and the second who is responsible for direct care and a nurse who supports the physical health of service users on the unit.

Allied healthcare professionals, including occupational therapists, also support service users in their day to day living so that reasonable adjustments are made before leaving hospital. Activity workers are also on site to organise structured activities on wellbeing and recovery.

There are currently two vacancies for nurses on Lark ward which are supported by long-term agency placements.

To support recruitment there have been targeted open days run by clinical and wellbeing specialists including a campaign on social media and attendance at conferences including National Association of Psychiatric Intensive Care (NAPICU) and Royal College of Nursing to promote our positions. To date, NSFT has successfully recruited 20 clinical support workers, two assistant practitioners and five nurses for Rollesby ward. We are looking to fill the remaining 16 full time equivalent positions as soon as possible. The staff who have already joined NSFT are working on other wards until Rollesby reopens.

We have been working hard to improve adherence to mandatory training in the Trust. A two-week induction is now in place to welcome all new starters and ensure they are given appropriate support and time to complete their mandatory training prior to starting on a ward.
We will reopen Rollesby in phases as soon as we have sufficient staffing in place. This will allow us to bring people who are currently in out of area beds back to Norfolk and Suffolk so that they can benefit from receiving care closer to home.

We know that as a Trust we need to improve the retention of staff. Improving the culture within the Trust is key to doing this. NSFT is working with system partners to look at how we improve

retention rates, communications, staff engagement, making sure people feel safe, valued and supported and that people are inspired. Below are some examples of what we are doing to support this work.

- Implementing Schwartz Rounds, which provide a forum where all staff come together regularly to discuss the emotional aspects of working in healthcare.
- Bolstering the Freedom to Speak Up Guardian service and improving engagement.
- A year-long staff recognition and award programme.
- Refreshed focus on Equality Diversity and Inclusion.
- Commissioning Clever Together to co-design structures with staff.

After the JHOSC meeting, we will be better placed to advertise for members of staff who can specifically support men or women.

i) How will the Trust ensure the safe movement of patients in crisis? Who is involved in providing this service and how have they been engaged with?

Robust risk assessments are completed for all service users who require transport to a PICU ward. These will ensure the service users physical health and psychological safety is maintained during transit. The risk assessment forms part of the gatekeeping/admission process to ensure there is a safety plan which allows the safe transit of every service user from their current location to the PICU.

Journeys between wards are carried out by a specialist transport provider. The outcome of the risk assessment is discussed with the transport provider and the receiving wards to ensure safety and risk management.

j) What were the results of the Equality Impact Assessment and Quality Impact Assessment?

Please see Appendix 3 for Equality Assessment and Appendix 4 for the Quality Assessment.

The equality and health inequalities impact assessment was carried out in June 2022. A summary of key points can be found below.

- Changing wards to a single sex model is likely to benefit all service users in respect of privacy, dignity and with respect to sexual safety is likely to be a particular benefit to women. To enhance this impact the Trust will follow national best practice guidance and implement training on sexual safety.
- Trans people should be accommodated according to their presentation: the way they dress, name and pronouns in use. This approach may be varied under exceptional circumstances where, for instance, the treatment is sex specific and necessitates a trans person being placed in an otherwise opposite gender ward.
- Regarding contact with visitors, the change to single sex service provision may result in some service users being accommodated in out of area beds. To support service users to have regular contact with visitors the following mitigations have been put in place; INTRAN interpreting and translation service, digital options for virtual visits, funding for transport when needed, explaining the service to carers who may have a different cultural understanding of mental health, ensure disabled visitors have good access with allocated parking.
- The impact on health inequalities will be monitored using feedback collected from service users and carers during community meetings, Feedback Fridays, Have Your Say and You Said We Did. All feedback is collated within governance reports each month and submitted to the Care Group for review and action. Risk assessments, multi-disciplinary

team reviews, Situation Background Assessment Recommendation (SBAR) handovers and Datix will be monitoring locally, information will also be included in the governance reports.

The Quality Impact Assessment was carried out in August 2022. A summary of key points can be found below.

- Minimal negative impact to quality of care, the main concern is due to the increased travel to visit a loved one in another county however safeguards have been put in place for wards to be able to offer support in facilitating arranging travel for those who for a variety of reasons would not be able to independently.
- Positive impact to quality includes a reduction in sexual safety incidents and restrictive interventions.
- Recruitment will be aimed at specific specialities for both all-male/female units allowing for specialist care and treatment for patients.

k) What support and advice will be made available to family members to enable them to visit?

All carers/family members are now provided with a new welcome pack with key information about the service. Staff ensure that support it provided to overcome any barriers which may prohibit family members from visiting. For example, the provision of funding where needed, adjustments for disability and interpreters where required. Service users are also supported to maintain regular contact with carers/family members when physical visits are not possible via digital options.

Appendices

Appendix 1 – Feedback from Service Users

- “Having female staff members helps with the mixture otherwise it would be weird having everyone male on the ward”
- “Fine”
- “Boring. Better if it was mixed because you can get to know everyone as at the moment everyone’s just aggressive”
- “Terrible. It is worse now than where I was before”
- “Not that different a bit more tension now with all men”
- “I would like to mingle with female patients however I enjoy speaking to female staff”
- “It can be frightening being on a male ward due to alpha males”
- “It would be helpful having a mixed ward however having a mixture of staff helps me”

Appendix 2 - Questionnaire for relatives of patients in out of area PICUs

1. Please provide your home postcode or nearest town

ID	Name	Responses
1	anonymous	Blank
2	anonymous	NR16 1AT
3	anonymous	Great Yarmouth
4	anonymous	NR3 1PE
5	anonymous	Norwich

2. Please provide the town or postcode where your relative is/was an inpatient

ID	Name	Responses
1	anonymous	Blank
2	anonymous	ME14 5FY
3	anonymous	ME14 5FY
4	anonymous	DL1 2LN
5	anonymous	ME14 5FY

3. After your relative was admitted to the ward, did you have a call about your needs?

ID	Name	Responses
1	anonymous	No
2	anonymous	No
3	anonymous	No
4	anonymous	No
5	anonymous	No

4. How were you involved in their care?

ID	Name	Responses
1	anonymous	["At discharge"]
2	anonymous	["Initial phone call to provide information and share my perspective", "Phone updates from the ward", "Attendance at review meetings via video or phone", "At discharge"]
3	anonymous	["Phone updates from the ward", "At discharge"]
4	anonymous	["Phone updates from the ward"]
5	anonymous	["Phone updates from the ward"]

5. Is there anything else you would like to tell us in relation to the last question?

ID	Name	Responses
1	anonymous	Communication was generally good. Zoom meetings were difficult because of difficulty hearing and masks. We were re not given opportunity to speak confidentially
2	anonymous	Had a point of contact which was really helpful. Friendly staff
3	anonymous	One update from a doctor

6. Were you able / encouraged to visit?

	Name	Responses
1	anonymous	No
2	anonymous	Yes
3	anonymous	Yes
4	anonymous	No
5	anonymous	No

7. Please explain why not

ID	Name	Responses
1	anonymous	Lack of transport
2	anonymous	It wasn't appropriate

ID	Name	Responses
3	anonymous	Other

8. Please explain why not

ID	Name	Responses
1	anonymous	Too far
2	anonymous	Too far away. Elderly and can't drive that distance

9. Were you offered a taxi to get to the visit?

ID	Name	Responses
1	anonymous	I wasn't offered one
2	anonymous	I could drive myself
3	anonymous	I wasn't offered one
4	anonymous	I wasn't offered one
5	anonymous	I wasn't offered one

Appendix 3: Equality and Health Inequalities Impact Assessment (EHIA) Framework

Name of proposal (policy, proposition, programme, proposal or initiative):	**Change of Lark and Rollesby PICU wards to single-sex accommodation**		
Name of person completing assessment:	Nicky Shaw – Lead Nurse Ronnie Torkornoo – Acute Operational Lead	**Date of completion:**	17th June 2022
Groups/issues to consider	**What is the potential positive or adverse impact on inequalities?** *consider inequalities in access and outcomes and who benefits most and least*	**Recommendations/actions to mitigate or enhance impacts**	**How will the impact on health inequalities be monitored?**
	Sex		
Protected characteristics	Changing wards to a single sex model is likely to benefit men and women in respect of privacy, dignity and with respect to sexual safety is likely to be a particular benefit to women. Privacy and dignity Mental Health Act 1983: Code of Practice Chapter 8 states that segregated sleeping and bathroom areas provide for better privacy and dignity for "patients of different genders". Sexual safety A 2018 CQC report 'Sexual safety on mental health wards' found that "in two thirds of cases where the report indicated that a female was the person affected, a man was alleged to be the person who carried out the incident".	To enhance this impact the Trust will follow national best practice guidance. Consider using a 'sexual safety tool' to assess risks for service-users in both wards. Implement training on sexual safety Adhere to the recommendations in 'Delivering Safe-Sex Accommodation: September 2019' guidance.	Feedback will be collected from service-users and carers during Community Meetings & Feedback Fridays on the ward as well as utilising results of 'Have Your Say' QR codes, 'You Said We Did' posters and carers lead reports. All feedback is collated within the Governance Reports which are completed each month by the ward matron to ensure oversight by the Care Group. To be assessed within risk assessments, MDT reviews, SBAR handovers and Datix will be monitored locally by the wards and overall, by the care group in the governance report.

	However, we also need to maintain the sexual safety of men who are at risk and vulnerable.		Training provided to individual teams in relation to Sexual Safety regular sessions will be booked for new staff. Monthly meetings take place with the safeguarding team where any sexual safety incidents will be discussed, monitored through minutes and action log to ensure follow up.
	Gender Reassignment		
	The 'Unhealthy Attitudes' 2015 report found that just under half (48 per cent) of health workers responding to the survey agreed that their employer takes effective steps to prevent and respond to discrimination or poor treatment as a result of a person's trans identity. The report called for health and social care services to do more to ensure people are treated with dignity and respect. While we do not have local data on this issue, there is a risk of a disproportionate impact on the privacy and dignity of service-users with this protected characteristic as well as to their sexual safety.	Adhere to the recommendations in 'Delivering Safe-Sex Accommodation: September 2019' guidance – Annexe B Provide training on sexual safety. Provide training on supporting the healthcare needs of transgender staff Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use. This approach may be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite gender ward. Such departures should be proportionate to	Delivering Safe-Sex Accommodation: will be included in the Standard Operating Procedure. Feedback will be collected from service-users and carers during Community Meetings & Feedback Fridays on the ward as well as utilising results of 'Have Your Say' QR codes, 'You Said We Did' posters and carers lead reports. All feedback is collated within the Governance Reports. Monitoring as for the plan for protected characteristic of sex by liaising with informatics for accurate reporting. Information session on the healthcare needs of transgender service-users for staff in these wards. Training records of the sessions with attendees and protected time given to staff to attend.

		achieving a 'legitimate aim', for instance, a safe nursing environment.	NSFT Trans Guidance leaflet 2017 is available on request
	Contact with Visitors		
	Mental Health Act 1983: Code of Practice recognises visits from family and community networks as a human right within Article 8 of the European Convention on Human Rights (ECHR) which protects the right to a family life. The change to single sex service provision Lark and Rollesby will mean that some service-users are accommodated in out of area beds where they might otherwise not have been. There is likely to be an impact for some service-users which will be disproportionate for some protected characteristic groups due to inequalities in socioeconomic status. The same is true for service-users in some health inclusion groups which are discussed in the next section. Measures for all of these groups are included against this paragraph. **Age** Age UK record a relationship between increasing frequency of loneliness (social isolation) in people over the age of 65. There is an associated increased likelihood of barriers to contact with visitors for this group. **Disability** Where a carer for a service-user is disabled, there are likely to be increased difficulties in visiting. Blind carers will not have access to their own private car. The Royal National Institute for	Prior to carers contact: • Ensure service-users understand the extent of the people who may be relevant to contact during carers contact. During Carers Contact: • Ask about barriers to visiting and offer funding for transport when needed which is sensitive to the needs of carers with disabilities. • Offer an explanation of the service to carers who may have a different cultural understanding of mental health, or not be aware of how mental health services are provided in the UK to mitigate stigma. • Use interpreters appropriately. Ensure that all service-users are supported to maintain regular	INTRAN delivers interpreting and translation services for public-facing organisations. The Trust has an ongoing account that all staff are aware they are able to use and how to request involvement. Usage of services to be monitored by managers and care group. Feedback will be collected from service-users and carers during Community Meetings & Feedback Fridays on the ward as well as utilising results of 'Have Your Say' QR codes, 'You Said We Did' posters and carers lead reports. All feedback is collated within the Governance Reports. Site Risk Assessments which include accessibility assessments and adequate parking provision for all car-park users. Copies are available on request.

	the Blind Report 'Stop for me, speak to me: Catching a bus should not be a sight test' (2013) found significant additional barriers for both blind and visually impaired carers it is significantly more difficult to use public transport. While we do not have data on access issues for carers who are visiting site, we recognise there could be a disproportionate impact on disabled visitors in accessing parking provision. **Race** A summary of evidence from the National Development Team for Inclusion illustrates disproportionate impacts related to increased social isolation and lower levels of financial security which impact on the frequency of contacts from visitors. Within some cultures there is increased social stigma associated with mental ill-health which could form an additional barrier to visiting service-users in PICU wards. Non-nationals are less likely to understand mental ill-health. In line with national data, we found an increased likelihood of PICU admission for males from a BME background. **Sexual orientation** The LGBT Foundation report 'Hidden Figures: The Impact of The Covid-19 Pandemic On LGBT Communities In The UK May 2020' found an increased likelihood of social isolation for people with a minoritized sexual orientation associated with discrimination and abuse that has heightened during the pandemic. Support networks for LGBT people are likely to be less	contact with carers when physical visits are not possible. Ensure that disabled visitors have good access to Lark and Rollesby wards and that there are sufficient allocated disabled parking bays to enable all disabled staff and service-users to make use of the car park.	

	robust and more likely to include people outside of the service-user's immediate family. Other protective factors include pregnancy, maternity and marriage and civil partnership.		
Socio-economic status or geographic deprivation	This is not defined as a protected characteristic by the Equality Act. However, it is well understood that deprivation is one of the major determinants of people's wellbeing and health, taking into account the specific needs arising through deprivation, is good practice. People from economically deprived communities are more likely to make use of hospital services generally. The Marmot Review of health inequality summarises this point by stating; "The lower one's social and economic status, the poorer one's health is likely to be". https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf Poorer people tender to make more use of emergency services; around 45% of the variation in emergency admissions can be attributed to socio-demographic variables including economic deprivation – whilst evidencing that deprivation generally is more strongly linked to emergency versus planned care admission EA 2010 s1 requires local authorities to pay due regard to reducing inequalities related to socioeconomic inequality. Carers are protected from discrimination that may arise from	Prior to carers contact: • Ensure service-users understand the extent of the people who may be relevant to contact during carers contact. During Carers Contact: • Ask about barriers to visiting and offer funding for transport when needed which is sensitive to the needs of carers with disabilities. • Offer an explanation of the service to carers who may have a different cultural understanding of mental health, or not be aware of how mental health services are provided in the UK to mitigate stigma. • Use interpreters appropriately. Ensure that all service-users are supported to maintain regular contact with carers when physical visits are not possible.	Carers contact on admission to the ward to discuss any barriers to visit and how we can support and unless clinically contraindicated would encourage weekly visits. Carers contacts currently audited and monitored locally by managers and by the care group within Governance Report. Discuss with informatics data to inform if specific sociodemographic groups are not having visitors or carers not visiting. If data not currently available what systems need to be put in place to collect data. Data will be collated and monitored within the Governance Report.

	association with a protected characteristic of a person they care for. It is good practice to take into account the specific needs of carers. However, there is limited data available to explore how unpaid carers are making use of services, given that definition is by role and not by demographic characteristic.	Ensure that disabled visitors have good access to Lark and Rollesby wards and that there are sufficient allocated disabled parking bays to enable all disabled staff and service-users to make use of the car park.	
Appendix			1. sexual-safety-collaborative---standards- 2. Trans guidance 2017- supporting se 3. Accessibility Assessment - Lark W 4. Accessibility Assessment - Rollesl

Appendix 4

NORFOLK AND SUFFOLK NHS FOUNDATION TRUST QUALITY IMPACT ASSESSMENT / EQUALITY ASSESSMENT FORM (PART 1 OF 2)

Project Name:	Single sex PICU wards across Norfolk and Suffolk	**Scheme Ref:**	
Individual completing assessment:	Nicky Shaw	**Date:**	25/06/2022
Clinical Lead:	Alex Lewis	**Executive Sponsor:**	Diane Hull
Project Outcome:	Single sex PICU wards across Norfolk and Suffolk		
Could this project impact on the quality of the service as a result of the proposed change (If "Yes" answer question "A", if "No" answer question "B" below)	Yes		
A - Summarise the impact on service users, carers and staff and answer the questions below	Increases patient safety due to a reduction of sexual safety incidents, positive impact on privacy, reduction in restrictive interventions for instance eyesight observations required for mixed sex wards, allow specialist treatment and bespoke care, potential risks include slightly increased travel to unit and being away from local area for step down.		
B - Justification if no impact on the quality of the service			

Quality Category	Question	Impact	Risk Assessment Required?
Impact on Safety	**Could this project impact negatively on**		
	The existing processes in place to protect patient safety	No	
	Systems in place to safeguard service users at risk of abuse and neglect	No	
	The safety of the environment including staffing/skill mix	No	
	The processes for preventing hospital acquired infection or other related harm? (such as falls etc…)	No	
	The maxim of "doing less harm"	No	
Clinical Effectiveness	**Could this project impact negatively on**		
	Implementing evidence-based practice	No	
	National measures of quality, such as benchmarked data and better care, better value	No	
	Service users clinical outcomes	No	
	Compliance with regulatory requirements	No	
	The ability to meet National legislation and requirements e.g. NICE	No	

	Clinical engagement	No	
Service User Experience	**Could this project impact negatively on**		
	Service users' choice and access to wider care pathways	No	
	Service users or their carers having to travel further to access services	Yes	REQUIRED
	The likelihood of recovery for service users	No	
	Longer hospital lengths of stay	No	
	Personalised and compassionate care for Service users and their carers	No	
	Feedback from services users	No	
	On access to appropriate interventions / therapy	No	
	On cleanliness and general environmental standards	No	
Financial	**Could this project impact negatively on**		
	The best setting to deliver cost effective care	No	
	Impact on the ability of the service to provide part or whole of a service for any period of time.	No	
	Create resource inefficiencies	No	
	Current budget and resources available within the service	No	
	Equality and equity of services available	No	
Trust Values / Strategic Objectives	**Could this project impact negatively on**		
	NSFT's strategic objectives	No	
	NSFT's ability to meet its Visions and Values	No	
	Staff satisfaction and experience	No	
	On the ability for NSFT to recruit and retain highly qualified staff	No	
	Will the scheme have a negative impact on stakeholder relationships	No	
	The ability of services to undertake mandatory activities or implement other quality initiatives	No	
	NSFT's carbon footprint	No	
Equality	**Could this project impact negatively on**		
	Age	No	
	Disability	No	
	Race and Culture	No	
	Lesbian, Gay and Bisexual People	No	
	Religion or Belief	No	
	Gender Reassignment	No	
	Gender	No	
	Pregnancy and Maternity	No	

	Marriage and Civil Partnership	No	
Privacy	Does this project involve processing personal data or sensitive personal data as defined by the Data Protection Act 1998?	No	

- Impact on Safety	**N**
- Clinical Effectiveness	**N**
- Service User Experience	**Y**
- Financial / Resources	**N**
- Trust Values / Strategic Objectives	**N**
- Equality	**N**
- Privacy	**N**

If any negative risks are identified above (i.e.answered "Yes") you MUST complete the 'Clinical Quality Risk Assessment' form

CLINICAL QUALITY RISK ASSESSMENT FORM (Part 2 of 2)

	Description of change activity being assessed (based on part 1)	Consequence	Likelihood	Risk Rating	Identified Risk	Are any current control measures in place? Are there any gaps in current controls?	Additional control and assurance measure to mitigate newly identified risk	Consequence	Likelihood	Target Risk Rating	Responsible Person	Target Date
1	**Impact on Safety**											
2	**Clinical Effectiveness**											
3	**Service User Experience**											
	Service users or their carers having to travel further to access services	**Low**	**Low**	**Low**	Increased travel for carers & family	Carers/family contact to discuss any barriers to visiting their family/person	To offer travel to those who are unable to do so due to issues such as medical or financial reasons	**Low**	**Low**	**Low**	Ward Manager	31/01/23
4	**Financial**											
5	**Trust Values / Strategic Objectives**											
6	**Equality**											
7	**Privacy**											

Medical Director Sign Off: **Date:**

Chief Nurse Sign Off: **Date:**

Appendix 5

Based on Ward Stays

Admissions which included a period in PICU in the period 1st January 2019 to 18th August 2022 - by age at admission

	Age Band					
Gender	**A: Under 18**	**B: 18-25**	**C: 26-64**	**D: 65 & Over**	**Grand Total**	**% of Total**
Female	1	35	104	2	142	24%
Male	1	75	354	11	441	76%
Grand Total	**2**	**110**	**458**	**13**	**583**	

	Gender			
Commissioner at Admission	**Female**	**Male**	**Grand Total**	**% of Total**
Norfolk & Waveney	3,206	6,592	9,798	53.7%
Suffolk	2,035	5,416	7,451	40.8%
Other	533	462	995	5.5%
Grand Total	**5,774**	**12,470**	**18,244**	
% of Total	31.6%	68.4%		

31.6% of bed days are for female patients

	Ward		
Commissioner at Admission	**Lark Ward**	**Rollesby Ward**	**Grand Total**
Norfolk & Waveney	**3,467**	**6,331**	**9,798**
Female	242	2,964	3,206
Male	3,225	3,367	6,592
Suffolk	**6,998**	**453**	**7,451**
Female	1,787	248	2,035
Male	5,211	205	5,416
Other	**114**	**881**	**995**
Female	2	531	533
Male	112	350	462
Grand Total	**10,579**	**7,665**	**18,244**

32.8% of the service users on Lark Ward were commissioned by Norfolk & Waveney.

Based on Out of Area PICU Stays

PICU Out of Area placements during the period 1st January 2019 to 31st July 2022 by Gender & Age Band

	Age Band			
Gender	**B: 18-25**	**C: 26-64**	**D: 65 & Over**	**Grand Total**
Female	11	20	2	33
Male	9	47	2	58
Grand Total	**20**	**67**	**4**	**91**

	Length of Stay				
Gender	**A: Under 7 days**	**B: 7-14 days**	**C: 15-29 days**	**D: 30 days +**	**Grand Total**
Female	2	5	11	15	33
Male	7	10	16	25	58
Grand Total	**9**	**15**	**27**	**40**	**91**

Longest length of stay was 450 days; average was 42 days

Gender	Sum of Length of Stay	% of Total
Female	1,724	45.6%
Male	2,054	54.4%
Grand Total	**3,778**	

Based on placements which have been excluded from out of area placement (OAP) submissions since 1st June 2021 due to the closure of Rollesby

Non-NSFT Non-OAP PICU admitted 1st June 2021 to 31st July 2022 by Gender & Age Band

	Age Band			
Gender	**B: 18-25**	**C: 26-64**	**D: 65 & Over**	**Grand Total**
Female	6	14	1	21
Male	4	19	1	24
Grand Total	**10**	**33**	**2**	**45**

	LoS Band			
Gender	**B: 7-14 days**	**C: 15-29 days**	**D: 30 days +**	**Grand Total**
Female		4	17	21
Male	4	4	16	24
Grand Total	**4**	**8**	**33**	**45**

Based on Ward PICU Stays

	Gender		
Admission Month	**Female**	**Male**	**Grand Total**
2019 01	5	8	13
2019 02	4	7	11
2019 03	5	10	15
2019 04	4	17	21
2019 05	5	10	15
2019 06	4	12	16
2019 07	3	13	16
2019 08	10	10	20
2019 09	5	11	16
2019 10	2	15	17
2019 11	7	14	21
2019 12	5	9	14
2020 01	9	12	21
2020 02	10	11	21
2020 03	1	14	15
2020 04	1	12	13
2020 05	8	14	22
2020 06	4	21	25
2020 07	3	15	18
2020 08	11	17	28
2020 09	6	5	11
2020 10	2	9	11
2020 11	6	7	13
2020 12	1	9	10
2021 01	2	4	6
2021 02	1	7	8
2021 03		11	11
2021 04		6	6
2021 05		12	12
2021 06		5	5
2021 07		3	3
2021 08		12	12
2021 09		2	2
2021 10	1	5	6
2021 11		6	6
2021 12		5	5
2022 01		5	5
2022 02	1	2	3
2022 03		8	8
2022 04		11	11
2022 05		8	8
2022 06		5	5
2022 07		3	3
2022 08		1	1
Grand Total	**142**	**441**	**583**

Based on Out of Area PICU Stays

	Gender		
Admission Month	**Female**	**Male**	**Grand Total**
2019 01		1	1
2019 02		1	1
2019 03	1	5	6
2019 04	1	2	3
2019 05	1	2	3
2019 06	1	2	3
2019 07	1	1	2
2019 08	1		1
2019 09		1	1
2019 11	1	1	2
2019 12	1	2	3
2020 01	1	2	3
2020 02	1	1	2
2020 03		2	2
2020 04		3	3
2020 05		2	2
2020 06		5	5
2020 09	1		1
2020 10	1	3	4
2020 11	2	3	5
2020 12	1	7	8
2021 01		4	4
2021 02	1	1	2
2021 03		2	2
2021 04	1	1	2
2021 05	1		1
2021 06	1	1	2
2021 08	1		1
2021 09	1		1
2021 10	2		2
2021 12	1	1	2
2022 01	1		1
2022 02	1		1
2022 03		1	1
2022 05	2		2
2022 07	3		3
Grand Total	**33**	**58**	**91**

Based on PICU Stays Which Have Been Excluded from OAP Submissions Since 1st June 2021 Due to The Closure of Rollesby

	Gender		
Admission Month	**Female**	**Male**	**Grand Total**
2021 06		3	3
2021 07	1		1
2021 08	2	1	3
2021 09	4		4
2021 10	5		5
2021 11	1	2	3
2021 12		1	1
2022 01	1		1
2022 02	3		3
2022 03	2	2	4
2022 04		1	1
2022 05		5	5
2022 06	1	4	5
2022 07	1	3	4
2022 08		2	2
Grand Total	**21**	**24**	**45**

Appendix 5

	NSFT Wards Lark & Rollesby		
Month	**Female**	**Male**	**NSFT Total**
2019 01	186	295	481
2019 02	175	271	446
2019 03	194	321	515
2019 04	183	331	514
2019 05	221	297	518
2019 06	245	214	459
2019 07	233	299	532
2019 08	202	305	507
2019 09	197	261	458
2019 10	229	216	445
2019 11	173	331	504
2019 12	185	284	469
2020 01	203	215	418
2020 02	232	275	507
2020 03	208	276	484
2020 04	178	301	479
2020 05	149	234	383
2020 06	152	296	448
2020 07	95	338	433
2020 08	134	398	532
2020 09	198	357	555
2020 10	208	340	548
2020 11	245	289	534
2020 12	265	308	573
2021 01	270	296	566
2021 02	251	270	521
2021 03	205	272	477
2021 04	120	269	389
2021 05	124	245	369
2021 06	89	266	355
2021 07		304	304
2021 08		291	291
2021 09		291	291
2021 10		246	246
2021 11		257	257
2021 12		279	279
2022 01		308	308
2022 02		259	259
2022 03	25	238	263
2022 04		264	264
2022 05		293	293
2022 06		292	292
2022 07		309	309
2022 08		169	169
Grand Total	**5,774**	**12,470**	**18,244**

	Out of Area PICU Placements		
Month	**Female**	**Male**	**OAP Total**
2019 01	45	39	84
2019 02	0	32	32
2019 03	20	94	114
2019 04	4	100	104
2019 05	41	56	97
2019 06	15	96	111
2019 07	43	43	86
2019 08	26	27	53
2019 09	2	4	6
2019 10	0	12	12
2019 11	4	25	29
2019 12	23	54	77
2020 01	37	14	51
2020 02	36	50	86
2020 03	31	117	148
2020 04	30	118	148
2020 05	31	106	137
2020 06	30	118	148
2020 07	31	35	66
2020 08	31	0	31
2020 09	53	0	53
2020 10	82	72	154
2020 11	77	45	122
2020 12	116	166	282
2021 01	70	167	237
2021 02	70	115	185
2021 03	56	81	137
2021 04	44	16	60
2021 05	69	11	80
2021 06	67	13	80
2021 07	12	0	12
2021 08	16	0	16
2021 09	9	0	9
2021 10	67	0	67
2021 11	78	0	78
2021 12	26	23	49
2022 01	21	12	33
2022 02	48	0	48
2022 03	1	12	13
2022 04	0	0	0
2022 05	17	0	17
2022 06	60	0	60
2022 07	64	0	64
2022 08	62	0	62
Grand Total	**1,665**	**1,873**	**3,538**

	Non-NSFT, non-OAP PICU Placements		
Month	**Female**	**Male**	**Non-OAP Total**
2021 06	0	33	33
2021 07	19	64	83
2021 08	71	61	132
2021 09	121	0	121
2021 10	213	0	213
2021 11	290	18	308
2021 12	195	62	257
2022 01	139	62	201
2022 02	135	39	174
2022 03	243	55	298
2022 04	147	99	246
2022 05	79	175	254
2022 06	40	236	276
2022 07	43	267	310
2022 08	38	185	223
Grand Total	**1,773**	**1,356**	**3,129**

	All PICU Placements		
Month	**Female**	**Male**	**Grand Total**
2019 01	231	334	565
2019 02	175	303	478
2019 03	214	415	629
2019 04	187	431	618
2019 05	262	353	615
2019 06	260	310	570
2019 07	276	342	618
2019 08	228	332	560
2019 09	199	265	464
2019 10	229	228	457
2019 11	177	356	533
2019 12	208	338	546
2020 01	240	229	469
2020 02	268	325	593
2020 03	239	393	632
2020 04	208	419	627
2020 05	180	340	520
2020 06	182	414	596
2020 07	126	373	499
2020 08	165	398	563
2020 09	251	357	608
2020 10	290	412	702
2020 11	322	334	656
2020 12	381	474	855
2021 01	340	463	803
2021 02	321	385	706
2021 03	261	353	614
2021 04	164	285	449
2021 05	193	256	449
2021 06	156	312	468
2021 07	31	368	399
2021 08	87	352	439
2021 09	130	291	421
2021 10	280	246	526
2021 11	368	275	643
2021 12	221	364	585
2022 01	160	382	542
2022 02	183	298	481
2022 03	269	305	574
2022 04	147	363	510
2022 05	96	468	564
2022 06	100	528	628
2022 07	107	576	683
2022 08	100	354	454
Grand Total	**9,212**	**15,699**	**24,911**

Overview

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Norfolk and Suffolk NHS Foundation Trust (NSFT) is committed to providing patients who are most unwell with single gender accommodation because it helps to safeguard their safety, privacy and dignity when they are often at their most vulnerable. We recognise our patients' rights to physical and psychological safety, and we understand that without this their recovery and wellbeing will be affected.

Psychiatric Intensive Care Units (PICU) offer specific care for a small percentage of people. Psychiatric Intensive Care is for service users, who are in a heightened acute phase of a serious mental illness. There is an increase in risk for people when they are in this phase which does not allow the safe, effective management and delivery of care within a general acute mental health ward. PICU patients are usually detained under the Mental Health Act 1983.

There is clinical evidence that having single gender services in PICU services, particularly for women, is safer for service users. The CQC (Care Quality Commission) reported on sexual safety on mental health wards in 2018. In summary, it says that: sexual incidents are common on mental health wards; that they affect both staff and patients; and that they may cause significant and lasting distress. In a brief written in 2020, the CQC adds that ". people affected by mental ill health can be vulnerable, lack capacity to make sound decisions about relationships and may have experienced abuse in the past."

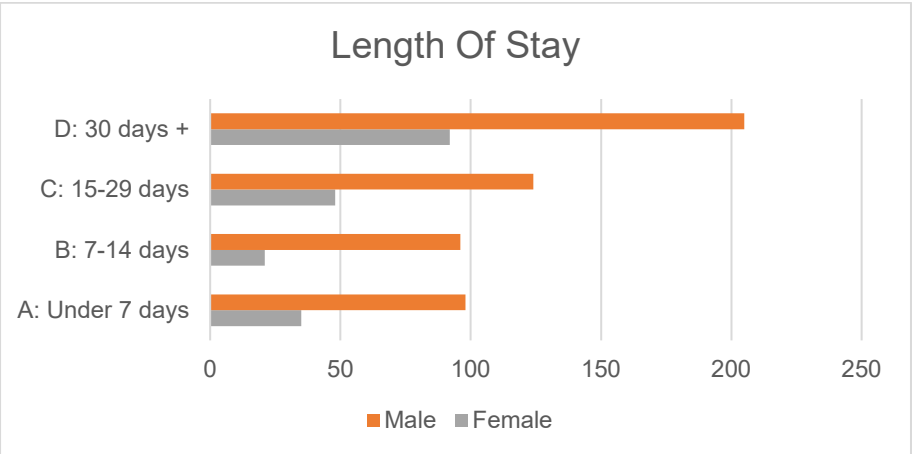
According to the NAPICU, there is a national shortage of female PICU beds. Currently, women in Norfolk and Suffolk who need a PICU bed are sent out of the area.

To improve sexual safety of patients and to make sure female PICU patients can be cared for closer to home, NSFT is proposing that Lark ward will remain male only and Rollesby will become female only. This meets national guidance for offering single-sex accommodation for those people who are most unwell. It also meets the needs of service users and carers and means there is more capacity within the east of England.

Representatives from NSFT would be keen to speak to members of the Norfolk and Suffolk health scrutiny committee about this if required.

Demand in Norfolk and Suffolk

Between 1st January 2019 and 18th August 2022, the Trust has seen an average of 14.6 referrals for PICU beds, with female demand accounting for on average 5.1 referrals per month and males accounting for 9.5 referrals.



Evidence

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