



Thursday, 18<sup>th</sup> May 2017

**STATISTICAL PRESS NOTICE  
MIXED-SEX ACCOMMODATION BREACH DATA  
APRIL 2017**

**Main Points**

- This notice presents data on all breaches of the Mixed-Sex Accommodation (MSA) guidance (i.e. occurrences of unjustified mixing) relating to English NHS-funded providers of healthcare hospital sleeping accommodation during April 2017.
- Providers of NHS-funded healthcare reported 703 breaches of the MSA guidance in relation to NHS patients in sleeping accommodation in England during April 2017, compared to 487 in April 2016.
- Of the 151 Acute Trusts that submitted data for April 2017, 112 (74.2%) reported zero sleeping breaches. All of the 703 breaches that occurred were in Acute Trusts.
- An MSA breach rate is published alongside counts of breaches to enable comparison between provider organisations and over time. This is the number of MSA breaches of sleeping accommodation per 1,000 finished consultant episodes (FCEs). The MSA breach rate for England in April 2017 is 0.4 per 1,000 FCEs compared to 0.3 in April 2016.

Provider and commissioner tables can be found at:

<http://www.england.nhs.uk/statistics/mixed-sex-accommodation/msa-data/>

Hospital site-level data is available on the NHS Choices website at:

[www.nhs.uk](http://www.nhs.uk).

## **Statistical Notes**

### **1. MSA Data Collection**

National reporting of unjustified mixing (i.e. breaches) in relation to sleeping accommodation commenced on 1 February 2010. MSA breach data is collected monthly from all NHS providers and other organisations that provide NHS-funded care (including Independent and Voluntary Sector organisations). Data are collected, validated and published in accordance with the Code of Practice for Official Statistics. From April 2011, the MSA data return has been mandatory for all NHS Trusts, and the return is now listed in schedule 6 of Monitor's terms of authorisation, meaning that data submission is also mandatory for Foundation Trusts.

As well as monitoring and reporting all unjustified mixing of sleeping accommodation, the NHS is also required to monitor all justified mixing in sleeping accommodation, all mixed-sex sharing of bathroom / toilet facilities (including passing through accommodation or toilet/bathroom facilities used by the opposite gender), and all mixed provision of day space in mental health units at a local level. For practical reasons, central reporting has been mandated for MSA breaches in respect of sleeping accommodation only.

"Sleeping accommodation" includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

### **2. Provider and Commissioner based data**

MSA data is published both on a provider and commissioner basis.

Provider-based reflects data at organisation level for those organisations that provide NHS funded treatment or care, for example NHS Acute Trusts, NHS Mental Health Trusts, Independent Sector and Voluntary Sector organisations.

Commissioner-based reflects data on a responsible population basis, i.e. Clinical Commissioning Groups (CCGs) that are responsible for commissioning a patient's treatment.

### **3. MSA breach rate indicator**

The MSA breach rate is the number of breaches of mixed-sex sleeping accommodation per 1,000 Finished Consultant Episodes.

An MSA breach rate indicator was developed because a simple count of the number of MSA breaches does not provide a fair comparison across healthcare providers. Raw numbers alone do not take into account the size of an organisation and it would be unfair to classify large acute providers as “worst performing” compared to other, smaller providers, as they handle larger volumes of admitted patients and therefore the possibility of mixing patients is greater. The MSA breach rate indicator gives us the ability to compare healthcare providers with others, or to compare change over time. It can tell us how a provider is “performing” in relation to other similar organisations, or the national average, and whether they are improving or getting worse.

For more information, see the MSA Breach Rate methodology paper at: <http://www.england.nhs.uk/statistics/mixed-sex-accommodation/>

### **4. Data Quality**

MSA breach data was collected by provider organisations for the first time in February 2010. Figures published during the early months of the collection from February 2010 to March 2011 should be treated with a degree of caution as providers were implementing and embedding new data collection procedures.

From April 2011 MSA data have been mandatory for all NHS providers, including Foundation Trusts, and flat-rate fines for MSA breaches have been built into organisations’ contracts. Therefore, it is expected that MSA data collection processes are now fully embedded in the NHS and that the data submitted from April 2011 onwards is of a higher quality than in previous months.

### **5. Feedback welcomed**

We welcome feedback on the content and presentation of MSA statistics within this Statistical Press Notice and those published on the NHS England website. Please email any comments on this, or any other issues regarding the MSA data and statistics, to: [unify2@dh.gsi.gov.uk](mailto:unify2@dh.gsi.gov.uk)

### **Additional Information**

Details of MSA data for individual organisations are available at:

<http://www.england.nhs.uk/statistics/mixed-sex-accommodation/msa-data/>

For further information, please e-mail the NHS England media team at [nhscb.media@nhs.net](mailto:nhscb.media@nhs.net) or call 07768 901293

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