

Policy for Delivering Same Sex Accommodation

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

Purpose of Agreement	This document has been prepared to set out Solent NHS Trust's position in respect of compliance with delivering same sex accommodation (DSSA). It supersedes the Standard Operating procedure (SOP) Delivering Same Sex Accommodation and Breaches, August 2010. In addition it includes a staff section referenced to the health and safety guidance and basic requirements for sanitary and washing provision for staff while at work.
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Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Ratification Process	Reason for amendments
1			Development of DSSA policy required to succeed the existing standard operating procedure.
2	29/04/14	Update	Update on national policies. 6 month extension to review date agreed under chairs actions, pending formal review of policy via Policy group.
3	07/01/15	Amendments made following Policy Group meeting	Appendix 2 to be made into a flowchart. People to be changed to service user. Add in section regarding facility malfunction.

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1. INTRODUCTION

The NHS Constitution, 2013, p3 states that respect, dignity, compassion and care should be at the core of how patients and staff are treated.

The Handbook to the NHS Constitution, March 2013, p 42 states that providers of NHS care are expected to eliminate mixed sex accommodation except where it is in the best interest of the patient involved, or reflects their personal choice.

High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, 'not just clinically but in terms of dignity and respect'.

The Chief Nursing Officer's report on privacy and dignity (2007) identifies same-sex accommodation as a 'visible affirmation' of the NHS' commitment to privacy and dignity.

In 2009 it was identified that while 99 per cent of trusts say they are providing same-sex sleeping accommodation and 97 per cent same-sex toilets and bathrooms, nearly 25 per cent of service users still report being in a mixed-sex sleeping area when first admitted to hospital. The NHS Constitution also states that service user experience is the most important measure of success in eliminating mixed sex accommodation.

There is evidence to show that same-sex accommodation is a priority for many patients, and that it is closely bound up with their perceptions of privacy and dignity.

This policy is designed to:

- Provide all inpatient staff across Solent NHS Trust with guidance on the importance of delivering same sex accommodation and why it matters.
- Provide a clear definition of same sex accommodation.
- Support all inpatient staff in the respectful delivery of same sex accommodation.
- Promote service users' privacy and dignity and encourage staff to treat them with respect.

2. SCOPE & DEFINITIONS

2.1 The NHS Constitution Handbook, 2013, p 42 states that patients should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities. In addition it states that patients should not have to pass through opposite-sex areas to reach their own facilities. Women in mental health units should have access to women only spaces.

Single sex accommodation can be provided in:

same-sex wards – a ward with all facilities, including dedicated toilet and washing facilities, occupied solely by either men or women.

mixed-sex wards – with single bedrooms and same-sex toilet and washing facilities (preferably en-suite) or

mixed-sex wards – with bed bays (multi-bed rooms) occupied exclusively by either men or women with access to same-sex toilet and washing facilities.

2.2 Overarching Principles for delivering same sex accommodation for inpatient services:

- There are no exemptions from the need to provide high standards of privacy and dignity
- Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.
- Where mixing of sexes does occur it must be discussed with the modern matron/service manager or out of hours manager who will deem it acceptable and appropriate for all patients affected.
- Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
- Men and women should not have to walk through the bedrooms/ bed bays or bathroom/ toilets of the opposite sex to reach their own sleeping, washing, toilet facilities.
- Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.
- Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems, practice, NHS Institute for Innovation and Improvement 2010: The Productive Series Delivering same sex Accommodation

3. PROCESS/ REQUIREMENTS

Solent NHS Trust is committed to ensuring that service users are treated with dignity and respect, Solent 2014/15 annual objectives.

This includes the commitment to providing every patient with same sex accommodation and safeguarding their privacy and dignity when they are often at their most vulnerable.

Patients who are admitted to any of Solent NHS Trusts' in-patient units will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area.

Any breach of these standards and the number of patients affected by the breach *must* be reported immediately through the Incident Reporting System. In instances where a breach occurs:

- The reason for the breach should be discussed with the patient(s) by the ward manager or modern matron as soon as possible after the decision to breach has been made.
- All toilets must be clearly labelled male/female or disabled.
- Every effort must be made to move the patient to single sex accommodation as soon as a bed becomes available.
- The reason for the breach must be documented in the patients' records.

4. APPROVAL AND IMPLEMENTATION OF PROCEDURAL DOCUMENTS

All service users during their inpatient stay will be cared for within same sex provision as defined above. The configuration of the Trust inpatient wards ensures that there is no requirement for there to be any exceptions to this. In order to monitor that same sex accommodation is consistently provided across all inpatient services and also to ensure that all service users and their carers are aware of the provision a number of factors are detailed:

Provision of information

Information posters detailing how the provision of same sex accommodation is provided will be prominently displayed on each ward. To support this, information leaflets with the same detail will be provided to each service user on admission to the ward.

Signage

All bedrooms and sleeping areas, bathrooms and toilets and ladies only lounges have clear signs on them indicating their gender use.

For those rooms, for example assisted bathrooms and toilets, that have specialist equipment and as a consequence can be shared by both sexes, there is clear signage to indicate when they are in use and by which sex.

Sitting rooms

In Adult (AMH) and Older Persons Mental Health (OPMH) inpatient facilities, each ward provides a clearly signed female only sitting room. The exception to this is in OPMH (Limes) where there is a shared female only lounge between Kitwood and Brooker. Patients who would like to use this facility are supported in doing so by members of staff.

To note:

There are no specific single sex inpatient wards within Solent NHS Trust, with the exception of one locked inpatient mental health unit with distinctive single sex accommodation which has some adjoining /shared accommodation (accessed through risk assessment/ supported by staff)

5. SPECIAL CONSIDERATIONS:

Solent NHS Trust is committed to maintaining an environment whereby a standard of dress is maintained by patients to ensure that there is minimal likelihood of misinterpretation of sexual signals through types of clothing or absence /minimal clothing. Patients admitted to mental health wards will be supported to ensure that vulnerability is not enhanced or misinterpreted through their choice or absence of clothing.

Inpatients throughout Solent NHS Trust are actively encouraged to wear day clothing during the daytime, but where this is not possible, dressing gowns, and lap blankets will be provided for patients' dignity and comfort when sitting in communal areas.

Feedback from inpatients to this agenda is positively encouraged, through walkabouts, inpatient groups and through the patient experience service.

Transgender/transsexual service users

Transgender service users, individuals who have proposed, commenced or completed

reassignment of gender, are legally protected against discrimination, Equality Act 2010. In addition, good practice requires that clinical responses should be service user focused, respectful and flexible towards all transgender service users who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natal sex.

General key points are that:

Transgender service users should be accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use ensuring you use the pronouns that fit with the gender they present as).

This presentation may not always reflect with the physical sex appearance of the chest or genitalia.

It does not depend upon them having a gender recognition certificate (GRC) or legal name change.

It applies to toilet and bathing facilities and as such transgender patients should not be forced to use disabled toilets, but the toilets that suit the gender they are presenting as.

The views of the transgender person should take precedence over those of family members where these are not the same.

At all times this must be done according to the wishes of the patient, rather than the convenience of the staff. This may be flexible depending on the needs of the patient as it may be subject to change as they progress with their transition.

All transgender service users as described above will be cared for in a single room.

Maintaining same sex accommodation in the event of a pandemic outbreak

The Trust's Major Incident Plan sets out a framework for organisational response to any kind of major incident affecting service users and/or staff. This alongside the Business Continuity Plans for Solent NHS Trust's individual services/departments will support the ongoing provision of same sex accommodation during any such outbreak.

Day Surgery:

Patients admitted for podiatric day surgery will have a proportionate level of consideration in respect of DSSA compliance afforded to an inpatient. (Department of Health DOH, Delivering Same Sex Accommodation in Day Surgery, Dec 2009, Gateway ref: 12940)

Information about dignity will be provided prior to day surgery (either through the provision of literature or as part of the consultation process by the Podiatrist). Patients will be provided with cubicle provision for changing, minimal period where they are required to wear a surgical gown, access to same sex toilet facilities. The maintenance of the patient's dignity will be a priority at all times, before, during and after any procedure.

Breaches to DSSA day surgery will be reported in the same way through the incident reporting process. (Reporting Adverse Incident policy RK03)

Dental Services

Patients treated by the Special Care Dental Service, who require a General Anaesthetic for treatment, are admitted to one of 4 hospital sites across Hampshire as day patients. A proportionate level of consideration in respect of DSSA compliance is afforded to all patients. (Department of Health DOH, Delivering Same Sex Accommodation in Day Surgery, Dec 2009, Gateway ref: 12940)

Patients treated at all 4 hospital sites remain in their own clothing throughout their stay. Privacy screens are used to ensure the patient's dignity is considered a priority at all stages during the procedure

Breaches to DSSA day surgery will be reported through the incident reporting process.

Outpatient Provision /Exercise and Rehabilitation

Patients admitted to Trust sites for exercise and rehabilitation should be provided with treatment and care in a private and dignified environment.

Facility Malfunction

In the event of a facility malfunction discussion must take place with the service users to inform them of the issue and consideration should be taken regarding their wishes. All instances need to be reported as an incident.

6. STAFF WORKPLACE PROVISION

Sanitary conveniences

Sufficient facilities will be provided to enable everyone at work to use them without undue delay. Suitable and sufficient sanitary conveniences will be provided at readily accessible places for staff use, the rooms containing them will be adequately ventilated and lit. The rooms are to be kept in a clean and in an orderly condition and separate rooms containing conveniences to be provided for men and women. The exception is where dual facilities are available the cubicles should be separate with an inside lockable door. In the case of water closets used by women, suitable means should be provided for the disposal of sanitary dressings. It should not be possible to see urinals, or into communal shower or bathing areas, from outside the facilities when any entrance or exit door opens to ensure a degree of privacy.

Washing facilities

Suitable and sufficient washing facilities, including showers if required by the nature of the work or for health reasons, shall be provided at readily accessible places. They will be provided in the immediate vicinity of every sanitary convenience, whether or not provided elsewhere as well, they will include a supply of clean hot and cold, or warm, water inclusive of soap or other suitable means of cleaning, towels or other suitable means of drying and the rooms will be sufficiently ventilated, lit, clean and in an orderly condition.

Special provision should be made if necessary for any worker with a disability to have access to facilities which are suitable for his or her use.

7. ROLES & RESPONSIBILITIES

Chief Executive Officer

The Trust recognises its responsibilities in ensuring that all inpatient service users

are cared for in same sex accommodation.

The Chief Executive has overall responsibility for the implementation of this policy, and in turn this responsibility is delegated to the Operational Directors and Service Managers within the trust.

Operational Directors

Are responsible for:

- The effective implementation of this policy in their areas of responsibility.
- The implementation of any action plans arising from audits of the policy and service user feedback.
- Identifying training needs of staff that fall within the remit of this policy

Service Managers

Are responsible for:

- Advising and instructing staff on the policy requirements via local induction.
- Arrangements and on-going communication mechanisms, such as team brief, staff meetings, supervision etc.
- Making necessary arrangements to enable staff to attend any training in respect of this policy.

All staff caring for inpatient service users

All staff caring for those who are inpatients are responsible for:

- Ensuring that all patients are cared for in single sex accommodation, ensuring that their privacy and dignity is respected.
- Treating service users with respect.
- Undertaking any specific risk assessments that may be appropriate in respect of this policy and the patient's personal or specific admission needs.
- Ensuring patients and relatives are aware of which toilet facilities are specifically available for their use.
- Reporting to their line manager any damaged or missing signage that is in place as part of this policy.

8. TRAINING/COMMUNICATION

Solent NHS Trust recognises the importance of appropriate Dignity training for staff who should receive the appropriate training for their role as specified in the Trust Training Needs Analysis (TNA) document.

All new staff attend the Trust Corporate Induction within two months of their start date. Dignity training is included as part of the Quality and Patient Safety section of the two day programme.

Local induction is key to ensuring that staff receive the most appropriate communication relating to this policy, and it is a requirement that all new staff working within In Patient Services are made aware of this policy, and they should be asked to read it as part of their local induction – this should be recorded on the local induction record as per the requirements of the Trust Induction and Mandatory Training policy.

All staff must attend relevant statutory and mandatory training for their role as per the Trust TNA. The following courses also include elements of Dignity awareness:

- Mental Capacity Act and Deprivation of Liberty
- Safeguarding Adults/Children Care and Responsibility Dementia Care

- Moving and Handling (People Handling)
- All Diploma programmes for Health and Health & Social Care (Previously NVQ's)

Staff who do not attend courses they have booked onto will be managed under the Did Not Attend process as per the Trust Learning and Development Policy. Tracking of attendance of local training will be monitored locally via the service tracking and forwarded to the Learning and Development team to input into the central Trust database – Oracle Learning Management (OLM).

Tracking and compliance of attendance at Corporate Induction and Mandatory Training will be carried out by Learning and Development and will be reported via the Trust HR Performance Report.

This policy will be launched with the Solent NHS Trust's Team Brief by Corporate Communications and cascaded through the standard policy implementation process; a copy will be available on the Trust web site.

9. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

- 9.1 In accordance with the Equality Act 2010 equality and diversity issues have been considered in the development of this policy and no equality issues were identified. This policy has been assessed against the requirements of the Mental Capacity Act (MCA) 2005 during policy development.

10. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

Success will be determined by:

- The monitoring of Adverse Incident Reports related to breaches in same sex accommodation standards, and the completion of action plans implemented to meet the shortfalls that caused the breach. (Appendix 3)
- Monthly monitoring from inpatient and day surgery facilities (monitoring form Appendix 1)
- Results of patient experience surveys, the findings of which will be reported to the Clinical Audit & Effectiveness and Dignity group for monitoring.
- The monitoring of posters will be audited via mini PLACE visits
- Monitoring of occurrences and action plans will be undertaken by the Service Line Governance meetings and by monthly reporting to the Assurance committee.

11. REVIEW

This document may be reviewed at any time at the request of either at staff side or management, but will automatically be reviewed on a three yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

12. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Department of Health (2007) Privacy & Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals Department of Health, London
- Department of Health (2009a) CNO letter – Eliminating Mixed Sex accommodation Department of Health L o n d o n
- Department of Health (2009b) Delivering same sex accommodation – principles Department of Health, London

- NHS for England (2013) The NHS Constitution Department of Health, London
- NHS England (2013) The NHS Constitution Handbook, Department for Health, London
- Department of Health (2009e) The Story So Far: Delivering Same Sex Accommodation – A Progress Report December 2009 DH, London
- Department of Health (2010c) letter – Delivering Same Sex Accommodation – Self Declaration Gateway ref: 13530, Department of Health London
- Department of Health /National Patient Safety Agency (2009) Action on mixed sex accommodation root cause analysis Gateway ref: 11872 Department of Health, London
- Equality Act 2010
- NHS Institute for Innovation and Improvement, Delivering same -sex accommodation (DSSA), NHS Operating framework for England for 2010/2011
- Letter from the Chief Nursing Officer and Deputy NHS Chief Executive, Eliminating Mixed Sex Accommodation, DOH November 2010
- Care Services Improvement Partnership (CSIP) National Institute for Mental Health in England, Informed Gender Practice, July 2008
- Department of Health, Mainstreaming Gender and Women’s Mental Health, Implementation Guidance September 2003
- Secure futures for Women: making a difference
- Health & Safety Executive, L24, Workplace health, safety and welfare, approved code of practice and guidance, (ISBN 0717604136)
- Department of Health DOH, Delivering Same Sex Accommodation in Day Surgery, Dec 2009, Gateway ref: 12940
- NHS Institute for Innovation and Improvement 2010: The Productive Series Delivering same sex Accommodation
- Mental Capacity Act 2005

Links with Other Policies and Procedures

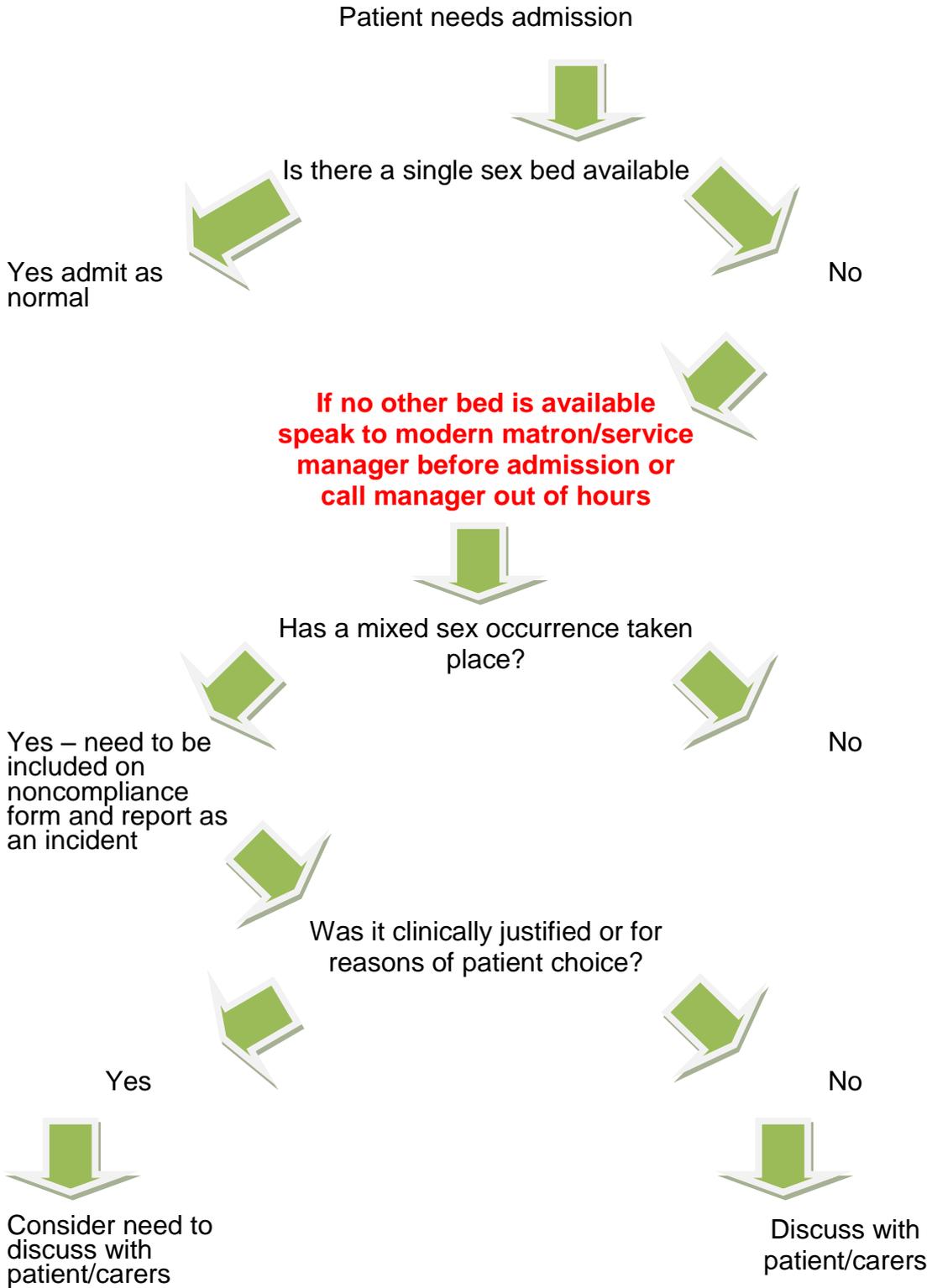
- Reporting Adverse Incidents Policy (RK03)
- Learning and Development Policy
- Induction and Mandatory Training Policy
- The Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 Policy
- SOP for Delivering Same Sex Accommodation and Breaches, August 2010
- Major Incident Plan, November 2010
- Service Business Continuity Plans

Appendix 1

DSSA monthly	
Month	
Provider Organisation- specify ward	
Total number of mixed sex occurrences	
Total number of clinical justified mixed sex occurrences	
Total number of non- clinically justified occurrences	
Total number of incidents reported	
Total number of patients who wear nightwear in communal areas/ during the daytime.	
Total number of incidents related to faults with screens/ curtains/ failed locking systems/ swipe cards/ environment issues	
Total number of days where there has been a toilet / bathroom or shower room out of action for any period of time	
Total number of shifts where staff shortage /other issue has resulted in rushed or absence of personalised care	
Any minority group specific privacy needs that have been identified/ require further improvement. (Patients with learning disabilities, dementia, religious/ faith groups)	

Appendix 2

SAME SEX ACCOMMODATION FLOW CHART



BREACH

For both non clinically justified and justified breaches an incident report via the electronic system safeguard will be completed – copy of record in patient records

(Including details of where the occurrence took place and how many service users were affected; i.e. 1 female in a bay with 3 men = 4 occurrences)

MAJOR BREACH

If the patient is not moved within 12 hours then a further incident form will be completed

Report to modern matron/service manager

**Inform Operational Director or Head of Service
Escalate to Call Manager if Out of Hours**

Solent NHS Trust reports to Commissioners monthly.

Breaches both clinically justified and non-clinically justified may incur financial penalties

Appendix 3

**Non-compliance
Form**

Please complete this form to notify the organisation of non-compliance with approved Solent NHS Trust policy, where the policy requirements cannot be applied to the specific set of circumstances experienced by the service.

Policy name:	Policy for Delivering Same Sex Accommodation
Policy reference number:	
Policy Document Manager:	Head of Patient Insight and Professional Leadership

Date of non-compliance:	
Service:	
Site:	

Please state the section(s) of the policy which cannot be applied and detail the policy requirements.

Please detail the reason(s) why compliance cannot be achieved in this instance.

Is this likely to happen again?	YES	NO
In your opinion, does the policy need to be reconsidered to meet the specific circumstances of your service?	YES	NO

Please detail the risk posed by non-compliance, any action taken in this instance (including completion of an Adverse Incident form) and any steps to	

Incident report reference:	
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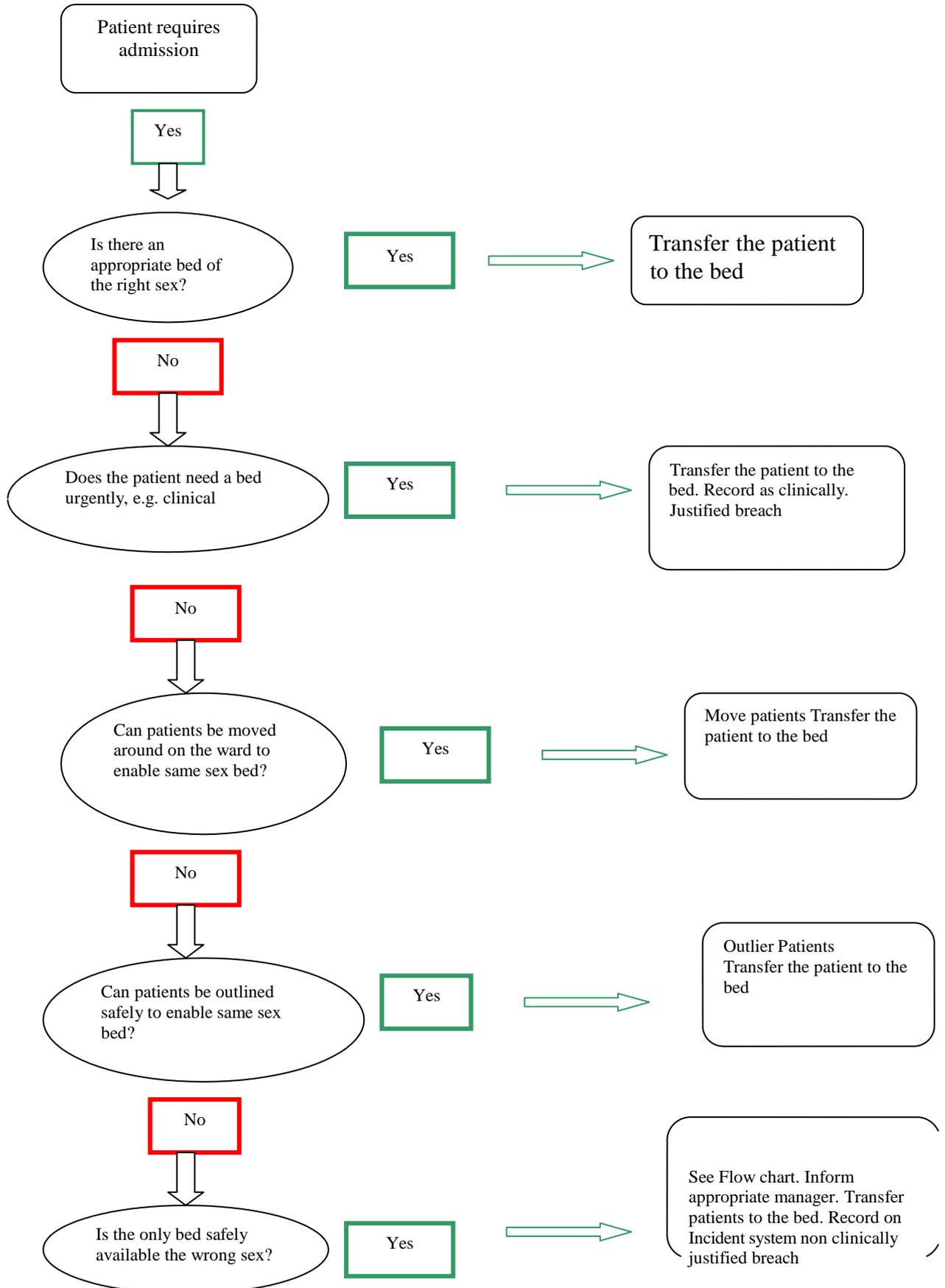
Alternative course of action authorised by:	
Please sign:	
Please print name:	
Please print designation:	

Form completed by:	
Please sign:	
Please print name:	
Please print designation:	
Please date:	

Please send copies of this form to the Policy Document Manager and to the Risk Department. Policies and Litigation Manager
Solent NHS Trust
Adelaide Health
Centre William
Macleod Way
Southampton
SO16 4XE

Appendix 4

Same Sex Accommodation Decision Tree



APPENDIX 5

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	The main aim is to set out the standards required by Solent NHS Trust to ensure that health professions comply with the Delivering Same Sex Accommodation (DSSA) recommendations. Promote and provide guidance on what DSSA requires. Enable staff to understand their role in meeting the requirements.
2. Who will be affected by it?	1. Patients and relatives who utilise Solent NHS Trust services. 2. Staff directly and indirectly employed working within the organisation in line Solent NHS Trust.
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	The standards set out by: The NHS operating framework for England 2010/2011. Eliminating Mixed Sex Accommodation, recognising breaches, reporting breaches, local monitoring and reporting and Trust declaration of compliance Ensure maintain current compliance.
4. What information do you already have on the equality impact of this document?	none
5. Are there demographic changes or trends locally to be considered?	none
6. What other information do you need?	none

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?	√		Day surgery limitation in Podiatry. ? breach v respectful
2. Can any group benefit or be excluded?		√	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		√	
4. Can this actively promote good relations with and between different groups?		√	
5. Have you carried out any consultation internally/externally with relevant individual groups?	√		Jane Butt- HIV and Sexual Health Lead (AMH) Current Policy Steering Group members consulted
6. Have you used a variety of different methods of consultation/involvement	√		Including two patient user groups.

Mental Capacity Act 7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		√	
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If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	medium
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	? discuss at policy group

Step 4- Implementation, Monitoring and Review	Answer
1. What are the implementation and monitoring arrangements, including timescales?	monthly
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	DSSA Author

Step 5 - Publishing the Results	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	Intranet policy file

****Retain a copy and also include as an appendix to the document****