
Same Sex Accommodation Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit 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 single sex accommodation (DSSA). It describes the standards and reporting processes for maintaining single sex accommodation.
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Amendments Summary:

Amend No	Issued	Page	Subject	Action Date

Review Log:

Version Number	Review Date	Lead Name	Ratification Process	Notes
2018/0.1	August 2018	Associate Directors - Professional Standards/ Patient Safety	Trust Policy reviewed to accommodation clarity and definitions.(Previous policy CLS/09 used as basis of review)	Local operational process review and clarification with clearer definitions for breaches
2018/0.2	04/09/18	Associate Directors - Professional Standards/ Patient Safety	Revision of Trust Policy to incorporate reporting changes	Update for operational management and reporting arrangements
2019/0.3	October 2019	Associate Director Professional Standards	Revision of Trust policy to incorporate legislative changes and updated guidance	Update of policy for clearer guidance to support clinical decision making and reporting
Version 4	November 2022	Head of Community Engagement and Patient Experience	Revision of Trust policy to update language used	Language used has been updated to reflect current usage – updates due to standard 3 year review

SUMMARY OF POLICY

Delivering same sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any of our hospital wards.

Solent NHS Trust has set standards to maintain best practice for same sex accommodation in line with NHS Single Sex Standards (2009a b) and the Delivering Same Sex Accommodation guidance (NHS England, 2019) and will complete, and publish on the trust website, the self-declaration for delivering same sex accommodation.

Delivering single sex accommodation simply means providing an environment where men and women do not share sleeping accommodation and bathroom and toilet facilities.

Solent is committed to providing accommodation that complies with the delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

- ✓ There are no exemptions from the need to provide high standards of privacy and dignity
- ✓ Patients should not have to sleep in the same room with someone of the opposite sex, 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.
- ✓ Patients should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
- ✓ Patients 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.

Patients who are admitted to any of Solent NHS Trusts' in-patient units will have ensuite single rooms or will be cared for in rooms 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 same sex sleeping accommodation will be reported as an incident and highlighted to the Trust Board and to commissioners in line with agreed local reporting processes. Breaches will also be reported to the CQC in line with regulation.

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Same Sex Accommodation Policy

1. Introduction and Purpose

- 1.1 Delivering same sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any of our hospital wards.
- 1.2 Solent NHS Trust has set standards to maintain best practice for same sex accommodation in line with NHS Single Sex Standards (2009a b) and the Delivering Same Sex Accommodation guidance(NHS England 2019) and will complete, and publish on the trust website, the self-declaration for delivering same sex accommodation as required under the NHS commissioning arrangements.
- 1.3 One of the NHS Constitution guiding principles is that every patient has the right to receive high quality care that is safe and effective and respects their privacy and dignity. Patients should:
 - not have to share sleeping accommodation with others of the opposite sex,
 - have access to segregated bathroom and toilet facilities.
 - not have to pass through opposite-sex areas to reach their own facilities.

It also makes explicit that in mental health inpatient units women-only day rooms should be provided.

In Mental Health settings promoting physical and sexual safety through eliminating mixed sex accommodation is one of the key things that is cited in terms of promoting sexual safety (see Appendix B , CQC supporting note)

- 1.4 Solent NHS Trust considers mixing of the sexes to be the exception and any such event will be reviewed to prevent further breaches, (see section 2.2 below). This policy is designed to:
 - ✓ Provide a clear definition of same sex accommodation and same sex accommodation breaches and ensure that the Trust has clear processes in place to monitor, report and investigate mixed sex accommodation breaches.
 - ✓ Provide direction to staff to enable them to provide care and treatment in a way which treats service users with respect and maintains their right to privacy and dignity.
 - ✓ Support all inpatient staff in the respectful delivery of same sex accommodation and privacy and dignity.

2. Scope and Definitions

- 2.1 This policy is specifically aimed at Solent staff but also applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers and other workers

who are assigned to Solent NHS Trust who work on or alongside Solent NHS Trust members of staff.

2.2 Solent is committed to providing accommodation that complies with the delivering same sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

- ✓ There are no exemptions from the need to provide high standards of privacy and dignity
- ✓ Patients should not have to sleep in the same room as someone of the opposite sex, 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.
- ✓ Patients should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
- ✓ Patients 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.

Patients who are admitted to any of Solent NHS Trusts' in-patient units will have ensuite single rooms or will be cared for in rooms 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 same sex sleeping accommodation will be reported as an incident and highlighted to the Trust Board and to commissioners in line with agreed local reporting processes. Breaches will also be reported to the CQC in line with regulation.

3. Process/requirements

3.1 Single sex accommodation can be provided in:

- **Same-sex wards**– a ward with all facilities, including dedicated toilet and washing facilities, occupied solely by the patient of the same sex.
- **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.

The Trust expects all service users to be cared for as outlined above and as a result 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
Individual areas provide written information to patients, families/carers detailing how the provision of same sex accommodation is provided on each ward.

- Signage
Patients have access to bedrooms and sleeping areas, bathrooms and toilets and lounges without sharing with someone of the opposite sex, 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.
- For those rooms, for example assisted bathrooms and toilets, that have specialist equipment and consequently 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. Adjustments can be made for patients who are Trans or Non-Binary following a decision around risk, need and best practice for the patient.

3.2 What is a mixed-sex Accommodation Breach?

This refers to all patients in sleeping accommodation within an inpatient setting, following admission, where one or more of the following criteria applies:

- Sleeping breach:** The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender. A sleep breach requires national monitoring and reporting.
- Bathroom breach:** The patient is required to use shared sex bathroom and toilet facilities.
- Walk through breach:** The patient occupies a bed space that does not have access to single-sex washing and toileting facilities. The patient must walk through an area designated for occupation by members of the opposite sex to gain access to washing and toileting facilities
- Dayroom breach:** Male patients accessing women only dayrooms in mental health settings.

3.3 Clinical Justification

There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes. In these cases, a full risk assessment must be carried out and safety, privacy and dignity maintained (Appendix D) for all patients affected.

3.3.1 In physical health areas admission to mixed sex accommodation may be acceptable in particular areas such as critical care, high dependency unit and recovery unit in theatres and in areas where end of life care is provided.

3.3.2 The joint admission of couples or family groups may be a justifiable breach if it is in the overall best interest of the patient.

3.3.3 Children (or their parents in the case of very young children) and young people should have the choice of whether care is segregated according to age or gender. There are however no exemptions from the need to provide high standards of privacy and dignity.

3.3.4 The following are unacceptable justifications for placing a patient in mixed sex accommodation:

- For the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty.
- Due to shortage of staff or poor skill mix.
- Because of restrictions imposed by old or difficult estate/the environment.
- Due to a shortage of beds.
- Because of predictable fluctuations in activity or seasonal pressures.
- Because of a predictable non-clinical incident e.g. ward closure.

The list is not exhaustive

3.3.5 Dependent upon the circumstance risk assessments may consider:-

- Safeguarding history or risks related to self or others. Sexual inhibition relating to mental health issues

Appendix D details the process to support staff when patients require admission to Mental Health Services but no bed in a same sex ward or same sex corridor on a mixed sex ward is available.

3.4 Special Considerations

3.4.1 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.

3.4.2 Inpatients throughout Solent NHS Trust are actively encouraged to wear their clothing during the daytime, but where this is not possible, dressing gowns, and lap blankets will be provided for patient's dignity and comfort when sitting in communal areas. Feedback from inpatients to this agenda is positively encouraged, through walk about, inpatient groups and through the patient experience service.

3.5 Trans and Non-Binary Service Users

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. It may encompass one or more of a wide variety of terms, including (but not limited to) transgender, non-binary, gender queer. (Stonewall). In this document we will refer to trans and non-binary people, in practice recognising and acknowledging the gender expression of each individual patient.

Under the Equality Act 2010, individuals who have proposed, begun, or completed reassignment of gender are legally protected against discrimination. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all trans and

non-binary people whether they live continuously or temporarily in a gender role that does not conform to their natal sex (NHS England 2019) .

3.6 Additional information

Trans and non-binary patients should be accommodated in line with their stated gender identity. There may be some circumstances where it is lawful to provide a different service or exclude a trans or non-binary person from a single sex ward of their preferred gender but only if this is a proportionate means of achieving a legitimate aim. Sensitivity to all patients to be considered on room allocation and where practical the trans and non-binary patients could be offered a single room.

If, for whatever reason it is not possible to discuss their preference of location with the individual in the event of an emergency admission, loss of consciousness or lack of capacity then inferences on the most appropriate accommodation for the patients should be drawn from the presentation of the patient and mode of dress.

General key points are that:

- trans and non-binary service users should be accommodated according to their identity (the name and pronouns that they currently use)
- This may not always accord with the physical sex appearance
- It does not depend on their having a gender recognition certificate (GRC) or legal name change
- It applies to toilet and bathing facilities. Trans and non-binary service users should be offered gender neutral facilities where available. Accessible facilities can be offered as a temporary solution. Equating trans or non-binary status with a disability is not appropriate.
- Views of family members may not accord with the patient's wishes, in which case, the patient's view takes priority

3.7 Reporting arrangements

Privacy and dignity concerns arise where patients are cared for in a clinical area which accommodates both male and female patients in compliance with the classification of same sex accommodation. In this situation the patient will have single sex sleeping accommodation, will not be required to share bathroom or toilet facilities, nor pass through other patients sleeping areas to access these and a female only dayroom will be available in accordance with the Mental Health Act.

Any breach of these standards and the number of patients affected by the breach will be reported using the Trust incident report system, (Ulysses), and will include risk assessment and mitigation actions.

In instances where a breach occurs:

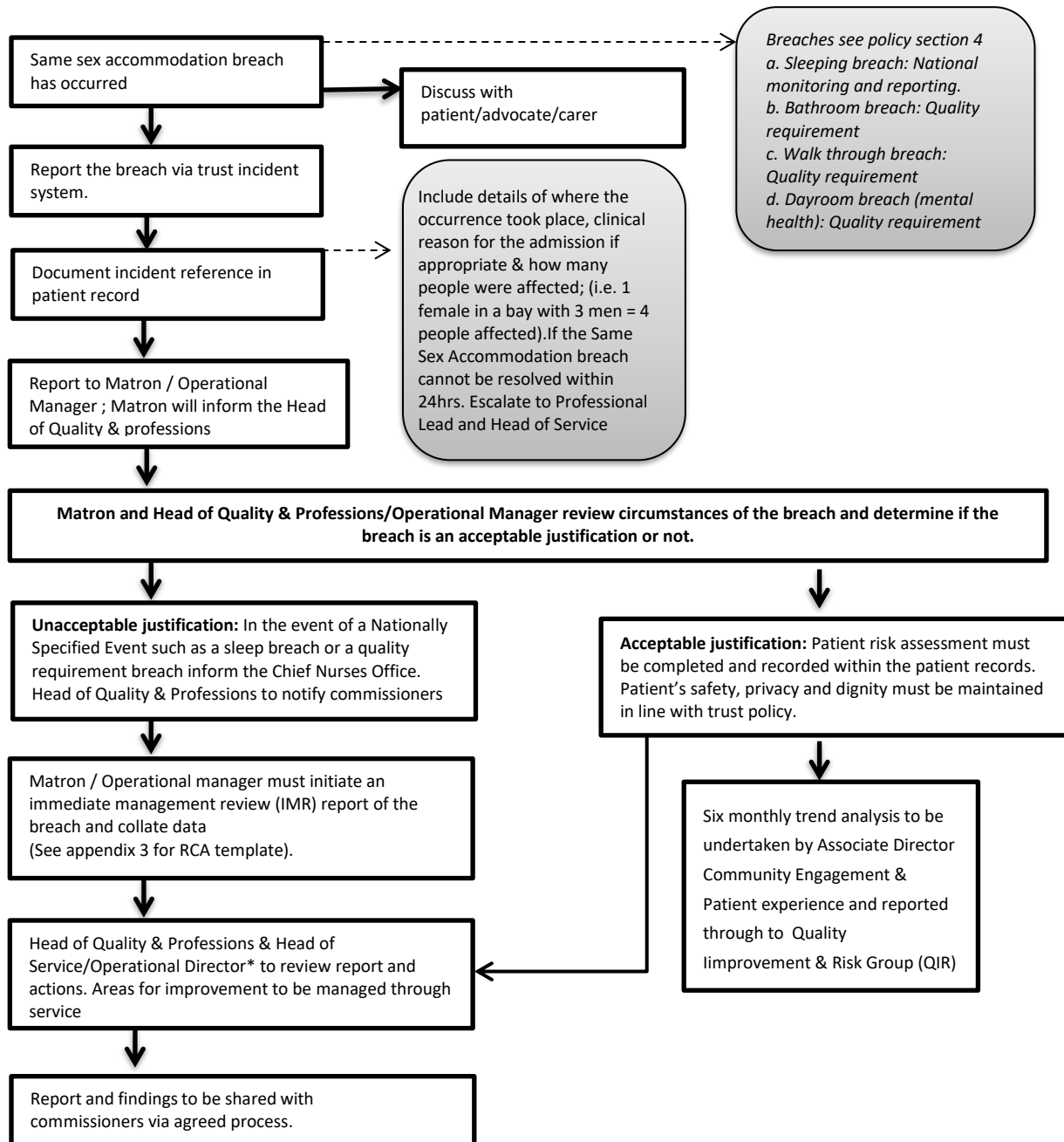
- The reason for the breach should be discussed with the patient(s) by the ward manager or matron as soon as possible after the decision to breach has been made.
- All toilets must be clearly labelled male/female or disabled.
- Every effort must be made to move the patient to single sex accommodation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

- The reason for the breach must be documented in the patients' records.

Each month the ward is required to complete a Delivering Same Sex Accommodation (DSSA) report (Appendix C. This will be submitted to the Associate Director Community Engagement & Patient Experience via the generic inbox: TBC

This information will be used to inform any actions required and to include in the 6 monthly trend analysis.

3.7 Same Sex Accommodation Breach Notification Process



3.8 Maintaining same sex accommodation in the event of a major incident

3.8.1 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 on-going provision of same sex accommodation during any such outbreak.

3.8.2 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, 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.

3.8.3 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.

3.8.4 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.

4.0 ROLES & RESPONSIBILITIES

The Trust Board has a legal responsibility for governance of trust policies and for ensuring that they are implemented effectively. The Trust recognises its responsibilities in ensuring that all inpatient service users are cared for in same sex accommodation.

4.1 **Chief Executive Officer** 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.

4.2 **The Accountable Executive for this policy is the Chief Nurse**; the accountable executive is responsible for:

- The completion of the annual declaration of compliance for commissioners and publication of this on the Trust website.
- Ensuring commissioners (and regulators where appropriate) are informed should any same sex accommodation breach occur.

4.3 **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

4.4 **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.
- Making staff aware of this policy, its content and how to access the policy.

4.5 **All staff caring for inpatient service users** 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.
- Risk assessment and management of vulnerable adults in areas where gender mixing occurs for therapeutic purposes.
- Reporting any same sex accommodation breaches and potential or actual privacy and dignity incidents via the safeguarding incidents reporting system,
- Assisting in the investigation of any failure to comply and prevent same sex accommodation breaches.
- Being aware of their role if acting as a chaperone, in line with Trust chaperone policy.

5.0 TRAINING/COMMUNICATION

5.1 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.

5.2 All staff must attend relevant statutory and mandatory training for their role. The following courses also include elements of Dignity awareness:

- Mental Capacity Act and Deprivation of Liberty
- Safeguarding Adults/Children
- Dementia Care
- Moving and Handling (People Handling)
- All Diploma programmes for Health and Health & Social Care (Previously NVQ's)

5.3 Tracking and compliance of attendance at Corporate Induction and Mandatory Training will be carried out by Learning and Development and will be reported via People and OD.

6.0 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

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, (Appendix 3).

7.0 SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Success will be determined by:

The monitoring of 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. In the event of a sleep breach, a Nationally Specified Event, a thorough root cause analysis and remedial action plan (DH 2010 - NHS Standard Contract Schedule 3 parts 4a & 4b) will be completed under the direction of the Chief Operating Officer

- Monthly monitoring from inpatient and day surgery facilities (monitoring form Appendix C)
- Delivering Same Sex Accommodation self-declaration will be published on the trust website; this will be reviewed annually.
- 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 quarterly reporting to the Assurance committee.

8.0 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.

9.0 REFERENCES AND LINKS TO OTHER DOCUMENTS

- NHS England (2019) Delivering Same Sex Accommodation – policy and reporting requirements update
- 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 /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
- Department of Health (2010c) letter – Delivering Same Sex Accommodation – Self Declaration Gateway ref: 13530, Department of Health L o n d o n
- NHS Institute for Innovation and Improvement 2010: The Productive Series Delivering same sex Accommodation
- NHS for England (2013) The NHS Constitution Department of Health, London
- NHS England (2013) The NHS Constitution Handbook, Department for Health, London
- CQC (2017) Brief guide: Same sex provision in mental health hospitals
- Mental Health Act, 1983 – Code of Practice

10.0 LINKS WITH OTHER POLICIES AND PROCEDURES

- Incident Reporting, Investigation and Learning Policy
- Learning and Development Policy
- Induction and Essential Training Policy
- Deprivation of Liberty Safeguards and the Mental Capacity Act Policy
- Service Business Continuity Plans
- Equality, Diversity, Inclusion and Human Rights Policy
- Safeguarding Children, Young People and Adults at Risk Policy
- Chaperone Policy

Appendix A:

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the Solent e-learning module:

<https://mylearning.solent.nhs.uk/course/view.php?id=170>

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Community Engagement and Patient Experience	
Title of Change:	Same Sex Accommodation Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Reviewing and updating the policy	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
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Sex	YES			
Gender reassignment	YES			
Disability			NOT APPLICABLE	
Age			NOT APPLICABLE	
Sexual Orientation	YES			
Pregnancy and maternity			NOT APPLICABLE	
Marriage and civil partnership			NOT APPLICABLE	
Religion or belief			NOT APPLICABLE	
Race			NOT APPLICABLE	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	<p>Consulted our experience of care group who recommended that we update the language that is used in the policy. The experience of care group is composed of community partners.</p> <p>We then worked with the Diversity and Inclusion Team to update the language.</p> <p>The updated policy was then shared with the co- chairs of the LGBTQ+ staff network who further amended the language.</p>
Have you taken into consideration any regulations, professional standards?	Yes	NHSE Delivering Same-Sex Accommodation guidance – 2019

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Sharing the updated policy with staff.		
Who will be responsible for monitoring and regular review of the document / policy?	Head of Community Engagement and Patient Experience		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:		Date:	
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Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team



Supporting note

Mixed sex accommodation

Supporting notes are written for CQC's assessors and inspectors, to help them make consistent judgements on compliance with the essential standards of quality and safety. Supporting notes only act to clarify key aspects of some of the essential standards; they do not introduce additional requirements. Providers may also find the information useful.

Purpose of note	To help compliance inspectors to understand the Department of Health's expectations for eliminating mixed sex accommodation, the requirements for declaring compliance with the policy and to report breaches.
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Main Outcome	10: Requirements – individual or partnership	A
Specific prompt (s)	People who use services can be confident that in relation to design and layout, the provider: <ul style="list-style-type: none"> • Ensures the premises are suitable for the regulated activity. • Ensures the premises protect people's rights to privacy, dignity, choice, autonomy and safety. • Ensures the premises reflect Department of Health Published guidance. 	
The note may also be relevant, in part, to the following outcomes	1A, 4F, 7D 10F, 10M,	

This note is relevant to the following service types:
NHS service and NHS-funded care and hospices only.

Detail of the note to the essential standards
<ol style="list-style-type: none"> 1. The Department of Health requires all providers of NHS-funded care to confirm that they are compliant with the national definition "to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects the patient's choice". The declarations had to be made no later than 1 April 2011. Organisations that either do not make a declaration or declare that

they are not compliant will face penalties. Declarations must be clearly visible on the organisation's website. The declaration should be accompanied by a commitment to audit data quality and publish results. The consequences of non-compliance are fines for an organisation, but these penalties are the responsibility of the Department of Health and not CQC.

(See Department of Health 2011 Letter to Chief Executives. Gateway reference 15552, Eliminating Mixed-Sex Accommodation - Declaration Exercise 10 February 2011).

Note: CQC inspectors should note that where breaches are found this should be considered as contextual information. It suggests that a more in-depth look is needed in terms of the essential standards, but does not necessarily indicate breaches of essential standards

Our Intelligence team are currently developing measures in this area, using the data collected by the Department of Health but it is not included in QRP yet.

2. 'Mixed sex accommodation' refers not only to sleeping arrangements, but also to bathrooms or WCs and the need for patients to pass through areas for the opposite sex to reach their own facilities. As long as men and women are cared for in separate bays or rooms and have their own toilet facilities, then it may be appropriate for them to be on the same ward being cared for by the same team of doctors and nurses.
3. There is an additional requirement for mental health and learning disability inpatient units in relation to the availability of same-sex day space, particularly for women who use services. The Mental Health Act Code of Practice (revised in 2008) says:

“Separate facilities for men and women

16.9 All sleeping areas (bedrooms and bed bays) must be segregated, and members of one sex should not have to walk through an area occupied by the other sex to reach toilets or bathrooms. Separate male- and female-only toilets and bathrooms must be provided, as should separate day rooms. If in an emergency it is necessary to treat a patient in an environment intended for the opposite sex, senior management should be informed, steps should be taken to rectify the situation as soon as possible, and staff should protect the patient's privacy against intrusions – particularly in sleeping accommodation, toilets and bathrooms. Consideration should be given to the particular needs of transgender patients.”

In mental health, promoting physical and sexual safety through eliminating mixed sex accommodation is one of the key things that is cited in terms of promoting sexual safety.

4. Children, and in particular adolescents, need special consideration. The hospital standard of the National Service Framework (NSF) for children requires children to be treated in accommodation that meets their needs for privacy and is appropriate to their age and development. Under the NSF, segregation by age is a more important issue than segregation by gender. This is a particular issue for adolescents, who want primarily to be with patients of a similar age and interests. In addition, they want to be able to choose between being in a single or mixed sex environment. Options should be discussed with young patients who are old enough to understand and with their parents and carers.

5. NHS services are expected to eliminate mixed sex accommodation where it is in the best interests of the individual or reflects personal choice. There are some exceptions, including:
 - In the event of a life-threatening emergency.
 - Where critically ill patients need one-to-one nursing care in ITU.
 - where a nurse must be physically present in the room/bay at all times e.g. in level 2 (high dependency care).
 - Where a short period of close patient observation is needed e.g. post anaesthetic recovery.
 - On the joint admission of couples or family groups.

6. There is no justification for placing a person in mixed sex accommodation for the following reasons:
 - More convenient for staff.
 - A shortage of staff or poor skill mix.
 - A shortage of beds.
 - Predictable fluctuations in activity or seasonal pressures.
 - Predictable non-clinical incidents e.g. ward closures.
 - While waiting for assessment, treatment or a clinical decision.
 - Because of restrictions imposed by old estate (i.e. old buildings and facilities are not considered an excuse for non-compliance).
 - Based on a clinical specialism (i.e. caring for people within the same clinical specialty e.g. respiratory or orthopaedics is not an excuse for non-compliance).
 - A 'take it or leave it' approach (i.e. if the patient had to choose between accepting mixed sex accommodation and going elsewhere).
 - Custom and practice.

Background and references

Mental Health Act Code of Practice in 2008.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

PL/CNO/2009/2 Eliminating mixed sex accommodation - Chief Nursing Officer's Letter, 17 May 2009.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894

Department of Health 2009, Delivering same sex accommodation progress report: the story so far.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110047

Department of Health 2009, Action to deliver same sex accommodation root cause analysis - a toolkit to enable trusts to identify and address, September 2009.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104970

Department of Health 2010, Dear Colleague letter from the Chief Nursing Officer and Deputy NHS Chief Executive. Eliminating Mixed Sex Accommodation – November 2010.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_121848

Department of Health 2007, Privacy and Dignity - A report by the Chief Nursing Officer into mixed sex accommodation in hospitals.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074543

Department of Health, Letter to Chief Executives. Gateway reference15552.

Appendix C:

Maintaining Same Sex Accommodation (MSSA) monthly report	
Month	
Provider Organisation- specify ward	
Total number of mixed sex Occurrences: i. Sleeping breach ii. Bathroom breach iii. Walk through breach iv. Dayroom breach	
Total number of clinical justified mixed sex occurrences	
Total number of non-clinically justified occurrences	
Total number of incidents reported related to patient dignity	
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)	

Please send form to: [TBC](#)

Appendix: D

Decision making support for admission of a patient when NO same sex accommodation is available in MH services

