

CLINICAL GUIDELINE FOR DELIVERING SAME-SEX ACCOMMODATION(DSSA)

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| AUTHOR: | Deputy Director of Quality Transformation |
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| CLINICAL GUIDELINE SUMMARY |
| <p>The trust has a statutory requirement to declare and publish its compliance against the delivery of same-sex accommodation standards on an annual basis and to inform our commissioners of our compliance status.</p> <p>This clinical guideline provides direction on the principles of same-sex accommodation and aims to ensure that all patients feel that their privacy and dignity are respected while they are receiving care from EPUT within an inpatient environment.</p> <p>The requirement covers sleeping accommodation, bathroom/toilet accommodation and (in mental health and learning disability providers) designated female only day rooms/lounges.</p> <p>For the purpose of this clinical guideline, the terms patient, service user, resident and client will be used interchangeably.</p> |
| The Trust monitors the implementation of and compliance with this clinical guideline in the following ways: |
| <p>Any breaches will be reported via the Datix incident reporting system.</p> <p>Compliance will be monitored via ward audits, and patient experience will be Monitored via PALS complaints and patient feedback.</p> |

| Services | Applicable | Comments |
|-----------|------------|----------|
| Trustwide | ✓ | |

The Director responsible for monitoring and reviewing this clinical guideline is Director of Nursing/Executive Nurse

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**CLINICAL GUIDELINE FOR DELIVERING SAME-SEX
ACCOMMODATION(DSSA)**

Contents

| | | |
|------|--|----|
| 1.0 | INTRODUCTION | 3 |
| 2.0 | SCOPE | 3 |
| 3.0 | WHAT IS SAME-SEX ACCOMMODATION? | 3 |
| 4.0 | RESPONSIBILITIES | 4 |
| 5.0 | PROVISION OF INFORMATION | 5 |
| 6.0 | SIGNAGE | 5 |
| 7.0 | SITTING ROOMS | 5 |
| 8.0 | SPECIAL CONSIDERATIONS | 6 |
| 9.0 | BREACHES | 7 |
| 10.0 | TRAINING IMPLICATIONS | 8 |
| 11.0 | DISSEMINATION IMPLEMENTATION AND ACCESS | 8 |
| 12.0 | MONITORING ARRANGEMENTS | 8 |
| 13.0 | CLINICAL GUIDELINE REVIEW | 9 |
| 14.0 | LINKS TO OTHER CLINICAL GUIDELINES/POLICIES/PROCEDURES | 10 |
| 15.0 | REFERENCES | 10 |

Appendix 1 – Ward Audit

Appendix 2 – Frequently Asked Questions on Same-Sex Accommodation

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CLINICAL GUIDELINE ON DELIVERING SAME-SEX ACCOMMODATION

1.0 INTRODUCTION

This clinical guideline is designed to:

- 1.1. Provide a clear definition of same-sex accommodation.
- 1.2. Provide guidance respecting patient's privacy and dignity through the delivery of same-sex accommodation and encourage staff to be aware of patient's individual needs.
- 1.3. Support all staff and patients in the respectful delivery of same-sex accommodation.
- 1.4. This clinical guideline reflects the Mental Health Act (MHA) Code of Practice (2015) Sexual Safety Standards and the needs of transgender patients.

2.0 SCOPE

- 2.1. This guidance applies to all patients and their carers who are on Trust premises as they should always be treated in a fair and equitable way, with adjustments made for individual needs where necessary.
- 2.2. The guideline sets out standards for delivering same sex accommodation with privacy, dignity and respect on Trust premises, outlining the ways to ensure that they are always of an utmost importance when dealing with patients.
- 2.3. Adherence to this guidance is the responsibility of all staff employed by Essex Partnership University Trust, whether this is on a permanent, temporary or voluntary basis, as well as those people that perform work on behalf of the trust.

3.0 WHAT IS SAME-SEX ACCOMMODATION?

- 3.1. **Same-sex wards** – Is where male and female patients do not share sleeping accommodation. In a same-sex ward, the ward is occupied either solely by men or solely women and as such has its own dedicated toilet and washing facilities.
- 3.2. **Mixed sex wards** – Is where same sex accommodation can be provided as either single bedrooms with same sex toilet and washing facilities (preferably en-suite) or where patients are cared for in same-sex bays/dormitories with adjacent same-sex toilet and washing facilities used solely by males or females (depending on sex of patients in the adjacent bay/dormitory). Good practice would suggest that bays are entirely enclosed with solid walls with a door that can be shut.
- 3.3. On mixed sex wards with single or shared bedrooms giving out to one corridor, single bedrooms, toilet and bathing facilities are grouped and signposted to achieve as much gender separation as possible (for example, females towards one end of the corridor and males towards the other). Additionally patients should not need to pass through mixed communal areas or sleeping areas, toilet or washing facilities used by the opposite gender in order to get to their own facilities.

- 3.4. The exception is toilet facilities used while in day areas where patients are fully dressed. If there are limited facilities for disabled people which need to be used by both male and female patients who may be vulnerable they should be escorted by a member of staff **and** within spaces where men and women can socialise and take part in therapeutic activities together **and** every effort is made to ensure the availability of staff the same gender as the patients they are caring for, especially for intimate care.
- 3.5. In mixed gender mental health and learning disability wards a female only lounge should be provided in accordance with the Mental Health Act Code of Practice. Women only areas are important due to the increased risk of sexual and physical abuse and risk of trauma for women who have had prior experience of such abuse.
- 3.6. Some WCs and bathrooms contain specialist facilities (e.g. hoists) to make them accessible for disabled users. Such facilities may be designated unisex as long as they are for use by one person at a time, are lockable from the inside (with external override), a risk assessment has been conducted and, where necessary, the patient is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.
- 3.7. The Care Quality Commission publication - Sexual Safety on Mental Health wards (2018) reported that staff should be aware that people, who have experienced inpatient care, and their families, told them that they find it difficult to talk about sexual safety incidents. They may be afraid to report an incident because the person who carried it out may still be on the same ward. They go on to state that on wards that admit both men and women, the arrangements to keep the sleeping and bathroom areas apart must work in practice and communal areas should be closely supervised.
- 3.8. The provision of gender sensitive care applies to all ages and therefore includes child and adolescent units; that boys and girls should not share bedrooms or bed bays and that toilet and washing facilities should be same-sex. An exception to this might be in the event of a family admission onto a child and adolescent unit, in which case brothers and sisters may share bedrooms, bathrooms and toilets.
- 3.9. Unless accompanied by nursing staff, visitors are expected to make use of communal day areas, lounges or other visiting facilities rather than patient bedrooms.
- 3.10. In mental health services, promoting physical and sexual safety through eliminating mixed sex accommodation is one of the key area that is cited in terms of promoting sexual safety. However it should be recognised that this can happen on any ward single or mixed. Staff must report any breaches of the above - please refer to section 9 for guidance

4.0 RESPONSIBILITIES

4.1. The Chief Executive is responsible for:

- Ensuring that the principles of this clinical guideline and associated guidance are implemented across the organisation;
- Ensuring any necessary financial resources.

4.2. The Executive Nurse is responsible for:

- Ensuring that this guidance is embedded into clinical practice and updated regularly;
- Ensuring that any training or educational needs arising from any relevant documentation are identified and implemented effectively;
- Overseeing that clinical risk issues and breaches are addressed with relevant managers;

- The implementation of relevant national guidance.

4.3. Directors and Senior Management are responsible for:

- Monitoring implementation of this guidance via clinical audit and patient surveys;
- Providing evidence that EPUT guidelines have been followed;
- Regular audits of sites in the Trust to ensure staff are meeting the standards for privacy, dignity, respect and same sex accommodation
- Ensuring that any actions arising as a result of clinical audit and patient feedback are implemented across the Trust;
- Identifying training needs of relevant staff

4.4. Managers and other Persons in Charge are responsible for:

- Advising and instructing staff on the requirements set out in this clinical guideline via local induction arrangements and ongoing communication mechanisms, such as staff meetings, supervision etc.;
- Making the necessary arrangements to enable staff to attend any training in respect of this clinical guideline.
- Following decision making and escalation process for procedures within these guidelines
- Ensuring clinical decisions relating to privacy and dignity are not overturned with appropriate escalation and documentation of risk assessments

4.5. Individuals will ensure:

- All patients are cared for in single sex accommodation;
- That privacy and dignity is respected;
- That patients are treated with respect;
- Taking immediate, appropriate action, Datix report and inform their line manger when they become aware of any breaches of the procedures laid out in these guidelines

5.0 PROVISION OF INFORMATION

- 5.1. Information posters detailing how the provision of same-sex accommodation is provided will be prominently displayed on each inpatient area.
- 5.2. To support this, information leaflets with the same detail will be issued to each patient and their carers on admission to the ward.

6.0 SIGNAGE

- 6.1. All bedrooms and sleeping areas, bathrooms and toilets and female only lounges must have clear signs on them indicating their specific gender use.
- 6.2. For those rooms, e.g. assisted bathrooms and toilets, which 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 at the time of use.

7.0 SITTING ROOMS

- 7.1. In Mental Health & Learning Disability Services, each ward must ensure it provides a clearly signed female-only sitting room, as well as communal / mixed sex lounges.
- 7.2. In Community Health Services hospitals, female patients must be offered the choice of eating by their bedside where only a mixed day room is available.

8.0 SPECIAL CONSIDERATIONS

8.1. Single Sex Wards:

8.1.1. Where wards are providing specific single sex ward/accommodation to a gender specific patient group, this guidance equally applies in relation to patient's privacy and dignity being respected.

8.2. Transgender Patients:

Transgender people, individuals who have proposed, commenced or completed reassignment of gender, are legally protected against discrimination and as such have equal rights to access single sex wards as any other male/female.

8.2.1. Good practice requires that clinical responses should be patient focused, respectful and flexible towards all transgender people who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natal sex.

8.2.2. General key points are that:

- Transgender people should be accommodated according to their preferred gender presentation (the way they dress, the name and pronouns they currently use)
- This presentation may not always accord 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
- The views of the transgender person should take precedence over those of family members where these are not the same
- At all times this should be done according to the wishes of the patient concerned, as well as the other patient's resident of the ward/area unless there are strong reasons to the contrary which will be discussed with the individual.

8.2.3. All transgender people as described above will be cared for in a single room wherever possible. Please see Procedural guidance for the care and management of transgender patients (*under development*) for further information and best practice on how to accommodate the gender preferred need.

8.3. Day surgery – Electroconvulsive Therapy (ECT)

The operational policy for ECT will include guidance on DSSA and how the patient's privacy and dignity is maintained throughout administration of and recovery from ECT.

8.4. Maintaining same-sex accommodation in the event of a Major Incident / Pandemic Outbreak

8.4.1. The Trust's Major Incident Plan sets out a framework for organisational response to any kind of major incident affecting patients and/or staff.

8.4.2. This alongside the business continuity plans for each of the Trust's individual services/departments will support the on-going provision of same-sex accommodation during any such incident / outbreak.

8.4.3. If during a Major Incident / Pandemic Outbreak patient safety may be compromised by maintaining same-sex accommodation then a risk assessment should be completed and any breaches must be recorded as detailed in Section 9.

8.5 Clinical Emergency - Admissions

8.5.1 Patients should not be admitted to mixed-sex accommodation. However it may be acceptable, in a clinical emergency, to admit a patient temporarily to a single, en-suite room in the opposite-gender area of a ward.

8.5.2 In such cases, a full risk-assessment should be carried out and the patient's safety, privacy and dignity maintained. Steps should be taken to rectify the situation as soon as possible. For more information see NHS guidance on eliminating the use of mixed-sex accommodation in relation to mental health patients.

9.0 BREACHES

9.1. Guidance on Breaches

9.1.1. **Acceptable** justification (Not Breach)

- In the event of a life threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
- Where a critically ill patient requires constant 1:1 nursing care
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient. This would be unacceptable if staff shortages or skill mix were the rationale)
- Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions
- On the joint admission of couples or family groups

9.1.2. **Unacceptable** justification (Breach)

- 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
- Placing a patient in mixed-sex accommodation because of a shortage of staff or poor skill mix
- Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate/buildings
- Placing a patient in mixed-sex accommodation because of a shortage of beds
- Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures
- Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. a ward closure
- Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision
- Placing a patient in mixed-sex accommodation for regular but not constant observation.

- 9.2. In the event of a potential breach of the above procedures regarding sleeping accommodation, staff on the ward/unit must inform their manager/manager on-call.
- 9.3. The manager on call must escalate any breaches to the Executive Directors and appropriate Director/Director on call for decision to breach
- 9.4. Staff must submit an incident form via Datix, clearly indicating the nature of the breach and ensuring the following incident classifications are selected on the Datix Web form:
 - **Incident Type:** Patient Incident
 - **Category:** Admission
 - **Subcategory:** Gender Separation
 - **Is this a serious Incident:** Serious Incident
- 9.5. The incident will be investigated by the serious incident team who will confirm as a serious incident where appropriate and all relevant stakeholders will be notified. Please see the Adverse Incidents (including Serious Incidents) policy and procedures, CP3 & CPG3.
- 9.6. Providers are required to report breaches relating to sleeping accommodation **only** to NHS England every month via Unify2.
- 9.7. Any breaches will be included in the performance and quality report received by the Executive Operational Sub-Committee and the Board of Directors.

10.0 TRAINING IMPLICATIONS

- 10.1. All staff providing care for patients within inpatient areas or day hospitals will receive updates from their line manager on an on-going basis of the importance of same-sex accommodation provision and treating patients with respect and dignity.
- 10.2. All new staff to inpatient wards will receive a briefing as part of the local induction.

11.0 DISSEMINATION IMPLEMENTATION AND ACCESS

- 11.1. This clinical guideline and associated documents can be found on the Trust intranet.

12.0 MONITORING ARRANGEMENTS

- 12.1. Operational teams will review local process and practice every six months in line with this guidance. Results will be presented to the service management teams for identification of any actions required.
- 12.2. As a minimum the review will address:
 - Responsibilities
 - Compliance with privacy & dignity
 - Feedback from patient satisfaction surveys.

| Area to be monitored | Monitoring process | Responsibility | Frequency | Reported to |
|---|--|-----------------------------------|--|---|
| DSSA ward audit | See Appendix 1 | Ward sisters and charge nurse | Six monthly Or more frequently if concerns are identified | Ward quality performance Dashboard Directorate risk Register if breaches are identified |
| Patient feedback | Each service area will incorporate DSSA within local quality markers and a survey of all inpatients with regard to DSSA will be carried out in discharge survey | Ward sisters and charge nurse | Annual Patients survey | Finance and performance committee following which the report is disseminated to the Board and Executive Team (ET) |
| Privacy and dignity concerns - PALS | Patient complaints via EPUT's Patient Advice and Liaison Service (PALS) The contact number is: A confidential e-mail service is also available at epunft.pals@nhs.net | PALS service | Ongoing | Trust complaints and PALS team |
| The number of incidents that include issues around same-sex accommodation | Exception reporting from Datix, the Trust incident reporting system | Clinical Leads/ Service Directors | Monthly | ET via the Finance and performance report |

13.0 CLINICAL GUIDELINE REVIEW

13.1. This clinical guideline will be reviewed every three years and in response to publication of any new national guidance/legislation and any investigation into reported breaches and investigation findings submitted to the Clinical Governance & Quality Sub-Committee. It will be reviewed in line with the guidance set out in CP1, Trust Policy for Controlled Documents.

14.0 LINKS TO OTHER CLINICAL GUIDELINES/POLICIES/PROCEDURES

- 14.1. The provision of same-sex accommodation is intrinsically linked to the provision of privacy and dignity and is embedded into the clinical practice throughout the delivery of all inpatient care.
- 14.2. This clinical guideline should also be linked to CG60 Sexual Health and Behaviour in Inpatient Units Clinical Guideline; Procedural Guidance for the Care and Management of Transgender Patients (under development) the Trust's Induction, Mandatory & Essential Training Policy, HR21

15.0 REFERENCES

- Sexual Safety Collaborative (National Collaborating Centre for Mental Health 2020)
- CQC Brief guide: Assessment of same-sex accommodation May 2015
- CQC guide: Sexual safety on Mental Health wards September 2018
- CQC supporting guide: Assessment of same-sex accommodation May 2015
- Department of Health (2007) *Privacy and Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals* DH, London
- Department of Health (2008) *High quality care for all: NHS Next Stage Review final report* DH, London
- Department of Health (2009) *Delivering same-sex accommodation in day treatment areas, Annex B.* DH, London
- Department of Health (2009) *Eliminating Mixed Sex Accommodation.* DH, London
- Department of Health (2009) *NHS Single Sex standards* DH, London
- Department of Health (2009) *Delivering same-sex accommodation for trans people and gender variant children, Annex E.* DH, London
- Department of Health (2009) *The NHS Constitution: securing the NHS today for generations to come* DH, London
- Department of Health (2010) *Delivering same-sex accommodation: self-declaration* DH, London
- Equality Act 2010
- Gender Recognition Act 2004
- Mixed Sex Accommodation Guidelines under HSC 1998/143, 2007
- The Mental Health Act Code of Practice (revised in 2015)

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