Delivering Same Sex Accommodation Policy

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Name of Review/Development Body: Practice Development Group

Ratification Body: Professional Nursing & Midwifery Steering Group

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1 Where there is a full review, amendment details are not required in the version control sheet.
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1 INTRODUCTION

Delivering Same Sex Accommodation (DSSA) simply means providing an environment where men and women do not share sleeping accommodation and bathroom & toilet facilities. Same Sex Accommodation can be provided in the following environments;

- Same Sex Wards (the whole ward is occupied by men or women but not both)
- Single Rooms
- Same Sex Accommodation (bay) within Mixed Sex Ward
  All with dedicated toilet and bathroom facilities preferably within or adjacent to the bay or room

In addition, patients should not need to pass through opposite sex accommodation to access toilet and washing facilities, to access their own.

Department of Health (2009, 2010)

The Trust provides accommodation that complies with NHS Single Sex Standards (2009) and Department of Health DSSA Policy and guidance (2009, 2010). There is board level commitment for compliance with these standards and they are considered to be a key factor in maximising patient privacy, dignity and respect.

2. PURPOSE AND OBJECTIVES

The purpose of this policy is to outline the Trusts arrangements for achieving compliance to DSSA standards (Appendix 1) and the process when compliance has not been achieved.

3. SCOPE

This policy applies to all of the patients who will access and use a bed, toilet and bathroom facilities.

4. DUTIES/RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive has ultimate responsibility for Quality and Safety including the implementation of this policy. He/she delegates this responsibility to the Medical Director and Director of Nursing and Patient Experience.

4.2 Trust Board

Trust Board has overall responsibility for patient safety and experience within the Trust and to ensure the Trust complies with its statutory obligations in this regard. The Trust Board monitors the compliance to Delivering Same Sex Accommodation via the monthly Performance Report to the Board and Department of Health.

4.3 Professional Nursing and Midwifery Steering Group
Professional Nursing & Midwifery Steering Group is responsible for ratification of this policy and monitoring its effectiveness.

4.4 **Director of Nursing and Patient Experience, Deputy Directors of Operations, Deputy Medical Directors**
The above have delegated lead for Quality and Safety within the Trust. This includes the implementation and monitoring of this policy.

4.5 **Associate Director of Capital, Estates & Facilities**
This role has responsibility for ensuring that the building design is functional and supports compliance to DSSA, this includes signage. Compliance with SSA must be taken into consideration in any future estates and building programmes (Appendix 2) and advice and support should be obtained from the Trust DSSA / Privacy and Dignity Lead.

4.6 **General Managers, Specialty Managers, Heads of Department, Clinical Site Managers, Site Nurse Practitioners and Matrons (Specialty Business Units/Supporting Services Management Teams)**
The above are responsible for supporting and monitoring the implementation of this policy.

4.7 **Heads of Nursing /Matrons and Senior Sisters / Charge Nurses**
The above must ensure that no accommodation has mixed sex patients and report any findings to the Clinical Site Manager / Site Nurse Practitioner to ensure the patient(s) have appropriate same sex accommodation arranged.

In the event of a mixed sex incident or a patient complaint an adverse incident form must be completed and investigated as per Incidents and Serious Incidents Management Policy

4.8 **Clinical Site Manager (CSM) / Site Nurse Practitioners (SNPS)**
The CSM and SNPs must ensure that no patients are allocated a bed in a mixed sex accommodation. Monitoring and documentation of DSSA issues must be raised and resolved at the bed meetings or by contacting the CSM / SNP via their bleeps.

It is the responsibility of the CSM / SNP, in conjunction with the relevant manager / matron to ensure mixed sex accommodation is avoided. In the event of an incident the patient(s) must be moved as soon as possible. The patient plan must be documented on the bed meeting electronic log.

4.9 **Staff**
Trust staff are responsible for ensuring that they familiarise themselves with and comply with, the requirements of this policy.
5. SUBJECT MATTER OF POLICY DELIVERING SAME SEX ACCOMMODATION

5.1 The DSSA NHS Standard (Appendix 1)

The standard found in Appendix 1 informs all NHS staff where same sex accommodation can be provided. From a Trust perspective these standards have been aligned with the Trust accommodation levels.

5.1.2 Trust accommodation levels:

The type of inpatient accommodation provided by an acute hospital is classified nationally by level of care, see below.

5.1.3 Level 0 – Inpatient wards

The wards must comply with the standard and Trust staff must not place mix sex patients in the same room / bay.

Patients whose needs can be met through normal ward care in an acute hospital must comply with the standard.

5.1.4 Level 1-HDU

The wards must comply with the standard and Trust staff must not place mix sex patients in the same room / bay.

Patients whose needs can be met through normal ward care in an acute hospital must comply with the standard.

5.1.5 Level 2 Intensive Care Unit & Coronary Care Unit

This can be a mixed sex environment (DH, 2010)

Patients in these areas require more detailed observation or intervention in a critical care area to support a single failing organ system, or post-operative care and those 'stepping down' from higher levels of care. There is a higher ratio of nursing staff in this area to assist patients to maintain their privacy and dignity.

The compliance to DSSA is required within 4 hours of the patient being identified as 'stable' to be transferred to a level 1 or 0 area within the Trust.

5.1.6 Level 3-Intensive Care Unit

This can be a mixed sex environment (DH, 2010)

This level includes all complex patients requiring support for multi-organ failure. There is a higher ratio of nursing staff in this area to assist patients to maintain their privacy and dignity.
5.2 Toilet and Bathroom

Where there are no en-suite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate same sex bed bays/rooms. The facilities must be designated by gender, using Trust approved signage. These signs are changeable showing either male or female according to the need. It is the responsibility of the Ward Sister/deputy to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.

In addition, patients must not pass through, or close to opposite sex areas to reach toilets and bathrooms.

Men and women should not have to share mixed bathing and toilet facilities, unless they need to use a disabled / assisted bathroom or by patient choice.

5.3 Patients admitted in an emergency

It is recognised that in some emergencies, mixing of the sexes may be necessary due to the clinical needs of each individual patient i.e. needing critical care / CCU accommodation.

5.3.1 Greater protection should be provided where patients are unable to preserve their own modesty by nurses being present in the area at all times, especially CCU and HDU Level 2. Within these areas patient bed position must be taken into consideration, with every attempt to place patients of the same sex opposite each other, using curtains to limit being viewed by the opposite sex in between beds. In CCU the cubicle must be utilised for same sex accommodation if requested, if not required for infection control reasons (Appendix 3).

5.4 Patients admitted as an elective admission

5.4.1 Endoscopy, Surgical Short Stay Unit and Day Surgery Unit

All patients must be provided with same sex accommodation. Appendix 4 and 5 provide guidance to SSSU and DSU staff on compliance measures and process.

5.4.2 Medical Day Unit and Chemotherapy Day Unit

The Medical Day Unit and Chemotherapy Day Unit are mixed sex environment but offer a same sex environment if the patient wishes not to be in a mixed sex environment.

Prior to attendance and on day of attendance patients should be given the opportunity to refuse placement, based on religious, cultural and or beliefs systems. Where possible, and if it is safe to do so alternative accommodation will be found for the patient at the earliest opportunity to ensure that their appointment can continue.

The following standards are to be adhered to;

• Treatment areas should be same sex or offer a dedicated area for same sex
• Bathroom and toilet facilities must be designated as same sex, unless disabled / assisted bathroom.
• Staff must ensure that all patients, (particularly vulnerable patients) wear appropriate clothing to maintain their dignity. If at all possible patient should be encouraged to wear their own clothes.
• If patients are required to wear a hospital gown then a second gown (to be worn as a dressing gown) and blankets should be offered.
• Greater protection should be provided where patients are unable to preserve their own modesty (e.g. following recovery from a general anaesthetic or when sedated)
• Patient preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives, carers or loved ones especially if the patient has been assessed as lacking capacity.

5.4.3 Exceptions to the above may be acceptable in the case of very minor procedures where patients are not required to undress or otherwise be exposed. Similar consideration will apply wherever treatment is repeated, especially where patients may derive comfort from presence of other patients with similar conditions. This must be approved by the Matron for the area, patient feedback monitored and every effort must be made to maintain the patient’s dignity.

5.4.4 Areas such as x-ray where patients are required to change, changing cubicles should be single use or designated assisted cubicles, for those patients requiring assistance to undress.

5.5 Children and young people:

5.5.1 Children and young people must be placed on a ward that is appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual child or young person, in particular, the needs of the young person require careful consideration. In general, young people prefer to be located alongside other people of their age, where possible they should be given this choice on admission. The care of children must ensure that their separate needs, including for safeguarding, are recognised and met.

Young people might prefer to spend most of their day time in mixed areas, but must have access to same gender sleeping area, treatment rooms and sanitary facilities if requested.

Transgender children and young people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.

5.5.2 In the children’s ward parents are encouraged to visit freely and stay overnight. This may mean that adults of the opposite sex share sleeping accommodation with children. Care should be taken to ensure this does not cause embarrassment or discomfort to patients.
If a patient who is assessed as lacking capacity is admitted to an age cohort bay, their family, carer or advocate should be consulted.

5.6 Transgender patients

5.6.1 Transgender adults, gender variant children and young people are defined as individuals who have proposed, commenced or completed reassignment of gender

5.6.2 The patient should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.

5.6.3 Sensitivity to all patients to be considered on room allocation and were practical the transgender patients should be offered a single room.

5.7 Circumstances when mixing Male and Female in the same room is allowed

5.7.1 Husband and Wife / Brother and Sister admissions

There are occasions when a husband and wife / Brother and Sister may be admitted together. If they wish to be accommodated in the same room, this is acceptable. It must be a two bedded room and the request and agreement must be documented in both patient’s healthcare records. This is not reportable as a mixed sex breach.

5.7.2 Carers

There may be occasions when a carer of the opposite sex wishes to remain overnight with the patient. Staying with the patient is acceptable but consideration to the embarrassment and discomfort of other patients must be taken into account. Therefore, it is recommended that the patient, where possible is to be nursed in a single room, if a carer is to stay the night with them.

6. TRAINING FOR THIS POLICY

Training on DSSA Policy will form part of the Trust clinical induction, in the mandatory training on Privacy and Dignity. This is applicable to all clinical staff.

For all mandatory training, non-attendance will be followed up as per the Statutory & Mandatory escalation process.

7. IMPLEMENTATION OF THE BEING OPEN POLICY

An action plan not applicable as systems already in place.

8. PROCESS FOR MONITORING COMPLIANCE WITH, AND THE EFFECTIVENESS OF THE DELIVERING SAME SEX ACCOMMODATION POLICY
Minimum requirement that is to be monitored | Monitoring Process e.g. review of incidents/audit/performance management | Job title(s) of individual(s) responsible for the monitoring and for developing action plan | Minimum frequency of the monitoring | Name of committee that is responsible for review of the results and of the action plan | Job title of individual(s)/committee responsible for monitoring implementation of the action plan
---|---|---|---|---|---
1. Daily monitoring and reporting to the bed meeting | Audit | Matrons | Daily | Trust Board | Head of Nursing PNMSG
2. Monthly monitoring and reporting to Department of Health | Audit | Deputy Director of Nursing | Monthly | Trust Board | Head of Nursing PNMSG
3. Monthly reporting to Trust Board | Audit | Deputy Director of Nursing | Monthly | Trust Board | Deputy Director of Nursing Trust Board

9. REVIEW, RATIFICATION AND ARCHIVING

The policy will be reviewed every 3 years or earlier if national policy or guidance changes are required to be considered. The review will then be subject to approval and re-ratification.

The Central Policy Officer and Local Policy Officer is responsible for ensuring that archive copies of superseded working documents are retained in accordance with the Records Management: NHS Code of Practice, 2009, refer to Policy Development and Management: including policies, procedures, protocols, guidelines, pathways and other procedural documents.

10. DISSEMINATION AND PUBLICATION

Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on TrustNet via the Central Policy Officer. The Central Policy Officer is responsible for informing the Communications team to issue a trust-wide notification of the existence of the Policy.

Clinical Directors, Deputy Medical Directors Deputy Directors Operations, Speciality Business Unit (SBU) or supporting services management teams, ward managers and heads of department are responsible for ensuring that all staff under their management
(including bank, agency, contracted, locum and volunteers) are made aware of the Policy.

11. EQUALITY IMPACT ANALYSIS

The author of this policy has undertaken an Equality Analysis Initial Screening. No adverse impacts were identified. The Equality Analysis Initial Screening has been archived and is available via the Central Policy Officer.

12. ASSOCIATED DOCUMENTS

THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING:

- Privacy and Dignity Policy
- Healthcare Records Policy
- Adult and Children Safeguarding Policies
- Incidents and Serious Incidents Management Policy
- Induction Policy
- Statutory and Mandatory Training Policy

13. REFERENCES

- South East Coast Strategic Health Authority (2010) *Delivering Same sex Accommodation NHS SEC mixed-sex occurrences Guidance*, UK.
14. APPENDIX 1- DEFINITIONS SAME SEX ACCOMMODATION STANDARDS SUMMARY (DH, 2009)

The NHS standard is that, single sex accommodation can be provided in:

- Same sex wards (ie the whole ward is occupied by men or women but not both)
- Single rooms with adjacent single sex toilet and washing facilities (preferably en suite)
- Same sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women, not both; with designated same sex toilet and washing facilities preferably within or adjacent to the bay or room)
- In addition, patients should not need to pass through opposite sex accommodation to access toilet and washing facilities, to access their own.
- Ward accommodation must be arranged to ensure that there is physical segregation of bed bays/rooms for men and women at all times. Segregation can be achieved if men and women have separate toilets and bathrooms that they can reach without having to pass through opposite gender areas.
- In circumstances where open ended bays are adjacent to one another, these should be of the same gender. If this is not possible curtains or screens should be in place to prevent bays being overlooked by patients of the opposite sex.
- If partitions are used to segregate patients of the opposite gender they must be fixed and of floor to ceiling in height.
- Where there are no en-suite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate same sex bed bays/rooms.
- The facilities must be designated by gender, using Trust approved signage. These signs are reversible and it is the responsibility of the Ward Sister/deputy to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.

In addition, patients should not pass through, or close to opposite sex areas to reach toilets and bathrooms. Where this is unavoidable adequate screening (for example blinds or curtains at windows and doors) should be used to provide an acceptable level of dignity.
APPENDIX 2-DSSA BUILDING AND FACILITIES GUIDANCE (DH, 2009)

- For new builds, a minimum of 50% single rooms is recommended. The proportion of single rooms will exceed that in the building being replaced, and in any event will not fall below 20%.

- Single rooms in new buildings will generally have en-suite sanitary facilities.

- Where bays are separated by partition walls, these will be rigid, full height and fixed to the building fabric.

- Multi-bedded rooms or bays will contain en-suite and bathroom facilities or these facilities will be immediately adjacent to the room or bay and not shared with or overlooked by patients of the opposite sex.

- Where single rooms do not have an en-suite facility, shared toilet and bathroom facilities will be situated close by.

- Where it is not possible to segregate sexes through the design of the facilities there will be a need to operate the ward as a same sex facility.

- In clinical areas where patients need to undress, consideration will be given to the provision of gender segregated changing facilities and waiting areas.

- Curtains will be long enough, thick enough and full enough. The hem will be no higher than around 30cms from the floor.

- Private spaces will be available for use by patients to talk to staff and visitors.

- Toilets and washing facilities will be fitted with internal privacy curtains where necessary.

- Toilets and bathroom doors will be lockable from the inside, and will be able to be opened by staff in the event of an emergency.

- Toilets will have nurse call systems

- Ideally, patient’s views on Privacy and Dignity will be sought with actions taken within a specific time frame to address shortfalls.
APPENDIX 3- DSSA IN CCU / ICU LEVEL 2

In the event of having mixed sex patients the following guidance should be followed were practical as best practice.

**Patient choice**

- Ask every patient if they 'mind' being in a mixed sex bay and document this conversation in their notes. They must be advised of their expected time duration in this facility.
- Escalate the situation to the Matron to gain assistance and move the patient as soon as they are clinically stable to a same sex accommodation room.

**Patient attire**

- Encourage patients to wear their own clothes and only to change into a gown if absolutely necessary.
- For patient who are required to wear a gown and in the absence of a dressing gown, please offer a second gown to wear like a dressing gown and blankets.

**Best practice**

- A nurse should be present at all times to ensure the privacy and dignity of all patients, especially for those patients post sedation/procedure.
- Patients must be positioned in the room to prevent being viewed by the opposite sex, e.g. female patients face female patients etc and to position the curtains in between patients.
- If there is one female patient and the rest of the patients are male, the CCU side room must be offered to the female patient if not in use.
- If there is one male patient and the rest of the patients are female, the CCU side room must be offered to the male patient if not in use.
APPENDIX 4-DAY SURGERY UNIT

Delivering Same Sex Accommodation (DSSA) In Day Surgery Unit

Preventative Measures Day before Surgery

A proactive assessment should be completed to anticipate any male / female bed issues that may arise due to the numbers on the list.

In the event of a high risk of having to mix male and females the following need to be considered to prevent it.

- Can anyone be moved to a different position on the list, to fit the bed availability
- Can the patients be nursed in a different way (see below)
- Last consideration is to cancel patients, decision to be made by SMOD, DSU Speciality Manager and Senior Sister.

Preventative Measures Day of Surgery

Pre-Op

- Keep the patient in the waiting room (fully dressed) as long as possible.
- Consider could they wait be prepared for theatre on a chair in the same sex bay.
- Consider removing one trolley out and placing several chairs in the space to accommodate several patients

Post-Op

- Consider the mix of patients and the lists

Examples to consider:

1. 3 males and only patients needing beds are females. Could the males be moved to recovery area. Nursing staffing to move with patients accordingly.

2. 2 paediatric patients at the beginning of list and short of adult beds – at the end of the list consider moving paediatrics to recovery and using paediatric bay to prevent mixing the bays.

In the event of having to mix male and female patients in the Day Surgery Unit the following guidance should be followed:

Reporting

- Before mixing all avenues to prevent have been exhausted
• SNP / CNM /SMOD/ HON have been informed & ideas / advice on preventative actions

Patient choice

• Ask every patient if they 'mind' being in a mixed sex bay and document this conversation in their notes. They must be advised of their expected time duration in this facility.
• Escalate the situation to the Matron to gain assistance and move the patient as soon as they are clinically stable to a single sex accommodation room.

Patient attire

• Encourage patients to wear their own clothes and only to change into a gown if absolutely necessary.
• For patient who are required to wear a gown and in the absence of a dressing gown, please offer a second gown to wear like a dressing gown and blankets.

Best practice

• A nurse should be present at all times to ensure the privacy and dignity of all patients, especially for those patients post sedation/procedure.
• Patients must be positioned in the room to prevent being viewed by the opposite sex, e.g. female patients face female patients etc and to position the curtains in between patients.
APPENDIX 5- SURGICAL SHORT STAY UNIT

Delivering Same Sex Accommodation (DSSA) In Surgical Short Stay Unit

Preventative Measures Day before Surgery

A proactive assessment should be completed to anticipate any male / female bed issues that may arise due to the numbers on the list.

In the event of a high risk of having to mix male and females the following need to be considered to prevent it.

- Can anyone be moved to a different position on the list, to fit the bed availability
- Can the patients be nursed in a different way (see below)
- Last consideration is to cancel patients, decision to be made by SMOD, SSSU Speciality Manager and Senior Sister.

Preventative Measures Day of Surgery

Pre-Op

- Keep the patient in the waiting room (fully dressed) as long as possible.
- Consider could they wait be prepared for theatre on a chair in the same sex bay.
- Consider removing one trolley out and placing several chairs in the space to accommodate several patients

Post- Op

- Consider the mix of patients and the lists

Examples to consider:

3. 3 males and only patients needing beds are females. Could the males be moved to recovery area. Nursing staffing to move with patients accordingly.

4. 2 paediatric patients at the beginning of list and short of adult beds – at the end of the list consider moving paediatrics to recovery and using paediatric bay to prevent mixing the bays.

In the event of having to mix male and female patients in the Day Surgery Unit the following guidance should be followed:

Reporting

- Before mixing all avenues to prevent have been exhausted
- SNP / CNM /SMOD/ HON have been informed & ideas / advice on preventative actions
**Patient choice**

- Ask every patient if they ‘mind’ being in a mixed sex bay and document this conversation in their notes. They must be advised of their expected time duration in this facility.
- Escalate the situation to the Matron to gain assistance and move the patient as soon as they are clinically stable to a single sex accommodation room.

**Patient attire**

- Encourage patients to wear their own clothes and only to change into a gown if absolutely necessary.
- For patient who are required to wear a gown and in the absence of a dressing gown, please offer a second gown to wear like a dressing gown and blankets.

**Best practice**

- A nurse should be present at all times to ensure the privacy and dignity of all patients, especially for those patients post sedation/procedure.
- Patients must be positioned in the room to prevent being viewed by the opposite sex, e.g. female patients face female patients etc and to position the curtains in between patients.