

# The Newcastle upon Tyne Hospitals NHS Foundation Trust Same Sex Accommodation (SSA) Policy

Effective: January 2011

Review: January 2012

## 1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment.

Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. There may be acceptable justification where it is in the overall best interest of the patient, for male and female patients to be cared for in the same sleeping accommodation e.g. critical care, in these cases, privacy and dignity must be protected. Staff must always consider the impact on all patients involved, and patients must be moved to same-sex accommodation as soon as the acceptable justification ceases to apply.

## 2. Policy Scope

The aim of the policy is to outline the Trust's arrangements for achieving and maintaining compliance with the Department of Health's (DH) guidance, standards and principles on achieving same sex accommodation.

This policy is closely linked with the Trust's privacy and dignity policy, and the two should be used in conjunction with one another.

<http://intranet/Policies/operational/privacyanddignitypolicy.pdf>

## 3. Responsibilities

All staff are required to comply with this policy.

Ward Sisters/Charge Nurses are responsible for:

- Ensuring local compliance on a daily basis.
- Ensuring correct signage is in place on toilet and washing facilities.
- Reporting any breaches of compliance.
- Checking that such facilities are correctly signed following ward bay moves and are re-checked as a minimum once per shift.
- Ensuring all relevant, locally produced, patient information leaflets and letters include the Trust statement on SSA.
- Ensuring all of the ward team understand the requirements and incorporate into their practice.

Matrons are responsible for:

- Monitoring compliance within their area
- Ensuring patient information within their areas provides appropriate advice regarding same sex accommodation.
- Providing expert guidance.

Estates staff are responsible for:

- Ensuring the delivery of SSA is integral to building design
- Supporting clinical staff in the management of facilities and signage to promote SSA

The Patient Services Co-ordinator should be contacted for advice if it is suspected that a breach may be about to occur.

#### **4. Same Sex Accommodation Standards**

The DoH has issued standards on achieving same sex accommodation this can be provided in the following ways:

- Same sex wards.
- Single rooms with adjacent or ensuite sanitary (i.e. toilet and washing) facilities.
- Same sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women but not both, with designated same sex sanitary facilities within or adjacent to the bay or room).

##### **4.1 Sleeping Areas**

Ward accommodation must be arranged to ensure there is physical segregation of sleeping bays and rooms for men and women at all times.

##### **4.2 Sanitary Facilities**

Patients should not normally have to share sanitary facilities with people of the opposite sex.

Patients should not need to go through sleeping areas or sanitary facilities used by the opposite sex to access their own.

Wards must therefore provide designated sanitary facilities for patients within close proximity of their sleeping accommodation. Where this is not possible, adequate screening (e.g. blinds or curtains at windows and doors) should be used to provide an acceptable level of privacy and dignity.

Sanitary facilities must be designated by gender using Trust approved signage. It is the responsibility of the nurse in charge to check that facilities are correctly signed following ward bay moves, and re-checked as a minimum once per shift.

Toilets and bathrooms must be lockable.

##### **4.3 Disabled Access Facilities**

Sanitary facilities designated as disabled access can be used by men or women who require assistance or use of specialised equipment.

## 5. Breaches of Same Sex Guidance

Mixing may be justified (ie NOT a breach) if it is in the overall best interest of the patient, or reflects their personal choice.

There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must be protected – eg by the enhanced staffing provided in critical care facilities. The patient should be provided with same-sex accommodation immediately the acceptable justification ceases to apply.

There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient. "Sleeping accommodation" includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including emergency assessment areas), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

Acceptable justification – i.e. **NOT a 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 one-to-one nursing care, e.g. in ICU
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care).
- 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

Unacceptable justification – i.e. a **breach**

- Placing a patient in mixed-sex accommodation for the convenience of 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 the estate
- 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

## 6. Critical Care and Theatre Recovery

In the event that a patient who is fit for transfer to a base ward, is in a critical care or theatre recovery area without clinical justification, this is defined as a same sleeping accommodation breach and must be reported under the SSA breach process detailed under section 10.

## **7. Outpatients**

This section applies to all outpatient areas including X-ray and diagnostics facilities.

Although sleeping accommodation is not an issue, patients' privacy and dignity should be protected at all times, particularly if patients are required to undress.

Key same sex / privacy and dignity principles in these areas include:

- Where patients' modesty may be compromised, such as when wearing hospital gowns or where parts of the body other than extremities are exposed, greater segregation should be provided.
- Where patients' modesty may be compromised, patients should be protected at all times from unwanted exposure including casual overlooking and overhearing.
- Changing areas should be single sex with solid lockable doors.
- Curtains must be well fitting with no gaps and the hem must be no higher than 12" from the floor..
- Dressing gowns should be available to patients to cover hospital gowns to preserve dignity.

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.

## **8. Children and Young Adults**

It is recognised that for many children and young people, clinical need, age and stage of development may take precedence over gender considerations.

Mixing of the sexes is therefore reasonable and may even be preferred. However, children's wishes should be taken into account and if they would prefer to be nursed in same sex accommodation, where possible, this should be accommodated.

Toileting and washing facilities need not be designated as same sex as long as they accommodate only one patient at a time, and can be locked by the patient (with an external override for emergency use only).

In children's units, parents are encouraged to stay overnight. This may mean that children may share sleeping accommodation with parents of the opposite sex. Care should be taken to ensure that this does not cause embarrassment or discomfort to patients.

## **9. Gender variant patients**

Trans sexual adults, gender variant children and young people are defined as people who have proposed, commenced or completed gender reassignment.

If presenting gender is not obvious, the patient should be informed that same-sex accommodation is available and decide where he or she would be most comfortably accommodated. Staff are expected to comply with patient preference.

General key points are that:

- Trans sexual people including gender variant children and young people should be accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use).
- This presentation may not always be in accord with the physical sex appearance of the chest or genitalia.
- This applies to both sleeping accommodation and sanitary facilities.
- The views of the trans sexual person should take precedence over those of family members where these are not the same.

## **10. Reporting arrangements for same sex accommodation breaches**

All members of staff are expected to report incidents. Ward Sisters/Charge Nurses are responsible for ensuring incidents are appropriately managed, for example investigated and lessons are learnt.

All breaches must be reported. The incident details must include:

- The type of breach ie sleeping or sanitary.
- How it occurred.
- The number of patients affected.
- Who was consulted, and how the decision to breach was reached.
- When the decision will be reviewed.

### **10.1 Sleeping Accommodation Breaches**

In the event that a sleeping accommodation breach may occur, the following actions must first be taken by the sister, charge nurse or nurse in charge at the time:

The details regarding the possible sleeping accommodation breach must be discussed with the Matron (Out of hours with the Patient Services Co-ordinator (PSC))

The patient, relatives / carers must be informed of why a breach will occur, what will be done to address it and when compliance is likely to be achieved.

A Same Sex Accommodation Breach report must be completed for sleeping accommodation breaches (See Appendix One). Details regarding the other patients in the bay or room affected by the breach must also be provided. The completed form(s) should be returned to the Senior Nurse Practice Development by fax or email on a weekly basis. N.B reporting is by exception and there is no requirement to report a nil return.

### **10.2 Sanitary Accommodation Breaches**

In the event that a patient passes through or by a bay of the opposite sex where they can be overlooked in order to access toilet and washing facilities

the sister, charge nurse or nurse in charge at the time must complete a Same Sex Accommodation Breach form for the individual patient who breached.

### **10.3 National Monitoring and reporting**

All breaches of sleeping accommodation must be reported, for each patient affected, via the Unify2 system. Data will be made public from January 2011

## **11. Education and Training**

Privacy and dignity training is embedded in a number of Trust training interventions:

- Trust induction programme
- Local induction programmes
- Customer care training

## **12. Monitoring**

The Same Sex Accommodation Standards will be monitored via the following methods:

- Monthly Inpatient survey results via the Clinical Assurance Toolkit
- Annual National Patient Survey
- Annual Patient Environment Action Team (PEAT) visits organised.
- Root Cause Analysis, development and monitoring of an Action Plan following breaches.

The Nursing and Patient Services Director will be responsible for ensuring the results are reviewed and that any shortfalls are identified and actioned. The Senior Nurse Practice Development will report on performance compliance to the DoH and via the Nursing and Patient Services Director to the Trust Board.

## **13. References**

Department of Health (DH). [Elimination of mixed-sex hospital accommodation](#). DH May 2005.

Department of Health (2007) A report by the Chief Nursing Officer into mixed sex accommodation in hospital. DH, London.

Department of Health (2009) PL/CNO/2009/2 Eliminating Mixed Sex Accommodation.

Department of Health (2009, revised 2010) Delivering Same Sex Accommodation (DSSA): Principles

Department of Health (2010) PL/CNO/2010/3 Eliminating Mixed Sex Accommodation

Policy Author: Senior Nurse Practice Development

### Same Sex Accommodation (SSA) Breach Report

<b>Hospital Number</b>		<b>Directorate</b>	
<b>NHS Number</b>		<b>Ward</b>	
<b>Name</b>		<b>Speciality</b>	
<b>Gender</b>			

<b>Type of SSA Breach (tick)</b>	Sleeping accommodation <input type="checkbox"/>	
	Sanitary accommodation <input type="checkbox"/>	

<b>Date of breach</b>	
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<b>Brief details</b>	
<p>(please include; Who was consulted, and how the decision to breach was reached. Also when the decision will be reviewed)</p>	

<b>Further information</b>	Number of patients affected _____ Justification (insert number from list below) _____ Other reason (not listed below) _____ <hr style="border: 1px solid black; margin-top: 5px;"/> <hr style="border: 1px solid black; margin-top: 5px;"/>
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1. In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
2. Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU
3. Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care).
4. 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
5. On the joint admission of couples or family groups

Please complete for each occasion a breach occurs and email or fax to:  
 Suzanne Medows, Senior Nurse Practice Development  
[Suzanne.Medows@nuth.nhs.uk](mailto:Suzanne.Medows@nuth.nhs.uk) fax: 0191 2231609

**SSA Root Cause Analysis Action plan**

Root Cause	Recommendation to address Root Cause	Action to achieve recommendation (Individual Team, Directorate, Organisation)	Person responsible	By When	Evidence of completion	Sign off

Person completing form:	Designation:	Date:
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THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:		Policy Author:	
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	This guideline is equally applicable to all with no discrimination between age, gender, race or sexual orientation.
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	No	
4(b).	If so can the impact be avoided?	No	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	No	
4(d).	Can we reduce the impact by taking different action?	No	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: Suzanne Medows, Senior Nurse Practice Development Date: 10<sup>th</sup> January 2011

Names & Designations of those involved in the impact assessment screening process: Nursing & Patient Services Director, Heads of Nursing, Head of Patient Services, Nurse Consultants, Patient Services Manager

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)