Same Sex Accommodation and maintaining Patients Privacy and Dignity Guidance for all Staff

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JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
SAME SEX ACCOMMODATION AND MAINTAINING
PATIENTS PRIVACY AND DIGNITY

EXECUTIVE SUMMARY

Delivering Same Sex Accommodation (DSSA) simply means providing an environment where men and women do not share sleeping accommodation and bathroom and 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 a 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 the opposite sex accommodation to access toilet and washing facilities of their own. (Department of Health 2009, 2010).

The Trust provides accommodation that complies with the NHS Single Sex Standards (2009) and the Department of Health 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 maximizing patient privacy, dignity and respect.

NHS organisations are expected to eliminate mixed sex accommodation except where it is in the best interests of the patient or reflects their personal choice. All breaches of sleeping accommodation must be reported for each patient affected via the Unify2 system.

There are some circumstances were mixing can be justified:

- Patients who need highly specialized care (ICU, HDU, ACU, HASU);

- Patients who choose to share with patients of a different sex rather than move from an area;

- As part of an emergency response to extreme operational emergencies, with Executive approval, a mixed sex breach may be justified;

    - Internal and/or external major, critical or business continuity incident;
    - OPEL 3 or 4.

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CONTENTS

1.0 INTRODUCTION

1.1 Background

As a Trust we must strive to adhere to the guidance published by the Department of Health and other organisations in our long term commitment to provide patients whenever possible with the same sex accommodation. This helps to safeguard the privacy and dignity of patients during a time when they are often at their most vulnerable.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. It should therefore be considered standard that for all patients at all stages of their care, i.e. from admission to discharge, care is delivered in a same sex environment. Any incident of mixed sex accommodation should be considered an exception to the rule and rectified as soon as possible. Such exceptions should also be reported through appropriate channels.

1.2 Scope

All employees who may have direct contact with patients, both clinical and non-clinical. For additional information regarding paediatrics please see Appendix 1.

NHS organisation's are expected to eliminate mixed sex accommodation except where it is in the best interests of the patient or reflects their personal choice. All breaches of sleeping accommodation must be reported for each patient affected via the Unify2 system.

There are some circumstances were mixing can be justified. These are few and mainly confined to patients who need highly specialised care Acute Cardiac Unit (ACU), Intensive Care Unit (ICU), High Dependency Unit (HDU) and Hyperacute Stroke Unit (HASU) and a small number of patients in very specific cases will choose to share with patients of a different sex rather than move from an area.

1.3 Responsibilities

Chief Executive
The Chief Executive has overall responsibility for governance and the implementation of this policy.

Director of Nursing
The Director of Nursing has delegated responsibility and reports any non-compliance in DSSA to the Board of Directors, Executive Team and external bodies.

Deputy Director of Nursing
The Deputy Director of Nursing has delegated responsibility for the development, implementation and monitoring of DSSA policy.

Divisional Management Teams
All members of Divisional Management structures clinical and non–clinical are responsible for supporting the implementation of this policy.

Divisional Lead Nurses, Matrons and Senior Sisters/Charge Nurses

The senior nursing staff must undertake daily visual checks to ensure no accommodation has mixed sex patients unless the breach can be justified in line with this policy. If non-compliance is evident and it is not possible to resolve within the immediate clinical area it is to be reported to the Site Management Team to ensure resolution is arranged.

The Site Management Team

The Site Management Team must ensure that no patients are allocated a bed in mixed sex accommodation (unless the breach can be justified in line with this policy). In the event of a breach the patients(s) must be moved as soon as possible. The patient plan must be highlighted and agreed at the Operational Bed Meeting with the On Call Manager. The Trust recognises that there are some exceptional circumstances, such as when patients need specialised or urgent care, where providing fast and effective care for the patients may take priority over ensuring same sex accommodation. Specialty areas such as ACU, ICU, HDU and HASU have a timeframe of 8 hours during the working hours of 07.00 - 22.00hrs to resolve non compliance in DSSA. During sleeping hours 22.00 - 07.00hrs the patient(s) will not be moved unless specifically requested by the patient or in cases of clinical need. Inability to resolve a patient in mixed sex accommodation, in these areas, at 6 hours is to be escalated to the Executive on Call by the On Call Manager.

The non compliance and date/time of resolution must be recorded on the Operational Thermometer. All incidents are to be reported on the Trusts Risk Management System (Safeguard) and root cause analysis completed.

All Staff

Trust staff are responsible for ensuring that they familiarise themselves with and comply with, the requirements of this policy.

1.4 Monitoring and Review

- Mixed sex compliance and any breaches potential or actual will be discussed at the Operational Bed Meetings with the appropriate actions taken.
- The Matron and/or Senior Sister responsible for the area will undertake a Root Cause Analysis (RCA) for all non compliance with policy.
- Compliance is reported to Board monthly as part of the Quality and Safety Report.
- Any identified issues will be entered onto an action plan that will be monitored by the Carer and Patient Experience Committee.
- The Deputy Director of Nursing is responsible for monitoring the effectiveness of this Policy. This will be achieved through a continuous review of processes and as a three-yearly review of the policy documents.
- All unjustified breaches of same sex accommodation must be reported monthly via the Unify2 return.

1.5 Related Documents

- Department of Health (2009) NHS Delivering Same Sex Accommodation guidance series. DH, London
- Department of Health (2010) NHS Delivering Same Sex Accommodation. DH, London

- Delivering Same Sex Accommodation, Regional Mixed Sex Occurrences Policy, East of England (2011)
- PI/CNO/201/3 Professional letter re Eliminating Mixed Sex Accommodation

1.6 Reader Panel

Post Title
Director of Nursing
Divisional Lead Nurses
Director of Governance
Director of Quality and Safety, Gt Yarmouth and Waveney CCG
Deputy Chief Nurse, Gt Yarmouth and Waveney CCG
Clinical Quality review Group (GYWCCG and JPUH March 2017)

1.7 Trust Values

This Policy conforms to the Trust's values of putting patients first, aiming to get it right, recognising that everybody counts and doing everything openly and honestly. The Policy incorporates these values throughout and an Equality Impact Assessment is completed to ensure this has occurred.

1.8 Glossary

The following terms and abbreviations have been used within this Policy:

Term	Definition
Single Sex wards	The whole ward is occupied by a single sex not both
Single Rooms	With ensuite/adjacent toilet and washing facilities
Mixed wards	A mixed ward with single sex bays with designated single sex toilet/washing facilities

1.9 Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

2.0 STATEMENT OF POLICY

The purpose of this policy is to outline the Trust's arrangements for achieving compliance with the single sex guidelines and standards.

2.1 Policy Objectives

The objective of the Policy is to:

- To develop a culture where employees feel able to identify and prevent a potential mixed sex occurrence
- To support staff to report all incidences of non compliance with policy in order that improvements can be made to work processes or systems to prevent recurrences.
- To clearly define Board level responsibilities and lines of accountability throughout the organisation

2.2 Policy Definitions

There are no exemptions from the need to provide high standards of privacy and dignity, this applies to all areas. High standards usually involve an assumption that men and women do not have to sleep in the same room, nor use mixed sanitary facilities. These assumptions are intended to protect patients from unwanted exposure, including casual overlooking and overhearing. Patients should not have to pass through opposite sex areas to reach their own facilities.

It is possible to provide same sex accommodation in:

- Same sex wards i.e. whole ward occupied by men or women
- Single room with adjacent same-sex toilet and washing facilities
- Same sex accommodation within mixed wards i.e. bays or rooms which accommodate either men or women with designated same sex toilet and washing facilities.

NHS East of England (2011) defined a mixed sex occurrence as being:

- The patient occupies a bed in a bay or room that is occupied by a patient of the opposite gender where a clinical justification previously applied is no longer applicable.

The definition of mixed-sex occurrences will apply:

a) Following admission
b) In all clinical areas where patients are admitted and at all points of the patient's pathway. This includes Accident & Emergency (A&E) Clinical Decision Units, Medical Assessment Units, Acute Cardiac Units, High Dependency Units, and Intensive Care Units, Day Care Units, Radiology Departments, or any area where both genders are co-located and wear gowns.

3.0 Policy

The Trust is committed to eliminating mixed sex accommodation in all areas.

The following Guidelines were issued in the Department of Health Document 'Eliminating Mixed Sex accommodation' May 2009

Delivering same sex accommodation in Emergency care

There are no exceptions from the need to deliver high standards of privacy and dignity. This applies to all areas, including when admission is unplanned. When a patient's survival and recovery depend on rapid admission, the requirement for full segregation takes a lower priority, but this does not imply a blanket exemption for all emergency admissions.

- Decision to care for patients in mixed sex areas must be made on clinical need, not on the constraints of the environment. This means that mixing must be justifiable for all patients in the room. This would apply in areas such as ACU, ICU, etc where significant clinical monitoring is required. However, once a patient's condition has recovered enough to require de-escalation from these areas of high clinical need they should be moved into an appropriate same sex environment as soon as possible. This should be within 8 hours unless circumstances are exceptional. In the interim staff have a responsibility to safeguard privacy and dignity at all times. If resolution is not identified at 6 hours this must be escalated to the Site Management Team. However, patient's preference should be sought wherever possible and recorded, this should be in conjunction with relatives, carers or significant others. This should be clearly documented.
- Staff should make clear to the patient that the Trust considers mixing to be the exception, never the norm.
- The reasons for the mixing, and the steps being taken to put things right should be fully explained.
- Where mixing is unavoidable, transfer to same sex accommodation should be effected as soon as possible. Only in specific circumstances should this exceed 8 hours. If resolution is not identified at 6 hours this must be escalated to the Site Management Team. During sleeping hours 22.00 - 07.00hrs the patient(s) will not be moved unless specifically requested by the patient or in cases of clinical need.
- Greater segregation should be provided where patients' modesty may be compromised (Eg When wearing hospital gowns/nightwear or where the body is exposed)

Delivering same sex care in Day treatment units.

There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including day treatment areas, examples of day treatment areas are: Renal Dialysis, Endoscopy Units, Chemotherapy Units and Day Surgery Units.

- Decisions to provide mixed sex accommodation should be based on the individual needs of the patient, not on the constraints of the environment.
- Greater segregation should be provided where patients modesty may be compromised (E.g. when wearing hospital gowns/Nightwear)

- Staff should make clear to the patient the Trust considers mixing to be the exception, never the norm.
- Greater protection should be provided where patients are unable to preserve their own modesty, for example following recovery from a general anaesthetic.
- Staff should be able to make decisions on mixed sex accommodation, for example in renal dialysis units where patients are well established, wear their own clothes and have formed personal friendships, mixing may be acceptable
- It may also be acceptable to offer mixed sex accommodation in areas where patients treatments are repeated, or with patients who have similar conditions

Delivering same sex accommodation in critical care environments

There are no exceptions from the need to provide high standards of privacy and dignity. This applies to all areas including critical care. On occasion however, there may be a minority of patients who have a clinical condition which requires immediate access to potentially life saving treatments and the presence of high tech equipment which can only be delivered in a critical care environment. At these points in a patients journey, access to and treatment within appropriate locations is paramount. In these cases the mixing of sexes can be justified. This does not mean that no attempt at segregation is necessary.

- Decisions should be based on the needs of the individual patient whilst in critical care environments, and their clinical needs will take priority.
- Decisions should be reviewed as the patient's condition improves and should not be based on constraints of the environment.
- The risks of clinical deterioration associated with moving patients within critical care environments to facilitate segregation should be assessed.
- Where mixing does occur, there should be high enough levels of staffing that each patient can have their modesty constantly maintained by staff.
- Where possible patient preference should be sought and recorded
- When the patient's condition improves and critical interventions are no longer required the patient should be moved into an appropriate same sex environment as soon as possible. Only in the most specific circumstances should this exceed 8 hours. If resolution is not identified at 6 hours this must be escalated to the Site Management Team. During sleeping hours 22.00 -07.00hrs the patient(s) will not be moved unless specifically requested by the patient or in cases of clinical need.

Delivering same sex accommodation in Children's units

There are no exemptions from the need to provide high standards of privacy and dignity. It is recognised that for many children and young people, clinical need, age and stage of development may take precedence over gender considerations and the mixing of sexes is reasonable. There is evidence that many young people find great comfort from sharing with others of their own age and often this outweighs concerns about mixed sex rooms. Washing and toilet facilities need not be designated as same sex as long as they accommodate only one patient at a time and can be locked.

- Decisions to use mixed sex accommodation for young people and children should be based on clinical, psychological and social needs. This approach should be conveyed to the child (if they are old enough to understand) and their parents/carer.
- Privacy and dignity is an important aspect of care for children of all ages and young people

- Privacy and dignity should be maintained wherever children and young people modesty may be compromised
- The child or young persons preference should be sought and recorded
- Where appropriate the parents/carer should be considered, but in the case of a young person, their preference should prevail.
- Flexibility should be encouraged, for instance if patients wish to spend most of their day in mixed sex areas, but have access to same sex areas to sleep, this should wherever possible be accommodated.

Consideration for gender variant children

Gender variant children and young people should be accorded to the same respect for their self-defined gender as are transgender adults, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and /or stated gender identity of the child or young person.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not Gillick competent. More in depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose views of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

Delivering same sex accommodation for Transsexual people

Transsexual people, that is, individuals who have proposed, commenced, or completed reassignment of gender, enjoy legal protection against discrimination. In addition, good practice requires that clinical responses be patient centered, 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 birth sex.

- Transsexual people should be accommodated according to their presentation, the way they dress and the name and pronouns that they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia, it does not depend on them having a gender recognition certificate (GRF) or legal name change.
- It applies to toilet and bathing facilities (except that pre-operative trans people should not share open shower facilities)
- Views of family members may not accord with the transsexual people's wishes, in which case, the transsexual person's view takes priority

- Those who have undergone full time transition should always be accommodated according to their gender presentation. Different genital or breast appearance is not a bar to this, since sufficient privacy can usually be ensured through the use of curtains.
- This approach may only be varied when under special circumstances where, for instance, the treatment is sex specific and necessitates a transsexual person being placed in an otherwise opposite gender ward. Such departures should be proportionate to achieving a 'legitimate aim' for instance, a safe nursing environment. This may arise, for example when a transsexual man is having a hysterectomy in a hospital, or ward that is designated specifically for women and no side room is available. The situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. At all times this should be done according to the wishes of the patient, rather than the convenience of the staff.
- In addition to these safeguards, where admission/triage staff are unsure of a person's gender, where possible they should discreetly ask the person where they would be most comfortably accommodated. They should comply with the patient's preference immediately, or as soon as practicable.
- If upon admission, it is impossible to ask the view of the person, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this specifically necessary in order to carry out treatment.

Staff actions to support privacy and dignity

- Staff must be aware of, and abide by, policies established to ensure privacy and dignity.
- Where clinical necessity results in patients of mixed sex being placed in the same bay, staff should ensure patients and relevant others are communicated with and explanations given, this should also be documented clearly in patients notes.
- Staff have a responsibility to ensure managers are aware of the situation should mixing of sex takes place in order that breaches are recorded.

Justifiable Breaches

There are some circumstances were mixing can be justified clinically. These are few and mainly confined to patients who need highly specialised care (ICU, HDU, ACU, HASU) and a small number of patients will choose to share with patients of a different sex rather than move from an area (this must be clearly documented).

There will be certain circumstances where mixing of the sexes is acceptable as part of an emergency response to extreme operational emergencies. Patients who are unable to be moved from specialist areas due to exceptional operational issues may not be considered as breaches in some circumstances and with executive approval. Such circumstances may include:

- Internal and/or external major, critical or business continuity incident;
- Trust at Opel 3 / 4 and potential for MSA breaches in high dependency/specialist areas;

Breaches will continue to be monitored with single sex accommodation achieved at the earliest opportunity.

A mixed sex occurrence must be reported via the Trust's incident reporting system, Safeguard, when the decision is taken to allocate the patient to a bed space or environment, which does not enable care within same-sex accommodation.

If there is a high risk situation whereby patient safety may be compromised and to breach same sex accommodation is the only way to resolve the situation it must be escalated in hours to the Divisional Lead Nurse or Deputy Director of Nursing. Out of hours it is to be escalated to the Executive Director on-call via the Manager on-call.

Good Practice Principle

- Appropriate use of screens and curtains at all times.
- Awareness of the fact that conversation and other noises can easily be overheard, particularly when screens/curtains are the dividing partition
- Use of and compliance with "do not disturb/enter" signs
- Ensure patients are communicated with, and understand the facilities available. For example if a facility is unisex be explicit in signage that this is the situation.
- Challenge poor practice e.g. staff not asking permission to enter a closed room.
- Promotion of Dignity champions within the Trust.
- Ensure on a shift by shift basis, where appropriate, signage on toilet/washroom doors are changed if the gender of the patient in the adjacent bay changes

Appendix A - Guidance for ward 10 (Paediatrics)

In the paediatric ward, up to the age of 13, the children will be in mixed sex accommodation, unless they require isolation.

There are designated toilets for male and female children within the main bathroom area on the ward.

Young person's 13 years and above, where possible are nursed in same sex double cubicles within the young person's area on Ward 10, all double cubicles have en-suite facilities. If there is no suitable accommodation within the young person's unit, where possible the young person will be nursed in a same sex cubicle.

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Appendix 2 - Equality Impact Assessment

Policy or function being assessed: Same Sex Accommodation POLICY
Assessment completed by: Anna Hills

Department/Service: Risk and Governance
Date of assessment: March 2017

1.	Describe the aim, objective and purpose of this policy or function.		This policy has been implemented to eliminate mixed sex accommodation except where it is in the best interests of the patient or reflects their personal choice. All breaches of sleeping accommodation must be reported for each patient affected via the Unify2 system. There are some circumstances were mixing can be justified. These are few and mainly confined to patients who need highly specialised care Acute Cardiac Unit (ACU), Intensive Care Unit (ICU), High Dependency Unit (HDU) and Hyperacute Stroke Unit (HASU) and a small number of patients in very specific cases will choose to share with patients of a different sex rather than move from an area.	
2i.	Who is intended to benefit from the policy or function?		**Staff** **Patients X** **Public X** **Organisation**	
2ii	How are they likely to benefit?		• Maintenance of privacy and dignity	
2iii	What outcomes are wanted from this policy or function?		We will ensure we meet our requirements in relation to DSSA.	
For Questions 3-11 below, please specify whether the policy/function does or could have an impact in relation to each of the nine equality strand headings:				
3.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **race/ethnicity?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
4.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **gender?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
5.	Are there concerns that the policy/function does		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data

	or could have a detrimental impact on people due to their **disability?** Consider Physical, Mental and Social disabilities (e.g. Learning Disability or Autism).			
6.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **sexual orientation?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
7.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **pregnancy or maternity?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
8.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **religion/belief?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
9.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **transgender?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
10.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **age?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
11.	Are there concerns that the policy/function does or could have a detrimental impact on people due to their **marriage or civil partnership?**		**No**	If yes, what evidence do you have of this? E.g. Complaints/Feedback/Research/Data
12.	Could the impact identified in Q.3-11 above, amount to there being the potential for a disadvantage and/or detrimental impact in this policy/function?		**No**	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*
13.	Can this detrimental impact on one or more of the above groups be justified on the grounds of promoting equality of opportunity for another group? Or for any other reason? E.g. providing specific training to a particular group.		**No**	*Where the detrimental impact is unlawful, the policy/function or the element of it that is unlawful must be changed or abandoned. If a detrimental impact is unavoidable, then it must be justified, as outlined in the question above.*

14.	**Specific Issues Identified**		
	Please list the specific issues that have been identified as being discriminatory/promoting detrimental treatment N/A		Page/paragraph/section of policy/function that the issue relates to
	1. N/A		**1.**
	2. N/A		**2**
	3. N/A		**3**
15.	**Proposals**		
	How could the identified detrimental impact be minimised or eradicated?	Not applicable	
	If such changes were made, would this have repercussions/negative effects on other groups as detailed in Q. 3-11?	Not applicable	
16.	Given this Equality Impact Assessment, does the policy/function need to be reconsidered/redrafted?	Not applicable	
17.	**Policy/Function Implementation**		
	Upon consideration of the information gathered within the equality impact assessment, the Director/Head of Service agrees that the policy/function should be adopted by the Trust. Please print: **Name of Director/Head of Service:** Julia Hunt **Title:** Director of Nursing **Date: March 2017** **Name of Policy/function Author:** Julia Hunt **Title:** Director of Nursing **Date: March 2017** (A paper copy of the EIA which has been signed is available on request).		

18.	**Proposed Date for Policy/Function Review**
	Please detail the date for policy/function review (3 yearly): February 2020
19.	**Explain how you plan to publish the result of the assessment?** *(Completed E.I.A's must be published on the Equality pages of the Trust's website).*
	Standard Trust process
20.	**The Trust Values**
	In addition to the Equality and Diversity considerations detailed above, I can confirm that the four core Trust Values are embedded in all policies and procedures. They are that all staff intend to do their best by: Putting patients first, and they will: Provide the best possible care in a safe clean and friendly environment, Treat everybody with courtesy and respect, Act appropriately with everyone. Aiming to get it right, and they will: Commit to their own personal development, Understand theirs and others roles and responsibilities, Contribute to the development of services Recognising that everyone counts, and they will: Value the contribution and skills of others, Treat everyone fairly, Support the development of colleagues. Doing everything openly and honestly, and they will: Be clear about what they are trying to achieve, Share information appropriately and effectively, Admit to and learn from mistakes. I confirm that this policy/function does not conflict with these values. ☑