

Same Sex Accommodation (DSSA) Policy

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Services	Applicable
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Mental Health and LD	
Community Health Services	

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1. Introduction

- 1.1 The NHS Constitution states that all patients should feel that their privacy and dignity is respected while they are in hospital. There is evidence to show that same-sex accommodation is a priority for many patients, and that it is closely connected to their perceptions of privacy and dignity.
- 1.2 In most cases service users during their inpatient stay will be cared for within same sex provision as defined within this clinical guideline
- 1.3 Where single sex accommodation is not available, there is a risk management and assurance framework in place for mixed wards.

2. What is Same Sex Accommodation?

- 2.1. A same-sex accommodation is regarded as:
Same-sex wards – a ward/inpatient area/day hospital, with all facilities, including dedicated toilet and washing facilities, occupied solely by men or women, boys or girls

3. Mixed sex/ gender wards

- 3.1 At times there will be a requirement for mixed sex wards these situations include specialist areas of care where the volume of beds required is limited, Zoning due to infection control issues or other clinically lead decisions.
- 3.2 If wards are of mixed sex, there are mitigating actions that need to be in place to ensure safety and dignity is maintained.
- 3.3 **Risk assessment**
 - 3.3.1 Any decision to admit services users to a mixed ward require consideration of risk, both with regards to risk to others or vulnerability. Where risk is identified they should not be admitted to a mixed sex ward.
 - 3.3.2 Once admitted to a mixed sex ward the clinical team need to ensure there is an ongoing assessment of risk and take proactive steps to ensure safety of all service users within the environment should risk factors change.

4. Mixed sex environment

4.1 Bedrooms

- 4.1.1 Single bedrooms and same-sex toilet and washing facilities (Preferably en-suite)
- 4.1.2 Patients should not have to pass through the bedrooms/bed bays of the opposite sex to access their own bedrooms or toilet/washing facilities.
- 4.1.3 Ideally, service users should not pass through mixed, communal areas adjacent to their bedrooms/bed bays to access their washing facilities. The exception is toilet facilities used while in day areas where service users are fully dressed.

4.2 Bathrooms

- 4.2.1 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 service user is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.

4.2.2 In mixed-sex wards, there will be separate parts of the ward for males and females with designated areas for bedrooms and toilet/washing facilities for each sex. There may be exceptional times when a bedroom area may be mixed i.e. an absolute emergency situation. In such cases, bedrooms and toilet/bathing facilities should be designated to achieve as much gender separation as possible, supported by appropriate levels of observations and staffing to maintain safety. This must be reviewed at least on a daily basis.

4.3 Signage

4.3.1 Bedrooms and sleeping areas, bathrooms and toilets and ladies only lounges need to have clear signs on them indicating their gender use.

4.3.2 For rooms with mixed gender use, 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.

4.4 Sitting rooms

4.4.1 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.

4.4.2 Female patients must be offered the choice of eating by their bedside where only a mixed day room is available.

5. Special Considerations

5.1 Transgender/transsexual Service Users:

5.1.2 Good practice requires that clinical responses should be service user focused, respectful and flexible towards all transgender people who live continuously or temporarily in the gender role that is opposite to their natural sex. Please see Transgender Policy.M

5.2 Maintaining same sex accommodation in the event of a Major Incident/Pandemic Outbreak

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

5.2.2 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.

5.2.3 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. In these cases the locality need to get agreement and sign off by the borough director or on call director (out of hours) and clinical director. The CQC must be informed of changes via elft.cqc.nhs.net. Any changes require daily review of the decision.

6. Breaches

- 6.1 In the event of a potential breach of the above procedures regarding sleeping accommodation, staff on the unit must inform their manager/manager on-call.
- 6.2 The manager on call must escalate any breaches to the Executive Directors and appropriate Director/Director on call for decision to breach
- 6.3 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:
- Type - care and treatment
 - Category – access or transition problem
 - Sub category - single sex accommodation breach
- 6.4 Any breaches will be included in the quality and performance report received by the Executive Operational Committee and the Board of Directors.