

Delivery Same Sex Accommodation Principles & Compliance Audit

Background

The compliance audit was carried out by across all individual inpatient areas during January - March 2013. The following audit report is a summary of the results of those individual ward audits:

Wards	Divisional Nurse
Audrey House	Sam Mortimer
Cherry Tree Close	Sam Mortimer
Melbourne House	Samantha Kelly
Kedleston Unit	Samantha Kelly
Melbourne House	Samantha Kelly
The Beeches	Samantha Kelly
The Lighthouse	Samantha Kelly

Wards	Divisional Nurse
Radbourne Unit - Ward 33	Kate Sargeson
Ward 35	Kate Sargeson
Ward 36	Kate Sargeson
Enhanced Care Ward	Kate Sargeson
Hartington Unit – Morton Ward	Kate Sargeson
Tansley Ward	Kate Sargeson
Pleasley Ward	Kate Sargeson
Cubley Male	Kate Sargeson
Cubley Female	Kate Sargeson
Tissington Ward	Kate Sargeson

Each area was asked to provide detail of how compliance has been achieved and evidence as appropriate. If none compliant action plans were developed to address the issue & a re-audit will be undertaken

Overarching Delivering Same Sex Accommodation (DSSA) Principles for inpatient services

1. There are no exemptions from the need to provide high standards of privacy and dignity.
2. Men and women should not have to sleep in the same room, unless sharing can be justified* by the need for treatment (see 14) or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.
3. Where mixing* of sexes does occur, it must be acceptable and appropriate for *all* the patients affected.
4. Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
5. Men and women should not have to walk through the bedrooms/bed bays or bathroom/toilets of the opposite sex to reach their own sleeping, washing or toilet facilities.
6. Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.
7. Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems and practice.

****There is no clinical justification for mixing in mental health and learning disability services. See 14***

Further detail	Compliant?
8. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female.	Yes
9. In all areas, toilets and bathrooms should be clearly designated as male or female.	Yes <i>Audrey House - signage to go up this week following decorators.</i>
10. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, their relatives, carers and/or advocate (as appropriate), should be informed why the situation has occurred, what is being done to address it, who is	Yes

dealing with it, and an indication provided about when the situation will be resolved.	
11. Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.	Yes
12. Patient preference re mixing should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.	Yes
13. There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where; - they are wearing gowns/nightwear, or where the body might become exposed - they are unable to preserve their own modesty, e.g. recovery from general anaesthetic or when sedated. - their illness means they cannot judge for themselves. (see PL/CNO/2009/2).†	Yes Lighthouse- children on Star unit have autism and/or challenging behaviour and one child will often remove all his clothing. There is working happening around encouraging individual to remain clothed in the living area and only to remove his clothes in his bedroom. Viv Moffatt to meet with Libby Johnston (Head of Service) regarding 'blackout glass' for windows and doors on unit (03/04/2013) for specific patient. Re-audit June 2013.
14. Any circumstance that constitutes clinical justification for mixing of the sexes is for local determination, (see PL/CNO/2009/2). † Generally, for acute services, justification might relate to 'life or death' situations, or a patient needing highly technical or specialist care/one-to-one nursing (e.g. ICU, HDU).	Yes
15. Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities.	Yes
16. In mental health and learning disability services there should be provision of women-only day rooms on wards where men and women share day areas.	Yes Audrey House -one shared lounge and a smaller TV lounge that can be booked as a single sex room dependant on need.
17. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. (See PL/CNO/2009/2). † In mental	Yes

health and learning disability services, boys and girls should not share bedrooms or bed bays and toilets/washing facilities should be same-sex. An exception to this might be if a brother and sister were to be admitted onto a children's unit – here sharing of bedrooms, bathrooms or shower and toilet areas may be appropriate.	
18. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use. (see PL/CNO/2009/2). †	Yes

†http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894