

## **Delivering Same Sex Accommodation (DSSA) Service Delivery Plan**

### **Statement**

NHS Bedfordshire requires all Providers to have published a declaration by 31 March 2010 that they have virtually eliminated mixed sex accommodation. All Providers should have robust plans in place for continued delivery of this commitment. NHS Bedfordshire acknowledges its responsibility to take all reasonable steps to promote and facilitate compliance. This Schedule applies to all our commissioned inpatient beds and applies to all Provider staff.

### **Definition**

For the purpose of this plan DSSA has been defined by six principles and further detail set out in 11 actions:

#### **DSSA Principles**

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, or by patient/service user choice.
3. Men and women should not have to share mixed bathing and WC facilities, unless they need specialised equipment such as hoists or specialist baths.
4. Patients/Service users should not have to pass directly through opposite sex areas to reach their own facilities.
5. In some circumstances, mixing of the sexes can be justified. Decisions should be based on the needs of each individual patient/service user, not the constraints of the environment, or the convenience of staff.
6. Where mixing of sexes does occur, it must be acceptable and appropriate for all the patients/service users affected.

#### **Further detail**

1. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, service users, relatives, carers and/or advocate should be informed why the situation has occurred, what is being done to address it, who is dealing with it, and an indication provided about when the situation will be resolved.
2. If a patient/service user is assessed as lacking capacity is admitted to mixed-sex accommodation, their family, carer or advocate should be consulted.
3. Patients/service users should be protected at all times from unwanted exposure, including casual overlooking and overhearing.
4. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female accommodation.
5. In all areas, toilets and bathrooms should be clearly designated as male or female.
6. 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).

7. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations (see PL/CNO/2009/2).
8. Greater segregation should be provided where patients'/service users' modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed (see PL/CNO/2009/2).
9. Greater protection should be provided where patients/service users are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated) (see PL/CNO/2009/2).
10. Staff should make clear to the patient/service user that the Trust considers mixing to be the exception, never the norm.
11. Patient/service user preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.

Source: DH Gateway reference 12610

In addition to these principles and actions consideration for specialist areas are to be considered. These can be accessed at:

<http://www.dh.gov.uk/en/Healthcare/Samesexaccommodation/SSAinpractice/index.htm>

Or from the links below:

- [Emergency admissions](#)
- [Day treatment centres](#)
- [Critical care settings](#)
- [Children's units](#)
- [Transgender people](#)
- [Endoscopy](#)
- [Assessment Units](#)
- [Patient perception](#)
- [Mental health and learning difficulties](#)
- [Governance and assurance](#)
- [Communications](#)
- [Commissioning](#)
- [Capacity and Demand](#)
- [Buildings and Facilities](#)
- [Board Leadership](#)
- [Elective Pathway](#)
- [Renal Care](#)
- [Children and Young People.](#)

## **DSSA processes and systems**

Procedures and systems provide clear step-by-step guidance on what to do in different circumstances and clarify roles and responsibilities. Systems for recording information and dealing with complaints DSSA are necessary to ensure implementation and compliance. Impact on capacity and demand issues must be considered and processes to understand gender specific demand on elective and emergency admissions must be in place.

The procedures and systems should include:

1. Board awareness of DSSA position and approved policies and procedures in place with regular reports to the Board.
2. The policy includes a clear process for decision to mix and subsequent breach reporting to the PCT.
3. All staff to have undertaken Privacy and Dignity training including specifically delivering same sex accommodation.
4. All organisations will have in place written procedures for handling complaints relating to DSSA.
5. All planning for new services and buildings will be assessed for compliance.
6. Patient satisfaction strategy to include process for meeting DSSA expectations.
7. Patient and carers have a process to report breaches.
8. Process to report DSSA status as per specification and all breaches and near misses.
9. RCA will be used to investigate any issues addressed to prevent reoccurrence.
10. Publicly available declaration on DSSA status with action plan to ensure ongoing compliance and process to ensure capacity issues do not affect DSSA.

### **NHS Bedfordshire's Plan**

Each of our Provider's service specific plans can be found on their websites and NHS Bedfordshire will ensure continued compliance to same sex accommodation principles in the four key areas of patient experience; estates; systems; and processes and culture, and ongoing development and improvement against the wider privacy and dignity agenda as follows: -

- NHS Bedfordshire has a plan to ensure ongoing compliance and improvement including addressing service delivery issues and considering future pathway developments meet the required principles to deliver this agenda.
- A process is in place to ensure that any breaches or decisions to mix are investigated at the appropriate level, any lessons learned and actions arising are assessed for efficacy and implemented to prevent reoccurrence.
- NHS Bedfordshire will visit sites to ensure continued same sex accommodation compliance and promoting and ensuring privacy and dignity principles remain paramount within the organisation's culture.
- When visiting Provider organisations for other reasons, same sex accommodation / privacy and dignity issues will also be monitored.
- Provider patient experience survey results will also be utilised to inform this agenda in terms of actions or improvements required and monitored.
- Reporting will be through our current Quality Monitoring processes where evidenced reports are submitted and meetings held quarterly. This includes trend analysis, Provider's self audit and external audit process incorporating re-audit by NHS Bedfordshire and Provider action plans against delivering same sex accommodation principles. In addition, internal informal meetings are held with Providers whereby more regular interim updates and support will be provided.
- The quality monitoring process reports are taken to NHS Bedfordshire's Integrated Governance Committee and Trust Board to ensure awareness, commitment and scrutiny at the highest level.
- The Same Sex Accommodation Exception form provides an additional method of ongoing monitoring on a weekly basis for clinically justifiable breach reporting. From 1 April 2010 the Same Sex Accommodation Exception form will be a

requirement of and set within Provider contracts and as such, breaches will be subject to contract penalty implications. Any exceptions will require a root cause analysis to be carried out and actions identified to prevent reoccurrence.

- NHS Bedfordshire's plan for comprehensive monitoring is outlined above and also by application of our existing assurance processes to ensure improvements, prevent reoccurrences and support increased patient satisfaction.

### Performance management framework

This Guidance forms part of the agreed NHS Bedfordshire Quality and Performance Framework and as such commissioners and Providers have a duty to comply with the agreed process for notification of changes and amendments to local policy.

The Department of Health Sanctions Matrix will also be adhered to, and can be found at: [http://www.dh.gov.uk/dr\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_112176.pdf](http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_112176.pdf).

Quality and Performance Indicators	Quality and Performance Indicators	Threshold	Method of Measurement	Consequence of Breach
Patient /service users expectations are met in relation to DSSA	Patient satisfaction surveys including privacy and submitted quarterly with any appropriate action plans	One month after quarter end	Quality Monitoring Process	Individually negotiated with each Contract
	Patient Satisfaction Survey to include DH metrics submitted to the Quality Team	In accordance with agreed schedule		
Men and women do not sleep in the same room and do not have to share toilet and washing facilities	All breaches and decisions to mix must be reported to the Quality Team on the specified form within 24hrs of the start of the incident	Next working day	Quality Monitoring Process	Individually negotiated with each Contract
	All breaches and decisions to mix will be investigated by the Provider and an action plan to prevent reoccurrence submitted	72 hours after the starting point of the breach	Quality Monitoring Process	Individually negotiated with each Contract
	All actions plans will be updated monthly until fully implemented	One moth after the breach or decision to mix report and then monthly until all actions implemented	Quality Monitoring Process	Individually negotiated with each Contract