**Subject:** Eliminating Mixed Sex Accommodation

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th>28 March 2018</th>
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<tbody>
<tr>
<td>Author:</td>
<td>Judy Dean (Head of Nursing)</td>
</tr>
<tr>
<td>Responsible Lead:</td>
<td>Melanie Coombe (Director of Nursing and Quality)</td>
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<td>Lead Director:</td>
<td>Melanie Coombe (Director of Nursing and Quality)</td>
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**Purpose**

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TO NOTE  INFORMATION  DECISION  APPROVAL  RATIFY
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**CQC Key Lines of Enquiry**

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SAFE   EFFECTIVE   CARING   RESPONSIVE   WELL-LED
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**Link to the Trust's strategic goals**

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STRATEGY  WORKFORCE  IT & ESTATE  COMMERCIAL & FINANCIAL
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**Financial Impact**

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FINANCIAL  LEGAL  ENGAGEMENT  PARTNERSHIP WORKING
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Single sex breaches compromise the safety and dignity of individuals and can result in financial penalties. It is a statutory requirement to declare compliance with standards on an annual basis.

**EXECUTIVE SUMMARY:**

This paper provides:

- A summary of our Trust’s position against the standards
- Summary of actions ward managers identified to ensure we have all the measures in place to demonstrate good practice and robust risk management in relation to the standards
- A draft Declaration of Compliance for Board consideration and publication on our Trust website.
Eliminating Mixed Sex Accommodation

1. **INTRODUCTION**

It is a statutory requirement to declare and publish our Trust’s compliance against the delivery of same sex accommodation standards on an annual basis and to inform commissioners of our compliance status.

2. **BACKGROUND/CONTEXT**

CPFT is committed to a person centred approach to care through the provision of environments that promote and safeguard the privacy and dignity of patients.

The Chief Nursing Officer and Deputy NHS Chief Executive required providers to declare by 1\textsuperscript{st} April 2011 (and each year there on in) that all hospital accommodation is same sex. The requirement covers sleeping accommodation, bathroom/toilet accommodation and (in mental health and learning disability providers) designated female only day rooms/lounges.

Providers are required to report breaches relating to sleeping accommodation only to NHS England every month via Unify.

The Trust is required to ensure that sleeping areas, toilets and washing areas are clearly identified as either women or men only and provided in:

- **Same sex** wards where the whole ward is occupied by men or women only or
- **Mixed sex** wards where patients are cared for in single rooms with ensuite washing and toileting facilities or
- **Mixed sex** wards where patients are cared for in same sex bays with adjacent same sex toilet and washing facilities (good practice would suggest that bays are entirely enclosed with solid walls with a door that can be shut) used solely by males or females and
- On mixed sex wards with single or shared bedrooms giving out to one corridor, single bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other) and
- No-one should have to pass through rooms occupied by the opposite sex to reach their toilet and washing facilities near to their bedrooms and bed bays. The exception is toilet facilities used while in day areas where patients are fully dressed. If there are limited facilities for disabled people which need to be used by both men and women, people who may be vulnerable should be escorted by a member of staff and
- On mixed sex wards good practice requires a day lounge for use by women only (mandatory for services provided in facilities built or refurbished since 2000), as well as spaces where men and women can socialise and take part in therapeutic activities together and
- Every effort is made to ensure the availability of staff the same gender as the patients they are caring for, especially for intimate care.

In mixed sex mental health and learning disability environments, each ward will provide a clearly signed female only lounge

Moreover, in ‘With Safety in Mind: Mental Health Services and Patient Safety. Patient Safety Observatory Report (NPSA, July 2006), findings on sexual assaults within inpatient settings suggested that both women and men are vulnerable, for example men also report unwanted sexual pressure. This comes mainly from other men but occasionally from women. Therefore, it is also very important that staff teams are aware and are vigilant of individual risk issues, whatever the gender make-up of the ward.
The provision of gender sensitive care applies to all ages and therefore includes children’s and adolescent units; that boys and girls should not share bedrooms or bed bays and that toilet and washing facilities should be same sex. An exception to this might be in the event of a family admission on a children’s unit, in which case brothers and sisters may share bedrooms, bathrooms and toilets.

3. METHODOLOGY

Ward Managers were asked to respond to questions in an on-line form based on the Same Sex Accommodation Standards (reproduced in Appendix 2) and asked to identify the additional actions they would be taking to ensure good practice on their wards. Ward Managers were sent guidance on standards and referred to Trust policy.

Returns were received from all wards and where necessary, wards were contacted to provide any clarification.

4. TRUST SUMMARY

The following summary sets out our overall Trust position by Directorate with all wards included.

CPFT has 2 wards within the Trust who only admit single gender Springbank (females) and PICU (Psychiatric Intensive Care unit) (Males). The Hollies, although one ward has 2 distinct sides. Other wards provide same sex accommodation standards in mixed sex wards through the provision of single rooms with ensuite facilities, single rooms with access to same gender toilets and bathrooms or single sex shared bays/rooms with access to same gender toilet or bathrooms.

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<th>Total wards</th>
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<tr>
<th>Single Sex Wards</th>
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<tr>
<td>Springbank &amp; PICU (Adult &amp; Specialist)</td>
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<table>
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<tr>
<th>Mixed Sex Wards</th>
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<tbody>
<tr>
<td>Adult &amp; Specialist</td>
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<tr>
<td>Cavell Centre Site : AAU, (Adult Assessment Unit) Treatment Ward, Recovery Ward, Hollies</td>
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<tr>
<td>Fulbourn Hospital: Mulberry 1, Mulberry 2, Mulberry 3, George McKenzie House</td>
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<td>Addenbrooke’s Hospital: S3</td>
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<td>Older Peoples and Adult Community (OPAC)</td>
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<tr>
<td>Peterborough City Care Centre: Intermediate Care Unit</td>
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<tr>
<td>Brookfields Hospital: Lord Byron A, Lord Byron B</td>
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<tr>
<td>Princess of Wales Hospital, Ely: Welney Ward</td>
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<tr>
<td>North Cambs Hospital, Wisbech: Trafford Ward</td>
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<tr>
<td>Cavell Centre: Maple 1, Maple 2</td>
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<tr>
<td>Fulbourn Hospital: Denbigh, Willow</td>
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<tr>
<td>Children, Young People and Families (CYP)</td>
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<tr>
<td>Ida Darwin: Phoenix Centre, Darwin Centre, Croft</td>
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Breaches
There have been no mixed sex breaches reported via Datix during 2017/18. The last breach was reported in May 2015 on IASS (Learning Disability) unit, which was closed in 2016. The Trust has continued to report nationally on a monthly basis via Unify and to the CCG (Clinical Commissioning Group)
5. **EXCEPTIONS – notable narrative**

**Children's Young People & Families:**

**Croft:** The Croft admits both children (under 13 years old) and at least one of their parents. The admission is shared in order that the unit can work with mothers and fathers as well as the whole family together. Usually children share a room with their parent, unless a child is older and it would be less appropriate for them to share with their parent of the opposite gender.

With the whole family treatment approach adopted on the Croft it is not possible to have male and female designated areas, as then only fathers and sons or mothers and daughters would be able to be admitted or it would exclude certain family set-ups.

The Croft advise parents and children about appropriate night attire and have bathrooms that can be allocated as single gender, although they are not permanently single gender as then parents would not be able to bathe their young children.

**Phoenix**

Male admissions to the Phoenix are very uncommon. However, in the event of a male admission there is a local risk management protocol in place:

- There is one bedroom corridor – this is used by female service users only.
- There are 2 rooms opposite the nursing station and one next to the meeting room. Male admissions would be allocated to these rooms.
- All the bedrooms are single rooms to allow space for individuals to be alone or with family and friends.
- A toilet and bathroom is allocated for male service users, away from the bedroom corridor, and the signage states this allocation. This toilet and bathroom is within the toilet and shower block. However, there are also toilet and shower facilities at the bottom end of the bedroom corridor so female service users can use these - especially at night - as this would mean no cross over of male and female service users.
- There are set times that the male will choose to use the bathroom for shower and bath and then that corridor is male only during that time.
- The unit has a main lounge area which is large, spacious and does not feel crowded; this is the hub of the unit and an important space for post meal observation and support. However, if needed, the meetings room/second lounge area can be used for family visiting or as a male only space.
- The unit has a weekly community meeting where issues relating to the community are raised. This could include issues young people may have relating to privacy and dignity.
- An advocate from the youth advocacy service attends the unit weekly for all the young people to access with any concerns or issues.

**Darwin**

- The ward advises that young people on their unit have expressed preference to be in the company of their own age group. The Darwin Centre patient group is predominantly female and there is the ability to create a female only lounge if required, by flexing the space available on the unit accordingly.

In their inspection of Trust services in May 2015, the CQC accepted Children's and Young Peoples inpatient arrangements in respect of the standards and the nature of the units.

**Adult & Specialist Directorate**

- **Assessment Unit (Cavell):** All bedrooms for both males and females have ensuite shower rooms. The sole DDA (Disability Discrimination Act) bathroom is at the beginning of the male corridor. In all case the use of this bathroom use is supervised by staff. The communal area at AAU is located at the centre of the ward and therefore male patients walk through this area to get to their bedrooms. There is a female only lounge with signage.
• **Mulberry 3:** All bedrooms are single rooms and the female bedrooms are also ensuite. The only bath on the ward is located in the male corridor and therefore use by females is risk assessed and females choosing to have a bath are escorted 1:1 by staff. This bathroom is DDA compliant. Males have access to this bathroom (which also has a shower) and a shower room in the male corridor. The ward has a female only lounge located off the communal area and requires females to pass through to access their lounge.

• **Recovery Ward:** All patients have an ensuite toilet. There is a DDA compliant toilet near to the communal lounge for patients visiting from other wards for activities or for use if a patient’s bed is requiring repair.

• **S3:** In the unusual circumstances of male(s) being admitted, the patient is either allocated a part of the ward which has a single room with direct access to their toilet/bathroom or to a single bedroom with access to sole use toilet/bathroom across a main mixed sex corridor.

The layout of the ward has been raised by the CQC in both S3 and other Eating Disorder Units and NHS England have clarified that their interpretation of the MHA Code of Practice regarding this matter is that 'passing through' would mean passing between beds or across the foot of the bed. So if sleeping areas are relatively well enclosed and feel separate from the corridor, this would not constitute a breach.

There is a large single sitting room/lounge on S3 and due to the ratio of male to female patients (at most 12 females to 2 males), should a male be admitted, a small room off the main ward area can be designated as a male only lounge.

**Older Peoples, Adults and Community Directorate**

• **Lord Byron A:** All rooms are single with 2 rooms sharing an integral bathroom which cannot be accessed by patients outside of the bedrooms. These are single sex rooms and are flexed accordingly.

• **Maple Unit (Maple 1 and 2):** Maple 2 has single ensuite rooms along 1 long corridor, with the male and female rooms grouped together and separated by double doors. The use of the corridor is monitored including staff being sited there during the night. The unit ensures that there is a ward plan indicating bedroom allocation.

6. **RISKS AND CONCERNS**

A number of wards identified that they did not have a compliance poster displayed prominently on the ward. The Communications Team have refreshed the bespoke CPFT posters and these have been issued to wards requesting them.

7. **ASSURANCE**

The Trust policy on Eliminating Mixed Sex Accommodation reflects the MHA Code of Practice (2015) and the needs of transgender patients. Ward Managers are responsible for ensuring that their staff are aware and have an understanding of mixed sex accommodation guidance, policy and escalation processes and that they take the necessary actions to ensure that patients who are admitted are accommodated safely and with due regard to their privacy and dignity. Ward managers ensure the allocation of bedrooms ensures that men and women are, as far as is clinical appropriate, accommodated in gender specific rooms/bays in clearly designated areas of the ward and ensure that bathrooms and toilets are appropriately designated with signage that is clear and that patients are orientated to ward facilities.

Data on mixed sex breaches is collected every month as part of our statutory responsibilities of reporting and included in the Trust’s and CCGs performance dashboards. The Trust dashboard is reviewed with Directorates at the monthly Performance Review Executive (PRE) with any
actions/shared learning being fed back to the Quality, Safety and Governance Committee. The policy includes guidance on how ward staff manage breaches; including timely escalation to ensure Directorate awareness and Trust oversight. Guidance is also embedded within the Datix reporting form.

All incident reports relating to breaches of same sex accommodation must have the breach and resulting management plan signed off by the Directorate Heads of Nursing and for Corporate Assurance the Head of Nursing or Deputy Director of Nursing.

8. **RECOMMENDATIONS**

The Board is asked to note the contents of this report and approve the draft statement of compliance for 2017/18.

The Board is further requested to advise the Trust Communications Team of the need to publish this declaration on the Trust’s public website without delay.

9. **APPENDICES**

- Appendix 1: Statement of Compliance: Eliminating Mixed Sex Accommodation 2018/19
- Appendix 2: Eliminating Mixed Sex Accommodation – Ward Audit Questions

**Author:** Judy Dean  
**Title:** Head of Nursing  
**Date:** 28 March 2018
Appendix 1

Statement of Compliance: Eliminating Mixed Sex Accommodation 2017/18
CPFT is pleased to confirm that we are compliant with the Government’s requirement to eliminate mixed-sex accommodation.

We have the necessary facilities, resources and culture to ensure that patients who are admitted to wards on our sites will either have their own bedroom or only share the room/bay where they sleep with members of the same sex, and same-sex toilets and bathrooms are close to their bed area. If our care should fall short of the required standard, we will report it and act on it. CPFT monitors privacy and dignity through incident reports, through PALS and complaints and through patient experience visits and feedback. We will undertake an annual audit to ensure compliance with this standard, and we will publish our statement of compliance on our website.

What does this mean for our patients?
Same-sex accommodation means that patients admitted to wards on our sites at CPFT can expect to find the following:
• The room/bay where your bed is will either be a single room or, if shared, have only patients of the same gender as yourself
• If you are a transgender patient, you have equal rights to access single sex wards as any other man or woman and therefore should be admitted to a ward in accordance with your preferred gender. You will normally be treated according to your preferred gender, unless there are strong reasons to the contrary which will be discussed with you. Your toilet and bathroom will be just for your gender, and will be close to your bed area
• It is possible that there will be both males and female patients on the ward and you may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas
• You may share some communal living spaces, such as lounges or dining rooms, and it is very likely that you will see both male and female patients as you move around the ward.
• In mixed gender mental health and learning disability wards a female only lounge is provided in accordance with the Mental Health Act Code of Practice. Unless accompanied by nursing staff, visitors are expected to make use of communal day areas, lounges or other visiting facilities rather than patient bedrooms
• If you need additional help to use the toilet or take a bath (e.g., you need a hoist or special bath) then you may be taken to a “unisex” bathroom used by both males and females, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

Our commitment to privacy and dignity
Every patient has the right to receive high-quality care that is safe, effective and respects their privacy and dignity. CPFT is committed to providing every patient with same-sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.
CPFT also ensures that our staff are supported and trained to understand what privacy and dignity means in practice.

How will we measure how we are doing?
CPFT undertakes the national annual patient survey for the Care Quality Commission and uses the results of this to inform our service development work. In addition, we undertake our own surveys that include specific questions on same-sex accommodation and privacy and dignity issues, and have developed a patient experience system so that patients and carers can give us feedback about privacy and dignity issues and other care issues. This feedback system is available directly to patients pre- or post-discharge, and also available through our website. We also make use of feedback through our PALS and complaints service to improve patient experience. Reports on all patient experience feedback and developments are made to our Quality, Safety and Governance Committee and to the Board, and made available to our commissioners.
Privacy and dignity concerns - PALS

We want to know about your experiences. Please contact CPFT’s Patient Advice and Liaison Service (PALS) if you have any comments or concerns. The contact number is:
Freephone 0800 376 0775
T 01223 726774 (during office hours)

A confidential e-mail service is also available at pals@cpft.nhs.uk
### Appendix 2: Eliminating Mixed Sex Accommodation – Ward Audit Questions

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<thead>
<tr>
<th>Patients only share a bedroom with members of the same sex?</th>
<th>Y</th>
<th>N</th>
<th>N/A</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Excluding DDA facilities, patients only share toilets and bathrooms with members of same sex?</td>
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<tr>
<td>Male of female patients can access their own gender specific bedroom or bedroom area without needing to pass through an area specifically designated to the opposite sex?</td>
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<tr>
<td>Male or female patients can access their own gender specific toilets without needing to pass through an area specifically designated to the opposite sex?</td>
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<tr>
<td>Male or female patients can access their own gender specific bathrooms without needing to pass through an area specifically designated to the opposite sex?</td>
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<td>Do you have male and female bedrooms/ bedroom bays branching off one shared area/corridor?</td>
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<td>Are the gender specific toilet and bathroom facilities clustered in a manner which avoids/reduces the need to pass by bedroom or bedroom areas of the opposite sex?</td>
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<td>There is an appropriate signage indicating gender on all toilets and bathrooms?</td>
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<tr>
<td>There is appropriate signage indicating gender on all bedroom areas?</td>
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<td>DDA toilets have signage which indicates use by both male and female patients?</td>
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<tr>
<td>DDA bathrooms have signage which indicates use for both male and female patients?</td>
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<td>There is a poster displayed near the ward entrance stating compliance with same sex accommodation standards?</td>
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<td>There is a ward plan indicating bedroom/bedroom bay allocations displayed in the ward/unit staff office?</td>
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<td>The ward has a clear working process for allocating patient bedrooms?</td>
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<td>A process/documentation is in place to manage risks in relation to potential mixed sex accommodation breaches?</td>
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<td>The ward has a designated female only lounge? (Mental Health &amp; LD Wards)</td>
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<td>The female only lounge has appropriate signage?</td>
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<td>Every effort is made to ensure the availability of staff the same sex as the users they are caring for, especially for intimate care?</td>
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Guidance on Definitions

- Same Sex Accommodation is where male and female patients sleep in separate areas and have access to toilets and washing facilities used only by their own sex.
- Same Sex Accommodation can be provided in single-sex and mixed-sex wards.
- In a same sex ward, the ward is occupied by either men or women and has its own dedicated toilet and washing facilities.
- In mixed-sex wards, same sex accommodation can be provided either as:
  - single rooms with same-sex toilet and washing facilities and
  - Multi-bed bays or rooms occupied solely by either men or women with their own same-sex toilet and washing facilities.

Additionally, patients should not need to pass through mixed communal areas or sleeping areas, toilet or washing facilities used by the opposite gender in order to get to their own facilities.

In mental health and learning disability wards there should be provision for same-sex day space, particularly for women who use services. Women-only environments are important because of the increased risk of sexual and physical abuse and risk of trauma for women who have had prior experience of such abuse. The Mental Health Act Code of Practice (revised in 2015)

Guidance on Breaches

Acceptable justification (Not 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 1:1 nursing care
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient. This would be unacceptable if staff shortages or skill mix were the rationale
- 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 (Breach)

- Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other 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 old or difficult estate/buildings
- 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