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Eliminating Mixed Sex Accommodation (Mental Health Inpatient Areas)

1 Introduction

The NHS Constitution states that all patients should feel that their privacy and dignity are respected whilst they are in Hospital. Gateshead Health Foundation Trust (The Trust) is committed to providing high quality, responsive care that is focussed on the needs of patients and service users and is respectful of their individual values, beliefs and personal relationships.

Mixed sex accommodation' refers not only to sleeping arrangements, but also to bathrooms or WCs and the need for patients to pass through areas for the opposite sex to reach their own facilities. As long as men and women are cared for in separate bays or rooms and have their own toilet facilities, then it may be appropriate for them to be on the same ward being cared for by the same team of doctors and nurses.

The Department of Health has clear defined principles related to delivering same sex accommodation and proposed ways that organisations can support the delivery of these principles to be met. (Appendix 1)

There is an additional requirement for mental health and learning disability inpatient units in relation to the availability of same-sex day space, particularly for women who use services.

In mental health, promoting physical and sexual safety through eliminating mixed sex accommodation is one of the key things that is cited in terms of promoting sexual safety.

The Chief Nursing Officers Report (2007) which identifies Same Sex Accommodation as a "visible affirmation" of the NHS's commitment to privacy and dignity and the NHS Constitution all of which emphasise the importance of dignity and respect for patients.

This policy is relevant to adults, children and young people accessing services in the Trust.

The Mental Health Act Code of Practice 1983, paragraph 8.3 states that sleeping and bathroom areas should be segregated to protect the needs of patients of different genders and transgender patients.

The Mental Health Act Code of Practice 1983, paragraph 8.25 states that all sleeping and bathroom areas should be segregated, and patients should not have to walk through an area occupied by another sex to reach toilets and bathrooms. Separate male and female toilets and bathrooms should be provided, as should women - only day rooms. 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. Consideration should be given to the particular needs of transgender patients.

The Mental Health Act Code of Practice 1983 paragraph 8.26 states a patient should not be admitted to mixed sex accommodation. It may be acceptable in a clinical emergency, to admit a patient temporarily to a single, en suite room in the opposite-gender area of the ward. In such cases a full risk assessment should be carried out and the patient's safety, privacy and dignity maintained. Steps should be taken to rectify the situation as soon as possible.

This policy has been written to support the application of the following local and national guidance:

- The Patients Charter (1992)
- Essence of Care (2001)

- The NHS Plan (2000)
- Standards for Better Health (2004)
- Our Health, Our Care, Our Say (2006)
- The Department of Health Dignity in Care Campaign (2006)
- High Quality for All (2008)
- Mental Health Act Code of Practice 1983. Department of Health 2015
- Eliminating Mixed Sex Accommodation, DOH 2009 and 2010

2 Policy scope

This policy applies to all healthcare professionals and volunteers whether directly employed by the Trust, or covered by a letter of authority/honorary contract, undertaking duties on behalf of the Trust working within in-patient or community settings.

This policy applies to all inpatient mental health wards and any area within The Trust where a person with mental health problems or lacking capacity may be receiving inpatient care.

The best practice principles of this policy can be applied to all inpatient areas.

3 Aim of policy

It is clear from what service users tell us that being in mixed-sex accommodation can compromise their privacy and dignity at a time when they may already be feeling vulnerable. The most common concerns include physical exposure, being in an embarrassing or threatening situation, noise, and the possibility of other service users overhearing conversations about their condition. Some service users are also strongly opposed to mixed-sex accommodation for cultural or religious reasons. Please refer to, **Appendix 1, Delivering Same Sex Accommodation (DSSA) Principles.**

This Policy is designed to provide :

Direction to staff to enable them to provide care and treatment to all patients, service users and carers receiving services from the Trust in a way which treats them with respect and maintains their right to privacy and dignity.

A clear definition to all staff as to what constitutes privacy and dignity within a care setting.

A clear definition to all in-patient staff of same sex accommodation.

In-patient staff across the Trust with guidance on the safe management of same sex accommodation.

Details of the procedure for reporting any breaches in the Trust compliance in relation to eliminating mixed sex accommodation.

4 Duties (roles and responsibilities)

All healthcare professionals must:

Actively promote the patients privacy and dignity at all times.

Ensure that all service users are cared for in single sex accommodation as defined by this policy.

Be aware of their role if acting as a chaperone.

Report any breaches of the policy or EMSA to their line manager and on the Trust's Incident reporting system.(DATIX)

5 Definitions

Same-sex accommodation is where:

Service users are accommodated in same sex wards where the whole ward is occupied by males or females only including children and young people. Sleeping accommodation is in single rooms within mixed wards where toilet and washing facilities are en-suite or very close by. These facilities are clearly designated either male or female. Sleeping accommodation within mixed wards is in shared rooms used solely by female or male users .

In mixed sex wards, where there are male and female service users including, children and young people in separate bays or rooms toilet and washing facilities should be easily accessible and, ideally, either inside or next to the ward, bay or room. Patients should not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own.

On mixed wards with single (non en-suite) or shared bedrooms; bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible. For example females towards one end of the corridor males towards the other .

If there are limited disabled facilities which need to be used by males or females good practice would suggest that users be escorted by a member of staff.

On mixed wards good practice requires a day lounge for use by females only as well as spaces where males and females can socialise and take part in therapeutic activities together .

Every effort should be made to ensure the availability of staff who are the same sex as the service users they are caring for. (especially for intimate care)

Privacy - Refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual. (DOH 2009)

Dignity - Is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as a valued individual. In care situations, dignity may be promoted or diminished: by the physical environment: organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out. Dignity applies equally to those have capacity and to those who lack it. (RCN 2008)

In addition to the definitions above the 'Dignity in Care Campaign' suggested that dignity issues overlap with **four** other areas:

Respect- Shown to a person as a human being and as an individual, by others, and demonstrated as courtesy, good communication and taking time.

Privacy- In terms of personal space: modesty and privacy in personal care; and confidentiality of treatment and personal information.

Self Esteem, Self worth, Identity and a sense of oneself; promoted by all the elements of dignity but also by 'all the little things'- a clean and respectable appearance, pleasant environments and by choice and being listened to.

Autonomy Including freedom to act and freedom to decide on opportunities to participate, and clear comprehensive information.

6 Main Body of the policy

Is Mixed-Sex Accommodation ever acceptable?

Most people accept that in some situations there is no alternative to males and females sharing accommodation. This includes situations where patients need urgent; highly specialised or high-

tech care for example treatment services such as ECT. These clinical settings will always be staffed appropriately-and all efforts made to preserve privacy and dignity for patients such as using privacy curtains. It is expected within services across the Trust every effort will be made to accommodate patients in same sex accommodation, where this does not happen staff should follow the guidance in section 6.

What staff must do to support this guidance in practice?

Principles of same sex accommodation must always be uppermost in clinical decision making. Staff should offer same-sex accommodation, wherever possible. Staff should discuss with the patient and their family how the ward can best meet their needs. Staff will always offer care based on privacy, respect and dignity.

Please refer to **Appendix 1, Delivering Same Sex Accommodation (DSSA) Principles** .

What staff must do if they are concerned that an area may have breached or may consider breaching delivering Same Sex Accommodation Principles?

- Consult local and national guidance as indicated in section one for further clarity.
- Raise any concerns with an Operational Manager i.e. Ward Manager, Matron, Nurse Consultant, Service Line Manager, manager on call .
- Decisions as to how to manage the situation will be discussed with clinical teams and operational management and all attempts should be made to utilise available same sex beds across the Trust.
- Any potential breaches must be raised with the senior manager or manager on call out of hours who will consider any implications regarding breaches and only they have the authority to make decisions .
- Any breaches must be recorded immediately, in accordance with the Trust's incident reporting procedures utilising the web based reporting system DATIX.
- Within the Trust where there are Single Sex Wards, this policy still applies in relation to the maintenance of patient's privacy and dignity, and the right of the patients to be treated with respect.

Maintaining Same Sex Accommodation in the event of an Outbreak

The Trusts Major Incident Plan sets out a framework for organisational responses to any kind of major incident affecting service users and/or staff. This alongside the Business Continuity Plans for each of the Trust's individual services/departments will support the ongoing provision of same sex accommodation during any such outbreak.

Maintaining privacy, dignity and respect

Maintaining patient's privacy, dignity and respect is core to the delivery of effective health care and will help patients feel valued which will in turn promote their confidence in the service. As a minimum staff will:

- Ask patients by which name or title they prefer to be addressed, and respect their wishes.
- Ask a patient if they wish their carer to leave for specific conversations or procedures which may compromise their privacy or dignity.
- Maintain the patient's privacy when asking or assisting them to undress and dress for intimate examination or treatment.
- Close curtains or screens in areas where patients are expected to undress.
- Close observation windows in patients bedrooms unless they are being used for observation.
- Obtain informed consent before any examinations or treatments are carried out.

- Have an understanding of the need for sensitivity when discussing diagnosis or treatment options and where possible the conversation to take place in a quiet room.
- Respect Privacy and Dignity at all times, in particular during delivery of personal care, entering treatment rooms and single rooms, ward areas when curtains are closed, toilets or bathrooms and immediately before or following death.
- Knock before entering a room, use of “care in progress, do not enter” signs on curtains. Wait for a reply before entering.
- Avoid personal conversation with co-workers which exclude the patient they are giving care to.
- Not ask the patient to remove more clothing than is necessary.
- Not ask the patient to undress until they are ready to examine them.
- Undertake their consultation with the patient either before or after the examination when the patient is fully clothed. (Following the examination, give the patient time to dress before the consultation continues)
- Check with the patient that they give their permission to be washed / examined by a person of the opposite sex and respect their wishes where this is possible.
- Encourage patients to wear their own clothes during the day and their own night clothes to sleep in. If hospital clothing is needed, staff are to ensure it protects the patient’s modesty.
- Where a patient requires assistance with eating, provide this discreetly, giving the patient time to eat without feeling rushed.
- Provide adapted cutlery and crockery if needed.
- Staff should female lounges are only in use for females and pro-actively check this regularly
- Ensure signage is appropriate to highlight gender specific areas etc male female toilets bathrooms etc. Where these are interchangeable eg within swing zones close monitoring is required to ensure information is accurate
- Personalised information regarding privacy and dignity and a person’s wishes should always be contained within their care plan
- Any privacy and dignity issues eg admission to a mixed sex ward or admission to a dormitory should always be fully discussed with patients and carers on admission.
- Any blanket restrictions which impact on privacy and dignity eg the inability to lock a dormitory should always be fully discussed with patients and carers on admission and the least restrictive approach should always be used.
- An area for making private telephone calls should be provided for all patients.

Transgender/transsexual Service Users

Transsexual people, and individuals who have proposed, commenced or completed treatment for the reassignment of gender, are legally protected against discrimination. In addition, good practice requires that clinical responses should be service user focused, 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 natal sex.

In order to meet the needs of these service users in a non-discriminatory way staff will ensure that where possible transgender patients are accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use). This presentation may not always accord with the physical sex appearance of the chest or genitalia and does not depend on them having a Gender Recognition Certificate (GRC) or legal name change.

If due to an identified risk to their personal safety or wellbeing they can not be safely accommodated according to their presentation a full explanation is given as to the reasons why and what measure are to be put in place to support them during their inpatient stay.

All transgender patients are cared for in a single room.

Transgender patients do not share open shower facilities.

The views of the transgender patients take precedence over those of family members where these are not the same.

John's Campaign

The campaign calls for a policy welcoming family carers onto the wards outside of the normal visiting times, according to the needs of the person with a dementia and not restricted by stated visiting hours. Involving the family carer from admission to discharge has been proven to help ensure a better quality of care, an improved patient experience and improved outcomes. EMSA Guidelines should not restrict on the implementation of John's campaign. However, EMSA guidance should always be considered when planning individualised care in line with John's campaign to ensure that EMSA standards are not breached. If a family carer is given overnight accommodation on an inpatient mental health ward, this should be individually assessed and follow the principles of EMSA standards for the protection privacy and dignity of other inpatients. Where a relative wishes to stay overnight, an appropriate room should be identified, with en-suite washing and toilet facilities and EMSA standards must be considered.

Use of Dormitories

Within Mental Health Units, patients— many of whom have not agreed to admission— should not be expected to share sleeping accommodation with strangers, some of whom might be agitated. This arrangement does not support people's privacy or dignity.

NHS trusts are required to monitor all mixing of sleeping accommodation, mixed-sex sharing of bathroom/toilet facilities (including passing through accommodation or toilet/bathroom facilities used by the opposite gender), and all mixed provision of day space in mental health units at a local level (although central reporting has been mandated for mixed-sex accommodation breaches in respect of sleeping accommodation only).

Where dormitory accommodation is used, local protocol should ensure that all other options for dormitory accommodation are explored before more than one patient is admitted to a dormitory bed area. Service users views in relation to this should always be sought at the point of admission and considered when planning care and use of dormitories. Where the service user lacks capacity, all practicable steps to obtain the patient's view should be utilised in line with the Mental Capacity Act. All decisions regarding admission to hospital should encompass the least restrictive principles. When there is no option but to admit to a dormitory area, the aim to move in to single room accommodation should be sought as soon as reasonably possible. Service user consultation should be paramount and their views considered within the decision making process.

Mixed sex sharing of dormitories is never acceptable. Consideration will need to be given for visiting areas of a spouse in a bed area within a dormitory in line with John's campaign. Patient wishes are always paramount. Use of, and occupancy level for dormitories should be reviewed on a monthly basis at a service level for awareness and escalation to the risk register if appropriate.

7 Training

There are no specific training requirements in relation to this policy, but all Trust staff will need to be familiar with this document. As a trust policy, all staff need to be aware of the key points that the policy covers. Staff will be made aware of it's content via any of the following:

- Team Brief
- QE Weekly
- Team Meetings
- Supervision
- Practice development days
- Performance and Quality Meetings
- Local Induction

8 Diversity and inclusion

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all staff and patients to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.

9 Monitoring compliance with the policy

Monitoring of this of this policy will be conducted through the mental health performance and quality group. Appendix 1 audit and action plan will sit within department operational policies and will be reviewed as per operational policy cycle of business review. Breaches or areas of improvement/non compliance will be added to the risk register and monitored as per risk register process.

Standard/process/issue	Monitoring and audit			
	Method	By	Committee	Frequency
Departmental Audit (appendix 1) to be completed for all inpatient areas and linked to operational policy and welcome leaflet	Review via cycle of business for operational policy	Department Managers	Mental Health Performance and Quality	Annual Review with action plan monitored regularly via p&q
Breaches or areas of improvement/non compliance to be added to risk register	Via risk register process	SLM	Mental Health Performance and Quality	As per risk rating guidance

10 Consultation and review

This policy has been developed utilising best practice guidelines and in consultation with members of the Mental Health Improvement Steering Group and will be reviewed on a three yearly basis. Consultation regarding this policy has been undertaken with transgender representatives via sharing good practice with Northumberland Tyne and Wear NHS Foundation trust.

11 Implementation of policy (including raising awareness)

This policy will be circulated by the Trust secretary as detailed in OP27 Policy for the development, management and authorisation of policies.

12 References

- www.nhsconfed.org/publications
- Delivering same-sex accommodation in mental health and learning disability services. NHS Confederation. January 2010. Briefing 195.

<http://www.nhsconfed.org/Publications/briefings/Pages/Delivering-same-sex-accommodation-mental-health-learning-disability.aspx>

- www.dh.gov.uk/samesexaccommodation
- www.modern.nhs.uk
- Eliminating Mixed Sex Accommodation: From the Chief Nursing Officer and Deputy NHS Chief Executive. November 2010. PL/CNO/2010/3.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215932/dh_121860.pdf
- Mental Health Act 1983: Code of Practice. Department of Health. 2015
<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>
- Eliminating Mixed-Sex Accommodation. From the Chief Nursing Officer and Deputy NHS Chief Executive. 10 February 2011.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215773/dh_124233.pdf
- Dept of Health (2001, 2010) Essence of Care Benchmarks DH, London
- Dept of Health (2006) Dignity in Care Challenge DH, London
- Dept of Health (2007) Privacy and Dignity-A Report by the Chief Nursing Officer into mixed sex accommodation in hospitals. DH, London
- Dept of Health (2009) Eliminating Mixed Sex Accommodation DH London
- Dept of Health (2010) Eliminating Mixed Sex Accommodation PL/CNO/2010/3
DH London
- Dept of Health (2011) Eliminating Mixed-Sex Accommodation - Declaration
- Exercise Gateway Reference 15552 DH London
- RCN (2008) Definition of Dignity Publication code 003 298
- CQC Sexual Safety on Mental Health Wards
https://www.cqc.org.uk/sites/default/files/20180911c_sexualsafetymh_report.pdf
- John's Campaign <https://johnscampaign.org.uk/#/>

13 Associated documentation



Same sex accommodation brief



supporting_note_mixed_sex_accommodati

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215773/dh_124233.pdf

Eliminating Mixed Sex Accommodation (EMSA) Principles Audit/Action plan

This should be an appendix to local operational policy and monitored through Performance and Quality Meeting

Ward Name	
Person Completing Audit	
Date	

Principles	How this could be met in practice	Position/Evidence	RAG rating
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 choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.	Individual single En suite bedrooms Same sex bedroom bays at designated areas of the ward.		
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.	En suite bedrooms Clear signage identifying male/female toilets/bathrooms		
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 as outlined in the Mental health Act Code of practice 1983 para 8.25	Designated/zones within clinical areas supported by local protocol		
Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.	Service user and carer information leaflet		
Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems and practice.	Local protocols for the management of beds. Staff understanding of Practice Guidance Note re EMSA		
On mixed-sex wards, bedroom and bay areas	Clear Signage		

should be clearly designated as male or female			
In all areas, toilets and bathrooms should be clearly designated as male or female.	Clear Signage		
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 dealing with it, and an indication provided about when the situation will be resolved.	Service user and carer information leaflet Practice Guidance Note re EMSA		
Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.	Private room to make telephone calls Use of privacy windows in bedroom doors which should remain closed unless opened by staff Local protocol outlining the area of the ward where therapeutic conversations take place Service users/carers should be shown around the ward area on admission and staff highlighting areas where both sexes may occupy i.e. dining rooms/lounges/activity areas Ward should have clearly identified female only lounge		
Patient preference re mixing should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.	Privacy and dignity questionnaire Essence of care benchmarking in relation to privacy and dignity Peer review using Essence of Care Indicators of Best Practice for privacy and dignity Discussed on admission and recorded in clinical		

	<p>notes</p> <p>Service users/carers should be shown around the ward area on admission and staff highlighting areas where both sexes may occupy i.e. dining rooms/lounges/activity areas</p> <p>Ward should have clearly identified female only lounge</p>		
<p>There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where;</p> <ul style="list-style-type: none"> - they are wearing gowns/nightwear, - the body might become exposed and 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 	<p>Local protocols outlining how the clinical team meet this requirement.</p> <p>Female service users should have access to a female doctor or chaperone available for physical health care</p>		
<p>Any circumstance that constitutes clinical justification for mixing of the sexes is for local determination</p>	<p>Practice guidance note outlining reporting system and evidence staff are aware of this process.</p>		
<p>Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities</p>	<p>Local protocols</p>		
<p>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</p>	<p>Clearly identified female only lounge</p>		
<p>For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. In mental health and learning disability</p>	<p>En suite bedrooms</p> <p>Clearly identified by signage male/female toilet/washing facilities.</p>		

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.			
Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.	Local Protocol Care Planning		

EMSA Local Action Plan

ISSUE	ACTION	DATIX REF	LEAD	RISK REGISTER	DEADLINE	OUTCOME

Appendix 2

Same Sex Accommodation - Declaration of Compliance 2014

Gateshead Health NHS Foundation Trust is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice.

We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as in our Critical Care Department and our Accident and Emergency Resuscitation Room), or when patients actively choose to share (for instance our Chemotherapy Day Unit and Day Treatment Centre).

If our care should fall short of the required standard, we will report it. We will also set up an audit mechanism to make sure that we do not misclassify any of our reports. We will publish the results of that audit in the Trust Board Reports.

What does same sex accommodation means for patients?

Other than in the circumstances set out above, patients admitted to Gateshead Health NHS Foundation Trust can expect to find the following

- The **room where your bed is** will only have patients of the same sex as 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 men and women patients on the ward, but they **will not** share your sleeping area.

You may share some communal space, such as day rooms or dining rooms, and it is very likely that you will see both men and women patients as you move around the hospital (e.g. on your way to x-ray or the operating theatre).

It is probable that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need to use the disabled toilet or use an assisted bath (e.g. if you need a hoist) then you may be taken to a "unisex" bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

The NHS will not turn patients away just because a "right-sex" bed is not immediately available

Our Commitment

The Trust will work to continuously improve the environment of care for patients. We understand how important it is that healthcare professionals meet the privacy and dignity needs of all patient groups.

We will work with service users to ensure that we are maintaining high standards and this will be reported through our Patient Experience and Dignity Steering Group which is chaired by the Deputy Director of Nursing and Midwifery.

We will work closely with our governors and members to ensure that privacy and dignity remains a top priority. We will work closely with service users through the Heathwatch, Disability Forum Groups and others to ensure that we listen to the people who use our services on a daily basis.

We will collect information on patients' experience of our services and we will put plans in place to make improvements based on the results.

We will work with service users to help us in the design of new facilities such as the Emergency Care Project.

What do I do if I think I am in mixed sex accommodation?

In the first instance, please speak to the Ward Sister or Staff Nurse in Charge who will try to resolve your concerns.

We want to know about your experiences.

Please contact our Patient Advice and Liaison Service on 0191 445 6129 would will be happy to help.