

Delivering Single Sex Accommodation Policy

This policy describes the standards and reporting processes for maintaining single sex accommodation.

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| Key Words: | Single Sex Accommodation; | |
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| Adopted by: | Quality Assurance Committee | |
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| Which Relevant CQC Fundamental Standards? | | |

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Version Control and Summary of Changes

| Version number | Date | Comments (description change and amendments) |
|----------------|----------------|--|
| Version 1.1 | | New policy. |
| Version 1.2 | May 2016 | Review of policy and amendment of root cause analysis / investigation tool. |
| Version 1.3 | June 2016 | Amendments following wider consultation – grammatical corrections; monitoring and compliance section amended to ensure all factors are included; trust patient safety team responsibility. |
| Version 1.4 | June 2016 | Human Rights act and equality due regard updated. |
| Version 1.5 | July 2016 | PCEG circulation and review- comments included and title changed to Delivering Single Sex Accommodation. Final approved version |
| Version 2 | May 2017 | Review of the CQC mixed sex accommodation supporting notes and recognition within the policy. Clarity on walk through breaches removing ‘pass by’ as per national guidance. Clarity on the reporting of justifiable breaches to PCEG and non-justifiable breaches to Trust board and commissioners. |
| Version 2.2 | June 2017 | Naming of unjustifiable breaches included according to DH guidance following commissioner feedback. |
| Version 3 | September 2017 | Clarification of privacy and dignity incidents when there is no same sex breach. Clarification of specialist units/long term condition management. Inclusion of decision making process for admission of patients to Mental Health Services when no beds are available in same sex accommodation. Inclusion of clinical staff responsibilities for the Mental Capacity Act (MCA). |
| Version 4 | May 2018 | Revision of guidance for staff including categories, process and reporting responsibilities. |

For further information contact:

Lead Nurses

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favorable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard for Equality

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified. See Appendix 4 (Due regard Assessment).

The following sections of the Human Rights Act (1998) are relevant to this policy:

- Respect for privacy and family life (article 8).
- Freedom of expression, which includes the right to hold opinions and receive information (article 10).

Definitions that apply to this policy

| | |
|----------------------------------|--|
| Same Sex Accommodation | 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 both single-sex and mixed sex wards |
| Mixed Sex Accommodation | Mixed sex accommodation' refers not only to sleeping arrangements, but also to bathrooms or toilet facilities 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. |
| Service user | Patient |
| Privacy | Freedom from intrusion and relates to all information, practice that is personal or sensitive in nature to an individual. |
| Dignity | 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. |
| Protected characteristics | This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of 'protected characteristics' is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. |
| Due Regard | Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low. |

1.0. Purpose of the Policy

1.1 The purpose of the policy is to:

- Outline the Trust's arrangements for achieving and maintaining compliance with the Department of Health's (DH) guidance, standards and principles on achieving same sex accommodation (DH 2009a b; 2010).
- Ensure that a consistent approach is used to consider the risks associated with the admission and placement of patients into inpatient settings.
- Provide direction to staff to enable them to provide care and treatment in a way which treats service users with respect and maintains their right to privacy and dignity.
- Ensure that the Trust has clear processes in place to monitor, investigate and report mixed sex accommodation.
- This policy is closely linked with the Trust's privacy and dignity policy and the two should be used in conjunction with each other

2.0 Summary and Key Points

2.1 Delivering same sex accommodation simply means providing an environment where men and women do not share sleeping accommodation and bathroom and toilet facilities.

2.2 The overarching principles for eliminating mixed sex accommodation are to provide the following environments:

- Same sex wards; the whole ward is occupied by men or women but not both.
- Single Rooms with dedicated toilet and bathroom facilities within or adjacent to the room.
- Same sex accommodation bay; identified area within a mixed sex ward with dedicated toilet and bathroom facilities within or adjacent to the bay or room.

2.3 Patients should not need to pass through the opposite sex accommodation to access toilet and washing facilities of their own (Department of Health 2009a b; 2010).

3.0 Introduction

3.1 Elimination of mixed sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any areas of our hospitals.

3.2 The Trust is committed to providing accommodation that complies with the eliminating mixed sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

3.3 The trust considers that mixing of the sexes to be the exception and any such event will be investigated to prevent further breaches. This policy defines the procedures to be followed in the event of a same sex accommodation breach. The trust is committed to continue to improve, where necessary, our delivery of clean, safe care

with privacy and dignity.

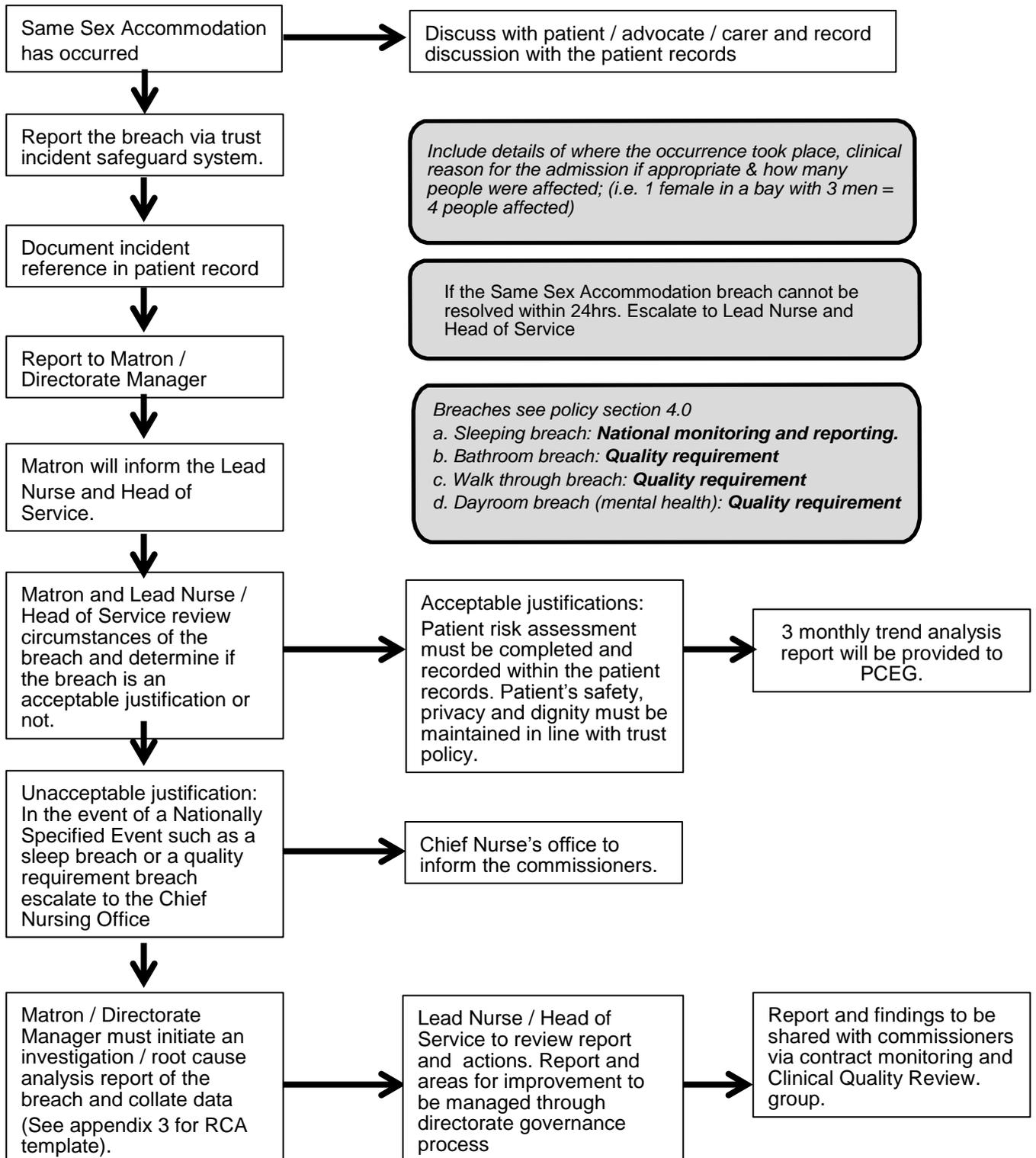
- 3.4 The trust will complete, and publish on the trust website, the self-declaration for delivering same sex accommodation as required under the NHS contracting arrangements (DH 2010).
- 3.5 Any breach of same sex accommodation will be reported to the trust board and as per commissioning agreements.

4.0 Classification of Same Sex Accommodation Breach Types

- 4.1 The placement of a patient within a clinical setting on admission, where at least one or more of the following criteria applies:
 - (a) Sleeping breach: As a result of the admission, the patient occupies a bed space that is either next to, adjacent to or directly opposite a member of the opposite gender (the same room or bay). A sleep breach requires national monitoring and reporting and can incur fines.
 - (b) Bathroom breach: As a result of the admission, the patient is required to use shared sex bathroom and toilet facilities.
 - (c) Walk through breach: As a result of the admission, the patient must pass through a designated sleeping area for occupation by members of the opposite sex to gain access to their washing and toileting facilities.
 - (d) Dayroom breach: As a result of the admission (in mental health and learning disabilities settings only) there is no provision of a separate female only lounge (in addition to the shared day lounge used by all patients).
- 4.2 Appendix 1 details the process to support staff when patients require admission in Mental Health Services but no bed in a same sex ward or same sex corridor on a mixed sex ward is available.

5.0 Processes for management of Same Sex breaches

5.1 Same Sex Accommodation Breach notification process



6.0 Duties within the Organisation

6.1 **The Trust Board** has a legal responsibility for trust policies and for ensuring that they are carried out effectively.

6.2 **Trust Board Sub-Committees** have the responsibility for ratifying policies and protocols. The Quality Assurance Committee and Executive Management team are responsible for the processes and outcomes in relation to delivering same sex accommodation.

6.3 **The Accountable Executive** for this policy is the Chief Nurse, Deputy Chief Executive. The Accountable Executive is responsible for:

- The completion of the annual declaration of compliance for commissioners and publication of this on the Trust website.
- Ensuring commissioners (and regulators where appropriate) are informed should any same sex accommodation breach occur.

6.4 **Directorate Directors and Heads of Services** are responsible for:

- Ensuring compliance with Delivering Same Sex Accommodation policy.
- Investigating and implementing action where Delivering Same Sex Accommodation issues are identified.
- Ensuring bed management processes include and adhere to Delivering Same Sex Accommodation requirements.

6.5 **The Lead Nurses** are responsible for the completion of annual Delivering Same Sex Accommodation best practice audit clarification.

6.6 **The Trust Patient Safety Team** is responsible for monthly collation of reported same sex accommodation breaches identified via the safeguarding incident reporting system.

6.7 Clinical Staff

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision

- Communicate the decision

6.8 Ward / unit managers and matrons are responsible for:

- Making staff aware of this policy, its content and how to access the policy.
- Risk management of the ward in regard to mixed sex and privacy and dignity.
- Reporting of any non-compliance or concerns about any poor practice by staff to the relevant Head of Service.
- Leading and assisting in the investigation of any failure to comply with the policy.
- Taking corrective action to improve privacy and dignity and prevent same sex accommodation breaches.

6.9 Individual staff are responsible for:

- Actively promoting privacy, dignity and respect for the individual.
- Ensuring that all service users are cared for in same sex accommodation.
- Risk assessment and management of vulnerable adults in areas where gender mixing occurs for therapeutic purposes.
- Reporting any same sex accommodation breaches and potential or actual privacy and dignity incidents via the safeguarding incidents reporting system,
- Assisting in the investigation of any failure to comply and prevent same sex accommodation breaches.
- Being aware of their role if acting as a chaperone, in line with Trust chaperone policy.

7.0 Clinical Justification

7.1 National guidance states there is no acceptable justification for admitting a mental health patient to a mixed sex accommodation. However it also states that it may be acceptable (justifiable) in mental health and learning disabilities, if it is in the patient's best interests if they are at immediate risk of harm to themselves or others (i.e. in a clinical emergency) to admit a patient temporarily to a single, en-suite room intended for the opposite gender. In such cases, a full risk assessment must be carried out and complete safety, privacy and dignity maintained. Promoting physical and sexual safety through eliminating mixed sex accommodation is one of the key citations in terms of promoting sexual safety.

7.2 In physical health areas admission to mixed sex accommodation may only be acceptable in particular areas such as critical care, high dependency unit and recovery unit in theatres these areas are not provided within the trust.

7.3 The joint admission of couples or family groups may be a justifiable breach if it is in the overall best interest of the patient and the patients have expressed a preference for sharing and this consent is recorded.

7.4 Children, and in particular adolescents, need special consideration. The hospital standard of the National Service Framework (NSF) for children requires children to be treated in accommodation that meets their needs for privacy and is appropriate to their age and development. Under the NSF, segregation by age is a more

important issue than segregation by gender. This is a particular issue for adolescents, who want primarily to be with patients of a similar age and interests. In addition, they want to be able to choose between being in a single or mixed sex environment. Options should be discussed with young patients who are old enough to understand and with their parents and carers.

7.5 Consideration should be given to the particular needs of transgender patients.

7.6 The following are unacceptable justifications for placing a patient in mixed sex accommodation (DoH Gateway No. 15024):

- For the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty.
- Due to shortage of staff or poor skill mix.
- Because of restrictions imposed by old or difficult estate.
- Due to a shortage of beds.
- Because of predictable fluctuations in activity or seasonal pressures.
- Because of a predictable non-clinical incident e.g. ward closure.
- Whilst waiting for assessment, treatment or a clinical decision.
- For regular but not constant observation.

7.7 Dependent upon the circumstance risk assessments may consider:-

- Sexual orientation and sexual orientation preference
- Safeguarding history or risks related to self or others
- Sexual inhibition relating to mental health issues

8.0 Training Needs

8.1 There are no training requirements identified in association with this policy.

9.0 Monitoring Compliance and Effectiveness

9.1 Each same sex accommodation breach must be recorded on the trust incident safeguard system. A delivering same sex accommodation root cause analysis investigation will be completed and submitted to the relevant Directorate Head of Nursing. All unjustified breaches will be reported real time to the Director of Nursing via the Directorate Head of Nursing. Each Directorate Head of Nursing will produce a monthly report for the relevant Directorate Assurance Groups. The Directorate Assurance Groups will exception report via Quality Assurance Committee. Please refer to Appendix 1 which confirms reporting responsibilities in support of this.

9.2 Monthly report detailing same sex accommodation breaches will be completed for submission to commissioners via the Clinical Quality Reporting Group (CQRG); a quarterly report reviewing all breaches and a six monthly report reviewing privacy and dignity concerns will be submitted to Patient and Carer Experience Group and shared with CQRG.

9.3 An annual eliminating mixed sex accommodation best practice audit will be completed by the lead nurses.

- 9.4 A 'Delivering Same Sex Accommodation' self-declaration will be published on the trust website; this will be reviewed annually. A Delivering Same Sex Accommodation plan for improvement will be completed with key milestones as necessary.
- 9.5 In the event of a sleep breach, a Nationally Specified Event, a thorough root cause analysis and remedial action plan (DH 2010 - NHS Standard Contract Schedule 3 parts 4a & 4b) will be completed under the direction of the Directorate Director / Head of Service under the Trust process for investigating and managing serious incidents.

10.0 Standards / Performance Indicators

| Ref | Minimum Requirements | Evidence for Self-assessment | Process for Monitoring | Responsible Individual / Group | Frequency of monitoring |
|-----|--|--|---|---|-------------------------|
| 1 | Non-Compliance and Concerns to relevant Head of Service | Quarterly Reports to PCEG (section 9 p9) | Incidents and RCA's | Head of PPE / PCEG | Quarterly |
| 2 | Each breach will be reported to both Trust Board and the appropriate commissioner. | Completion of trust incidents on safeguard system and delivering same sex accommodation investigation report. (section 9 p9 / section 5 p 6) | IQPR, Commissioner and Trust Board Report | Head of PPE / Trust Board | Monthly |
| 3 | Same sex accommodation | Statutory self - Declaration (section 9 p9) | Published declaration on Trust Website | Head of Professional Practice and Education | Annual |

| TARGET/STANDARDS | KEY PERFORMANCE INDICATOR |
|--|---|
| CQC fundamental standard for Dignity & Respect | Complaints; incidents; monitoring of sleeping breaches; remedial action plans for delivering same sex accommodation |
| Standard for Delivering Same Sex Accommodation | Annual declaration |

11.0 References and bibliography

- CQC (2017) Brief guide: Same sex provision in mental health hospitals
- Department of Health (2010) Chief Nursing Officer and Deputy NHS Chief Executive Statement – PL/CNO/2010/3. Gateway No. 15024. DH: London.
- Department of Health (2009a) Delivering Same Sex Accommodation – Principles DH: London.
- Department of Health (2009b) Delivering Same Sex Accommodation in Mental Health and Learning Disabilities DH: London.

Supporting note

Mixed sex accommodation

Supporting notes are written for CQC’s assessors and inspectors, to help them make consistent judgements on compliance with the essential standards of quality and safety. Supporting notes only act to clarify key aspects of some of the essential standards; they do not introduce additional requirements. Providers may also find the information useful.

| | |
|------------------------|--|
| Purpose of note | To help compliance inspectors to understand the Department of Health's expectations for eliminating mixed sex accommodation, the requirements for declaring compliance with the policy and to report breaches. |
|------------------------|--|

| | | |
|--|---|---|
| Main Outcome | 10: Requirements – individual or partnership | A |
| Specific prompt (s) | <p>People who use services can be confident that in relation to design and layout, the provider:</p> <ul style="list-style-type: none"> • Ensures the premises are suitable for the regulated activity. • Ensures the premises protect people's rights to privacy, dignity, choice, autonomy and safety. • Ensures the premises reflect Department of Health Published guidance. | |
| The note may also be relevant, in part, to the following outcomes | 1A, 4F, 7D 10F, 10M, | |

This note is relevant to the following service types:

NHS service and NHS-funded care and hospices only.

Detail of the note to the essential standards

1. The Department of Health requires all providers of NHS-funded care to confirm that they are compliant with the national definition “to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects the patient's choice”. The declarations had to be made no later than 1 April 2011. Organisations that either do not make a declaration or declare that

they are not compliant will face penalties. Declarations must be clearly visible on the organisation's website. The declaration should be accompanied by a commitment to audit data quality and publish results. The consequences of non-compliance are fines for an organisation, but these penalties are the responsibility of the Department of Health and not CQC.

(See Department of Health 2011 Letter to Chief Executives. Gateway reference 15552, Eliminating Mixed-Sex Accommodation - Declaration Exercise 10 February 2011).

Note: CQC inspectors should note that where breaches are found this should be considered as contextual information. It suggests that a more in-depth look is needed in terms of the essential standards, but does not necessarily indicate breaches of essential standards

Our Intelligence team are currently developing measures in this area, using the data collected by the Department of Health but it is not included in QRP yet.

2. '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.
3. 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. The Mental Health Act Code of Practice (revised in 2008) says:

“Separate facilities for men and women

16.9 All sleeping areas (bedrooms and bed bays) must be segregated, and members of one sex should not have to walk through an area occupied by the other sex to reach toilets or bathrooms. Separate male- and female-only toilets and bathrooms must be provided, as should separate day rooms. If in an emergency it is necessary to treat a patient in an environment intended for the opposite sex, senior management should be informed, steps should be taken to rectify the situation as soon as possible, and staff should protect the patient's privacy against intrusions – particularly in sleeping accommodation, toilets and bathrooms. Consideration should be given to the particular needs of transgender patients.”

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.

4. Children, and in particular adolescents, need special consideration. The hospital standard of the National Service Framework (NSF) for children requires children to be treated in accommodation that meets their needs for privacy and is appropriate to their age and development. Under the NSF, segregation by age is a more important issue than segregation by gender. This is a particular issue for adolescents, who want primarily to be with patients of a similar age and interests. In addition, they want to be able to choose between being in a single or mixed sex environment. Options should be discussed with young patients who are old enough to understand and with their parents and carers.
5. NHS services are expected to eliminate mixed sex accommodation where it is in the best interests of the individual or reflects personal choice. There are some exceptions, including:
 - In the event of a life-threatening emergency.
 - Where critically ill patients need one-to-one nursing care in ITU.
 - where a nurse must be physically present in the room/bay at all times e.g. in level 2 (high dependency care).
 - Where a short period of close patient observation is needed e.g. post anesthetic recovery.
 - On the joint admission of couples or family groups.
6. There is no justification for placing a person in mixed sex accommodation for the following reasons:
 - More convenient for staff.
 - A shortage of staff or poor skill mix.
 - A shortage of beds.
 - Predictable fluctuations in activity or seasonal pressures.
 - Predictable non-clinical incidents e.g. ward closures.
 - While waiting for assessment, treatment or a clinical decision.
 - Because of restrictions imposed by old estate (i.e. old buildings and facilities are not considered an excuse for non-compliance).
 - Based on a clinical specialism (i.e. caring for people within the same clinical specialty e.g. respiratory or orthopaedics is not an excuse for non-compliance).
 - A 'take it or leave it' approach (i.e. if the patient had to choose between accepting mixed sex accommodation and going elsewhere).
 - Custom and practice.

7. The organisation should have a policy on mixed sex accommodation. The policy should state what exceptions are permissible and what action staff should take if there is a potential or actual breach. All staff should be aware of the policy. There should be clear monitoring procedures to record where and why a breach has occurred and actions taken to avoid a repeat.
8. In 2009/10, £100million was committed to improve the provision of same-sex accommodation within NHS organisations. This money was channelled through SHAs to trusts that made bids based on action plans for immediate improvements.
9. Privacy and dignity are very important to people receiving care. There may be evidence linked to Outcome 1 of the essential standards 'Staff must be aware of the importance of maintaining dignity and privacy at all times and take action'.

Background and references

Mental Health Act Code of Practice in 2008.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084597

PL/CNO/2009/2 Eliminating mixed sex accommodation - Chief Nursing Officer's Letter, 17 May 2009.

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

Department of Health 2009, Delivering same sex accommodation progress report: the story so far.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110047

Department of Health 2009, Action to deliver same sex accommodation root cause analysis - a toolkit to enable trusts to identify and address, September 2009.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104970

Department of Health 2010, Dear Colleague letter from the Chief Nursing Officer and Deputy NHS Chief Executive. Eliminating Mixed Sex Accommodation – November 2010.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_121848

Department of Health 2007, Privacy and Dignity - A report by the Chief Nursing Officer into mixed sex accommodation in hospitals.

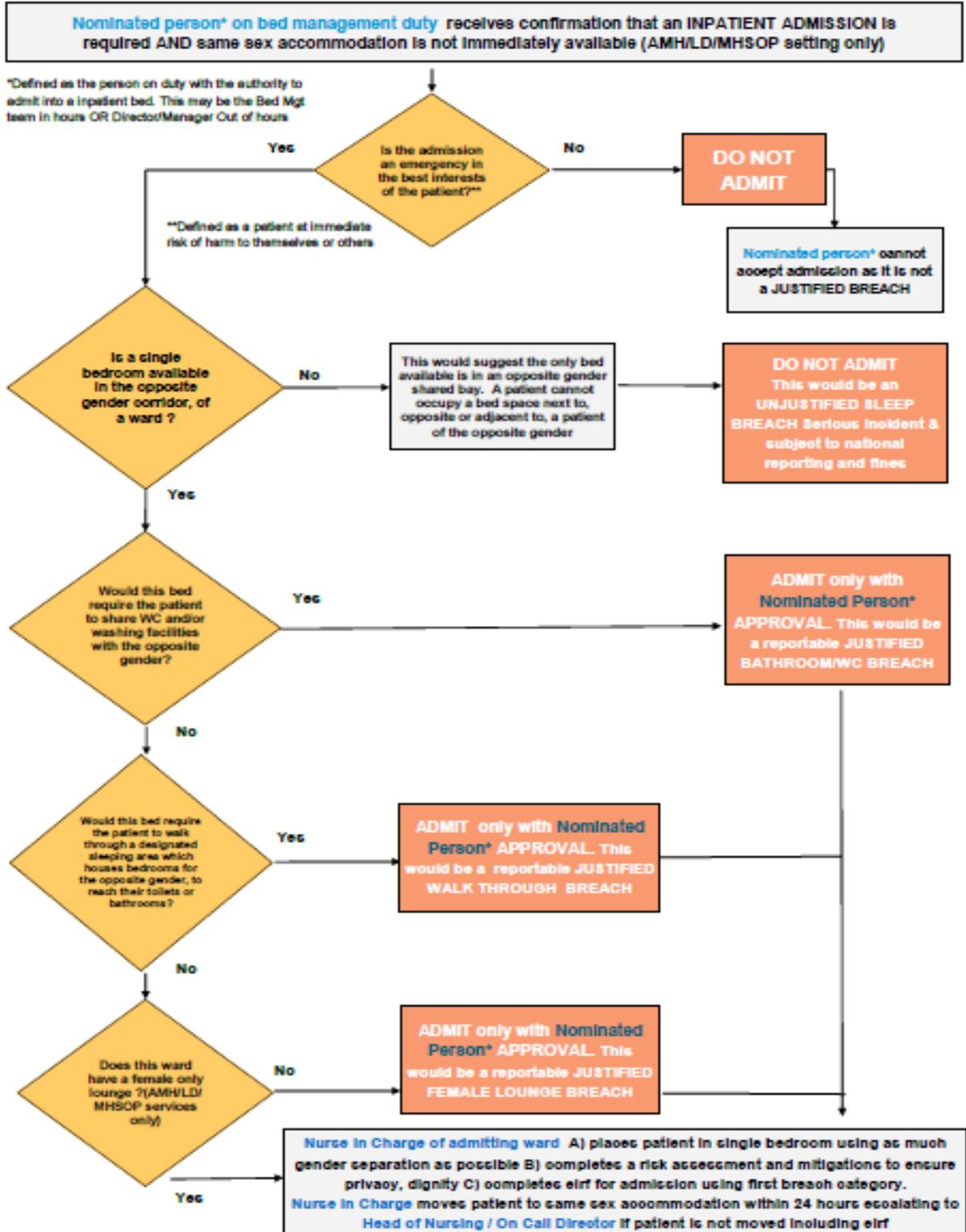
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074543

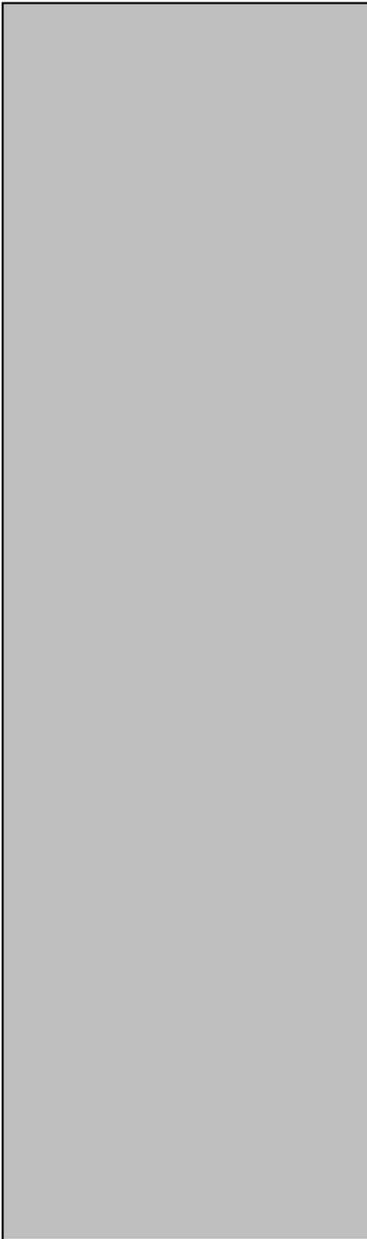
Department of Health, Letter to Chief Executives. Gateway reference 15552.

Eliminating Mixed-Sex Accommodation - Declaration Exercise, 10 February 2011.

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_124232

Responsibilities following a decision to provide accommodation which breaches provision of single sex accommodation





**Operational
Procedure**
Bed Management

Acute Mental Health

| | |
|----------------|---|
| Author | Rachel Dawson / Thomas Wheelband |
| Owner | Rachel Dawson |
| Version | 10 updated with same sex accommodation management |
| Ratified by | |
| Last Updated | April 2019 |
| Date of Review | March 2020 |

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1. Underpinning Principles

1.1. Leicestershire Partnership Trust (LPT) is committed to ensuring that whenever in-patient care for the residents of Leicester, Leicestershire and Rutland (LLR) is being considered other options for treatment, in a less restrictive environment, must first be explored.

1.2. The Crisis Resolution Team (CRT) are the gatekeepers for all Bradgate Mental Health Unit (BMHU) beds and will consider the option of home treatment and the Crisis House, when clinically appropriate, as an alternative to hospital admission.

1.3. When there is no viable alternative to hospital admission the principle that under lies this policy is that service users from within LLR will be admitted to an acute in-patient bed provided by LPT.

1.4. When there are no local beds available, capacity existing in other LPT beds (rehabilitation for example) will be utilised flexibly and a transfer of a settled patient may be arranged to an available bed elsewhere that is deemed to be safe and compliant with the DH standards related to Eliminating Mixed Sex Accommodation.

1.5. All staff must bear in mind the general principle that they have a duty to cooperate in identifying the best available option for each individual patient.

Given the complex and pressurised context of admissions to acute inpatient care this document offers a framework, but will not deal with every eventuality. Staff in decision-making roles are thus expected to use their initiative, act flexibly with colleagues, take the best possible clinical decision within available resources and ensure there is no unnecessary delay in arranging an admission.

1.6. Summary of Procedure

1.7. This procedure outlines how the Bed Management Team will provide safe, effective and efficient service delivery and meet targets.

1.8 Key Points - This procedure lays out the standards and processes for the management of the bed capacity at the BMHU.

Related Policies

Users are expected to be familiar with the principles outlined in the following related documents:

- Bed Continuity Plan
- Delivering Single Sex Accommodation Policy

- Privacy and Dignity Policy
- Discharge Policy and Guidelines
- Care Programme Approach (CPA) Policy
- Mental Health Act Policy
 - Safeguarding Policy
 - Perinatal admission inpatient pathway
 - CAMHS operational policy
 - MHSOP operational policy

2. Introduction

2.1 Leicestershire Partnership NHS Trust provides inpatient mental health care to support people experiencing acute mental health crisis who require a hospital admission, at the Bradgate Mental Health Unit (BMHU).

2.2 The BMHU has a total of 141 acute psychiatric inpatient beds, 16 intensive care beds, and the beds are split across 8 inpatient wards:

- Ashby – single sex (21 beds)
- Aston – single sex (19 beds)
- Beaumont – mixed sex (22 beds)
- Bosworth – single sex (20 beds)
- Heather – single sex (18 beds)
- Thornton – single sex (21 beds)
- Watermead – mixed sex (20 beds)
- Belvoir (Male Psychiatric Intensive Care Unit) (10 beds)
- Griffin (Female Psychiatric Care Unit) (6 beds, 5 LLR commissioned, 1 Derby)

2.3 The BMHU provides inpatient mental health facilities for patients across Leicester, Leicestershire, and Rutland and works closely with the community services to ensure appropriate access to the acute inpatient setting at the right time for the person in need of admission.

2.4 Hours of Operation

| | Monday – Friday | Saturday, Sunday & Bank Holidays |
|-----------------------------|----------------------------|----------------------------------|
| Bed Management Team Manager | 09:00-17:00 | On call cover |
| Clinical Duty Manager | 24/7 cover | |
| Clinical Discharge Nurses | 09.00 – 17.00 | No cover |
| Bed Coordinator | 09.00 – 19.00 | |
| Manager on Call (Band 8a+) | Out of hours cover Mon-Sun | |

3. Aims and Objectives of the Service

3.1 The overall aim of the service is to provide a timely identification of a bed in a suitable environment for individuals experiencing an acute episode of mental health distress. To confirm and challenge admissions, potential discharges, leave, early discharge planning, supporting wards in freeing the blockages caused in situations of DTOC (delayed transfers of care) and expedite the flow patients through the service. This allows people to be treated in the least restrictive environment for their needs and avoid out of area placements due to bed pressures.

3.2 Specific objectives are:

- To provide a single point of contact for acute admissions to BMHU.
- To ensure information is collected, and background information available for the wards to allow effective admission and initiation of treatment.
- To work to agreed response times to coordinate beds as clinically appropriate.
- To provide an expedited flow of bed occupancy throughout BMHU ensuring patients receive the right treatment in the right environment at the right time.
- To monitor any placements for acute beds out of area.
- To confirm and challenge bed occupancy to ensure people are cared for in the right environment.

4. Admission Criteria

4.1 Adults aged 18 and over residing in Leicester, Leicestershire or Rutland (LLR) and registered with a LLR G.P. who have needs best met in BMHU.

4.2 These are typically individuals who

- Have been referred for an inpatient admission following contact with the CRT, Assertive Outreach, Forensic Mental Health Team or following a Mental Health Act Assessment.

5. Hours of Operation – Admissions

5.1 Bed Management cover, located in the Bradgate Mental Health Unit, provides operational cover 24/7.

6. Staffing

The Bed Management Team is made up of:

| | | |
|-----------------------------|---------|---------------------------------|
| Team Manager | Band 8a | 1 wte |
| Clinical Duty Manager | Band 7 | 5.6 wte |
| Clinical Discharge Planners | Band 6 | 2 wte for rehab, 2 wte for BMHU |
| Bed Coordinator | Band 4 | 2.6 wte |

7. Roles and Responsibilities

Band 4 – Bed Coordinator

- Taking initial referral information over the phone filling in the electronic referral log
- Receiving phone calls and taking messages
- Fax information
- Receiving faxed information
- Sending and receiving emails
- Visiting the wards at the Bradgate unit to obtain a bed state
- Liaising with the Clinical Duty Manager and ward staff about patient movements on and off the ward and between units.
- Transporting notes around the unit.
- Able to use the Mitel phone system.
- Escort patients to local appointments or other visits to facilitate discharge from the unit.
- Attend daily bed meetings
- Escalate potential/ actual bed crisis to the Clinical Duty Manager/ Team Manager

Band 6 – Discharge Liaison Nurse

- To ensure that care delivery is built around the needs of patients, relatives and carers and to actively promote the philosophy of the right patient in the right place at the right time.
- To ensure that any multi-disciplinary referrals are completed and that a planned discharge date is set on admission.
- To case manage complex discharges within LPT to minimise delays and contribute to the Trust performance targets relating to length of stay and Delayed Transfer of Care.
- Work with the multi-disciplinary team in carrying out complex health needs Assessments and completing Decision Support Tools to support discharge funding applications
- Assess needs and provide information for the development of care packages to enable sustainable discharge and minimise the risk of re-admission.
- To lead, develop and support the multidisciplinary team to implement, manage and maintain effective and efficient admission and discharge processes

- To work with the multi-disciplinary team and other care providers in assessing and developing an individualised patient discharge pathway
- Provide statistical data to mental health commissioners and other departments within LPT to inform the direction of service.
- To provide accurate information for the monitoring and recording of the Delayed Transfer of Care for the Trust.
- Review and assessment of weekly length of stay and re-admission reports.
- Attend multi-disciplinary team meetings and provide specialist knowledge of care providers.
- To attend and/or deputise for the Team manager at operational and strategic meetings as required.
- Regular attendance at service and divisional meetings with Clinical Commissioning Groups, local authorities, housing organisations, primary care and the independent and voluntary sectors to promote joint working between organisations.
- Continue learning and improve knowledge on local and national policies relating to role
- Effectively utilise education opportunities with patients, carers and professionals.
- Assist in identifying educational needs of staff in other services and contribute to developing educational opportunities by sharing knowledge of funding, discharge procedures and local care providers with staff within the service and team.
- Provide knowledge of policy relating to discharge planning including homeless services, Mental Health Act, Safeguarding and Community legislation.
- To support cross site working in the rehabilitation services as required

Band 7 – Clinical Duty Manager

- As above
- Supervise junior staff
- Support the Team Manager in their role including sickness monitoring, appraisals and supervision
- Act as Manager or Nurse in Charge of the service in the absence of the Team Manager or Matron
- Devise a rota for the team
- Attend MDT and discharge meetings on the ward as and when required
- Liaise with nursing and medical staff on the ward about patient discharge plans
- To be accessible to the team and supportive of them
- Take overall responsibility for the operational running of the Inpatient, Crisis & Liaison (ICL) services.
- If a patient is admitted to the unit and there is no same sex bed or out of area bed then the CDM will discuss the most appropriate action with the On Call/ Service Manager and take responsibility for moving the patient from a ward area or breach bed within 24 hours and complete an incident form for the admission.
- Oversee the work of speciality multidisciplinary teams, enabling timely, appropriate access for patients requiring hospital admission and the safe and timely discharge of patients.

- Act as the lead in period of capacity shortages when escalation is required both internally within the service and externally to Health and Social Care Partners to resolve short and longer term capacity issues.
- Using own judgement and with the advice from clinical teams (which may be conflicting and where expert opinion may differ) to ensure best patient care by optimising appropriate patient placement, reducing risks and improving the experience for patients, including the co-ordination of additional capacity when necessary across the Trust.
- To work with ICL Discharge and Bed Management Co-ordinators to identify and facilitate the safe transfer of patients out of area and priority patients for repatriation.
- To provide senior managerial support at major Incidents, medical and adverse incidents and other situations that requires leadership and operational guidance across the ICL services.
- To coordinate Seclusion Reviews across the BMHU to ensure all checks and recording is completed in accordance with the policy.
- To update, as necessary but on a regular basis to the On Call Manager and/or On Call Director on capacity, quality and operational issues.

Band 8a – Team Manager

- All of the above
- To lead the team and have overall responsibility for the team
- Ensure that all staff have a supervisor and receive supervision, appraisals, relevant training and that KPIs are being met
- Monitor sickness and action according to the policy
- Take part in the on-call rota and seclusion review rota
- To delegate tasks as appropriate
- To oversee the expeditious flow of bed occupancy across the services

On Call Manager (band 8)

- To be available for escalation out of hours, 7 days a week
- To be within 30 minutes of the hospital
- To be available to attend the hospital where required to support the team when the escalation level is critical

8. How to Refer

- 8.1 All referrals to the Bed Management Team to be made either on the phone or face to face.
- 8.2 Bed Management Contact details:
- ❖ Mobile : 07826 891 352
 - ❖ Office (situated in BMHU)
 - ❖ 0116 255 6845

- ❖ 0116 255 6524
- ❖ 0116 255 6847
- ❖ 0116 255 6874

9. Sources of referral

- 9.1 Referrals to the Bed Management Team will only be accepted if discussed with the CRT (Crisis Resolution Team) who are the gatekeepers for informal admission.
- 9.2 Exceptions to this are patients who are assessed under the Mental Health Act, patients referred by The Assertive Outreach Team or The Community Forensic Team.

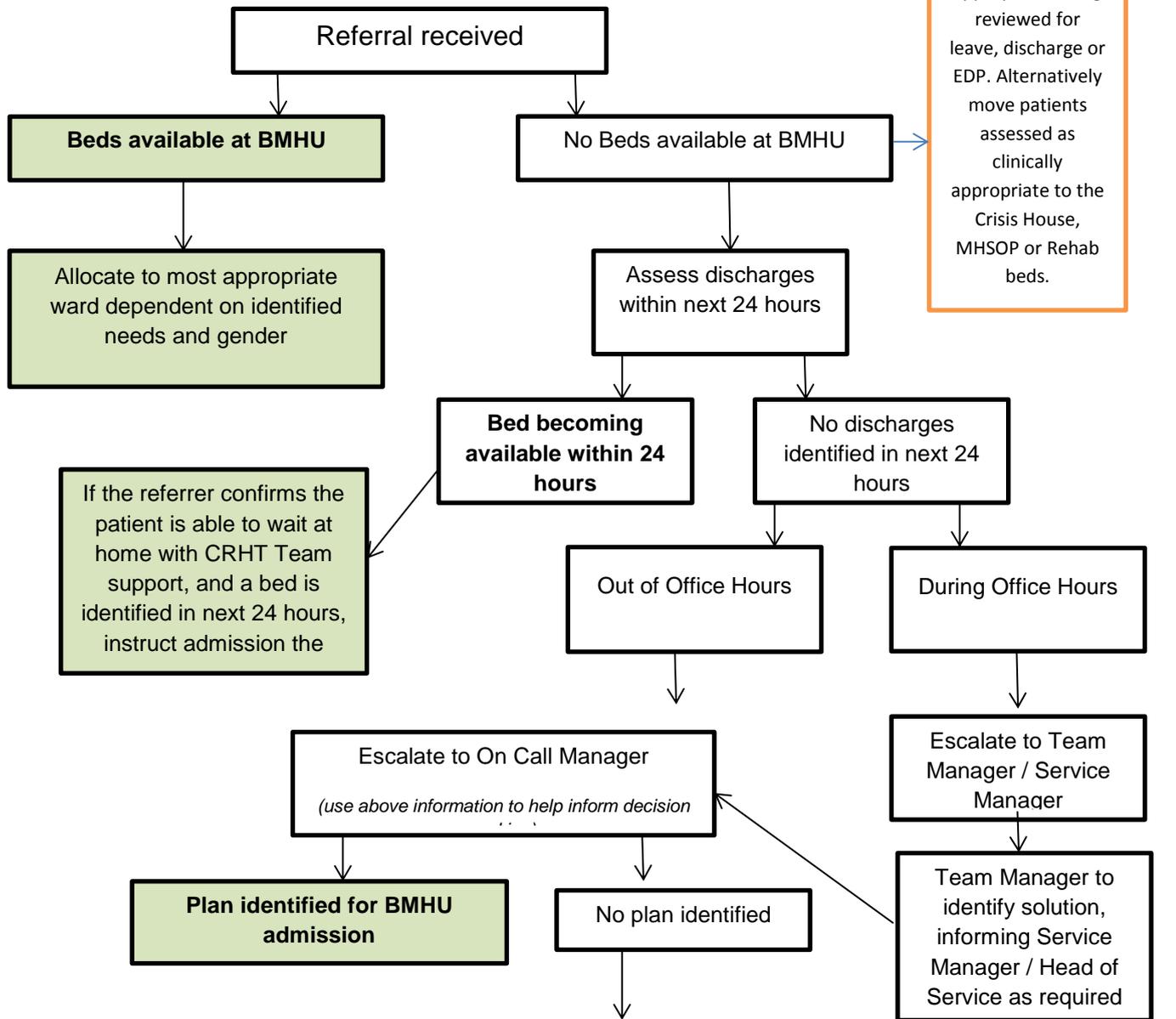
10. Information required to make a referral

- 10.1 The following information is required to make a referral for an inpatient admission:
 - Patient Name
 - Patient Date of Birth
 - Patient Address
 - Patients GP
 - NHS number if known
 - Status (Informal or Section)
 - Patients location
 - Presentation
 - Risk assessment
 - Confirmation that patient is medically fit
 - Patients history – i.e. is patient known to service

11. Escalation level

Each day the bed status is collected and communicated to a bed management distribution list. The level of escalation will be identified on the email.

12. Escalation process



Explore if capacity can be created by patients clinically appropriate being reviewed for leave, discharge or EDP. Alternatively move patients assessed as clinically appropriate to the Crisis House, MHSOP or Rehab beds.

On Call Manager to Escalate to On Call Director to explore Out of Area Beds

NOTE: USE OF OUT OF AREA BEDS CAN ONLY BE AGREED BY THE DIRECTOR OR THE DIRECTOR ON CALL IF THERE ARE NO OUT OF AREA BEDS AVAILABLE CONSIDER THE FOLLOWING:

- Consideration of using the beds on mixed sex wards in the areas where rooms can be changed from male to female or visa versa (swing rooms) by moving patients to other wards. (PSAU removed from options due to MHA issues)
- Admitting to a ward such as LD, MHSOP, Rehabilitation, etc. if the person's needs and safety of all patients can be met in this way for a short period until a bed can be found and consideration of other inpatients to move to these areas if appropriate to free a bed.
- Over occupying a ward for a short period until a bed is sought. This could be admitting to a de-escalation type room or other ward area or leave bed with consideration of safety, privacy and dignity.

If these options are not appropriate - UNDER THE MENTAL HEALTH ACT CODE OF PRACTICE 2017 SECTION 8.26 A PATIENT AT RISK OF HARM TO THEMSELVES OR OTHERS MAY BE ADMITTED INTO A SINGLE BEDROOM IN A WARD AREA FOR THE OPPOSITE SEX THIS IS CLASSIFIED AS AN EXCEPTION FOR 24 HOURS UNTIL A SUITABLE BED IS FOUND; THIS SHOULD BE BASED ON THE PATIENT AND PATIENTS ON WARD RISK ASSESSMENTS AND DISCUSSION WITH CONSULTANT. Complete an incident form detailing the rationale for a single sex breach/ over occupancy. These options should be limited to 24 hours initially and then followed up by Manager and Director Review in the morning and afternoon and escalated to Commissioners.

Bed Management Meetings

- 13.1 The purpose of the bed meeting is to ensure effective communication between Bed Management Team, Clinical Leaders within BMHU and the responsible managers and directors. The meeting should capture an accurate bed state, and identify potential movement within the unit, in order to risk assess bed capacity.
- 13.2 Bed meetings take place 3 times a day in the Management Suite Meeting Room from Monday to Friday.
- 13.3 The times of the Bed Meeting are 09:45am 1.30pm and 4.00pm
- 13.4 On weekends and bank holidays, the bed meetings will take place at 09.30am whereby an email of the bed state will be sent to the on-call manager and on call director.
- 13.5 The Core Membership of the Bed Meeting is:
- Team Leader (BMT) – CHAIR
 - Clinical Duty Manager on duty
 - Clinical Discharge Planner
 - Bed Coordinator
- 13.6 The On Call Manager is expected to either attend the 4:00pm meeting or review the bed state via email.
- 13.7 Matrons, Senior Managers, Consultants and any other staff members may attend any of the Bed Meetings
- 13.8 Accurate documentation of the meetings should be completed in the designated format (Please see appendix 1), and kept as a record for clinical information and for audit purposes. This should be kept electronically on a shared drive for the on call manager access.
- 13.9 A Clinical Discharge Meeting (CDM) meeting chaired by the Clinical Director and Team Manager involving input from Housing Enablement, Commissioners, In reach, Social Services and at least 1 representative from each ward is to take place weekly.

This will include;

- ❖ An anticipated discharge date
- ❖ Discharge planning / consideration for EPD
- ❖ Discharge destination
- ❖ Whether there are any barriers to discharge
- ❖ Any leave plans

This meeting will identify any DTOC and look to identify plans to unblock the

issues creating the DTOC, these should be escalated to the Service Manager / Head of Service.

This meeting will generate an action plan for each patient which will inform the bed management meetings of predicted capacity within the unit. Patients identified as potentially requiring B&B whilst waiting for accommodation will be discussed and agreed at these meetings

14 Specialist patient cohorts

14.1 Alternative referral pathways are available for patients who do not meet the criteria for admission at BMHU

14.2 Child & Adolescent Mental Health Services (CAMHS)

- Out patients for CAMHS take anyone under 18 (whether they are at school or not is NOT a factor) as long as they fit the criteria for suffering from a mental health difficulty
- Inpatient facilities for Children and Young People is commissioned via NHS England

14.3 Mental Health Services for Older People (MHSOP)

- -Any patient that is 65 or over and not known to mental health services is MHSOP
- -Any patient that is under an adult mental health team and 65 or over is AMHS and any patient over 65 who was closed, but has been under AMH in the last 12 months, is AMH
- -Any patient that is 65 and over and open to MHSOP is MHSOP

14.4 Perinatal Services

The Perinatal Service is for patients who are pregnant or who need a mother and baby bed. If the patient is under 34 weeks then they should be admitted to Heather ward. If the patient is over 34 weeks pregnant an OOA mother and baby unit should be explored (please refer to the perinatal admission inpatient pathway). Appendix 2

15. Out of Area/Overseas Admissions

15.1. The BMT should ensure that out of area persons who require admission are admitted to their local area, unless there are overriding clinical factors or they are a member of staff.

15.2. The bed management team must provide, on a daily basis, details of out of area/overseas admissions when submitting daily bed stats.

15.3. Where out of area admissions are unavoidable, The Bed Management Team in conjunction with the MDT are responsible for making arrangements, at the earliest opportunity, to return the patient to their responsible Trust/PCT if this is clinically appropriate. Out of Area Placements (OAP) will be reviewed annually with the service manager, bed management team manager, clinical director and governance manager to determine the safety and quality based on CQC inspections, concerns raised and incidents. This list will be the preferred providers used when all beds locally have been exhausted.

15.4. The BMT are responsible for ensuring overseas visitors, where appropriate, and who are not subject to asylum or immigration regulations, are returned to their country of origin at the earliest opportunity.

15.5. A weekly summary of out of area or overseas admissions will be communicated to the Finance and Business Team at the weekly finance meeting.

15.6. In the event people are placed in acute beds out of area. The BMT will liaise with the care provider weekly for clinical updates. This will be done by the Discharge Nurses who will establish the following:-

- estimated discharge date
- any barriers to discharge
- clinical presentation
- level of observation
- legal status
- clinical or personal requests/ reasons for repatriation
- discharge follow-up plans

16. Transfer of BMHU patients to a physical health ward for physical treatment

16.1 If a patient requires a physical health admission and is transferred to a physical health ward, It is the responsibility of the patient's inpatient consultant psychiatrist to make a decision on whether a patient is formally discharged from the BMHU at that stage.

16.2 In order for a BMHU patient to return from a physical health ward to the BMHU, a discussion needs to first take place between the patients inpatient consultant (or delegated junior) and the physical health ward in order to ascertain that the patient still requires a psychiatric inpatient admission and that they are satisfied that the patient is physically stable enough to return to the BMHU.

16.3 Once the above has been confirmed the bed management team, where possible, will try and allocate the patient on the ward they originated from at the BMHU. However in the event that the ward the patient originated from does not have bed, the patient will be allocated to a vacant bed elsewhere within the BMHU.

17.

For Alternative Hospital Placements

OT

OT Assessment For ADL's required
Psychological assessment, if required.



MDT

Ward to update Core Mental Health, Risk Assessments, CPA



Ward to obtain AHP Referral Form and consent form, from Clinical Discharge Nurse.



Consultant/Medic to complete AHP Referral Form, with support from Clinical Discharge Nurse.
Clinical Discharge Nurse to email the completed form to ahpandsection17.referrals@nhs.net and enter on the Funding spreadsheet

For patients not eligible for Section 117 funding

O/T assessment to be completed for ADL's.
Psychological assessment if required



Ward to update current Core Mental Health assessments, risk assessments
and CPA review.



Ward to obtain checklist from
<https://www.gov.uk/government/publications/national-framework-for-nhs-continuing-healthcare-and-nhs-funded-nursing-care>)

Evidence, using behavioural charts/assessments, must be clearly documented
against each DST domain.



Ward to obtain a consent form from Clinical Discharge Nurses and ward to
complete



Clinical Discharge Nurses

For patients who have capacity, complete Form A. If the patient is fully able to understand
the information given and is able to consent to the assessment process.

For patients that lack capacity, the medics complete Form B. Patient lacks the
capacity to the assessment process.



When completed, the ward send the checklist and consent form to the clinical
discharge nurses to quality check, once agreed they will upload both onto RIO,
Sharepoint and enter onto Funding spreadsheet.



For checklists that have been returned negative.

Consider FNC for nursing needs.

Email: mlcsu.continuinghealthcarellr@nhs.net for RNCC form. Ward nurse to complete the form with support from Clinical discharge nurse.

Clinical Discharge Nurse Form to send via the Sharepoint, with the checklist. Re-enter onto Funding spreadsheet.

For checklists that have been returned positive

Ward Staff to liaise with Mids and Lancs DST scheduling team 01216110285 to arrange a DST meeting with patient, social worker and invite family within 10 days of receiving the checklist onto Sharepoint

For Patients Section 117 Eligible

OT

OT Assessments to be completed for ADL's
Psychological assessment if required



MDT

Ward to update Core Mental Health Assessments, risk assessments and CPA review to be updated



For patients with capacity, ward staff to complete Form C1 acquired from Clinical Discharge Nurse, with patient

For patients without capacity, ward staff to complete Forms C2 and B1 acquired from Clinical Discharge Nurse and Consultant to sign



WARD STAFF

CPA Review to be arranged by ward staff, inviting all appropriate professionals including clinical discharge nurses and a social worker must attend.



Clinical Discharge Nurse

When CPA document is quality checked and validated, clinical discharge nurse to send to ahpandsection117.referrals@nhs.net and enter onto Funding spreadsheet

Appendix 2

Stakeholders and Consultation Key individuals involved in developing the document

| Name | Designation |
|---------------------------|---------------------------------|
| Michelle Churchard- Smith | Head of Nursing AMH / LD |
| Jude Smith | Head of Nursing CHS |
| Emma Wallis | Lead Nurse CHS |
| Claire Armitage | Lead Nurse AMH / LD |
| Laura Belshaw | Lead Nurse MHSOP |
| Sarah Latham | Lead Nurse Community Inpatients |

Appendix 3

| Root Cause Analysis Investigation Report for DSSA | | | | | |
|---|--|---|--|-------------------------------|--|
| Directorate | | Ward | | Date of investigation: | |
| Date of breach | | Investigation (eIRF) number: | | | |
| Type of breach: (<i>Refer to policy section 4.1</i>) | | <input type="checkbox"/> Sleeping breach <input type="checkbox"/> Walk through <input type="checkbox"/> Day room breach <input type="checkbox"/> Bathroom breach | | | |
| Hospital no(s) of <u>all</u> affected patients | | | | | |
| <u>Context of breach</u> <i>For example</i> Why did the breach occur? What was the priority (patient safety /clinical reasons)? What were the contributory factors? (For Mental Health areas state the reasons why the patient was a clinical emergency that required an admission to hospital.) | | | | | |
| <u>Root cause</u> <i>For example</i> What is the fundamental reason why the breach occurred? (Mental health areas if clinical presentation is the fundamental reason for admission (i.e. the patient needs to be admitted immediately for clinical reasons) state what the clinical reasons are and why alternatives to admission were not suitable.) | | | | | |
| <u>Effect on the patient</u> (<i>if any</i>) <i>For example</i> Did the breach affect the patient(s)? | | | | | |

| | |
|--|--|
| <p>Please detail the patients time spent in the accommodation and the time they were moved to other accommodation</p> | |
| <p><u>Action taken</u> Immediate / Remedial actions</p> | |
| <p><u>Lesson learned / further considerations</u> <i>For example</i> What learning & improvement can take place to prevent recurrence</p> | |
| <p><u>Action Plan (SMART)</u> <i>State agreed action(s):</i></p> <ul style="list-style-type: none"> - <i>By whom?</i> - <i>By when?</i> - <i>What will the evidence be of completion be?</i> | |
| <p>Name and role of person who completed the report:</p> | |
| <p>Escalate sleep breaches immediately; complete chronology of events as a separate timeline & robust action plan for service line governance & trust review</p> | |
| <p>Submit report to Matron / Directorate Manager and a copy to be sent to the Lead Nurse</p> | |



Due Regard Equality Analysis

Initial Screening Template

Due Regard Screening Template

| Section 1 | |
|--|---|
| Name of activity/proposal | Delivering Single Sex Accommodation policy |
| Date Screening commenced | May 2019 |
| Directorate / Service carrying out the | Quality and Professional Practice |
| Name and role of person undertaking this Due Regard (Equality Analysis) | Jude Smith, Interim Deputy Chief Nurse |
| Give an overview of the aims, objectives and purpose of the proposal: | |
| AIMS: To have a policy that promotes and provides clear guidelines for single sex accommodation across the trust. | |
| OBJECTIVES: To stipulate the standards of care in relation to single sex accommodation; standardise the reporting and escalation processes for any breaches. | |
| Section 2 | |
| Protected Characteristic | If the proposal/s have a positive or negative impact please give brief details |
| Age | This is a positive move to promote and apply best practice for services users, ensuring dignity and respect when accessing Trust services. |
| Disability | To ensure that Disabled service users are provided with the appropriate advice and reasonable adjustments are made in a format that are suitable to their needs. |
| Gender reassignment | Staff would act in accordance with the trust standards for caring for people in the process of gender reassignment in line with this policy. |
| Marriage & Civil Partnership | As above |
| Pregnancy & Maternity | As above |
| Race | This is a positive move to promote and apply best practice for services users, ensuring dignity and respect when accessing Trust services. This enhances the agenda when considering some minority ethnic groups, due to their cultural requirements to be in an environment that accommodates service users due to their race and cultural identity. |
| Religion and Belief | As above |
| Sex | As above |
| Sexual Orientation | This is a positive move to promote and apply best practice for |

| | | | |
|---|--|----------------------------|------------|
| | service users, ensuring dignity and respect when accessing Trust services. | | |
| Other equality groups? | As above | | |
| Section 3 | | | |
| Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below. | | | |
| | | | No |
| High risk: Complete a full EIA starting click here to proceed to Part B | | Low risk: Go to Section 4. | / |
| Section 4 | | | |
| If this proposal is low risk please give evidence or justification for how you reached this decision: | | | |
| The policy sets out the standards for all to be treated with dignity and respect when accessing Trust services. The provision of single sex accommodation will support the agenda and the requirements under the Equality Act 2010 within single sex in-patient environments. | | | |
| Signed by reviewer/assessor |  | Date | 28.05.2019 |
| <i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i> | | | |
| Head of Service Signed |  | Date | 28.05.2019 |

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

| | |
|--|--------------------------|
| Shape its services around the needs and preferences of individual patients, their families and their carers | / |
| Respond to different needs of different sectors of the population | / |
| Work continuously to improve quality services and to minimise errors | / |
| Support and value its staff | <input type="checkbox"/> |
| Work together with others to ensure a seamless service for patients | / |
| Help keep people healthy and work to reduce health inequalities | <input type="checkbox"/> |
| Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance | <input type="checkbox"/> |

DATA PRIVACY IMPACT ASSESSMENT SCREENING

| | | |
|--|--|---------------------------|
| <p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p> | | |
| Name of Document: | Delivering Single Sex Accommodation Policy | |
| Completed by: | Jude Smith | |
| Job title | Interim Deputy Chief Nurse | Date 28th May 2019 |
| Screening Questions | Yes / No | Explanatory Note |
| 1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document. | No | |
| 2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document. | No | |
| 3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document? | No | |
| 4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | No | |
| 5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics. | No | |
| 6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them? | No | |
| 7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private. | No | |
| 8. Will the process require you to contact individuals in ways which they may find intrusive? | No | |
| <p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p> | | |
| Data Privacy approval name: | Sam Kirkland, Head of Data Privacy  | |
| Date of approval | 28 May 2019 | |

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust