



## Eliminating mixed-sex accommodation - Declaration of compliance

The Christie 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 the Critical Care Unit, or when patients actively choose to share (for instance Young Oncology Unit)).

If our care should fall short of the required standard, we will report it. We have an internal monitoring process to ensure we do not misclassify any of our mixing reports. We will publish results alongside this declaration each month.

### What does this mean for patients?

Other than in the circumstances set out above in the declaration, patients admitted to The Christie NHS Foundation Trust can expect to find the following:

#### Same sex-accommodation means:

- 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 have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite-sex areas.

You may share some communal 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 help to use the toilet or take a bath (e.g. you need a hoist or special bath) then you may be taken to a "unisex" bathroom used by both 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**

### What are our plans for the future and how will we measure success?

Our commitment to eliminating mixed-sex accommodation is captured in our delivery plan which sets out how we intend to continue to manage the delivery of same sex accommodation and how this is monitored

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

We want to know about your experiences. Please contact our PALS service on 0161 446 8217 if you have any comments or concerns.

# **Eliminating Mixed-sex Accommodation (EMSA)** **Delivery Plan 2011/12**

The EMSA plan is a condition precedent of the NHS standard contract.

## **Section 1: Patient experience**

	<b>Aim (DH, 2010c)</b>	<b>Actions</b>	<b>Responsible person(s)</b>	<b>Dates/Milestones</b>
1.1	Patient experience of same-sex accommodation has been measured to demonstrate progress and there is an ongoing process in place to continue to measure this with reports submitted to the Board	<ul style="list-style-type: none"> <li>Quarterly EMSA in-patient survey</li> <li>Link to performance contract review process</li> <li>Reports to Board via quarterly patient experience report</li> <li>Feed into future plans</li> </ul>	PPI Manager	On-going (from April 2010)
1.2	Other patient experience measures are collected and used for EMSA (e.g. patient comments and complaints, PALS, LINKs)	<ul style="list-style-type: none"> <li>Other existing measures/systems contribute to determining patient experience in respect of EMSA</li> <li>Quarterly patient experience reports will include an additional section specifically related to same-sex accommodation, incorporating any data from PALS, comments forms, complaints and measures</li> </ul>	Complaints & Claims Manager PPI Manager	On-going (from April 2010)
1.3	Information leaflets for Delivering Same-Sex Accommodation (DSSA) are available and in use by staff in discussions.	<ul style="list-style-type: none"> <li>Leaflets are available on Intranet, in 'Patient Information' on Trust web-site and on the wards</li> <li>Leaflets are replenished and updated (review date set for every 3 years)</li> <li>Leaflets are routinely used by staff</li> </ul>	Patient Information Manager  Ward Managers, Matrons, Divisional Lead Nurses	March 2013

## **Section 2: Estates**

	<b>Aim (DH, 2010c)</b>	<b>Actions</b>	<b>Named responsible person(s)</b>	<b>Dates/Milestones</b>
2.1	The estate is able to support and deliver the virtual elimination of mixed-sex accommodation	<ul style="list-style-type: none"> <li>Integration of EMSA into scheduling and prioritisation of estates function.</li> </ul>	Head of Facilities	On-going (from April 2010)
2.2	Delivery of same-sex accommodation is assured in planning of all new or refurbished capital schemes	<ul style="list-style-type: none"> <li>Assessment of new schemes for compliance with EMSA</li> <li>System developed to feed patient experience data in to estates planning – all business cases require relevant patient experience information to be factored into plans</li> </ul>	Head of Facilities	On-going (from April 2010)

### Section 3: Systems and Processes

	Aim (DH, 2010c)	Actions	Responsible person(s)	Dates/Milestones
3.1	All occurrences of mixing, whether clinically justified or not, are recorded, reported to the Board and the commissioners every month.	<ul style="list-style-type: none"> <li>Use of the Trust Incident Reporting System to collect all occurrences of mixing that are <u>not</u> in the patient's overall best interest, or reflect their personal choice (An additional code for privacy/dignity to be used in Datix incident reporting module)</li> <li>Use of mixing log on Critical Care Unit to collect all occurrences of mixing that are (for clinical reasons) in the patient's overall best interest</li> <li>Use of Young Oncology Unit pro-forma to collect all occurrences of mixing that reflect patient choice</li> <li>Report to the Board via inclusion in monthly patient safety report, linking to previous data and patient experience standard</li> <li>Report to commissioners under contract monitoring process (performance report)</li> <li>Report mixing of sleeping accommodation to DH using Unify2</li> </ul>	Divisional General Managers Divisional Lead Nurses Risk and Health & Safety Manager Assistant Risk Manager          Performance Management Department	All actions On-going (from April 2010)
3.2	Where there are rare occurrences of mixing that are <u>not</u> in the patient's overall best interest, or reflect their personal choice, a process exists to: <ul style="list-style-type: none"> <li>investigate the reason</li> <li>take prompt remedial action</li> <li>take steps to prevent future occurrence</li> </ul>	<ul style="list-style-type: none"> <li>A mixed sex occurrence procedure is in place which involves utilisation of the Trust incident reporting system, includes apology / explanation to the persons(s) affected, and escalation and reporting.</li> <li>See also section 1.2 – complaints procedure to be used as an additional process</li> <li>Root cause analysis is used and fed into improvement plans, with support and guidance as required from the governance team.</li> </ul>	Risk and Health & Safety Manager Assistant Risk Manager Ward Managers and their teams	On-going (from April 2010)
3.3	Relevant Trust policies refer to requirement for EMSA and privacy and dignity.	<ul style="list-style-type: none"> <li>A Privacy &amp; Dignity Policy (incorporating "Mixed-Sex Occurrence" Policy and procedure) is in place</li> </ul>	Lead Nurse, quality & professional practice	Completed  Policy review – 04/12

3.4	The Trust can demonstrate the virtual elimination of mixed-sex accommodation	<ul style="list-style-type: none"> <li>• The standard for “virtual elimination” is agreed with co-ordinating commissioner.</li> <li>• The frequency of all mixing is known and reported (performance report for commissioners)</li> <li>• There are no areas of “exemption”</li> <li>• Actions to eliminate mixing are in place.</li> </ul>	Acting Director of Nursing & Governance	On-going (from April 2010)
3.5	Patients do not share sleeping accommodation or toilet facilities with members of the opposite sex. Patients do not have to pass through accommodation used by the opposite sex to gain access to their own facilities.	<ul style="list-style-type: none"> <li>• Evidence of virtual elimination is available (eg estates survey, performance standard, patient survey results)</li> </ul>	Divisional Lead Nurses	On-going (from April 2010)

#### **Section 4: Staff culture**

	<b>Aim (DH, 2010c)</b>	<b>Actions</b>	<b>Responsible person(s)</b>	<b>Dates/Milestones</b>
4.1	The Board demonstrates a commitment to ongoing delivery of same-sex accommodation	<ul style="list-style-type: none"> <li>• Board decisions and actions to eliminate mixing are clearly articulated including via content of performance report</li> <li>• EMSA executive leadership is clear</li> <li>• Performance standard for EMSA is in place.</li> <li>• Detailed delivery plan is in place.</li> </ul>	Acting Director of Nursing & Governance	On-going (from April 2010)  1.4.11 (for 2011/12)
4.2	The Trust has articulated its intent to deliver care with privacy and dignity. Within this, EMSA is an integral component.	<ul style="list-style-type: none"> <li>• Internal and external communications strategies are developed and executed – publish plan and policy on Trust web-site.</li> <li>• Included in staff induction training (incorporated into NHS constitution and Trust Values – section on respect and dignity)</li> </ul>	Acting Director of Nursing & Governance  Education & Training Support Manager Medical Education Manager	1.4.11  On-going (from April 2010)
4.3	The Trust believes that delivering same-sex accommodation should be the norm. Mixing will only occur by exception for reasons of	<ul style="list-style-type: none"> <li>• Language that mixed sex occurrence is a rare exception and not a normal occurrence is inherent within Trust policy.</li> </ul>	Lead Nurse, quality & professional practice	Completed Policy review – 04/12

	overall best interest or patient choice.	<ul style="list-style-type: none"> <li>• Use of wider stakeholder groups to support this agenda (DSSA for Teenagers &amp; Young Adults Project)</li> <li>• Articulated in declaration of compliance</li> </ul>	<p>Nurse Consultant, teenagers &amp; young adults</p> <p>Acting Director of Nursing &amp; Governance</p>	1.4.11(for 2011/12)
4.4	If mixing does occur, staff attempt to rectify the situation as soon as possible, whilst safeguarding the individual's dignity and keeping the patient informed about why the situation occurred and what is being done to address it (with an indication of timescales).	<ul style="list-style-type: none"> <li>• Policy and procedure in place.</li> <li>• Staff awareness-raising and training &amp; development (staff induction).</li> </ul>	<p>Lead Nurse, quality &amp; professional practice</p> <p>Ward Managers, Matrons, Divisional Lead Nurses</p>	On-going (from April 2010)