



# briefing

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## Delivering same-sex accommodation in mental health and learning disability services

### Key points

- The NHS Constitution states that every service user has the right to high-quality care that is safe, effective and respects their privacy and dignity.
- Providing service users with same-sex accommodation is important both in terms of the dignity of service users and in feeling safe on the ward.
- For most service users – particularly those in long-stay care – it is important that they live in as normal an environment as possible, with separate same-sex day areas for users who prefer this.
- The NHS Operating Framework 2010/11 requires NHS providers to have robust plans in place for continued delivery of SSA or face possible financial penalties.

The provision of same-sex accommodation (same-sex bedrooms, bed bays and toilet and bathing facilities) across the NHS is a visible affirmation of the health service's commitment to respecting the dignity and privacy of those who use its services. Service users' experience while in care relates significantly to ward culture, staff attitudes and gender sensitivity, as well as physical arrangements for gender separation.

This *Briefing* summarises existing national policy and good practice on same-sex accommodation, explains what support is available to organisations that need to make improvements, and sets out what both providers and commissioners can do to ensure same-sex accommodation becomes a reality for all.

### Background

The NHS Constitution states that every service user has the right to high-quality care that is safe, effective and respects their privacy and dignity. Same-sex accommodation (SSA) is a long-standing commitment across mental health and learning disability services. Since 2000, all new-build units have been required

to incorporate single bedrooms, ideally with en-suite facilities. Refurbishment of existing hospitals has also introduced more single rooms. Over 75 per cent of beds in the mental health and learning disability sector are now in single rooms.

Outside the mental health sector 99 per cent of acute trusts say they are providing same-sex sleeping

*'Making SSA a reality for everyone using mental health and learning disability services includes challenges both to the physical environment and to organisational culture'*

accommodation and 97 per cent same-sex toilets and bathrooms. However, nearly a quarter of all NHS non-mental health acute patients still report being in a mixed-sex sleeping area when first admitted to hospital.<sup>1</sup> Whilst mental health providers score better than the acute sector generally, the picture is not yet ideal.

Making SSA a reality for everyone using mental health and learning disability services includes challenges both to the physical environment and to organisational culture.

## Defining same-sex accommodation

In the mental health and learning disability services sector, SSA means:

- service users are accommodated in same-sex wards, where the whole ward is occupied by men or women only

or

- sleeping accommodation is in single rooms within mixed wards, with toilet and washing facilities en-suite or very close by; these facilities are clearly designated either male or female

or

- sleeping accommodation within mixed wards is in shared rooms (good practice would suggest that bays are entirely enclosed with solid walls with a door that can be shut) used solely by male or female users

and

- on mixed wards with single or shared bedrooms giving out on to one corridor, single bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other)

and

- no one should have to pass through rooms occupied by the opposite sex to reach their toilet and washing facilities near to their bedrooms and bed bays. The exception is toilet facilities used while in day areas where service users are fully dressed. If there are limited disabled facilities which need to be used by both men and women, good practice would suggest that users should be escorted by a member of staff

and

- on mixed wards good practice requires a day lounge for use by women only (mandatory for services provided in facilities built or refurbished since 2000) as well as spaces where men and women can socialise and take part in therapeutic activities together

and

- every effort is made to ensure the availability of staff who are the same sex as the users they are caring for, especially for intimate care.

The need to provide gender sensitive care, which promotes privacy and dignity, applies to all ages, and therefore includes children's and adolescent units. This means that boys and girls should not share bedrooms or bed bays and that toilets and washing facilities should be same-sex. An exception to this might be in the event of a family admission on a children's unit, in which case brothers and sisters may, if appropriate, share bedrooms, bathrooms or shower and toilets.

Precisely how SSA looks will vary from one ward or unit to another. However, this is the set of criteria by which services will be measured.

On mixed wards it is essential that service users and their families and friends are given a clear explanation of how the bedrooms and other facilities are organised to ensure privacy and dignity.

### 5 Boroughs Partnership NHS Trust

The distinction between mixed-sex wards and mixed-sex accommodation is described for service users at the 5 Boroughs Partnership in a 'welcome' DVD and information pack. The pack talks people through the ward experience before they are admitted (or on admission if admitted as an emergency). The DVD features staff showing service users what to expect and how the differing needs of men and women will be met.

## Key themes

The requirement for SSA is rooted firmly in the provision of high-quality care for service users, thereby improving their experience while in care. In mental health and learning disability services, being able to deliver SSA is closely tied to assessment and care planning, incident management, monitoring and other performance areas. In addition, there may be financial repercussions if it is not delivered.

### Improving service user experience

Service users' views of how safe they feel, or whether they have been treated with dignity and respect for their own privacy, are especially important considerations in mental health and learning disability settings.

Both male and female service users – women and young people in particular – may be very vulnerable during their period of inpatient care. Some users will have histories of sexual abuse, disinhibition or offending. For their own sense of security, all users and their families should expect to have a single bedroom or share a bed bay with members of the same sex. They should not share with members of the opposite sex. Toilet and washing facilities are to be similarly segregated. Where there are shared bays, ideally the partitions between the beds should not be curtains.

In mental health and learning disability units, service users tend to be encouraged to dress in their own clothes during the day (as opposed to gowns and nightwear) and take part in a range of activities and therapeutic programmes that involve mixing with members of the opposite sex. For this reason, personal space in same-sex rooms needs to be clearly separated from mixed daytime space, and women-only day lounges should be provided.

It is particularly important for older service users to be accommodated in a same-sex environment. Studies have shown that for people over the age of 65, being accommodated on a same-sex ward scores more highly as something they would consider the most important part of being treated with dignity and respect. Thirty-one

*'Changes to the physical environment alone will not be enough to improve the safety, privacy and dignity of service users in mental health and disability settings'*

per cent of women over 65 say being on a same-sex ward would be the most important factor in them feeling they were being treated with privacy and dignity.<sup>2</sup>

### Supportive cultures

Changes to the physical environment (estates) alone will not achieve safety, privacy and dignity in mental health and learning disabilities settings. Organisations need to promote a culture of gender sensitivity in care provision. This requires leadership, the development of policy and practice that promote understanding of gender issues in assessment and care planning and needs to be underpinned by appropriate staff training and analysis of gender related issues in complaints and adverse incidents.

### Financial repercussions

For providers there will be potential financial sanctions for failing to provide SSA-compliant accommodation. The Operating

### Greater Manchester West Mental Health NHS Foundation Trust

**At the Eagleton Unit the matron and ward staff have identified same-sex areas for daytime activities and leisure, along with social spaces where men and women can mix safely – with procedures in place to identify risk.**

Framework for the NHS in England 2010/11 states that:

"PCTs should ensure that all providers have published a declaration before the end of March 2010 that they have virtually eliminated mixed-sex accommodation, and all providers of NHS care should have robust plans in place for continued delivery of this commitment. After March 2010, primary care trusts (PCTs) are to report to strategic health authorities, on an exception basis, those organisations that have failed to provide same-sex accommodation and have had funds withheld as a result. Providers of mental health and learning disability inpatient services should have plans in place to ensure that:

- men and women do not share sleeping areas
- women-only day areas are provided."<sup>3</sup>

The Operating Framework makes it clear that from 2010 providers will not be paid for care that is not up to standard. Detailed contract guidance has recently been released.

### Support for organisations

Support is available to NHS providers to deliver on the commitment to SSA. In the last 12 months, mental health and learning disability NHS trusts have accessed resources from the £100 million Privacy and Dignity Fund, set up by the Department of Health and administered by the strategic health authorities (SHAs), to support improvements in SSA provision across the NHS. This has resulted in improved facilities, along with staff training and new user communication programmes.

*'The principles and practices of SSA should feature prominently in staff training and development and in all induction programmes'*

In addition to this fund, the Department of Health's Delivering Same-Sex Accommodation Programme has provided guidance to trusts to reach the required standards and help organisations to deliver. NHS organisations can access the Programme's support team and/or a peer review session via their SHA.

A succession strategy is being planned which will ensure that SHAs, PCTs and trusts can maintain the momentum established by the programme beyond the life of the programme itself, which is due to finish at the end of March 2010. More information is available from the programme, contact details for which are included at the end of this *Briefing*.

## Next steps for providers and commissioners

Service users in most trusts are already accommodated in conditions that meet the criteria for SSA. However, to ensure that this is the experience for everyone, providers of mental health and learning disability services should take a series of steps:

- SSA should be a recurring topic on the agenda of board meetings.
- A comprehensive review of SSA provision should be used to formulate a timed and costed action plan to eliminate any remaining areas of mixed-sex provision. This should be discussed with your commissioner(s) and a way forward agreed.
- Providers should examine environment, admission and bed management procedures to prevent lapses in standards.

## Avon and Wiltshire Mental Health Partnership NHS Trust

Avon and Wiltshire NHS Trust has collaborative agreements with its three commissioning PCTs that enables flexible use of beds. It has introduced the idea of 'swing beds' in zones that can switch between male and female occupation to meet fluctuating capacity demands.

- SSA should be included in preparedness plans to cope with pressures created by a flu pandemic or other events that test service resources.
- Service users, their families and carers should be made aware of how SSA works within their immediate ward environment through clear communication.

## Key questions for boards

### For providers:

- Have we carried out a review of SSA provision in our organisation? Do we have an action plan with resources in place to eliminate any areas where accommodation is still in mixed-sex environments?
- Does SSA provision feature in our plans for preparing for pandemic flu?
- How do we communicate how SSA works with our service users and carers?
- How does SSA feature in our staff training and induction programmes?
- How do we monitor and report incidences of where SSA has been breached?
- What special considerations are given to under-18s?

### For commissioners:

- Have we published agreed plans from our providers to increase compliance with SSA?
- Do our contracts clearly set out the SSA standards that providers are required to meet?
- Do our contracts clearly identify the conditions which would give rise to financial sanctions?
- How do we monitor whether the accommodation we contract for complies with SSA?
- Do we take into account gender, age and vulnerabilities along with SSA issues when planning for future capacity and demand?

*'Delivering care in a same-sex environment is important for improving the experience of service users'*

- The principles and practices of SSA should feature prominently in staff training and development and in all induction programmes.
- Mechanisms should be in place to monitor and report on any occurrences of mixed-sex accommodation along with measures to prevent them re-occurring.

Commissioners also have a central role to play in how improvement is planned and monitored. The Operating Framework of 2009/10

required PCTs to work with provider units to publish, by the end of March 2009, plans to reduce the number of patients and service users who report that they share sleeping or sanitary accommodation with people of the opposite sex. Commissioners need to ensure that the accommodation they contract for meets SSA standards and age appropriateness as it relates to under-18s. Contracts should clearly set out the SSA standards that providers are required to meet in their contracts, how performance will be measured (including how service user feedback will be used), how breaches will be sanctioned and how measures will be agreed to prevent recurrence. In forward planning of capacity and demand, gender and SSA provision should be taken into account.

## Confederation viewpoint

Delivering care in a same-sex environment is important for improving the experience of service users, respect for their privacy and dignity and for the wider reputation of service providers. The vast majority of mental health services are already delivering on this important commitment, and in the coming months eliminating the last remaining pockets of mixed-sex accommodation will be an important goal for providers.

For more information on the issues covered in this *Briefing*, contact Rebecca Cotton, Policy Manager, Mental Health Network at [rebecca.cotton@nhsconfed.org](mailto:rebecca.cotton@nhsconfed.org)

## References

- 1 *Survey of adult inpatients 2008*. CQC, May 2009
- 2 *Public perceptions of privacy and dignity in hospitals*. Ipsos Mori on behalf of the Department of Health, March 2007
- 3 *The NHS Operating Framework for England 2010/11*. Department of Health, December 2009

## The Delivering Same-Sex Accommodation Programme

The Delivering Same-Sex Accommodation (DSSA) Programme is a time-limited initiative launched by the Department of Health in January 2009. Its aim is to all but eliminate mixed-sex accommodation in NHS hospitals, for all patients/ service users, at every stage in their journey through care.

The DSSA Programme has already provided resources and support to a number of mental health and learning disabilities service providers. The DSSA initiative has developed a diagnostic toolkit allowing PCTs and trusts to assess their services against the SSA criteria. The toolkit is available on the Department of Health website.

For more information visit [www.dh.gov.uk/samesexaccommodation](http://www.dh.gov.uk/samesexaccommodation)

To contact the Delivering Same-Sex Accommodation support team, email [DSSA@dh.gsi.gov.uk](mailto:DSSA@dh.gsi.gov.uk)

## The Mental Health Network

The Mental Health Network was established as part of the NHS Confederation to provide a distinct voice for mental health and learning disability service providers.

We aim to improve the system for the public, patients and staff by raising the profile of mental health issues and increasing the influence of mental health and disability providers.

The NHS Confederation is the only independent membership body for the full range of organisations that make up today's NHS. Its ambition is a health system that delivers first-class services and improved health for all. As the national voice for NHS leadership, the NHS Confederation meets the collective needs of the whole NHS as well as the distinct needs of all of its parts through its family of networks and forums. The Mental Health Network is one of these.

For further details about the work of the Mental Health Network, please visit [www.nhsconfed.org/mhn](http://www.nhsconfed.org/mhn) or email [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

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