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.

<table>
<thead>
<tr>
<th>Purpose of note</th>
<th>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.</th>
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<tbody>
<tr>
<td>Main Outcome</td>
<td>10: Requirements – individual or partnership</td>
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<td>Specific prompt (s)</td>
<td>People who use services can be confident that in relation to design and layout, the provider:</td>
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<td>• Ensures the premises are suitable for the regulated activity.</td>
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<td>• Ensures the premises protect people's rights to privacy, dignity, choice, autonomy and safety.</td>
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<td>• Ensures the premises reflect Department of Health Published guidance.</td>
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<td>The note may also be relevant, in part, to the following outcomes</td>
<td>1A, 4F, 7D 10F, 10M,</td>
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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.


**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.

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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 anaesthetic 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 the 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**


Eliminating Mixed-Sex Accommodation - Declaration Exercise, 10 February 2011.
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleague
letters/DH_124232