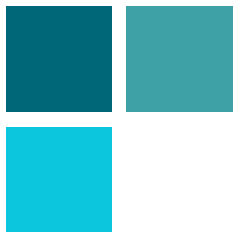


# Same Sex Accommodation Standards in Endoscopy

Update  
April 2011



# Eliminating mixed sex accommodation

# JAG

Joint Advisory Group  
on GI Endoscopy

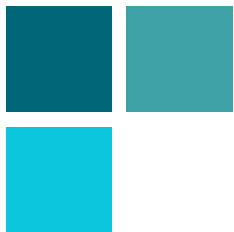
NHS

## The Operating Framework

for the NHS in England 2011/12

 Department  
of Health

- All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, in accordance with the definitions set out in the Professional Letter CNO/2010/3
- [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@d/@en/@ps/documents/digitalasset/dh\\_122736.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@d/@en/@ps/documents/digitalasset/dh_122736.pdf)



# Professional letter - CNO

# JAG

Joint Advisory Group  
on GI Endoscopy

November 2010

Dear Colleague

## Eliminating Mixed Sex Accommodation

The revised Operating Framework for 2010-2011 made it clear that NHS organisations are expected to *eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice*. This letter updates you on requirements with regard to recognising, reporting and eliminating breaches of this policy.

## Recognising breaches of policy

There are some circumstances where mixing can be justified. These are few, and are mainly confined to patients who need highly specialised care, such as that delivered in critical care units. A small number of patients (especially children and young people) will actively choose to share



## From the Chief Nursing Officer and Deputy NHS Chief Executive

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Dame Christine Beasley DBE RN

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David Flory CBE

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Richmond House  
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London SW1A 2NS

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PL/CNO/2010/3

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### For action

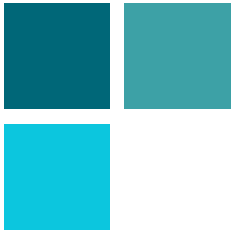
- Directors of Finance
- Directors of Operations
- Directors of Performance
- Directors of Nursing
- Directors of Estates and Facilities
- Chief Executives

- [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_121860.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_121860.pdf)



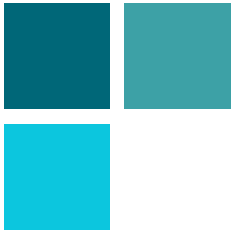
# The rules for Endoscopy

- **Sleeping accommodation” includes areas where:**
  - ✓ patients are admitted and cared for on beds or trolleys, even where they do not stay overnight.
  - ✓ It therefore includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units.
- **There are some circumstances where mixing can be justified:**
  - ✓ These are few, and are mainly confined to patients who need highly specialised care, such as that delivered in critical care units.
  - ✓ All breaches of sleeping accommodation\* must be reported, for each patient affected, via the Unify2 system. Data will be made public from January 2011.



# JAG's position

- It must be seen to support/endorse national policies
- Services must be compliant with the new updated GRS privacy and dignify standard
- JAG will accept a completed action plan detailing how the Trust plans to achieve this in an agreed timescale that is approved by the appropriate authority i.e. commissioners.
- The Trust/organisation is responsible for achieving the national standard and reporting any lack of compliance.



# Questions?

**1. Does the initial waiting area need to be divided for males and females**

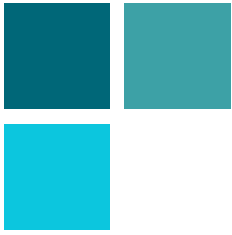
*A: Whilst patients are dressed in normal everyday clothing there is no need for separation*

**2. Do we need to provide separate changing rooms and toilets for males and females**

*A: Yes*

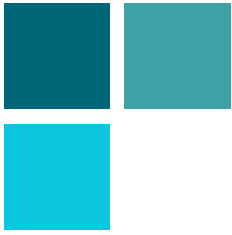
**3. Is it OK for patients to change and wait in individual cubicles until it is time for their procedure**

*A: Yes provided that single sex toilets are available to them*



## Questions?

- 4. Do we need to provide separate sub wait area for patients in gowns if we use dignity shorts?**  
*A: Single sex sub wait areas are needed for all patients wearing gowns regardless of the use of dignity shorts*
  
- 5. Are curtains adequate to provide sub wait separation**  
*A: No. rigid partitions must be used. These need to be fixed to the building structure and high enough to make the patients feel as if they are in a separate room*
  
- 6. Can male and female patients use the same corridors to get to the toilets, changing rooms, endoscopy rooms and the recovery area**  
*A: Yes, provided they do not have to pass through the opposite sex area on the way*



## Questions?

### **7. Are curtains adequate to provide separation post procedure?**

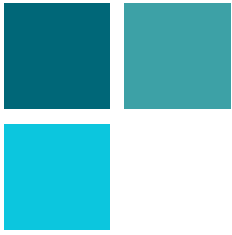
*A: No. rigid partitions must be used. These need to be fixed to the building structure and high enough to make the patients feel as if they are in a separate room*

### **8. Can separation in recovery be to two parts of a single area**

*A: No. rigid partitions must be used. These need to be fixed to the building structure and high enough to make the patients feel as if they are in a separate room*

### **9. Does the separation have to take place if a patient is with us for two hours or less?**

*A: Time is not important in this. The important factor is whether or not the patient needs to undress and wear a hospital gown or nightclothes. If the answer to this is yes then separation is needed*



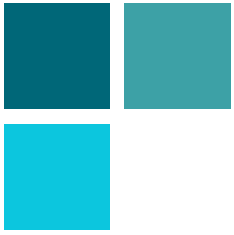
## Questions?

### **10. Do the standards apply to in-patients attending the Unit**

*A: For in-patients well enough to attend the Unit in wheelchairs but wearing nightclothes or hospital gowns the answer is a clear 'yes' For patients on beds separation should be the norm. However clinical need for strict observation may over ride the need for strict segregation in exceptional circumstances which should be able to be clearly justified in every case*

### **11. Are separate discharge areas needed**

*A: Once patients are fully dressed again a single discharge area is fine provided private rooms are available for discussions regarding clinical issues*



## Questions?

### **12. Will failure to meet the standards impact on JAG accreditation**

A: Yes. JAG expects to see Trusts/organisations complying with these standards or have an achievable action plan in place. Any non compliance must be reported by the Trust through official reporting lines. The onus is on the organisation to comply.