

**Declaration on Virtual Elimination of Mixed Sex Accommodation**

**Trust Objectives addressed by this paper (tick the ones that apply)**

- To provide top quality and accessible services for children and their families
- To deliver care locally wherever possible
- To expand and develop our specialist services
- To work with others to improve the life chances of vulnerable children and young people
- To help to keep children healthy
- To actively involve children and families in the work we do
- To recruit, develop and retain competent and committed employees
- To be a leader in the field of training and research in children's healthcare
- To provide care in a high quality environment
- To ensure our organisation is effectively managed, well governed and uses resources effectively

**Action required from Clinical Governance Committee**

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|----|---|
| 1. | Discussion of: <ul style="list-style-type: none"> <li>• Requirement to "virtually eliminate mixed sex accommodation"</li> <li>• Negotiated settlement of this in relation to children and their carers</li> </ul> |
| 2. | Approval of declaration.  |

Author and Contact Person	Date to be presented to Committee	Version Number	Issue Date	Review Date
J Reid	30 March 2011	1	23.03.11	

## **Delivering Same-Sex Accommodation Declaration of Compliance Sheffield Children's NHS FT**

### **Further information on our work to deliver same sex accommodation**

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Sheffield Children's NHS FT is committed to providing every patient with the best possible experience including respecting their privacy and ensuring their dignity.

At the Trust we are committed to making sure that we respect all our patients, their visitors, families and carers.

National best practice and guidance relating to mixed sex accommodation for children and young people clearly states that other considerations are also important and relevant when looking at mixing sexes in a paediatric setting. Here we are proud to have completed the initial planning to radically increase our single room accommodation to improve the overall privacy and dignity of our patients in line with national guidelines and best practice, ensuring that we really do offer the best possible patient experience.

### **What does this mean for patients?**

For babies, children and young people, clinical need, infectious status, age and stage of development may take precedence over gender considerations, e.g. neonatal intensive care or paediatric intensive care. There is evidence that many children find great comfort from sharing with others of their own age e.g. in Childhood Cancer Wards and often this outweighs their concerns about mixed sex accommodation.

Decisions on accommodation of a child should be based on individual clinical, psychological and social needs. This approach should be conveyed to the child (where they are old enough to understand), and their carers in any information given to them on admission. If a child does not feel that the accommodation offered provides sufficiently for their privacy and dignity, we will try to provide an acceptable alternative. The initial concern and our response to it will be documented.

Staff must make sensible decisions for each patient. This may mean segregating on the basis of infection status, age or dependency, rather than gender, but such decisions must be demonstrably in the best interests of each patient. Flexibility may be required: for instance patients might prefer to spend most of their time in mixed areas, but to have access to private spaces for specific treatment needs or to undertake personal care.

We will ensure all bathroom and toilet facilities are for single use only. In a small number of areas private en-suite facilities are available.

Unfortunately, there is no national requirement to extend single sex considerations to parent accommodation. Many of our parents choose to sleep by their child's bedside, sometimes in shifts and consequently bays cannot be segregated by gender of the parent. We feel that this is an equally important consideration and have already provided parent hotel accommodation to help alleviate this.

## **What are our plans for the future?**

We will continue to work with our patients in an innovative and interactive way to undertake audits.

We intend to build additional parent rooms in 2012 to serve families who have travelled a distance, are long stay or have seriously ill children in ICU. We have completed plans for building all 80 -100% single roomed wards and hope to gain approval later this year.

## **How will we measure success?**

The Trust will undertake patient surveys to ensure that we are including patients. We will monitor any complaints or Patient Advice and Liaison Service (PALS) issues made in relation to privacy and dignity to identify any areas of concern. We will discuss the outcome of surveys with our Governors and Parent Advisory Group.

If our care should fall short of the agreed standard, we will report it as a breach of our standards and publish the results in our annual Quality Report.

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

Please discuss with your ward manager in the first instance and if you wish to raise an issue please contact the PALS service on:

Direct telephone numbers: 0114 271 7594

Via Hospital main number: 0114 271 7000

Pals email: [linda.towers@sch.nhs.uk](mailto:linda.towers@sch.nhs.uk)

**Sheffield Children's Hospital NHS Foundation Trust  
 PRIVACY AND DIGNITY IMPROVEMENT PLAN – March 2011**

<b>OBJECTIVE</b>	<b>ACTION</b>	<b>LEAD</b>	<b>TIMESCALE</b>	<b>RAG Status</b>
<b>1.</b> Board commitment to Privacy, Dignity & DSSA agenda,	<b>1.</b> SCH board to publish their declaration on privacy and dignity.	J Reid	30.03.11	Green
	<b>2.</b> All relevant policies / protocols for placing patients to be refreshed annually to support this.	J Reid	30.03.11	Green
	<b>3.</b> Incorporate reviewing DSSA standards into PEAT inspections	J Hodgson	30.03.11	Green
	<b>4.</b> Governors to review DSSA compliance via periodic service reviews or/and ensure there is external assessment of DSSA.	J Hodgson	30.03.11	Green
<b>2.</b> Develop patient/parent information / or update existing information	<b>1.</b> Patient/parent information to be developed (leaflets, website), detailing the commitment to privacy and dignity, the desire to assess patients individual needs and what patients / parents can expect.	L Towers	30.05.11	Green
<b>3.</b> Improve facilities	<b>1.</b> Commence building of additional parent accommodation in the form of a parent and patient hotel.	J Reid	30.03.12	Amber
	<b>2.</b> Submit for approval final business case to build 80-100% single room en suite accommodation.	J Reid	30.03.12	Amber