Additional FAQs following public meetings:

1. **If all wards are to become single sex then will all staff be the same sex as well?**

   Staff on all wards will be mixed sex. Department of Health guidelines are clear: the single sex status only relates to sleeping arrangements and access to bathrooms used by people of the same sex only. They do not relate to any other contact with members of another sex.

   Also, our staffing profile, ie the balance between male and females, would make this practically impossible.

   However, we are mindful of patient preferences, eg considerations relating to faith, and make sure all of our staff are aware of cultural and other similar issues when delivering care.

2. **And what about visitors?**

   As above, Department of Health guidelines do not relate to any contact with members of another sex so visitors can be of all sexes.

3. **If wards are made single sex, what will happen to the existing communal areas in the respective hospitals?**

   There will still be communal areas in our hospitals at Meadowfield and Langley Green where both men and women can mix socially.

4. **How are you addressing the needs of the trans/non-binary community?**

   We have undertaken an equality impact assessment to make sure that the needs of this community – and others – are met. Therefore, we are considering the implications of our proposals on people who are trans or non-binary and identifying possible solutions, eg flexible use of swing beds.

   Swing beds are usually at the ends of corridors between male and female wards and have doors that can be closed as required. For example, if you have more males than females on a ward then they can occupy these beds and the door can be opened to the wing from the male ward and closed at the end to prevent men entering female wards and vice versa.

   We will carry out further engagement to explore any specific issues faced within these communities.

5. **When you carried out the independent transport analysis, why did you only look at where patients were based and not where their families and carers are located?**

   So that West Sussex County Council could carry out the analysis on our behalf, we had to supply the first four letters of the postcode of the relevant patients, ie those in Iris and Harold Kidd on the first day of each month between April 2018 and April 2019. This enabled us to get a good picture of where patients were based.

   However, we do not have access to the postcodes of all carers and families of those patients so were unable to carry out similar analysis. Also, we could not, for instance, simply assume that carers and families all live near our patients. We know that some families do travel from further afield to visit. Therefore, it would not be practical nor helpful to do any analysis on that basis.

6. **At the moment, you are basing your proposals on having more male patients in inpatient services than female patients. What happens to that male/female split if improvements in community services lead to men receiving better crisis care meaning they stay in their own homes? Would it mean less demand for male beds?**

   We have modelled bed usage and our proposals reflect the fact that more men than women occupy our hospital beds. It is not possible to model community service access because of the less defined way in which services operate. However, early and better access to these services will have the same impact on both men and women so we would not be in a position to prioritise one particular gender.

   We continue to monitor service use by gender so we can respond should needs change.

7. **What will happen if you have more male then female patients but with empty beds in the female wards? Will people be sent out of area?**

   We can never guarantee that some patients will not be placed out of area when demand for beds is exceptionally high. However, we have spent significant time and resource in developing these proposals to make sure we have the right bed numbers for now and the future. We are confident that they will provide enough beds to meet current and future demand as we are targeting 85 per cent occupancy at any one time, giving us flexibility in times of urgent need.

8. **How are you catering for the needs of those with both mental health problems and physical disabilities?**

   All our hospitals currently meet the required accessibility standards for those with physical disabilities. However, as part of these proposals, we will look again at all our wards to make sure they provide the best experience possible for those with both mental and physical health problems.

In addition, the rationale for proposing a ‘dementia centre of excellence’ at Salvington Lodge is to have provide both physical health care, provided by Sussex Community Foundation NHS Trust (SCFT) and mental health care, provided by Sussex Partnership NHS Foundation Trust (SPFT) under the same roof.

If our final recommendations are approved, we will work with disability organisations to make sure our plans can respond to their specific needs.