

## Provision of Same Sex Accommodation

Issue Date	Review Date	Version
October 2019	October 2022	1

### Purpose

The purpose of this policy is to:

1. Set out the principles for ensuring there will be same sex sleeping accommodation (SSA) and sanitary facilities for patients within adult and paediatric inpatient wards, day case units and theatre recovery areas;
2. Outline key responsibilities for different post holders;
3. Set out the trust's standard for ensuring there will be same sex sleeping accommodation and sanitary facilities;
4. Set out the monitoring process within the trust and how this will be reported internally and externally;
5. Detail the exception reporting process for breaches relating to the provision of same sex accommodation.

### Who should read this document?

1. All staff with patient contact across all wards and departments of the trust;
2. Managers who undertake duties as part of the on call managers' rota;
3. Care group management teams;
4. Service line management teams;
5. Any staff member involved in reviewing and reporting of performance metrics.

### Key Messages

1. The expected standard is that patients will be accommodated in a same sex environment with adjacent single sex bathroom and toilet facilities;
2. NHS patients receiving care in an independent treatment centre are included in monitoring and reporting of breaches;
3. When a breach occurs, this breach must be reversed at the earliest opportunity;
4. A key principle of the reporting process is that all patients affected by the mixing of accommodation are counted as a breach. Unjustified breaches will trigger an incident report and investigation by the ward's matron using the Datix system;
5. Within hours all unjustified breaches must be authorised by the deputy chief nurse for Quality & Safety; and only once all other options have been exhausted;
6. Out of hours the executive on call supported by the on call manager and senior nurse will authorise unjustified breaches;
7. All breaches (bathroom; clinically justified or unjustified) must be registered and recorded using SALUS; the trust e-ward reporting system.

Core accountabilities		
Owner	Deputy Chief Nurse	
Review	Nursing and Midwifery Operational Committee (NMOC); Devon Clinical Commissioning Group prior to UHP Patient Experience Committee.	
Ratification	Chief Nurse and Director of Integrated Clinical Professions	
Dissemination (Raising Awareness)	Matron for Clinical Standards	
Compliance	NMOC and Patient Experience Committee	
Links to other policies and procedures		
Equality, Diversity and Human Rights policy version 4.1; April 2018. Operational Pressures Escalation Framework (current version; reviewed annually).		
Version History		
4	January 2014	Archived Standard Operating Procedure.
1	September 2019	Conversion from Standard Operating Procedure to Policy.

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents.  
Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

**1.1** The trust is obliged under regulatory mandates to provide same sex facilities and appropriate equipment to maintain patients' privacy and dignity.

**1.2** NHS England and NHS Improvement (2019) states that "providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected".

**1.3** Provision of SSA relates to the trust's NHS premises and needs to also include NHS patients receiving care within an independent treatment centre where this is commissioned by the trust.

**1.4** Provision of SSA applies to both children and adults. Section 5.3 provides the guiding principles for children and young people (YP) cared for in the paediatric setting.

## 2 Purpose

**2.1** This policy sets out:

- The principles for ensuring there will be same sex sleeping accommodation (SSA) and sanitary facilities for patients within adult and paediatric inpatient wards, day case units and theatre recovery areas.
- The trust's standard for ensuring there will be same sex sleeping accommodation and sanitary facilities.

**2.2** Maternity inpatient wards and central delivery suite are excluded from this policy.

## 3 Definitions

### 3.1 E-ward system (SALUS)

SALUS is a hospital patient management tool. It provides standardised visual information that helps to track key patient milestones and clinical and other significant alerts. A same sex breach is a significant alert.

### 3.2 Sleeping accommodation

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. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

Non-permanent structure changes to the estate can support the delivery of SSA where the partition is solid, opaque and floor to ceiling, and protects the privacy and dignity of the individual.

### 3.3 Same Sex Accommodation

Same sex accommodation is when all patients within the same bay or clearly defined and fully partitioned area are of the same sex: female or male.

### 3.4 Mixed Sex Accommodation

Wards may have both male and female patients: a mixed sex ward. Mixed sex accommodation arises when there are both females and males in the same bay or defined area without full floor to ceiling partitioning.

### 3.5 Gillick Competence

“Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent” (NHS 2019).

### 3.6 Breach

A breach occurs at the point a patient is admitted to mixed-sex accommodation.

The presence of visitors cannot cause a breach.

Breaches are either '**clinically justified**' or are deemed to be '**unjustified**' (meaning not clinically acceptable).

### 3.7 Boarding

When newly arrived patients on beds, trolleys or chairs are required to wait in a ward's corridor whilst a bed becomes available.

### 3.8 Reverse Queuing

To enable a new patient to be placed in a bed space, a patient who is medically fit for discharge is sat in a chair in the ward corridor; and it is clinically safe to take this action.

### 3.9 Clinically justified breach

a. Patient's best interest to receive rapid or specialist treatment, and same sex accommodation is not the immediate priority.

In these cases, privacy and dignity must be protected:

- The patient should be provided with same sex accommodation immediately the acceptable justification ceases to apply.
- There is no justification for placing a patient in mixed sex accommodation where this is not in the best overall interests of the patient and where better management, better facilities, or the removal of organisational constraints could have averted the situation.

b. Reflects patient choice Patient choice for mixing must be considered and may be justified. In all cases, privacy and dignity should be assured.

- All patients affected by a request for mixing must be in agreement;
- Group decisions should be reconsidered for each new admission to the group, as consent cannot be presumed.

### 3.10 Bathroom & WC (toilet) breaches

When patients have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.

Figure 1 details the criteria for recording breaches within the SALUS system along with examples of a breach by location.

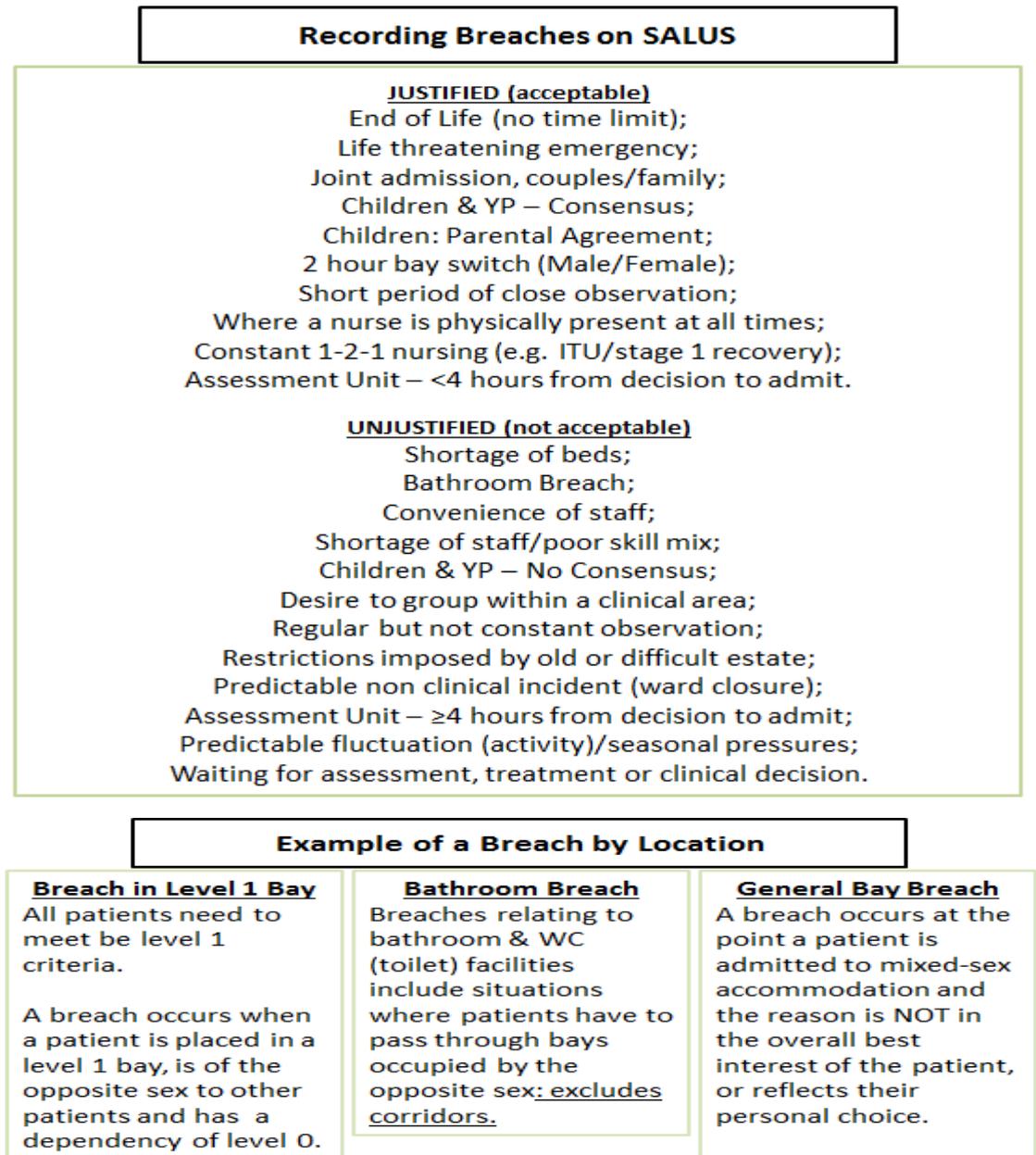


Figure 1 Recording Breaches on SALUS

#### **4.1 Trust Board**

- Has overall responsibility for the operational and strategic direction of the Trust;
- Has overall responsibility for holding the Trust Management Executive to account in respect of adhering to regulatory mandates relating to the provision of SSA;
- Both justified and unjustified breaches should be reviewed at Executive board level.

#### **4.2 Trust Management Executive**

- Set and oversee the delivery of the trust's strategic direction ensuring clinical teams have the necessary resource to ensure the provision of SSA;
- Act as the executive decision-making committee on receipt of escalation of concerns relating to the provision of SSA;
- Provide regular assurance reports to the Trust Board in relation to the provision of SSA.

#### **4.3 Executive On-Call/On-Call Manager**

- Out of hours and supported by the on call manager and senior nurse (bleep 0355), authorise the mixing of patients of different sex due to pressures relating to operational flow on a case by case basis. Ensure the local decision matrix is utilised and the decision is clearly annotated in the operational night report (appendix 4). Under these circumstances this will be an **unjustified breach**.

#### **4.4 Senior Clinical Professional Leadership Team (Nursing)**

- Has overall responsibility for planning and directing the work of the nursing teams to ensure the provision of SSA is maintained;
- Receive escalation of concerns and exception reports relating to unjustified breaches in the provision of SSA;
- Support corrective action when necessary.

#### **4.5 Deputy Chief Nurse (Quality and Safety)**

- Act as delegated lead for delivery of SSA;
- Work with Commissioners to ensure that appropriate action is taken to prevent breaches and learn from them;
- Authorise the mixing of patients of different sex due to operational flow on a case by case basis during working hours, ensuring the local decision matrix is utilised (appendix 3). Under these circumstances this will be an **unjustified breach**.

#### **4.6 Matron for Clinical Standards**

- Has responsibility for overseeing quality governance arrangements relating to SSA, including:
  - Monitoring for any national updates relating to the provision of SSA;
  - Overseeing any local review of quality standards and procedures relating to the provision of SSA and ensure that any changes are implemented and maintained;

- Having oversight of all breaches and ensuring they are included in monitoring and assurance reports;
- Oversee root cause analysis for unjustified breaches;
- Being the point of contact for advice relating to the provision of SSA.

#### 4.7 Estates Planning Leads

- Have responsibility for ensuring the principles for providing same sex accommodation are integral to any building designs, redesigns or refurbishments;
- Must involve the trust's lead for same sex accommodation in any sign off of plans where these principles need to be applied.

#### 4.8 Performance Team

- Must support the monitoring and reporting of compliance metrics relating to SSA in accordance with the 2019 national guidelines.
- National reporting:
  - All occurrences of unjustified breaches of sleeping accommodation must be reported via the Strategic Data Collection System (SDCS). Each occurrence should be counted once for national reporting purposes, regardless of duration.
- Local reporting should cover:
  - All toilet and bathroom breaches;
  - An additional requirement for mental health inpatient units in relation to the availability of same-sex day space for women who use services and
  - All cases of justified and unjustified breaches of sleeping accommodation in each 24-hour period, regardless of whether it is the same occurrence of mixing.

#### 4.9 On-Call Manager

- Out of hours oversee compliance with the DH mandate and trust policy in respect of providing SSA when placing patients in the trust;
- Support the site operational team to expedite resolution of all breaches regardless of whether they are justified or unjustified;
- Out of hours, support the executive on call in authorising mixing patients of different sex due to operational flow on a case by case basis, ensuring the local decision matrix is utilised (appendix 3). Under these circumstances this will be an **unjustified breach**.

#### 4.10 Cluster and Service Line Managers

- Has on a daily basis, joint oversight with service line (operational) matrons and support the site team in how SSA is safely maintained when placing patients within their own speciality areas.

#### 4.11 Heads of Nursing

- Deputise for the deputy chief nurse in their absence in authorising mixing patients of different sex due to operational flow on a case by case basis during working hours, ensuring the local decision matrix is utilised. Under these circumstances this will be an **unjustified breach**;
- Work in partnership with the matron for clinical standards in relation to overseeing quality governance arrangements relating to the provision of SSA for their areas of responsibility:
  - Supporting resolution of any incidence of mixed sex accommodation;
  - Ensuring breaches are included in monitoring and assurance reports.

#### 4.12 Duty Senior Nurse (Holder of Bleep 0355)

- Work in partnership with the site operational team in supporting the provision of SSA;
- Out of hours support the executive on call and the on call manager in authorising mixing patients of different sex due to operational flow on a case by case basis, ensuring the local decision matrix is utilised (appendix 3). Under these circumstances this will be an **unjustified breach**.

#### 4.13 Site Operational Team

- Ensure compliance with the DH mandate and trust policy in respect of providing SSA when placing patients in the trust;
- Work closely with all service line matrons and ward managers to ensure patients are placed safely in line with this policy;
- Track **all breaches** and make a plan to resolve **unjustified breaches** as a priority at each operational meeting; keeping the on call manager apprised of the situation;
- Support the operational matron in undertaking investigations into unjustified breaches.

#### 4.14 Service Line (Operational) Matron or Appointed Deputy

- Has joint oversight with service line cluster managers and service line managers; and work closely with the site operational team to ensure patients are placed safely in line this policy;
- Visits his/her area to:
  - Check the compliance with this policy across their areas of responsibility;
  - Ensure a plan exists to resolve any incidence of mixed sex accommodation.
- Validate monthly **(un)justified breaches** and inform the performance team and the matron for clinical standards;
- Oversee reporting of **unjustified breaches** on to the trust's incident reporting system (Datix) and lead the completion of the investigation into the breach;
- Ensure every ward manager and ward team are aware of:
  - How to manage the provision of same sex accommodation generally and specifically within his/her sphere of responsibility;
  - Understand how to use the SALUS system in a timely and accurate manner.

#### **4.15 Ward Manager / Nurse-in-Charge**

- Work closely with all matrons and the site operational team to ensure patients are placed safely in line with SAA principles;
- Use local bed moves to avoid/resolve a breach (within reason);
- Escalate to the operational site team any identified need to create a breach, where:
  - This is not within a level 1 bay;
  - Is likely to result in an unjustified breach within a level 1 area.
- Ensure that all their staff are familiar with and able to use the SALUS system and that each nurse-in-charge of a shift understands their responsibility in this respect;
- The nurse-in-charge of a given shift to ensure that breaches are registered using the SALUS system as close as possible to the time of the breach and no later than the end of that shift;
- Ensure that any breach, justified or unjustified, is reversed at the very earliest opportunity;
- Use privacy screens where safe to do so, to minimise the adverse impact on all patients' dignity until resolution;
- Explain and discuss with the patient, and their relative/carer, why they are in a mixed sex area and how this will be resolved at the earliest opportunity;
- Document in each patients' clinical notes that they have been informed of the reason for being placed in a mixed sex area and the plan to resolve at the earliest opportunity;
- Minimise the impact by ensuring affected patients use same-sex bathroom and toilet facilities. This includes being responsible for ensuring that the door signs for toilets and bathrooms are assigned correctly to adjacent bays and that patients understand where their respective facilities are located.

## **5 Managing and Reporting Single Sex Breaches**

### **5.1 Managing single sex breaches**

The provision of SSA will be tracked via the SALUS system, providing a traceable compliance report.

Appendix 3 provides a matrix to guide decision making for SSA breaches by ward area in the trust.

### **5.2 Bathroom and Toilet Arrangements**

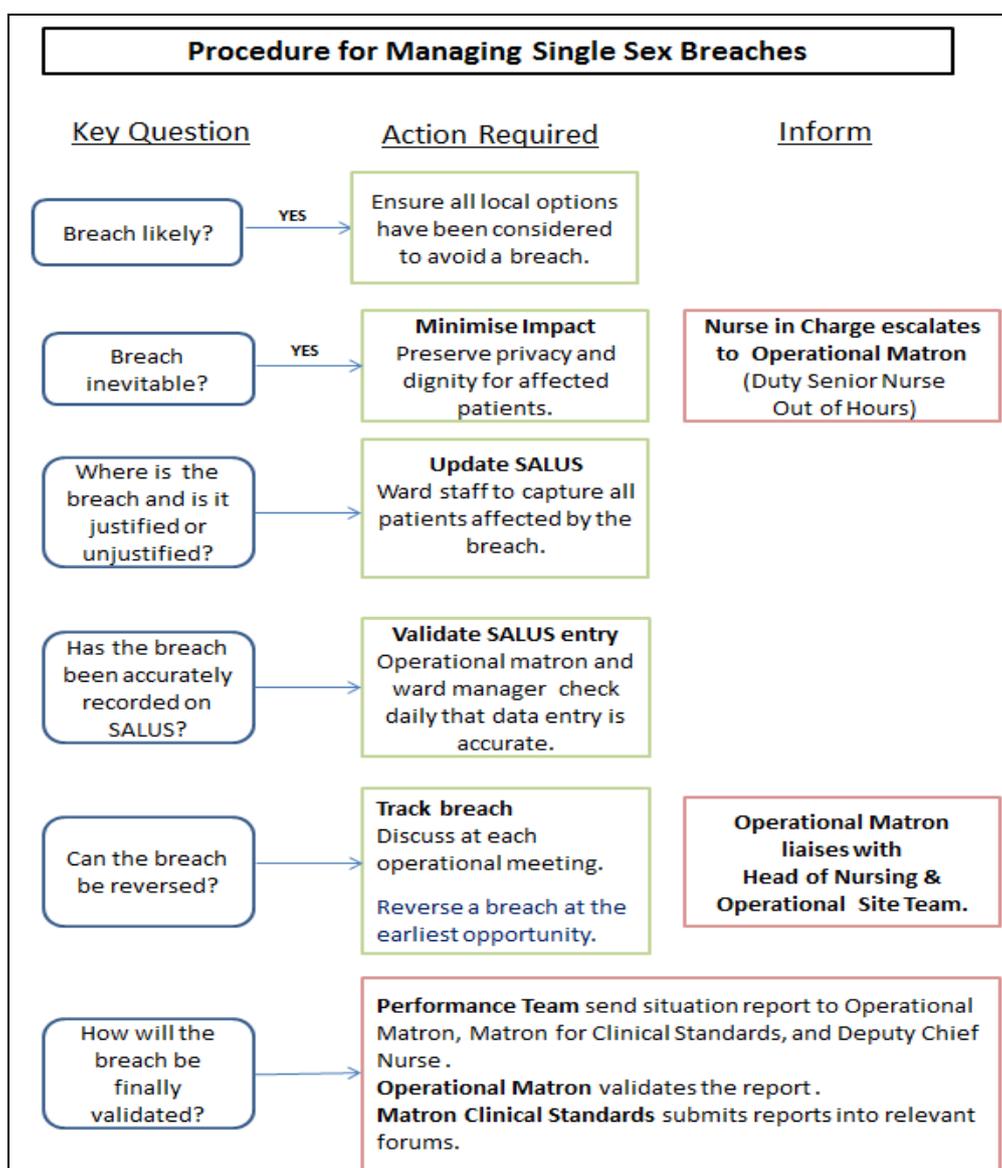
Where an inpatient ward is not designated as single sex the layout may place patients at risk of walking along a corridor positioned alongside a partitioned or open fronted bay occupied by the opposite sex.

The following applies:

- A ward accommodating both male and female patients should have designated ends that are male or female with adjacent bathrooms and toilets.
- The interchangeable male/female signs on the bathroom and toilet doors must be switched to reflect the gender of patient in the adjacent bay(s).

- Where the designated bay and toilet arrangements have to be altered for operational reasons, this must be reported as a 'bathroom breach' and reported to the operational team on an exception basis (daily until resolved),

Figure 1 outlines the key personnel who need to be involved, the key questions that should be asked and actions to take to either minimise the likelihood of a breach or reverse a breach at the earliest opportunity; and validating a breach.



**Figure 2: Managing Single Sex Breaches**

### 5.3. Children and Young People (YP)

For children and young people, clinical need and age take precedence over gender considerations. There is no specific age limit. For very young children, the wishes of the parent may be sought.

**5.3.1.** Children and young people should have the choice regarding whether their care is segregated according to age or gender. If a child's request is to be placed in a bay with other children of a similar age and they are of different sex, ALL children must be agreeable. Under these circumstances this will be a **justified breach**.

**5.3.2.** For children and young people whose preference cannot be met, where there is no clinical justification to support them being placed in mixed sex accommodation will be recorded as an **unjustified breach**.

#### **5.4 Gender Identity: Transgender and Gender Variant**

All service users are protected from discrimination because of any of the nine "protected characteristics" as stated in the Equality Act 2010 and Public Sector Duty.

**5.4.1** The following principles apply for patients who identify themselves as transgender:

- In all circumstances patients who identify themselves as transgender should be placed within a ward that is reflective of the gender with which they identify;
- If there is a clinical indication otherwise e.g. female to male transgender with gynaecological conditions, then full discussion must be had with the patient to ensure there is a balance between patient wishes and clinical circumstances;
- In the event of any difficulties for example concerns expressed by other patients then initially this should be resolved by the ward nursing team and the service line matron who should give consideration to all patients' needs;
- If this has been unsuccessful then any ongoing issues should be escalated to the chief nurse or their nominated deputy;
- If appropriate alternative ward arrangements can be made e.g. use of a side room.

**5.4.2** Gender variant children and young people should be accorded the same respect for their self-defined gender as are trans adults, regardless of the genital sex.

Additionally:

- Gillick competence principles apply where there may be a difference of view between a child under 16 and their parent(s)/legal guardian;
- An adolescent's current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities;
- For children with undefined genital appearance personal privacy may need to be a priority.

#### **5.5 Managing patient flow within the Medical and Surgical Assessment Units**

Patients attend the medical and surgical assessment units via a number of referral routes and are registered as inpatients on the patient management system. The following applies:

- Patients transferred from the Emergency Department, Outpatient Clinic or Acute Assessment Unit must be placed in SSA;

- Patients admitted via their General Practitioner and who need to be seen and treated on a bed or trolley can be mixed whilst assessment and initial diagnosis is undertaken. Once the decision to keep the patient in hospital has been made the patient must be moved to a same sex bay within 4 hours;
- Once a decision has been made to admit a patient who has remained in a mixed bay for longer than 4 hours and they do not meet level 1 criterion, this must be reported as an '**Unjustified Breach**'. *NOTE: The Medical Assessment Units have beds designated as level 1. The Surgical Assessment Unit does not have beds designated as level 1.*

**5.5.1** On occasion it may be necessary to swap the use of a bay from being male to female because there are fluctuations in activity during normal or escalated operational pressures. This will raise the risk of male and females being in the same bay for a limited period of time as the necessary bed moves are undertaken. The following will apply:

- Bed moves need to be made in such a way that mixing sex can be reasonably avoided;
- The decision to permit transient mixing of male and females within any given bay **must only occur with the matron's authority and with the Head of Nursing's oversight. Out of hours authority is given by the senior nurse (bleep 0355);**
- This can only apply during OPEL 4 status and/or the emergency department majors area has 40 or more patients;
- The mixed status of the bay **must be resolved within two hours.**

## **5.6 Full Capacity Protocol: *Boarding Patients in Ward Corridors***

During episodes of full capacity protocol managing the flow of patients' should aim to follow the principle of reverse queuing whenever clinically safe to do so;

- Where-ever possible patients medically fit for discharge should be transferred to the discharge lounge to free capacity within wards;
- Where it is not feasible to use the discharge lounge, patients who are able to (and providing it is clinically safe to do so) should be sat in a chair in the day room, where one exists, or the ward corridor outside the same sex bay to vacate a bed for admissions. This will avoid a breach;

In the event there is a need to 'board' new patients on beds or trolleys in ward corridors all patients' safety, privacy and dignity is paramount and the following applies:

- One patient only to be boarded on an inpatient ward at any given time. The medical assessment units may board up to 3 patients;
- A patient should only be boarded in a ward corridor for **a maximum of 2 hours**. Privacy and dignity should be maintained during all clinical and personal care procedures;
- If clinically safe to do so, patients should be sat in a chair placed in the corridor adjacent to the same sex bay whilst waiting for a bed. This will avoid a breach;
- If the patient needs to remain on a trolley or bed then this must be placed in the corridor adjacent to the same sex bay. This will avoid a bathroom breach;
- The new patient(s) will be prioritised for the next available bed.

### 5.6.1 Side rooms

Where a patient of the opposite sex is in a side room when a patient is boarded on a trolley or bed in the corridor, the door must be kept closed to avoid a breach.

### 5.7 Major Incident

There will be a very small set of circumstances where mixing is acceptable as an emergency response to extreme operational emergencies. This is limited to unpredictable events such as major clinical incidents e.g. a multiple road traffic accident or natural disaster, and major non-clinical incidents such as fire or flood requiring immediate evacuation of buildings.

Boarding of patients in corridors may be required. In this case section 5.5 applies.

Any breach must be reversed at the earliest opportunity.

### 5.8 Transfer of 'Wardable' Intensive Care (ITU) patients

In addition to NHSE/I revised national guidance (2019), Section 2.1 of the NHS England service specification D05 Adult Critical Care Services: *discharge from critical care* (2019) will support decision making within intensive care settings.

The following applies:

- The intensive care team will make the decision about when a patient is fit to be moved to the ward;
- At the point the operations team have been informed that a patient is medically fit to transfer the patient must be moved within 4 hours;
- The latest point at which a patient can be referred to a ward will be 1800hrs;
- No patient will be moved between 22.00 and 07.00hrs unless there is a need to maintain capacity.

#### 5.8.1 Counting and Reporting ITU Breaches

Breaches are not counted between 22.00 and 07.00hrs. In this case, the four hour period from the patient being ready to transfer would start again from 07.00hrs, any previous count before 22.00hrs is disregarded. Given this is the same occurrence the breach would only be counted once.

Figure 2 outlines the process to follow in managing same sex accommodation when a patient in a critical care unit is identified as fit to transfer to a ward.

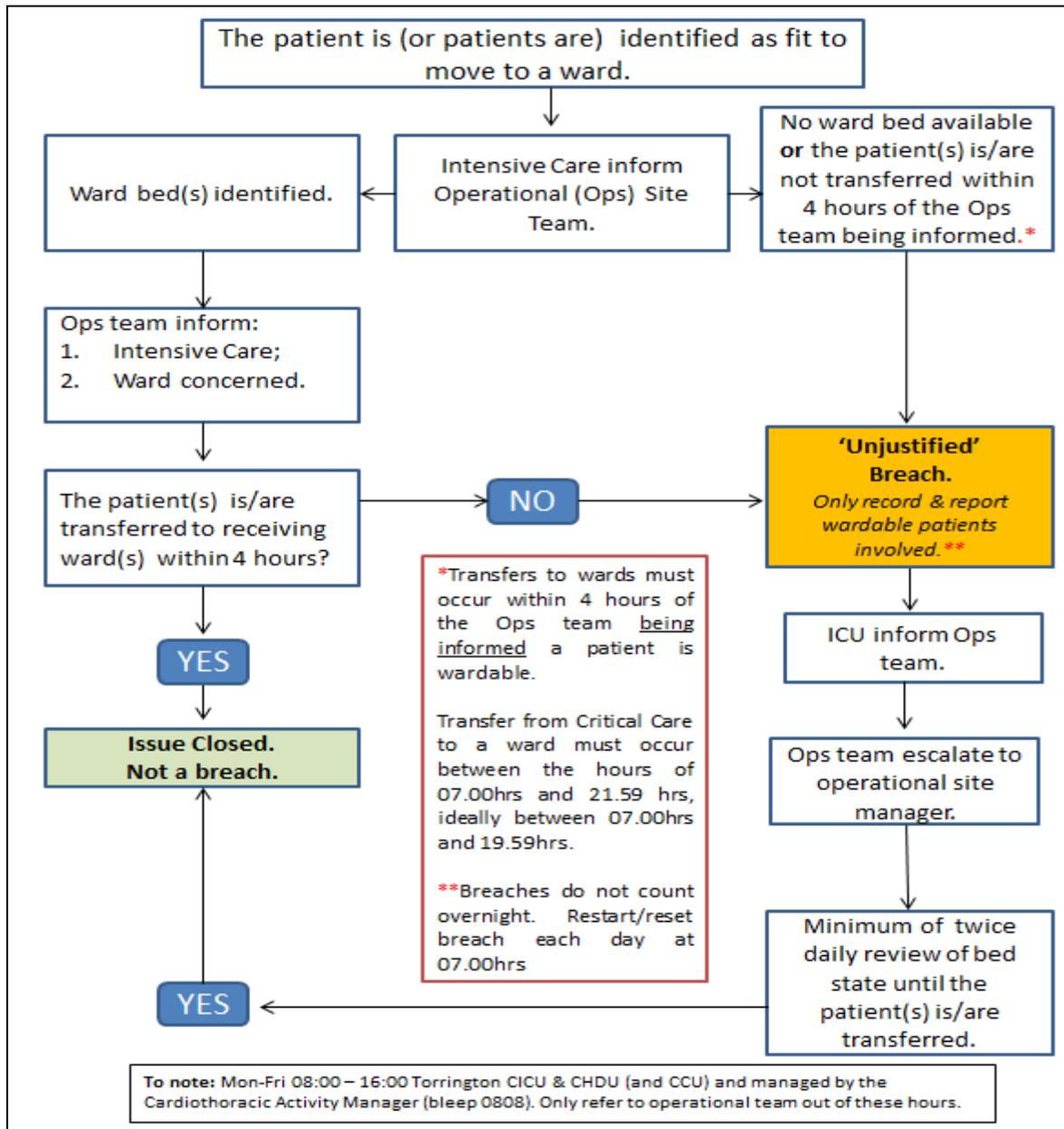


Figure 2 Procedure for managing same sex accommodation in the intensive care setting

## 6 Overall Responsibility for the Document

Overall responsibility for developing, implementing and reviewing this policy rests with the deputy chief nurse via the Nursing and Midwifery Operational Committee.

The Patient Experience Committee will receive updates on compliance.

## 7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the trust indicate the need for a significant revision to the procedures described.

This policy will be reviewed by the chief nurse for the clinical commissioning group as part of the consultation process.

This policy will be ratified via the Nursing and Midwifery Operational Committee with final sign off by the chief nurse.

Non-significant amendments to this document may be made, under delegated authority from the chief nurse, by the nominated owner. These must be reviewed and ratified by the chief nurse.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named deputy chief nurse and for working with the trust's training function, if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

The following will apply:

- The total number of breaches by month and reason will be recorded within the electronic data quality book by the trust's performance team;
- Monthly breach data (justified mixing and unjustified) will be shown in the performance datasheets used for performance reviews, notably:
  - Service line;
  - Care groups.
- Bi-monthly breach data will be shown in assurance reports, notably:
  - Safety and Quality Committee;
  - Trust Board.
- Reporting to regulatory and commissioning stakeholders as mandated;
- Summary report to the Nursing and Midwifery Operational Committee (NMOC);
- Summary updates to the Patient Experience Committee;
- Monthly report to Department of Health via Unify. Returns to be submitted by the performance team on the 7th working day of each month. All submissions are to be verified by the trust lead.

Department of Health 2007, Privacy and Dignity - A report by the Chief Nursing Officer into mixed sex accommodation in hospitals.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_074543](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074543)

Department of Health, Letter to Chief Executives. Gateway reference15552. Eliminating Mixed-Sex Accommodation - Declaration Exercise, 10 February 2011.

<https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation-declaration-exercise>

Care Quality Commission, Supporting note Mixed sex accommodation

[https://www.cqc.org.uk/sites/default/files/documents/supporting\\_note\\_mixed\\_sex\\_accommodation\\_for\\_external\\_publication.pdf](https://www.cqc.org.uk/sites/default/files/documents/supporting_note_mixed_sex_accommodation_for_external_publication.pdf)

Plymouth Hospitals NHS Trust, Equality, Diversity and Human Rights policy, November 2018.

<G:\DocumentLibrary\UHPT Trust Documents\Operational Management\Provision of Same Sex Accommodation.pdf>

NHS England (2019) Adult Critical Care services specification - D05

<https://www.england.nhs.uk/publication/adult-critical-care-services/>

NHS England/Improvement (2019) Delivering same-sex accommodation

<https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/>

NHS (2019) Assessing Capacity: Consent to treatment.

<https://www.nhs.uk/conditions/consent-to-treatment/capacity/>

<b>Dissemination Plan</b>			
<b>Document Title</b>	<b>Provision of Same Sex Accommodation</b>		
<b>Date Finalised</b>	04/12/2019		
<b>Previous Documents</b>			
<b>Action to retrieve old copies</b>	Information Governance Team to archive v4 Standard Operating Procedure (2014).		
<b>Dissemination Plan</b>			
<b>Recipient(s)</b>	<b>When</b>	<b>How</b>	<b>Responsibility</b>
All Trust staff	13/12/2019	Vital Signs	Information Governance Team
Senior Professional Leadership Team; Head of Quality Governance; Modern Matrons; Ward Managers; Operational Site Team; Care Group Management Teams; Service Line Cluster Managers; Performance team. Estates and Planning team.	13/12/2019	e-mail	Matron for Clinical Standards

<b>Review Checklist</b>		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	NA
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes

<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

<b>Core Information</b>	
<b>Date</b>	27.09.19
<b>Title</b>	Provision of Same Sex Accommodation
<b>What are the aims, objectives &amp; projected outcomes?</b>	To ensure there will be same sex sleeping accommodation (SSA) and sanitary facilities for patients within adult and paediatric inpatient wards, day case units and theatre recovery areas.
<b>Scope of the assessment</b>	
This assessment covers the impact these arrangements will have on the workforce, patients and carers.	
<b>Collecting data</b>	
<b>Race</b>	There is no evidence to suggest there is a negative impact on race regarding this policy and it is likely to improve the impact on patients. Interpreting and translation services are in place to support for patients and carers where English is not their first language.
<b>Religion</b>	There is no evidence to suggest there is a negative impact on religion or belief and non-belief regarding this policy and is likely to improve any impact on patients. Data from the patient surveys, complaints and feedback will be monitored and analysed as required.
<b>Disability</b>	There is no evidence to suggest there is a negative impact on disability regarding this policy and it is likely to improve the impact on patients. Data from the patient surveys, complaints and feedback will be monitored and analysed as required.
<b>Sex</b>	The introduction of this policy will improve the impact on patients by provided guidance to support full compliance with eliminating mixed sex accommodation. There is no evidence to suggest that there is a negative impact on gender regarding this policy. The purpose of this document is to provide privacy for patients receiving treatment, recognising the need to maintain single sex accommodation. Data from the patient surveys, complaints and feedback will be monitored and analysed as required. SSA data is currently collected and reported to the Trust Board.
<b>Gender Identity</b>	There is no evidence to suggest there is a negative impact on gender identity regarding this policy. There is guidance within the policy to support staff to ensure the patient's gender presentation is respected. Data from the patient surveys, complaints and feedback will be monitored and analysed as required.
<b>Sexual Orientation</b>	There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy. Data from the patient surveys, complaints and feedback will be monitored and analysed as required.
<b>Age</b>	There is no evidence to suggest that there is a negative impact on age regarding this policy. Mechanisms are described in this policy to support children's wishes or those of their parents when choosing whether their care is segregated according to age or gender.

<b>Socio-Economic</b>	There is no evidence to suggest that there is a negative impact on socio-economic regarding this policy.
<b>Human Rights</b>	Data is currently monitored, analysed and published on the Trust website. Data from the patient surveys, complaints and feedback will be monitored and analysed as required. Areas of concern will be addressed through appropriate action plans.
<b>What are the overall trends/patterns in the above data?</b>	Data from the patient surveys, complaints and feedback is monitored and analysed as required. Areas of concern will be addressed through appropriate action plans. Requests for interpreters is monitored on a monthly basis and analysed as required. Single sex accommodation breaches are reported nationally, and through the Trust Board Integrated Performance Report.
<b>Specific issues and data gaps that may need to be addressed through consultation further research</b>	Data is currently monitored, analysed and published on the Trust website although there is an issue with the systems collecting all protected characteristics for patients. Information is collected through patient feedback mechanisms and used to assess patient satisfaction against the available protected characteristics.

Category	Ward (configuration)	Acceptable	Guidance on acceptability and justification
End of Life Care	All Wards	<b>Almost Always</b>	A patient receiving end of life care should not be moved solely to achieve segregation. In this case a breach would be <b>JUSTIFIED</b> .
<b>Critical care, levels 2&amp;3 e.g:</b> <ul style="list-style-type: none"> <li>○ ICU/coronary care units</li> <li>○ High dependency units</li> <li>○ Hyperacute stroke units</li> </ul>	<ul style="list-style-type: none"> <li>○ Penrose</li> <li>○ Pencarrow</li> <li>○ Torrington ICU</li> <li>○ Torrington HDU</li> <li>○ Torcross CCU</li> <li>○ Acute Dialysis Unit (Mayflower ward)</li> <li>○ Merrivale ASU beds</li> <li>○ Children’s HDU</li> <li>○ Neonatal ITU/HDU</li> </ul>	<b>Almost Always</b>	<ul style="list-style-type: none"> <li>○ <b>Not</b> acceptable (unjustified breach) when a patient no longer needs level 1, 2 or 3 care, but cannot be placed in an appropriate ward – <u>see algorithm on page 12</u>;</li> <li>○ <b>Not</b> acceptable in recovery units where patients remain until discharge (eg same day surgery/endoscopy units);</li> <li>○ <b>Agreed</b> with Commissioners that Acute Dialysis is level 2 type care and of a life-threatening nature. Record as a ‘clinically justified’ breach.</li> </ul>
Admissions units, e.g.: Medical/surgical admissions Observation wards Clinical Decision units	<ul style="list-style-type: none"> <li>○ Thrushel (m)</li> <li>○ Tavy (f)</li> <li>○ Surgical Assessment Unit (m/f)</li> <li>○ CDU Lounge (m/f)</li> <li>○ Children’s Assessment Unit</li> </ul>	<b>Almost Always</b>	<p><b>Not acceptable</b> as a routine occurrence.</p> <p><b>Not Acceptable</b> Patients transferred from the Emergency Department, Outpatient Clinic or Acute Assessment Unit must be placed in SSA.</p> <p><b>Acceptable</b> GP referrals pending decision to admit and &lt; 4 hrs from decision to admit.</p> <p><b>Not acceptable</b> below OPEL 3 for changing a bay from male to female and vice versa.</p> <p><b>Acceptable</b> at OPEL 4 or ED majors at or exceeding 40 patients. For a period of time up to a <b>maximum 1 hour</b> during changing a bay from male to female and vice versa.</p>

Category	Ward (configuration)	Acceptable	Guidance on acceptability and justification
<p>Areas where treatment is delivered, eg</p> <ul style="list-style-type: none"> <li>○ chemotherapy units</li> <li>○ ambulatory day care</li> <li>○ Radiotherapy</li> <li>○ renal dialysis</li> <li>○ medical day units</li> </ul>	<p>Estover Haemodialysis Unit.</p> <p>Birch Day Case</p> <p>Acute Assessment Unit</p>	<p><b>Almost Always</b></p>	<p>Mixing should not be recorded as an unjustified breach wherever regular treatment is required, especially where patients may derive comfort from the presence of other patients with similar conditions. A very high degree of privacy and dignity should be maintained during all clinical and personal care procedures.</p> <p><b>Not acceptable</b> where the only justification is frequent admission, and there is no recognisable group identity.</p>
<p>Children/young people's units  (including Neonates)</p>	<ul style="list-style-type: none"> <li>○ Woodcock</li> <li>○ Transitional Care</li> <li>○ Wildgoose</li> </ul>	<p><b>Sometimes</b></p>	<p>Children (or their parents in the case of very young children) and young people should have the choice of whether care is segregated according to age or gender.</p> <p>There are no exemptions from the need to provide high standards of privacy and dignity.</p>
<p>Day surgery and other Interventional Procedure Departments</p>	<ul style="list-style-type: none"> <li>○ PIU Day case</li> <li>○ Fal</li> <li>○ Erme</li> <li>○ Postbridge</li> <li>○ Lind Research</li> </ul>	<p><b>Almost Never</b></p>	<p><b>Acceptable</b> for very minor procedures (eg operations on hands/feet that do not require patients to undress).</p> <p>Same applies to Lind Research when used to support PIU day case activity.</p>

Category	Ward (configuration)	Acceptable	Guidance on acceptability and justification
<p><b>Area where a procedure is taking place and the patient will require a period of recovery, eg:</b></p> <ul style="list-style-type: none"> <li>○ Day surgery</li> <li>○ Endoscopy units</li> <li>○ Recovery units attached to theatres</li> <li>○ Procedure rooms.</li> </ul>	<ul style="list-style-type: none"> <li>○ Recovery 14/15</li> <li>○ Main Recovery</li> <li>○ Freedom 1<sup>st</sup> stage Recovery.</li> <li>○ Cardiac Theatre Recovery</li> <li>○ Plym Recovery</li> <li>○ Endoscopy Unit</li> </ul>	<p><b>Almost Never</b></p>	<p>Segregation should be provided where patients' modesty may be compromised, eg: when wearing hospital gowns/nightwear, or where the body other than the extremities is exposed.</p> <p><b>Justified</b> where high observation bays are used for patients in the <b>first stage of recovery or</b> when they require a <b>period of close observation</b> but not level 2 or 3 care.</p>
<p><b>Acute Adult wards, e.g:</b></p> <ul style="list-style-type: none"> <li>○ Medical/surgical (general and specialist).</li> <li>○ Elderly care</li> <li>○ Orthopaedic</li> </ul> <p>(m/f) = male/female</p>	<ul style="list-style-type: none"> <li>○ Hexworthy* (f)</li> <li>○ Honeyford* (m)</li> <li>○ Meldon (m/f)</li> <li>○ Hembury (f)</li> <li>○ Hartor (m)</li> <li>○ Bracken (f)</li> <li>○ Sharp (m/f)</li> <li>○ Shaugh (m/f)</li> <li>○ Stannon (m/f)</li> <li>○ Stonehouse* (m/f)</li> <li>○ Wolf* (m/f)</li> <li>○ Marlborough* (m/f)</li> <li>○ Bickleigh (m/f)</li> <li>○ Braunton (m/f)</li> <li>○ Crownhill* (m/f)</li> <li>○ Clearbrook (m/f)</li> <li>○ Brent (m/f)</li> <li>○ Birch (m/f)</li> <li>○ Mayflower(m/f)</li> <li>○ Burrator ward (m/f)</li> <li>○ Moorgate* (m/f)</li> <li>○ Meavy (f)</li> <li>○ Lynher (m/f)</li> <li>○ Norfolk (m/f)</li> <li>○ Monkswell (m/f)</li> <li>○ Postbridge Escalation</li> <li>○ Discharge Lounge</li> </ul>	<p><b>NEVER for Level 0 care</b></p> <p><b>NEVER outside Level 1 bays</b></p>	<p><b>All</b> episodes of mixing in acute wards should be discussed individually with commissioners.</p> <p><b>*Wards with level 1 bays:</b></p> <p><b>Acceptable (justified)</b> if all patients meet level 1 criterion.</p> <p><b>Not Acceptable (unjustified)</b> if one or more patients meet level 0 care needs.</p> <p><b>Not acceptable</b> Postbridge when used as an escalation ward during OPEL3 and OPEL 4.</p>