Same Sex Accommodation Policy

<table>
<thead>
<tr>
<th>CATEGORY:</th>
<th>Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLASSIFICATION:</td>
<td>Clinical</td>
</tr>
<tr>
<td>PURPOSE</td>
<td>To set out the principles and framework for the provision of same sex accommodation and the management and prevention of mixed sex accommodation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Controlled Document Number:</th>
<th>506</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version Number:</td>
<td>004</td>
</tr>
<tr>
<td>Controlled Document Sponsor:</td>
<td>Executive Chief Nurse</td>
</tr>
<tr>
<td>Controlled Document Lead:</td>
<td>Lead Nurse Standards</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>On:</td>
<td>May 2017</td>
</tr>
<tr>
<td>Review Date:</td>
<td>May 2020</td>
</tr>
<tr>
<td>Distribution:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Essential Reading for:</td>
</tr>
<tr>
<td></td>
<td>All Trust staff / departments involved in the care of patients within the Trust</td>
</tr>
<tr>
<td></td>
<td>• Information for:</td>
</tr>
<tr>
<td></td>
<td>All staff</td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Policy Statement</td>
<td>3</td>
</tr>
<tr>
<td>2 Scope</td>
<td>3</td>
</tr>
<tr>
<td>3 Framework</td>
<td>4</td>
</tr>
<tr>
<td>4 Duties</td>
<td>5</td>
</tr>
<tr>
<td>5 Implementation and Monitoring</td>
<td>6</td>
</tr>
<tr>
<td>6 References and Bibliography</td>
<td>6</td>
</tr>
<tr>
<td>7 Associated Policy and Procedural Documentation</td>
<td>7</td>
</tr>
</tbody>
</table>

### Appendices

| Appendix | Monitoring Matrix | 8 |
1. **Policy Statement**

1.1 The purpose of this policy and its associated documents is to provide a framework which describes the principles applied to same sex accommodation provision within the Trust. It ensures that:

1.1.1 The Trust has a mechanism in place for identifying mixed sex occurrences and a process of investigating and reporting such breaches as set out in national guidance.

1.1.2 The Trust can provide evidence which contributes to the achievement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10.

1.1.3 All patients experience their care in an appropriate environment ensuring that all patients are treated with privacy and dignity.

1.2 The risks associated with the implementation and adherence to the policy include:-

1.2.1 Inappropriate mixing of patients to facilitate capacity and demand.

1.2.2 Inadequate escalation to prevent a mixed sex occurrence incident leading to a breach in policy.

1.2.3 Where no clinical justification exists of where a clinical justification applied is no longer appropriate ie: Patients who had required level 2 acuity care and are no longer considered to require level 2 care.

2. **Scope**

2.1 All Trust staff/departments involved in the care of patients within the Trust.

2.2 It applies to all patients registered as inpatients within the hospital or those attending the hospital for emergency/urgent assessment and being admitted/transferred to a ward/department following a decision being taken to admit the patient. It therefore includes all admission and assessment units, day surgery and endoscopy units.

2.3 Compliance is required within 4 hours of a patient in critical/coronary care being identified as sufficiently stable to be transferred to a level 1 or 0 area within the Trust (NHS England 2015).

2.4 This policy does not apply to:

2.4.1 Patients attending as outpatients to outpatient areas.
2.4.2 Patients attending the Emergency Department.

2.4.3 Patients attending the Haematology/Oncology Day Unit (Ward 621) or the haemodialysis unit (Ward 301).

2.4.4 Theatres and theatre recovery.

2.4.5 Critical care and coronary care units when level 2, 3 and 4 acuity patients are nursed.

2.4.6 Areas within the Trust where Level 2 acuity patients are cared for within designated wards/departments, for the duration that they remain requiring Level 2 care.

3. Framework

3.1. This section describes the broad framework for the Same Sex Accommodation Policy. The application, interpretation and reporting of mixed-sex occurrences are described within the Procedure for the Provision of Same Sex Accommodation and Reporting of Mixed Sex Occurrences.

3.2. The Executive Chief Nurse shall approve all procedural documents associated with this policy and any amendments to such documents, and is responsible for ensuring that such documents are compliant with this policy.

3.3. All mixed sex occurrences must be reported using the Trust Incident Reporting System as detailed in the Procedure for the Provision of Same Sex Accommodation and Reporting of Mixed Sex Occurrences.

3.4. For the purpose of this policy, a mixed sex occurrence is defined as the placement of a patient within a clinical setting following admission where one or more of the following criteria apply:

3.4.1. The patient occupies a bed space that is either next to, directly opposite or in a bay with a member of the opposite sex.

3.4.2. The patient occupies a bed space that does not have access to single sex washing and toileting facilities.

3.4.3. The patient must pass through an area designed for the occupation of members of the opposite sex to gain access to washing and toileting facilities.

3.4.4. Where no clinical justification exists or where a clinical justification applied is no longer appropriate ie: a patient no longer requires Level 2 care.
4. Duties

4.1. Executive Chief Nurse

The Executive Chief Nurse has assigned responsibility for overseeing compliance with this policy, will provide assurance to the Board of Directors on compliance with this policy and will raise matters of concern with the relevant Division/Department.

4.2. Divisional Directors/Divisional Directors of Operations and Associate Directors of Nursing and their deputies.

Divisional Directors/Divisional Directors of Operations and Associate Directors of Nursing and their deputies are responsible for ensuring that:

4.2.1 The wards/departments and staff within their Division are aware of and implement this policy, and should any incidents be reported, where there are deficiencies or breaches, these are investigated and reported in accordance with the Procedure for the Provision of Same Sex Accommodation and Reporting of Mixed Sex Occurrences.

4.2.2 All newly commissioned or reconfigured accommodation requires a documented assessment of compliance with this policy. Operational management teams must consider and ensure that where services are reconfigured this does not breach the current policy.

4.3. Managers

Anyone who has responsibility for staff involved in the process of admission/receiving transfers from other hospitals or departments must ensure that:

4.3.1 All staff have access to this policy and associated procedural documents.

4.3.2 All staff adhere to and implement this policy and associated procedural documents.

4.3.3 Where there is concern that there may be a mixed sex occurrence the Procedure for the Provision of Same Sex Accommodation and Reporting of Mixed Sex Occurrences is adhered to and concerns are escalated, reported and investigated accordingly.
4.4. **Anyone who is involved with the reception/admission and transfer including bed management of patients.**

All staff involved in the reception, admission and transfer of patients are required to familiarise themselves with all relevant Trust policies and procedures referred to within this document. They must ensure that they comply with them in their areas of work at all times.

5. **Implementation and Monitoring**

5.1. **Implementation**

This policy and its associated procedures are available on the Trust Intranet and disseminated to staff through divisional management and internal team structures within the Trust.

5.2. **Monitoring**

Appendix A provides details on how the policy will be monitored.

6. **References and Bibliography**

[Accessed 24.02.17]

[Accessed 24.02.17]

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10
http://www.legislation.gov.uk/ukpga/2008/14/contents
[Accessed 20.02.17]

[Accessed 24.02.17]

https://www.england.nhs.uk/nhs-standard-contract/16-17/
[Accessed 24.02.17]
7. Associated Policy and Procedural Documentation

Policy and procedures for supporting individuals who are transgender (Trans)

Procedure for the Provision of Same-Sex Accommodation and Reporting of Mixed-Sex Occurrences
## Appendix A

### Monitoring Matrix

<table>
<thead>
<tr>
<th>MONITORING OF IMPLEMENTATION</th>
<th>MONITORING LEAD</th>
<th>REPORTED TO PERSON/GROUP</th>
<th>MONITORING PROCESS</th>
<th>MONITORING FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of any mixed sex accommodation occurrences</td>
<td>Lead Nurse Quality and Clinical Standards</td>
<td>Executive Chief Nurse Clinical Commissioning Group</td>
<td>Staff must report mixed sex occurrences using the Datix system and the appropriate incident reporting form. Any required completed Root Cause Analysis (RCA) or Serious Incident (SI) reports must be forwarded to the Lead Nurse for Quality and Clinical Standards who will review prior to submission via the Chief Nurse (and Risk and Compliance and contract monitoring system) to the Clinical Commissioning Group. Breaches should be forwarded by the Lead Nurse Quality and Clinical Standards to the Service Improvement Team for inclusion in the monthly key performance indicators (KPIs) report produced by the Service Improvement Team.</td>
<td>Each occurrence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 8 of 8

Same-Sex Accommodation Policy

Issue Date: 24.03.2017

Controlled Document Number: 506

Version: 004