

Policy for the Provision of Same Sex Accommodation

CATEGORY:	Policy
CLASSIFICATION:	Clinical
PURPOSE	To set out the principles and framework for the provision of same sex accommodation and the management and prevention of mixed sex accommodation.
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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 University Hospitals Birmingham NHS Foundation Trust (the 'Trust'). This policy 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 (NHSE; NHSI, 2019).
 - 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 they are treated with privacy and dignity.
- 1.2 The Trust has a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interests of all the patients affected.
- 1.3 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:
 - 1.3.1 The patient occupies a bed space that is either next to, directly opposite, or in a bay with a member of the opposite sex.
 - 1.3.2 The patient occupies a bed space that does not have access to single sex washing and toileting facilities.
 - 1.3.3 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 (excluding corridor or end of bay).
 - 1.3.4 Where no clinical justification exists or where a clinical justification applied is no longer appropriate.

2. Scope

- 2.1 This policy applies to all staff involved in the care of patients within the Trust.

2.2 It applies to all areas except where a patient may be referred directly for assessment, treatment or observation pending a final decision to admit to another area. In all cases, breaches should be recorded when the decision to admit is made or when the patient arrives in the unit and a decision to admit has already been made. It excludes Emergency Departments (ED).

2.2.1 **Assessment/ observation units e.g. medical /surgical assessment units/clinical decision making units/observation wards:** A patient should be moved from an assessment/ observation unit within 12 hours of a decision to admit or from when the patient arrives in the unit and a decision to admit has already been made. If mixing occurs after the 12 hour period, breaches should be recorded as unjustified (NHSE; NHSI, 2019). The only exceptions are where definitive treatment can be completed within the assessment area within 24 hours. Assessment areas are listed in appendix B.

2.2.2 **Areas where treatment is delivered, e.g. chemotherapy units/ ambulatory day care/ radiotherapy/ renal dialysis units/ medical day hospitals:** Mixing should not be recorded as an unjustified breach wherever 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 care or personal care procedures (NHSE; NHSI, 2019).

2.2.3 **Critical care levels 2 and 3 e.g. critical care units / coronary care units/ High Dependency Units/ acute stroke units:** When a clinical decision is made for a patient to be stepped down from level 2 or 3 care, they should be transferred within 4 hours of being ready to be moved. An unjustified breach should be recorded if a patient does not transfer within the four hour period. For the comfort and safety of patients, transfers should not take place between the hours of 22.00hrs and 07.00hrs. Breaches should not be counted within this period; they should start/restart from 07.00hrs (NHSE; NHSI, 2019).

2.2.4 **Areas where procedures taking place and patient requires period of recovery e.g. day surgery/ endoscopy/ recovery units attached to theatres/ procedure rooms:** Segregation should be provided where patients' modesty may be compromised, e.g. where wearing hospital gowns/ nightwear or where the body (other than the extremities) is exposed. Where observation bays are used in the first stages of recovery or when they require a period of close observation, but not level 2 or 3

care, any breaches that occur will be classed as justified (NHSE; NHSI, 2019).

2.2.5 Children/ Young People's Units (including neonates): Children (or their parents in the case of very young children) and young people, under the age of 18, should have the choice of whether care is segregated according to age or gender. There are no exemptions from the need to provide high standards of privacy and dignity (NHSE; NHSI, 2019).

2.2.6 Inpatient wards: All episodes of mixing in inpatient wards should be reported (NHSE; NHSI, 2019).

2.2.7 End of Life care: A patient receiving end of life care should not be moved solely to achieve segregation. In this case a breach would be justified. There is no time limit (NHSE; NHSI, 2019).

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 and agreed local procedures.

3.2 Provision of same-sex accommodation for transgender people is detailed within the Supporting Individuals who are Transgender Policy and associated procedures.

3.3 All mixed sex occurrences (excluding critical care) 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.

4. **Duties**

4.1 **Chief Nurse**

The Chief Nurse is responsible for the oversight of compliance with this policy, and will:

4.1.1 Approve all procedural documents associated with this policy and any amendments to such documents, and ensure that they are compliant with this policy;

- 4.1.2 Ensure national and local reporting guidance is applied, monitored and submitted appropriately;
- 4.1.3 Establish a culture of open reporting of breaches ensuring staff are encouraged to raise concerns where delivery of same-sex accommodation is compromised;
- 4.1.4 Provide assurance to the Board of Directors on compliance with this policy; and
- 4.1.5 Raise matters of concern with the relevant Division/Department, ensuring there is a feedback mechanism for any patients affected by mixed sex accommodation.

4.2 Director of Nursing

The Director of Nursing will receive reported incidences of mixed-sex occurrences in order to verify before central reporting, and determine the level of investigation required.

4.3 Divisional Directors/ Divisional Directors of Operations/ Site Operational Teams, and Associate Directors of Nursing and their Deputies

Divisional Directors/ Divisional Directors of Operations/ Site Operational Teams, and Associate Directors of Nursing and their Deputies will assist the Chief Nurse in providing reports to the Board of Directors, and will ensure that:

- 4.3.1 All wards/departments and staff within their Division are aware of, and implement this policy; and investigate and report any incidents where there are deficiencies or breaches, in accordance with the associated Procedure for the Provision of Same Sex Accommodation and Reporting of Mixed Sex Occurrences; and
- 4.3.2 A documented assessment of compliance with this policy is completed for all newly commissioned or reconfigured accommodation.

4.4 Managers

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

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

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

4.4.3 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.

4.5 **Staff involved in 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.

4.6 **Analytics and Intelligence Team Lead and Head of Operational Performance**

The Analytics and Intelligence Team Lead and Head of Operational Performance will ensure verified occurrences of unjustified breaches of sleeping accommodation are reported centrally via the Strategic Data Collection System (SDCS).

5. **Implementation and Monitoring**

5.1 **Implementation**

This policy and its associated procedures are available on the Trust intranet and will be 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**

Care Quality Commission Supporting Note: Mixed Sex Accommodation
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NHS England; NHS Improvement (2019) **Delivering same-sex accommodation.**

https://improvement.nhs.uk/documents/6005/Delivering_same_sex_accommodation_sep2019.pdf

[Accessed 08.10.19]

NHS Institute for Innovation and Improvement, **Eliminating Mixed Sex Accommodation good practice guidance and self assessment checklist.**

<https://www.bcpft.nhs.uk/documents/policies/s/1554-same-sex-accommodation/file>

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7. **Associated Policy and Procedural Documentation**

Policy for the Consent to Examination or Treatment

Policy for the Reporting and Management of Incidents including Serious Incidents

Policy for the Safeguarding of Adults at Risk

Safeguarding Children Policy

Supporting Individuals who are Transgender Policy

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

Standard Operating Procedure for the Recording of Mixed-Sex Occurrences In
Critical Care at University Hospitals Birmingham NHS Foundation Trust

Standard operating procedure for transfer of patients from Emergency
Department to the Acute Medical Unit triage area at Good Hope Hospital

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Monitoring of any mixed sex sleeping accommodation occurrences within wards and assessment areas	Director of Nursing Deputy Chief Nurse	Care Quality Group	<p>Staff must report mixed sex occurrences using the Trust incident reporting system (Datix) and the appropriate incident reporting form.</p> <p>Each Datix report will be reviewed by the relevant matron, DADN to verify that a mixed sex sleeping breach has occurred.</p> <p>Director of Nursing will identify if an RCA is required. Any RCA must be forwarded to the Deputy Chief Nurse for review at NIQAM prior to submission to the Clinical Commissioning Group.</p> <p>Reported to Care Quality Group within the Nursing Quality Performance Report.</p>	<p>Each occurrence</p> <p>Each occurrence</p> <p>Monthly</p>
Monitoring of any mixed sex sleeping accommodation occurrences within critical care	Deputy Associate Director of Nursing- Critical Care	<p>Divisional Operational Management Team</p> <p>Care Quality Group</p>	<p>Critical care Excel spreadsheet to be updated every night detailing all pts deemed ready for transfer and whether mobile to bathroom/ toilet.</p> <p>Discussed at bunker / bed meeting daily.</p> <p>Numbers to be reported to Divisional Operational Management Team monthly.</p> <p>Any reportable mixed sex sleeping accommodation breaches will be included in the Nursing Quality Performance</p>	<p>Daily</p> <p>Daily</p> <p>Monthly</p> <p>Monthly</p>

			Report to Care Quality Group	
Monitor patient experience in critical care and assessment areas in relation to mixed sex accommodation to ensure privacy and dignity is maintained.	Divisional Deputy Associate Director of Nursing	Divisional Quality and Safety Group Divisional performance Review	Patient views regarding being cared for in the vicinity of patients of a different gender whilst on the Critical Care and Assessment Units is included in Patient Experience surveys.	Annually
Verified occurrences of unjustified breaches of sleeping accommodation are reported	Informatics /Operational Performance	Centrally via the Strategic Data Collection System (SDCS)	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.	Monthly
		Clinical Commissioning Group	Within the Service Quality Performance Report (SQPR)	Monthly

Appendix B Assessment Areas

BHH	AEC: Ambulatory Emergency Care
GHH	AEC: Ambulatory Emergency Care
BHH	CDU: Clinical Decision Unit (part of ED)
GHH	CDU: Clinical Decision Unit (part of ED)
QEHB	EOU: Emergency Observations Unit
GHH	AMU: Acute Medical Unit
SH	AMU: Acute Medical Unit
QEHB	AMU: Clinical Decision Unit (incl. WAST) (prev CDU)
QEHB	AMC: Acute Medical Clinic (aka WACE / "hot clinic")
QEHB	AOU: Acute Oncology Unit (on ward 622)
QEHB	RAU: Renal Assessment Unit (on ward 302)
BHH	SAU: Surgical Assessment Unit (on ward 11)
GHH	SAU: Surgical Assessment Unit (on ward 17)
QEHB	SAU: Surgical Assessment Unit (on ward 620)