

Delivering Single Sex Accommodation Policy

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(Policy under review)

What is in this policy?
<p>University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) has a duty under the NHS Operating Framework to respect the privacy and dignity of all patients in accordance with the Delivering same-sex accommodation guidance NHSE/I (revised September 2019).</p> <p>Further information is available at: https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/</p> <p>This policy supports compliance with Care Quality Commission Fundamental Standard 10: Dignity and Respect, and specifically, the following paragraphs of the regulation:</p> <ul style="list-style-type: none"> • 10(2)(a) ensuring the privacy of the service user • 10(2)(c) having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
February 2010	1.0		New	New Guidelines
December 2013	2.0		Minor	Reformatting in new template. Policy review.
November 2014	3.0		Minor	Local Amendments
May 2017	4.0		Moderate	Local Amendments
August 2019	5.0	Deputy Chief Nurse	Major	Policy review. Rewording of section 9.2e Associated SOPs added ref section 8
February 2020	6.0	Deputy Chief Nurse	Moderate	Policy reviewed and updated following publication of revised NHSE/I guidance September 2019. Changes to 6.1,9.2,9.5, appendix E. 2 SOPs for assessment and observation units removed following updated NHSE/I guidance
May 2020	7.0	Deputy Chief Nurse	Minor	Trust name updated to University Hospitals Bristol and Weston NHS Foundation Trust, post-merger.
Jan 2022	7.1	Chief Nurse Team	Minor	Terminology review - Replaced same-sex with single-sex accommodation. Removed SOPs F, G & H

Sign off Process and Dates	
Groups consulted	Date agreed
Heads of Nursing, Trust E&D Lead and Clinical Site Team	25/02/2020
Policy Assurance Group	As no change to process PAG agreed no review required
Service Delivery Group	21/05/2020

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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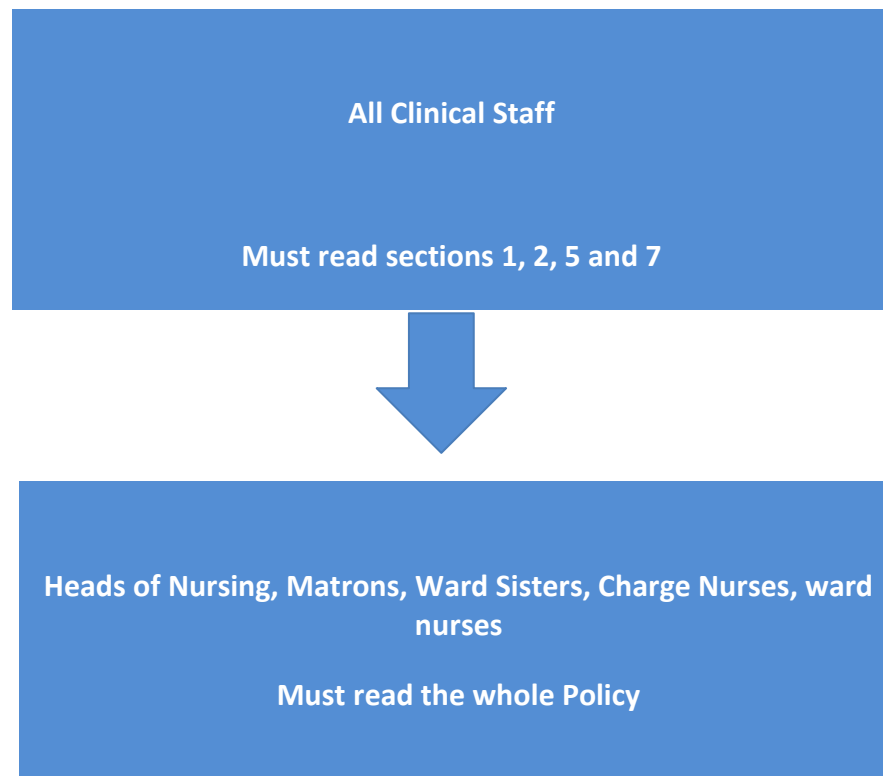
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Do I need to read this Policy?



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1. Introduction

University Hospitals Bristol and Weston NHS Foundation Trust has a duty under the NHS Operating Framework to respect the privacy and dignity of all patients in accordance with National guidance.

2. Purpose

To ensure that the privacy and dignity of all patients is respected in accordance with the Delivering single-sex accommodation guidance (revised September 2019). This policy is to support compliance with Care Quality Commission Fundamental Standard 10: Dignity and Respect.

3. Scope

This policy relates to permanent and temporary employees and agency staff working for and on behalf of the Trust.

4. Duties, Roles and Responsibilities

4.1 Chief Nurse

- a) Provide strategic leadership for the effective delivery of single sex accommodation.
- b) To provide visible clinical leadership.

4.2 Service Delivery Group

- a) Implementation of Trust-wide advice and decisions.
- b) Regular review of non-compliance to ensure recovery plans are agreed to address areas of weakness.
- c) Ratify Trust Delivery Single Sex Accommodation Policy.

4.3 Divisional Directors and/or Heads of Nursing

- a) Lead on Divisional actions and activity related to delivering single sex accommodation.
- b) Ensure Divisional arrangements are in place to support the delivery of single sex accommodation.

4.4 Director of Estates and Facilities

- a) Ensure that the building design is functional and supports compliance with single sex accommodation guidelines.
- b) Ensure that any future estates and buildings programmes consider compliance with single sex guidelines.

4.5 Ward Sisters/Departmental Managers

- a) Ensure that all staff understand and are compliant with the policy.

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- b) Ensure all breaches of the policy are documented and reported.

4.6 Matrons

- a) Undertake Patient Experience Surveys as per agreed programme with the Patient Experience team.
- b) Participate in root cause analysis on non-compliance with the policy.

4.7 Bed Managers Clinical site Manager

- a) Ensure that patients are allocated according to their presenting gender and clinical need. Ensure all breaches of the policy are documented and reported in accordance with the local Standard Operating Procedure (SOP).

4.8 All Staff

- a) Comply with the policy and understand their accountability in the process; please refer to the SOP 'Managing Single Sex compliance'.

5. Policy Statement and Provisions

All patients will be accommodated in a single sex environment except when their clinical need falls within the exceptions guidance, according to the University Hospitals Bristol and Weston NHS Foundation Trust Accommodation Standards and Requirements (see Appendix A).

It is the policy of the Trust to ensure that the highest possible standards of privacy and dignity are provided for patients. Respecting privacy and dignity is the responsibility of everyone within the Trust.

Where staff have concerns regarding the standard of care provided to patients, they have an obligation to raise their concerns in the first instance with their line manager and subsequently if necessary through the procedure laid out in the Trust's Freedom to Speak Up Policy.

Within healthcare, confidentiality of information about a patient must be paramount.

Patients should be accommodated according to their presentation: the way they dress, and the name and titles that they currently use.

All Divisions must comply with the Trust policy however they may develop their own specific working guidelines. All local single sex arrangements must have input from the Single Sex Lead and then approval by the relevant Divisional Board prior to their adoption in the clinical area. All should be added to the Document Management Service. Policies and guidelines must follow the Trust requirements for formatting and approval.

Information for patients and visitors is to be accessible on the Trust's public website, including a declaration of compliance. Information leaflets about providing single sex accommodation will be freely available for all patients.

6. Standards and Key Performance Indicators

University Hospitals Bristol and Weston NHS Foundation Trust has a duty under the NHS Operating Framework to respect the privacy and dignity of all patients in accordance with the *Delivering single-sex accommodation guidance, 2019*.

6.1 Applicable Standards

Decision Matrix	Justified Breaches	Notes and Exemptions
Critical care, levels 2 & 3 e.g. Intensive care unit/coronary care units/ high dependency units/hyper acute stroke units	Green. Almost always	<p>When a clinical decision is made for a patient to be stepped down from a level 2 or 3 care, they should be transferred within four hours of being ready to be moved. An unjustified breach should be recorded if a patient does not transfer within the four-hour period.</p> <p>For the comfort and safety of patients, transfers should not take place between the hours of 10:00pm and 7:00am. Breaches should not be counted within this period; they should start/restart from 7:00am.</p> <p><i>Commissioners have agreed exemptions for:</i></p> <ul style="list-style-type: none"> • Medical High Care A525 • Stroke Ward A515 <p><i>Please see separate SOPs</i></p>
End of Life care	Green. Almost always	A patients receiving end of life care should not be moved solely to achieve segregation – in this case a breach would not be justified, there is no time limit.
Assessment/observation units, e.g. medical/surgical assessment units/clinical decision making units/observation wards	Green. Almost always	<p>A patient should be moved from an assessment/observation unit within four 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 four hour period, breaches should be recorded as unjustified. This includes:</p> <p>STAU AMU OPAU</p>
Areas where treatment is delivered e.g. chemotherapy units/ambulatory day care/radiotherapy/renal dialysis/medical day units	Green. Almost always	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 or personal care procedures

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Children/young people's units (including neonates)	Amber. Sometimes	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. There are no exemptions from the need to provide high standards of privacy and dignity
Area where a procedure is taking place and the patient will require a period of recovery e.g. day surgery/endoscopy units/recovery units attached to theatres/procedure room.	Red. Almost never	<p>Segregation should be provided where patients modesty may be compromised, e.g. when wearing hospital gowns/nightwear, or where the body (other than extremities) is exposed.</p> <p>Where high observation bays are used for patients in the first stage 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</p> <p><i>Commissioners have agreed an exemption for: Queens Day Unit A414 when the Trust is in extreme escalation.</i></p> <p><i>Please see separate SOP</i></p>
Inpatient wards	Red. Never	All episodes of mixing in inpatient wards should be reported.

6.2 Measurement and Key Performance Indicators

- a) Single Sex Breach reporting undertaken at ward level
- b) Included into the monthly Board report

7. References

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Delivering single-sex accommodation NHSE/I P 02/19 (2019)
- Equalities Act 2010

8. Associated Documentation

- [Managing Single Sex Compliance](#) - appendix E
- [Freedom to Speak up Policy](#)
- [Delivering same sex accommodation sep2019.pdf \(england.nhs.uk\)](#)

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9. Appendix A – Single Sex-Accommodation Standards and Requirements

The Department of Health and Social Care policy is that patients in any areas of hospital care should not usually have to share sleeping accommodation and sanitary facilities with members of the opposite sex. However, the policy does allow for exceptional circumstances where overriding clinical need (for example highly specialised or urgent care) may take priority over single-sex accommodation.

In practical terms, it is considered a breach of delivering single-sex accommodation where one or more of the following criteria apply to the placement of a patient:

- The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender;
- The patient occupies a bed space that does not have access to single-sex washing and toileting facilities;
- No clinical justification exists or where a clinical justification applied is no longer appropriate.

The following principles apply to all specialist units or circumstances:

- Decisions on single or mixed-sex accommodation should be based on individual patient needs and not the constraints of environment or staff;
- Men and women should not have to sleep in the same room nor use mixed bathing and WC facilities;
- Greater segregation and protection should be provided where patients modesty may be compromised (e.g. when wearing hospital gowns) or where patients are unable to preserve their own modesty (e.g. following recovery from an anaesthetic);
- It should be clear to patients that mixing is the exception and not the norm;
- Patient preference should be sought, recorded and respected.

9.1 Patients admitted in an emergency

Guidance on patients admitted in an emergency suggests that in some circumstances mixing of the sexes can be justified. However, admission units should be capable of delivering segregation for most patients, where mixing is unavoidable transfer to singlesex accommodation should be effected as soon and only in exceptional circumstances should this exceed 4 hours.

9.2 Day treatment areas

Areas where treatment is delivered e.g. chemotherapy units/ambulatory day care/radiotherapy/renal dialysis/medical day units Day treatment areas (for example, Day Surgery Units, Endoscopy Units and Chemotherapy Units) are almost always exempt and 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. However, the approach will depend on both the type of care being provided, as well as the individual patient with

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an expectation of a very high degree of privacy and segregation during clinical or personal care procedures

9.3 Critical Care Units

Within Critical Care Units mixing of sexes may be justified where a patient's survival and recovery depends on the presence of high-tech equipment. In existing units where mixing does occur there should be high enough staffing levels to ensure that each patient can have their modesty constantly maintained by nursing staff. For new units the design should support segregation as far as is possible.

9.4 Children's Units

For Children's Units it is recognised that clinical need and age and stage of development may take precedence over gender considerations and mixing of sexes is reasonable or even preferred. For children and young people decisions should also consider the psychological and social needs of children and the wishes of the parents. It is also noted that in children's units parents are also encouraged to visit freely and stay overnight in which case care should be taken to ensure this does not cause embarrassment or discomfort to patients. There is specific guidance for gender variant children in that they should be accommodated according to their self-defined gender (see below).

9.5 Transgender people and gender variant children

Transgender or Trans is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary.

Transgender people (that is, individuals who have proposed, commenced or completed reassignment of gender) have legal protection against discrimination. Good practice requires that clinical responses be patient centered, respectful and flexible towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex. Key points are

- Transgender people should always be accommodated according to their presentation: the way they dress and the name and pronouns they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia.
- It applies to toilet and bathing facilities
- Views of family members may not accord with the Trans persons wishes, in which case the Trans persons view takes priority.

Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences and allocated to the male or female ward of their choice.

At UHBW each person will be considered on an individual basis and their choices/preferences respected wherever possible.

10. Appendix B – Monitoring Table for this Policy

Compliance with the CQC regulation 10 and the NHS Operating Framework will be monitored and assured from Board to ward level.

Compliance will be monitored through:

- Patient complaints
- Clinical Incident reporting system
- Single sex breach reporting
- Quarterly reports to the Board with action plans as required

Objective	Evidence	Method	Frequency	Responsible	Committee
Compliance to the DOH requirements	Divisional breach reporting	Datix Reporting System	Monthly	Senior Nurse Quality	Trust Boards
Education requirements for all staff	Attendance figures for Corporate induction and Updates	Kallidus Training reports	Quarterly	Human Resources	Divisional Boards
Equality and diversity	Complaints and internal monitoring systems	Datix Reporting System	Quarterly	Heads of Nursing	Divisional Boards Heads of wards and departments

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11. Appendix C – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	██████████
This document is replacing the same titled, expired policy	Yes
This document is to be disseminated to:	All wards and departments in the Trust
Method of dissemination:	E Mail to Heads of Nursing to disseminate
Training is required:	Not Applicable
The Training Lead is:	Not applicable

Additional Comments

[DITP - Additional Comments]

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12. Appendix D – Equality Impact Assessment

Further information and guidance about Equality Impact Assessments is available here:

<http://nww.avon.nhs.uk/dms/download.aspx?did=17833>

Query

What is the **main purpose** of the document?

Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)

Response

To ensure that the privacy and dignity of all patients is respected in accordance with the Same-Sex Accommodation guidance. This policy is to support compliance with Care Quality Commission Fundamental Standard 10: Dignity and Respect.

Add or
Staff v

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		√	
Disability (including physical and sensory impairments, learning disabilities, mental health)		√	
Gender reassignment		√	
Pregnancy and maternity		√	
Race (includes ethnicity as well as gypsy travelers)		√	
Religion and belief (includes non-belief)		√	
Sex (male and female)		√	
Sexual Orientation (lesbian, gay, bisexual, other)		√	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		√	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		√	

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

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Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	√		Policy updated in line with revised Delivering same-sex accommodation NHE/I 2019
Will it help to get rid of discrimination?	√		
Will it help to get rid of harassment?	√		
Will it promote good relations between people from all groups?	√		
Will it promote and protect human rights?	√		

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? NO

Date assessment completed: 25.02.20

Person completing the assessment: XXXXXXXXXX

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13. Appendix E – Standard Operating Procedure for Single Sex Breach Reporting.

Clinical Standard Operating Procedure (SOP) MANAGING SINGLE SEX ACCOMMODATION COMPLIANCE

SETTING	Adult patients Trust-wide
FOR STAFF	All staff in adult patient areas
PATIENTS	All adult patients

Context

The Trust is required to adhere to NHS England (2019) guidance for single-sex accommodation compliance relating to clinical areas where patients will have an overnight admission, and sleep in accommodation that is single-sex (either within bays or side rooms) and bathrooms/toilets that are single-sex. The Trust is required to report any deviation from this guidance as a breach.

The National Guidance recognises that at times placing patients in mixed sex accommodation is “justifiable” and therefore does not constitute a breach at the time they occur but may later become “unjustified” if not resolved within the required time frame.

Clinical Areas Impacted

There are also a small number of Trust approved exemption areas, these are:

1. Critical care area
2. Medical High care
3. Stroke ward
4. Medical, Surgical Assessment Unit and Observation Unit

Appendix 1 provides guidance by area of both justified and unjustified breaches.

Locally agreed exceptions due to Operational Pressures:

It may be clinically justified, in extreme situations, for care to be delivered or urgent treatment to be given irrespective of the availability of single-sex accommodation. Inevitably, this is a fine judgement that needs to be made on an individual basis and risk assessed in the context of hospital demand and capacity bed base pressures.

The rationale for such justified breaches should be included within the breach report. All breaches must be reported, even if deemed clinically justified.

Reporting

The decision to breach is made once all other options to accommodate the patient have been exhausted. A breach occurs immediately when a patient is not placed in a single-sex accommodation. A single sex breach cannot occur until all patients affected have consented.

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The nurse in charge of the clinical area supported by the CSM is responsible for ensuring that the correct procedure is followed when a breach occurs with the following actions:

Actions to be taken when a breach occurs		Action owner
1	Obtain verbal consent from the index patient and all other patients who will be affected by the single sex breach If any patient does not give consent, then they must not be placed within a mixed sex area. Seek further advice and support from CSM, Divisional Matron, Operational Matron and/or senior nursing team	Receiving area Point of admission staff CSM
2	Provide all patients affected by breach with a " Privacy and Dignity During Your Stay" leaflet	Receiving area Point of admission staff
3	Document the outcome of the discussion in action 1 in all patients' medical notes.	Receiving area Point of admission staff
4	Provide all patients with a verbal apology and explanation as to why the single-sex breach has occurred along with an estimated timescale for resolution. This information must also be documented in the patients' notes.	Receiving area Point of admission staff
5	Offer the patient a written letter of apology (Appendix 2)	Nurse in charge of single sex breach area
6	Update the Supervisory Sister/Charge Nurse and Matron about the single sex breach occurrence	Nurse in Charge of single sex breach area
7	Contact the Clinical Site Team to plan to move the patient into appropriate single sex accommodation in the hospital as soon as possible The CSM will document the time the breach commenced on their daily report The plan and time of breach must be documented in the patients' notes	Nurse in Charge
8	In hours inform the Divisional Silver representative the Duty Matron and the Operations Matron Out of hours CSM to send email to the affected divisions Head of Nursing and Deputy Head of Nursing and the Deputy Chief Nurse	CSM Nurse in charge
9	A Datix report must be completed as soon as the breach occurs under the following Headings: Category: Service provision Subcategory: Breach in single sex compliance The Datix will need to be comprehensively completed and must include patient demographic for all patient's affected by the mixed sex breach.	Nurse in charge

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	Remember for example: If 1 male patient is placed in a 4 bedded Bay with 3 female patients this will need to be reported as 4 breaches on the single form	
10	The ward must inform the CSM the time that the breach has been resolved The CSM must document this within their daily report	Nurse in charge
11	The Operations Matron will manage all single sex breach Datix and produce a monthly report for the Deputy Chief Nurse which will include data: <ul style="list-style-type: none"> • Location of breaches • Number of patients involved in each • Duration of breach • Type of Breach justified or unjustified • Rationale for justified breach 	Operations Matron Assistant Director of Operations

Appendix 1

Clinical Area	Justified Breaches	Unjustified Breach
Critical Care Level 2 and 3	Where the patient requires this specialist care	When a clinical decision has been made that the patient is fit to be stepped down from level 2 and 3 care within four hours of being ready to move. Clock will stop between 22:00 and 07:00
Medical High Care	Where the patient requires this specialist care	When a clinical decision has been made that the patient is fit to be stepped down from level 2 and 3 care within four hours of being ready to move. Clock will stop between 22:00 and 07:00
Stroke ward	Where the patient requires this specialist care	Between 09:00 – 17:00: Where the breach exceeds 6 hours Out of hours: Where the breach exceeds 18 hours
Assessment Units/Observations Unit	Where patients are being assessed, having diagnostic tests, and clinical decisions made regarding required speciality bed	Where the breach exceeds 4 hours of decision to admit (DTA)
Other areas		
Day case areas	Commissioners have agreed an exemption for QDU A414, only during periods of extreme escalation within an Internal Critical Incident or Major Incident	Where the Trust is not in Internal Critical Incident or Major Incident
Theatre Recovery areas	Where high observation bays are used for patients in the first stage of recovery or when they require a period of close observation (not level 2 or 3 care) any breaches that occur will be classed as justified	When a clinical decision has been made that the patient is fit to be transferred from recovery within four hours of being ready to move. Clock will stop between 22:00 and 07:00

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Appendix 2 Patient Letter of Apology in the Event of a Single Sex Accommodation Breach



Dear (insert patient name)

Re: Single Sex Accommodation

Insert date

On behalf of the Trust, please accept our most sincere apologies that we have been unable to provide you with designated sleeping and/or toilet and washing facilities.

The trust strives to ensure that patients are only placed in single sex designated areas and will normally only permit this to occur when it is clinically justified. I am sure the clinical staff in the ward/area will have already explained and discussed this matter with you. Due to the high numbers of patients attending the hospital in the last few days, and the numbers of patients waiting for care facilities in the community, we have unfortunately been unable to place you in appropriate accommodation.

Please be assured that healthcare and support staff are working closely with our bed and site managers to arrange for you to be transferred to a single sex ward/area as quickly as possible. In the meantime, staff will be doing everything they can to preserve your privacy and dignity and will be offering you extra screening and support as you require.

Please do not hesitate to contact the Sister/Charge Nurse, or Matron leading the clinical area if you require any further support today or wish to discuss the matter further.

Yours sincerely,

A solid black rectangular box used to redact the signature of the Chief Nurse.

Chief Nurse