

Delivering Single Sex Accommodation Policy

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|------------------------------|------------------------|----------------------------|------------|
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What is in this policy?

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).

Further information is available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/>

This policy supports compliance with Care Quality Commission Fundamental Standard 10: Dignity and Respect, and specifically, the following paragraphs of the regulation:

- 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 | Alison Moon | Major/Minor | Include ALL changes completed in this revision, including title of section in the policy |
| December 2013 | 2.0 | Jan Sutton | Minor | Reformatting in new template. Policy review. |
| November 2014 | 3.0 | Jan Sutton | Minor | Local Amendments |
| May 2017 | 4.0 | Jane Palmer | 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 NHSEI guidance September 2019. Changes to 6.1,9.2,9.5, appendix E. 2 SOPs for assessment and observation units removed following updated NHSEI 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 | 8.0 | Chief Nurse Team | Minor | Terminology review - Replaced same-sex with single-sex accommodation. Removed SOPs F, G & H |
| Oct 2023 | 9.0 | Chief Nurse Team | Minor | Review and update of equality statement and language used throughout policy. Breach decision matrix (6.6) updated to reflect NHSEI guidance (2019). Opportunity identified to undertake a task & finish group to review how this policy is applied in practice and complete a full Equality & Impact Assessment (not mandated by the EIA screening tool). |

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| Sign off Process and Dates | |
|--|---|
| Groups consulted | Date agreed |
| Directors of Nursing, Experience of Care (EDI), Clinical Site team | 22/02/2024 |
| Trust LGBT & Women's network | 06/07/2023 |
| Policy Assurance Group | As no change to process PAG agreed no review required |
| Clinical Quality Group | 03/04/2024 |

- **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.

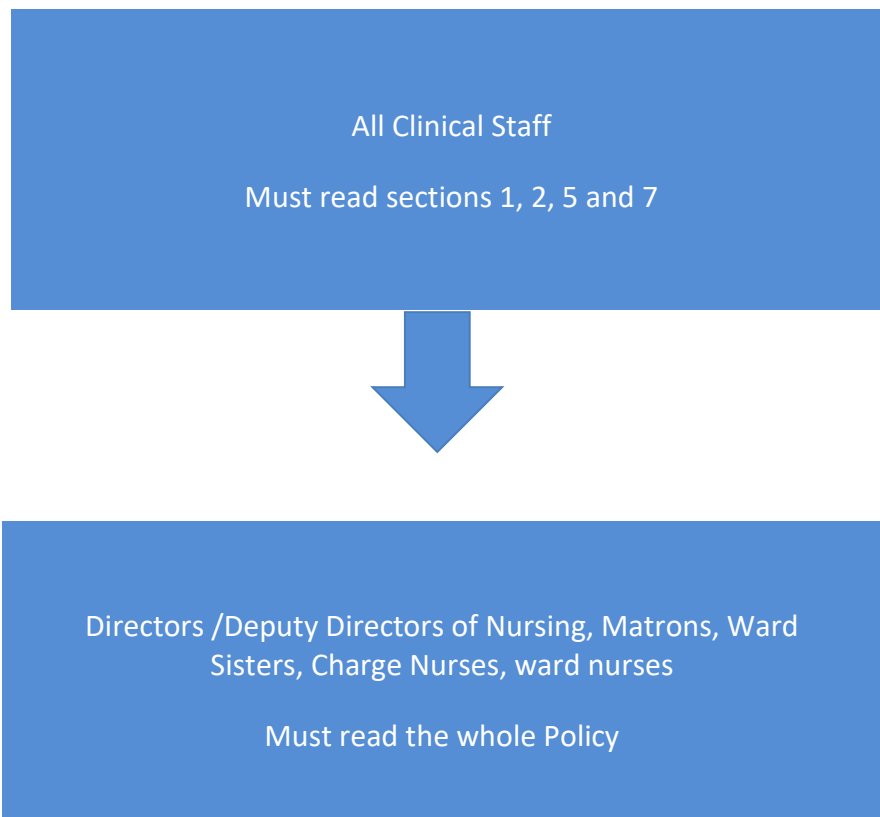
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Do I need to read this Policy?



Equality Statement

- The Trust aims to design and implement policy that meets the diverse needs of our service and population, ensuring that none are placed at a disadvantage over others.
- It considers the provisions of the Equality Act 2010 and promotes equal opportunities for all.
- This policy has been reviewed to ensure that no one receives less favorable treatment on the protected characteristics.

Due Regard for Equality

- The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment, free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.
- The following sections of the Human Rights Act (1998) are relevant to this policy:
 - Respect for privacy and family life (article 8).
 - Freedom of expression, which includes the right to hold opinions and receive information (article 10).

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

Outline the Trust's arrangements for achieving and maintaining compliance with the Department of Health's (DH) guidance, standards and principles on achieving same sex accommodation (NHSEI, 2019).

Ensure that a consistent approach is used to consider the risks associated with the admission and placement of patients into inpatient settings.

Provide direction to staff to enable them to provide care and treatment in a way which treats service users with respect and maintains their right to privacy and dignity.

Ensure that the Trust has clear processes in place to monitor, investigate and report mixed sex accommodation.

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 and Midwife

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

4.2 Experience of Care Group

- a) Ensure implementation of Trust-wide advice and decisions.
- b) Regular review of non-compliance to ensure recovery plans are agreed to address areas of weakness, via a quarterly report of Single Sex breaches.
- c) Ratify Trust delivering Single Sex Accommodation Policy.

4.3 Directors of Nursing & Midwifery

- 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.

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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.
- 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 Experience of Care Group.
- b) Ensure that all staff understand and are compliant with the policy.
- c) Ensure all breaches of the policy are documented and reported.

4.7 *Clinical Site Team*

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

4.8 *All Staff*

- a) Actively promote privacy, dignity, and respect for the individual.
- b) Ensuring that all patients are cared for in single sex accommodation.
- c) Risk assessment and management of vulnerable adults in areas where gender mixing occurs for therapeutic purposes.
- d) Reporting any mixed sex accommodation breaches and potential or actual privacy and dignity incidents via the Datix incidents reporting system,
- e) Assisting in the investigation of any failure to comply and prevent single sex accommodation breaches.
- f) Being aware of their role if acting as a chaperone, in line with Trust chaperone policy

5 Policy Statement and Provisions

Delivering single sex accommodation simply means providing an environment where different genders do not share sleeping accommodation, bathroom and toilet facilities.

The overarching principles for eliminating mixed sex accommodation are to provide the following environments:

- Single sex accommodation bay identified within a mixed sex ward with dedicated toilet and bathroom facilities within or adjacent to the bay or room.
- Single Rooms with dedicated toilet and bathroom facilities within or adjacent to the room.

Elimination of mixed sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any areas of our hospitals.

The Trust is committed to providing accommodation that complies with the eliminating mixed sex accommodation standards and considers these to be a key factor in maximising patient privacy, dignity and respect.

The Trust considers that mixing genders would be an exception and any such event will be investigated to prevent further breaches. This policy defines the procedures to be followed in the event of a mixed sex accommodation breach. The Trust is committed to continue to improve, where necessary, our delivery of clean, safe care with privacy and dignity.

Any breach of mixed sex accommodation will be reported to the Trust Board and as per commissioning agreements.

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

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

6 Standards and Key Performance Indicators

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.

6.1 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 single sex accommodation should be effected as soon as possible and only in exceptional circumstances should this exceed 4 hours.

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

6.3 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.

6.4 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).

6.5 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 centred, 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:-

- a) Transgender people should always be accommodated according to their presentation - the way they dress and the name and pronouns they currently use.
- b) This may not always accord with the physical sex appearance of the chest or genitalia.
- c) It applies to toilet and bathing facilities.
- d) 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.

Where there is no separation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where separation is deemed necessary, it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

6.6 Applicable Standards

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.

- NHSEI Same Sex Accommodation Guidance
- Managing Single Sex Accommodation Compliance. See Appendix E Operational SOP.

| 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 | 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. 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. |
| End of Life care | Green. Almost always | A patient 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 | 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. |
| 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 |
| 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. |

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| 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 | 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. 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. |
| Inpatient wards | Red. Never | All episodes of mixing in inpatient wards should be reported. |

6.7 Measurement and Key Performance Indicators

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

7 References

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

8 Associated Internal Documentation

- Managing Single Sex Accommodation Compliance SOP
- Freedom to Speak up Policy (empowering staff to speak up and report Single Sex breaches in line with this policy).
- Chaperone policy

9 Appendix A – 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 with DOH requirements | Divisional breach reporting | Datix Reporting System | Monthly | Senior Nurse Quality | Trust Board (through IQPR) |
| 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 | Directors of Nursing / Midwifery | Divisional Boards |

10 Appendix B – 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: | |
| Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy: | A |
| If answer above is B: Alternative documentation this policy will replace (if applicable): | N/A |
| This document is to be disseminated to: | All wards and departments in the Trust |
| Method of dissemination: | Email to Directors of Nursing to disseminate |
| Is Training required: | Not Applicable |
| The Training Lead is: | Not Applicable |

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| Plan Elements | Plan Details |
|------------------------------|--------------|
| Additional Comments | |
| [DITP - Additional Comments] | |

11 Appendix C – Equality Impact Assessment (EIA) Screening Tool

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



| Query | Response | | | | | | | | | | |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|---------------|---------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| What is the main purpose of the document? | 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. | | | | | | | | | | |
| Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.) | Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> <table><tr><td>Staff</td><td>Patients</td><td>Visitors</td><td>Carers</td><td>Others</td></tr><tr><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr></table> | Staff | Patients | Visitors | Carers | Others | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Staff | Patients | Visitors | Carers | Others | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | |

| 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 | | ✓ | Transgender people will be accommodated according to their presentation, and this policy clearly sets outs how their needs will be met sensitively and with respect. |
| 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) | | ✓ | |

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| Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment) | | √ | Privacy and dignity of all patients protected under this policy |
|--|--|---|---|

| 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? | √ | | All patients attending will be afforded equal treatment and access to single sex accommodation |
| Will it help to get rid of discrimination? | √ | | All patients will be afforded equal treatment without prejudice |
| Will it help to get rid of harassment? | √ | | By providing single sex accommodation, it reduces the risk of harassment |
| Will it promote good relations between people from all groups? | | √ | |
| Will it promote and protect human rights? | √ | | Single sex accommodation promotes human rights and individuals' privacy and dignity |

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 |

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.

Is a full equality impact assessment required? NO

Date assessment completed: 16th February 2024

Person completing the assessment: [REDACTED], Senior Nurse Quality and Professional Standards

12 Appendix D – Evidence of Learning from Incidents

The following table sets out any incidents/ cases which informed either the creation of this document or from which changes to the existing version have been made.

| Incidents | Summary of Learning |
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13 Appendix E – Managing Single Sex Accommodation Compliance SOP

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

| | |
|------------------|---|
| SETTING | Adult patients Trust-wide |
| FOR STAFF | All staff working in adult inpatient wards / clinical areas |
| PATIENTS | All adult patients |

Background

There is a Trust requirement to adhere to the Delivering Single-Sex Accommodation guidance (NHSEI, 2019), relating to clinical areas where patients are accommodated overnight, in accommodation that is single sex within bays, side rooms, bathrooms or toilets. The Trust is required to report any deviation from this guidance as a breach. The Trust has a zero-tolerance approach to SSA breaches, except where it is in the overall best interests of all patients affected.

What is a SSA breach?

A breach occurs at the point a patient is admitted to SSA outside the guidance. On the rare occasion that mixing does occur, every effort should be made to put the situation right as soon as possible. Until that time, staff must take extra care to safeguard privacy, particularly where patients are cared for on beds or trolleys, even where they do not stay overnight. In every instance, the patient, their relatives, and their carers should be informed of the reasons mixing has occurred, what is being done to address it and some indication as to when it may be resolved.

Justified or Unjustified breach

The National Guidance recognises that at times placing patients in SSA is 'justified' for a short space of time and therefore does not constitute a breach at the time they occur. However, if the incident is not in the required timeframe an 'unjustified' breach will be reported.

| Clinical Areas | SSA Reporting |
|--|--|
| Critical care (Level 2 & 3) – GICU, WICU, CICU, CCU, HDU | Breach occurs when: <ul style="list-style-type: none"> Any patient, waiting for more than four hours (once decision to step-down agreed) for transfer to a ward will be reported as a single sex breach. Breach time paused between 22:00 – 07:00 |
| Theatre recovery | Breach occurs when: <ul style="list-style-type: none"> Any patient, waiting for more than four hours (once decision to discharge to ward agreed) for transfer to specialist ward will be reported as a single sex breach. |
| Assessment, observation units e.g. STAU / SDECs | Breach occurs when: <ul style="list-style-type: none"> A patient, waiting for more than four hours (once decision to admit to ward agreed) for transfer to a speciality ward will be reported as a single sex breach. |
| Inpatient wards | A breach should never occur. <ul style="list-style-type: none"> Any patient moved into a bay with mixed accommodation will be reported as a breach. |
| Endoscopy unit / Day surgery | A breach should never occur. Extreme escalation: <ul style="list-style-type: none"> A patient, waiting for more than six hours, for transfer to a ward will be reported as a single sex breach |
| End of Life care | <ul style="list-style-type: none"> A patient receiving end-of-life care should not be moved solely to stop a single sex accommodation breach |

Reporting a breach on Datix

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 single-sex accommodation.

A single-sex breach cannot occur until all patients affected have consented.

| 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. | <ul style="list-style-type: none"> Receiving area Point of admission staff CSM |
| 2 | Provide all patients affected by breach with a " Privacy and Dignity During Your Stay" leaflet. | <ul style="list-style-type: none"> Receiving area Point of admission staff |
| 3 | 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. | <ul style="list-style-type: none"> Receiving area Point of admission staff |
| 4 | Document action 1,2 and 3 in all patients' medical notes including outcome of discussion. | <ul style="list-style-type: none"> Receiving area Point of admission staff |
| 5 | Offer the patient a written letter of apology (Appendix 2) | <ul style="list-style-type: none"> Nurse in charge of single sex breach area |
| 6 | Update the Supervisory Sister/Charge Nurse and Matron about the single sex breach occurrence | <ul style="list-style-type: none"> Nurse in charge of single sex breach area |
| 7 | Work in conjunction with the Clinical Site Team's 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 the plan to resolve the breach on their daily shift report, The plan and start and end time of breach must be documented in the patients' notes | <ul style="list-style-type: none"> CSM Nurse in charge |

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| 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 Director of Nursing or Deputy Director of Nursing and the Deputy Chief Nurse | <ul style="list-style-type: none"> • CSM • Nurse in charge |
| 9 | <p>An incident report must be completed (on Datix) as soon as the breach occurs under the following Headings:</p> <p>Category: Service provision</p> <p>Subcategory: Breach in single sex compliance</p> <p>The incident report will need to be comprehensively completed and must include patient demographic for all patient's affected by the mixed sex breach.</p> <p>Remember for example: If 1 patient is placed in a 4 bedded Bay with 3 patients - mixed accommodation this will need to be logged as 4 breaches on the single form</p> | <ul style="list-style-type: none"> • Nurse in charge of single sex breach area |
| 10 | <p>The ward must inform the CSM the time that the breach has been resolved.</p> <p>The CSM must document this within their daily report</p> | <ul style="list-style-type: none"> • Nurse in charge |
| 11 | <p>The Operations Matron will manage all single sex breach incident reports and produce a monthly report for the Deputy Chief Nurse which will include data:</p> <ul style="list-style-type: none"> • Location of breach. • Number of patients involved in each breach incident and T numbers. • Duration of breach. • Type of Breach justified or unjustified. • Rationale for breach. | <ul style="list-style-type: none"> • Operations Matron • Assistant Director of Operations |

Appendix 1

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



Dear (insert patient name)

Re: Single Sex Accommodation
date

Insert

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 as an exception 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,

[Redacted Signature]

Chief Nurse and Midwife

| | |
|------------------------------------|---|
| REFERENCES | NHS Delivering Same-Sex Accommodation 2019 |
| RELATED DOCUMENTS AND PAGES | Delivering Single Sex Accommodation Policy |
| AUTHORISING BODY | |
| SAFETY | |
| QUERIES AND CONTACT | Contact the Ward Sister/Charge Nurse or Nurse in Charge |