POLICY DOCUMENT

Burton Hospitals
NHS Foundation Trust

ELIMINATIING MIXED SEX ACCOMMODATION POLICY

Approved by:	**Board of Directors**
On:	**9 March 2017**
Review Date:	**November 2019**
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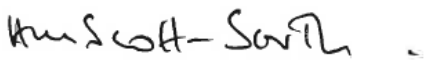
Signature:	
	Chief Executive
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Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	**Eliminating Mixed Sex Accommodation Policy**
Original Issue Date:	**April 2010**
Date of Last Review:	**November 2016**
Reason for amendment:	**Changes in Policy**
Responsibility:	**Chief Nurse / Chief Operating Officer**
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E & D Impact assessed:	**EIA 220**
Responsible Committee / Group	**Board of Directors**
Consulted:	**Chief Nurse** **Chief Operating Officer** **Divisional Nurse Directors** **Matrons** **Senior Sisters** **Learning and Development**

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2		11.11.10	Changes in Policy
3		08.12.11	Changes in Policy
4		22.07.13	Changes in Policy
5		01.12.14	Review and minor update to locations within the Policy
6		07.12.15	Review with minor updates to role titles
7		17.11.16	Review of entire policy

ELIMINATING MIXED SEX ACCOMMODATION POLICY

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Burton Hospitals NHS Foundation Trust

ELIMINATING MIXED SEX ACCOMMODATION POLICY

1. INTRODUCTION

This Policy has been developed to ensure that staff have clear guidelines which support single sex accommodation and to provide clarity and guidance to staff on the interpretation of what constitutes "mixed sex accommodation".

The list below details the aims and objectives of this Policy with reference to single sex accommodation:

Single sex accommodation standards

- Males and females should not have to sleep in the same room / bay[1], unless sharing can be justified by the need for treatment, or by patient/service user choice.
- Males and females should not have to share mixed bathing and WC facilities, unless they need specialised equipment such as hoists or specialist baths.
- Patients / Service users should not have to pass directly through opposite-sex areas to reach their own facilities.
- In exceptional circumstances, mixing of the sexes can be justified. Decisions should be based on the needs of each individual patient/service user, not the constraints of the environment, or the convenience of staff.
- Where mixing of sexes does occur, it must be acceptable and appropriate for *all* the patients/service users affected (NHS West Midlands August 2010).

Trust Standards

The Policy of the Trust is that male and female patients must not be nursed in the same bay. On occasion, however, a minority of patients may have a clinical condition which requires immediate access to potentially life-saving treatments which can only be delivered within critical care environments.

1.1 National surveys of NHS patients have identified concerns about lack of dignity whilst in hospital. Issues have centred on lack of privacy, mixed sex wards, forms of address and loss of independence. This Policy applies to activities of all personnel within Burton Hospitals NHS Foundation Trust, including staff from agencies, contractors, volunteers and all students during their clinical placements.

Burton Hospitals NHS Foundation Trust promotes a culture whereby patients are treated with professionalism, dignity and respect. The physical environment and the provision of single sex facilities are considered to be key factors in maximising patient dignity.

1.2 The Trust provides accommodation that complies with the Mixed Sex Accommodation Guidelines, under HSC 1998/143 2007, and NHS Single Sex Standards, 2009. There is Board level commitment for compliance with these standards, which are closely linked to the Trust's strategic themes and values.

1.3 The majority of accommodation is provided in mixed sex speciality wards, within single sex bays. The Trust does not approve the mixing of gender specific bays except in circumstances covered below in points 1.4 and 1.5.

*A bay is a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. To facilitate clinical observation of patients, the fourth side may be glazed or only partially enclosed. The use of curtains alone between bays does not constitute same sex accommodation - they offer limited privacy and do not protect the confidentiality of conversations between patients and staff or visitors. (NHS West Midlands Regional Guidance - Summary of National Guidance August 2010).

1.4 Specialist Areas

The Trust's Critical Care, Step-down, Coronary Care, and Emergency Admission area within the Emergency Department (including resuscitation) are specialist areas where mixing can occur if clinical need is the priority. Routinely this is not acceptable practice. The Acute Assessment Centre has to comply with single sex provision. Operational plans are in place in each area to protect privacy and dignity along with operational policies to ensure that once patients are ready for discharge, from one of the above areas; this is prioritised by the capacity team. Moves take place as a priority. Specific guidance for these areas named above is provided within the departments.

1.5 The clinical safety of patients, including compliance with Trust Infection Control policies and compliance with the Health Act, must take precedence over gender segregation and compliance with the guidelines.

2. PURPOSE

2.1 It is the Policy of Burton Hospitals NHS Foundation Trust to ensure all patients and their carers receiving services within the organisation are treated with respect, and their right to privacy and dignity is upheld and actively promoted. The purpose of this Policy is to outline the Trust's arrangements for achieving compliance with the single sex guidelines and standards. It sets out the specific standards for sleeping arrangements, and bathroom and toilet facilities.

2.2 The Policy also details the roles and responsibilities of staff, and the process for monitoring compliance with the contents of this Policy.

3. SCOPE

3.1 This Policy applies to all patients receiving treatment and all staff irrespective of the type of contract of employment e.g. permanent, temporary, fixed term, part time, bank and locum staff. It also extends to those who are working within the Trust as trainees and are involved in both the direct and indirect care of patients.

The Trust expects those people who perform work on its behalf such as volunteers, students, independent contractors and agencies, to recognise and respect the principles of this Policy.

This applies to all adult and paediatric areas. This includes critical care areas where patients are undergoing treatment, diagnostics or therapy.

4. PRIDE VALUES

4.1 Care will be delivered compassionately and underpinned by the Trust's values:-

Passion – high energy, pace, articulate, compelling, motivating, positive, dedicated
Respect – compassionate, reflective, learning, relational, strengths-based
Innovation – forward thinking, creative, outward facing, curious, empowered
Determination – driven, relentless, fostering boldness, fast paced, decisive, ambition
Excellence – quality (and safety), aspirational, productive

4.2 Confidentiality:

- Ensure national legislation, NHS Standards and professional codes of conduct relating to confidentiality are adhered to.
- Ensure the Trust provides and is seen to provide a confidential service to patients.
- Ensure breaches in confidentiality are reported, investigated and managed appropriately.

4.3 Care and Treatment:

- Referto the Chaperoning Policy.http://bhftintranet.burtonft.nhs.uk/Policies/Chaperoning%20Policy.pdf

4. 4 Individual and Cultural Diversity:

- Ensure patients are treated fairly on the basis of need and not discriminated against on the basis of age, sex, race, culture, religion, disability or sexual orientation.
- Ensure patients are treated in a manner which respects their spiritual beliefs, culture, gender, sexual orientation or ability.
- Ensure patients' cultural and spiritual needs will be valued and met where possible.
- Ensure decisions on care that patients receive are determined only by their needs.

5. COMPLIANCE WITH GUIDELINES

5.1 Compliance with the single sex guidelines is dependent on;

- The physical layout and design of the area
- Management of the patient placement process by the Bed Management Team, Matron / Senior Sister / Duty Sister / Clinical Site Practitioner and management of the physical environment on a daily basis, by Senior Sisters and Matrons. This is particularly relevant to compliance with toilet and bathroom aspects of the guidelines

5.2 Patients on a mixed sex ward must be placed in a side room located next to their specific gender. Where possible the side room should have en suite facilities or patient should be able to access a toilet adjacent to the room without having to pass through opposite gender areas.

5.3 Ward accommodation must be arranged to ensure that there is physical segregation of bed bays / rooms for men and women at all times. Segregation can be achieved if men and women have separate toilets and bathrooms that are adjacent to the bay that can be reached, without having to pass through opposite gender areas.

5.4 Senior Sisters must minimise any risk of patients overlooking patients of the opposite sex. Where possible the ward should be split with single sex bays clustered together, or at different ends of the ward.

5.5 Curtains within bays must be well fitting and not gape open when closed, they should be no higher than about 30cms above floor level. Staff must ensure that all patients, (particularly vulnerable patients) wear appropriate clothing to maintain their dignity.

5.6 In circumstances where open ended bays are adjacent to one another or opposite, these should be of the same gender. There should be no direct line of sight from one gender to another.

5.7

6. TOILETS AND BATHROOMS

6.1 Where there are no en suite facilities in bays or rooms, toilets and bathrooms must be designated appropriately for the bays. The facilities must be designated by gender, using Trust approved signage. These signs are reversible and it is the responsibility of the Senior Sister / Deputy to check that facilities are correctly signed following ward bay moves and as a minimum once per shift.

6.2 In addition, patients must not pass directly through different sex bays to reach toilets and bathrooms. This does mean that patients can walk past open bays (with doors open for clear patient visibility) to access the appropriate toilet/bathroom facilities.

6.3 Toilets and bathrooms must be lockable, and patients should be able to identify from the outside whether or not the facilities are occupied.

7. PATIENTS ADMITTED IN AN EMERGENCY

7.1 It is recognised that in some emergencies, mixing of the sexes may be necessary due to the clinical needs of each individual patient.

7.2 The reason for mixing and the steps being taken to address the issue should be fully explained to the patient and family.

7.3 Staff should make it clear to the patient that the Trust considers mixing to be an exception and never the norm.

7.4 Where mixing is unavoidable, transfer to same sex accommodation should be effected as soon as possible.

8. OUTPATIENT AREAS (CLINICS, DEPARTMENT, DISCHARGE LOUNGE, MEDICAL DAY UNIT, ELECTIVE ADMISSION LOUNGE)

8.1 The above standards apply to all Trust day care units and ambulatory care areas and these areas should have designated segregated facilities, as follows:

- Treatment areas should be single sex.
- Changing areas / cubicles should be single sex.
- Bathroom facilities must be designated as single sex, and must be lockable.
- Curtains must be well fitting and no gaps.

8.2 Exceptions to the above may be acceptable in the case of very minor procedures where patients are not required to undress or otherwise be exposed. This must be approved by the Matron for the area, and every effort be made to maintain the patient's dignity.

In areas such as X-ray where patients are required to change, changing cubicles should be segregated. If this is not possible, changing room doors should be solid and lockable.

Patients that are discharged from the acute wards must be dressed if going to a mixed discharge facility. Toilets for each sex are required.

Specialised Units

There are exceptional times when the need to treat and admit can override the need for complete segregation. This might apply for instance, with:

- A patient needing high tech care with one to one nursing, e.g. ICU, HDU. (DOH2009a Annex C: Critical Care Settings key principles).

- A patient needing very specialised care, where one nurse might be caring for a small number of patients (DH, 2009A Annex D: Children's units key principles)

- A patient needing very urgent care, e.g. rapid admission following heart attack. (DH, 2009a Annex A: Emergency admissions key principles).

Where mixing does occur, it must be justifiable for all the patients affected. There are no blanket exemptions for particular specialities and no exemptions at all from the need to provide high standards of privacy and dignity at all times.

In these settings a breach will occur when:

An individual or group of patients continue to be accommodated in the mixed environment when their clinical condition no longer requires this.

Whilst in principle the breach will affect all patients in the unit, the practical application will only be those patients who are now inappropriately placed because of their changed clinical condition. **This applies to Intensive Care Unit only.**

The placing of patients in mixed sex specialist units when this is clinically justified (e.g. in order to accommodate them) should be considered a breach and reported as such.

9. CRITICAL CARE / HIGH DEPENDENCY AREAS

Eliminating Mixed Sex Accommodation in Critical Care Environments

Introduction

There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including critical care environments. High standards usually involve a presumption that men and women do not have to sleep in the same room, nor use mix bathing and WC facilities. These presumptions are intended to protect patients from unwanted exposure, including casual overlooking and overhearing. Patients should not have to pass through opposite sex areas to reach their own facilities. On occasions, however, a

minority of patients may have a clinical condition which requires immediate access to potentially life-saving treatments which can only be delivered within critical care environments. At these points in a patient's journey, access to and treatment within appropriate locations is paramount. In these situations, mixing of the sexes is justified.

Critical Care Principals

- Decisions should be based on the needs of the individual patient whilst in critical care environments and their clinical needs will take priority. The patient / carers need to be informed that the area is mixed sex and this should be recorded in the care plan and be supported by the literature.

- Decisions should be reviewed as the patient's clinical condition improves and should not be based on constraints of the environment or convenience of staff or capacity issues.

- From an operational perspective the discharge of the critical care patient should be prioritised to ensure compliance with the EMSA requirements.

- The risks of clinical deterioration associated with moving patients within critical care environments to facilitate segregation must be assessed.

- Where mixing does occur, there should be high enough levels of staffing so that each patient can have their modesty constantly maintained by nursing staff. This will usually mean one-to-one nursing, or at the very least, a constant nurse presence within the room or bay.

- Where possible (for instance for planned post-operative care) patients should be informed that the areas they will be nursed in are mixed sex. If the patient indicates that they are unhappy with this, this should be recorded and where possible respected if this is feasible; however clinical need remains the priority. Ideally, this discussion should be in conjunction with relatives or loved ones.

- As soon as the patient does not require a higher level of care the patient should be moved to single sex accommodation and that failure to move the patient at this point will constitute a breach.

9.1 Single sex compliance must be considered in all areas. Every effort must be made by nursing and clinical staff to provide single sex accommodation.

9.2 In these circumstances every effort must be made by ward staff and clinical teams to ensure that patient dignity is maximised. Wherever possible the cohort of patients of the same sex must be nursed in the same area / end of the unit. Male and Female patients should not, where possible, be nursed opposite each other.

9.3 Particular care must be taken to ensure that adequate screening is in place and that patients are covered to maintain their dignity.

9.4 Patients (or their significant others) admitted to a mixed sex area should receive a full explanation of the reasons for admission and its purpose and be reassured of the intention to maintain privacy and dignity at all times.

9.5 Patients should be given the opportunity to refuse placement, based on spiritual, religious, cultural and / or beliefs system. Where possible, and if it is safe to do so, alternative accommodation will be found for the patient at the earliest opportunity.

10. CHILDREN AND YOUNG PEOPLE

Introduction

There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including children's and young people's units.

High standards in relation to adult care usually involve a presumption that men and women do not have to be cared for in the same room, nor use mixed bathing and WC facilities. These presumptions are intended to protect patients from unwanted exposure, including overlooking and overhearing. Patients should not have to pass through opposite sex areas to reach their own facilities. However, we recognise that for many children and young people, clinical need and age and stage of development may take precedence over gender considerations and mixing of the sexes is reasonable, or may even be preferred. There is evidence that many young people find great comfort from sharing with others of their own age and often this outweighs their concerns about mixed sex rooms. Ultimately, young people should be given the choice.

Washing and WC facilities need not be designated as same-sex as long as they accommodate only one patient at a time and can be locked by the patient (with an external override for emergency use only).

Principles

- Privacy and dignity is an important aspect of care for children and young people of all ages.

- Privacy and dignity should be maintained whenever children and young people's modesty may be compromised (e.g. when wearing hospital gowns/nightwear), or where the body (other than the extremities) is exposed, or they are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated).

- Decisions should be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment or the convenience of staff. This approach should be conveyed to the child (where they are old enough to understand), the young person and their parents.

- The child or young person's preference should be sought, recorded and where possible respected. Where appropriate, the wishes of the parents should be considered but in the case of young people their preferences should prevail.

- Within paediatric units, parents/carers are encouraged to visit freely and stay overnight with their child. This may mean that adults of the opposite sex share sleeping accommodation with other children and their parents / carers. Care

should be taken to ensure this does not cause embarrassment or discomfort to others.

- Throughout the management of all children and young people in hospital, safeguarding issues must be at the forefront whenever making decisions about their placement and care

Implications

Using these principles allows staff to make sensible decisions for each patient. This may mean segregating on the basis of clinical need rather than gender or age rather than gender but such decisions must be demonstrably in the best interest of each patient. Flexibility may be required – for instance patients might prefer to spend most of their time in mixed areas, but to have access to single gender spaces for specific treatment, to undertake personal care or to sleep. Such flexibility is encouraged. It is not acceptable to apply a blanket approach that assumes mixing is always excusable.

Where there is the need for young people between 16 years and 17 years to be admitted to the paediatric unit, a single room would be the preferred option but again the decision should be based on the clinical, psychological and social needs of the young person.

Separate guidance is available for intensive/high-dependency care and emergencies.

11. TRANSSEXUAL PATIENTS

11.1 Transsexual adults, gender variant children and young people are defined as individuals who have proposed, commenced or completed reassignment of gender.

11.2 The patient should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.

12. DUTIES AND RESPONSIBILITIES

12.1 All staff employed by the Trust, including bank / agency and staff on temporary or honorary contracts have a duty to ensure that the privacy and dignity of patients and carers is respected, supporting compliance with this Policy.

The Chief Executive has overall responsibility to ensure that the privacy and dignity of all patients and carers is respected.

12.2 The Head of Estates is responsible for ensuring that the building design is functional and supports compliance with single sex accommodation guidelines. Compliance with single sex guidelines must be taken into consideration in any future estates and buildings programs.

12.3 Divisional Management Teams are responsible for ensuring there is local compliance with the guidelines. This must be evidenced and demonstrable through audit (Essence of Care – Privacy and Dignity, Environment and Record Keeping), Matrons walkabout and inspections.

12.4 Capacity Manager / Bed Management Team

The Capacity Manager and the Bed Management Team must be fully conversant with the EMSA Policy being able to apply the principles to clinical practice. They are responsible for highlighting the pattern of admissions working in conjunction with the ward teams to ensure where possible that the correct sex beds are available within the correct speciality wards.

12.5 Senior Sister / Shift Lead

The shift leads are responsible for ensuring that privacy and dignity is maintained at all times and that all options are utilised to prevent a breach. In the event of a breach the shift leader is responsible for ensuring (either in person or in an overseeing role) that the Single Sex Accommodation Exception Report is completed. All data fields must be completed. Where relevant the reverse of the form should be used to add specific detail related to a clinical exception (please see page 15). When this information is completed the ward manager must quality assures it before completing the Root Cause Analysis within a maximum time frame of 24 hours. This may be delegated where appropriate. A critical incident will be generated and passed to the Clinical Risk Department, along with the breach, every time that there is a breach. For information required within this report please see the Single Sex Accommodation Exception Report.

12.6 Deputy Chief Nurse

The Deputy Chief Nurse will inform the Information Department on a weekly basis of any mixed sex breaches. This information will then be used for the Clinical Quality Review meeting monthly and quarterly reports will be provided to the Chief Nurse / Chief Operating Officer on numbers and themes.

12.7 Matron

The completed root cause analysis should be forwarded to the relevant Matron to appraise and where necessary highlight issues of concern with the department / senior sister and ward team. If operational plans require review in light of the RCA findings the Matron is responsible for overseeing this process ensuring that if relevant organisational learning is progressed and relevant teams are informed. The Matron is required to quality assure the information before forwarding to the Head Nurse.

12.8 Divisional Nurse Director

The Divisional Nurse Director will review the breach and actions that have been identified. Where there are queries related to a particular breach the Divisional

Nurse Director will act as the conduit with theHead of Governance & Risk. Monthly reports of Divisional breaches will be forwarded to the Chief Nurse.

12.9 Chief Nurse

The Chief Nurse will review the Divisional breaches and provide quarterly updates to board providing assurance with reference to single sex accommodation.

13. AUDIT AND COMPLIANCE WITH GUIDELINES

13.1 A breach of the single sex guidelines is defined as a patient who is placed in a clinical area that does not comply with single sex accommodation standards and section 6 of the Policy. Compliance with these guidelines must be monitored daily by Senior Sisters, Matrons and recorded by the Clinical Site Practitioner.

13.2 Compliance is reported to the Board of Directors quarterly and as part of the Trust's Quality Reports. PALS and complaints related to breaches of privacy and dignity or mixed sex accommodation will be monitored and reviewed quarterly by the Complaints and PALS Manager. These will be discussed with the Chief Nurse / Chief Operating Officer who will report adverse incidents quarterly to Board and to the Commissioners Clinical Quality Review meetings. Action plans and potential solutions will be implemented and evidenced by the specific matron responsible for the relevant wards. Where services are to be developed or refined as part of the business case development EMSA should be included with confirmation that the work does ensures continued compliance with the Trust policy.

Standard Operating Procedure for the Management of Privacy & Dignity in Mixed Sex Accommodation

STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF PRIVACY AND DIGNITY IN MIXED SEX ACCOMMODATION	
STANDARD	**RATIONALE**
1. Patients will not be nursed in mixed sex accommodation unless for clinical reasons e.g. within the Resuscitation room within ED, Critical Care, step down and Coronary care. Or in an emergency. Please refer to guidelines for each specialist area.	To ensure that the Single Sex Policy is adhered to at all times in all areas and exceptions are escalated and breaches reported through the agreed process detailed below: • Critical incident report detailing the patient's name, B number and all other patient's details that breach within the bay. • This information is then sent to Clinical Risk Department. Root cause analysis is then completed detailing the breach. • The relevant Matron is responsible for organisational learning ensuring operational policy changes where necessary are implemented in conjunction with the capacity manager.
2. The nurse in charge of the area will conduct a full review of the ward / department within one hour of an area becoming mixed sex and consider any other options for the patient(s) involved.	To ensure that the situation is acted upon with immediate effect. Any issues will be escalated and addressed. Where possible ward or area moves will be made.
3. Should a mixed sex situation occur, the nurse in charge of the area will explain to the affected patients why they are in a mixed sex area and when this will be resolved.	To reduce patient anxiety and resolve any concerns that the patients may arise.
4. If the patient is unable to understand or discuss the situation then the NOK will be informed and this will be clearly documented.	To ensure patients NOK are fully informed and their concerns resolved.

5. The nurses in charge of the Acute Areas will be responsible for maintaining single sex compliance on a shift by shift basis.	To ensure that compliance is maintained.
6. The nurse in charge will ensure that there is comprehensive documentation in the patient's notes, including the reason why the patient is being nursed in a mixed sex area.	To provide evidence of communication and also documented clinical reason for nursing the patient in a mixed sex area.
7. The nurse in charge will escalate concerns to the Senior Sister / Matron when a patient is being nursed in a mixed sex area.	To ensure that a review of the site position in terms of capacity is carried out with the aim of resolving the issue outside of the clinical area where possible and clinically safe.
8. The nurse responsible for the patient(s) in a mixed sex area will ensure that the patient(s) are wheeled / walked to a single sex toilet / bathroom.	To maintain patient's privacy and dignity.
9. The nurse will check the patient(s) every 30 minutes, or more frequently if required.	To ensure that the patient's condition is monitored and privacy and dignity is maintained.
10. Any breach of single sex compliance must be recorded in the clinical area 'breach log', including the time of resolution.	To ensure robust data on breaches and also data to be used to inform future service changes to increase single sex compliance.

The details of breaches by department will be collated as part of the quarterly reporting to Board. Resolutions and learning will be used to provide assurance.

Breach Standards for same sex accommodation

A breach is defined as occurring when males and females are required to:

- Share sleeping accommodation
- Share toilets and bathrooms
- Pass through an area of opposite sex accommodation to access toilets and bathrooms or their own sleeping accommodation (DH 2010c)

It is acceptable to have toilets and washing facilities that can be allocated to men or women according to need; as long as there is good signage to make it clear which sex is designated at any particular time.

The breach occurs as soon as the above circumstances happen and lasts until they are resolved.

In specialist areas in order to facilitate the relocation to same sex accommodation, it has been agreed with the Commissioners that a time frame of 4 hours is appropriate. The breach time will be taken after the 4 hours has lapsed from when the patient did not require level 2 or 3 care.

For HDU and CCU, the breaches will be taken on a case by case basis and discussed with the Commissioners to determine the actual number of breaches. This will be done by the Deputy Chief Nurse or deputy.

The number of breaches caused by a particular event will be equal to the total number of affected patients (1 female in a bay with 5 males = 6 breaches) where bays open into other bays both bays are required to be of the same sex.

Breach reporting proforma please see below. In the event of a breach in the standards the form should be completed by the senior nurse within the clinical area. In normal working hours this should be supported by the relevant Clinical Matron who should ensure that all aspects of the process are logged and that the clinical risk form has been completed **with all relevant information provided**.

Out of hours the Clinical Site Practitioner should support this process ensuring that the information provided is completed and an email is sent to the on call Manager informing them of the breach if they have not been involved in the initial discussion. The on call Manager should then ensure that the relevant Director on call, Matron, Head Nurse and Associate Director are aware. The root cause analysis (RCA) should then be completed by the Senior Sister as a priority within a maximum time frame of 24 hours. In the Senior Sister's absence this is the responsibility of the deputising individual. Each responsible Matron should quality assure this process with completed copies of the RCA being forwarded to the relevant Head Nurse who will review the assurance and link to the Clinical Risk Manager.

In the event of a mixed sex breach the Commissioners will be informed within one working day by the Chief Nurse / Chief Operating Officer or Deputy Chief Nurse.

SINGLE SEX ACCOMMODATION EXCEPTION REPORT

(Department)……

Name of person completing form.

Job Title

Date of Breach ……

Time of Breach……

Date form completed ……

Time form completed……

Breach type

Bathroom / toilets ☐

Sleeping accommodation ☐

Decision to breach made by: Please tick

Nurse in charge ☐ CSP ☐

Duty sister ☐ On call manager ☐

Reason for clinical justification- Please use reverse of this form as required to give detail.

Reason for breach discussed with:

Reason for breaching:

Were operational rules followed? Yes ☐ No ☐

What are the reasons for the breach - Please tick one or more of the following:-

Clinical justification ☐ Specific equipment ☐

Capacity ☐ Patient safety requirement ☐

Inadequate facilities ☐

SSA breach description – e.g. 1 female patient admitted to a 4 bed male bay

Name	Hosp. No.
	B
	B
	B
	B
	B
	B
	B
	B
	B
	B
	B

Number of patients affected by breach e.g. female placed in male bay of 6 equals 6 in total

Confirmation of discussion with all and apology given to:

Patient(s) ☐

Carer(s) ☐

Relative(s) ☐

Clinical Incident Report Number completed by Ward/Department (……)

Signature: …….

The breach reporting proforma above details the breach data and should remain within the clinical area to support the completion of the RCA. Learning from the root cause analysis findings should be shared with the relevant specialities and organisationally. Review of same sex breaches will be undertaken as part of the directorates' monthly performance reviews.

The breaches should be monitored / collated by the relevant departments monthly. Critical incident reports will be collated by the Clinical Risk Manager and data regarding the affected patients forwarded to Finance. This information will be utilised as part of the Clinical Commissioning Groups Clinical Review Meetings.

14. POLICY REVIEW

This Policy will be reviewed yearly, unless changes occur in service provision or legislation.

15. REFERENCES

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Department of Health (2009) *Eliminating Mixed Sex Accommodation.* DH, London.

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Mixed Sex Accommodation Guidelines under HSC 1998/143, 2007.

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Department of Health (2009e) *The Story So Far: Delivering Same-Sex Accommodation* – A Progress Report December 2009 DH, London.

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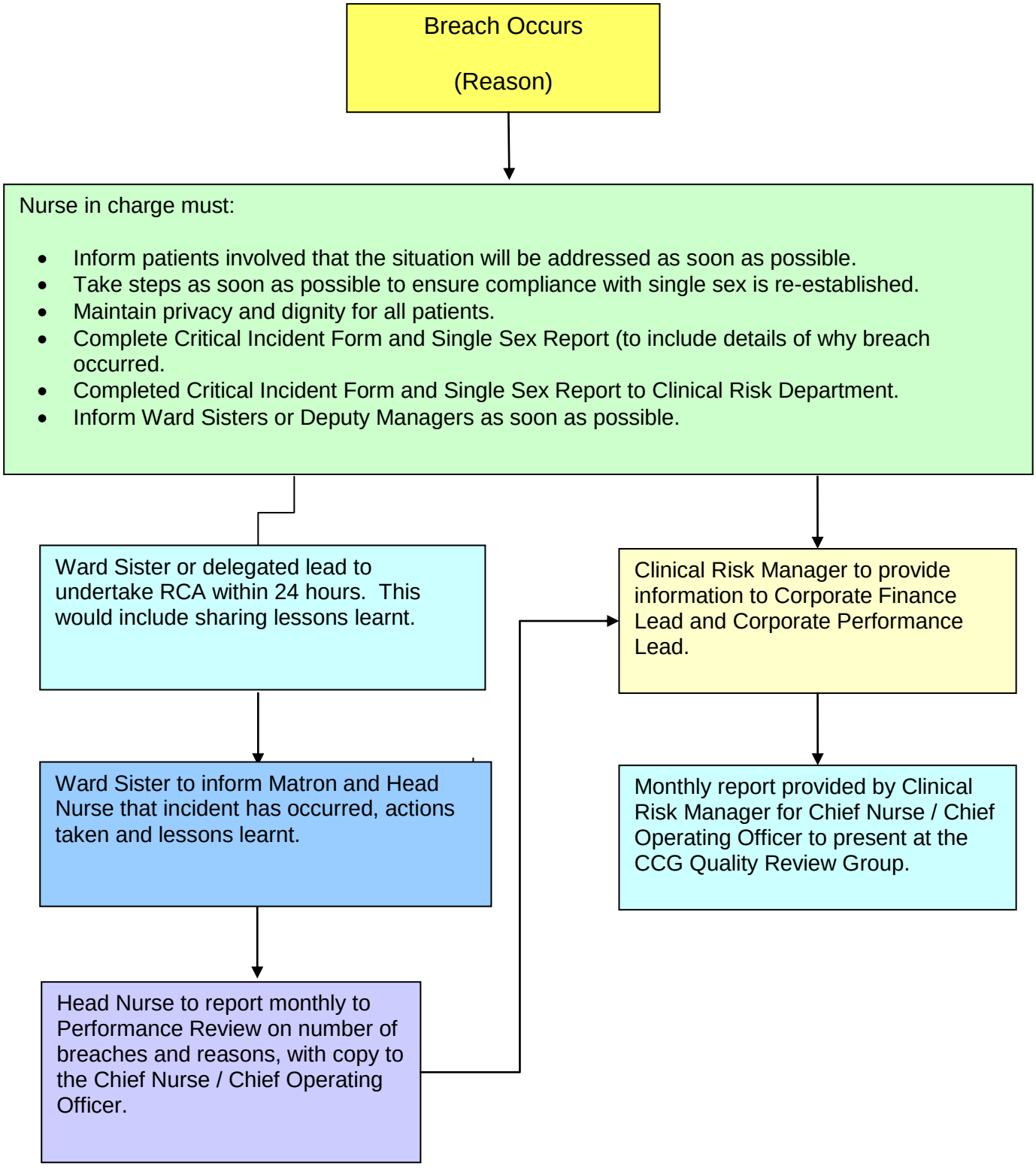
Department of Health (2010c) Letter – *Delivering Same-Sex Accommodation – Self-Declaration* Gateway ref: 13530, DH, London.

Department of Health **/** NPSA (2009) *Action on mixed-sex accommodation root cause analysis tool* Gateway ref: 11872 Department of Health, London.

NHS Confederation (2010b) Briefing Issue 198: Commissioning for Quality – Delivering National Priorities NHS Confederation, London.

APPENDIX 1

Flow Chart Detailing the Process to be followed for a Breach of Single Sex Accommodation



APPENDIX 2

List of Wards / Clinical Areas Showing Breach of Single Sex Accommodation by Definition

Medical Wards	No exception
Surgical Wards	No exception
Maternity Wards	N/A
Paediatric Wards	N/A but care advised
Acute Assessment Unit	No exception
Emergency Department / Resus	N/A
Day Surgery	No exception
Endoscopy	No exception
ITU	Only the patient who has breached the 4 hours from when they required Level 1 - 2 care.
HDU	Case by case basis to discuss with Commissioners
CCU	Case by case basis to discuss with Commissioners
Treatment Centre	No exception