# Same Sex Accommodation Policy

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## Document Status

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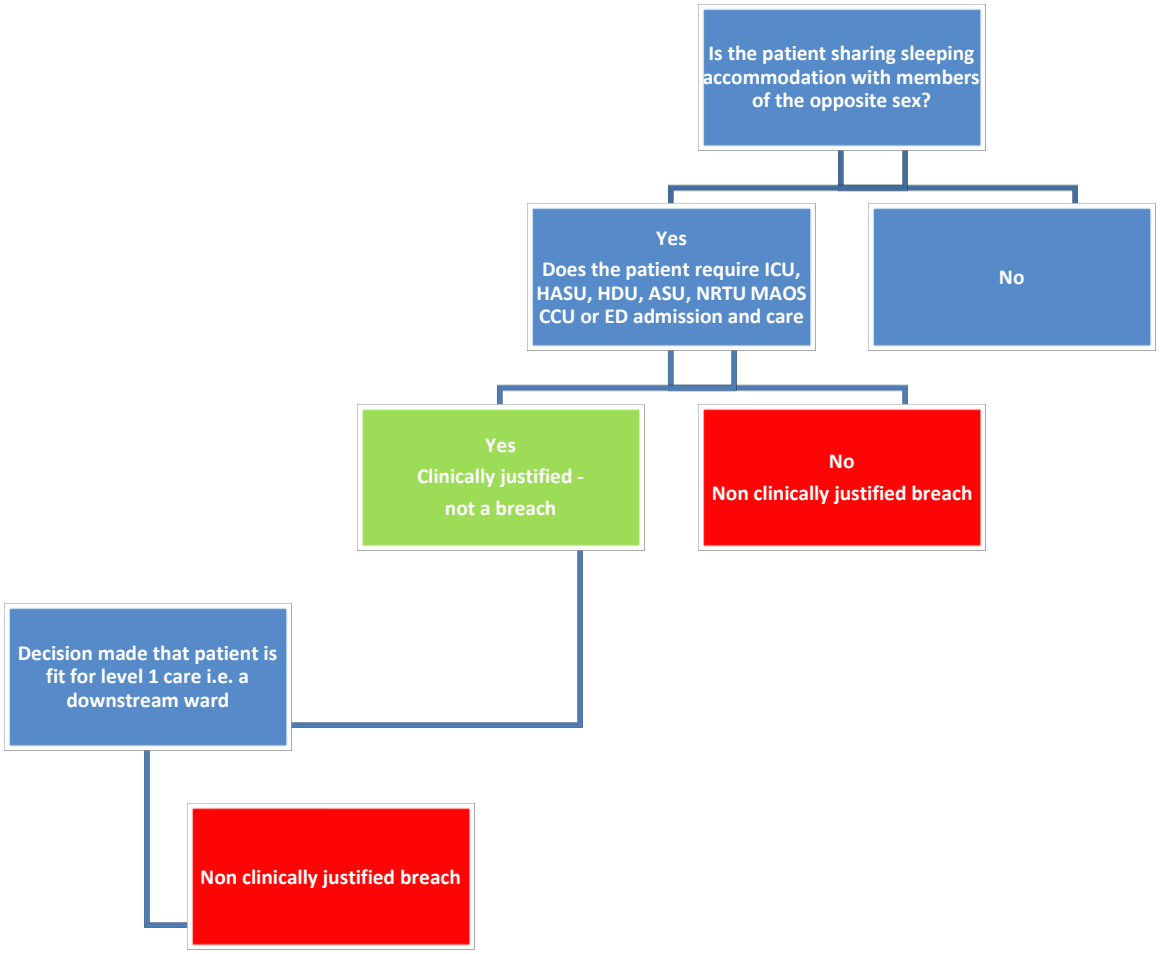
# 1. Executive Summary

Patients and the public wish their privacy and dignity to be respected at all times whilst in hospital and the University Hospital Southampton NHS Foundation Trust (UHS) is committed to ensuring patients are treated with respect at all times. Privacy and dignity can be maintained and promoted by ensuring that patients are cared for in single sex accommodation.

This policy covers:

- Details of the requirements for maintaining same sex accommodation.
- The definitions of acceptable and non-acceptable mixed sex accommodation.
- Standards relating to same sex accommodation and the privacy and dignity of patients.
- The escalation process if a mixed sex breach occurs.
- Detailed guidance on same sex accommodation and decision process regarding clinical areas within UHS.




# 2. Scope

2.1. This policy covers all staff who work within UHS and have contact with patients. It is applicable in all clinical departments where patients are admitted and cared for on

beds/trolleys, even where they do not stay overnight All patients attending the trust with acute healthcare needs are at risk of having compromised privacy and dignity.

2.2. This policy covers all age ranges. In areas where children and young people are cared for, the overriding principle should be that patients are given choice. It is well known that many children and young people prefer to be cared for with children of the same age rather than gender.

2.3. This policy applies equally to transgender patients and, as with other patients, all breaches must be recorded and submitted in the data return. Transgender patients and patients who are undergoing gender reassignment treatment should be cared for in line with their wishes and in line with the guidance issued to the NHS in May 2009. For more information see: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894

## 3. Standards

3.1. UHS will ensure that when patients are admitted to any of our hospitals they will only share the room in which they sleep with patients of the same sex.

3.2. They will also have access to same sex toilet and washing facilities, which will be located close to their sleeping areas and which are clearly signposted and labelled.

3.3. Sharing with members of the opposite sex will only happen by exception, where decisions are taken based on clinical need and current clinical guidance.

3.4. Some wards are designated for men or women alone whilst others accommodate both men and women but in separate bays.

3.5. Patients may have to cross a ward corridor to reach their designated bathroom but they will not have to walk through sleeping accommodation designated for the opposite sex.

3.6. Patients may share some communal spaces such as day and dining rooms where these are available. Patients will encounter patients of the opposite gender in other departments such as x ray.

3.7. It is highly likely that visitors of the opposite gender will come into same sex bays at visiting times – some patients even like to visit each other.

3.8. It is almost certain that patients will encounter both male and female nurses, doctors and other hospital staff who need to treat patients in their sleeping area.

**3.9.** If patients need help to use the toilet and/or bathroom, or take a bath, they may need special equipment such as a hoist. They may then be advised of the need to use a special bathroom, used by both men and women**.**

3.10. In areas where children and young people are cared for, the overriding principle should be that patients are given choice. It is well known that many children and young people prefer to be cared for with children of the same age rather than

gender. In all cases, clinical staff should plan to discuss and document individual preferences and make every attempt to accommodate these.

3.11. The ward or departments same sex accommodation and facilities are fully explained to every patient on admission

3.12. Bays and facilities are labelled to reflect gender designation

3.13. Always ask the patient's permission: if they consent to personal care or examinations by a member of healthcare staff of the opposite sex

3.14. Structure elective and day case admissions to ensure patients can be admitted into same sex accommodation

3.15. Gender signs on toilets and washing facilities are changed to reflect the gender of patients in the closest bays where necessary

3.16. Any patient subject to a same sex accommodation breach is offered both a verbal and written apology (see Appendix B)

3.17. Where a breach occurs, follow the Same Sex Accommodation escalation process detailed in Appendix C of this policy to ensure patients are moved to same sex accommodation as quickly as possible.

3.18. All non-clinically justified or unacceptable SSA breaches must be reported using the APEX electronic reporting system

3.19. Ensure patients on End of Life Care pathways are cared for in an appropriate environment, preferably a single room

# 4. Definitions

### 4.1. Defining Same Sex Accommodation Breaches

A breach of same sex accommodation (sometimes known as a "*mixed sex occurrence*") is defined as the placement of a patient, within a clinical setting, where one or more of the following criteria apply:

4.1.1. The patient occupies a bed space in the same room or bay as a member of the opposite gender.

4.1.2. The patient occupies a bed space that does not have access to same sex washing and toilet facilities.

4.1.3. The patient must pass through a sleeping area designated for occupation by members of the opposite gender to reach washing and toilet facilities.

4.1.4. Where no acceptable justification exists or where an acceptable justification applied is no longer appropriate.

4.1.5. The definition of a same sex accommodation breach is applicable following admission, at all points on a patient pathway and in all clinical areas where patients are admitted or undressed for clinical procedures.

### 4.2. Defining Same Sex Accommodation: Clinical / Acceptable Justifications

In some circumstances it may not always be possible to care for patients with other patients of the same sex due to: clinical or safety needs of individual or groups of patients; the need to use special equipment e.g. in critical and high dependency areas. No area may use a blanket exemption clause, and individual patient decisions about segregation need to be made after consulting with each patient. **See Appendices E and F for further details.**

Acceptable and Unacceptable justifications are detailed below, however the safety and wishes of ALL patients concerned must be included in individual clinical decision making.

#### 4.2.1. Acceptable justifications – i.e. Not a breach

- In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
- Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if staff shortages or skill mix were the rationale
- Where a short period of close patient observation is needed e.g. immediate post-anesthetic recovery, or where there is a high risk of adverse drug reactions
- On the joint admission of couples or family groups
- Stringent efforts to maintain and improve patient privacy, dignity and respect will be expected in these areas

#### 4.2.2. **Unacceptable justifications – i.e. a breach.** Placing or leaving a patient in mixed-sex accommodation:

- For the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty
- Due to a shortage of staff or poor skill mix
- Due to restrictions imposed by old or difficult estate
- Due to a shortage of beds
- Due to predictable fluctuations in activity or seasonal pressures
- Due to a predictable non-clinical incident e.g. a ward closure
- Whilst waiting for assessment, treatment or a clinical decision
- For regular but not constant observation

It is not acceptable to mix patients of different gender purely on the basis of clinical specialism. For instance, in a stroke unit, it may be acceptable to mix patients immediately following admission (life-threatening emergency, and in need of one-to-one nursing), but not to maintain mixing throughout the rehabilitation phase, simply on the basis that it is easier for staff, or because there are not enough people with the necessary skills. **See Appendix D.**

## 5. Same Sex Accommodation (SSA) Breach Reporting

5.1. A non-clinically justified SSA breach occurs when the decision is made to allocate a patient to a bed, trolley space or environment that does not enable care within a same sex environment and is not clinically justified due to:

- A life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
- Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if staff shortages or skill mix were the rationale
- Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions
- On the joint admission of couples or family groups

**5.2.** In cases where it is clinically justified to mix sexes this must be reviewed regularly. When a decision is made that a patient no longer requires the level of care that justifies the breach the patient must be moved to a single sex accommodation. If this cannot be achieved then this must be reported as a non-clinically justified SSA breach. **See Appendix D**

5.3. Although more than one patient may be affected, this is classified as a **single breach**. A report of the breach **must** be made at the point of decision as well as recording how many other patients are affected. **The breach reporting process can be found in Appendix C of this policy**.

5.4. Every non-clinically justified or unacceptable breach must be reported using the APEX electronic reporting system. When a SSA breach occurs, this must be recorded in the patients care record by the nurse in charge of the patient's care.

5.5. In all cases where mixed sex accommodation cannot be avoided significant attempts at preserving privacy and dignity must always be taken. In a multiple-bed bay, gender mixing should be justifiable for all patients, not just one. Numbers of patients affected by each breach will be monitored and reported.

5.6. Detailed guidance for specific specialties can be found in Appendices E and F of this policy.

## 6. Roles and Responsibilities

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| All Staff Members | Are responsible for ensuring that their attitudes, actions, behaviour and communications are consistently in line with the principles of this policy to ensure patient privacy, dignity and respect is maintained at all times.<br><br>Are responsible for alerting line managers where patient privacy, dignity and respect have been compromised so that immediate action can be taken to rectify this. |
| The Chief Executive and Executive Directors | Have overall responsibility for ensuring that all trust services and processes are planned and delivered in ways that will promote rather than compromise patient privacy and dignity.<br><br>For ensuring immediate and appropriate action is |

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| | taken when they are alerted to incidences of compromised patient privacy and dignity. |
| The Executive Director of Nursing and the Deputy Director of Nursing for Quality | Are responsible for ensuring that the trust board receives regular reports detailing patient feedback about same sex accommodation. |
| The Head of Patient Experience | Is responsible for constructing a range of patient experience reports which include delivery against key performance targets for same sex accommodation.<br>Is responsible for capturing and reporting (to staff, patients and the public) patient experiences of privacy, dignity and same sex accommodation.<br>Is responsible for advising UHS Trust & Senior mangers on new guidance relating to same sex accommodation and Privacy & Dignity.<br><br>Is responsible for confirming the number of patient breaches on a monthly basis prior to reporting to UNIFY. Data is collated by the UHS IT team and confirmed with the Head of patient experience prior to submission. |
| Divisional and Care Group Management teams | Are responsible for delivering services which meet same sex accommodation standards, and for monitoring care group and divisional achievement of these, whilst taking immediate and appropriate action when they become aware that patient privacy and dignity has been compromised. |
| Matrons and Heads of Departments | Are responsible for ensuring standards for privacy, dignity and same sex accommodation are adhered to in each of their clinical areas.<br><br>Are responsible for overseeing the Same Sex Accommodation breach reporting process, including validating e-breach reports by ward each month. |
| Ward/Department Leaders or their deputies | Are responsible for implementing this policy within their teams. They are accountable for the delivery of care which meets the standards laid out in this policy and for taking immediate and appropriate action when they become aware that patient privacy and dignity has been compromised.<br><br>Are responsible for reporting same sex accommodation breaches and ensuring the appropriate escalation process is adhered to, including ensuring every patient who is classified as breaching same sex accommodation standards is offered a verbal and written apology (see Appendix B).<br><br>Are responsible for leading (or delegating leadership |

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| | appropriately) for the reporting of non-clinically justified same sex accommodation breach which occurs in their clinical area.<br><br>Are responsible for taking appropriate disciplinary action with staff that do not demonstrate or adhere to the standards set out in this policy. |
| Head of Patient Support Services | Is responsible for monitoring and escalating emerging trends in patient enquiries, complaints and feedback, which indicates systematic compromises of the standards, set out in this policy.<br><br>With departmental and care group teams, is responsible for capturing the learning from complaints and feedback relating to privacy, dignity and same sex accommodation breaches. |
| Manager for Clinical Support Services (domestic cleaning, transport and Catering Service and Managers of temporary/contracting staff | Are responsible for ensuring that all contracted and temporary staff are aware of and adhere to the principles and standards set out in this policy.<br><br>Take immediate and appropriate action when they become aware that temporary or contracted staff are not adhering to the standards set out in this policy, including taking appropriate disciplinary action where necessary. |
| Clinical Site Manager | Is responsible for ensuring that the operational management of the site and patient flows is delivered in such a manner as to ensure patient privacy, dignity and respect.<br><br>Follow the decision-making and escalation process for ensuring same sex accommodation which is set out in this policy.<br><br>Ensure clinical decisions relating to privacy and dignity are not overturned without appropriate escalation and documentation of risk assessments. |

## 7. Related Trust Policies

Transgender Patient Policy.

## 8. Communication Plan

8.1. Local Induction – Clinical staff should be introduced to this policy and local practices in place to ensure compliance as part of local induction programme.

8.2. Changes to policy launched at Core Brief and circulated as a clinical update on staffnet.

8.3. Drop in awareness sessions for all site teams, bed managers and clinical staff.

## 9. Process for Monitoring Compliance/Effectiveness

The purpose of monitoring is to provide assurance that the agreed approach is being followed – this ensures we get things right for patients, use resources well and protect our reputation. Our monitoring will therefore be proportionate, achievable and deal with specifics that can be assessed or measured.

Key aspects of the procedural document that will be monitored:

| What aspects of compliance with the document will be monitored? | What will be reviewed to evidence this? | How and how often will this be done? | Detail sample size (if applicable) | Who will co-ordinate and report findings? | Which group or report will receive findings? |
|---|---|---|---|---|---|
| Patients experience of mixed sex accommodation | National Inpatient surveys | Yearly | | Head of Patient Experience | PEESG |
| Patients experience of mixed sex accommodation | Real Time Frequent Feedback Surveys | Monthly | | Head of Patient Experience | PEESG |
| Reporting process | Unify reporting and benchmarking | Monthly | | Head of Patient Experience | CQRM PEESG |
| Patients experience of mixed sex accommodation | Patient feedback via Complaints and Patient support services, NHS Choices and Comment Cards etc | AdHoc | | Head of Patient Support Services | PEESG |

Where monitoring identifies deficiencies then actions plans will be developed to address them.

## 10. Arrangements for Review of the Policy

This policy will be subject to review in 3 years or sooner if required due to changes in legislation.

## 11. References

N/A

## Appendix A:

## Key strategies and policies (National and Local) underpinning this policy

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|---|---|
| **National Operating framework ( 2014/15)** | NHS organisations are expected to eliminate mixed sex accommodation, except where it is in the best overall interest of the patient, or reflects their personal choice. |
| **UHS's Forward Vision** | UHS direction of travel and clinical service and care priorities until the year 2020. |
| **UHS Patient Experience Policy (2008)** | Providing dignified care in appropriate environments is a central principle of the Trust's strategy to improve patient experience. |
| **CNO Report into Mixed Sex Accommodation (2010)** | Paper updating requirements to recognise, report and eliminate breaches of mixed sex accommodation. |

## Key campaigns and standards underpinning this policy

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|---|---|
| **The RCN's *'Dignity: at the heart of everything we do'* 2009/10** | The campaign is to give support and direction to the UK's nursing workforce during delivery of care for patients and clients of any health status in every setting The RCN believes that every member of the nursing workforce should prioritise dignity in care, placing it at the heart of everything we do. |
| **Essence of Care Benchmarks for Privacy and Dignity** | The essence of care benchmarks (2012) provides a benchmarking system to allow healthcare providers to assess a wide range of patient focussed standards of care. There is a specific standard for Privacy and Dignity as well as individual benchmark states which relate to privacy and dignity in other standard sets. |

## Appendix B: Patient Letter of Apology in the Event of a Same Sex Accommodation Breach

University Hospital Southampton NHS
NHS Foundation Trust

Insert date

Dear (insert patient name)

**Re: Same Sex Accommodation**

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

The trust has made significant strides forward in virtually eradicating mixed sex accommodation, and normally only permits this to occur when it is clinically justified. I am sure the clinical staff in your 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 the correct 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 same sex facility as quickly as possible. We aim to do this within the next 24 hours at the very latest. 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. You will receive a visit from one of the trust's senior managers if we are unable to resolve this breach of same sex accommodation within the next 24 hours.

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

I wish you a speedy recovery.

Yours sincerely

Paula Head

Chief Executive Officer

## Appendix C: Same Sex Accommodation Breach Escalation and Reporting Process (In hours and Out of hours)

- Decision about where best to accommodate a patient is made by ward/department nurse in collaboration with bed manager and if necessary clinical site manager.

- Decision to breach made - once all other options to accommodation have been exhausted.

- Identify if the breach is unacceptable (non- clinically justified).

- If the breach is identified as unacceptable, alert the matron for the ward/department in hours or bleep holder out of hours. If not already aware, report to the Clinical Site Manager, to enable reporting to occur.

- Unacceptable breaches should be reported directly using the electronic reporting form logged on APEX. The system will automatically alert the Head of Patient Experience and Deputy Director of Nursing to the occurrence of a breach.

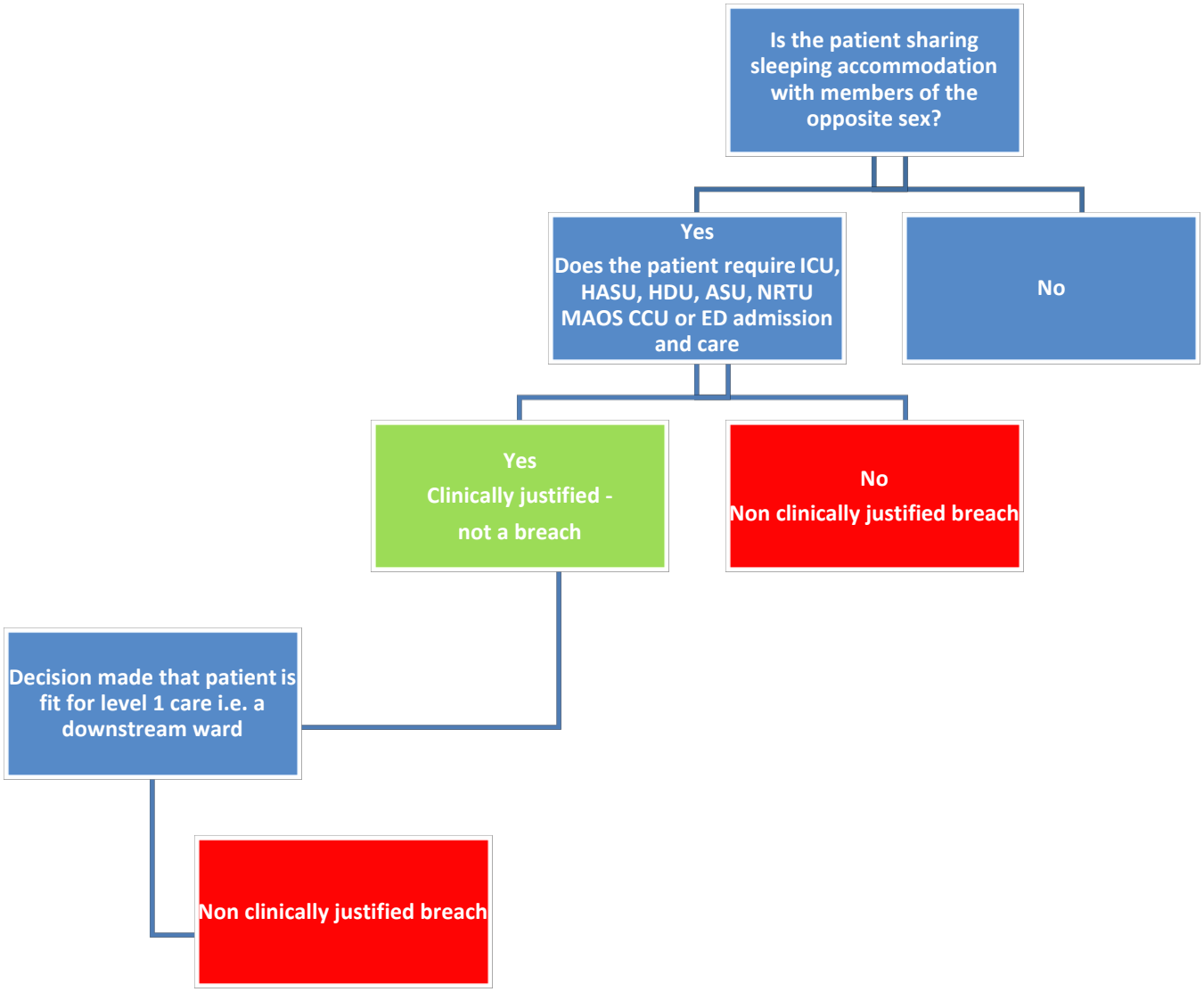
- The clinical area will be required to confirm that the patient has been given a verbal, and written letter of, apology.

- The patient should be reviewed at four and six hours and if the breach has not been resolved escalate to the matron (in hours) and clinical site manager (out of hours). At all times the situation should be discussed with the patient and their concerns addressed.

- Review the breach at 12 hours (or if you are not on duty ensure you have handed this over to the subsequent shift to action). If it has not been resolved, escalate to the Divisional Head of Nursing (via the Matron) in hours or ClinicalSsite Manager, who will subsequently report to the Duty Manager out of hours.

- Review the breach again at 24 hours. If it is still not resolved, escalation should be made to the Duty Executive by the Duty manager after being advised by the Clinical Site Manager. Ensure a senior manager is requested to meet the patient and apologise for failure to resolve the breach.

## Appendix D: Breach reporting flowchart



## Appendix E: Detailed Guidance on Managing Same Sex Accommodation. DoH Guidance 2010

### Decision Matrix for providers and commissioners

| Category | Acceptable? | Notes |
|---|---|---|
| Critical care, levels 2&3 e.g.:<br>• ICU/ Coronary care units<br>• High dependency Units<br>• Hyperacute stroke and trauma units<br>• Recovery units attached to theatres/ procedure rooms | Almost always<br>**G** | • *Not* acceptable when patients no longer needs level 2 or 3 care, but cannot be placed in an appropriate ward<br>• *Not* acceptable in recovery units where patients remain until discharge (e.g. same day surgery/ endoscopy units. |
| • Acute wards, e.g.<br>• Medical/ surgical ( general and specialist)<br>• Elderly Care<br>• Orthopedic | Never<br>**R** | • *All* episodes of mixing in acute wards should be discussed individually with commissioners |
| • Intermediate and continuing care wards | Never<br>**R** | • *All* episodes of mixing in intermediate and continuing care wards should be discussed individually with commissioners |
| • Admission units, e.g.<br>• Medical/ surgical admissions<br>• Observation wards<br>• Clinical decision units | Almost Never<br>**R** | • *Not acceptable* for organisational convenience (e.g. “park” patients whilst awaiting admission<br>• Not acceptable as a routine occurrence |
| • Day Surgery | Rarely<br>**R** | • Acceptable for minor procedures (e.g. operations on hands/ feet that do not require patients to undress) |
| • Endoscopy | Rarely<br>**R** | • *May be* acceptable for pre/post procedure waiting areas as long as standards of privacy can be assured |

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| • Patients with long- term conditions admitted frequently as part of a cohesive group ( e.g. renal dialysis | Sometimes **A** | • Patients may choose to be cared for together, as long as this is the decision of the whole group and does not adversely affect the care of others<br>• *Not* acceptable where the only justification is frequent admission, and there is no recognisable group identity |
| • Children/ young people units ( Including neonates) | Sometimes **A** | • Children and young people should have the choice of whether care is segregated according to age or gender |
| • Mental Health and LD | Never **R** | • There is no acceptable justification for admitting a mental health patient to mixed sex accommodation<br>• *May be* acceptable, in a clinical emergency, to admit a patient temporarily to a single, ensuite room in the opposite - gender area of a ward. |

## Local Agreements with Clinical Commissioning Groups: Acute admissions units and GP admission areas

In July 2017 it was agreed with Southampton City and West Hampshire CCGs that in Critical Care Areas, High Dependency Units, CCU, ASU, NRTU, HASU, AOS it would generally be clinically justified for patients to be in mixed sex accommodation. It would only be justified while the patient required that level of care. Patients who were delayed moving to single sex accommodation when it was clinically appropriate for them to do so should be reported as non-clinically justified SSA breach. It was agreed that we would stop counting clinically justified breaches and focus on capturing data about non-clinically justified breaches.

In our assessment units ASU, NRTU, MAOS we recognise that breaches are not acceptable for organisational convenience or as a routine occurrence. However we recognise that these assessment units function in a similar way to Emergency Departments and take patients for short periods of 4 to 6 hours for rapid assessment and treatment before admission to a ward area. Therefore we have agreed that it is clinically justified for patients to be in these areas in mixed sex accommodation if we are unable to segregate the sexes, however it would only be justified whilst the patient required that level of care.

## Appendix F: Decision Matrix applied to clinical areas within UHS (October 2017)

| Ward or Department | Rationale for use of clinical justifications |
|---|---|
| ASU | Functions as a surgical emergency department.<br>Patients usually only stay between 4 and 6 hours |
| MAOS | Functions as an oncology emergency department |
| Surgical HDU | Level 2 critical care unit |
| Medical HDU | Level 2 critical care unit |
| GICU | Level 3 critical care unit |
| CICU | Level 3 critical care unit |
| NICU | Level 3 critical care unit |
| Emergency Dept - CDU 1 | Emergency mix of patients uncontrollable. For patients needing short term observation who do not need full admission or who are awaiting test results etc. |
| Emergency Dept - CDU 2 | |
| Cardiac High Dependency Unit | Level 2 critical care unit |
| NRTU | Highly specialised unit taking patients for short periods of intensive observation and monitoring where a nurse must be present in the bay at all times |
| CCU Coronary Care Unit | Highly specialised unit taking patients for short periods of intensive observation |
| HASU | Formalised part of stroke pathway where patients are admitted for short periods of intensive observation, assessment and thrombolysis |
| CRF | Research Unit for clinical trials and research studies.<br>Clinical justifications based on acuity, patient safety and observation |

| Document Monitoring Information | |
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| **Date of Ratification:** | 24 January 2018 |
| **Signature of ratifying Committee Group/Chair:** | Amanda Lowe, Associate Director- Corporate Affairs |
| **Lead Name and Job Title of originator/author or responsible committee/individual:** | Juliet Pearce<br>Deputy Director of Nursing |
| **Policy Monitoring (Section 6) Completion and Presentation to Approval Committee:** | 24 January 2018 |
| **Target audience:** | Staff who work within UHS and have contact with patients |
| **Key words:** | Same sex accommodation, acceptable, non-acceptable, breach, single sex, mixed sex |
| **Main areas affected:** | All clinical departments where patients are admitted and cared for on beds/trolleys, even where they do not stay overnight |
| **Summary of most recent changes if applicable:** | We will focus on reporting non-clinically justified breaches and stop counting clinically justified breaches<br>We have revisited which areas in UHS which are clinically justified in mixing sexes on occasion<br>We have set some specific timescales in which patients should be moved to single sex accommodation when they are fit to move from a clinically justified area<br>AMU is no longer an area where we can justify mixing sex accommodation.<br>We have developed a new online reporting system<br>Clinical staff and not bed managers will be responsible for reporting the breach |
| **Consultation:** | Trust Executive Committee<br>Members of the PEESG<br>Matrons<br>Divisional Heads of Nursing<br>Operations Centre<br>Clinical Commissioning Group representatives |
| **Equality Impact Assessment completion date:** | 17 October 2017 |
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| **Does this document replace or revise an existing document** | Yes previous version of this policy |

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|---|---|
| **Should this document be made available on the public website?** | Yes |
| **Is this document to be published in any other format?** | No |

The Trust strives to ensure equality of opportunity for all, both as a major employer and as a provider of health care. This document has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it, regardless of their individual differences, and the results are available on request.