

Privacy and Dignity and Same Sex Accommodation Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

This policy has replaced the Same Sex Accommodation UHL Guideline Trust Reference B34/2016

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy in PAGL

Same Sex Accommodation

Mixed Sex Breaches

Single Sex Breaches

Privacy and Dignity

Transgender

1 INTRODUCTION AND OVERVIEW

- 1.1 The aim of this policy is to ensure that all patients receiving care within University Hospitals Leicester (UHL) feel that they are treated with respect and that their right to privacy and dignity is upheld and actively promoted.
- 1.2 Providers of NHS funded care are expected to have a zero-tolerance approach to mixed sex accommodation, except where it is in the overall best interests of all patients affected. There are limited circumstances where mixing can be justified. These are mainly confined to patients requiring level 2 or 3 care within intensive or critical care areas.
- 1.3 This policy includes:
- Details for the requirements for maintaining same sex accommodation
 - Standards relating to same sex accommodation
 - The escalation process if a mixed sex breach occurs
 - Detailed guidance on same sex accommodation and the decision process regarding clinical areas within UHL

2. DEFINITIONS AND ABBREVIATIONS

The Trust	Refers to University Hospitals Leicester
Staff	Refers to those working within the Trust whether on a paid or voluntary basis
Patients	Refers to all who have contact with the Trust. For all patients care is provided equitably irrespective of age, sex, cultural, ethnic or religious backgrounds.
MSA	Mixed Sex Accommodation
SSB	Same Sex Breach
SSA	Same Sex Accommodation
Justified Breaches	There are limited clinical circumstances where mixing of sexes can be justified. These are few and mainly confined to patients who need highly specialised care, such as that delivered in critical care units.
Unjustified breaches	This is where mixing of sexes occurs that is not clinically justified

3.0 POLICY SCOPE – WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

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This policy applies to all medical, registered nursing staff, unregistered nursing staff and all non-clinical staff employed by the Trust, including bank, agency and locum staff for the prevention, reduction and management of same sex breaches.

This policy is aimed at developing a culture whereby employees feel able to identify and prevent a potential mixed sex occurrence.

To support staff to report all incidences of non compliance with policy in order that improvements can be made to work processes or systems to prevent recurrences.

This policy applies equally to transgender patients and all breaches must be recorded and submitted in the data return. Transgender patients and those patients undergoing gender reassignment treatment should be cared for in line with their wishes and following the guidance issued to the NHS in May 2009 Transgender and Non-Binary Patients supporting UHL policy B53/2019.

3.1 What is a mixed-sex accommodation breach?

This guidance refers to all patients who have been admitted to hospital:

Sleeping Accommodation- Patients should not normally have to share sleeping accommodation with members of the opposite sex

Bathroom and Toilet Facilities- Patients should not share toilet/washing facilities but may have to access ones used by male and female patients if not enough are available. Patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms, this excludes corridors

On the rare occasion that mixing does occur, every effort should be made to rectify the situation as soon as possible. Until that time, employees must take extra care to safeguard privacy, particularly in areas where patients are admitted and cared for on beds or trolleys even where they do not stay overnight. It does not include areas where patients have not been admitted.

In every instance the patient, their relatives and carers should be informed of the reasons why mixing has occurred, what is being done to address it and some indication as to when it may be resolved

3.2 When is it considered justifiable to accommodate patients in mixed sex areas in hospital?

Justified: There are times when the need to urgently treat and admit can override the need for complete segregation of sexes. In these cases all reasonable steps should be taken to maintain the patient's Privacy and Dignity. Justified breaches include:

- When it is in the patient's best interest e.g.: rapid or specialist treatment is needed; life-threatening emergency on admission; sudden deterioration in 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).N.B This does not include bay/tag nursing where a nurse stays in the bay to prevent patient harm)
- 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 reaction

- On the joint admission of couples or family groups.
- Patient choice – if an entire patient group has expressed an active preference for sharing. However, group decisions should be reconsidered for each new admission to the group, as consent cannot be presumed. If individual patients have specifically asked to share and other patients are not adversely affected (e.g. children/young people who have expressed an active preference for sharing with people of their own age group, rather than gender).
- Where it is an emergency response to extreme operational emergencies e.g. unpredictable events such as major incidents. (NHS England – Delivering Same-Sex accommodation September 2019 Annex A)

Unjustified: This is where mixing occurs that cannot be clinically justified:

Unacceptable justifications (e.g. a breach) are defined as:

- Placing a patient in mix-sex accommodation for the convenience of medical or, nursing employees.
- Placing a patient in mixed-sex accommodation because of employee shortage or poor skill mix.
- Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate.
- Placing a patient in mixed-sex accommodation because of bed shortages.
- Placing a patient in mixed-sex accommodation because of predictable fluctuation in activity or seasonal closures.
- Placing patients in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure.
- Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision.
- Placing a patient in mixed-sex accommodation for regular but not constant observation.

3.3 The table below is broken down by clinical areas and indicates where and when mixed sex breaches can be justified:

Clinical Areas	Justified breaches	Notes (based on the Guidance Principles)
Critical care, levels 2&3 e.g.: Intensive Care Unit /Coronary Care Units/ High dependency units / Hyperacute stroke units	Green Almost Always	When a clinical decision is made that the patient is 'fit' to be stepped down from Level 3 and 2 care, the transfer should occur within 4 hours of the patient being ready to be moved Transfer should not take place between the hours of 19. 00- 07:00

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 be justified.
Assessment / Observations Units, e.g.: Medical/surgical Assessment Unit, Clinical Decision Making Unit, Observation wards	Green Almost Always	A patient should be moved within four hours of a decision to admit
Areas where treatment is delivered e.g. Chemotherapy units/ Ambulatory day care/ Radiotherapay / renal dialysis / Medical Day Units/ Recovery areas	Green Almost Always	Not a breach wherever treatment is repeated, 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 careprocedures.
Children/young people's units (including Neonates)	Amber Sometimes	Children (or their parents in the case of young children) and young people should have the choice of whether care is segregated according to age or gender. There are no exemptions from the need to provide high standards of privacy and dignity.
Area where a procedures is taking place and the patient will require a period of recovery e.g. Day surgery / Endoscopy units /	Red Never	Greater segregation should be provided where patients' modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed

Mental health	Red Never	All episodes of mixing in inpatient units and in women only areas should be reported
Inpatient Wards	Red Never	All episodes of mixing in inpatient wards must be reported

3.4 Guiding Principles

- All units where a patient may be referred directly for assessment, treatment or observation, are **not included** pending a final decision on treatment or admission to another area. Patients should be moved to a non-mixed area within 4 hours of such a decision being made
- Emergency Departments are **not included**.
- All employees must play their part in ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patients being placed in, or remaining in, mixed sex accommodation.
- Decisions to mix should be based on the patient’s clinical condition and not on constraints of the environment, or convenience of employees.
- The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed
- **All employees must be** aware of the guidance and how they manage requirements with regard to recognising, reporting and eliminating mixed sex breaches
- There are situations where it is clearly in the patient’s best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must be protected.
- Patient choice may be justified. In all cases, privacy and dignity should be assured for all patients.
- There are no exemptions from the need to provide high standards of privacy and dignity at all times.
- Improved patient outcomes support patient safety, improves experience by identifying the right patient for the right bed first time.
- The reasons for mixing, and the steps being taken to put things right, must be explained fully to the patient and their family/carers.
- Employees must make it clear to the patient that the Trust considers caring for patients in mixed sex accommodation to be the exception, never the norm.
- Greater segregation must be provided where patients’ modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is

exposed.

- Greater protection must be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated).
- Where caring for patients in mixed sex accommodation is unavoidable, transfer to same-sex accommodation must be implemented as soon as possible. Only in the most exceptional circumstances may this exceed 24 hours

3.5 Children's Units

- For many children and young people, clinical need and age and stage of development may take precedence over gender considerations. Mixing of the sexes may be wholly reasonable, and even preferred.
- There is anecdotal evidence that many young people find great comfort from sharing with others of their own age and that this often outweighs their concerns about mixed sex rooms. Washing and toilet 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).
- Employees must make sensible decisions for each patient. This may mean segregating on the basis of age rather than gender, but such decisions must be demonstrably in the best interests of each patient. It is not acceptable to apply a blanket approach that assumes mixing is always excusable.
- Flexibility may be required: for instance, 6 months might prefer to spend most of their time in mixed areas, but to have access to single gender spaces for specific treatment needs or to undertake personal care.

3.6 Parents of Patient within the Children's Unit

- Parents are encouraged to visit freely and stay overnight. This may mean that adults of the opposite sex share sleeping accommodation with children. Care must be taken to ensure this does not cause embarrassment or discomfort to patients.

3.7 Key Principles within the Children's Unit

- Privacy and dignity is an important aspect of care for children and young people.
- Decisions must 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 employee/s.
- Privacy and dignity must 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).
- The child or young person's preference must 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 preference must prevail

3.8 When Carers are Present

When a patient's condition or medical history requires a carer to be present or it is in the patient's best interest to do so, the privacy and dignity of all patients must be taken into consideration. It is the nurse's responsibility to ensure that the privacy and dignity of all patients is maintained. All patients must be protected from unwanted exposure.

A carer should not be refused to remain present due to the need to deliver single sex accommodation (unless the patient makes a specific request – the involvement of both carer and patient must be considered)

Where feasible the patient must be placed into a side room however, this cannot be given priority over patients who require isolation for infection control purposes.

When a patient is nursed within a ward area with the carer present, the carer must be informed respectfully of the need for respecting privacy and dignity of the other patients.

3.9 Delivering Same-Sex Accommodation for Transgender People or Gender Variant Children

Transgender people, that is, individuals who have proposed, commenced or completed reassignment of gender, are protected by law against discrimination. In addition, good practice requires that clinical responses be person-centred, respectful and flexible towards all transgender people who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natural sex.

General key points are that:

- Transgender people must be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use;
- This may not always accord with the physical sex appearance of the chest or genitalia.
- It does not depend upon their having a Gender Recognition Certificate (GRC) or legal name change;
- It applies to toilet and bathing facilities (except, for instance, that pre-operative transgender people should not share open shower facilities);
- Views of family members may not accord with the transgender person's wishes, in which case, the transgender person's view takes priority.

Those who have undergone full-time transition must always be accommodated according to their gender presentation. Different genital or breast sex appearance is not to be an obstruction to this, since sufficient privacy can usually be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward. This approach may only be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a transgender person being placed in an otherwise opposite gender ward. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

This may arise, for instance, when a transgender man is having a hysterectomy in a hospital, or hospital ward that is designated specifically for women, and no side room is available. The situation must be discussed with the individual concerned and a joint decision made as to how to resolve it. At all times this must be done according to the wishes of the patient, rather than the convenience of employees (Ref 7).

In addition to these safeguards, where admission/triage employees are unsure of a person's gender, they must, where possible, ask discreetly where the person would be most comfortably accommodated. They must then comply with the patient's preference immediately, or as soon as practicable. If patients are transferred to a ward, this must also be in accordance with their continuous gender presentation (unless the patient requests otherwise).

If upon admission, it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person is to be undertaken unless this is specifically necessary in order to carry out treatment.

4 ROLES – WHO DOES WHAT

An overview of the individual, departmental and committee roles and responsibilities, including levels of responsibility and any education and training requirements

- 4.1 **Duty Manager** - in the event of need to Same Sex Breach this **must not** be undertaken until the Duty Manager has had a discussion and a decision from the On Call Director.
- 4.2 **On Call Director** - in the event of need to same sex breach, must base their decision on all of the facts e.g. is there any admitting capacity anywhere else within the Trust that could prevent a same sex breach e.g. flipping a bay, use of siderooms etc. They must explore every option to prevent a mixed sex accommodation occurrence and safeguard the individuals dignity.
- 4.3 **Matron** - if a breach has occurred in their clinical area, they must ensure datix and same sex breach proforma are completed. The same sex breach proforma should be sent to the Patient Experience Team. If the breach is ongoing they should assess the situation to see what can be done to conclude the breach. If unable to conclude the breach this should be discussed at bed meetings.
- 4.4 **Senior Nurse, Patient Experience** - in the event of a Mixed Sex Accommodation breach, they must complete an investigation into this including checking the bedstate at the time of the breach. If this is an ongoing breach they will attend the ward to offer support in concluding the breach. All breaches are discussed with the Deputy Chief Nurse and unjustified breaches are reported to NHS England.
- 4.5 **All staff**
 - 4.5.1 **Courtesy Respect and Dignity**
 - Uphold principles of common courtesy.
 - Address patients by the name and title of their choice.
 - Greet patients carers without undue delay when they first arrive in the relevant areas.
 - Greet all telephone enquiries with Hello My Name is...
 - Ensure a clean and draught free environment for patients.
 - Ensure patient privacy is respected in all interactions with other staff.
 - Ensure that, within the ward environment, privacy and dignity are respected and maintained during visiting times.

4.5.2 Communication and Behaviour (all staff will...)

- Demonstrate effective communication skills and ensure communication takes place in an appropriate environment.
- Be easily identified by use of name badges and should introduce themselves by name.
- Provide information in a way that the patient understands.
- When treating a patient ensure that they know what to expect including any potential pain and discomfort that maybe experienced.
- Ensure that all discussions will be related to the patients' care and avoid personal comments.
- Consult and involve patients and if the patient wishes for their carers to be involved in the planning of their treatment.
- Involve any person caring for a patient, or if the patient is unable to make decisions about their care or lacks capacity to make decisions involve an independent advocate, in determining what services and support they require.
- Inform patients when a service is not available and explain why this is the case.
- Assess a patients communication need and provide support when a need has been identified.
- Provide an intepreting service when required, including spoken, written and sign language.

4.5.3 Confidentiality (all staff will...)

- Adhere to national legislation relating to confidentiality, including the data protection Act 1998, the professional codes of conduct
- Provide an appropriate area where discussions can take place regarding diagnosis and/or treatment, free from, intrusion from visitors and other patients.
- Provide a confidential service to all patients.

4.5.4 Patient Information (all staff will...)

- Avoid transmitting information to the wrong patient, not allow a conversation involving sensitive information to be overheard and be careful about what information is given out to callers.
- Adhere to the Trust confidentiality policy.

4.5.5 Personal Boundaries and Space (all staff will...)

- Obtain consent before any examinations or treatments are carried out
- Ensure, when requested by a patient, a chaperone is included when providing treatment.
- Maintain privacy for patients to dress or undress.
- Ensure privacy and dignity is respected when entering single rooms, individual patient areas with closed curtains, toilets and bathrooms.
- When a patient is approaching death, and in the period following death, give particular respect to the patient, their relatives and carers.

- Ensure the patient's personal space, including table and locker is respected and protected from intrusion by others.
- Ensure ward or department strategies are in place to prevent disturbing and interrupting patients.
- Ensure that when a patient needs to be transferred from one ward to another, or between hospitals, this is carried out with regard for the privacy and dignity of the patient.

4.5.6 Respect For The Individual and Cultural Diversity (all staff will...)

- Treat all patients equitably and in a manner that respects their religious beliefs , cultutre, emotional needs, gender, sexual orientation or ability.
- Ensure patients' cultural and religious needs are valued and met where possible.

4.5.7 Privacy, Dignity and Modesty (all staff will...)

- Ensure privacy is maintained for patients using curtains, blankets and appropriate clothing.
- Ensure patients have access to their own clothes.
- Ensure patients' modesty is maintained when moving between different care environments e.g. ward to theatre.
- Where a patient needs assistance with his / her toileting/hygiene needs, ensure it is done in a way that respects his / her dignity.
- Ensure patients are involved in their care ie giving them choices, listening to their comments, giving them written and verbal information and giving them explanations.
- Ensure the ward/department states clearly visiting times and that there is a clear policy about the number of visitors per bed.

4.5.8 It is not acceptable for patients to be undressed with members of the opposite sex in ANY clinical area across Leicesters' Hospitals, except in specific circumstances. Undressed is defined as wearing night attire such as pyjamas and night dresses, or when patients are asked to remove their day clothes for a procedure. Undressed can be just upper or lower day clothes being removed.

A Breach occurs at the point a patient is admitted to mixed sex accommodation outside of this guidance.

Other types of mixing such as patients having to pass through the opposite sex to reach their own toilet/ bathroom facilities or in non-admitted areas should be monitored locally and plans established to rectify the situation.

All clinical areas should provide high levels of privacy for patients with use of bedspace curtains, privacy curtains in bathrooms/ consulting rooms and red pegs/ DO Not Enter signs.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

NHS England and NHS Improvement Delivering Same Sex Accomodation September 2019.

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 There are specific actions to enable staff to consider how in practice they can ensure the privacy and dignity needs of patients and relatives are upheld, they represent the minimum standards that patients and their relatives should expect.

- 6.2 Patient Experience will support teams who have an on-going same sex accommodation breach and will give support in the education of staff regarding the privacy and dignity in the clinical areas.
- 6.3 Decision making must involve the clinical teams and Duty Manager with the Director on call making the final decision.

7 PROCESS FOR MONITORING COMPLIANCE

- 7.1 All policies must include details of audit standards or key performance indicators that will be used for monitoring compliance and effectiveness and the frequency of monitoring / audit. These must be set out in the Policy Monitoring table set out below.

8 EQUALITY IMPACT ASSESSMENT

- 8.1 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.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Delivering Same-Sex Accommodation, September 2019 NHS England and NHS Improvement
 Same Sex Accomodation UHL Guideline January 2020 (ref B34/2016)
 Care Quality Comission Regulations 201 Health and Social Care Act 2008 (Regulated Activities)
 Regulations 2014: Regulation 10: Paragraph 10(2) (a)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This is the first version of the policy for Same Sex Accomodation at UHL, prior to this UHL had a Same Sex Accomodation Guideline B34/2016
 This version was produced by the Head of PateitnExperience and the Senior Nurse for patient Experience

POLICY MONITORING TABLE

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The top row of the table provides information and c tors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local	Who will lead on this aspect of monitoring	What tool will be used to monitor/check/observe/asses/inspect	How often is the need to monitor each element? How often is the need complete a	How will each report be interrogated to identify the required actions and how thoroughly should
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approved policy or guidance?	? Name the lead and what is the role of other professional groups	Authenticate that everything is working according to this key element from the approved policy?	report ? How often is the need to share the report?	this be documented in e.g. meeting minutes.
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Mixed Sex Accommodation Breaches	Matrons, Heads of Nursing from CMGS	SSB reporting form to be completed and sent through to Patient Experience Team. Also a datix form to be completed . Monthly reporting through the UNIFY 2 system	Every time a breach occurs.	Each breach investigated by Patient Experience Senior Nurse and discussed with Assistant Chief Nurse on a monthly basis and breaches reported through UNIFY 2 reporting system.

Appendix 1

Patient letter of apology In the event of a same sex accommodation Breach

University Hospitals Of Leicester NHS Trust

Dear (insert patients name)

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

UHL normally only permits mixed sex accommodation 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 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. You will receive a visit from one of the Trusts Senior Managers , if we are unable to resolve this breach of same sex accommodation within the next 24 hours.

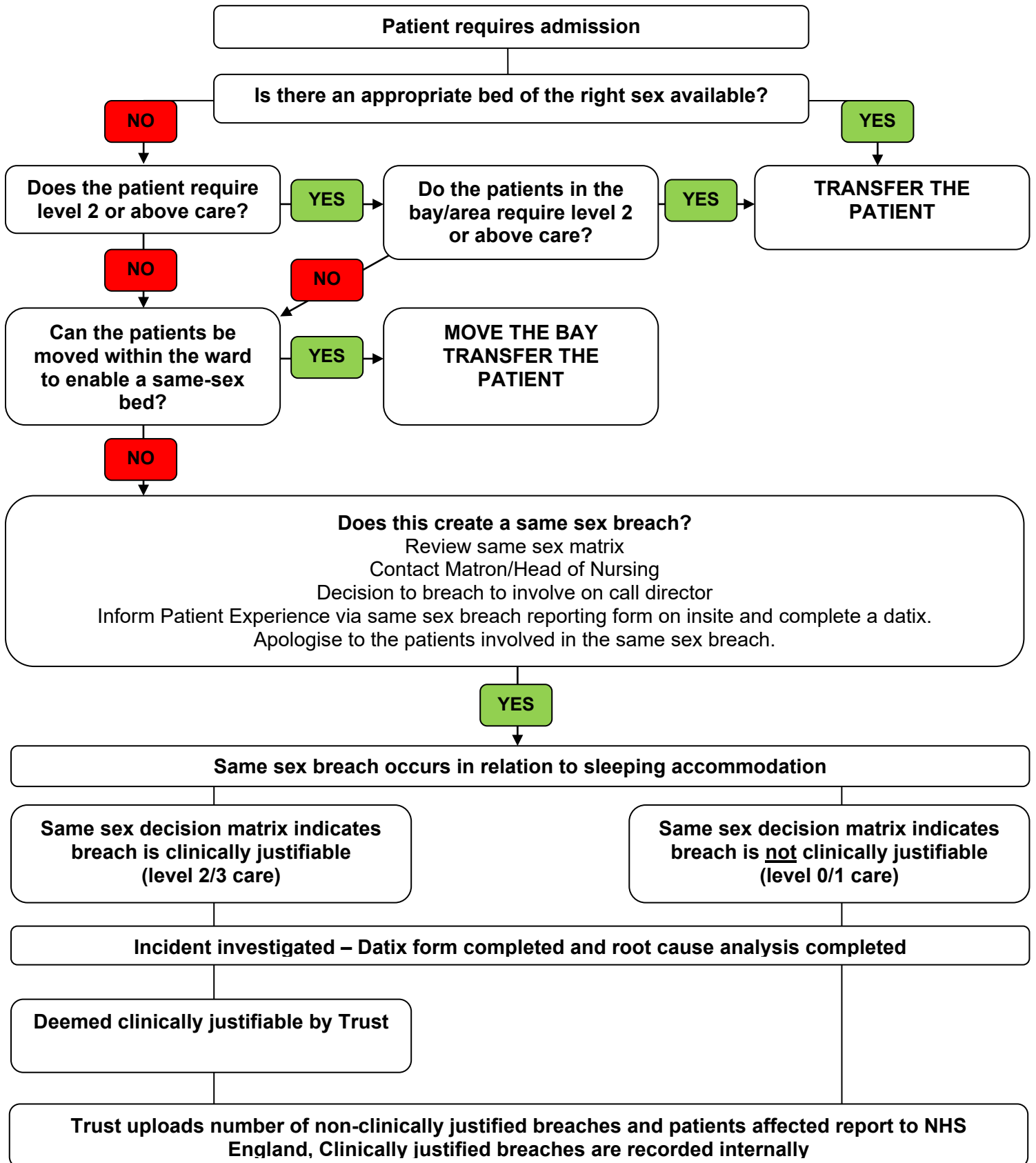
Please do not hesitate to contact the Matron or Sister/Charge Nurse for your area if you require any further support today or wish to discuss the matter Further.

I wish you a speedy recovery

Yours sincerely

Appendix 2

Same Sex Accommodation Decision Making Process



Appendix 3

SECTION A - SLEEPING ACCOMMODATION

Clinical Area	National Guidance / Local Commissioners Agreement	Notes
<p>Critical Care, level 2 & 3 e.g.:</p> <ul style="list-style-type: none"> • ICU/Coronary Care Units • High Dependency Units/Acute Care Bays • Recovery units attached to theatres • Procedure rooms 	<p><u>Mixing is only appropriate where:</u></p> <ul style="list-style-type: none"> • Patient requires constant 1:1 nursing – level 3 acuity • Patient requires a nurse to be constantly present in the bay – level 2 acuity <p><u>Same sex accommodation breaches will be reported if:</u></p> <ul style="list-style-type: none"> • The patient becomes level 1 or 0 & is in mixed sex sleeping accommodation • The patient remains in a recovery unit until discharge (e.g. same day surgery/endoscopy units) with members of the opposite sex <p>ICU/HDU Patients:</p> <ul style="list-style-type: none"> • If a patient no longer requires level 2 care & remain on the unit in a mixed sex facility after 4 hours this becomes a non-clinically justified same sex breach (NHS England Guidance) • All attempts will be made to ensure same sex compliance by moving patients within the units & a heightened level of privacy will be provided <p>Coronary Care Unit, Glenfield Hospital - accepts 'blue light emergency' patients with suspected cardiac instability. Many patients are level 2 acuity on admission & although a number are discharged directly they remain potentially unstable & require continual specialised supervision. It is therefore appropriate to mix this specific group of patients for the short period within the unit</p>	<p><u>ICU Patients:</u></p> <ul style="list-style-type: none"> • Staff will predict patients who can step down from requiring level 2 care, inform the bed coordinators of the need for a base ward bed in the next 24 hours • Patients continue to require level 2 care for 24 hours post time identified for discharge from intensive care • In line with national Intensive Care Standards patients will not transfer out of the ICUs between 7pm & 7am, during these times the clock will stop for patients who have stepped down
<p>End of Life care</p>	<p>A patient receiving end of life care should not be moved solely to achieve segregation, in this case a breach would be justified and there is no time limit. (NHS England Guidance).</p>	
<p>Stroke Unit – wards 25/26 (LRI)</p>	<p><u>Mixing is only appropriate where:</u></p> <ul style="list-style-type: none"> • All patients requiring specialist Stroke Unit care are considered to require level 2 care for 	<p>Every attempt should be made to keep both assessment areas</p>

Clinical Area	National Guidance / Local Commissioners Agreement	Notes
	<p>the initial 24 hours</p> <ul style="list-style-type: none"> Individual assessment indicates level 2 acuity Patients are cared for in stroke assessment bays where all patients require level 2 care <p><u>Same sex accommodation breach to be reported if:</u></p> <ul style="list-style-type: none"> If a patient becomes level 1 or 0 & is within mixed sex sleeping accommodation 	single sex
Brain Injury Unit (LGH)	<p>All patients on this specialist unit should be cared for in same sex accommodation, all incidents of mixed sex accommodation should be escalated to the Matron/Head of Nursing & reported as a same sex accommodation breach</p> <p>The only incidence of mixing same sex accommodation that could be justified is a life threatening emergency/sudden deterioration of a patient. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified</p>	Contact Patient Experience for support/guidance
Base Wards (from all specialties)	<p>All incidents of mixed sex accommodation should be escalated to the Matron/Head of Nursing & reported as a same sex accommodation breach</p> <p>The only incidence of mixing same sex accommodation that could be justified is a life threatening emergency/sudden deterioration of a patient. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified</p>	Contact Patient Experience for support/guidance
<p>Admissions Units, e.g.:</p> <ul style="list-style-type: none"> Medical/Surgical Admissions Clinical Decision Unit 	<p>All assessment areas should ensure same sex accommodation facilities, however due to the emergency nature of these environments the following situations will be categorised as clinically justified same sex accommodation breaches:</p> <ul style="list-style-type: none"> In the event of a life threatening emergency, either on admission or due to a sudden deterioration of a patient's condition. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified Osborne Assessment Unit, triage areas in Surgical Assessment Unit, LGH ward 29, GPAU patients who have not been through ED A patient should be moved from an assessment/ observation unit within four hours of decision to admit, or when the patient 	<p>Contact Patient Experience for support/guidance</p> <p>Patients admitted to these areas will have come from ED so the decision to admit has already been made.</p>

Clinical Area	National Guidance / Local Commissioners Agreement	Notes
	<p>arrives in the unit and a decision to admit has already been made. If mixing occurs after the four hours these should be recorded as unjustified breaches.</p> <ul style="list-style-type: none"> • Clinical Decisions Unit contains trolleys to receive patients requiring urgent assessment and initial treatment. Therefore the Clinical Decisions Unit is exempt from ensuring male and female patients are segregated in this trolley area. There is an expectation of heightened levels of privacy and that patients are cared for behind curtains and when being examined patients are shielded from view. • Direct admissions from the Emergency Department to the Emergency floor (AMU, EFU, EDU, SSU and AFU) - if a same sex accommodation breach occurs as a result of risk mitigation strategies to reduce severe patient safety risks in the Emergency Department, this will be recorded internally as clinically justified. • Boarding Patients: to only considered as exception and proportionate to response of the Trust but must not be boarded opposite a bay of the opposite sex. 	
Day surgery	<p>All incidents of mixed sex accommodation should be escalated to the Matron/Head of Nursing & reported as a same sex accommodation breach</p> <p>The only incidence when mixing same sex accommodation could be justified is a life threatening emergency/sudden deterioration of a patient condition. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified</p>	Acceptable to mix for very minor procedures (e.g. operations on hands/feet that do not require patients to undress)
Endoscopy Units	<p>All incidents of mixed sex accommodation should be escalated to the Matron/Head of Nursing & reported as a same sex accommodation breach</p> <p>The only incidence when mixing of same sex accommodation could be justified is a life threatening emergency/sudden deterioration of a patient. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified</p>	
Discharge Lounges	<p>Mixing is acceptable as patients admitted to the discharge lounges are at the end of their hospital stay & these areas are reflective of a waiting or day room.</p> <p>Patients being admitted should be made aware that this area accommodates both men &</p>	

Clinical Area	National Guidance / Local Commissioners Agreement	Notes
	<p>women; Ward staff should prompt relatives to bring day clothing into hospital prior to discharge so patients have the opportunity of changing into their own clothes.</p> <p>Where the patient has no available day clothing of their own, they can be offered new day clothing purchased by the Trust, which are available in both discharge lounges.</p> <p>Patients who wish to remain in their night clothes should be admitted to the discharge lounges if they wish to do so. Staff will ensure that a heightened level of privacy & dignity is maintained for these patients using dressing gowns, sheets & blankets.</p>	
Transfer Hub	If the transfer hub is not a component part of ED: SSA breaches will apply	
Areas where treatment is delivered e.g. chemotherapy units / ambulatory day care / radiotherapy / renal dialysis / medical day unit	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.	
Childrens/Young People Units (including Neonates)	<p>Mixing is acceptable & can be beneficial for children & young people</p> <p>Children (and 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 exceptions from the need to provide high standards of privacy and dignity.</p>	
Transgender patients	<p>Patients who present as a gender that they were not assigned to at birth or express a wish to be identified as this gender, regardless of their stage of transition should be acknowledged as their preferred gender. The patient should be accommodated in a bay that reflects this preference or following careful discussion with this person a side room can be offered.</p> <p>The only incidence of not adhering to the allocation to the patients preferred gender that could be justified is a life threatening emergency/sudden deterioration of a patient. All evidence should be collected & reviewed. If deemed that this was due to life threatening emergency/sudden deterioration then the breach will be recorded internally as clinically justified</p>	

Appendix 4

SECTION B - NON ADMITTED AREAS AND SAME SEX ACCOMMODATION BREACHES OF BATHROOM/WALK THROUGH/BY FACILITIES

Clinical Areas	National Guidance / Local Commissioner Agreement	Notes
Emergency Department (LRI)	<p>National guidance indicates that the Emergency Department is exempt from ensuring male & female patients are segregated</p> <p>There is an expectation of heightened levels of privacy & dignity & that where possible patients are cared for behind curtains & when being examined patients are shielded from view</p>	
Outpatients Facilities including: General, Diagnostic, Imaging, Therapy, Breast care, Nuclear medicine	<p>All patients attending outpatient's facilities must be cared for in same sex facilities if they are required to undress fully or partially for a procedure/examination etc. Patients, once undressed, must remain in single sex facilities</p>	<p>Patients must not wait in mixed sex waiting areas once undressed (unless patients choose to sit with relatives)</p>
Toilet & bathroom facilities across all inpatient wards	<p>Mixing patients in toilet & bathroom facilities is unacceptable. All toilets & bathrooms will be clearly signposted to ensure they are single sex with the exception of disabled toilets</p> <p>Within inpatient facilities patients should be able to access their toilet & bathroom facilities without passing through or alongside opposite sex areas to reach their own facilities</p>	<p>Many clinical areas change the allocation of male & female bays with activity. Layout & access to toilet/bathroom facilities should be reviewed with any ward layout changes</p>

Any mixing of sleeping accommodation as identified in section A should be reported immediately via Datix and breach reporting form completed (available on INSite) and sent to Patient Experience. All breaches of sleeping accommodation will be investigated and reported nationally.

Any mixing of non-admitted areas or bathrooms/walk through should be immediately reported to Patient Experience and a remedial plan activated. Each Clinical Management Group that is not compliant with this same sex matrix is responsible to address this and to undertake remedial actions.

The exact number of patients involved in the same sex breach and the number affected will be reported in line with the example below:

	Example Scenario	Reported
1	A bay of three females has a male patient admitted	1 breach/4 people affected
2	A bay of three females, two of the females needing level 2 care, has a male patient admitted.	1 breach/2 people affected (<i>patients needing level 2 care would not be reported</i>)