

DELIVERING SAME SEX ACCOMODATION POLICY – WAHT-CG-521

Department / Service:	Corporate Nursing
Originator:	Alison Robinson – Deputy Chief Nursing Officer
Accountable Director:	Sarah Shingler Chief Nurse
Approved by:	Clinical Governance Group
Date of approval:	6 th October 2023
This is the most current document and should be used until a revised version is in place:	6 th October 2026
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All In-patient, Day Case Patient areas and assessment areas.
Target staff categories	All healthcare staff who have direct patient contact

Purpose of this document:

To provide a framework for the provision of same sex accommodation and the management, reduction and elimination of mixed-sex accommodation at Worcestershire Acute Hospitals NHS Trust and in so doing puts patients first and ensure positive patient experience

References:

Code:

Department of Health(2009) NHS Single Sex Standards	
Department of Health (2009) NHS Delivering Same Sex Accommodation guidance series	
Department of Health(2009) Delivering Same Sex Accommodation when patients are admitted in an emergency, Annex A	
Department of Health (2010) Department of Health Delivering Same Sex Accommodation	
Care Quality Commission, (2015) Brief guide for Inspectors	
NHS England Delivering Same Sex Accommodation 2019	
Portsmouth Single Sex Accommodation Policy.pdf (porthosp.nhs.uk):	

Associated Policy and Procedural Documents:

Worcestershire Acute Hospitals NHS Trust Policy for Development, Approval & Management of key Documents WAHT-CG-001	
Worcestershire Acute Hospitals NHS Trust Infection Prevention and Control Policy and Procedures WAHT – CG-043 (2013)	
Worcestershire Acute Hospitals NHS Trust Policy for Safeguarding Adults WAHT-CG-055 (2014)	
Safe Guarding Children & Young People Policy WHAT-CG-455 (2014)	

Key amendments to this Document:

Date	Amendment	By:
13 th May 2011	Additional information added following DoH further guidance on the requirement for the following areas to be compliant with the same sex accommodation and be reported onto the hospitals' Oasis system these areas are: <ul style="list-style-type: none"> • High dependency units (HDU) • Coronary care units (CCU) • Intensive care units (ICU) (refer to appendices 7 & 8). 	Rani Virk Michelle Norton Shelley Goodyear Catherine Keevil Dana Picken
20/04/2015	Updated - to reflect current responsibilities/ names of staff in post	Sonya Murray ACNO
14/11/16	Documents extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
02/02/2017	Document extended for 3 months as per email from Julie Halliday	Julie Halliday
11/05/2017	Updated – to reflect Oasis Reporting	Alison Harrison DDDN
15/05/19	Review and update to reflect responsibilities and	Jackie Edwards

	national policy	Deputy Chief Nurse
July 2021	Document review date amended as per the Key Documents policy 3-year approval update.	Trust policy
Feb 2023	Patients Who are Transgender, Non-Binary or Gender Non-Conforming Patient policy (yet to be ratified) Single Sex Accommodation Policy (porthosp.nhs.uk): Approved at CGG in October 2023	Dr Luke Simonds
March 2024	Wording changed from Transexual to Transgender	Dr Luke Simonds

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1. Introduction

Delivering Same Sex Accommodation (DSSA) simply means providing an environment where men and women do not share sleeping accommodation and bathroom or toilet facilities. Same Sex Accommodation may be provided in the following environments;

- Same Sex Wards (the whole ward is occupied by men or women but not both)
- Single Rooms with dedicated toilet and bathroom facilities within or adjacent to the bay.
- Same Sex Accommodation within a bay within a mixed sex ward with dedicated toilet and bathroom facilities within or adjacent to the bay.

In addition, patients should not need to pass through opposite sex accommodation to access toilet or bathroom facilities to access their own.

The Trust provides accommodation that complies with NHS Single Sex Standards (2009) and Department of Health DSSA Policy and guidance (2009,2010). There is board level commitment for compliance with these standards and they are considered to be key factor in maximising patient privacy, dignity and respect.

The NHS Constitution states clearly that all patients should feel that their privacy and dignity are respected while they are in hospital.

In February 2009, The Department of Health established the Delivering Same Sex Accommodation Programme (DSSA) which aims to eliminate mixed-sex accommodation from hospitals in England by 2010 (DOH 2009a). The provision of same-sex accommodation for every patient is a commitment in helping to safeguard their privacy and dignity when they are often at their most vulnerable (DOH 2009b).

Since January 2011 there has been routine reporting of NHS organisation breaches and commissioners are expected to apply sanctions to those NHS organisations who declare a breach.

2. Scope of the Policy

This policy applies to all patients who will access and use sleeping accommodation, toilet and bathroom facilities. The definition of mixed sex occurrences will apply:

1. Following admission
2. At all points of the patients in- patient pathway
3. In all clinical areas where patients are admitted.
4. It does not include areas where patients have not been admitted, such as ED cubicles.

3. Definitions

A mixed sex occurrence is defined as:

The placement of a patient within a clinical setting, following admission where one or more of the following criteria applies:

1. The patient occupies a bed space that is either next to, directly opposite or diagonally opposite a member of the opposite gender i.e. no walls between them.
2. The patient occupies a bed space that does not have access to single-sex washing and toileting facilities.
3. The patient must pass through an area designed for the occupation of members of the opposite sex to gain access to washing and toileting facilities. The exception is toilet facilities used in day areas where service users are fully dressed.
4. Where no clinical justification exists or where a clinical justification applied is no longer appropriate, i.e. a patient no longer requires Level 2 care.

4. Responsibility and Duties

4.1 Trust Board

The Trust Board has overall responsibility for patient safety and experience within the Trust and to ensure the Trust complies with its statutory obligations in this regard. The Trust Board monitors compliance with Delivering Same Sex Accommodation.

4.2 Chief Nursing Officer

The Board of Directors has assigned responsibility to the Chief Nursing Officer (CNO) for overseeing compliance with this policy. The CNO will provide board assurance to the Board of Directors on compliance with this policy and will present an annual report on compliance to the Board of Directors for consideration.

4.3 Divisional Medical Directors/ Divisional Directors of Operations/Divisional Directors of Nursing.

The above are responsible for supporting and monitoring the implementation of this policy

4.4 Matrons/ Ward / Department Managers

Ward and department managers are responsible for ensuring that no accommodation has mixed sex patients.

In the event of a mixed sex incident or patient complaint this should be reported as an adverse incident using the Datix system and escalated to the Divisional Director of Nursing.

4.5 Site managers/Capacity Managers/Site Nurse Practitioners

The above are responsible for ensuring that no patients are allocated a bed in mixed sex accommodation. Monitoring of DSSA issues must be raised and resolved at bed meetings where appropriate.

4.6 Head of Estates

The Head of Estates has responsibility for ensuring the building design functional and supports compliance to DSSA, this includes signage. Compliance with SSA must be taken into consideration in any future estates and building programmes and advice and support should be obtained from the Lead Nurse for Patient Experience

4.7 All staff

Individual staff actions must actively support privacy and dignity. Staff must ensure that they are familiar with and comply with, the requirements of this policy

4.7 Divisional Governance Team

The Divisional Governance teams are responsible for ensuring compliance to policy, and reporting via SQUID and Divisional Governance meetings.

5.0 Framework

5.1 This section describes the broad framework for the provision of same sex accommodation for patients within the Trust.

The type of inpatient accommodation provided by an acute hospital is classified nationally by level of care.

5.2 Level 0 -Inpatient Wards

These wards must comply with the standard and Trust staff must not place mixed sex patients in the same room/bay.

5.3 Level 1 – High Care Areas

These areas must comply with the standard and Trust staff must not place mixed sex patients in the same bay/room. This included surgical high care area

5.4 Level 2 Intensive Care Units, High Dependency Units, Coronary Care Units and Non-Invasive Ventilation Units

This can be a mixed sex environment (DH,2010)

Patients in these areas require more detailed observation or intervention in a critical care area to support a single failing organ system, or post- operative care and those 'stepping

down' form higher levels of care. There is a higher ratio of nursing staff in this area to assist patients to maintain their privacy and dignity.

Compliance with DSSA is required within 6 hours of the patient being identified as sufficiently 'stable' to be transferred to a level 1 or 0 area within the Trust. This is WAHT local agreement.

5.5 Level 3 Intensive Care Units

This can be a mixed sex environment (DH, 2010) (This level includes all complex patients requiring support for multi- organ failure. There is a higher ratio of nursing staff in this area to assist patients to maintain their privacy and dignity.

Patients should not have to share mixed bathing and toilet facilities unless they need to use a disabled/assisted bathroom or by patient choice.

The same principles apply to theatre recovery units where patient are cared for immediately following surgery before being transferred to a ward. While separate male and female recovery units are not required, some degree of segregation remains the ideal. High levels of observation and nursing attendance should mean that all patients can have their modesty preserved whilst unconscious.

Key Principles

Where one patient becomes conscious and is awaiting a move to a step down bed and all other patients in the ITU remain unconscious this would constitute one breach.

Decisions should be based on the needs of the individual patient while in Intensive Care environments and their clinical needs will take priority.

If a patient is ready to leave the Unit but this cannot be implemented there should be clear documentation and a record of actions to be taken to ensure transfer of the patient to appropriate same sex accommodation.

5.6 Toilets and Bathrooms

Where there are no en-suite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate same sex bed bays/rooms.

The facilities must be designated by gender, using Trust approved signage. These signs may be interchangeable indicating either male or female according to the need.

Guidance can be sort from the Trust policy (2021) Supporting patients who are Transgender, Non Binary or Gender Non-Conforming

4.6.1 Disabled Access Facilities

Toilet and washing facilities designated as disabled access can be used by men or women who require assistance or the use of specialised equipment.

5.7 Emergency Admissions

It is recognised that in some emergencies mixing of the sexes may be necessary due to the clinical needs of each individual patient e.g. patients needing critical care/CCU accommodation.

In such situations greater protection should be provided where patients are unable to preserve their own modesty by nurses being present in the area at all time. Within these areas bed position must be taken into consideration, with every attempt made to place patients of the same sex opposite each other, using curtains and screens as appropriate.

A plan should be in place for ensuring privacy and dignity of the patient and for the transferring of patients to single sex accommodation at the earliest opportunity.

5.8 Endoscopy, Short stay Surgical and Day Surgery Units

All patients must be provided with same sex accommodation.

5.9 The Medical Day Unit and Chemotherapy Unit

These are mixed sex environments but will offer a same sex environment **if** the patient wishes not to be in a mixed sex environment.

Prior to attendance or on day of attendance patients should be given the option to refuse placement in a mixed sex environment.

The following standards are to be adhered to in these units:

- Treatment areas should be same sex or offer a dedicated area for same sex.
- Bathroom and toilet facilities must be designated for same sex unless disabled/assisted bathroom
- Staff must ensure that all patients (particularly vulnerable) wear appropriate clothing to maintain their dignity. If at all possible patients should be encouraged to wear their own clothes.

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. Similar consideration will apply wherever treatment is repeated, especially where patients may derive comfort from the presence of other patients with similar conditions.

5.10 X- Ray Departments

Areas such as x-ray where patients are required to change, changing cubicles should be single use or designated assisted cubicles for those patients requiring assistance to undress.

5.11 Children and Young People

Children and young people must be placed on a ward that is appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual child or young person. In general, young people prefer to be located alongside other people of their age, where possible they should be given this choice on admission. The care of children must ensure that their separate needs. Including safeguarding are recognised and met.

Young people might prefer to spend most of their day time in mixed areas, but must have access to same gender sleeping area, treatment rooms and sanitary facilities if requested.

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

5.12 Maternity

The birthing partner may only stay overnight in the same single room as their female partner following the birth of their baby. They should use the en-suite toilet/wash facilities within the room.

5.13 Transgender patients

Transgender adults, gender variant children and young people are defined as individuals who have proposed, commenced or completed reassignment of gender and have legal protection against discrimination

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

Sensitivity to all patients should be considered on room allocation and where practical transgender patients should be offered a single room

Patients Who are Transgender, Non-Binary or Gender Non-Conforming

- Patients should always be treated as the gender they identify as, regardless of what their transition looks like or how long they have shared their gender identity with others.
- Patients should always be in an environment that aligns with their gender identity.
- Trans, non-binary and gender non-conforming patients may be given the option to use gender neutral facilities if available, i.e. toilets/ showers.
- Gender identity may not always accord with the physical appearance of a person's chest and/or genitalia.
- Allocation of accommodation does not depend upon a trans, non-binary or gender non-conforming person having a GRC or legal name change.

- Depending on how the patient presents, they may not wish to be placed on a ward of their identified gender. A discussion must take place with the patient who must be asked if they would prefer the privacy of a single room, if one is available. This must not be arranged without their consent.
- Staff must be aware that a trans, non-binary or gender non-conforming patient needs sensitive support for their care, e.g. shaving facial hair, requiring menstrual products. Staff must be sensitive when discussing these issues.
- The views of the trans, non-binary or gender non-conforming person should take precedence over those of family members where these are not the same.
- Different genital or breast sex appearance is not a bar 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 trans person being placed in an otherwise opposite gender ward e.g. when a trans man is having a hysterectomy in a ward that is designated specifically for women and no side room is available. The situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.
- Where admission /triage staff are unsure of a person's gender, they should ask discreetly where the person would be most comfortably accommodated and then they should comply with the patient's preference as soon as practicable. If patients are transferred to a ward this should also be in accordance with their continuous gender presentation (unless the patients request 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 should be undertaken unless this is specifically necessary in order to carry out treatment.
- In addition to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs, are unlikely to wear them in these circumstances, and may be 'read' incorrectly as men. Extra care is therefore required so that their privacy and dignity as women is appropriately ensured.
- Trans men whose facial appearance is clearly male, may still have female genital appearance, so extra care is needed to ensure their dignity and privacy as men, with appropriate dignity and modesty considerations must also be given to other patients in the ward through the appropriate use of screens and curtains.
- Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.
- Trans men and non-binary individuals who become pregnant should be treated with dignity while using maternity services.'

Circumstances where mixing sexes in the same room may be appropriate.

There may be occasions when relatives such as husband/wife, brother/sister may be admitted together. If they wish to be accommodated in the same room this is acceptable. It must be in a two bedded room and the request and agreement documented in both patient's healthcare record. This is not reportable as a mixed sex breach.

There may be occasions when a carer of the opposite sex wishes to remain overnight with the patient. Staying with the patient is acceptable but consideration must be taken into account of the possible embarrassment and discomfort of other patients. Therefore, it is recommended that where possible the patient is nursed in a single room if the carer is to stay the night.

5.14 Patients Cohorts for infection Prevention and Control

Every effort must be made to provide same sex accommodation; however, patients may be cohorted in mixed sex accommodation where such action is unavoidable for effective control of transmission of infections.

The actions associated with this need to be agreed by the responsible Prevention of Infection and Control Nurse Infection and the relevant Divisional management team.

Advice must be sought from the infection Control team regarding which type of infected patients can be safely cohorted in a ward environment. Refer to the Trust Infection Prevention and Control Policy and Procedures for more detail.

If this has to be undertaken then detailed documentation of reasons for this and explanation given to the patient need to be recorded in the patients notes, this should be reviewed every 24 hours. As soon as clinically possible the patients should be moved to same sex accommodation.

5.15 Other Exceptional Circumstances

It is recognised that on rare occasions the clinical or operational need to admit a patient to mixed sex accommodation, within any clinical setting, may take priority over the need for segregation. Only in exceptional circumstances can a patient whose admission is planned be admitted to a mixed sex area. On these occasions, authority to admit to mixed sex accommodation must be sought from the Divisional Director of Nursing/ Matron on call for the hospital site and recorded in the patients notes giving the reasons. As a priority, the patient will be moved to a same sex accommodation as soon as possible unless the clinical need of the patient dictates otherwise. A datix must always be completed if this occurs, and a breach declared.

6.0 Mixed Sex Accommodation

In those exceptional circumstances detailed above where mixed-sex accommodation is used, the following provision must be complied with:

An individual patient's privacy and dignity must be maintained at all times irrespective of the accommodation provided.

Patients, relatives and carers (where appropriate) must be kept informed, verbally and /or in writing, of the reasons for the provision of the mixed sex accommodation and the actions being taken to resolve the situation. This should also be documented within the patients record on EPR (Electronic Patient Record).

All patients who are elective admissions must be given written information regarding the Trust approach to managing patient's care in mixed sex accommodation. This may be done via a pre-admission letter.

In emergency admission areas, patients in mixed sex accommodation will be moved to same sex accommodation as soon as possible and wherever possible, within 24 hours.

All decisions and communications regarding care of patients in mixed sex accommodation must be documented in the patient's notes.

6.1 A Breach – definition

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

- Share sleeping accommodation – the patient is admitted to a bed space that is within a bay with members of the opposite sex.
- Share toilets, shower/washrooms or bathrooms
- Pass through an area of opposite sex accommodation to access toilets, shower/washrooms or bathrooms.
- Where no clinical justification for mixing exists or where a clinical justification applied is no longer appropriate.

The number of breaches is determined by the number of patients affected by the breach for example if there is 1 male in a 4 bedded female bay then 4 patients are affected and should therefore be reported.

6.2 Acceptable justification – 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 ITU
- Where a short period of close patient observation is needed, e.g. immediate post-anaesthetic recovery

6.3 Unacceptable Justification – i.e. a breach

- Placing a patient in mixed sex accommodation for the convenience of medical, nursing or other staff
- Placing a patient in mixed sex accommodation because of a shortage of staff or poor skill mix.
- Placing a patient in mixed sex accommodation because of a shortage of beds
- Placing or leaving a patient in mixed sex accommodation whilst waiting for assessment, treatment or a clinical decision.

7.0 Best Practice

- The unit must display that this is a mixed sex accommodation ward outside the unit and that we will take every effort to maintain privacy and dignity and dignity for our patients our patients
- Where it is clinically appropriate every effort will be taken to get patients up and dressed as soon as their condition allows.

8.0 Incident Reporting and Oasis Recording

Where the provision of mixed sex accommodation falls outside the exceptions identified in a Datix must be completed and submitted.

Where the patient remains in mixed sex accommodation (outside the exceptions identified) for more than 6 hours, a Datix form must be completed. A root cause analysis must be undertaken if requested by Matron/divisional team. Recommendations must be reported via the divisional management team to the Patient Experience committee for monitoring and to ensure any lessons are learned and disseminated across the Trust.

Any breaches of same sex accommodation must be recorded on Oasis, as and when the breach occurs. As soon as the breach occurs a dataset for MSA for the patient's record needs to be completed with the date & time & ward of breach, if it is within 6 hours the clinical exception box needs to be completed as a 'yes', allowing for the local exception, however after the 6 hours this needs to be created again with the new date and time & a clinical exception 'No' completed.

All other areas need to complete the same dataset at the moment of breach regardless of how long the breach is for & no time exemptions or clinical exceptions are to be applied. The process of recording on Oasis, can be found in **Appendix 6**.

9.0 Physical Environment

Every area that receives patients must be assessed by the department/ward manager to ensure the physical environment actively supports the principles of privacy and dignity and the provision of same sex accommodation.

Where improvements are required the clinical area/ward manager, supported by the divisional management team, must develop, implement and monitor action plans to ensure that, wherever possible improvements are made.

Where the physical environment is such that full compliance with this policy and associated procedural documents unachievable then this must be reported to the Divisional Director of Operations and where appropriate Estates for any identified action.

10.0 Patient Information

All patients who have planned admission to the Trust, and who are at risk of being cared for at the Trust in mixed sex accommodation, must be provided with the Trust Patient Information leaflet informing them of this possibility prior to their admission.

Patient attending pre-admission screening assessment will be given a copy of the leaflet in clinic and a record of this must be documented in the patient's notes. Where a patient does not attend, for pre-admission assessment, the leaflet must be sent to them with the hospital admission letter.

Where relevant, all patients on admission must be informed verbally by the person in charge of the ward/department at the time of admission regarding any arrangements related to mixed sex accommodation including situations where same sex bays are provided but patients will need to walk through or past bays designated for the opposite sex, to get to toilet and wash facilities.

In all instances where the provision of mixed sex accommodation is unavoidable the patient, their relatives and carers (where appropriate) must be informed of:

- Why the situation occurred
- Where applicable, what is being done to address the situation
- Where applicable, who is dealing with the situation.
- An indication as to when the situation will be resolved or why it cannot be resolved if the decision is due to clinical need or design of the current buildings and estate.

All such communications must be documented in the patient's notes.

11.0 Implementation and Monitoring

11.1.1 Implementation

This policy will be made available on the Trust intranet and disseminated to staff through the divisional management structure within the Trust.

11.2 .2 Monitoring

- ..1 Patient Environment Assessments (PLACE audits) are carried out on an annual basis and reported to the Director of Nursing & Midwifery for monitoring purposes.
- ..2 Mini PLACE Assessment are carried out on a six monthly basis and reported to the Chief Nursing Officer for monitoring purposes.
- ..3 All incidents and complaints related to the provision of same sex accommodation will be monitored by the divisional management teams and any subsequent action plans monitored through this structure. A root cause analysis will be undertaken if requested by the matrons/divisional management team and the findings reported to the Patient Experience committee for monitoring and to ensure lessons are learnt and disseminated across the Trust.

12.0 Statistical reporting

- **12.0.1** Mixed sex accommodation is published nationally. From June 2018, NHS England aligned publication of MSA collection with monthly NHS England publication of the combined performance statistics. The release of data will occur from June 2019 of a full set of 12 months statistic calendar and a breach rate is the number of breaches of mixed sex sleeping accommodation per 1,000 finished consultant episodes.

12.0.2 MS Breaches are reported through SQUiD data and trust wide data released to NHS England for publication each month.

12.0.3 The data is reported per division and is monitored through integrated performance meetings.

- **The trust will provide data at organisational level to NHS England per month. This data will be signed of by the Chief Nursing Officer.**

12. Consultation

Key individuals involved in developing the document	
Name	Designation
Sarah Shingler	Chief Nursing Officer
Christine Blanchard	Chief Medical Officer
Alison Robinson	Deputy Chief Nursing Officer
Susan Smith	Deputy Chief Nursing Officer
Dave Raven/ Clare Bush	Urgent Care Division
Rebecca Moore/Jasper Trevelyan	Specialty Medicine Division
Stacey Waldron/Steve Goodyear	Surgery Division
Amrat Mahal / Justine Jeffrey / Baylon Kamalarajan	Women & Children Division
Amanda Moore/Ed Mitchell/Jo Marriott	SCSD
Jules Walton	Deputy Chief Medical Officer
Julian Berlet	Deputy Chief Medical Officer
Julie Booth	Deputy Director Infection Prevention & Control

Tania Carruthers	Director of Pharmacy
Allan Bailey	Associate Director of Governance & Risk
Rebecca Brown	Trust Incident Commander/Deputy Chief Digital Officer
John Reading	Information Manager
Elaine Chapman	Clinical Effectiveness Manager
Rachel Dunne	Head of Quality Transformation (CCG representative)
Anna Sterckx	Head of Patient Carer and Public Engagement
Circulated to the following individuals for comments	
Luke Simonds	Specialty Doctor in Intensive Care Medicine
Circulated to the chair of the following committee's / groups for comments	
Name	Committee/group
Chair	Patient Experience Committee

13.0 Dissemination process

The Lead Nurse for Patient Experience & the Trust Quality Matron will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the Matrons so that they may discuss in ward and department meetings, as well as to key heads of service who are involved. The policy is accessible via the policy link on the Trust Intranet.

Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet-based system.

Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff looks for a key document.

Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

14.0 Training and awareness

It is the responsibility of the individual professional to ensure that they are aware of the contents of this policy. It is the responsibility of managers to identify any training needs.

15.0. Monitoring and compliance

Arrangements will be made for monitoring compliance with this policy through existing clinical governance structures:

- Annual report will be made to the Trust Patient Experience Committee by Deputy Director of Nursing with review of incidents related to Mixed Sex Accommodation by Risk Manager.
- Findings / results of annual audit
- Recommendations
- Action plans

- Evidence of change in practice
- Minutes of committee receiving incident reports (PEC/CAC)
- Matron Observation Audits (Audit Hub)

The standard for audit purposes will be 100% compliance with this policy.

It is expected that through directorate governance arrangements that any lessons learnt from the serious untoward incidents undertaken must be shared with colleagues. It is also expected that the directorates make use of the audit half days to facilitate sharing any learning points from the reports and that the directorate monitors action plans strictly to ensure that lessons learnt are acted upon.

Compliance monitored through SQUID and via Matrons Meeting and Divisional Governance noting corrective actions and the use of the Directorate and Divisional Risk Register.

16.0 Development of the Policy

This policy has been reviewed after 2 years of development. A review within a further 2 years is required and/or when National Guidance changes, there has been no changes to national guidance in the two years.

Appendices

Appendix 1 Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

Name of Lead for Activity	Julie Webber
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Julie Webber	Lead Nurse for Patient Experience	Julie.webber6@nhs.net
Date assessment completed	6th December 2023		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Policy			
What is the aim, purpose and/or intended outcomes of this Activity?	For WHAT to have an approved document for Same Sex Accommodation in order to meet the needs of any patients who receive care.			
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User	<input checked="" type="checkbox"/> Patient	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Visitors
	<input type="checkbox"/> Staff	<input type="checkbox"/> Communities	<input type="checkbox"/> Other	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity			

	<input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Previous policy Liaison and advice with LGBTQ representative lead for the Trust National Guidance Other Trust policies
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	LGBTQ representative lead for the Trust Members of the CGG (Clinical Governance Group) have had the policy circulated to them for comments and approval Sign off and agreement has been by CNO (Chief Nursing Officer)
Summary of relevant findings	Policy has been updated and adapted in order to meet the needs of WHAT patients around Same Sex Accommodation in line with national and other Trust guidance

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	Yes	Yes	Yes	Dependent on the age of some patients they may have difficulty accepting some concepts of the policy. For example, a male identifying as a woman may be nursed in a female bay if a side room cannot be sourced. Others may see this as how the world has developed and that we need to be inclusive of all patients and their needs.
Disability	No	No	No	The policy is not related to a disability
Gender Reassignment	Yes	Yes	Yes	Patients may welcome the policy for addressing their needs others may see it as unnecessary and do not agree with what the Trust is adhering to in treating all patients as individuals. It may lead to patients demonstrating their rights and

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				others their prejudices or beliefs.
Marriage & Civil Partnerships	Yes	Yes	Yes	The policy will cover same sex marriages and civil partnership needs in terms of noting who patients partners are and they may be of the same sex.
Pregnancy & Maternity	Yes	Yes	Yes	The policy will cover pregnancy and maternity services and the inclusion of partners who may be the same sex.
Race including Traveling Communities	No	No	No	The policy will be inclusive for all patients regardless of race
Religion & Belief	Yes	Yes	Yes	Some people may not be in agreement with the policy due to religious beliefs
Sex	Yes	Yes	Yes	The policy is inclusive of all sexes however due to bias and discriminatory thoughts or beliefs people may not be in agreement with the policy
Sexual Orientation	Yes	Yes	Yes	Could be viewed as positive and negative dependent on the person the policy is serving and the sexual orientation of patients etc. The policy could be open to discriminatory beliefs
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	No	No	Yes	Patients who are going through gender transition or have confusion about how they identify currently
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	No	No	No	

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate	Who will lead on the action?	Timeframe

	negative impact		
	Inappropriate use of the policy due to bias, discrimination or personal beliefs	Explanation of the policy Individual assessments Reiteration of the guidance and why it is in place	Lead for the area / department Manager Matron etc.
How will you monitor these actions?	By information from complaints, PALS and divisional reporting Through committee discussions and departmental reviews Use of Quality Assessment Reviews within clinical areas		
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

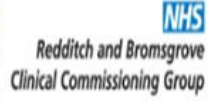
1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Julie Webber
Date signed	6.12.23
Comments:	
Signature of person the Leader Person for this activity	Julie Webber

Trust Policy

Date signed	6.12.23
Comments:	



Appendix 2

Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	Yes
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		
Additional manpower may not be required depending on the option appraisal selection		

APPENDIX 3: Guidelines for reporting mixed sex occurrences on Oasis system for Intensive Care, Coronary Care and High Dependency Units

Consultant makes decision to step down patient to ward

Nurse to ensure patient is physically prepared for transfer to ward, i.e. removal of lines no longer required, equipment, discussion with family & inform bed management team

CLOCK STARTS TICKING

YES

1 hour patient moved?

NO – liaise with the bed manager



YES

2hour patient moved?

**NO – Escalate to matron/GM/
Head of capacity**



YES

3 hour patient moved?

NO – Escalate to Head Nurse



YES

**4 hour patient moved?
RED ALERT**

NO – Escalate to site manager



YES

5 hour patient moved?

NO – Escalate to Hospital Director



YES

6 hour patient moved?

NO – BREACH OCCURRED

- Report breach on OASIS system
- Complete Datix
- Inform Director of Nursing

APPENDIX 4: Process for Recording a MSA breach on Oasis.

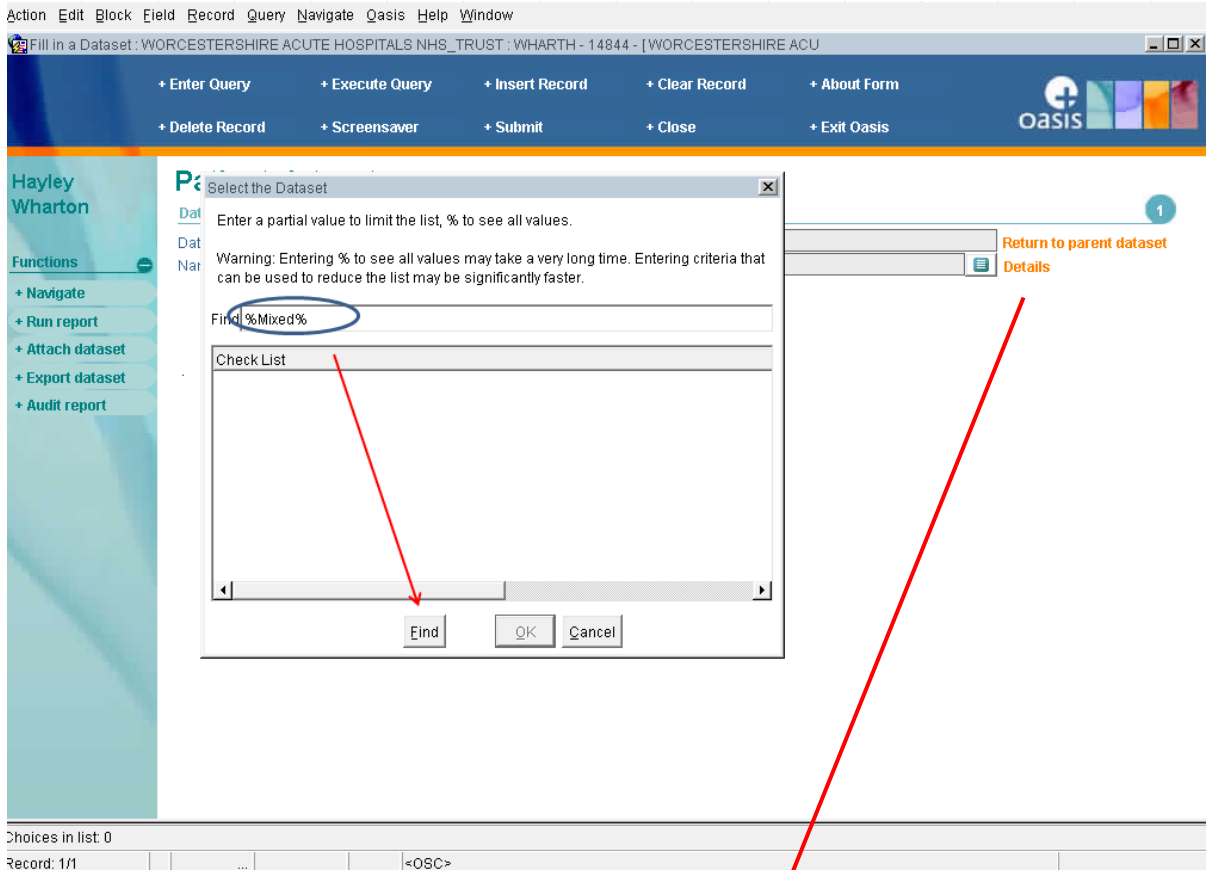
To enter a Mixed Sex Accommodation (MSA) breach

- 1) Click on **Datasets**

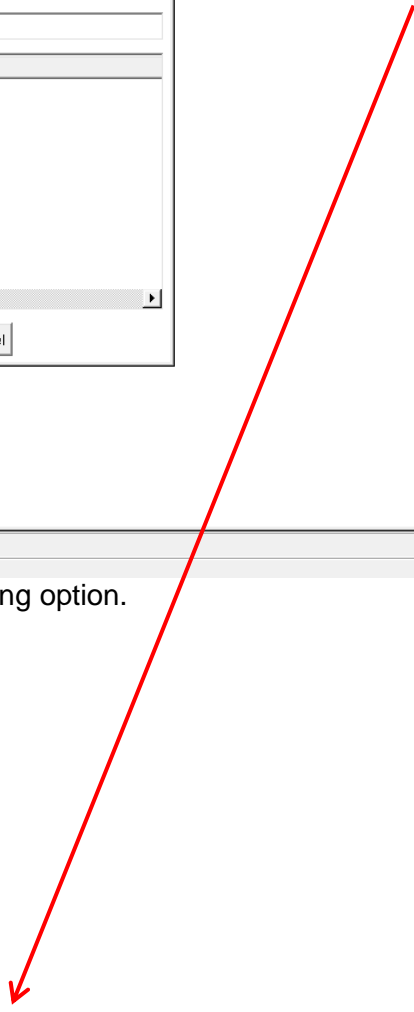
The screenshot displays the Oasis patient search interface. At the top, there is a menu bar with options like 'Action', 'Edit', 'Block', 'Field', 'Record', 'Query', 'Navigate', 'Oasis', 'Help', and 'Window'. Below this is a search bar and a toolbar with buttons for '+ Enter Query', '+ Execute Query', '+ Insert Record', '+ Clear Record', '+ About Form', '+ Delete Record', '+ Screensaver', '+ Submit', '+ Close', and '+ Exit Oasis'. The main content area is titled 'Search for patient' and shows the patient currently selected: '7770508525 TEST, Test NHS NUMBER'. The interface is divided into several sections: 'Maternity System', 'PMI Register', 'Inpatient Waitlist', 'Admit Patient', and 'Accident & Emergency'. The 'Admit Patient' section is highlighted with a red circle and a red arrow pointing to it from the text '1) Click on Datasets'. Below this, there are search filters for 'Surname' (MS TEST) and 'First Name' (TEST). The 'Address' section shows details for 'Worcestershire Royal Hospital' and 'Charles Hastings Way, WORCESTER'. The 'GP Address' section shows details for 'Oliver Robert' and 'ST MARTIN'S GATE SURGERY'. The 'DOR' and 'CCG' sections show details for 'Q53 : ARDEN, HEREFORDSHIRE AND WORCESTERSHIRE' and 'Q5T : NHS SOUTH WORCESTERSHIRE CCG'. The 'Permission To Contact' section has checkboxes for 'Permission to leave messages' and 'Permission to Contact'. The bottom of the screen shows 'Record: 1/1' and '<OSC>'.

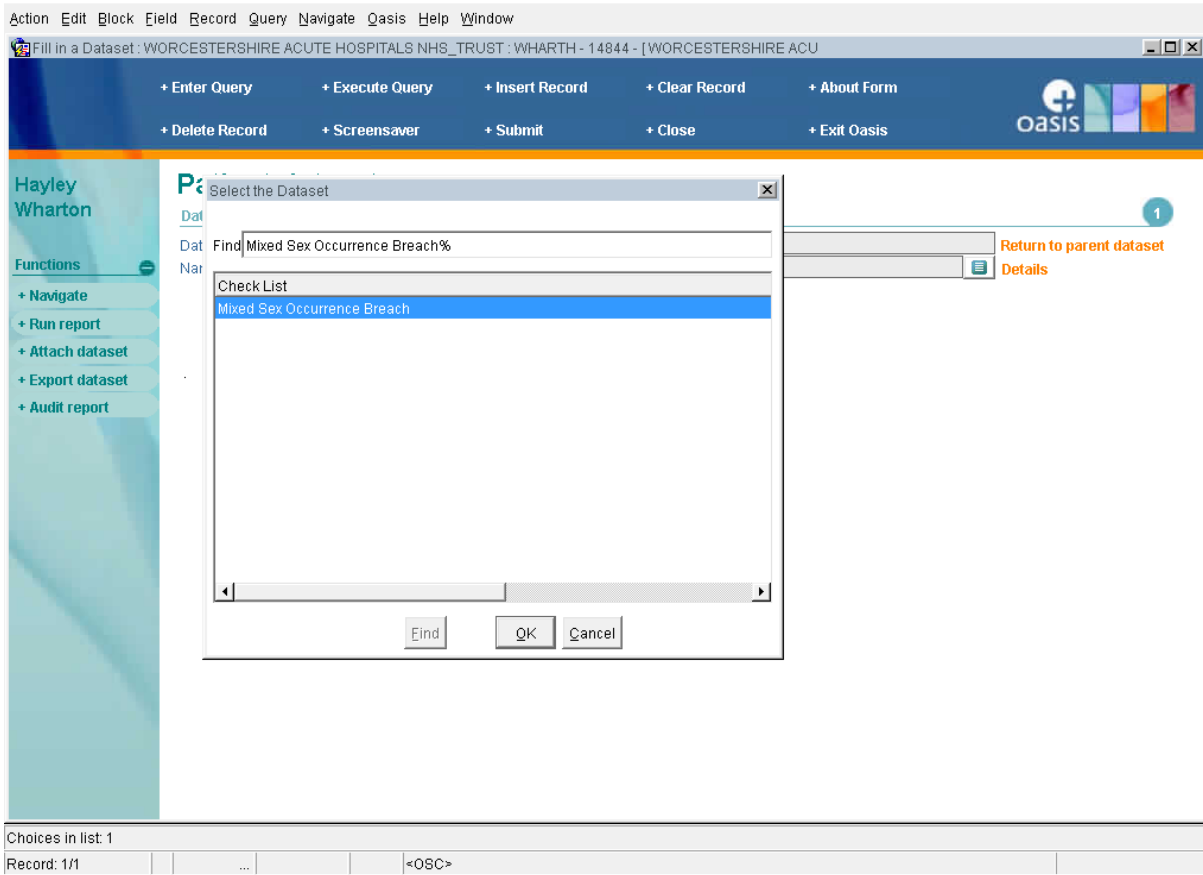
2) Search for the Mixed Sex Accommodation Occurrence

The image shows two screenshots of the Oasis software interface. The top screenshot shows the 'Patient dataset' search screen with a 'Details' link circled in blue. A red arrow points from this link down to the 'Search All' button in a 'Forms' dialog box shown in the bottom screenshot. The dialog box contains an information icon, the text 'Please select the checklist search option required.', and three buttons: 'Category', 'Search All', and 'Linked'. The 'Search All' button is circled in blue.



3) This search should populate the following option.





The screenshot displays the Oasis software interface. At the top, there is a menu bar with options: Action, Edit, Block, Field, Record, Query, Navigate, Oasis, Help, Window. Below the menu bar is a toolbar with buttons: + Enter Query, + Execute Query, + Insert Record, + Clear Record, + About Form, + Delete Record, + Screensaver, + Submit, + Close, + Exit Oasis. The main window title is 'Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST : WHARTH - 14844 - [WORCESTERSHIRE ACU]'. On the left, there is a sidebar with the name 'Hayley Wharton' and a 'Functions' menu with options: + Navigate, + Run report, + Attach dataset, + Export dataset, + Audit report. A 'Select the Dataset' dialog box is open in the center, showing a search field with 'Mixed Sex Occurrence Breach%' and a list of results: 'Check List' and 'Mixed Sex Occurrence Breach'. The 'Mixed Sex Occurrence Breach' item is selected. Below the list are buttons for 'Find', 'OK', and 'Cancel'. On the right side of the dialog, there are buttons for 'Return to parent dataset' and 'Details'. At the bottom of the screenshot, there is a status bar with the text 'Choices in list: 1' and 'Record: 1/1'.

4) Now select the episode that the breach is connected to

Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST : WHARTH - 14844 - [WORCESTERSHIRE ACU]

Enter Query Execute Query Insert Record Clear Record About Form

Hayley Wharton

Find: %

Type	Start	End	Encoun...
THERAPIES	17/11/2010 09:30		902451...
THERAPIES	19/08/2014 10:20		180865...
OUT-PATIENT WAITING LIST	02/01/2015 15:10		146371...
OUT-PATIENT WAITING LIST	06/03/2017 10:45		213633...
OUT-PATIENT WAITING LIST	07/06/2013 14:00		130145...
OUT-PATIENT WAITING LIST	07/12/2011 10:25		128442...
OUT-PATIENT WAITING LIST	08/02/2017 09:55		215496...
OUT-PATIENT WAITING LIST	09/01/2017 10:40		187588...
OUT-PATIENT WAITING LIST	10/03/2015 16:15		172084...
OUT-PATIENT WAITING LIST	10/07/2017 09:00		213651...
OUT-PATIENT WAITING LIST	12/08/2014 16:00		171272...
OUT-PATIENT WAITING LIST	15/05/2007 13:45		505462...
OUT-PATIENT WAITING LIST	23/05/2006 09:30		6320916
OUT-PATIENT WAITING LIST	25/01/2017 10:45		214535...
OUT-PATIENT WAITING LIST	29/07/2014 14:45		171272...
OUT-PATIENT WAITING LIST	30/08/2013 15:10	30/08/2013 17:00	145594...
OUT-PATIENT WAITING LIST	29/10/2012 09:20	29/10/2012 10:26	135956...
OUT-PATIENT WAITING LIST	28/12/2016 10:00	28/12/2016 10:59	213821...
IN-PATIENT	27/07/2014 23:14	28/07/2014 17:00	181828...
OUT-PATIENT WAITING LIST	26/07/2014	26/07/2014	181827...
OUT-PATIENT WAITING LIST	24/06/2016 15:30	24/06/2016 16:00	200409...
OUT-PATIENT WAITING LIST	23/07/2006	23/05/2006	263690

End OK Cancel

Return to parent dataset
Details

Choices in list: 36

Record: 1/1

5) Complete each section detail:

Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST : WHARTH - 14844 - [WORCESTERSHIRE ACU]

Delete Record Screensaver Submit Close Exit Oasis

Hayley Wharton

Patient dataset

Dataset details

Dataset For: TEST TEST

Name of Dataset: Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)

Date dataset recorded: 08/02/2017 09:19 Current Score: 12

Current Question: Date of breach: Current Score: Not Currently Answered

Questions Answers' dates Next Question

Questions	This Answer set
Date of breach	<input checked="" type="checkbox"/>
Time of breach	<input type="checkbox"/>
Ward where breach occurred	<input type="checkbox"/>
Clinical exception	<input type="checkbox"/>
If yes, provide justification	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Enter Date: DD/MM/YYYY

Next record Previous record Use Quick Answer Mode and Buttons for Quick Answering

List answers

Record: 1/5

Action Edit Block Field Record Query Navigate Oasis Help Window

Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST: WHARTH - 14844 - [WORCESTERSHIRE ACU]

+ Enter Query + Execute Query + Insert Record + Clear Record + About Form
 + Delete Record + Screensaver + Submit + Close + Exit Oasis

Hayley Wharton

Patient dataset

Dataset details

Dataset For: TEST TEST
 Name of Dataset: Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)

Date dataset recorded: 08/02/2017 09:19 12 + - Current Score: Not Currently Answered

Current Question: Time of breach

Questions: 2 Answers' dates: 3

Questions	This Answer set
Date of breach	<input checked="" type="checkbox"/>
Time of breach	<input checked="" type="checkbox"/>
Ward where breach occurred	<input type="checkbox"/>
Clinical exception	<input type="checkbox"/>
If yes, provide justification	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Enter Date: HH24:MI 12 + -

Next record Previous record Use Quick Answer Mode and Buttons for Quick Answering

List answers

Record: 1/1 ... <OSC>

Action Edit Block Field Record Query Navigate Oasis Help Window

Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST: WHARTH - 14844 - [WORCESTERSHIRE ACU]

+ Enter Query + Execute Query + Insert Record + Clear Record + About Form
 + Delete Record + Screensaver + Submit + Close + Exit Oasis

Hayley Wharton

Patient dataset

Dataset details

Dataset For: TEST TEST
 Name of Dataset: Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)

Date dataset recorded: 08/02/2017 09:19 12 + - Current Score: Not Currently Answered

Current Question: Ward where breach occurred

Questions: 2 Answers' codes: 3

Questions	This Answer set
Date of breach	<input checked="" type="checkbox"/>
Time of breach	<input checked="" type="checkbox"/>
Ward where breach occurred	<input checked="" type="checkbox"/>
Clinical exception	<input type="checkbox"/>
If yes, provide justification	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

Press return to accept the new code.

Selected codes

Double click to de-select a code

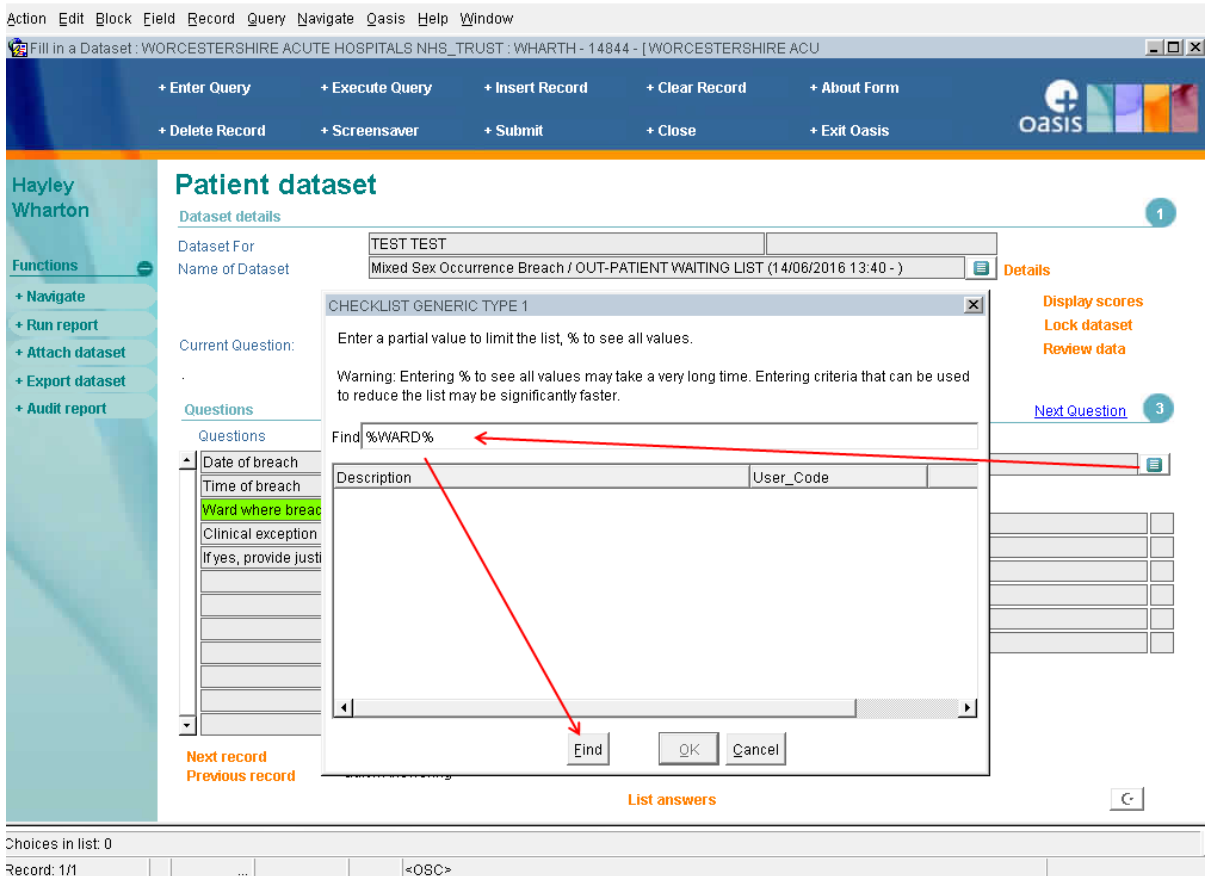
Next record Previous record Use Quick Answer Mode and Buttons for Quick Answering

List answers

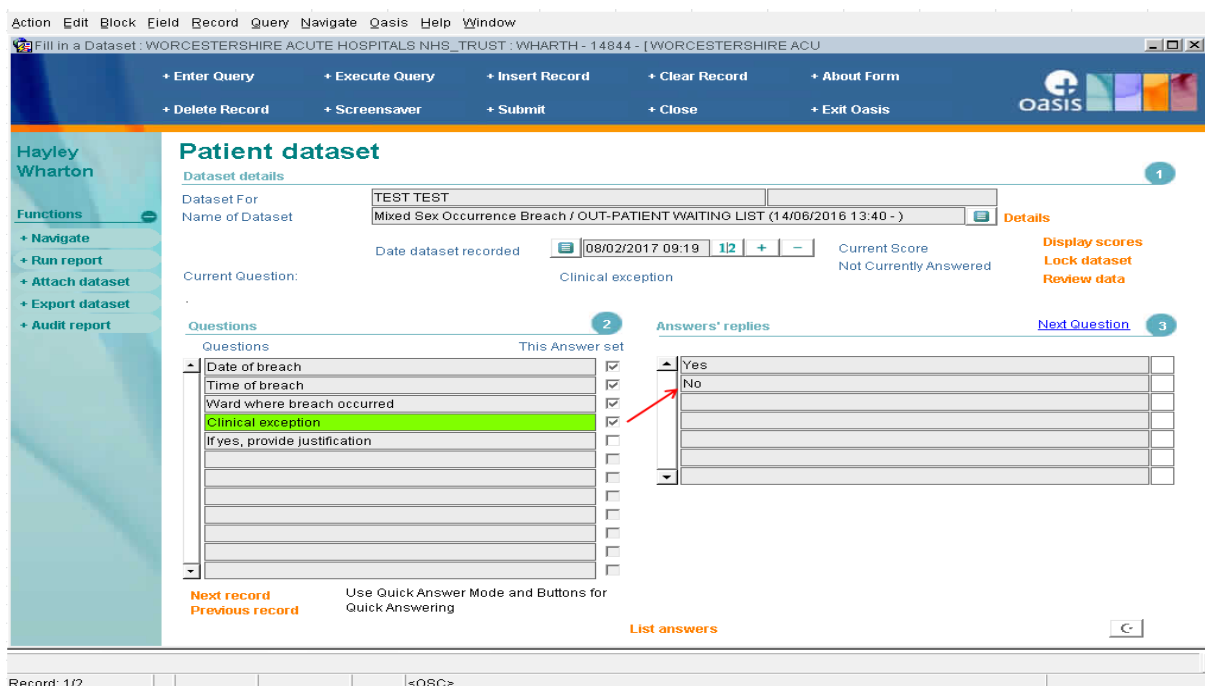
FRM-40350: Query caused no records to be retrieved.

Record: 1/1 ... <OSC>

6) This box prompts the user to select the ward that the breach occurred on. For example %AVON%



7) Clinical Exceptions should be entered as 'No' unless it is Intensive Care or Critical Care completing covering the 6 hour local agreement.



8) If completing in Intensive Care/Critical areas between Step down level of care and 6 hour acceptable local agreement timescale then complete as below:

The screenshot shows the Oasis Patient dataset interface. The 'Current Question' is 'Clinical exception'. The 'Answers' table shows 'Yes' selected for the 'Clinical exception' question. The 'Questions' list includes 'Date of breach', 'Time of breach', 'Ward where breach occurred', 'Clinical exception', and 'If yes, provide justification'. The 'Date dataset recorded' is 08/02/2017 09:19. The 'Current Score' is 'Not Currently Answered'. The 'Display scores', 'Lock dataset', and 'Review data' buttons are visible.

The screenshot shows the Oasis Patient dataset interface. The 'Current Question' is 'If yes, provide justification'. The 'Answers' table shows 'Yes' selected for the 'If yes, provide justification' question. The 'Questions' list includes 'Date of breach', 'Time of breach', 'Ward where breach occurred', 'Clinical exception', and 'If yes, provide justification'. The 'Date dataset recorded' is 08/02/2017 09:19. The 'Current Score' is 'Not Currently Answered'. The 'Display scores', 'Lock dataset', and 'Review data' buttons are visible. A red text box contains the following text: 'Intensive Care Units would document level of care stepdown so highlighting breach but taking into account the 6 hour local agreement to move to appropriate ward - After 6 hour limit this would have to be re entered but Clinical Exception 'No' completed to show reportable breach'. The 'Attached File' field is empty.

9) To save the entry click on Lock dataset.

The screenshot shows the Oasis software interface for a Patient dataset entry. The top menu bar includes Action, Edit, Block, Field, Record, Query, Navigate, Oasis, Help, and Window. The main window title is "Fill in a Dataset: WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST: WHARTH - 14844 - [WORCESTERSHIRE ACU]". The interface is divided into several sections:

- Header:** Contains navigation buttons: + Enter Query, + Execute Query, + Insert Record, + Clear Record, + About Form, + Delete Record, + Screensaver, + Submit, + Close, + Exit Oasis. The Oasis logo is also present.
- Left Sidebar:** Displays the user name "Hayley Wharton" and a "Functions" menu with options: + Navigate, + Run report, + Attach dataset, + Export dataset, + Audit report.
- Main Content Area:**
 - Patient dataset:** Shows "Dataset For" as "TEST TEST" and "Name of Dataset" as "Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)".
 - Dataset details:** Includes "Date dataset recorded" as "08/02/2017 09:19" and "Current Score" as "Not Currently Answered".
 - Current Question:** "If yes, provide justification".
 - Questions:** A list of questions with checkboxes: "Date of breach", "Time of breach", "Ward where breach occurred", "Clinical exception", "If yes, provide justification" (highlighted in green), and several empty rows.
 - Enter Reply:** A large text area for providing justification.
 - Buttons:** "Display scores", "Lock dataset" (circled in red), "Review data", "Increase font", "Decrease font", "Remove attachment", "Attached file", "File associations", "Next record", "Previous record", "List answers".
- Footer:** Shows "Record: 5/5" and "<OSC>" navigation options.