

Eliminating Mixed Sex Accommodation



Document Summary

DOCUMENT NUMBER	POL/001/055
DATE RATIFIED	May 2017
DATE IMPLEMENTED	May 2017
NEXT REVIEW DATE	May 2019
ACCOUNTABLE DIRECTOR	Director of Quality & Nursing
POLICY AUTHOR	Mental Health, Specialist and Community Care Groups

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Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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ELIMINATING MIXED SEX ACCOMMODATION (EMSA) OPERATIONAL POLICY

1) INTRODUCTION

What does elimination of mixed sex accommodation mean?

Elimination of mixed sex accommodation means ensuring that sleeping accommodation, even where they do not stay overnight, the use of bathroom and toilet facilities, are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any areas of our hospitals. This includes all wards, admissions and assessment units. The exception might be in the case of procedures where patients are not required to undress, or in cases of patient choice.

There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatments, and same sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected. However, as soon as the acceptable justification for mixing of sexes ceases to apply (i.e. the patient no longer requires rapid or specialist treatment) the patient must be transferred to single sex accommodation.

Typically, same sex accommodation is provided through:

- Mixed sex wards where men and women are accommodated in separate bays or rooms
- Same sex wards, where the whole ward is occupied by men or women only
- Single rooms

Men and women should also have access to separate toilet and washing facilities, ideally within or next to their ward, bay or room. They should not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own (DoH 2009).

There are some situations which require careful consideration such as the care of people of transgender. In most situations people of transgender should be cared for in an area suitable for how they present to the hospital, although to maintain privacy and dignity people of transgender should be cared for in a side room with a designated toilet.

2) DEFINITIONS

What constitutes a breach?

There is no justification for placing a patient in mixed sex accommodation where this is not in the overall best interests of the patient and better management, better facilities or removal of organisation constraints could have averted the situation.

There may be justifiable mixing of sexes such as:

- 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.
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient).
- Where a short period of close patient observation is needed e.g. immediate postanaesthetic recovery, or where there is a high risk of drug reactions.
- Patient choice

Unjustifiable mixing of sexes includes:

- Placing a patient in mixed sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical speciality.
- Placing a patient in mixed sex accommodation because of a staff shortage or a 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 a shortage of beds -predictable fluctuations in activity or seasonal pressures.
- Placing a patient in mixed sex accommodation because of a predictable non clinical incident e.g. a ward closure.
- Placing, or leaving a patient in mixed sex accommodation whilst waiting for an assessment, treatment or a clinical decision.
- Placing a patient in mixed sex accommodation for regular but not constant observation.
- Leaving a patient in an area when they no longer fit the criteria under the justifiable reasons for mixing of sexes.
- Custom and practice – e.g. routine mixing of young people without establishing preferences.
- If the patient said they didn't mind (there should always be a presumption of segregation unless patients specifically ask to share for a valid and justifiable reason)
- If a patient did not express a preference.
- It is important to remember that the norm is always to aim for segregation – the circumstances

3) PROCEDURE

Elimination of Mixed Sex Accommodation at Cumbria Partnership NHS Foundation Trust

By 31st March each year the Trust must assess compliance with elimination of mixed sex accommodation. Compliance with this assurance is monitored on a daily basis on all wards via the daily bed teleconference to ensure we make the patient experience within our hospitals as good as possible at all times. Any breaches over the weekend must be reported at the Monday bed conference to the bed manager. This information is then centrally collated for reporting to the network governance committee on a monthly basis. This is also reported to the commissioners of our services, again on a monthly basis by the bed manager.

We know that patients do not want to be routinely cared for in mixed sex accommodation except in exceptional clinical circumstances, and the Department of Health is clear that the NHS should work towards improving the privacy and dignity for all patients. The Trust continually works to ensure we achieve this. On rare occasions when a breach of this standard does occur, full root cause analysis, led by the bed manager is carried out.

This operational policy will assist all staff within the Trust to:

- develop a culture where mixing of sexes as a routine is unacceptable.
- provide advice on prevention of mixing of sexes when it is “not in the patients best interest” and where staff need assistance with decision making.
- Detailed escalation procedure relating to any problems of potential breaches.
- outline actions to be taken in the event of a breach of the standard.
- understand the local and national context and processes for the monitoring the elimination of mixed sex accommodation compliance.
- understand when mixing of sexes “in the patients best interest” is acceptable.

Decision Making Matrix: National Guidance:

All Clinical Services Units (CSU) need to ensure that local assessments and decisions on the appropriateness of accommodation are based upon the Decision Making Matrix which reflects national guidance. Each ward and department where in-patient services are provided is included within this matrix.

Justifiable	Category	Notes
Almost always	<p>Critical Care (levels 2 & 3)</p> <ul style="list-style-type: none"> • Coronary Care Units • Intensive Therapy Units • Department of Critical Care • High Dependency Units • Hyper acute Stroke Unit • Recover units attached to all theatres/procedure room 	<ul style="list-style-type: none"> • <i>Not acceptable</i> when a patient no longer needs level 2 or level 3 care, but awaiting a bed on appropriate ward • <i>Not acceptable</i> in recovery areas where the patients remain until discharge • <i>Actions must be taken to maintain Privacy and Dignity</i>

	<ul style="list-style-type: none"> • Neonatal unit • Special Care Baby Unit 	
Sometimes	<p>Patient with long term conditions admitted frequently as part of a cohesive group</p> <ul style="list-style-type: none"> • Renal Unit/Haemodialysis Units • Haematology day Unit • Chatsfield 	<ul style="list-style-type: none"> • Patients may choose to be cared for together. • <i>Not acceptable</i> where the only justification is frequent admission and there is no recognised group identity
Sometimes	<p>Children's/young people's units</p> <ul style="list-style-type: none"> • Children's Observation Units • Children's Wards • Children's surgical unit 	<p>Children and young people should be offered a choice of segregation by age or gender</p> <ul style="list-style-type: none"> • Acceptable for any procedure where patient does not have to undress
Sometimes	<p>Day surgery units/day treatment units</p> <ul style="list-style-type: none"> • All day surgery units/minor procedure areas • Pain Management Units • Diagnostic Day Units • Theatre Assessment Unit • Medical Short Stays/day units 	<ul style="list-style-type: none"> • <i>Acceptable</i> for very few minor procedures (e.g. operations on hands/feet that do not require patients to undress) • <i>Acceptable</i> for any procedure where patient does not have to undress
Rarely	<p>Endoscopy units</p> <ul style="list-style-type: none"> • All endoscopy units. 	<ul style="list-style-type: none"> • <i>May be acceptable</i> for pre/post procedure waiting areas as long as high standards of privacy and dignity can be assured. • <i>Not acceptable</i> where dignity is likely to be compromised e.g. if bowel prep is needed • <i>Acceptable</i> for any procedure where patient does not have to undress
Almost Never	<p>Admissions units</p> <ul style="list-style-type: none"> • Clinical Decisions Units 	<ul style="list-style-type: none"> • <i>Not acceptable</i> to "park" patients whilst awaiting admission

	<ul style="list-style-type: none"> • Medical Assessment Units • Surgical Assessment Wards • Medical Receiving Rooms 	<ul style="list-style-type: none"> • <i>Not acceptable</i> as a routine occurrence • <i>Acceptable</i> for any procedure where patient does not have to undress
Almost Never	General & Acute wards <ul style="list-style-type: none"> • Wards 	<ul style="list-style-type: none"> • Emergency and time limited situations
Never	Intermediate and continuing care wards <ul style="list-style-type: none"> • Wards 	

If, after considering the matrix, any member of staff is still unsure whether mixing of sexes may be in the best interest of the patient, the Accountable Director should be contacted. If out of hours, the on call manager will be able to offer advice.

4) DUTIES & RESPONSIBILITIES

PREPARING THE ENVIRONMENT FOR THE PATIENT

To support a culture of providing same sex accommodation, staff should all be aware of what is required within their clinical environment and how to prepare the ward effectively.

WARD MANAGER

The manager should always ensure that staff, including doctors, are aware of the current status of each area, bay, side room, bathroom and toilet area as these may change during shifts due to the admission and discharge of patients. Correct signage should always be used on each bay, toilet and bathroom facilities thus ensuring patients, visitors and staff are aware of the correctly designated areas. This includes:

- Single sex ward/department area
- Single sex bays/areas – Interchangeable signage is posted on each bay/area designating either male or female
- Signage explaining there may be mixing of sexes in the area for clinical need
- Ensure all toilets, bathrooms, showers and wash areas have the appropriate gender signage:



Ensure staff:

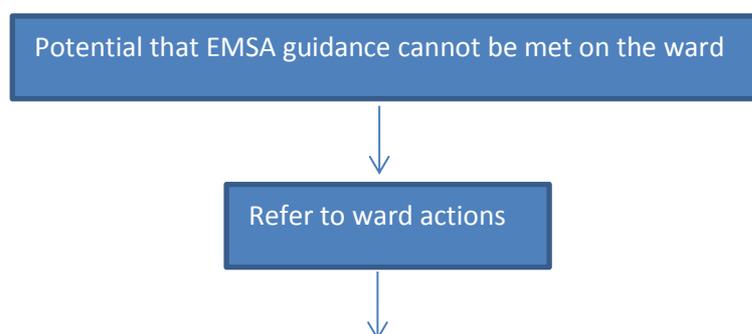
- Understand the details of the trust policy relating to Privacy and Dignity and eliminating mixed sex accommodation.

- Understand the difference between mixed sexes “in the best interests of the patient” and a ‘breach’ of eliminating mixed sex accommodation definitions. This includes bed areas (and areas where trolleys are used as beds) and bathroom, washing and toilet facilities.
- Are aware of the need to make best endeavours to always keep the ward/department in a position to be able to accommodate patients of either gender without breaching eliminating mixed sex accommodation (EMSA) definitions.
- Are aware of the need to report to the person in charge/has the responsibility for maintaining and daily reporting on sharing accommodation with patients of the opposite sex. This should be recorded using the Trust recording method via the bed manager/bed conference call. Staff should also be aware of who undertakes this duty in the absence of the ward manager.
- Know how to escalate a potential breach of EMSA in cases where both sexes may need to share a single sex area (when not being considered in relation to the best interest of the patients). Staff to be made aware that escalation must be initiated before a breach occurs.
- Are aware that a root causes analysis should be performed using the RCA (Appendix 2) tool for any incidence of breach when it was not for a reason which was in the best interest of the patients and how they will contribute to this process.
- Are aware that accountability meetings are to be held in a timely manner to share learning from the event which led to the breach of EMSA.
- Make sure that posters are displayed in the ward areas and information leaflets are available for patients and visitors relating to privacy and dignity and delivering same sex accommodation.

5) ESCALATION GUIDANCE

We are committed to meeting the quality standards for Eliminating Mixed Sex Accommodation. Our patients should never have to share sleeping areas, toilet, wash room or bathroom areas with patients of the opposite sex (other than disabled facilities) unless it is in their best interest.

If there is a possibility that the ward may not be able to offer the next admitted patient single sex accommodation then the following action must be taken (see action boxes on page).



Discuss with bed manager
as appropriate

Inform patient and relatives of EMSA breach. Explain to patient what options there are and how we will resolve the placement.

Inform Associate Director of Operations. Inform Accountable Director. Resolve the situation as soon as possible. Report the breach using the reporting forms to the bed manager and Incident Form. Carry out RCA within 5 days. Hold accountability meeting within 10 days of the incident or soon as possible. Share learning.

Actions to be taken if there is a possibility that ward are to admit a patient into an area where privacy and dignity may be compromised:

Ward actions list (This relates to the ward where the potential breach may occur)

- Can bay areas be utilised better? e.g. is it possible to close a bed in one bay to create the right sex in another by opening a bed space?
- Can a patient be moved from a side room into main ward?
- Can the toilet and washroom areas be relocated?
- Review all planned discharges (Base the planning of bed allocation on DEFINITE discharges only)

Network Action list

- Consider alternative wards/areas that can meet the patients' needs
- Base the planning of your bed allocation on DEFINITE discharges only
- Do you need more staff temporarily to maintain dignity? Ask for help.
- Can bay/wards be utilised better? I.e. is it possible to close a bed in one bay to create the right same sex accommodation in another by opening a bed space?
- Have all patient received a **senior** review? Consider contacting Staff Grade/ Consultant on an urgent basis if within hours. If the patient has not been reviewed at all.
- Can patients be repatriated to their appropriate ward if they are currently outliers?

- Can patients be slept out to neighbouring ward without compromising care pathway and patient safety?
- Does the ward need additional staffing to expedite current discharges and move patients?
- Re consider the beds required across the whole Clinical Service and the bed **spaces** available for flexibility.
- Consider the bed allocation across the whole **County** to facilitate correct same sex accommodation
- If no beds are truly available; can planned admission patients be re-scheduled or leave extended safely?
- If no discharges across the site and no flexibility in terms of EMSA, call Network Manager within hours or the on - call manager out of hours.
- Inform the Accountable Director within 24 hours (by following working day if breach occurs out of hours).
- Inform the Associate Director of Operations within 24 hours (by following working day if breach occurs out of hours)

If despite best endeavours to avoid a breach of EMSA there is no alternative to mixing sexes, the patient and relatives/carers must be advised that this is an unusual occurrence and they will be moved to an appropriate area as soon as possible.

Breaches of EMSA should not be authorised by anyone below Ward Manager/ Manager on call level.

If a breach of EMSA does occur, an incident form must be completed, a full root cause analysis undertaken, using template at appendix 1, and an accountability meeting is to be held, led by the bed manager.

The commissioners must be informed by the EMSA Trust lead that a breach has occurred within 2 working days of the occurrence. This will be co-ordinated via the bed manager.

Completion of actions arising and sharing of learning from any breaches must be monitored by Network Clinical Governance group and closure following completion of all actions.

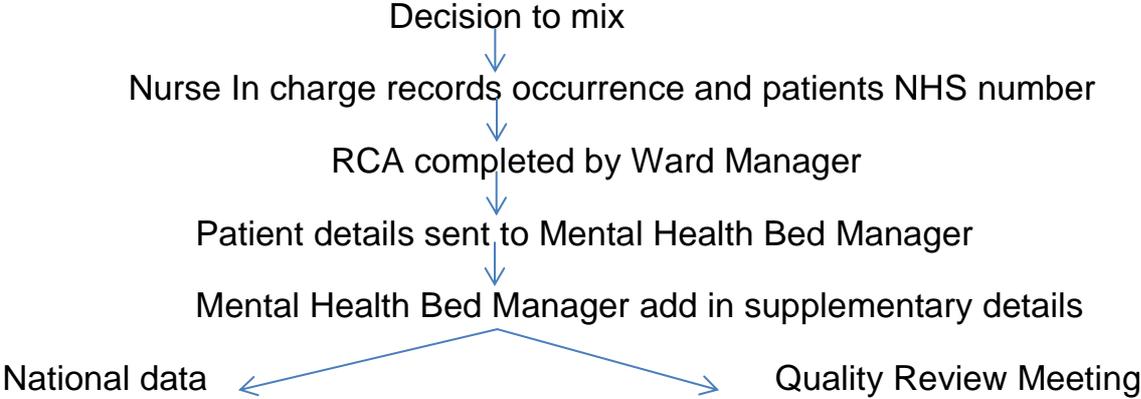
6) MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT GUIDANCE ON DATA COLLECTION AND REPORTING PROCESS

Internal Reporting

If there are any incidents where mixing of sexes occurred when it is not for the overall best interest of the patients, then these would be classified as unjustified breaches. Within the organisation these must be reported to the Accountable Director and the Associate Director of Operations. The commissioners will then be advised of the breach within 2 working days of the incident by the mental health bed manager. The results of the root cause analysis are also reported to the commissioners.

National Reporting

National reporting of unjustified mixing in relation to sleeping accommodation commenced on 1st December 2010.
Internally data is to be submitted daily to the bed conference.
For any incidents where an unjustified breach occurs, the following process must be followed:



Additional Information

Sleeping accommodation means areas where patients are admitted and cared for on beds, even where they do not stay overnight. It therefore includes all admissions and assessment units. It does not include areas where patients have not been admitted.

Eliminating Mixed Sex Accommodation Analysis Protocol

To be undertaken when there is a breach of delivering same sex accommodation

<u>Day</u>	<u>Action</u>	<u>Responsibility</u>
1	Complete adverse incident form. Attach copy with RCA.	Ward Manager / Nurse in charge
	↓	
	RCA tool to be completed on ward.	Ward Manager / Nurse in charge
	↓	
	Inform next of kin or relatives Obtain statements from staff	Ward Manager / Nurse in charge
	↓	
1- 2	Completed RCA tool to be sent to Matron. Copy to Quality Team	Ward Staff
	↓	
	Contact to be made with family and advise of investigatory process	Matron
	↓	
3 – 10	Full root cause analysis to be undertaken within 5 days of incident Accountability meeting to be held within 10 working days of incident). Attendees should include: <ul style="list-style-type: none"> • Chief Executive • Director of Nursing • Consultant/Doctor • Matron • Clinical site management team • Ward Sister/relevant ward staff If any are unable to attend, a representative must attend in their place.	Assistant Director of Nursing – Patient Experience & Quality Please ensure that all attendees have a copy of completed RCA tool before the meeting
	↓	
10	RCA/accountability meeting summary and concluding report and action plan to be sent to: <ul style="list-style-type: none"> • Patients Consultant • Clinical Governance Lead • Divisional Nurse Manager • Assistant Director of Quality 	Assistant Director of Nursing – Patient Experience & Quality
	↓	
4 weeks		Discuss at next Clinical Governance meeting - Ward Manager and Matron to present.
	↓	
	Consider appropriate timescales to feedback to family.	Matron
	↓	
		Action plans should be reviewed at Speciality Clinical Governance meeting until all actions complete.

**Root Cause
Analysis**

This RCA form must be completed for all breaches of EMSA.

**EMSA breach occurrence Route Cause Analysis
Protocol**

- | | | | |
|-----------------|-----------|------------------|-------------|
| 1. NHS No:..... | DOB:..... | Consultant | Gender..... |
| 2. NHS No:..... | DOB:..... | Consultant..... | Gender..... |
| 3. NHS No:..... | DOB:..... | Consultant..... | Gender..... |
| 4. NHS No:..... | DOB:..... | Consultant..... | Gender..... |
| 5. NHS No:..... | DOB:..... | Consultant..... | Gender..... |
| 6. NHS No:..... | DOB:..... | Consultant..... | Gender..... |

Adverse Incident No:

Ward: CSU:..... Patient NHS No.

- Type of mixed sex occurrence:
- Shared sleeping
 - Walking through opposite sex accommodation
 - Shared toilet / bathroom

Duration of breach hrs minutes

Admission

1. Date & time of admission :
- Reason for admission:
- Admitted from: Home Nursing Home Another Hospital (state)
- Planned admission Unplanned admission
- Clinical Management: (brief summary)
-
2. Date & time of admission :
- Reason for admission:
- Admitted from: Home Nursing Home Another Hospital (state)
- Planned admission Unplanned admission
- Clinical Management: (brief summary)
-
3. Date & time of admission :
- Reason for admission:
- Admitted from: Home Nursing Home Another Hospital (state)
- Planned admission Unplanned admission
- Clinical Management: (brief summary)
-

4. Date of admission :
 Reason for admission:
 Admitted from: Home Nursing Home Another Hospital (state)
 Planned admission Unplanned admission
 Clinical Management: (brief summary)

5. Date & time of admission :
 Reason for admission:
 Admitted from: Home Nursing Home Another Hospital (state)
 Planned admission Unplanned admission
 Clinical Management: (brief summary)

6. Date of admission :
 Reason for admission:
 Admitted from: Home Nursing Home Another Hospital (state)
 Planned admission Unplanned admission
 Clinical Management: (brief summary)

Ward transfers during this admission:

1
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:

Ward transfers during this admission:

2
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:

Ward transfers during this admission:

3
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:

Ward transfers during this admission:

4
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:
 Ward: Date & time Admission: Date & time Transfer:

Ward transfers during this admission:

5

Ward: Date & time Admission: Date & time Transfer:

Ward: Date & time Admission: Date & time Transfer:

Ward: Date & time Admission: Date & time Transfer:

Ward transfers during this admission:

6

Ward: Date & time Admission: Date & time Transfer:

Ward: Date & time Admission: Date & time Transfer:

Ward: Date & time Admission: Date & time Transfer:

Details of breach :

Was this in the best interest of all patients involved Yes No

Clinical justification

.....
Would there have been a delay in care delivery if priority had been given to compliance with single sex accommodation Yes No

Details.....

.....
Location of mixed sex- accommodation.....

Explanation given to patients and/or carers Yes No Date & Time.....

Assurance given to patients and/or carers that they will be moved as quickly as possible
Yes No Date & Time.....

By whom (name and designation).....

Written information provided Yes No Date.....

Any adverse comments/response from the patient(s)/carers
Yes No

Details.....

List of all staff on duty:

Name	Band / Role	Date statement obtained

Contributory Factors:

Staff perception that it is acceptable to mix sexes on the ward/unit Yes No

Ward Management of the incident

Ward Staff..... Date..... Time reviewed.....

Medical Team Date..... Time reviewed.....

Patients relatives informed (date/time/designation).....

Matron informed (date/time/designation).....

Director of Nursing & Quality informed(date/time/designation).....

Assistant Director of Nursing – patient Experience & Quality: (date/time/designation).....

Summary of events

Cont..

Form Completed By :

Date:

Compliance with RCA Protocol: Yes No

EMSA Accountability

Meeting Date.....

Time.....

Present:

-
-
-
-
-

- | | |
|-------------------------|----------------------|
| 1. Patient NHS No | Date of Birth |
| Date of Admission | Speciality/CSU..... |
| 2. Patient NHS No | Date of Birth..... |
| Date of Admission | Speciality/CSU |
| 3. Patient NHS No | Date of Birth |
| Date of Admission | Speciality/CSU..... |
| 4. Patient NHS No | Date of Birth |
| Date of Admission | Speciality/CSU..... |
| 5. Patient NHS No | Date of Birth |
| Date of Admission | Speciality/CSU..... |
| 6. Patient NHS No | Date of Birth |
| Date of Admission | Speciality/CSU..... |

Ward Site.....

Findings/conclusions

Inc -- events/contributor factors/was the correct assessments made/was the plan appropriate/was the plan reviewed.

Summary of events cont'd.....

Action Plan – to be agreed at the meeting by the team present. This MUST be completed by the Ward Manager/Matron after the RCA meeting and prior to the accountability meeting

Recommendation	Action	Timescale	By who	Updated progress

Copies to:

Summary completed by:

Designation:.....

Date:.....

Notes page inc list of documents used during investigation.