Blackpool Teaching Hospitals NHS
NHS Foundation Trust

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| **Document Type:**<br>**PROCEDURE** | | **Unique Identifier:**<br>CORP/PROC/426 |
| **Title:**<br>**Eliminating Mixed Sex Accommodation (EMSA)** | | **Version Number:**<br>5.1 |
| | | **Status:**<br>Ratified |
| **Target Audience:**<br>Trust Wide | | **Divisional and Department:**<br>Clinical Governance |
| **Author / Originator and Job Title:**<br>Andrew Heath, Lead in Patient Experience and Engagement | | **Risk Assessment:**<br>Not Applicable |
| **Replaces:**<br>Version 4 Delivering Same Sex Accommodation (DSSA) Mixed Sex Occurrence CORP/PROC/426 | **Description of amendments:**<br>Version 5 – additional examples in Section 3.2<br>Version 5.1 – Section 3.1 Transgender paragraph added. Appendix 2, review information updated. | |
| **Validated (Technical Approval) by:**<br>Patient and Carer Experience and Involvement Committee | **Validation Date:**<br>17/10/2016 | **Which Principles of the NHS Constitution Apply?**<br>1 - 4 |
| **Ratified (Management Approval) by:**<br>Equality, Diversity and Human Rights Steering Group | **Ratified Date:**<br>15/11/2016 | **Issue Date:**<br>15/11/2016 |
| *Review dates and version numbers may alter if any significant changes are made* | | **Review Date:**<br>01/11/2019 |

Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

**CONTENTS**

## 1 PURPOSE

In line with the revised NHS Operating Framework 2010/11 and the Department of Health Professional Letter (18th November 2010), our organisation Blackpool Teaching Hospitals NHS Foundation Trust and NHS Blackpool are committed to improving the quality of patient experience. The revised Operating Framework for 2010-2011 made it clear that NHS organisations are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. The Trust declared compliance on the 1st April 2011.

We consider mixing of the sexes to be the exception, not the norm. This procedure aims to enable us to monitor when mixing occurs and continue to improve our delivery of clean, safe care with privacy and dignity.

Mixing may be justified (i.e. NOT a breach) if it is in the overall best interest of the patient, or reflects their personal choice. 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 – e.g. by the enhanced staffing provided in critical care facilities. The patient should be provided with same-sex accommodation immediately the acceptable justification ceases to apply. There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient.

The Board and our commissioners have set a standard of 100% compliance to ensure that mixed sex accommodation does not occur. We are using an on-going reporting procedure for breaches not clinically justified under the Clinical Incident Report and are using Nursing Care Indicators to measure compliance.

Our Commissioners will do spot audits in conjunction with the HealthWatch on a monthly basis.

## 2 TARGET AUDIENCE

This procedure applies to all staff working within the Trust.

## 3 PROCEDURE

### 3.1 Mixed Sex Occurrence

I.e. a breach.

A mixed sex occurrence happens during the placement of a patient within a clinical setting following admission, where one or more of the following criteria apply:

a. The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender.

b. The patient occupies a bed space that does not have access to single-sex washing and toileting facilities.

c. The patient must pass through or alongside sleeping accommodation designated for occupation by members of the opposite sex to gain access to washing and toileting facilities.

d. Where no clinical justification exists or where a clinical justification applied is no longer appropriate.

N.B. Transgender patients should be extended the same privacy and dignity, i.e. a Trans male requiring a hysterectomy should be placed in a side room on the Gynaecological ward. Trans gender people should be situated with people of their own gender i.e. Trans male in a male ward and Trans female in a female ward.

The definition of mixed-sex occurrences will apply from admission and at all points on a patient's in-patient pathway and in all clinical areas where patients are admitted. This includes all Acute/rehabilitation/intermediate/continuing care wards as well as:

- Clinical Decision Units
- Observation Wards
- Surgical Assessment Units
- Day case units
- Endoscopy
- Interventional Radiology/Cardiac Lab.

### 3.1.1 Breaches in Critical Care Environments

Critical care: (Intensive Therapy Unit (ITU), High Dependence Unit (HDU), Cardiac Intensive Therapy Unit (CITU).

All patients in these settings are clinically justified breaches when both male and female patients are present.

Discharge from Critical care to the ward must occur within 4 hours of the decision to discharge being made. (Critical Care Service Specification Review 2104). All Patients discharged from Critical Care outside this time should be considered a breach of this agreement and an untoward incident form utilising CORP/PROC/101 (see Section 7) commenced and the Patient Experience team notified. The incident should then be reviewed against the timeframe and guidance agreed with local Clinical Commissioning Groups. If after this consideration it is felt that a breach has occurred then there should be a direct discussion with the appropriate Clinical Commissioning Group (CCG) before the breach Is considered to be upheld or not.

All mixed sex breaches will need to be reported as an untoward incident using the Trust reporting system, this may count as one breach; it does not alter the status of the other patients in the same unit that continue to require that level of care.

This therefore means only the patient that no longer requires critical care is a "none clinically" justified breach and this should be reported. All other patients in the critical care

setting remain clinically justified. (See Appendix 1 flow chart for step down of patients from critical care to ward areas).

If a ward bed is not available at 20:30 hours then the clock will stop and will restart at 07:30 hours the following morning.

### 3.2 Clinical Justification

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

- A patient needing urgent clinical care with one-to-one nursing, e.g. Intensive Care Unit, High Dependency Unit. Where the patients clinical stability takes precedence over segregation
- Where a nurse must be physically present in the room/bay at all times **Level 2** care (the nurse may have responsibility for more than one patient. This would be unacceptable if staff shortages or skill mix were the rationale
- A patient needing close observation for a short period e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions
- Where a transfer to a specialist bed is required and is unavailable outside the clock start stop time.
- Where a patient needs to be transferred to another NHS Trust or healthcare provider and the bed is not available or the transport required causes there to be a breech.

In these cases all reasonable steps should be taken to maintain the patients Privacy and Dignity for example use of a side room or allocating of washroom facilities. The breach should also be explained to the patient or their representative and documented in the medical notes.

This Procedure will seek to identify, via procedures, recording and Root Cause Analysis (**RCA**), the issues leading up to mixed occurrence breach or series of breaches. There are no blanket exemptions for particular specialties, and no exemptions at all from the need to provide high standards of privacy and dignity at all times.

The locally agreed parameters for clinical justification are:

- As described above.
- Where the patients urgent clinical stability takes precedence over segregation.

In circumstances where there is “clinical justification”, mixed-sex occurrence reporting will be undertaken using the Trust Incident Reporting Procedure (CORP/PROC/101).

In all cases patient dignity and patient safety must be maintained.

### 3.3 In the event of a mixed-sex occurrence, including those with clinical justification, the following procedure will be followed

The incident report will:

- Explain the reasons for mixing with the patient and / or their relatives, carers or loved ones.
- Record the discussion in the patient clinical records.
- Review the impact on all patients involved.
- Move the person to same-sex accommodation as soon as possible whilst maintaining patient safety.
- Complete RCA as indicated.

As an organisation providing NHS-funded care we have agreed with our commissioners whether or not a particular episode of mixed sleeping accommodation is justified (and therefore not in breach of the guidance). These agreements will detail the majority of predictable situations, and are intended to ensure that episodes of mixing are not wrongly classified as “justified” for non-clinical reasons.

### 3.4 Recording and reporting all EMSA breaches

At ward-level a clinical untoward incident form must be completed on the same day as the occurrence, to include:

- identification of the clinical area, e.g. areas /ward
- the number of patients affected
- the type of mixed-sex occurrence (bed location, location of bathrooms or toilets, passing alongside )
- reason for the occurrence (e.g. clinical justification, patient choice, capacity)
- The duration of the breach
- The reason for admission
- Time of the breach
- Reason for the breach
- Actions taken

The completed form must be sent to the Clinical Governance department as soon as practicably possible who will collate and analyse the incidences. Commissioners must also be informed of all EMSA incidents as soon as practicably possible.

The Clinical Governance department must send a copy of the incident form to Commissioners (Head of Governance) as soon as practicably possible whilst maintaining patient confidentiality.

### 3.5 Root Cause Analysis (RCA)

To aid the investigation and analysis of mixed-sex occurrences, the DH / NPSA Root Cause Analysis tool (DH / NPSA 2009) will be used where clusters of mixing occur and where further investigations and action is needed.

### 3.6 Monitoring Effectiveness

#### 3.6.1 Board Reporting

The Trust and the lead commissioner will audit EMSA compliance monthly, and when all milestones relating to action plans are achieved. Triangulation with other data sources (e.g. PALS, complaints, Health Watch, capacity and flow, patient survey) will be a routine part of the analysis and subsequent action planning.

#### 3.6.2 Contract Monitoring and Assurance Process

Under the contract the Trust is required to have a process of self-certification on compliance. This will be reviewed on a monthly basis through formal contract meetings with the commissioners.

The Trust shall report all breaches of EMSA whether they are deemed clinically justified or not to Commissioners. Commissioners will review whether incidents require financial sanctions or a Remedial Action Plan at the Acute Quality Review Group.

### 3.7 Consequences of breaching the mixed sex accommodation guidance

Where breaches occur, commissioners may contractually impose financial sanctions.

#### 3.7.1 Bathroom Breaches

As part of the discussion, the provider will identify to the commissioner any ‘bathroom breaches’ (as set out in the Guidance). The Trust will put forward a Remedial Action Plan with a timescale for the resolution of the breach. The parties shall agree a level of consequence that will be levied should the Remedial Action Plan be in breach. The Commissioner and the Provider shall review the bathroom breach Remedial Action Plan at subsequent contract monitoring meetings until complete. Failure by the Trust to draw up the action plan may result a withholding of 10% of all the monthly sums payable to the provider.

#### 3.7.2 Breaches that involve the passing through or alongside sleeping accommodation en route to bathroom accommodation

As part of the routine contract performance monitoring meetings the Commissioners and the Trust should discuss the Mixed Sex Accommodation (MSA) Breaches reported by the provider. As part of the discussion, the provider will identify to the commissioner the any breaches involved with ‘passing through or alongside sleeping accommodation en route to bathroom accommodation’ (as set out in the Guidance). The Trust will put forward a Remedial Action Plan with a timescale for the resolution of the breach. The parties shall agree a level of consequence that will be levied should the Remedial Action Plan (RAP) be

in breach. The Commissioner and the Provider shall review the passing through or alongside sleeping accommodation en route to bathroom accommodation breach Remedial Action Plan at future contract monitoring meetings until complete. Failure by the provider to draw up the action plan may result a withholding of 10% of all the monthly sums payable to the Trust.

### 3.7.3 Sleeping Accommodation Breach

Where the Breach is not clinical justified then Commissioners will impose Retention of £250 per day per Patient affected as may be varied pursuant to Guidance.

| **4 ATTACHMENTS** | |
|---|---|
| **Appendix Number** | **Title** |
| 1 | Eliminating Mixed Sex Accommodation within Critical Care |
| 2 | Equality Impact Assessment Tool |

| **5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)** |
|---|
| Electronic Database for Procedural Documents |
| Held by Procedural Document and Leaflet Coordinator |

| **6 LOCATIONS THIS DOCUMENT ISSUED TO** | | |
|---|---|---|
| **Copy No** | **Location** | **Date Issued** |
| 1 | Intranet | 15/11/2016 |
| 2 | Wards, Departments and Service | 15/11/2016 |

| **7 OTHER RELEVANT / ASSOCIATED DOCUMENTS** | |
|---|---|
| **Unique Identifier** | **Title and web links from the document library** |
| CORP/POL/002 | Providing and Maintaining Privacy and Dignity to Patients http://fcsharepoint/trustdocuments/Documents/CORP-POL-002.doc |
| CORP/PROC/101 | Untoward Incident and Serious Untoward Incident Reporting http://fcsharepoint/trustdocuments/Documents/CORP-PROC-101.docx |

| **8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS** |
|---|
| **References In Full** |
| Department of Health. (18/11/2010). Eliminating mixed sex accommodation in hospitals. Available: https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation . Last accessed 06/05/2015. |
| Department of Health. (15/12/2010). The Operating Framework for the NHS in England 2011/12. Available: https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2011-12 . Last accessed 06/05/2015. |
| Department of Health. (24/11/2011). The Operating Framework for the NHS in England 2012-13. Available: https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2012-13 . Last accessed 06/05/2015. |
| Elimination of Mixed Sex Accommodation – Professional Letter – November 2010 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_121860.pdf |

| 8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS |
|---|
| **References In Full** |
| HealthWatch. (2015). Available: http://www.healthwatch.co.uk/ . Last accessed 06/05/2015. |
| National Patient Safety Agency. (06/08/2010). Root Cause Analysis (RCA) tools: getting started. Available: http://www.nrls.npsa.nhs.uk/resources/?entryid45=75602 . Last accessed 06/05/2015. |

| 9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC | | |
|---|---|---|
| **Name** | **Designation** | **Date Response Received** |
| Simone Anderton | Deputy Director of Nursing | |
| Janet Grimes | Performance and Quality Support Officer, LCSU | |
| Stephanie Betts | Senior Quality and Performance Manager, LCSU | |

| 10 DEFINITIONS / GLOSSARY OF TERMS | |
|---|---|
| Breaches of bathroom accommodation | Breaches that involve the passing through or alongside sleeping accommodation en route to bathroom accommodation |
| CCG | Clinical Commissioning Group |
| CITU | Cardiac Intensive Therapy Unit |
| EMSA | Eliminating Mixed Sex Accommodation |
| ITU | Intensive Therapy Unit |
| HDU | High Dependence Unit |
| MSA | Mixed Sex Accommodation |
| RAP | Remedial Action Plan |
| RCA | Root Cause Analysis |
| Sleeping accommodation | Includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles. |

| 11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL | | | |
|---|---|---|---|
| **Issued By** | Andrew Heath | **Checked By** | Simone Anderton |
| **Job Title** | Patient Experience and Engagement Lead | **Job Title** | Deputy Director of Nursing |
| **Date** | October 2016 | **Date** | October 2016 |

## APPENDIX 1: ELIMINATING SEX WITHIN CRITICAL CARE

**Flowchart for step down of patients from Critical Care**
***Delivering Same Sex Accommodation within Critical Care***

- At Handover discuss, discuss any patients not transferred from previous day. Contact patient flow facilitator/surgical coordinator immediately following handover to discuss these patients, informing them of time remaining 'on the clock'.
- Divisional patient flow manager / surgical coordinator to contact Nurse in Charge for ICU/HDU to discuss potential discharges for the day or patients not transferred the previous day.

- Patient is identified as medically fit for discharge, time is documented on nursing handover sheet
- ICU/HDU nurse in charge to notify relevant patient flow facilitator/surgical coordinator bleep holder that patient is medically fit for discharge from Critical Care and requires a bed. ICU/HDU nurse in charge to record time of contact on nursing handover sheet. If no response then Critical Care Matron/Duty Matron should be contacted.

**2 Hours no bed identified**

- ICU/HDU nurse in charge to contact Critical Care Coordinator
- Critical Care Coordinator to contact Critical Care Matron / Duty Matron and discuss with Patient Flow Manager.

**3 Hours no bed identified or cannot be identified within the next hour**

- Critical Care Matron / Duty Matron to discuss with Patient Flow team.

- Critical Care Coordinator / Matron / Duty Matron to contact Directorate / Duty Manager

- Critical Care Matron to contact Directorate Manager and the Patient Experience & Engagement Lead.
- Directorate Manager to contact relevant Directorate Manager / Discuss with DDOP of the Day.
- Complete an untoward incident for stating single sex breach, highlight key times, who contacted ward and actual time of transfer.

The patient **MUST** be discharged

**Bleep Numbers**
Critical Care Coordinator 321
Critical Care Matron 785
Duty Matron 930
Critical Care Directorate Manager 622
Patient Flow Manager 436
Patient Experience Lead 580
**Patient Flow Facilitators**
Medical 140
Surgical 453
Cardiac 800

Remember to clock pauses at 20.30 and resumes at 07.30.

No *Out Of Hours* discharges as it is detrimental to patients to transfer out of hours

## APPENDIX 2: EQUALITY IMPACT ASSESSMENT FORM

| **Department** | Clinical Governance | **Service or Policy** | CORP/PROC/426 | **Date Completed:** | August 2016 |
|---|---|---|---|---|---|

**GROUPS TO BE CONSIDERED**

Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.

**EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED**

Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.

| **QUESTION** | **RESPONSE** | | **IMPACT** | |
|---|---|---|---|---|
| | Issue | Action | Positive | Negative |
| What is the service, leaflet or policy development?<br>What are its aims, who are the target audience? | This procedure aims to enable us to monitor when mixing occurs and continue to improve our delivery of clean, safe care with privacy and dignity. | | | |
| Does the service, leaflet or policy/ development impact on community safety<br>• Crime<br>• Community cohesion | No | | | |
| Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need. | No | | | |
| Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population? | No | | | |
| How does the service, leaflet or policy/ development promote equality and diversity? | No | | | |
| Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact? | No | | | |
| Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups | No | | | |
| Will the service, leaflet or policy/ development<br>i. Improve economic social conditions in deprived areas<br>ii. Use brown field sites<br>iii. Improve public spaces including creation of green spaces? | No | | | |
| Does the service, leaflet or policy/ development promote equity of lifelong learning? | No | | | |
| Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health? | No | | | |
| Does the service, leaflet or policy/ development impact on transport? What are the implications of this? | No | | | |
| Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home? | No | | | |
| Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups? | No | | | |
| Does the policy/development promote access to services and facilities for any group in particular? | No | | | |

## APPENDIX 2: EQUALITY IMPACT ASSESSMENT FORM

| | | | | |
|---|---|---|---|---|
| Does the service, leaflet or policy/development impact on the environment<br>• During development<br>• At implementation? | No | | | |

| **ACTION:** | | | |
|---|---|---|---|
| **Please identify if you are now required to carry out a Full Equality Analysis** | **~~Yes~~** | **No** | **(Please delete as appropriate)** |

| | | | |
|---|---|---|---|
| **Name of Author:**<br>**Signature of Author:** | **Andrew Heath** | **Date Signed:** | **August 2016** |
| | | | |
| **Name of Lead Person:**<br>**Signature of Lead Person:** | | **Date Signed:** | |
| | | | |
| **Name of Manager:**<br>**Signature of Manager** | | **Date Signed:** | |