

Policy Document

Reference: C32

Single Sex Accommodation (SSA)

Version:	7.1
Date Ratified:	August 2023 by Quality & Safety Oversight Group
Date of Issue:	September 2023
Date of Next Review:	March 2026
Policy Author:	Lead Nurse: Quality and Safety
Executive Lead:	Chief Nurse

Version Control Schedule

Version	Issue Date	Comments
1	December 2010	Approved by Specialist Forum (name) and reasons for development of policy
2	April 2011	Summary of changes
3	July 2013	If in draft, consideration of changes to be implemented should be included to assist during the consultation process, please ensure version control identified in footer of the document.
4	March 2016	Policy updated following integration with County Hospital.
5	April 2019	Review of policy
6	February 2020	Minor amendment - Policy updated following release of national update of policy and reporting requirements
7	March 2023	Review of policy. Minor amendment to RCA template to include contributory factors applicable in Critical Care.
7.1	September 2023	Minor amends: Policy updated. RCA template now for ward use only. Critical Care reporting process added to appendices.

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

Review Form / Equality Impact Assessment (EIA)

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Analysis Form is designed to help consider the needs and assess the impact of each policy. To this end, EIAs will be undertaken for all policies.

Policy Reference, Title and Version Number	C32 Single Sex Accommodation V7.1
Summary of changes made on this review	<ul style="list-style-type: none"> RCA template now for ward use only Critical Care reporting processes added to appendices.
Please list which service users, staff or other groups have been consulted with, in relation to this	Corporate Nursing / Policy Review Group
Were any amendments made as a result? If yes, please specify	No
Does this policy involve the administration or control of medicines? If yes, have the Safe Meds Group been consulted with?	N/A
Which Executive Director has been consulted on?	Chief Nurse
Does this policy have the potential to affect any of the groups listed below differently - please complete the below. Prompts for consideration are provided, but are not an exhaustive list	

Group	Is there a potential to impact on the group? (Yes/No/Unsure)	Please explain and give examples	Actions taken to mitigate negative impact
Age (e.g. are specific age groups excluded? Would the same process affect age groups in different ways?)	No		See 3.4
Gender (e.g. is gender neutral language used in the way the policy or information leaflet is written?)	No		
Race (e.g. any specific needs identified for certain groups such as dress, diet, individual care needs? Are interpretation and translation services required and do staff know how to book these?)	No		
Religion & Belief (e.g. Jehovah Witness stance on blood transfusions; dietary needs that may conflict with medication offered)	No		
Sexual orientation (e.g. is inclusive language used? Are there different access/prevalence rates?)	No		

Group	Is there a potential to impact on the group? (Yes/No/Unsure)	Please explain and give examples	Actions taken to mitigate negative impact
Pregnancy & Maternity (e.g. are procedures suitable for pregnant and/or breastfeeding women?)	NA		
Marital status/civil partnership (e.g. would there be any difference because the individual is/is not married/in a civil partnership?)	No		
Gender Reassignment (e.g. are there particular tests related to gender? Is confidentiality of the patient or staff member maintained?)	No		See section 3.5 of policy
Human Rights (e.g. Does it uphold the principles of Fairness, Respect, Equality, Dignity and Autonomy?)	Yes		
Carers (e.g. is sufficient notice built in so can take time off work to attend appointment?)	NA		
Socio/economic (e.g. would there be any requirement or expectation that may not be able to be met by those on low or limited income, such as costs incurred?)	No		
Disability (e.g. are information/questionnaires/consent forms available in different formats upon request? Are waiting areas suitable?) Includes hearing and/or visual impairments, physical disability, neurodevelopmental impairments e.g. autism, mental health conditions, and long term conditions e.g. cancer.	NA		
<p>Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities? (e.g. allow extra time for appointments, allow advocates to be present in the room, having access to visual aids, removing requirement to wait in unsuitable environments, etc.)</p>			No
<p>Will this policy require a full impact assessment and action plan? (a full impact assessment will be required if you are unsure of the potential to affect a group differently, or if you believe there is a potential for it to affect a group differently and do not know how to mitigate against this - please contact the Corporate Governance Department for further information)</p>			No

CONTENTS	Page
1. INTRODUCTION	6
2. SCOPE	6
3. DEFINITIONS	7
4. ROLES AND RESPONSIBILITIES	8
5. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION	8
6. MONITORING AND REVIEW ARRANGEMENTS	9
7. REFERENCES	9
APPENDIX 1 SAME SEX AGENDA: DECISIONS MATRIX FOR UHNM AND COMISSIONERS	10
APPENDIX 2 WARD ESCALATION PROCESS FOR BREACHING THE SINGLE SEX AGENDA	11
APPENDIX 3 CRITICAL CARE ESCALATION PROCESS FOR BREACHING SINGLE SEX AGENDA	10
APPENDIX 4 CRITICAL CARE SSA BREACHES INCIDENT REPORTING ON DATIX	11
APPENDIX 5 WARD ROOT CAUSE ANALYSIS – SINGLE SEX AGENDA	12

1. INTRODUCTION

- 1.1 In November 2010 a joint letter was sent to the NHS from the then Chief Nursing Officer and Deputy Chief Executive informing NHS organisations that they were expected to eliminate mixed sex accommodation. (PL/CNO/2010/3). In March 2013 mixed sex accommodation (MSA) monthly reporting was included in the NHS standard contract as an operational standard
- 1.2 Since the inception of Delivering Same Sex Accommodation the models of care delivery have significantly changed and continue to do so. This policy reflects changes to service delivery but keeps the patient central to guidance.
- 1.3 This Trust policy outlines the organizational structures and practices which support the single sex accommodation agenda and the reporting procedures if mixing of sexes occurs.
- 1.4 This policy is based on the commitment to provide treatment and care for patients in an environment which maintains personal privacy and protects modesty. The provision and maintenance of the single sex accommodation agenda is a visible affirmation of this commitment.
- 1.5 The Trust has declared compliance against delivery of single sex accommodation agenda. Reporting requirement for breaches are to the Commissioners and to NHS England which also acts as assurance, with the Care Quality Commission.

2. SCOPE

- 2.1 All patients should be nursed in same sex accommodation, unless a young person expresses a preference to be cared for in a mixed bay or specialised / urgent care for the patient may take priority over ensuring same sex accommodation. In these cases, privacy and dignity must be protected and same sex accommodation provided as soon as the acceptable justification ceases to apply.
- 2.2 This policy relates to all ward areas and departments accommodating in-patients, with the requirement to work within the principles of single sex accommodation.
- 2.3 The policy applies to all staff involved in the patient pathway
- 2.4 This policy applies to all patients irrespective of age, ethnicity, social, cultural, psychological and physical requirements. There is zero tolerance to mixed sex accommodation, except where it is the overall best interest of the patient.
- 2.5 This policy should be read in conjunction with:
 - Deprivation of Liberty Safeguards [accessed via Trust Intranet, Trust Section, Mental Capacity Act and DOLS]
 - Trust Policy DSP10 Data Security, Protection and Confidentiality
 - Trust Policy and Procedures C43 Consent to treatment (incorporating Mental Capacity Act (2021)).
 - Trust Policy C36 Protection of Vulnerable Adult from Abuse (2021)
 - Trust Policy HS01 Health and Safety Policy (2021)
 - Trust Policy Re01 Multidisciplinary Health Records (2019)
 - Trust Policy C44 Chaperoning (2022)
 - Trust Policy C23 Child protection Policy (2021)
 - Trust Policy C64 Supporting Transgender Individuals (2020)

3. DEFINITIONS

3.1 **Single sex accommodation (SSA):**

When male and females **do not** share;

- Sleeping accommodation
- Toilets or bathrooms but may have to access ones used by both male and female patients if not enough available. Washing and WC facilities should only accommodate one patient at a time and can be locked by the patient (with an external override for emergency use only)
- Pass through an area of opposite sex accommodation to access toilets/bathrooms or their own sleeping accommodation. This excludes corridors.

3.2 **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 admission areas, 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 and units where a patient may be referred directly for assessment, treatment or observation pending a final decision on treatment or admission to another area. (e.g. medical assessment unit)

3.3 **Mixed sex accommodation (MSA):**

When male and females **do** share;

- Sleeping accommodation
- Toilets or bathrooms
- Pass through an area of opposite sex accommodation to access toilets/bathrooms or their own sleeping accommodation

3.4 **Young person:**

For the purpose of this policy a young person is anyone under 16 years of age.

A young person should not be cared for on adult ward, but on wards that are appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual young person. In particular, the needs of the adolescents require careful consideration. The care of young people should be reviewed in the particular circumstances of each ward /department to make sure that their separate needs, including for safeguarding, are recognised and met. (Child and Young Person's Health Outcome Report 2013)

3.5 **Transgender/gender variant patients**

For the purpose of this policy this includes both adults and young person

Transgender/gender variant patients should wherever possible have accommodation that the individuals concerned regard as appropriate. This consideration is made as part of an overall accommodation review for the patients on the ward.

3.6 **Defining same sex accommodation breach**

A breach of same sex accommodation is defined as the placement of a patient within the clinical setting as identified in section 3.3 as well as where no acceptable justification exists or when an acceptable justification applied is no longer appropriate

3.7 **Clinical and acceptable justifications.**

Is when mixed sex accommodation is in the overall best interest of the patient Acceptable justifications are identified as follows;

- 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 patients requires constant one-to-one nursing care, e.g.in Critical care.
- Where a nurse must be physically present in the room/bay at all times such as level 2 care.

- Where a short period of close patient observation is needed such as immediate post-anaesthetic recovery, or where there is high risk of adverse drug reactions
- When couples or family groups are admitted.
- When there is an unpredictable events such as major clinical incidents or natural disaster and major non-clinical incidents such as fire or flood requiring immediate evacuation of buildings
- In instances when sharing accommodation with the opposite gender reflects patients personal choice. Where this is a group decision it should be reconsidered for each new admission to the group as consent cannot be presumed. This personal choice should be documented within the patient's notes.

When an episode of mixed sex accommodation is justified it is NOT a breach.

3.8 Unacceptable Justifications

Unacceptable justifications are identified as follows;

- 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 shortage of staff or poor skill mix.
- Placing a patient in a 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.
- Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures.
- Placing a patient in mixed-sex accommodation because of predictable non-clinical incident (e.g. ward closure)
- Placing a patient in mixed sex accommodation for regular but not constant observation.

See Appendix 1 for a decision matrix to support a decision of whether or not an episode of mixing constitutes a breach.

4. ROLES AND RESPONSIBILITIES

4.1 All staff involved in the patients' pathway will give due consideration to the provision of single sex accommodation by ensuring the policy is implemented through their work.

- **Divisional and Directorate Management teams;** need to ensure that the single sex accommodation agenda is achieved or maintained when redesigning and managing services
- **Site managers;** need to consider the single sex accommodation agenda when managing beds for elective and emergency admissions
- **Matrons;** need to support the Sister/Charge Nurse in resolving situations where single sex accommodation agenda is not provided.
- **Sister/Charge Nurses;** need to ensure that ward /department staff are aware of this policy and practice is in keeping with single sex accommodation agenda and when same sex accommodation cannot be provided it is escalated in accordance with the escalation process contained in appendix 3.
- **Medical staff:** need to consider single sex accommodation when providing and or organising treatment.
- **Executive Teams:** Need to seek assurance that the single sex accommodation agenda is met and offer appropriate challenge where required.

5. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

All staff involved in the patient pathway, on commencement in the Trust will be made aware of the Policy. The line manager of the individual staff member will ensure that a record of training and or reading of the policy is recorded in the personal record of the staff member.

6. MONITORING AND REVIEW ARRANGEMENTS

6.1 Monitoring

Breaches in single sex accommodation agenda are monitored using the Datix system. Each Datix is reviewed and validated at Divisional level. If a breach has been validated as an unjustified breach it is reported corporately to the Lead Nurse – Quality and Safety. See appendix 2 for flow chart of the process.

6.2 Reporting Requirements

Failure to comply with single sex accommodation agenda is a nationally specified event. Unjustified breaches (which have been validated) in relation to sleeping accommodation only need to be reported in the Delivery of Single Sex Accommodation (DSSA), monthly return. See appendix 2

6.2.1 Justified occurrences of mixed sex accommodation and unjustified mixing in relation to bathroom accommodation are not currently required to be reported externally as agreed with commissioners. See appendix 2

6.2.2 Unjustified breaches which have been validated will be discussed at the Quality and Safety Oversight Group (QSOG) and the Clinical Quality Review Meeting (CQRM). See appendix 2

6.3 Review

This policy will be reviewed in three years or when new legislation is brought out whichever the sooner.

7. REFERENCES

NHS England and NHS Improvement (2019) Delivering Same-sex Accommodation
<https://improvement.nhs.uk/resources/delivering-same-sex-accommodation/>.

Report of the Children and Young People's Health Outcomes Forum 2013/14

Online at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307011/CYPHOF_Annual_Report_201314_FORMAT_V1.5.pdf

National Health Service (NHS) (2011). The Operating Framework for the NHS in England 2011/12. Online at <http://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2011-12>

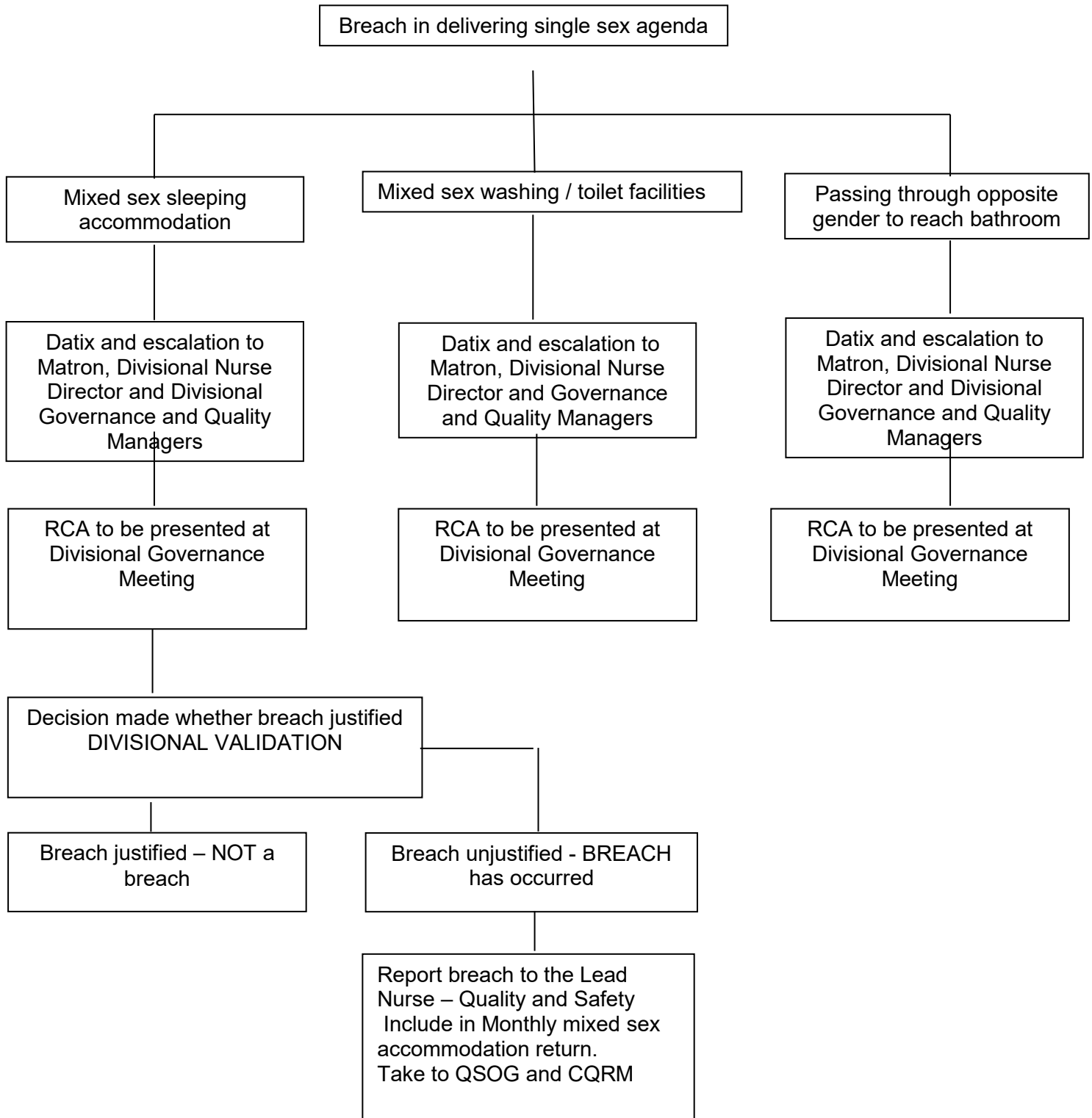
Department of Health 2010. Dear Colleague letter from the Chief Nursing Officer and Deputy NHS Chief Executive. Eliminating Mixed Sex Accommodation – November 2010.

SAME SEX AGENDA: DECISIONS MATRIX FOR UHNM AND COMMISSIONERS

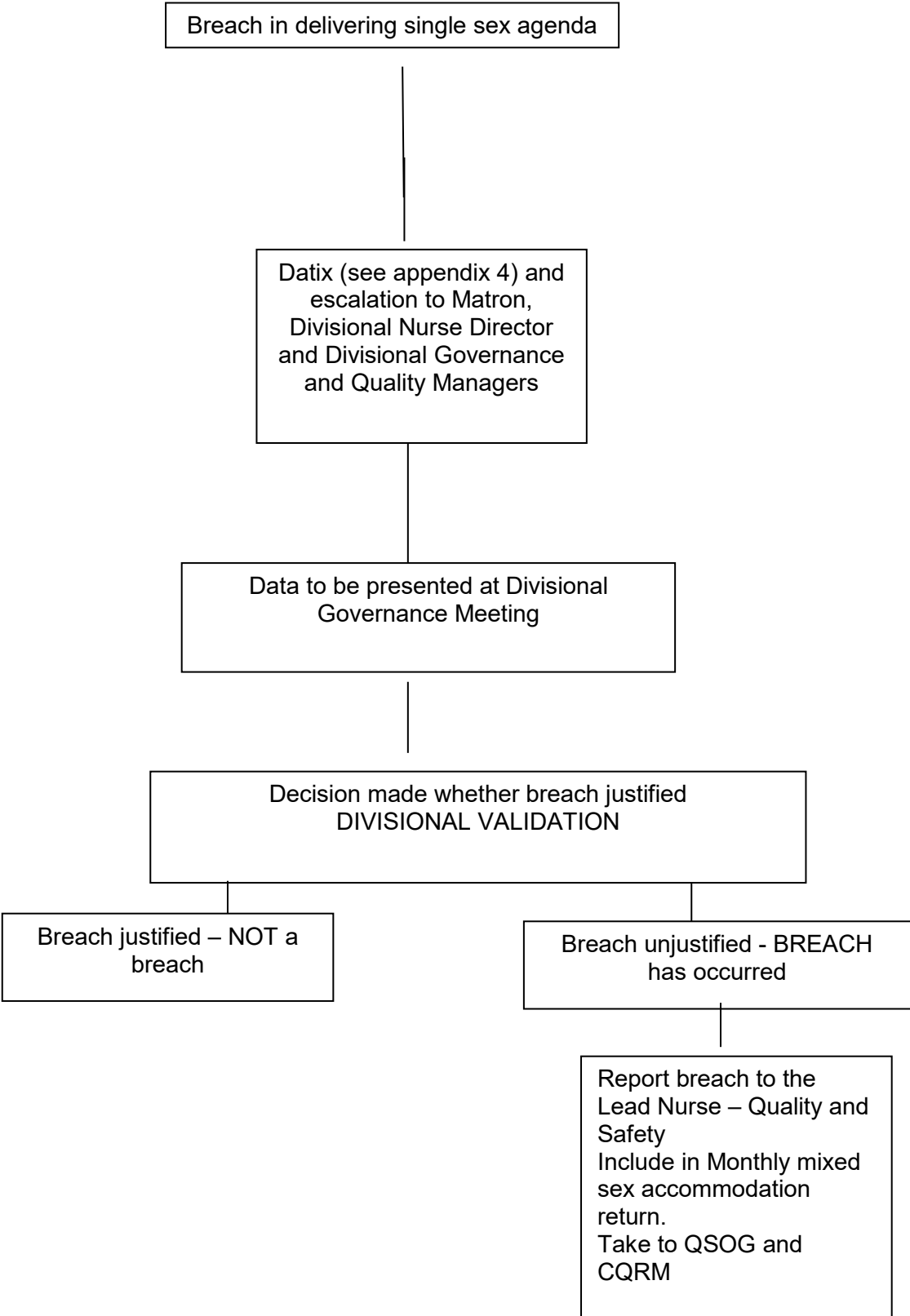
This matrix offers a framework to make sure local decisions on mixing in sleeping accommodation reflect the national guidance. The decision to mix (and to record whether or not the mixing constitutes a breach) is made by the UHNM. These decisions are then validated at the Clinical Quality Review Meeting (CQRM). Episodes in the red or amber areas should be discussed. The episodes in the green areas should be reviewed to ensure the unjustified mixing in not overlooked.

Category	Acceptable	Notes
Critical Care, levels 2 &3 e.g. <ul style="list-style-type: none"> ICU/Coronary Care Units High Dependency Units Hyperacute stroke and trauma units Recovery units attached to theatres/procedure rooms. 	Almost always G	<p>Not acceptable when patients are ready to be transferred from level 2 and 3 care but cannot be placed in an appropriate ward. For comfort and safety of patients, transfer of patients from level 3 and 2 care should not occur between the hours of 22.00 – 07.00. Breaches should not be counted within this period. They should start/restart from 07.00hrs. (NHSE, NHSI, 2019)</p> <p>Not acceptable in recovery units where patients remain until discharge .E.g. Day Surgery Units and Endoscopy.</p>
In patient wards e.g. general and specialist , elderly care , orthopaedics	Never R	All episodes of mixing inpatient wards should be reported
Assessment/observation units, e.g. Medical/surgical assessment units, Clinical decision making units/Observation wards	Almost always G	<p>Patients should be moved from an assessment / observation unit within four hours of a decision to admit or from when the patient arrives in the unit and a decision to admit has already been made.(replaces the previous requirement to count from the outset)</p> <p>It is understood that on occasions a patient may have to be placed in a mixed sex area for reasons relating to patient or site safety. There must be a plan in place which resolves this issue and this should be enacted as soon as possible or within an hour of the placement.</p>
Day surgery / Endoscopy units/ procedure rooms	Rarely R	<p>Segregation should be provided where patients' modesty may be compromised e.g. wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed. Acceptable for very minor procedures (e.g. operations on hands/ feet that do not require patients to undress). Not acceptable where dignity is likely to be compromised i.e. if bowel prep needed</p> <p>Where high observation bays are used for patients in the first stage of recovery or when they require a period of close observation but not level 2 or 3 care, any breaches that occur will be classed as justified.</p>
Children / young people's units (including neonates)	Sometimes A	Children (or their parents in the case of young children) and young people should have the choice of whether care is segregated according to age or gender. There are no exemptions from the need to provide high standards of privacy and dignity.
Mental health and LD	Never R	There is no acceptable justification for admitting a mental health patient to a mixed-sex accommodation. May be acceptable, in a clinical emergency, to admit a patient temporarily to a single, ensuite room in the opposite –gender area of a ward. In such cases, a full risk assessment must be carried out and complete safety, privacy and dignity maintained.
Areas where treatment is delivered, e.g. chemotherapy units/ambulatory day care/radiotherapy/renal dialysis/medical day units	Almost Always G	Not a breach wherever regular treatment is required, especially where patients may derive comfort from the presence of other patients with similar conditions. A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.
End of life	Almost Always G	A patient receiving end-of-life care should not be moved solely to achieve segregation – in this case a breach would be justified, there is no time limit.

WARD ESCALATION PROCESS FOR BREACHING THE SINGLE SEX AGENDA



CRITICAL CARE ESCALATION PROCESS FOR BREACHING THE SINGLE SEX AGENDA



Critical Care Single Sex Accommodation Breaches Incident Reporting on Datix

APPENDIX 4

You can type in ANY drop down box to find your selection rather than scrolling through a long list for e.g. if you type 120 in the location exact box it will bring up the relevant ward for you to select.	Critical Care Pod 3
	Critical Care Pod 4
	Critical Care Pod 5
	Critical Care Pod 6

* Specialty	General Adult ICU
-------------	-------------------

The reporter then needs to make the following selection in the Subcategory field (*under the Patient Flow Category*)

* Category	Patient Flow (Access, admission, transfer, discharge)
* Sub category	Privacy & Dignity - Mixed Sex Accommodation

The following section will then appear based on those selections being made (*comments box only appears when the 'Other' option is selected*):

ITU Mixed Sex Accommodation Breaches	
Mixed Sex Accommodation Breaches Contributory Factors	Other – Please detail in comments box below
Mixed Sex Accommodation Breaches Comments	

WARD ROOT CAUSE ANALYSIS – SINGLE SEX AGENDA (SSA)
APPENDIX 5

DATIX ID:	
SSA MIXED SEX OCCURRENCE DESCRIPTION AND CONSEQUENCES:	<input type="checkbox"/> Over-looking opposite sex accommodation <input type="checkbox"/> Shared toilet/bathrooms
TYPE OF ADMISSION:	<input type="checkbox"/> Emergency <input type="checkbox"/> Elective
LOCATION OF THE BREACH: (Ward/Dept. and Bed Number)	
REASON FOR ADMISSION:	
DATE AND TIME OCCURRENCE COMMENCED OR DATE AND TIME PATIENT WAS DEEMED FIT TO STEPDOWN FROM CRITICAL CARE TO WARD	Date: Time:
DATE AND TIME OCCURRENCE ENDED:	Date: Time:
HOW WAS THE OCCURRENCE ESCALATED:	<input type="checkbox"/> Matron <input type="checkbox"/> Directorate Management team <input type="checkbox"/> Divisional Management Team <input type="checkbox"/> Site Team
WHEN WAS THE OCCURRENCE ESCALATED:	Date: Time:
NUMBER OF PATIENTS AFFECTED:	
SPECIALTY WHERE MIXED SEX OCCURRENCE OCCURRED:	
SPECIALTY WHERE PATIENT(S) SHOULD HAVE	

BEEN:	
EFFECTS ON PATIENT(S), IF ANY:	
HOW WAS ONGOING PRIVACY AND DIGNITY MONITORING DURING THE OCCURRENCE:	
IMMEDIATE/REMEDIAL ACTION:	
BACKGROUND AND CONTEXT:	
EXPLANATION AND DISCUSSION:	<p>Pre-admission information given: N/A</p> <p>Explanation given: <input type="checkbox"/> Yes <input type="checkbox"/> No Documented <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Written information given: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Information displayed in ward area: N/A</p> <p>Patient invited to give feedback on discharged: <input type="checkbox"/> Yes</p>
CONTRIBUTORY FACTORS:	<p><input type="checkbox"/> Capacity (i.e. no other beds available)</p> <p>Other (Please detail below)</p>
LESSONS LEARNED:	
RECOMMENDATIONS:	