Trust Policy

Worcestershire Acute Hospitals NHS Trust

DELIVERING SAME SEX ACCOMODATION POLICY

Department / Service:	Corporate Nursing
Originator:	Alison Harrison – Deputy Divisional Director of Nursing
Accountable Director:	Vicky Morris Chief Nurse
Approved by:	Clinical Governance Group
Date of approval:	4th June 2019
This is the most current document and should be used until a revised version is in place:	4th June 2021
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	

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:
13th 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: • 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 Dan 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 22nd 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 national policy	Jackie edwards Deputy Chief Nurse

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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.
5.

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 Associate Director 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.

5.6.1 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 form 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**
Male partners 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 Transexual patients

Transsexual/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 transsexual patients should be offered a single room

5.13 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 patients 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.

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 – ie 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 ciritically 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 – ie 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 effdort 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 uup and dressed as soon as their condffition 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 than6 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 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 document s 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 change 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.**1Mixed 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 calendera nd a breach rate is the number of breaches of mixed sex sleeping accommodation per 1,000 finished consultant episodes.

12.0.2 MSBreaches 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 pewrformance 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
Vicky Morris	Chief Nursing Officer
Dilly Wilkinson	Deputy Chief Nursing Officer
Alison Harrison	Deputy Divisonal Director of Nursing SCSD
Dr Edwin Mitchell	Clinical Director for Critical Care
Hayley Wharton	Senior Information Analyst
Rebecca Brown	Assistant Director of Information and Performance.
Reji George	Matron for Medicine, Alex.

Circulated to the following individuals for comments

Sarah King	DDN Surgery
Steve Jezard	DDN Medicine
Steph Beasley	DDN SCSD
Jackie Edwards	Deputy Chief Nurse

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 Quality & Patient Experience 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 requiredand/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 attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

Appendix2

Checklist for the Review and Approval of Key Document

To be completed by the key document author and attached to any document, which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Identify which people have been involved in the development including stakeholders / users?		
	Name	**Job Title**	
	Lindsey Webb	Chief Nursing Officer	
	Lisa Miruszenko	Deputy Chief Nursing Officer	
	Ann Carey	Divisonal Director of Nursing Medicine	
	Sarah King	Divisonal Director of Nursing Surgery	
	Patti Paine	Divisional Director of Nursing Women & Children	
	Carole Brooks	Divisional Director of Nursing TACO	
	Tessa Mitchel	Associate Director of Patient Experience	
	James Long	Head of Estates	
	Matrons		
	Ward/Department Managers		
	Do you feel a reasonable attempt has been made to ensure relevant expertise	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	has been used?		

Appendix 3

Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document, which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Delivering Same Sex Accommodation Policy		
Date finalised:	June 2015	**Dissemination lead: Print name and contact details**	Rani Virk Ext. 47952
Previous document already being used?	**No**		
If yes, in what format and where?	NA		
Proposed action to retrieve out-of-date copies of the document:	NA		

To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments
Matrons	Lead Nurse for Quality & Patient Experience after ratification of the document	E	
Ward and department managers	Matrons after receipt of document from Lead Nurse for Quality & Patient Experience	P	
Ward and department healthcare workers	Ward / department managers after receipt of document from Matrons	P	
Head of Estates & facilities	Lead Nurse for Quality & Patient Experience after ratification of the document	E	

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		**Date due to be reviewed**	February 2009

Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Appendix 4

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 5: 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

↓

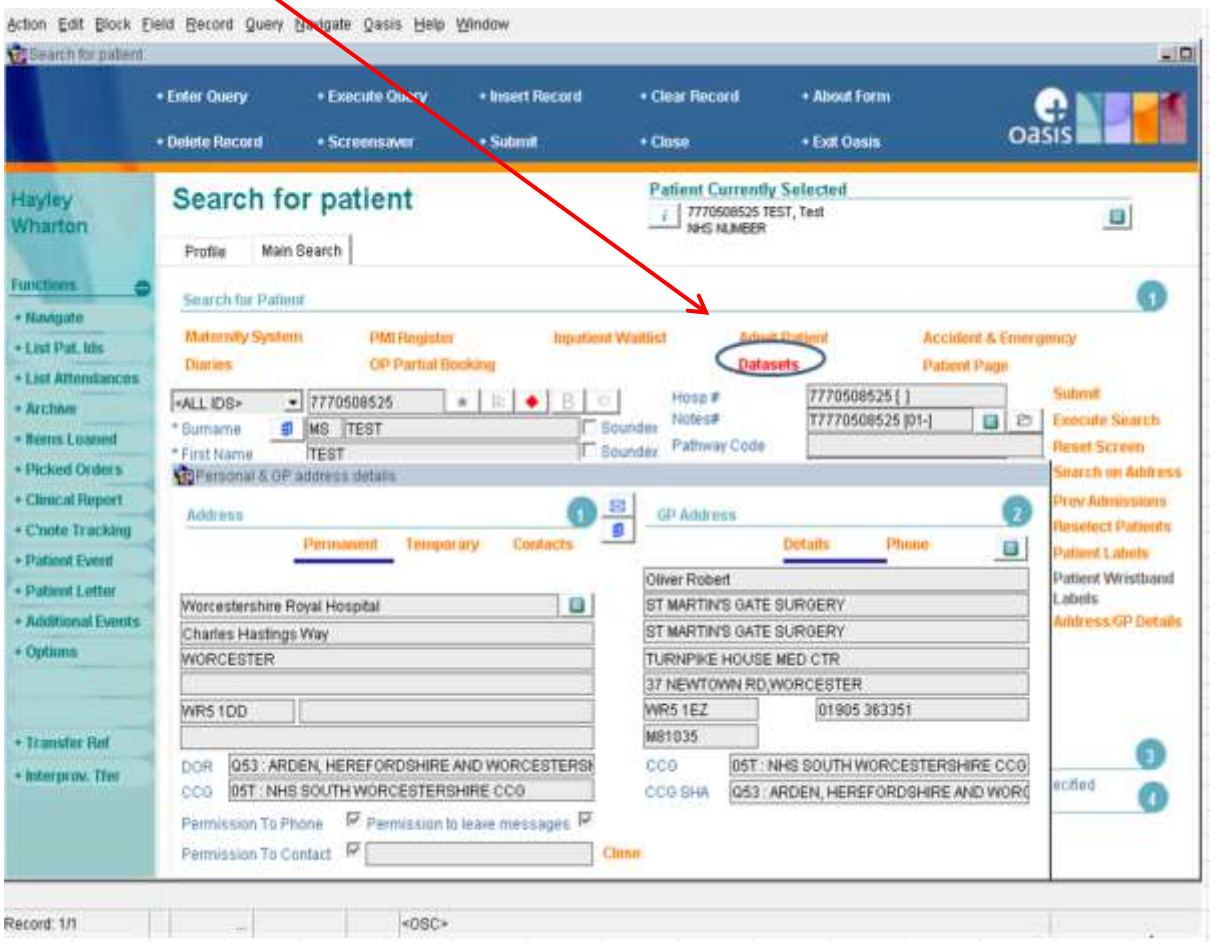
YES — **6 hour** patient moved? — **NO – BREACH OCCURRED**

- Report breach on OASIS system
- CompleteDatix
- Inform Director of Nursing

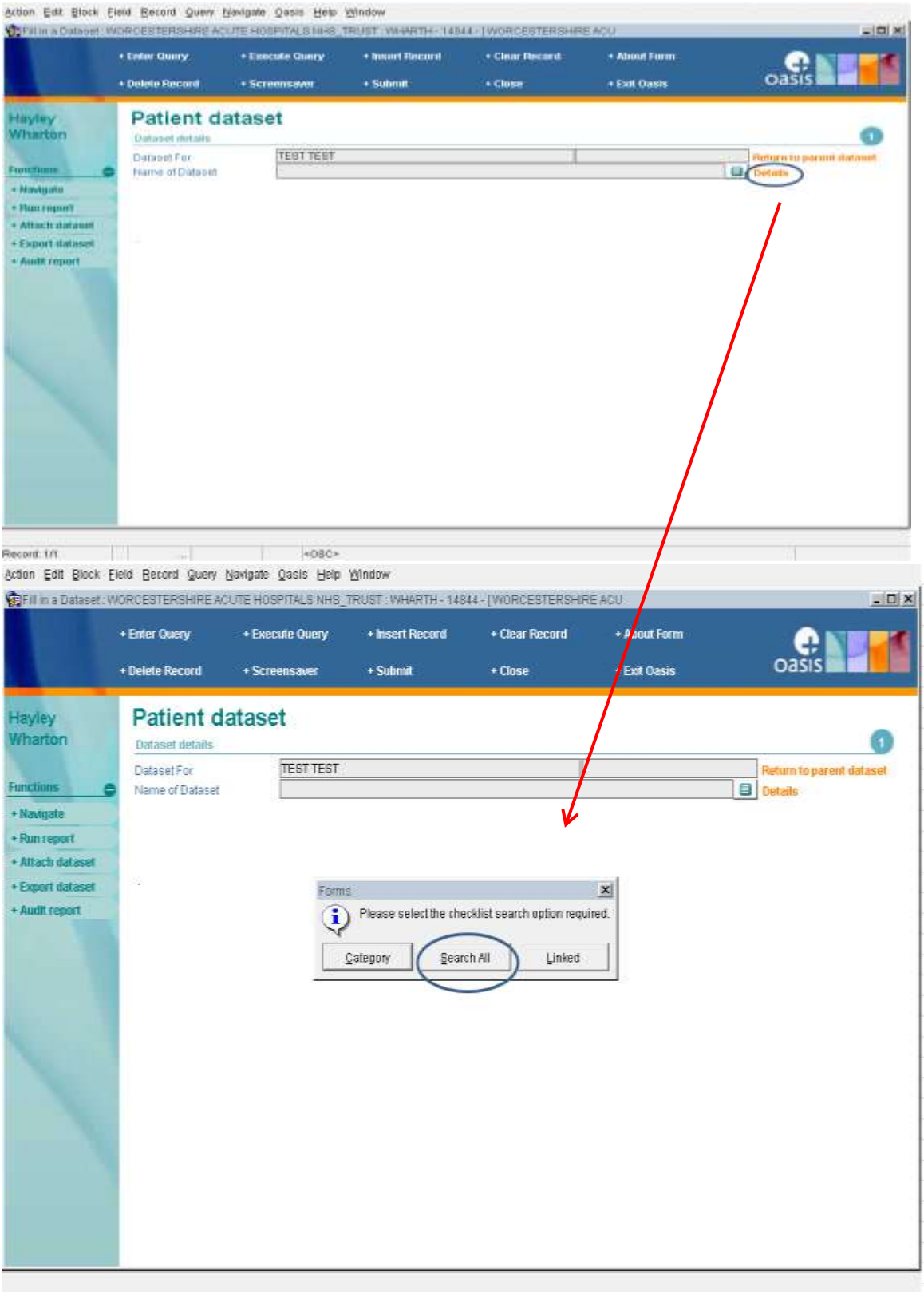
APPENDIX 6: Process for Recording a MSA breach on Oasis.

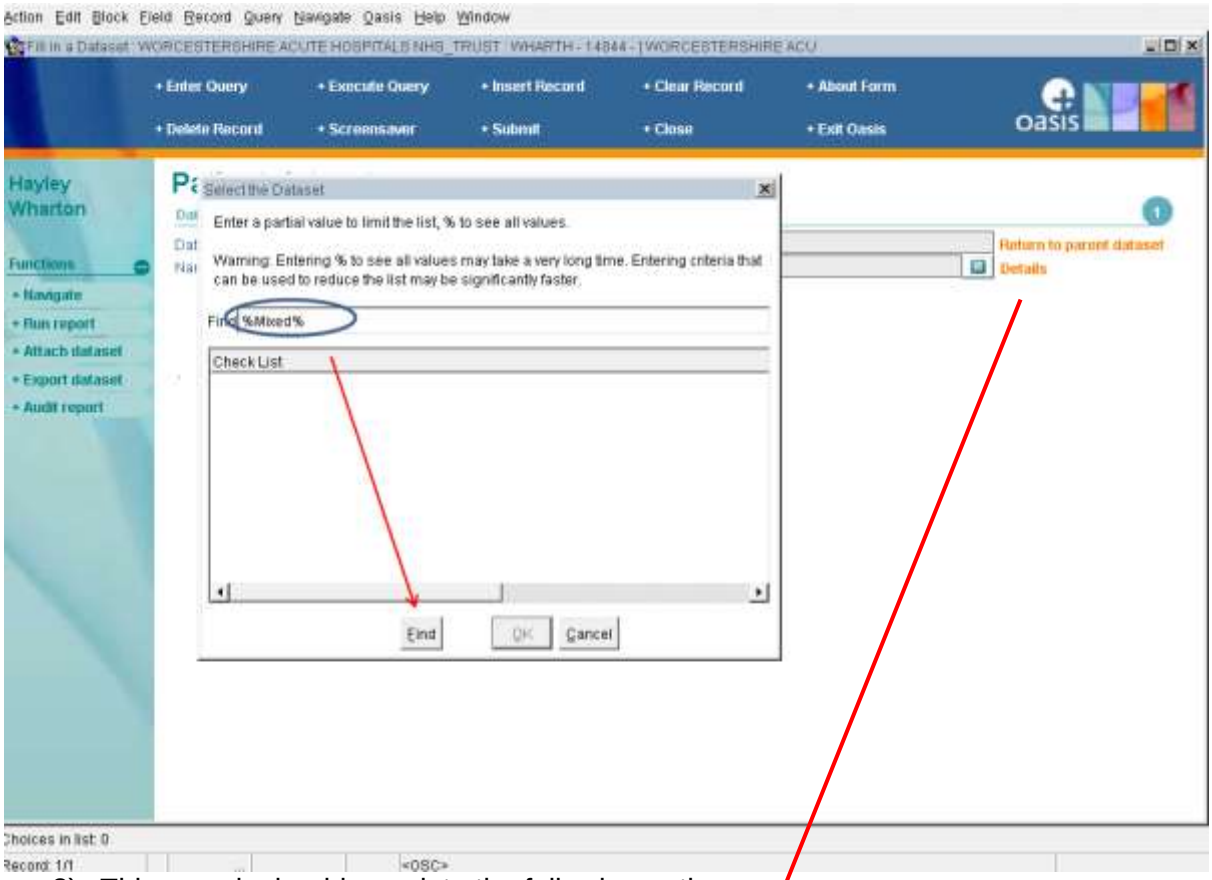
To enter a Mixed Sex Accommodation (MSA) breach

1) Click on Dataset

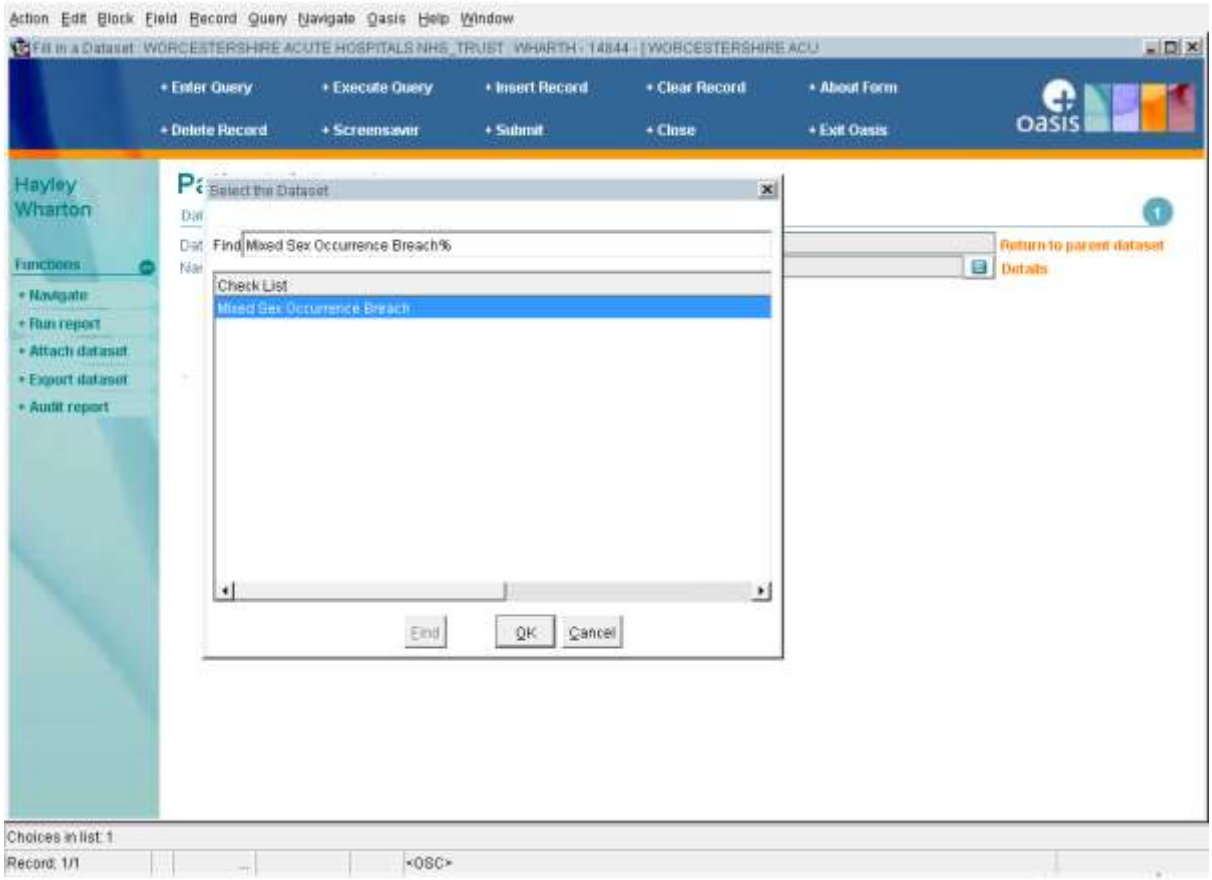


2) Search for the Mixed Sex Accommodation Occurrence

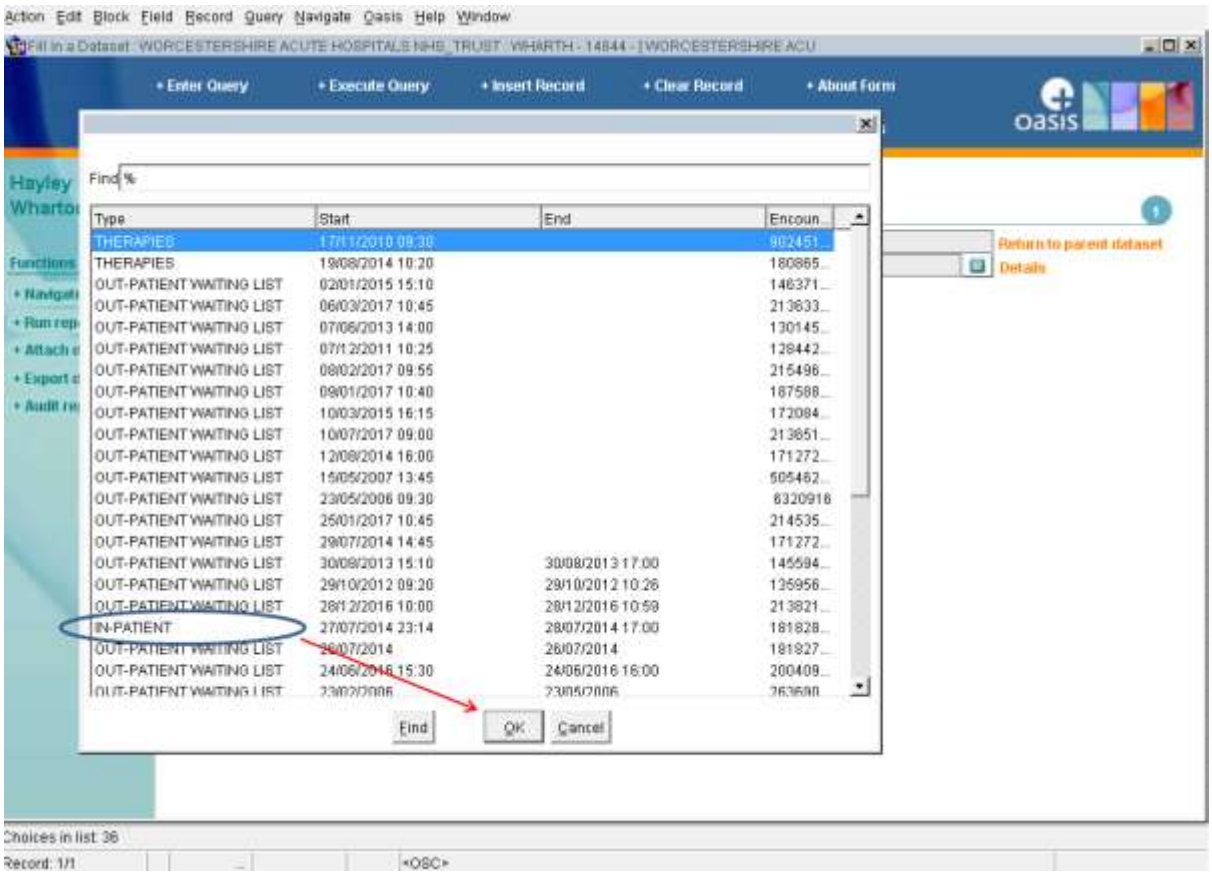




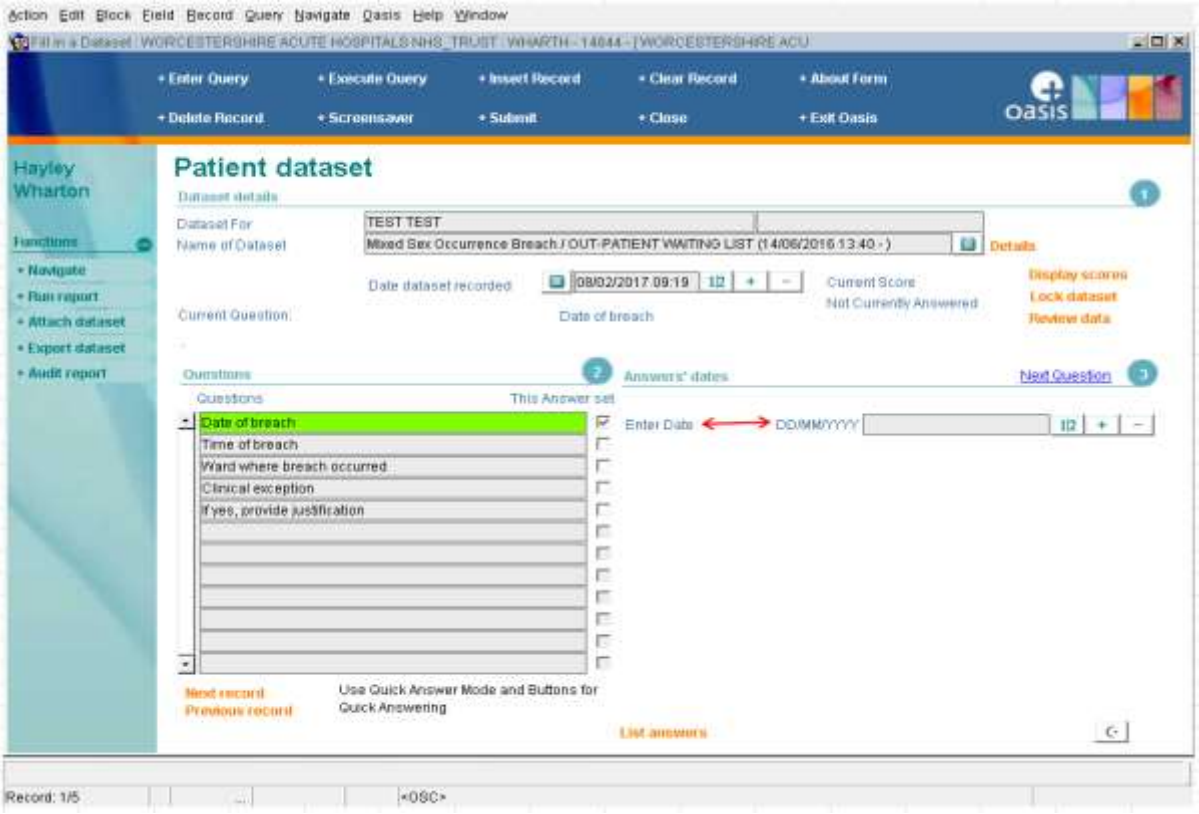
3) This search should populate the following option.

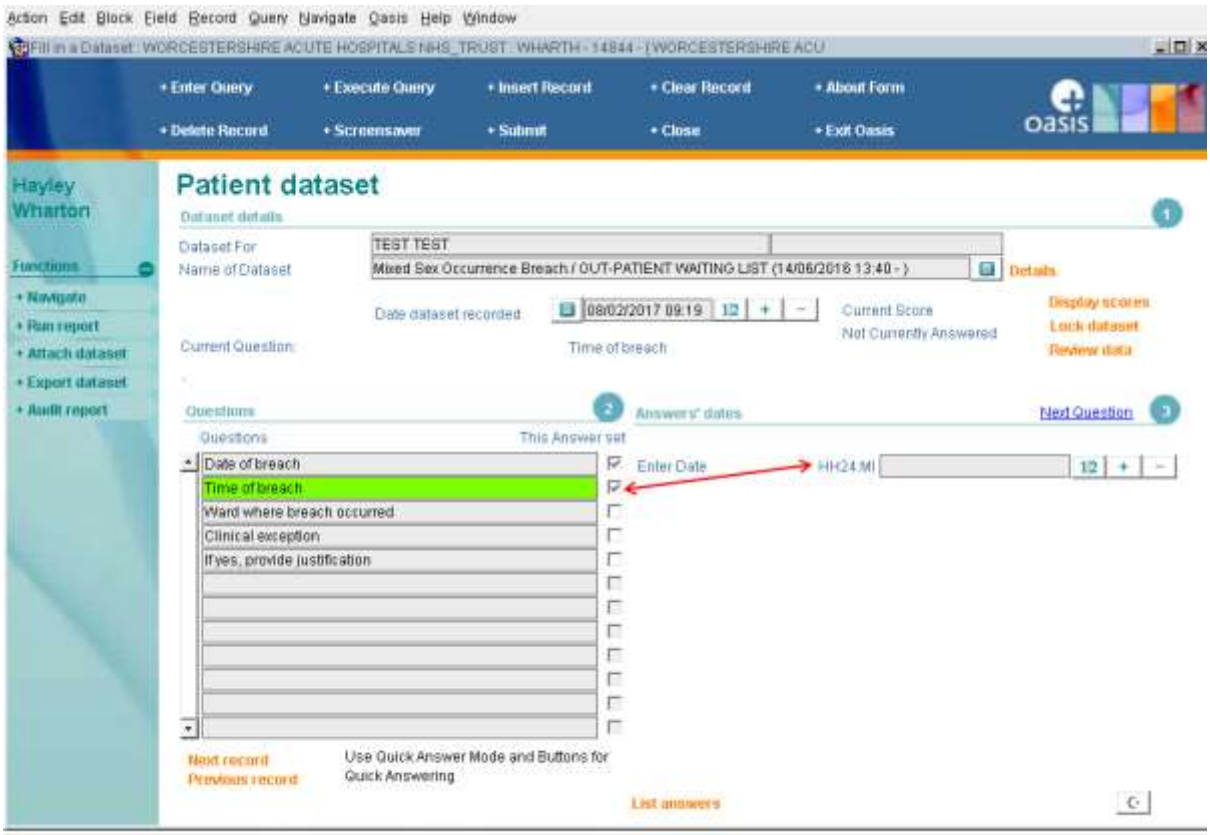


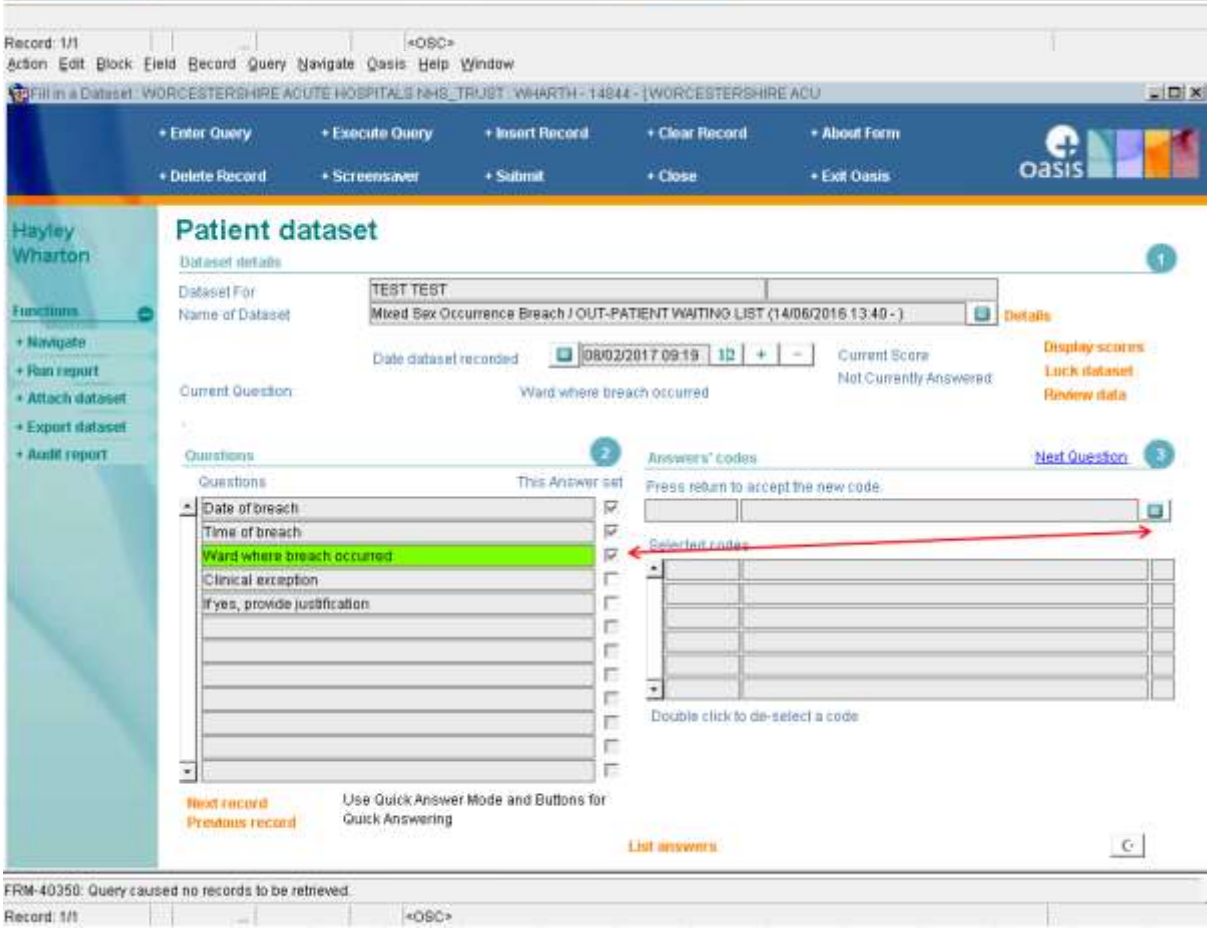
4) Now select the episode that the breach is connected to



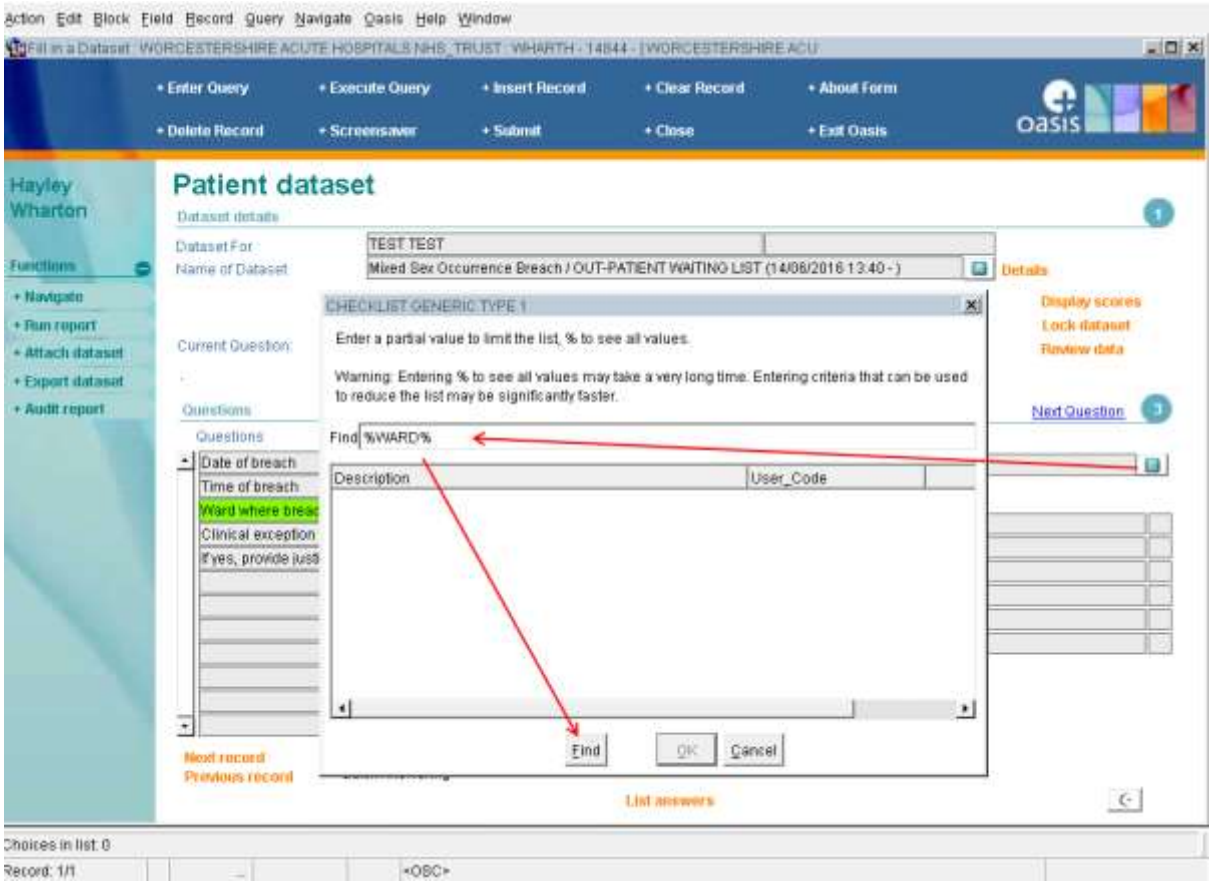
5) Complete each section detail:



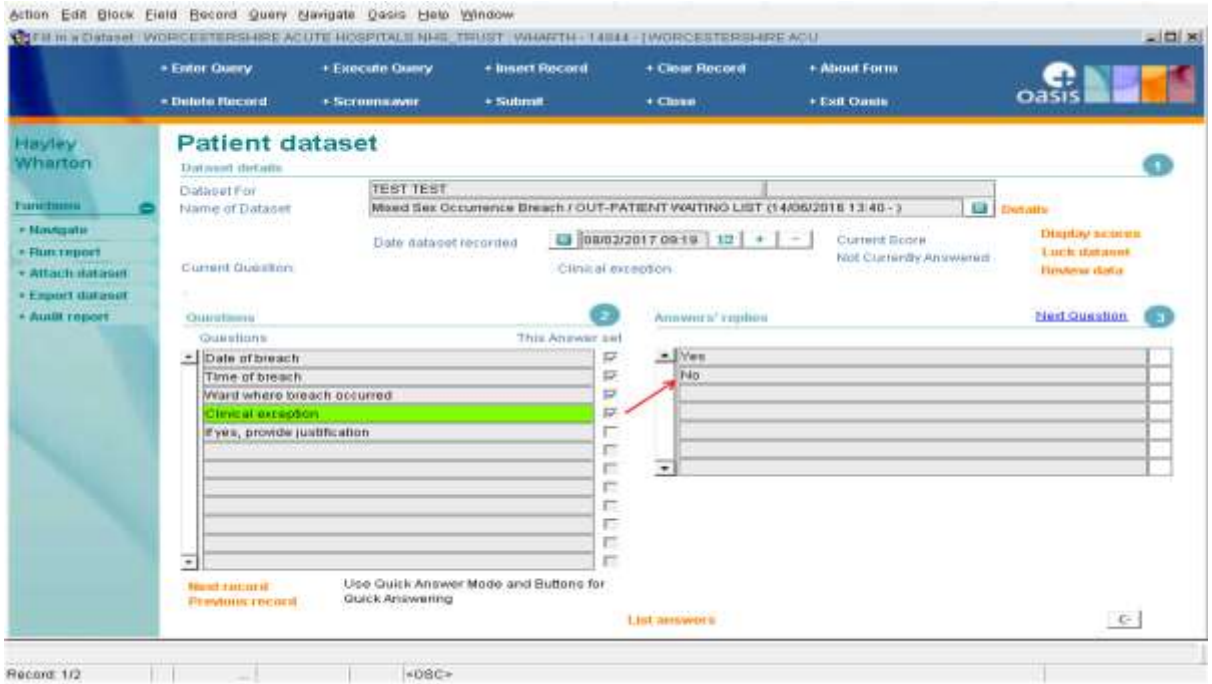

Action Edit Block Field Record Query Navigate Oasis Help Window
Fill in a Dataset : WORCESTERSHIRE ACUTE HOSPITALS NHS_TRUST : WHARTH - 14844 - [WORCESTERSHIRE ACU
+ Enter Query
+ Execute Query
+ Insert Record
+ Clear Record
+ About Form
+ Delete Record
+ Screensaver
+ Submit
+ Close
+ Exit Oasis
oasis
Hayley Wharton
Functions
+ Navigate
+ Run report
+ Attach dataset
+ Export dataset
+ Audit report
Patient dataset
Dataset details
Dataset For
TEST TEST
Name of Dataset
Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)
Details
Date dataset recorded
08/02/2017 09:19
Current Score
Not Currently Answered
Display scores
Lock dataset
Review data
Current Question
Time of breach
Questions
Answers' dates
Next Question
Questions
This Answer set
Date of breach
Time of breach
Ward where breach occurred
Clinical exception
If yes, provide justification
Enter Date
HH24:MI
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
oasis
Hayley Wharton
Functions
+ Navigate
+ Run report
+ Attach dataset
+ Export dataset
+ Audit report
Patient dataset
Dataset details
Dataset For
TEST TEST
Name of Dataset
Mixed Sex Occurrence Breach / OUT-PATIENT WAITING LIST (14/06/2016 13:40 -)
Details
Date dataset recorded
08/02/2017 09:19
Current Score
Not Currently Answered
Display scores
Lock dataset
Review data
Current Question
Ward where breach occurred
Questions
Answers' codes
Next Question
Questions
This Answer set
Press return to accept the new code
Selected codes
Date of breach
Time of breach
Ward where breach occurred
Clinical exception
If yes, provide justification
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>

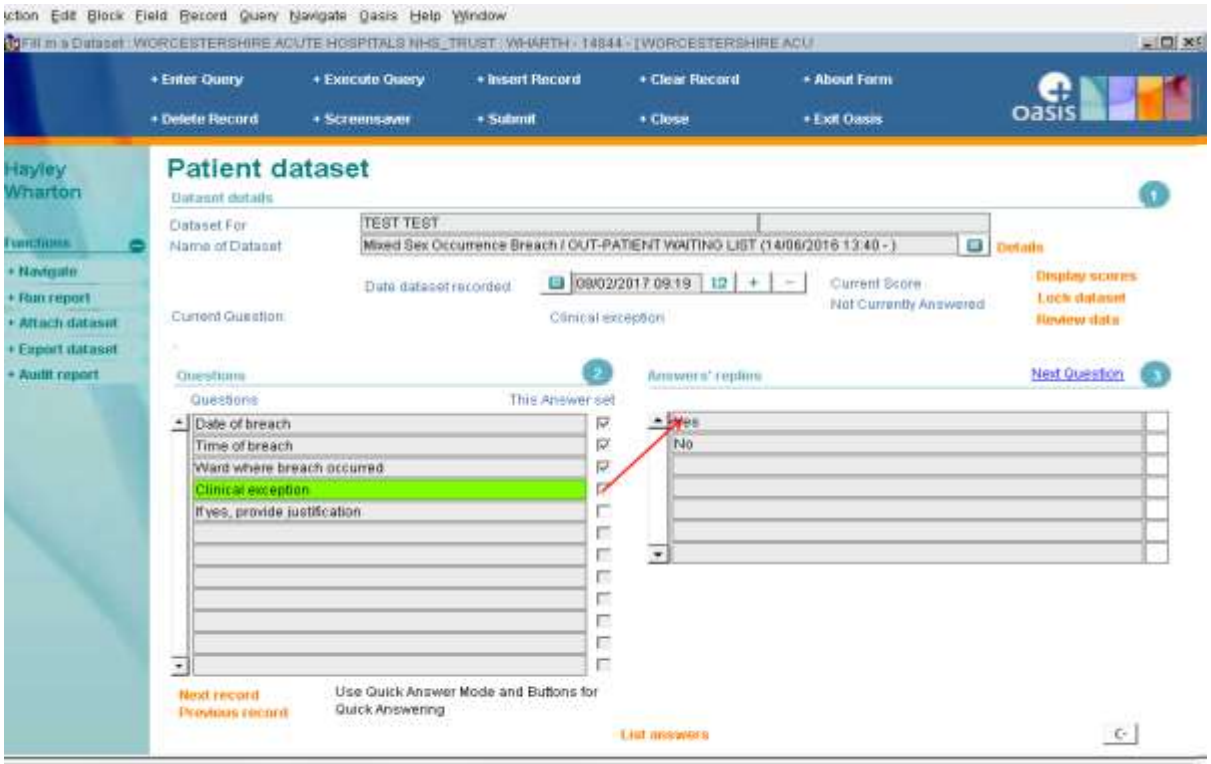
6) This box prompts the user to select the ward that the breach occurred on. For example %AVON%

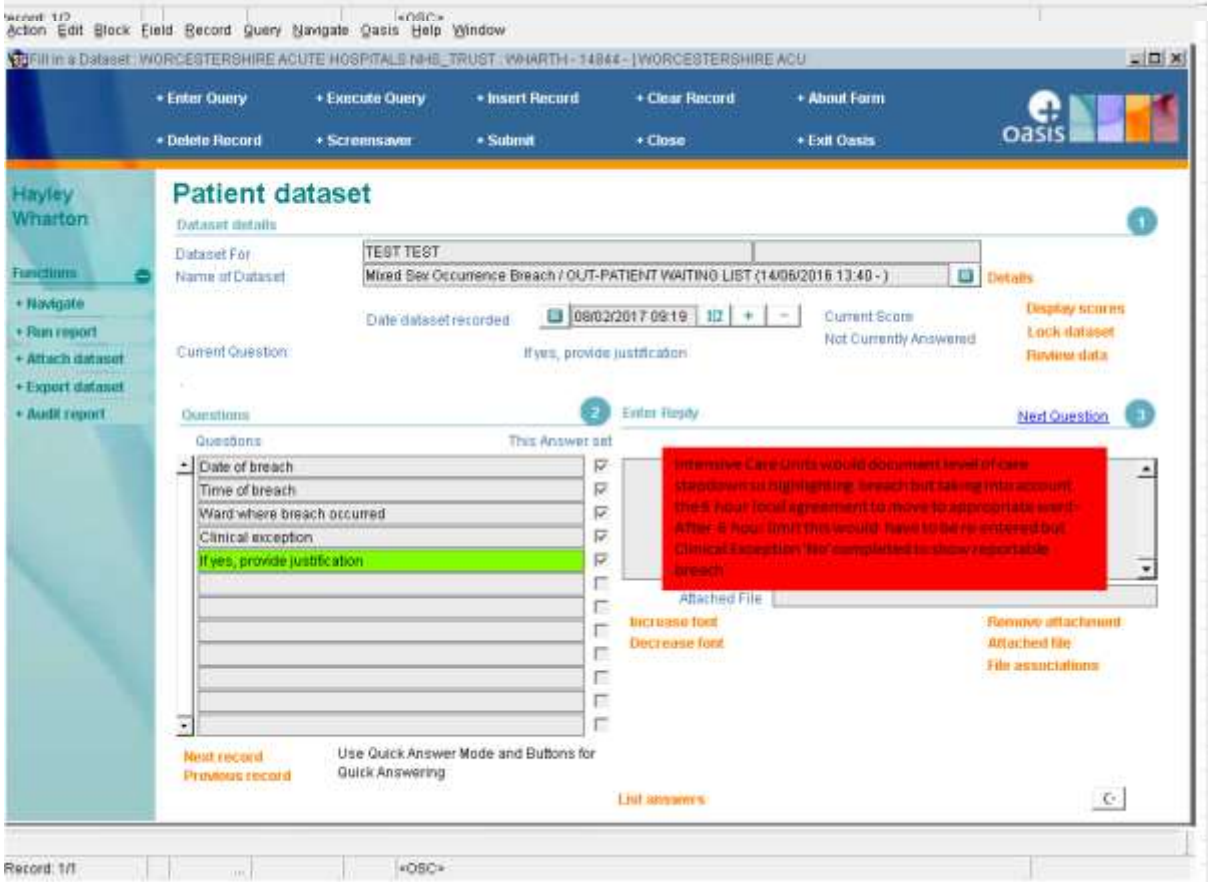
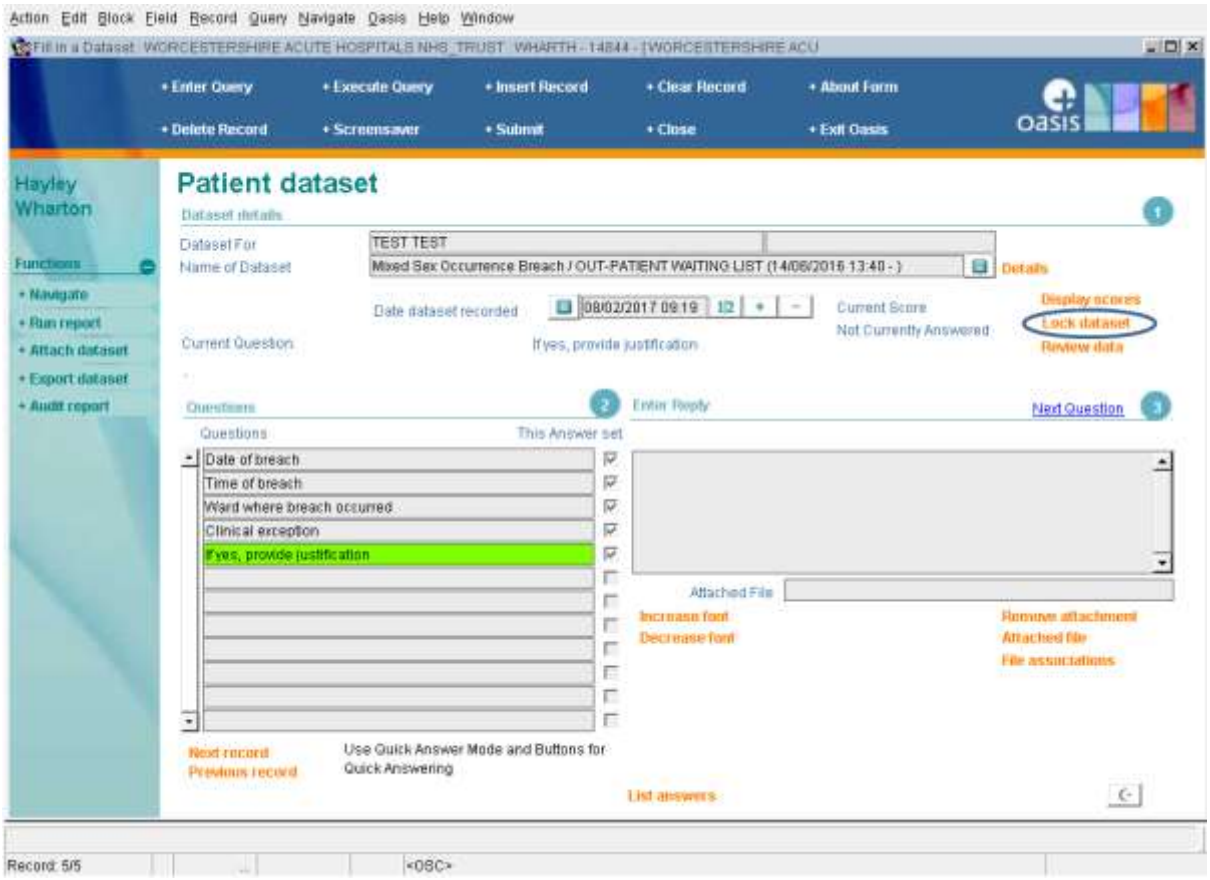


7) Clinical Exceptions should be entered as 'No' unless it is Intensive Care or Critical Care completing covering the 6 hour local agreement.



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:





9) To save the entry click on Lock dataset.