

# CLINICAL POLICY

## Single Sex Accommodation Policy

Policy Number	CLP163
Version:	V1
Purpose:	To provide clear guidance for staff to care for patients in a single gender environment unless there are exceptional circumstances based on clinical need or very specific care needs whilst respecting patient privacy and dignity at all times
Consultation:	Service leads in mental health and physical health inpatient services. Associate Director of Quality Assurance and Compliance
Approved by:	Clinical Policy Group
Date approved:	06/09/2022
Author:	Dawn Allen Service Director Community Hospitals Steve Ireland Deputy Service Manager MH/LD
Date issued:	11/10/2022
Review date:	October 2025
Audience:	This policy applies to all colleagues working in any role in a bed based service or where people are 'admitted' for specific interventions (see section 3)
Dissemination:	Disseminated via Trust intranet pages and through service governance cascade arrangements
Impact Assessments:	This Policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust.

### Version History

Version	Date Issued	Reason for Change
V1	11/10/2022	New policy to support implementation of revised national guidance

### SUMMARY

This policy is applicable to all inpatient and urgent care colleagues and provides guidance to manage a justified or unjustified breach in same sex accommodation standards. It provides clarity on what constitutes a breach and what actions are required following a breach both in terms of actions to support the patient but also in reporting and assurance. There is a link to the national guidance for additional information.

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## ABBREVIATIONS

Abbreviation	Full Description
GHC	Gloucestershire Health and Care NHS Foundation Trust
SDCS	Strategic Data Collection System

## 1. INTRODUCTION

- 1.1** All providers of NHS-funded care are expected to prioritise the safety, privacy and dignity of all patients. Adherence to this policy is an essential part of this.

In April 2011, reporting of breaches to same-sex accommodation guidance became mandatory. Since then, trusts have continued to report on a monthly basis and there have been huge improvements in privacy and dignity. There are some clinical circumstances where mixed sex accommodation can be justified but these are few, and mainly confined to patients who need highly specialised care, such as that delivered in critical care units.

As a community and mental health trust we operate a zero tolerance policy and seek to always deliver same sex accommodation, considering any breach as a significant event.

Failure to comply with same sex accommodation provision can lead to a financial levy being imposed upon the Trust, but more significantly it is a patient safety breach which may affect people's mental, emotional, physical, social and/ or sexual wellbeing.

## **2. PURPOSE**

- 2.1** To provide clear guidance for staff to care for patients in a single gender environment unless there are exceptional circumstances based on clinical need or very specific care needs whilst respecting patient privacy and dignity at all times.

## **3. SCOPE**

### **3.1 Colleagues Expected to Adhere to this Policy**

This policy applies to all colleagues working in any role in a bed-based service or where people are 'admitted' for specific interventions (see below). It particularly notes the manager's responsibilities for monitoring, reviewing and reporting.

### **3.2 Care Settings Who Must Adhere to this Policy**

This policy applies to all in-patient bed-based settings;

- Wotton Lawn Hospital
- Charlton Lane Hospital
- Berkeley House

and

- All Physical Health Community Hospital in-patient units

Additionally, it applies to:

- Ambulatory care provision in day theatres (Stroud and Tewksbury)

and

- Endoscopy Units (Cirencester and Stroud).

## **4. DUTIES**

Specific to this policy, duties / responsibilities are:

<b>Post holder / role</b>	<b>Duties / responsibilities</b>
Director of Nursing	Responsible for the appropriate nursing care of patients, including the delivery of same sex accommodation
Modern Matrons	Monitoring and reporting any breaches of same sex accommodation when they occur
Ward Managers / Nurses in Charge / Theatre Managers / Endoscopy Managers	Managing patient accommodation to minimise same sex accommodation breaches Reporting any breaches of same sex accommodation when they occur
All patient-facing staff working in 'in scope' clinical settings	Ensuring the requirements of this policy are followed at all times and speaking up (reporting) where concerns arise from either application of this policy or omission to apply it
BI Team	Bed Management Service are responsible for reporting

	any breach – justified or unjustified – to the BI Team who are registered to update via Strategic Data Collection system (SDCS)
Integrated Care Board (NHS Gloucestershire)	Agreeing any clinical exceptions and applying contractual sanctions accordingly

#### 4.1 General Roles, Responsibilities and Accountability

**Gloucestershire Health and Care NHS Foundation Trust (GHC)** aims to take all reasonable steps to ensure the safety and independence of its patients and service users to make their own decisions about their care and treatment.

In addition, **GHC** will ensure that:

- All employees have access to up to date evidence based policy documents.
- Appropriate training and updates are provided.
- Access to appropriate equipment that complies with safety and maintenance requirements is provided.

**Managers and Heads of Service** will ensure that:

- All staff are aware of, and have access to policy documents.
- All staff access training and development as appropriate to individual employee needs.
- All staff participate in the appraisal process, including the review of competencies.

**Employees (including bank, agency and locum staff)** must ensure that they:

- Practice within their level of competency and within the scope of their professional bodies where appropriate.
- Read and adhere to GHC policy
- Identify any areas for skill update or training required.
- Participate in the appraisal process.
- Ensure that all care and consent complies with the Mental Capacity Act (2005).

## 5. POLICY DETAIL

**5.1** The Trust is committed to maintaining a same sex policy at all times, but recognises there are times when flexibility may be required to apply, these are detailed as below:

### 5.1.1 Emergency Care Situations (Physical and Mental Health)

It is recognised that where a patient's survival and recovery depend on rapid admission, the requirements for full segregation clearly takes a lower priority, but this is not a blanket exemption.

The following applies:

- Whenever possible, all adult patients will be nursed in segregated areas or bays according to their gender.
- Within Mental Health Hospitals all bedrooms have en-suite facilities. Where specific gender assigned bedroom corridors are in operation, increased observation from the ward team will be considered as a mitigating measure. This will be on a risk-

based approach.

- On occasion the designation of a full or partial corridor reconfiguration will be required to facilitate a timely admission by either gender. This does not constitute a defined breach under the SDCS guideline as patients will not be required to pass through a corridor to access bathroom facilities due to the nature that all single rooms are en-suite. Each patient is assigned a key fob in order to access their specific room.
- Judgement of clinical need for each individual patient must be applied and any decision to mix approved by the Director of Nursing / Executive on call.
- Place emergency mental health admissions in the most clinically appropriate available bed of the same gender.
- Patients already in that ward/bay are informed and their privacy respected. The reason for mixing and the steps taken to put things right must be fully explained to the patient/s and family. Consideration regarding the provision of written information can also be given (in an appropriate format) to the patient/carer's.
- Transfer to the same sex accommodation should be happen as soon as possible and must not exceed 24 hours.
- (*specific to mental health admissions*) Patients in the Emergency Department must be informed if the bed they are being admitted to is in a mixed sex ward and that every effort will be made to move them into a gender specific area as soon as possible.

### **5.1.2 Day Surgery Units / Endoscopy Units / Recovery Rooms**

- There are no exemptions from the need to provide high standards of privacy and dignity.
- Day Surgery patients must whenever possible be nursed in segregated areas or bays according to their gender.
- Staff must ensure that patients access the appropriate designated sex toilet facilities and bathroom facilities in the Day Surgery area.
- In areas where same sex accommodation cannot be provided same sex lists will be scheduled.

## **5.2 Application of the Policy to Transgender (including Non-Binary) Patients**

Transgender, or trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary.

Under the Equality Act 2010, individuals who have proposed, begun or completed reassignment of gender enjoy legal protection against discrimination. A trans person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex.

General key points are that:

- Trans people should be accommodated according to their presentation: the way

- they dress, and the name and pronouns they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia.
  - It does not depend on their having a gender recognition certificate (GRC) or legal name change.
  - It applies to toilet and bathing facilities (except, for instance, that pre-operative trans people should not share open shower facilities).
  - Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority.

Those who have undergone transition should be accommodated according to their gender presentation. Different genital or breast sex appearance is not a bar to this, since sufficient privacy can usually be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward. This approach may be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite gender ward. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

This may arise, for instance, when a trans man is having a termination of pregnancy in a community theatre. The situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. In addition to these safeguards, where admission staff are unsure of a person's gender, they should, where possible, ask **discreetly** where the person would be most comfortably accommodated. They should then comply with the patient's preference immediately, or as soon as practicable.

If patients are transferred to a ward, this should also be in accordance with their continuous gender presentation (unless the patient requests otherwise). If, on admission, it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. *No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary to carry out treatment.*

In addition, to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs, are unlikely to wear them in these circumstances, and may be 'read' incorrectly as men. Extra care is therefore required so that their privacy and dignity as women are appropriately ensured.

Trans men whose facial appearance is clearly male, may still have female genital appearance, so extra care is needed to ensure their dignity and privacy as men.

Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.

Trans men and non-binary individuals can become pregnant and should be treated with dignity while using maternity and sexual health services.



(NHSE 2019)

Further information to support the rights of transgender people can be [found here](#).

### 5.3 Defining a Breach

A breach in policy is defined as;

A breach occurs at the point a patient is admitted to mixed-sex accommodation outside this policy.

- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.

### 5.4 Reporting a Breach

Breaches are nationally defined in two ways:

#### Justified Breaches

In addition to the guidance above relating to Mental Health inpatient areas there are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes within our Hospital settings. In these cases, all reasonable steps should be taken to maintain the privacy and dignity of all patients affected. There are some clinical circumstances where mixing can be justified. These are few, and mainly confined to patients who need highly specialised care, such as that delivered in critical care units but may apply in certain circumstances in the mental health in-patient services. Further detail on the circumstances in which mixing is justified (and therefore does not constitute a breach) is provided in Annex A of [this document](#).

#### Unjustified Breaches

This is where mixing occurs that cannot be clinically justified by the definition above or in Annex A of the above document.

#### 5.4.1 Process for Reporting a Breach

- 1) It is the responsibility of any colleague to ensure any breach is reported through their line management structure immediately and submitted as an incident (on Datix). The Bed Management Service will have oversight of the designated bed use and will notify the relevant service manager if a breach is required to facilitate an admission.
- 2) The notification of the breach should include the Ward Manager and Modern Matron as the first line notification. Out of hours this will be the relevant on call manager.

In Hours - the Modern Matron will inform the respective Deputy Service Director

who will inform the Service Director of the relevant directorate and in include the executive team, to include as a minimum the Chief Operating Officer, Deputy Chief Operating Office, Director of Nursing or Deputy Director of Nursing. Out of Hours – the On-Call Manager will inform the Exec on call.

- 3) The Service Director for the relevant directorate will inform the on call senior manager for the Integrated Care Board (ICB) as soon as practicable. It is likely this will be handed over during the usual escalation/daily position calls.
- 4) The immediate response of all parties is to seek to rectify the breach and follow the duty of candour process – see section 5.5.
- 5) Following resolution of the event, a formal notification will be issued to SDCS by the Trusts Business Intelligence Team.
- 6) A review will be required to understand how the breach occurred and seek measures, if not already known, to prevent recurrence.
- 7) The board will be informed via the Pan Ops Directorate governance and shared with Quality Assurance Group/Quality Committee the review of any breaches, justified or unjustified.

## 5.5 Candour in the Event of a Breach

On the exceptional occasion that a breach does occur, every effort should be made to put the situation right as soon as possible. Until that time, staff must take extra care to safeguard privacy, even where they do not stay overnight.

In every instance, the patient, their relatives and their carers should be informed of the reasons mixing has occurred, what is being done to address it and some indication as to when it may be resolved. Patients and carers should be advised this is not standard policy and an investigation will be conducted to explore causation.

If there is a risk of a breach due to estates challenges or system demand then patients should be advised at the point of admission that they may briefly be in a mixed-sex area but we will address this urgently and move to same sex compliance as soon as possible.

## 6. DEFINITIONS

Term	Definition
<b>Planned admission</b>	An admitted patient is one who undergoes a hospital's admission process to receive treatment and/or care (NHSE 2019).
<b>Same Sex</b>	Identifies those whose gender is the same female / male
<b>Transgender</b>	A broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary.
<b>Bed</b>	Assigned bedroom area inclusive of en-suite facility (Mental Health Inpatients only)



<b>Designated Corridor</b>	Corridor assigned for use by specific gender. Designated corridors can operate a horizontal phasing model to accommodate gender demand.
<b>Designated Lounge</b>	All mental health inpatient wards will have a designated and signed female lounge. Local protocols are in use to ensure accessibility at required times.

## 7. PROCESS FOR MONITORING COMPLIANCE

Are the systems or processes in this document monitored in line with national, regional, trust or local requirements?	YES
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Monitoring Requirements and Methodology	Frequency	Further Actions
Compliance to this policy will be monitored via incident reporting audits. Any breach should be reviewed in conjunction with the Patient Safety Team	On-going	The Deputy Service Director would be informed of the outcome of the review and this will be discussed via directorate governance meetings and cascaded accordingly via Operational and Pan governance forum.

## 8. INCIDENT AND NEAR MISS REPORTING

- 8.1** To support monitoring and learning from harm, staff should utilise the Trust's Incident Reporting System, DATIX. For further guidance, staff and managers should reference the [Incident Reporting Policy](#). There may be occasions where the Duty of Candour is triggered and guidance for staff can be found in the [Duty of Candour Policy](#).

## 9. TRAINING

### 9.1 Colleague Understanding

Whilst no specific training is required to support colleagues to comply with this policy, it is imperative that all colleagues involved in services defined as within scope understand the reasons for same sex accommodation and the gravity of impact any breach could induce. This should be part of all new starter's induction and refreshed through the Trusts inclusive and person centred care programmes.

## 10. REFERENCES

NHSE (2019). ***Delivering same sex accommodation***. NHS England and NHS Improvement. September 2019.

Available here: [NEW-Delivering same sex accommodation sep2019.pdf \(england.nhs.uk\)](#)