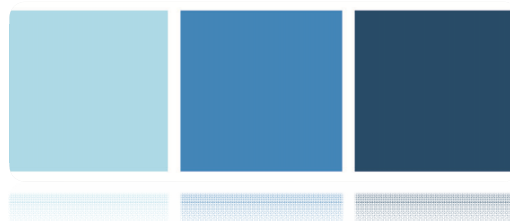


# Delivering Same-Sex Accommodation (DSSA) Mixed Sex Occurrence Policy (2)

|   |  |             |
|---|--|-------------|
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| <b>Responsible Director:</b>              | Director of Nursing & Governance   |             |
| <b>Approved by and date:</b>              | Quality and Patient Safety Group   | June 2021   |
| <b>Document Type:</b>                     | Policy   | Version 2.0 |
| <b>Target Audience:</b>                   | All trust employees.   |             |
| <b>Document Approval, History/Changes</b> | <b>See Appendix 3.</b><br>For further information contact the [Redacted] on<br>Tel: [Redacted] |             |

*Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.*



## Executive Summary

The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

From 1 December 2010, the collection of monthly Mixed-Sex Accommodation (MSA) breaches was introduced. NHS organisations submit data on the number of occurrences of unjustified mixing in relation to sleeping accommodation. The collection enables the analysis and publication of consistently defined data to allow patients and members of the public to understand the extent to which MSA is occurring at individual organisations.

The policy is to ensure that the Trust maintains best practice for single sex accommodation and compliance with NHS Standards. All NHS Organisations are expected to eliminate mixed sex accommodation, except where it is in the overall best interests of the patient, or reflects the patient's personal choice.

There are some circumstances where MSA can be justified but these are rare and this policy aims to clarify the limited scenarios for such justification and provide direction to staff to enable them to deliver care and treatment in a way which treats service user's with respect and maintains their dignity.

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## 1. Introduction

The Walton Centre NHS Foundation Trust promotes a culture whereby patients are treated with professionalism, dignity and respect. The physical environment and the provision of single sex facilities are considered to be key factors in maximising patient dignity.

The Trust provides accommodation that complies with the Mixed Sex Accommodation (MSA) Guidelines and there is Board level commitment for compliance with these standards, which are closely linked to the Trust's Walton Way (values).

## 2. Scope

The policy is to ensure that the Trust maintains best practice for single sex accommodation and compliance with NHS Standards. All NHS Organisations are expected to eliminate (MSA), except where it is in the overall best interests of the patient, or reflects the patient's personal choice.

The purpose of this policy is to outline the Trust's arrangements for achieving compliance with the single sex guidelines, and standards. It sets out the specific standards for sleeping arrangements and bathroom and toilet facilities.

The policy also details the roles and responsibilities of staff and the process for monitoring compliance within the contents of this policy. The policy applies to all health care professionals and volunteers who work at The Walton Centre.

## 3. Definitions

- **Mixed sex occurrence** - the placement of a patient within a clinical setting following admission, where one or more of the following criteria applies;
  - The patient occupies a bed space that is either next to or directly opposite a member of the opposite sex.
  - The patient occupies a bed space that does not have access to single sex washing and toileting facilities.
  - The patient must pass through an area designated for occupation by members of the opposite sex to gain access to washing and toileting facilities.
  - Where no clinical justification exists or where a clinical justification applied is no longer appropriate.

In mixed-sex wards, it is good practice to create separate parts of the ward for men and women and designated areas or zones, for the bedrooms and toilet / washing facilities for each sex. If this occurs, bedrooms, toilet and bathing facilities must be designated to achieve gender separation and care supported by appropriate staffing. Men and women should not have to pass through the bedrooms or bed bays of the opposite sex to access their own bedrooms or toilet/washing facilities. Patients should not pass through mixed, communal areas adjacent to their bedrooms or bed bays to access their washing facilities. The exception is the use of toilet facilities while in day areas where patients are fully dressed.

Some toilets and bathrooms contain specialist facilities which are fixed (e.g. hoists) to make them accessible for disabled users. Such facilities may be designated unisex as long as they are for use by one patient at a time, are lockable from the inside (with external override), a risk assessment has been conducted and where necessary, the

patient is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.

#### **4. Duties**

4.1. Trust Board has overall responsibility for patient safety and experience within the Trust.

4.2. Director of Nursing & Governance

The Director of Nursing and Governance is responsible for ensuring there is a policy in place for (MSA) standards and is displayed on the Trust website and that all breaches are reported to clinical commissioners and NHS England as appropriate.

4.3. Divisional Nurse Directors / Matrons are responsible for ensuring that:

- The policy is disseminated within the clinical areas
- Datix incidents are completed for any breaches in the standards
- Investigations of any breaches are completed, producing reports as required
- Compliance of the policy
- Providing expert guidance
- Managing complaints and concerns

4.4. Ward Managers / Bed Management Team are responsible for:

- Managing the patient, movements and preventing the occurrence of a mixed sex breach,
- Monitoring Compliance and reporting non-compliance to the lead nurses / matrons and escalating to the Director of Nursing & Governance
- Ensuring their ward teams fully understand (MSA)
- Ensuring privacy and dignity is maintained in the ward areas
- Involving patients and families in decisions about their care

4.5. Ward Staff are responsible for:

- Ensuring they are familiar with the policy
- Ensuring local compliance on a daily basis
- Ensuring correct signage is in place on toilets and washing facilities
- Responding to the concerns of patients or carers where there is the perception that accommodation is mixed sex and reporting this to the matrons and bed managers
- Completing a Datix incident form if a mixed sex breach occurs and reporting to matrons/ lead nurse
- Promoting privacy and dignity

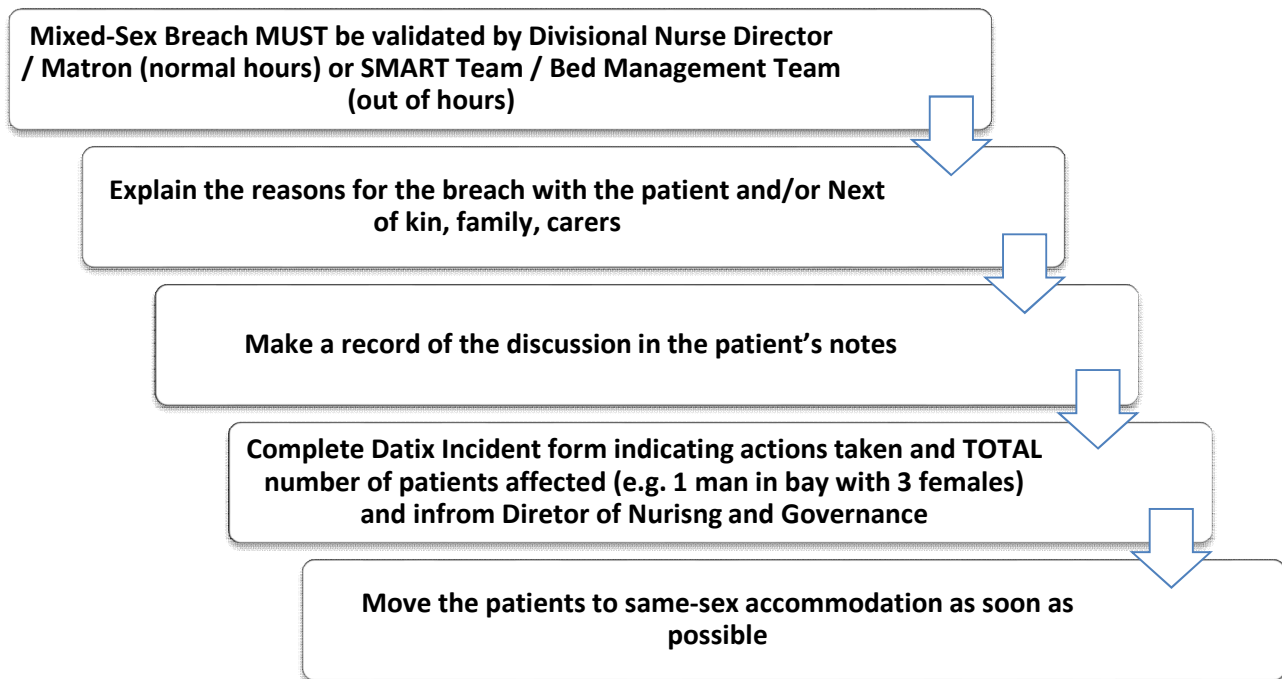
## 5. Process

See below:

### Decision Making Matrix

| Category   | Acceptable    | Further Information   |
|--|---------------|---|
| Critical Care level 2 and 3 patients <ul style="list-style-type: none"> <li>• High Dependency Units</li> <li>• Intensive Care Unit</li> <li>• Recovery Units attached to theatres</li> </ul> | Almost Always | NOT acceptable when patient no longer needs level 2 or 3 care but cannot be placed in an appropriate ward.<br><br>If the patient is not discharged within 24 hours from critical care areas, a breach of (MSA) will have occurred. (Critical care network Guidelines)<br><br>NOT acceptable in recovery units where patients remain until discharge (e.g. same day surgery) |
| Acute Wards e.g. <ul style="list-style-type: none"> <li>• Medical/Surgical (general and specialist)</li> <li>• DME</li> <li>• Orthopaedics/Trauma</li> </ul>                                 | Never         | ALL episodes of mixing in acute wards should be considered breaches of same-sex standards   |
| Day Surgery  | Rarely        | Acceptable for very minor procedures e.g. operations on hands/feet that do not require patients to undress  |
| Patients with long-term conditions admitted frequently as part of a cohesive group e.g. renal dialysis, chemotherapy.  | Sometimes     | Patients may choose to be cared for together, as long as this is the decision of the whole group and does not adversely affect the care of others<br><br>NOT acceptable where the only justification is frequent admission and there is no recognisable group identity  |
| Mental Health and Learning Disabilities  | Never         | There is no acceptable justification for admitting a mental health patient to mixed-sex accommodation<br>MAY BE acceptable, in a clinical emergency, to admit a patient temporarily to a single, en-suite room ensuring safety privacy and dignity is maintained  |

## 5.1. Mixed Sex Breach Flowchart



## 6. Delivering same-sex accommodation for gender X, trans people and gender variant children

### 6.1. Trans-sexual Adults

Transsexual people, that is, individuals who have proposed, commenced or completed reassignment of gender, are legally protected against discrimination (see The Gender Recognition Act 2004).

Good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people who do not meet these criteria but who live *continuously or temporarily* in the gender role that is opposite 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 that they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia;
- It does *not* depend upon 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.

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 only 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 e.g. when a trans man is having a hysterectomy in a ward that is designated specifically for women and no side room is available. The situation should be discussed with the

individual concerned and a joint decision made as to how to resolve it. At all times this should be done according to the wishes of the patient, rather than the convenience of the staff (see <http://www.gires.org.uk/assets/trans-rights.pdf> section 1.4, pp9, 10). Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

In addition to these safeguards, where admission/triage 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 upon 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 in order 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 is 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.

Appropriate dignity and modesty considerations must also be given to other patients in the ward through the appropriate use of screens and curtains.

## 6.2. Gender variant 16-18 year olds and young people

Gender variant children and young people should be accorded the same respect for their self-defined gender as are trans adults, regardless of their genital sex.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

More in-depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

## 7. Training

Privacy and dignity training is embedded in a number of Trust training interventions including:

- Trust Induction Programme
- Local Induction Programme
- Preceptorship
- Equality and Diversity training
- Care Certificate training

## 8. Monitoring

- The Director of Nursing and Governance / Deputy Director of Nursing and Governance will ensure that a full investigation is completed for any patient reports on (MSA).
- Datix will also identify any key themes and trends for (MSA)
- The Trust Board will receive reports on (MSA) breaches via the corporate reports and receive an annual report.

## 9. References

- DH (2007) Privacy & Dignity – A report by the Chief Nursing Officer into mixed sex accommodation in hospitals DH, London  
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[http://www.constitution.nhs.uk/downloads/nhs\\_constitution\\_document.pdf](http://www.constitution.nhs.uk/downloads/nhs_constitution_document.pdf)

### 9.1. Supporting policies/documents

- DH “Dignity in Care” Network: <http://www.dhcarenetworks.org.uk/dignityincare/>
- DH Same-sex accommodation webpage:  
<http://www.dh.gov.uk/en/Healthcare/Samesexaccommodation/index.htm>



- NHS Institute for Innovation and Improvement Eliminating Mixed Sex accommodation
- Good practice guidance and Checklist:
- RCN Dignity Campaign Page

## Appendix 1 - Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

|   |  |  |  |
|---|--|--|--|
| <b>Part 1</b>   |  |  |  |
| 1. Person(s) Responsible for Assessment: <span style="background-color: black; color: black;">[REDACTED]</span>   |  | 2. Contact Number:                               |  |
| 3. Department(s) Corporate  |  | 4. Date of Assessment: 15/04/2021                |  |
| 5. Name of the policy/procedure being assessed: DELIVERING SAME-SEX ACCOMODATION (DSSA) MIXED SEX OCCURRENCE PROCEDURE  |  |  |  |
| 6. Is the policy new or existing?   |  | New <input checked="" type="checkbox"/> Existing |  |
| 7. Who will be affected by the policy ( <i>please tick all that apply</i> )?  |  |  |  |
| Staff <input checked="" type="checkbox"/>   |  | Patients <input checked="" type="checkbox"/>     |  |
|   |  | Visitors <input type="checkbox"/>                |  |
|   |  | Public <input type="checkbox"/>                  |  |
| 8. How will these groups/key stakeholders be consulted with?<br>Staff feedback based on policy implementation and operational performance will be incorporated.   |  |  |  |
| 9. What is the main purpose of the policy?<br><b>The policy is to ensure that the Trust maintains best practice for single sex accommodation and compliance with NHS Standards</b>  |  |  |  |
| 10. What are the benefits of the policy and how will these be measured?   |  |  |  |
| <ul style="list-style-type: none"> <li>• The Director of Nursing / Deputy Director of Nursing will ensure that a full investigation is completed for any patient reports on (MSA).</li> <li>• Datix will also identify any key themes and trends for (MSA)</li> <li>• The Trust Board will receive reports on (MSA) breaches via the corporate reports and receive an annual report</li> </ul>  |  |  |  |
| 11. Is the policy associated with any other policies, procedures, guidelines, projects or services? <i>If yes, please give brief details</i>  |  |  |  |
| 12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? <i>Please specify specifically who would be affected (e.g. patients with a hearing impairment or staff aged over 50). Please tick either positive, negative or no impact then explain in reasons and include any mitigation e.g. requiring applicants to apply for jobs online would be negative as there is potential disadvantage to individuals with learning difficulties or older people (detail this in the reason column with evidence) however applicants can ask for an offline application as an alternative (detail this in the mitigation column)</i> |  |  |  |
| <b><u>None</u></b>  |  |  |  |

| Protected Characteristic | Positive Impact (benefit) | Negative (disadvantage or potential disadvantage) | No Impact | Reasons to support your decision and evidence sought  | Mitigation/adjustments already put in place |
|--------------------------|---------------------------|---|-----------|---|---|
| Age                      | √                         |   |           | This policy is applicable to individuals of all ages who use trust services   |   |
| Sex                      | √                         |   |           | The policy is based on the premise that single sexed facilities will protect privacy and dignity This policy will support situations where patients and their families wish segregation of males & females  |   |
| Race                     | √                         |   |           | This policy specifically ensures that the needs of all patients and carers are considered and met as appropriate to ensure privacy, dignity and compassionate care. Accordingly this policy embeds the needs of all patients with protected characteristics and makes specific reference to ensuring the cultural needs of patient and carers are met where possible            |   |
| Religion or Belief       | √                         |   |           | This policy specifically ensures that the needs of all patients and carers are considered and met as appropriate to ensure privacy, dignity and compassionate care. Accordingly this policy embeds the needs of all patients with protected characteristics and makes specific reference to ensuring the religious/spiritual needs of patient and carers are met where possible |   |
| Disability               | √                         |   |           | In addition the policy specifically ensures that staff consider both the physical and psychological needs of patient  |   |
| Sexual Orientation       | √                         |   |           | This policy specifically ensures that the needs of all patients and carers are considered and met as appropriate to ensure privacy, dignity and   |   |

| Protected Characteristic     | Positive Impact (benefit) | Negative (disadvantage or potential disadvantage) | No Impact | Reasons to support your decision and evidence sought  | Mitigation/adjustments already put in place |
|------------------------------|---------------------------|---|-----------|---|---|
|                              |                           |   |           | compassionate care. Accordingly this policy embeds the needs of all patients with protected characteristics and makes specific reference to ensuring the cultural/religious/spiritual needs of patient and carers are met where possible                      |   |
| Pregnancy/maternity          | √                         |   |           | This policy will enhance the privacy and dignity of this group of patients  |   |
| Gender Reassignment          | √                         |   |           | Clear guidance is given to ensure privacy and dignity is respected for men and women, specifically in relation to same sex accommodation. In addition it ensures the needs of patients undergoing gender reassignment are considered in line with DH guidance |   |
| Marriage & Civil Partnership | √                         |   |           | Staff will be required to demonstrate ongoing sensitivity to the unique needs of each patient respecting their privacy, dignity and individual differences  |   |

If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)

13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? See *Guidance for more details (NB if an absolute right is removed or affected the policy will need to be changed. If a limited or qualified right is removed or affected the decision needs to be proportional and legal).*

**No**

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you **MUST** complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to the HR ED&I Lead for further support.

| Action | Lead | Timescales | Review Date |
|--------|------|------------|-------------|
|        |      |            |             |
|        |      |            |             |

**Declaration**

I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:

**No major change needed** – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken



**Adjust the policy** – EIA has identified a need amend the policy in order to remove barriers or to better promote equality  
*You must ensure the policy has been amended before it can be ratified.*



**Adverse impact but continue with policy** – EIA has identified an adverse impact but it is felt the policy cannot be amended.  
*You must complete Part 2 of the EIA before this policy can be ratified.*



**Stop and remove the policy** – EIA has shown actual or potential unlawful discrimination and the policy has been removed



Name: ██████████ Date: 15/04/2021

Signed: or/Sent from work email account

## Appendix 2 - Policy approval checklist

The Delivering same-sex accommodation (DSSA) mixed sex occurrence Policy is presented to Professional Nurse Forum for Approval.

In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criterion should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

### Policy review stage

Table 1

| The reviewing group should ensure the following has been undertaken:   | Approved? |
|--|-----------|
| The author has consulted relevant people as necessary including relevant patient and stakeholders.   | √         |
| The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group. | √         |
| Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.                              | √         |
| The policy fits within the wider organisational context and does not duplicate other documents.  | √         |
| An Equality Impact Assessment has been completed and approved by the HR Team.  | √         |
| A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation                   | √         |
| The document clearly details how compliance will be monitored, by who and how often.   | √         |
| The timescale for reviewing the policy has been set and are realistic.   | √         |
| The reviewing group has signed off that the policy has met the requirements above.   | √         |

Reviewing group chairs name [REDACTED]

Date: June 2021

### Policy approval stage

- The approving committee/group approves this policy.
- The approving committee/group does not approve the policy.

Actions to be taken by the policy author:

Approving committee/group chairs name:

Date:



## Translation Service

This information can be translated on request or if preferred an interpreter can be arranged. For additional information regarding these services please contact The Walton centre on 0151 525 3611

Gellir gofyn am gael cyfieithiad o'r deunydd hwn neu gellir trefnu cyfieithydd ar y pryd os yw hynny'n well gennych. I wybod rhagor am y gwasanaethau hyn cysylltwch â chanolfan Walton ar 0151 525 3611.

هذه المعلومات يمكن أن تُترجم عند الطلب أو إذا فضل المترجم يمكن أن يُرتَّب للمعلومة الإضافية بخصوص هذه الخدمات من فضلك اتَّصل بالمركز ولتوَّن على  
0151 5253611

نم زانیاریه دهکریټ وهریگپږدریټ کاتیک که داوا بکریټ یان نه گهر به باش زاندره دهکریټ  
وهریگپږیک ناماده بکریټ (پږیک بخریټ) ، بو زانیاری زیاتر ده باره ی نه م خزمه تگوزاریانه تکایه  
په یوهندی بکه به Walton Centre به ژماره تله فونی ۰۱۵۱۵۲۵۳۶۱۱ .

一经要求，可对此信息进行翻译，或者如果愿意的话，可以安排口译员。如需这些服务的额外信息，请联络Walton中心，电话是：0151 525 3611。