

Delivering Same Sex Accommodation Policy

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Date implemented (made live for use)	15/06/2020	Next Review Date	02/06/2023
Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
	<ul style="list-style-type: none"> Ensuring any training required is attended and kept up to date. Ensuring any competencies required are maintained. Co-operating with the development and implementation of policies as part of their normal duties and responsibilities. 		
Special Cases	<ul style="list-style-type: none"> In the event of life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition. Where a critically ill patient requires constant one to one nursing care, for example Intensive Care Unit. Where a nurse must be physically present in the room/ bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if employee shortages or skill mix were the rationale. Where a short period of close patient observation is required e.g. immediate post anaesthetic recovery, or where there is a high risk of adverse drug reactions. On the joint admission of couples or groups. Personal choice. 		
Accountable Director	Chief Nurse		
Author/originator – Any Comments on this document should be addressed to the author	Associate Director of Quality		
Division and Department	Corporate		
Implementation Lead	Associate Director of Operational Performance		
If developed in partnership with another agency ratification details of the relevant agency			
Regulatory Position	Care Quality Commission (Ref 1). Department of Health & Social Care Guidelines (Ref 3).		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

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1 Introduction & Purpose

1.1 Introduction & Purpose

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 (Ref 1). The Great Western Hospitals NHS Foundation Trust (the Trust) is committed to providing high quality care to patients, carers and relatives at all times and 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 at each stage of patients care and treatment.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

BREACH	An occasion where, at any time of day, a patient is placed in accommodation that is occupied by the opposite gender, where bathroom and toilet facilities are shared, or a patient has to transit through opposite sex areas to reach their own facilities.
CQC	Care Quality Commission
DH&SC	Department of Health & Social Care
EIA	Equality Impact Assessment
GRC	Gender Recognition Certificate
NHS	National Health Service

2 Main Document Requirements

2.1 What is a mixed-sex accommodation breach?

This guidance refers to all patients who have been admitted to hospital:

Sleeping Accommodation- Patients should not normally have to share sleeping accommodation with members of the opposite sex

Bathroom and Toilet Facilities- Patients should not share toilet/washing facilities but may have to access ones used by male and female patients if not enough are available. Patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms, this excludes corridors

On the rare occasion that mixing does occur, every effort should be made to rectify the situation as soon as possible. Until that time, employees must take extra care to safeguard privacy, particularly in areas where patients are admitted and cared for on beds or trolleys even where they do not stay overnight. It does not include areas where patients have not been admitted.

In every instance the patient, their relatives and carers should be informed of the reasons why mixing has occurred, what is being done to address it and some indication as to when it may be resolved.

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2.2 When is it considered justifiable to accommodate patients in mixed sex areas in hospital?

Justified: There are times when the need to urgently treat and admit can override the need for complete segregation of sexes. In these cases all reasonable steps should be taken to maintain the patient's Privacy and Dignity. Justified breaches include:

- When it is in the patient's best interest e.g.: rapid or specialist treatment is needed; life-threatening emergency on admission; sudden deterioration in condition.
- Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU.
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care).
- Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions.
- On the joint admission of couples or family groups.
- Patient choice – if an entire patient group has expressed an active preference for sharing. However, group decisions should be reconsidered for each new admission to the group, as consent cannot be presumed. If individual patients have specifically asked to share and other patients are not adversely affected (e.g. children/young people who have expressed an active preference for sharing with people of their own age group, rather than gender).
- Where it is an emergency response to extreme operational emergencies e.g. unpredictable events such as major incidents.

Unjustified: This is where mixing occurs that cannot be clinically justified:

Unacceptable justifications (e.g. a breach) are defined as:

- Placing a patient in mix-sex accommodation for the convenience of medical or, nursing employees.
- Placing a patient in mixed-sex accommodation because of employee shortage or poor skill mix.
- Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate.
- Placing a patient in mixed-sex accommodation because of bed shortages.
- Placing a patient in mixed-sex accommodation because of predictable fluctuation in activity or seasonal closures.
- Placing patients in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure.
- Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision.
- Placing a patient in mixed-sex accommodation for regular but not constant observation.

The table below is broken down by clinical areas and indicates where and when mixed sex breaches can be justified:

Clinical Areas	Justified breaches	Notes (based on the Guidance Principles)
Critical care, levels 2&3 e.g.: Intensive Care Unit /Coronary Care Units/ High dependency units / Hyperacute stroke units	Green Almost Always	When a clinical decision is made that the patient is 'fit' to be stepped down from Level 3 and 2 care, the transfer should occur within 4 hours of the patient being ready to be moved Transfer should not take place between the hours of 22:00 - 07:00
End Of Life Care	Green Almost Always	A patient receiving end of life care should not be moved solely to achieve segregation – in this case a breach would be justified.
Assessment / Observations Units, e.g.: Medical/surgical Assessment Unit, Clinical Decision Making Unit, Observation wards	Green Almost Always	A patient should be moved within four hours of a decision to admit
Areas where treatment is delivered e.g. Chemotherapy units/ Ambulatory day care/ Radiotherapy / renal dialysis / Medical Day Units	Green Almost Always	Not a breach wherever treatment is repeated, 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.
Children/young people's units (including Neonates)	Amber Sometimes	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.
Area where a procedures is taking place and the patient will require a period of recovery e.g. Day surgery / Endoscopy units / Recovery units attached to theatres/procedure rooms	Red Never	Greater segregation should be provided where patients' modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the

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		extremities) is exposed
Mental health	Red Never	All episodes of mixing in inpatient units and in women only areas should be reported
Inpatient Wards	Red Never	All episodes of mixing in inpatient wards should

2.3 Guiding Principles

- All units where a patient may be referred directly for assessment, treatment or observation, are **not included** pending a final decision on treatment or admission to another area. Patients should be moved to a non-mixed area within 4 hours of such a decision being made
- Emergency Departments are **not included**.
- All employees must play their part in ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patients being placed in, or remaining in, mixed sex accommodation.
- Decisions to mix should be based on the patient's clinical condition and not on constraints of the environment, or convenience of employees.
- The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed
- **All employees should be** aware of the guidance and how they manage requirements with regard to recognising, reporting and eliminating mixed sex breaches
- There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must be protected.
- Patient choice may be justified. In all cases, privacy and dignity should be assured for all patients.
- There are no exemptions from the need to provide high standards of privacy and dignity at all times.
- Improved patient outcomes support patient safety, improves experience by identifying the right patient for the right bed first time.
- The reasons for mixing, and the steps being taken to put things right, must be explained fully to the patient and their family/carers.
- Employees must make clear to the patient that the Trust considers caring for patients in mixed sex accommodation to be the exception, never the norm.
- Greater segregation must be provided where patients' modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed.
- Greater protection must be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated).
- Where caring for patients in mixed sex accommodation is unavoidable, transfer to same-sex accommodation must be implemented as soon as possible. Only in the most exceptional circumstances may this exceed 24 hours

2.4 Children's Units

For many children and young people, clinical need and age and stage of development may take precedence over gender considerations. Mixing of the sexes may be wholly reasonable, and even

preferred. There is anecdotal evidence that many young people find great comfort from sharing with others of their own age and that this often outweighs their concerns about mixed sex rooms. Washing and toilet facilities need not be designated as same-sex as long as they accommodate only one patient at a time, and can be locked by the patient (with an external override for emergency use only).

Employees must make sensible decisions for each patient. This may mean segregating on the basis of age rather than gender, but such decisions must be demonstrably in the best interests of each patient. It is not acceptable to apply a blanket approach that assumes mixing is always excusable. Flexibility may be required: for instance patients might prefer to spend most of their time in mixed areas, but to have access to single gender spaces for specific treatment needs or to undertake personal care.

2.4.1 Parents of Patient within the Children's Unit

Parents are encouraged to visit freely and stay overnight. This may mean that adults of the opposite sex share sleeping accommodation with children. Care must be taken to ensure this does not cause embarrassment or discomfort to patients.

2.4.2 Key Principles within the Children's Unit

- Privacy and dignity is an important aspect of care for children and young people.
- Decisions must be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment, or the convenience of employee/s.
- Privacy and dignity must be maintained whenever children and young people's modesty may be compromised (e.g. when wearing hospital gowns/nightwear), or where the body (other than the extremities) is exposed, or they are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated).
- The child or young person's preference must be sought, recorded and where possible respected.
- Where appropriate the wishes of the parents should be considered, but in the case of young people their preference must prevail

2.5 When Carers are Present

When a patient's condition or medical history requires a carer to be present or it is in the patient's best interest to do so, the privacy and dignity of all patients must be taken into consideration. It is the nurse's responsibility to ensure that the privacy and dignity of all patients is maintained. All patients must be protected from unwanted exposure.

A carer should not be refused to remain present due to the need to deliver single sex accommodation (unless the patient makes a specific request – the involvement of both carer and patient must be considered)

Where feasible the patient must be placed into a side room however, this cannot be given priority over patients who require isolation for infection control purposes.

When a patient is nursed within a ward area with the carer present, the carer must be informed respectfully of the need for respecting privacy and dignity of the other patients.

2.6 Delivering Same-Sex Accommodation for Transgender People or Gender Variant Children

Transgender people, that is, individuals who have proposed, commenced or completed reassignment of gender, are protected by law against discrimination. In addition, 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:

- Transgender people must 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 transgender people should not share open shower facilities);
- Views of family members may not accord with the transgender person's wishes, in which case, the transgender person's view takes priority.

Those who have undergone full-time transition must always be accommodated according to their gender presentation. Different genital or breast sex appearance is not to be an obstruction 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 transgender 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 transgender man is having a hysterectomy in a hospital, or hospital ward that is designated specifically for women, and no side room is available. The situation must be discussed with the individual concerned and a joint decision made as to how to resolve it. At all times this must be done according to the wishes of the patient, rather than the convenience of employees (Ref 7).

In addition to these safeguards, where admission/triage employees are unsure of a person's gender, they must, where possible, ask discreetly where the person would be most comfortably accommodated. They must then comply with the patient's preference immediately, or as soon as practicable. If patients are transferred to a ward, this must 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 is to be undertaken unless this is specifically necessary in order to carry out treatment.

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
100% compliance with "Patient screens must be available around all individual bed areas	Review of report and associated action plan	Clinical Quality Team/Patient Quality Committee	Annually	Patient Quality Committee	Action plan by Divisions to address gaps
Mixed Sex Accommodation Report	Review incident report information	Clinical Quality Team/Patient Quality Committee	Annually	Patient Quality Committee	Action plan by Divisions to address gaps

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed. They should ensure that systems are in place to comply with Appendix C – 'Eliminating Mixed Sex Accommodation Supplementary Reporting Guidance'

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

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Ref. No.	Document Title	Document Location
1	The Operating Framework for the NHS in England	www.dh.gov.uk
2	Delivering Same Sex Accommodation (NHS 2019)	www.dh.gov.uk

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Deputy Chief Nurse	01/05/2020
Matron (Trauma & orthopaedics)	30/04/2020
Matron (Acute Medicine)	01/05/2020
Matron (Midwifery)	30/04/2020
Divisional Director of Nursing (Planned Care)	18/05/2020
Divisional Director of Nursing	15/05/2020

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Delivering Same Sex Accommodation		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? To provide guidance for employees in relation to maintaining single sex accommodation and reporting of any breaches of national guidance		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		No x
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?		No x
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		No x

Signed by the manager undertaking the assessment	D Badman
Date completed	24/4/2020
Job Title	Associate Director of Quality

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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Appendix B – Guide for Patients

Delivering single sex accommodation

A guide for patients

As part of ensuring the privacy and dignity of all of our patients we strive to ensure that men and women are cared for in separate areas of the ward/ department. This would mean that women would be cared for in one bay and men in another with access to the relevant designated toilet and bathroom facilities.

We are committed to providing every patient with the same sex accommodation, because it helps to safeguard their privacy and dignity when they are at their most vulnerable.

We are pleased to confirm that mixed sex accommodation within the Great Western Hospital NHS Foundation Trust has virtually been eliminated. Patients who are admitted to our hospital will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with the opposite sex will only occur by exception based on clinical need as being deemed in the “*patients best interest*”, for example where patients need specialist equipment such as a cardiac monitor.

On vary rare occasions it may be necessary to mix sexes within a bay or provide shared toilet facilities due to an immediate/emergency situation. On these occasions the ward/department team will explain the reason to you. The Great Western Hospital NHS Foundation Trust would like to apologise when this occurs and, as soon as possible, will endeavour to return to the same sex accommodation.

What does same sex accommodation mean for patients?

- The room where your bed is will only have patients of the same sex as you.
- Your toilet and bathroom will be for male or female **only** and will be close to your bed area.
- There will be both male and female patients on the wards, but they will not share your sleeping area. You may have to cross a corridor to reach your bathroom, but you will not have to walk through the opposite sex areas.
- It is possible that visitors of the opposite sex will come into your room where your bed is, and this may include patients visiting each other.
- It is certain that both male and female nurses, doctors and other professional employees will come into your bed area.
- If you need help to use the toilet or take a bath (e.g. you need a hoist) then you may be taken to a “unisex” bathroom used by both men and women, but an employee will be with you, and other patients will not be in the bathroom at the same time.

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The Great Western Hospital NHS Foundation Trust **will not** turn patients away because a “right sex” bed is not immediately available.

Our commitment to you

We are committed to making further improvements including:

- Continuing to listen to your views via surveys and comment cards (which are available in all ward areas and departments).
- Mounting an information campaign to tell the patients, visitors and the public about single sex accommodation and what they can expect.
- Making employees aware of what we mean by single sex accommodation and be able to explain this to our patient.
- Actively monitoring and reporting any occasions where patients have been mixed and investigate the reasons for this.
- Provide guidance for our employees on the actions they should take and the people they should inform if they need to mix sexes in their ward or department.

What do I do if I think I am in a mixed sex accommodation or have a concern?

Please speak to the nurse in charge or manager of your ward who will be happy to help you.

Appendix C – Eliminating Mixed Sex Accommodation Supplementary Reporting Guidance

National Reporting (Sleeping Accommodation Breaches only)

All occurrences of unjustified breaches of sleeping accommodation must be reported via the SDCS (formerly UNIFY)¹ Data system. This is completed by the trust informatics team.

NB: NHSE Guidance indicates that patients experiencing mixed sex accommodation on MEU and SAU should be considered as accommodation breaches 4 hours after a final decision on treatment or admission to another area has been made. However we are currently awaiting further guidance from BSW CCG relating to their interpretation of reporting requirements and expectation for such a breach with a view to ensuring that a consistent STP approach is applied. As such there is no requirement from these areas to provide data at this current time.

Local Reporting (Bathroom Breaches only)

- All bathroom and toilet breaches
- All breaches over a 24 hour period rather than just the occurrences that are required to be reported nationally

Ward Level Reporting Responsibilities

What do you need to do at Ward Level (Accommodation and Bathroom Breaches)?

- Ensure that your clinical areas complies with accommodation and bathroom standards
- Where it does not consider actions you can take to ensure compliance (i.e. moving of beds) ensuring that this does not jeopardise any aspect of clinical care.
- Where there is no option but to breach ensure this is communicated to your Ward Manager or delegated other to ensure this is reported correctly

Nurse Managers/Matrons- Accommodation Breach (excluding MEU and SAU):

- Complete a Single Sex Accommodation Report (Appendix A) when breach ends

Nurse Manager Matrons- Bathroom Breach responsibilities:

- Consider opportunities to remove bathroom breach (i.e. moving of beds) ensuring that this does not jeopardise any aspect of clinical care.
- Ensure a record of the numbers of patients experiencing a bathroom breach is recorded and submitted to the GWH.ClinicalRisk@nhs.net at the end of each month using Appendix B.

Mixed sex data is provided via our quality reporting mechanisms that feed the Trust Board and our Commissioners.

Appendix A

SINGLE SEX ACCOMMODATION BREACH REPORT

Investigation Title:	
Date:	
Ward:	
Reference Number:	Internal Incident number:
Author(s) and Job Titles:	
DDoN Sign off:	

Patient Name	Patient Number	Hospital	Patient Gender	CCG

(add rows as necessary)

Analysis of breach

Cause of Breach (please describe circumstance that led to the breach):	
Could the breach have been avoided (please describe any circumstances which may have led to this accommodation breach being avoided):	

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Any actions agreed to reduce risk of future breeches:	
Did patients/carers raise concerns regarding being accommodated in mixed sex areas?	

Appendix B
Bathroom Breach Report

Investigation Title:	
Month:	
Ward:	
Number of Bathroom Breaches:	
Reference Number:	Internal Incident number (if applicable):
Author(s) and Job Titles:	
DDoN Sign off:	

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