

Delivering Single Sex Accommodation

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Policy to be followed by (target staff):
This policy applies to all Wards and Departments

To be read in conjunction with the following documents:

Milton Keynes University Hospital NHS Foundation Trust (2017) Infection Prevention and Control Assurance Framework policy, ICM/GL/55, Version 6. [Online]. Available from:

<https://mkuhcloud.sharepoint.com/:b:/r/sites/TrustDocumentation/Trust%20Documentation%20%20policies%20guidelines%20patient/Infection%20Control%20Manual/Infection%20Control%20Polices%20and%20guidelines/Infection%20Control%20Manual.pdf?csf=1&web=1&e=9mcDBr> . [Accessed 19th May 2022].

Milton Keynes University Hospital NHS Foundation Trust (2019) Safeguarding Adults Policy, ORG/GL/51, Version 4.2. [Online]. Available

from <https://mkuhcloud.sharepoint.com/:b:/r/sites/TrustDocumentation/Trust%20Documentation%20%20policies%20guidelines%20patient/Safeguarding/Safeguarding%20Adults%20Policy.pdf?csf=1&web=1&e=UqykGJ> . [Accessed 19th May 2022].

Milton Keynes University Hospital NHS Foundation Trust (2019) Safeguarding children policy and procedures, ORG/GL/25, Version 11. [Online]. Available from:

<https://mkuhcloud.sharepoint.com/:b:/r/sites/TrustDocumentation/Trust%20Documentation%20%20policies%20guidelines%20patient/Safeguarding/Safeguarding%20Children%20Policy%20.pdf?csf=1&web=1&e=dIAGCp> [Accessed 16th May 2022]

CQC Fundamental standards:

1. Person Centered Care
2. Dignity and Respect
3. Consent
4. Safety
5. Safeguarding from Abuse
6. Food and Drink
7. Premises and Equipment
8. Complaints
9. Good Governance

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Policy Statement

Milton Keynes University Hospital NHS Foundation Trust promotes a culture of professionalism, dignity and respect. The physical environment and the provision of single sex facilities is a key factor in ensuring patient dignity

Every patient has the right to receive high quality care that is safe and effective and respects their privacy and dignity. This is one of the guiding principles of the NHS Constitution and is at the core the Trusts strategic themes and values. There is board level commitment for compliance with these principles.

The mixed-sex accommodation (MSA) return collects monthly data on all unjustified occurrences of patients receiving care that are in breach of the sleeping accommodation guidelines. (NHS England & NHS Improvement, 2019)

Providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected.

The Trust supplies accommodation with wards for patients of both sexes with single sex bays within them, and single sex wards. The Trust does not approve the mixing of gender specific bays except in circumstances covered in point 1.4 and 1.5.

The Trust's Department of Critical Care is a mixed sex department, definitions of the level 1-3 facilities are outlined below in section 5.

The clinical safety of patients including compliance with Trust infection control policies (MKUHFT, 2017) and compliance with the Health Care Act 2022, must take precedence over gender segregation and compliance with the guidelines.

Health Care Act (2022) Ch. 31. [Online]. Available from:

<https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted>. [Accessed 18th May 2022].

Executive Summary

The purpose of this policy is to outline the Trust's arrangements for achieving compliance with the Delivering single-sex accommodation (2019) 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 with the contents of this policy.

1.0 Roles and Responsibilities:

- All staff employed by the Trust, including bank/agency, and staff on temporary or honorary contracts have a duty to support compliance with this policy.
- The Deputy Chief Executive is responsible for ensuring that the building design is functional and supports compliance with single sex accommodation guidelines. Compliance with single sex guidelines must be taken into consideration in any future estates and buildings programs.
- Each Division is responsible for ensuring there is local compliance with the guidelines. This must be evidenced and demonstrable through audit reports including breach data, Matron's inspections, Patient experience questionnaires and complaints data.
- Matrons and ward / department managers must check all areas daily, and following any ward bay moves, to ensure they are compliant.
- Operational teams (Clinical Site and Bed managers) must place patients appropriately to comply with same-sex accommodation guidance.

2.0 Implementation and dissemination of document

This document will be published on the Trust Intranet.

3.0 Single Sex Accommodation Standards (Delivering same-sex accommodation 2019 NHSE&NHSI)

- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Sleeping accommodation includes all areas where patients are admitted and cared for on beds or trolleys, even when they do not stay overnight.
- An admitted patient is one who undergoes a hospital's admission process to receive treatment and/or care.
- 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.

3.1 Decision Matrix

Further details on when a breach may be justified are included at Annex A (NHS England & NHS Improvement, 2019, p. 10) See table below and in Appendix 1

Annex A: Decision matrix

Decision matrix	Justified breaches	Notes
Critical care levels 2 and 3: eg intensive care unit/ coronary care units/high dependency units/hyper acute stroke units	Green Almost always	When a clinical decision is made for a patient to be stepped down from level 2 or 3 care, they should be transferred within four hours of being ready to be moved. An unjustified breach should be recorded if a patient does not transfer within the four-hour period. For the comfort and safety of patients, transfers should not take place between the hours of 10.00pm and 7.00am. Breaches should not be counted within this period, they should start/restart from 7.00am.
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, there is no time limit.
Assessment/ observation units, eg medical/ surgical assessment units/clinical decision making units/ observation wards	Green Almost always	A patient should be moved from an assessment / observation unit within four hours of a decision to admit or from when the patient arrives in the unit and a decision to admit has already been made. If mixing occurs after the four hour period, breaches should be recorded as unjustified.
Areas where treatment is delivered, eg chemotherapy units/ ambulatory day care/ radiotherapy/ renal dialysis/ medical day units	Green Almost always	Mixing should not be recorded as an unjustified breach wherever regular treatment is required, especially where patients may derive comfort from the presence of other patients with similar conditions. A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.

Children / young people's units (including neonates)	Amber Sometimes	Children (or their parents in the case of very 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 procedure is taking place and the patient will require a period of recovery, eg day surgery/ endoscopy units/recovery units attached to theatres/ procedure rooms	Red Almost never	Segregation should be provided where patients' modesty may be compromised, eg when wearing hospital gowns/ nightwear, or where the body (other than the extremities) is exposed. Where high observation bays are used for patients in the first stage of recovery or when they require a period of close observation but not level 2 or 3 care, any breaches that occur will be classed as justified.
Mental health	Red Never	All episodes of mixing in mental health inpatient units and in women-only areas should be reported.
Inpatient wards	Red Never	All episodes of mixing in inpatient wards should be reported.

4.0 Trust Accommodation Levels

The type of inpatient accommodation provided by an acute hospital is classified nationally by level of care, see below.

4.1 Accommodation for Level 1 Patients

Patients whose needs can be met through normal ward care in an acute hospital.

Specialist areas:

To reflect the nature of acute services provided the Trust has extended the Level 1 definition to include facilities provided for patients whose severity of illness or acuity is such that they must be in an observable bed space and are at risk of their condition deteriorating e.g., theatre recovery areas. Every effort must be made to preserve patient dignity with the use of curtains and appropriate attire.

4.2 Accommodation for Level 2 Patients

Patients requiring more detailed observation or intervention in a high dependency area to support a single failing organ system, or post-operative care and those 'stepping down' from higher levels of care. A nurse is present at all times in mixed sex bays.

4.3 Accommodation for Level 3 Patients

Patients requiring advanced respiratory support alone or basic respiratory support together with support of at least two organ systems. This level includes all complex

patients requiring support for multi-organ failure. There is a 1: 1 nurse: patient ratio.

5.0 Compliance with Guidelines

Accommodation for Level 1 Patients: ward areas

5.1 Compliance with the single sex guidelines is dependent on;

- The physical layout and design of the area
- Management of the patient placement process by the bed managers
- Management of the physical environment on a daily basis, by Senior Sisters/Charge Nurses and Matrons. This is particularly relevant to compliance with toilet and bathroom aspects of the guidelines

5.2 Level 1 ward areas must comply with the standards for Delivering same-sex accommodation outlined in NHS England and NHS Improvement (2019). Patients on a mixed sex ward must be placed in a side room, or in a designated gender bay, with designated single sex toilet and washing facilities within or adjacent to the bay.

5.3 Ward accommodation must be arranged to ensure that there is physical segregation of bed bays/rooms for men and women at all times. Segregation can be achieved if men and women have separate toilets and bathrooms that are adjacent to the bay, and that can be reached without having to pass through opposite gender areas.

5.4 Senior Sisters must minimise any risk of patients overlooking or overhearing patients of the opposite sex. Where possible the ward should be split with single sex bays clustered together, or at different ends of the ward.

5.5 Curtains within bays must fit well and not gap open when closed, they should be no higher than 30cms above floor level. And, staff must ensure that all patients, (particularly vulnerable patients) wear appropriate clothing to maintain their dignity.

5.6 In circumstances where open ended bays are adjacent to one another or opposite, these should be of the same gender. There should be no direct line of sight from one gender to another.

5.7 If partitions are used to segregate patients of the opposite gender they must be fixed and of floor to ceiling in height and if glass present opaque covers must be used.

5.8 To avoid patients being overheard, staff should where practicable ask visitors to wait in non clinical areas or leave the ward if ward rounds are taking place.

6.0 Toilets and bathrooms

6.1 Where there are no ensuite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate single sex bed bays/rooms. The facilities must be designated by gender, using Trust approved signage. These signs are reversible and it is the responsibility of the Senior Sister/deputy to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.

- 6.2** In addition, patients must not pass through, or close to opposite sex areas to reach toilets and bathrooms.
- 6.3** Toilets and bathrooms must be lockable, and patients should be able to identify from the outside whether or not the facilities are occupied.

7.0 Patients admitted in an emergency

- 7.1** It is recognised that in some emergencies, mixing of the sexes may be necessary due to the clinical needs of each individual patient.
- 7.2** The reason for mixing and the steps being taken to address the issue should be explained fully to the patient and family.
- 7.3** Staff should make it clear to the patient that the Trust considers mixing to be an exception and never a norm.
- 7.4** Greater protection should be provided where patients are unable to preserve their own modesty by nurses being present in the area, in the Intensive Care Unit and with the frail and elderly.
- 7.5** Where mixing is unavoidable, transfer to same sex accommodation should be effected as soon as possible. Only in the most exceptional circumstances should this exceed 24 hours.

8.0 Day Surgery, Planned Care Unit, Endoscopy Unit and Angiography Department

- 8.1** The above standards apply to the above areas which should maintain designated segregated facilities, as follows;
- Treatment areas, and bays should be single sex
 - Bathroom facilities must be designated as single sex, and must be lockable
 - Curtains must be well fitting and no gaps
- 8.2** 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 for example the Planned Care Unit. This must be approved by the Matron for the area, and every effort must be made to maintain the patient's dignity.

9.0 Accommodation for Level 2 Patients

- 9.1** Single sex compliance must be considered for all level 2-3 accommodation. A nurse should be present 24/7 in the bay of a level 2 mixed sex bay. Every effort must be made by nursing and clinical staff to provide single sex accommodation or where this is not possible will be due to clinical or safety concerns.
- 9.2** Particular care must be taken to ensuring that adequate screening is in place and that patients are dressed to maintain their dignity.

- 9.3** Patients (or their significant others) admitted to a mixed sex level 2-3 area should, receive a full explanation of the reasons for admission to mixed sex area, and the purpose of the area and reassured that the intention to maintain privacy and dignity at all times.
- 9.4** Patients should be given the opportunity to refuse placement, based on religious, cultural and or beliefs system, where possible, and it is safe to do so alternative accommodation will be found for the patient at the earliest opportunity.

10.0 Children and Young People

There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including children's units. Children (or their parents in the case of very young children) and young people should have the choice of whether care is segregated according to age of gender.

However, it is recognised that for many children and young people, mixing of the sexes can be reasonable, or even preferred. Decisions should be based on the needs of each individual child (preferably in discussion with their parents), not on the constraints of the environment, or the convenience of staff

We know that many young people find great comfort from sharing with others of their own age. Often, this outweighs their concerns about mixed sex rooms. Where possible, we advise that adolescents, in discussion as necessary with parents, should be able to choose whether they share or not.

10.1 Further Detail and Background

This note explains our expectations in relation to children's areas. Separate guidance is available for day treatment areas and for intensive/high-dependency care and emergencies.

10.2 Principles

Decisions should be based on the needs of each individual child or young person, not the constraints of the environment, or the convenience of staff.

- 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 extremities) is exposed)
- Greater protection should be provided where patients 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 should be sought, recorded and where possible respected
- The wishes of the parents should, where appropriate, be included in all discussions

10.3 Implications and Examples

Using these principles allows staff to 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 interest of each patient. 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. Such flexibility is encouraged. It is not acceptable to apply a blanket approach that assumes mixing is always excusable.

Most children's units encourage parents to visit freely and this may mean that adults of the opposite gender share sleeping accommodation with children. Great care must be taken to ensure that this does not cause embarrassment or discomfort to patients.

11.0 Transgender Patients

- 11.1 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 and includes those who identify as non-binary.
- 11.2 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.
- 11.3 The patient 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.
- 11.4 There is no dependence on their having a gender recognition certificate (GRC) or legal name change.
- 11.5 It applies to toilet and bathing facilities
- 11.6 Views of the family members may not accord with the trans person's 'wishes, in which case the trans person's view takes priority
- 11.7 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 and sufficient privacy can be afforded using curtains or single room accommodation
- 11.8 There are special circumstances when treatment is sex- specific (e.g., when a hysterectomy is undertaken in a gender specific ward) the situation should be discussed with the individual concerned and a joint agreement on resolution made
- 11.9 If a trans patient is admitted unconscious or incapacitated, then in the first instance inference should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless required for emergency treatment.
- 11.10 Local guidance on ward and room allocation may be sought from the Matrons for each area

12.0 Statement of evidence/references

Health Care Act (2022) Ch. 31. [Online]. Available from:

<https://www.legislation.gov.uk/ikpqa/2022/31/contents/enacted>. [Accessed 18th May 2022].

NHS England (2022) *Mixed-Sex Accommodation.* [Online]. Available from:

<https://www.england.nhs.uk/statistics/statistical-work-areas/mixed-sex-accommodation/> . [Accessed 18th May 2022].

NHS England and NHS Improvement (2019) *Delivering same-sex accommodation.* [Online]. Available from:

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/NEW-Delivering_same_sex_accommodation_sep2019.pdf . [Accessed 18th May 2022].

NHS England & NHS Improvement (2019) *Monthly Mixed-Sex Accommodation Return: Collection Guidance.* [Online]. Available from:

<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2019/10/MSA-Guidance-v1.5.pdf>. [Accessed 20th May 2022].

NHS England and NHS Improvement (2019) *Delivering same-sex accommodation: decision matrix* [Online image]. Available from:

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/NEW-Delivering_same_sex_accommodation_sep2019.pdf . [Accessed 18th May 2022].

13.0 Governance

13.1 Document review history

Version number	Review date	Reviewed by	Changes made
2	19.04.22 13.04.22		Changes to document to reflect update in standards by NHSE and NHSI. Addition of Decision Matrix Change of author to Policy

13.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Corporate Nursing	10.04.22	13.04.22	Literature review and additional guidance decision matrix added	Yes
	Director of Operations	19.04.22		Nil Received	Yes as no comments received
	Chief Nurse	19.04.22		Nil Received	Yes as no comments received
	Medical Director	19.04.22		Nil Received	Yes as no comments received
	Deputy Chief Nurse	19.04.22		Nil Received	Yes as no comments received
	Lead Nurse for safeguarding and Quality	19.04.22		Nil Received	Yes as no comments received
	ADO Surgical Services	19.04.22		Nil Received	Yes as no comments received

	Divisional Director Surgical Services	19.04.22		Nil Received	Yes as no comments received
	Divisional Chief Nurse- Surgical Services	19.04.22		Nil Received	Yes as no comments received
	ADO Medicine & Emergency Care	19.04.22		Nil Received	Yes as no comments received
	Divisional Director Medicine & Emergency Care	19.04.22		Nil Received	Yes as no comments received
	Divisional Chief Nurse- Medicine & Emergency Care	19.04.22		Nil Received	Yes as no comments received
	ADO Women & Children	19.04.22		Nil Received	Yes as no comments received
	Divisional Director Women & Children	19.04.22		Nil Received	Yes as no comments received
	Head of Midwifery, Gynaecology & Paediatrics	19.04.22		Nil Received	Yes as no comments received
	Head of Risk & Clinical Governance	19.04.22		Grammatical errors corrected and job titles	Yes
	Library and eLearning Services Manager	15.05.22	20.05.22	References/ literature review checked, and additional comments added	Yes

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13.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
A breach (sleeping and bathroom) of the single sex guidelines is defined as a patient who is placed in a clinical area that does not comply with the definitions within Appendix 1 of the policy. All single sex breaches must be reported on the hospital Radar system. Reportable breaches, that is sleeping breaches which have been validated by a senior manager, will be reported monthly on the Unify system by the information department	Compliance is reported to the Trust board, as part of the Trust's score card.	RADAR Report via Corporate Nursing / operational Team	Annually	An annual audit of all hospital areas, inpatient and outpatient, will take place as part of the Nursing and Midwifery audit programme to inspect and ensure every clinical area for privacy and dignity.

13.3 Equality Impact Assessment

This document has been assessed using the Trust's Equality Impact Assessment Screening Tool. No detailed action plan is required. Any ad-hoc incident which highlights a potential problem will be addressed by the monitoring committee.

Equality Impact Assessment			
Division	Corporate – Operations	Department	Operations
Person completing the EqIA		Contact No.	Ext 86675
Others involved:		Date of assessment:	19/04/22
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?		<i>All clinical staff involved in planning and supporting patient allocation to clinical areas</i>	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
Wide staff review of the policy			
How are the changes/amendments to the policies/services communicated?			
Email, Trust meetings, intranet			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA	June 2025		

Appendix 1 : Single Sex Accommodation Standards Summary

The NHS standard is that, single sex accommodation can be provided in:

- Single sex wards (i.e. the whole ward is occupied by men or women but not both)
- Single rooms with adjacent single sex toilet and washing facilities (preferably en suite)
- Single sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women, not both; with designated single sex toilet and washing facilities preferably within or adjacent to the bay or room)
- In addition, patients should not need to pass through opposite sex accommodation to access toilet and washing facilities, to access their own.
- Ward accommodation must be arranged to ensure that there is physical segregation of bed bays/rooms for men and women at all times. Segregation can be achieved if men and women have separate toilets and bathrooms that they can reach without having to pass through opposite gender areas.
- In circumstances where open ended bays are adjacent to one another, these should be of the same gender. If this is not possible curtains or screens should be in place to prevent bays being overlooked by patients of the opposite sex.
- If partitions are used to segregate patients of the opposite gender they must be fixed and of floor to ceiling in height. If there is glass present it should be covered with opaque film.
- Where there are no ensuite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate single sex bed bays/rooms.
- The facilities must be designated by gender, using Trust approved signage. These signs are reversible and it is the responsibility of the Ward Sister/deputy to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.
- In addition, patients should not pass through, or close to opposite sex areas to reach toilets and bathrooms. Where this is unavoidable adequate screening (for example blinds or curtains at windows and doors) should be used to provide an acceptable level of dignity