University Hospitals of Morecambe Bay NHS Foundation Trust

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Which Principles of the NHS Constitution Apply? **Please list from principles 1-7 which apply** Principles	**Which Staff Pledges of the NHS Constitution Apply?** **Please list from staff pledges 1-7 which apply** Staff Pledges
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? **Yes**	
Document for Public Display: Yes	
Evidence search completed, Joanne Shawcross…18/4/16. **To be completed by Library and Knowledge Services Staff**	

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations 'at a glance'

1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust has made a commitment to deliver high quality care in environments that promotes privacy and dignity and unless clinically indicated in single sex environment.

We consider mixing of the sexes to be the exception, not the norm. This policy aims to enable us to monitor when mixing occurs and continue to improve our delivery of clean, safe care with privacy and dignity.

Privacy and dignity, alongside care that is safe and effective is our priority for all our patients. The Trust Board and our commissioners have assessed and declared compliance to same-sex accommodation and approved a no exceptions strategy.

Due to the huge variation in ward designs, it is impossible to monitor all aspects of mixing centrally, and that is why central reporting concentrates on sleeping accommodation. But mixing in bathrooms or WCs is still unacceptable, as is requiring patients to pass through opposite sex areas to reach their own facilities.

UHMBT will continue to monitor/ measure performance to ensure that the delivery of same sex accommodation is maintained. The assurance systems in place to monitor compliance include:

- National monitoring and reporting via the Unify 2 system, identified through submission of patient safety incident on Ulysses
- Corporate Quality reviews, matrons audits and RAISE visits will monitor steps taken to eliminate mixed sex breaches
- Reporting mechanism in place for all instances of 'mixing' with a quarterly report shared Divisional Governance and Assurance

A breach occurs at the point a patient is admitted to mixed sex accommodation outside the terms of the policy. Mixing may be justified if it is in the overall best interests of the patient, or reflects their personal choice.

A breach occurs when the placement of a patient within a clinical setting meets the following criteria:

a. The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender and the patients are not protected by a physical separation preventing any visual contact
b. The patient occupies a bed space that does not have access to same-sex washing and toileting facilities.
c. The patient must pass through an area designated for occupation by members of the opposite sex to gain access to washing and toileting facilities.
d. Where no clinical justification exists or where a clinical justification applied is no longer appropriate.

2. PURPOSE

This policy should be used by all staff to guide decision making to avoid patients' dignity being compromised by mixing sexes.

3. SCOPE

The definition of mixed-sex occurrences will apply:
a. Following admission
b. At all points on a patient's in-patient pathway
c. In all clinical areas where patients are admitted.

This includes:
- Emergency Department
- Clinical decisions Units
- Assessment Units
- Intensive Care and Higher dependency unit
- Day Case units, including endoscopy
- Areas where a patient is required to disrobe (e.g. X-ray departments)

This policy should be used to influence the design of any new builds across the organisation.

4. POLICY

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 – e.g. by enhanced staffing provided in critical care facilities. The patient should be provided with same sex accommodation immediately once the acceptable justification ceases to apply.

4.1 Acceptable justification – (i.e. not a breach)

- In the event of a life threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
- Where a critically ill patient (Level 2 or 3) requires constant one-to-one nursing, e.g. ICU, HDU. (See Appendix 3: Critical Care settings key principles)
- Where higher levels of care is required and the nurse is required to stay in the room at all times resulting in a 2:1 Nurse to patient ratio.
- Where short periods of close patient observation is needed e.g. immediate post anaesthetic recovery, or where there is a high risk of adverse drug reaction.
- On the joint admission of couples or family groups

4.2 Key Principles

- Decisions should be based on the needs of each individual patient, not the constraints of the environment or the convenience of staff
- Admissions units should be capable of delivering segregation for most of patients for most of the time.
- Patient preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives, carers or loved ones
- The reasons for mixing, and the steps being taken to prevent mixing, should be explained fully to the patient and their family and friends.
- Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.
- 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 when semi-conscious or sedated).
- 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

Where mixing does occur, it must be justifiable for *all* the patients affected. There are no blanket exemptions for particular specialties, and no exemptions at all from the need to provide high standards of privacy and dignity at all times.

When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient their relatives carers and/or advocate (as appropriate) should be informed why the situation has occurred, what is being done to address it, who is dealing with it and an indication provided about when the situation will be resolved.

Clinical justification will relate to all circumstances that include 'life to death' situations or a patient requiring highly technical or specialist or one to one care.

- Critical care areas should seek to comply with segregation but individual patient clinical needs take priority. If a patient has to be admitted as a matter of urgency and the only available accommodation is with members of the opposite sex, so be it, but it must be considered on an individual patient basis (i.e. not for the convenience of staff or 'the system'). If it subsequently becomes safe and convenient for the patient to be moved to areas with their own sex without compromising their care or that of other critically ill patients, this should be done. However, the care of all patients must not be compromised (i.e. through the risk of cross infections or the like) by moves into single sex areas.
- In situations where acute assessment and diagnosis and treatment is required where close monitoring is necessary due to the patient's condition. Although not exempt this has been recognised as an area that requires concession for ensuring patients receive

optimum care, which may necessitate being nursed in mixed sex areas.

In the event of a mixed-sex occurrence where clinical justification is not identified the following procedure will be followed. In all cases, staff must:

- Explain the reasons for mixing with the patient and / or significant other
- Record the discussion in the patient record alongside actions taken to ensure privacy & dignity is maintained
- Implement all actions possible to ensure privacy and dignity is maintained for all patients affected
- Notify the matron or clinical site manager for assistance in exploring all options to avoid mixing
- Review the impact on all patients involved
- Submit a patient safety incident
- Move the person to same-sex accommodation as soon as possible.

4.3 Recording and Reporting

- A Patient safety incident should be submitted via Ulysses safeguard system.
- The incident should be categorised in the ca*use* group as **Operational Issue**
- Then in *cause one* as **Delayed discharge lack of beds general**
- In the *cause two* **Mixed sex occurrence** should be chosen
- In the *'Referred to'* section the **Matron** should be chosen

The matron or clinical site manager should be notified if a mixing cannot be avoided to ensure this is escalated at the patient flow meetings at 09:00, 12:00, 15:00 and 20:00. Patients nursed in side rooms are not included as mixed sex breaches. Every opportunity to reverse the mixing should be taken and a record made of the time reversed in the patients' notes and via the manager's response on the clinical incident system.

4.3.1 Divisional Reporting

- On a monthly basis a review of the potential mixed sex breaches reported via safeguard. This will include all incidents with the term mixed sex breach included to ensure all incidents are captured.
- These potential and actual mixed sex breaches will be validated by the divisional governance lead with the matrons each month.
- Any non-direct reported incidents found to be a mixed sex breach should be corrected to meet the cause group criteria above for consistency of reporting
- Mixed sex breaches should form part of the divisional WESEE document and presented as part of the Quality Indicators at monthly performance reviews.

4.3.2 Board Reporting

- The Executive Chief Nurse will report via the quarterly nursing report to trust board on the number and rationale of mixed sex breaches.

4.3.3 Control Monitoring and Assurance Process

Any mixed sex occurrences will be reported through the quality contracting dashboard reported to the Clinical Commissioning Groups on a monthly basis.
The definition states' the point at which the patient is admitted to mixed sex accommodation' outside the terms of the policy.

The penalty for a mixed sex breach is £250 per patient affected by the breach.

5. ATTACHMENTS	
Number	**Title**
1	Day Treatment Areas
2	Critical Care/Higher level Care Settings
3	Children's Units
4	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	**Title and web links from the document library**

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS References in full
Bibliography
DoH (2010) Eliminating mixed sex accommodation (accessed 19/05/2017)
The NHS Confederation. Mental Health Network. (2010)Delivering same-sex accommodation in mental health and learning disability services (accessed 19/05/2017)
DoH (2016) NHS Outcomes Framework 2016 to 2017 (accessed 19/05/2017)
DoH (2007) Public Perceptions of Privacy and Dignity in Hospitals
NHS for England (2012) NHS Constitution for England (accessed 19/05/2017)
Dignity in Care website (accessed 19/05/2017)
Dignity in Care RCN - Dignity at the Heart of everything we do (accessed 19/05/2017)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	**Definition**

9. CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	**Job Title**
Cross Bay Matrons Forum	Matrons
Mark Wilkinson	Clinical Lead RLI
Amr Dawood	Clinical Lead FGH
Heather Bendall/Tim Dixon	Unit manager RLI
Allyn Dow/Elizabeth McNally	Unit Manager FGH
Critical Care Delivery Group	Critical Care MDT
Clinical Site Managers Cross Bay	Clinical Site Managers

10. DISTRIBUTION PLAN	
Dissemination lead:	Sarah Cullen
Previous document already being used?	Yes
If yes, in what format and where?	Policy format via intranet
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	Trust Board Directorate Managers (For circulation to all departments) Assistant Chief Nurse Cross bay matrons Clinical Site manager s Trust Headquarters (File Copy) Departmental intranet editor Intranet content editor Senior manager on-call team
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library Via Matrons

11. TRAINING Is training required to be given due to the introduction of this policy? **Yes**		
Action by	**Action required**	**Implementation Date**
S. Cullen	Brief Matrons	16.6.16
S. Cullen	Brief Critical Care Unit managers	13.5.16

12. AMENDMENT HISTORY				
Version No.	**Date of Issue**	**Page/Selection Changed**	**Description of Change**	**Review Date**
2			Change in reporting structure and escalation of cases as they occur to the matron	01/06/2019
3	1.12.16	Section 4.3	Updated mixed sex definitions and further information required on reporting	01/01/2020
3.1	06/10/2017	Page 3	BSF page added	01/01/2020

Appendix 1: Day Treatment Areas

Day treatment areas include:

- renal dialysis units
- day surgery units
- endoscopy units
- day hospital units
- chemotherapy units

Staff in these areas will need to make decisions on a day-to-day basis. For instance, in a renal dialysis unit, if all patients are well-established on treatment, wear their own clothes and have formed personal friendships, mixing may be a good thing. By contrast, a new dialysis patient, with a femoral catheter, and wearing a hospital gown, should be able to expect a much higher degree of privacy.

Similar considerations apply wherever treatment is repeated, especially where patients may derive comfort from the presence of other patients with similar conditions. For example, it may be appropriate to nurse a mixed group of patients together as they receive regular blood transfusions. Likewise, it is clearly reasonable for both men and women to attend an elderly care day hospital together, as long as toilet and bathroom facilities are separate and very high degrees of privacy and segregation are maintained during all clinical or personal care procedures.

The presumption of same-sex accommodation will apply in day surgery units, especially those where patients may remain overnight. The exception might be where very minor procedures are being undertaken. As a starting point, if the patient is in a hospital gown, and may have difficulty preserving their own modesty due to sedation or anaesthesia, then segregation should be the norm.

Appendix 2: Critical Care/Higher level Care Settings

When a patient's survival and recovery depend on the presence of high-tech equipment and very specialist care, the requirement for full segregation clearly takes a lower priority. However, this does not mean that no attempt at segregation should be made. At the very least, staff should consider whether it is possible to improve segregation by considering screens, curtains or location of the patients.

The same principles apply to theatre recovery units where patients are cared for immediately following surgery, before being transferred to a ward. While separate male and female recovery units are not required, some degree of segregation remains the ideal. High levels of observation and nursing attendance should mean that all patients can have their modesty preserved whilst unconscious.

Appendix 3: 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 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).

Staff 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.

Parents

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

Key principles

- Privacy and dignity is an important aspect of care for children and young people.
- Decisions should 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 staff.
- Privacy and dignity should 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 should 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 should prevail.

Appendix 4: Equality & Diversity Impact Assessment Tool

University Hospitals of Morecambe Bay NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Governance			
Lead Assessor	Laura Armitstead			
What is being assessed?	Delivering Same Sex Accommodation			
Date of assessment	17/5/17			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	☒	Staff Side Colleagues	☐
	Service Users	☐	Staff Inclusion Network/s	☐
	Personal Fair Diverse Champions	☐	Other (Inc. external orgs)	☐

1) What is the impact on the following equality groups?

Positive:	**Negative:**	**Neutral:**
➢ Advance Equality of opportunity ➢ Foster good relations between different groups ➢ Address explicit needs of Equality target groups	➢ Unlawful discrimination, harassment and victimisation ➢ Failure to address explicit needs of Equality target groups	➢ It is quite acceptable for the assessment to come out as Neutral Impact. ➢ Be sure you can justify this decision with clear reasons and evidence if you are challenged

Equality Groups	**Impact** (Positive / Negative / Neutral)	**Comments** ➢ Provide brief description of the positive / negative impact identified benefits to the equality group. ➢ Is any impact identified intended or legal?
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	

3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**

- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
- This should be reviewed annually.

Action Plan Summary

Action	**Lead**	**Timescale**

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.