The Newcastle upon Tyne Hospitals NHS Foundation Trust

Eliminating Mixed Sex Accommodation (EMSA) Policy

<table>
<thead>
<tr>
<th>Version No:</th>
<th>3.0</th>
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<tbody>
<tr>
<td>Effective From:</td>
<td>08 December 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>08 December 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>29 November 2016</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Clinical Policy Group</td>
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</table>

1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment.

The Trust will comply with Department of Health Eliminating Mixed Sex Accommodation (EMSA) policy and guidance (2009, 2010). Patients who are admitted to any of our hospitals will only share the room where they sleep in accommodation shared only with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. There may be acceptable justification where it is in the overall best interest of the patient, for male and female patients to be cared for in the same sleeping accommodation e.g. critical care. In these cases, privacy and dignity must be protected. Staff must always consider the impact on all patients involved, and patients must be moved to same-sex accommodation as soon as the acceptable justification ceases to apply.

2. Policy Scope

This policy applies to all members of staff working within The Newcastle upon Tyne Hospitals NHS Foundation Trust.

3. Aim of policy

The aim of the policy is to outline the Trust’s arrangements for achieving and maintaining compliance with the Department of Health’s (DH) guidance, standards and principles on achieving same sex accommodation.

This policy is closely linked with the Trust’s privacy and dignity policy, and the two should be used in conjunction with one another. Privacy and Dignity Policy

4. Responsibilities

Trust Board

The Trust Board has overall responsibility for patient safety and experience within the Trust and to ensure compliance to EMSA. The Trust Board receive a biannual performance report which declares the Trust performance and provide a ‘declaration of compliance’ on the Trust website. The Trust Board are responsible for mandatory compliance.
Clinical Policy Group (CPG)
The Clinical Policy Group is responsible for approving and monitoring compliance with this policy. The Clinical Policy Group is responsible for the review and ratification of the policy.

Directorate Managers and Heads of Service
Directorate managers and heads of service are responsible for ensuring policy implementation and monitoring

Matrons are responsible for:
- Monitoring compliance within their area, escalating this to the Practice Development Lead and promptly investigating using the Root Cause Analysis template (Appendix 1)
- Addressing complaints or concerns raised where a patient or their carer claims they were nursed in a mixed sex area.
- Ensuring patient information within their areas provides appropriate advice regarding same sex accommodation.
- Providing expert guidance.

Ward Sisters/Charge Nurses are responsible for:
- Ensuring local compliance on a daily basis.
- Ensuring that no patients are allocated a bed in mixed sex accommodation.
- Ensuring correct signage is in place on toilet and washing facilities.
- In the event of a mixed sex incident or complaint reporting any breaches of compliance immediately to the Matron.
- Responding to the concerns of patients or carers where there is the perception that accommodation has been shared with members of the opposite sex and reporting this to Matrons.
- Checking that facilities are correctly signed following ward bay moves and are re-checked as a minimum once per shift.
- Ensuring all relevant, locally produced, patient information leaflets and letters include the Trust statement on EMSA.
- Ensuring all of the ward team understand the requirements and incorporate into their practice.

Staff are responsible for:
Ensuring that they familiarise themselves with the policy and support the maintainance of EMSA

Estates staff are responsible for:
- Ensuring the delivery of EMSA is integral to building design.
- Any re-design or refurbishment of patient areas must include the involvement and sign-off of the Trust lead on Privacy and Dignity.
- Supporting clinical staff in the management of facilities and signage to promote EMSA.
The Matron should be contacted for advice if it is suspected that a breach may be about to occur, out of hours contact the Patient Services Co-ordinator.

5. Definition

A mixed-sex occurrence is defined as the placement of a patient within a clinical setting where one or more of the following criteria apply:

- The patient occupies a bed in a bay or room that is occupied by a patient of the opposite sex.
- The patient occupies a bed that does not have access to co-located same-sex toilet and washing facilities.
- The patient must pass through an area designated for occupation by members of the opposite sex to gain access to toilet and washing facilities.
- The patient occupies a bed in a bay or room that is occupied by a patient of the opposite sex where a clinical justification previously applied is no longer applicable.

6. Same Sex Accommodation Standards

The DoH(2009) has issued standards on achieving same sex accommodation this can be provided in the following ways:

- Same sex wards.
- Single rooms with adjacent or ensuite sanitary (i.e. toilet and washing) facilities.
- Same sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women but not both, with designated same sex sanitary facilities within or adjacent to the bay or room).

6.1. Sleeping Areas

Ward accommodation must be arranged to ensure there is physical segregation of sleeping bays and rooms for men and women at all times.

6.2. Sanitary Facilities

Patients should not have to share sanitary facilities with people of the opposite sex.

Patients should not need to go through sleeping areas or sanitary facilities used by the opposite sex to access their own.

Wards must provide designated sanitary facilities for patients within close proximity of their sleeping accommodation. Where this is not possible, adequate screening (e.g. blinds or curtains at windows and doors) should be used to provide an acceptable level of privacy and dignity.

Sanitary facilities must be designated by sex using Trust approved signage. It is the responsibility of the nurse in charge to check that facilities are correctly
signed following ward bay moves, and re-checked as a minimum once per shift.

Toilets and bathrooms must be lockable.

6.3. Disabled Access Facilities

Sanitary facilities designated as disabled access can be used by men or women who require assistance or use of specialised equipment.

7. Breaches of Same Sex Guidance

Mixing may be justified (ie NOT a breach) if it is in the overall best interest of the patient, or reflects their personal choice.

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

There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient. “Sleeping accommodation” includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. It therefore includes all admissions and assessment units (including emergency assessment areas), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

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 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

Unacceptable justification – i.e. a breach

- Placing a patient in mixed-sex accommodation for the convenience of staff, or from a desire to group patients within a clinical specialty
- Placing a patient in mixed-sex accommodation because of a shortage of staff or poor skill mix
- Placing a patient in mixed-sex accommodation because of restrictions imposed by the estate
- Placing a patient in mixed-sex accommodation because of a shortage of beds
- Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures
- Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. a 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

8. **Critical Care and Theatre Recovery**

For critical care only when a patient is:
- Declared ready for discharge
- AND is downgraded to Level 1 (patients at risk of their condition deteriorating, or those recently relocated from higher levels of care, whose needs can be met on an acute ward with additional advice and support from the critical care team.)
- AND is in a mixed gender area they will be considered at risk of breaching EMSA.

If they are not in mixed gender area and not overlooked (partitioned by permanent structure) this is not breaching EMSA.

In the event that a patient who is fit for transfer to a base ward, is in a critical care or theatre recovery area without clinical justification, this is defined as a same sleeping accommodation breach and must be reported under the EMSA breach process detailed under section 14.

9. **Outpatients**

This section applies to all outpatient areas including X-ray and diagnostics facilities.

Although sleeping accommodation is not an issue, patients’ privacy and dignity should be protected at all times, particularly if patients are required to undress.

Key same sex / privacy and dignity principles in these areas include:

- Where patients’ modesty may be compromised, such as when wearing hospital gowns or where parts of the body other than extremities are exposed, greater segregation should be provided. (Be aware that there may be different understandings of modesty in relation culture, religion and belief. For example some people may find it immodest to expose their arms)
- Where patients’ modesty may be compromised, patients should be protected at all times from unwanted exposure including casual overlooking and overhearing.
- Changing areas should be single sex with solid lockable doors.
- Curtains must be well fitting with no gaps and the hem must be no higher than 12” from the floor.
- Dressing gowns should be available to patients to cover hospital gowns to preserve dignity.

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.

10. **Children and Young Adults**

It is recognised that for many children and young people, clinical need, age and stage of development may take precedence over gender considerations.

Mixing of the sexes is therefore reasonable and may even be preferred. However, children’s wishes should be taken into account and if they would prefer to be nursed in same sex accommodation, where possible, this should be accommodated.

All children and young people have the right to a chaperone and to request care by same sex staff taking into consideration ethnicity, age and professional issues. (Taken from [Delivering Same-Sex Accommodation (DSSA) for Children, Young People](#))

Toileting and washing 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).

In children’s units, parents are encouraged to stay overnight. This may mean that children may share sleeping accommodation with parents of the opposite sex. Care should be taken to ensure that this does not cause embarrassment or discomfort to patients.

Some parents may not want their children to be accommodated in mixed sex bays even at a young age. A discussion will need to take place with the parents to allow their requests to be considered.

11. **Gender Identity**

[Transgender Equality](#)

We understand that people self-identify gender in many ways. We therefore use the term “trans” as an inclusive term which embraces all gender identities.

Trans adults, children and young people are defined as people who have proposed, commenced or completed gender reassignment.

If presenting gender is not obvious, the patient should be informed that same-sex accommodation is available and they should be supported to decide where they would be most comfortably accommodated. Staff are expected to comply with patient preference. Advice and guidance for staff in this situation is available from the Senior Nurse Practice Development, Equality and Diversity Lead and out of hours from the Patient Services Co-ordinator.

General key points are that:
Trans people including gender variant children and young people should be accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use).

This presentation may not always be in accord with the physical sex appearance of the chest or genitalia.

This applies to both sleeping accommodation and sanitary facilities.

The views of the trans person should take precedence over those of family members where these are not the same.

Where practical trans patients should be asked whether they would prefer a bed in a single room or a bay.

Where other patients object to being in a bay with a trans person, quiet discussion about equality legislation and Trust policies will usually resolve the issue. Where this is not the case the person with the objection may need to move to another bay.

12. **Circumstances when mixing Male and Female in the same room is allowed**

- There are occasions when a husband and wife/Brother and Sister may be admitted together. Following a discussion with both parties separately to avoid any safeguarding issues if they wish to share the same room this is acceptable and agreement must be documented in both patients medical records.

13. **Carers**

- There are occasions where carers of the opposite sex may wish to remain overnight with the patient. Staying within the ward environment can be facilitated but consideration must be given to the privacy and dignity of the other patients. It is recommended that the patient, where possible be nursed in a single room (see Carers Guidance).

- Within maternity women's partners (male and female) may wish to stay overnight in the postnatal wards to provide emotional and physical support to women and their baby's. Woman are made aware that in the event they do not choose to have a partner stay with them and expresses concern about other males in a bay overnight every attempt would be made to accommodate the patient elsewhere.

14. **Reporting arrangements for mixed sex accommodation breaches**

The Trust is committed to meeting the quality standards for Eliminating Mixed Sex Accommodation and all members of staff are expected to report breaches. Matrons, Ward Sisters/Charge Nurses are responsible for ensuring incidents are appropriately managed, for example investigated and lessons are learnt.

All breaches must be reported. The incident details must include:

- The type of breach ie sleeping or sanitary.
- The reason for the breach
- How it occurred.
- The number of patients affected.
• The duration of the breach
• Who was consulted, and how the decision to breach was reached.
• Actions taken
• Communication given to the affected patients
• When the decision will be reviewed.

14.1. Sleeping Accommodation Breaches

In the event that a sleeping accommodation breach may occur, the following actions must first be taken by the sister, charge nurse or nurse in charge at the time:

The details regarding the possible sleeping accommodation breach must be discussed with the Matron (Out of hours with the Patient Services Coordinator (PSC))

The patient, and when appropriate their relatives / carers, must be informed of why a breach will occur, what will be done to address it and when compliance is likely to be achieved.

A Mixed Sex Accommodation Breach report must be completed for sleeping accommodation breaches (See Appendix 2). Details regarding the other patients in the bay or room affected by the breach must also be provided. The completed form(s) should be returned to the Senior Nurse Practice Development by email on a weekly basis. N.B reporting is by exception and there is no requirement to report a nil return.

14.2. Sanitary Accommodation Breaches

In the event that a patient passes through a bay of the opposite sex where they can be overlooked in order to access toilet and washing facilities the sister, charge nurse or nurse in charge at the time must complete a Mixed Sex Accommodation Breach form for the individual patient who breached.

14.3. National Monitoring and reporting

All breaches of sleeping accommodation must be reported, for each patient affected, via the Unify2 system. This will be undertaken by the Information Services Department in liaison with the Senior Nurse Practice Development. Data has been made public since January 2011.

15. Education and Training

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

• Trust induction programme
• Local induction programmes
• Equality and Diversity training
• Customer care training
Further training can be provided within Directorates on request

16. Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
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<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Patients perception of whether they have shared mixed sex accommodation will be monitored</td>
<td>Inpatient Satisfaction Survey</td>
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<td></td>
<td>Patient perception surveys in adult inpatient areas. These results will be presented as part of CAT</td>
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<tr>
<td>Patient Led Assessments of the Care Environment (PLACE) visits</td>
<td>Heads of Nursing</td>
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17. Consultation and review

This policy has been reviewed in consultation with the Nursing and Patient Services Director, Deputy Directors of Nursing, Trust Lead NMAHP Research, Education, Practice Development and Matrons.

18. Implementation of policy

This updated policy will be raised at Clinical Leaders and Clinical Managers Forums by the Senior Nurse Practice Development.

Matrons and sisters/charge nurses and expected to raise awareness of the policy within their team meetings and to ensure their staff are fully aware of the content and implementation of the policy.
19. References


Policy Author: Senior Nurse Practice Development
EMSA Root Cause Analysis Action plan

<table>
<thead>
<tr>
<th>Date of Root Cause Analysis</th>
<th>Recommendations arising from the Root Cause Analysis</th>
<th>Actions to be addressed</th>
<th>Person responsible</th>
<th>Timescale</th>
<th>Progress</th>
<th>Sign off</th>
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Person completing form: ___________________________  Designation: ___________________________  Date: ___________________________
### Eliminating Mixed Sex Accommodation (EMSA) Breach Report

<table>
<thead>
<tr>
<th>Hospital Number</th>
<th>Directorate</th>
</tr>
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<tbody>
<tr>
<td>NHS Number</td>
<td>Ward</td>
</tr>
<tr>
<td>Name</td>
<td>Speciality</td>
</tr>
<tr>
<td>Gender</td>
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</table>

<table>
<thead>
<tr>
<th>Type of Breach (tick)</th>
<th>Sleeping accommodation</th>
<th>Sanitary accommodation</th>
<th>Date of breach</th>
</tr>
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<tbody>
<tr>
<td></td>
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#### Brief details

(please include; Who was consulted, and how the decision to breach was reached. Also when the decision will be reviewed)

#### Further information

<table>
<thead>
<tr>
<th>Number of patients affected</th>
<th>Justification (insert number from list below)</th>
<th>Other reason (not listed below)</th>
</tr>
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</table>

1. In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient’s condition
2. Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU
3. 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).
4. 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
5. On the joint admission of couples or family groups

Please complete for each occasion a breach occurs and email to: SSAP@nuth.nhs.uk
The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Equality Analysis**  **Form A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

**PART 1**

1. **Assessment Date:**

2. **Name of policy / strategy / service development/investment plan/Business Plan/Board Paper**

   Eliminating Mixed Sex Accommodation (EMSA) Policy

3. **Name and designation of Author:**

   Suzanne Medows, Senior Nurse Practice Development

4. **Names & Designations of those involved in the impact analysis screening process:**

   Barbara Foggo, Project Manager and Suzanne Medows, Senior Nurse Practice Development

5. **Is this a:**

   Policy ☒  
   Strategy ☐  
   Service ☐

   **Is this:**

   New ☐  
   Revised ☒  

   **Who is affected:**

   Employees ☐  
   Service Users ☒  
   Wider Community ☐

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**

   The aim of the policy is to outline the Trust’s arrangements for achieving and maintaining compliance with the Department of Health’s (DH) guidance, standards and principles on achieving same sex accommodation.

7. **Does this policy, strategy, or service have any equality implications? Yes ☒  
   No ☐**

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interpreters Information available in other formats on request Mandatory EDHR Training</td>
<td>There may be different understandings of modesty in relation to culture, religion and belief. For example some people may find it immodest to expose their arms.</td>
<td></td>
<td>Incorporate into point 9 of the policy</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Single Sex accommodation policy focuses on maintaining dignity of both men and women Mandatory EDHR Training</td>
<td>No – The purpose of the policy is to maintain dignity of both men and women</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy Team available for advice and support. Religion, Belief and Cultural Practices Policy and Guidance</td>
<td>There may be different understandings of modesty in relation to culture, religion and belief. For example some people may find it immodest to expose their arms. Incorporate into point 9 of the policy</td>
<td></td>
<td></td>
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<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>Mandatory EDHR Training</td>
<td>No</td>
<td>No</td>
<td></td>
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<tr>
<td>Age</td>
<td>The policy refers to the stage of development as well as age in relation to children and</td>
<td>There are differences in the age at which children and young people are</td>
<td></td>
<td>Incorporate into section 10</td>
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</tbody>
</table>
### Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section

| Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section | Accessible Information Standard  
Provision of BSL Signers and Deaf Blind Guides  
LD Liaison Nurse, flagging of learning disability and patient passport. Trust work to support Carers  
Mandatory EDHR Training | Needs in relation to disability are taken into account within the privacy and dignity aspects of the policy. There may be times when a carer of the opposite gender needs to stay with a patient. This is incorporated into the policy. | No |

### Gender Re-assignment

| Gender Re-assignment | Mandatory EDHR Training  
Discussion with trans people in relation to single sex accommodation | Trans people have concerns about the sex of the accommodation in which they will receive care. This is considered in the national guidance and incorporated into the policy | Rather than gender variance and transsexual refer to the umbrella term of trans within the policy |

### Marriage and Civil Partnership

| Marriage and Civil Partnership | Mandatory EDHR Training | No | No |

### Maternity / Pregnancy

| Maternity / Pregnancy | Mandatory EDHR Training  
Maternity services are developing guidance to pilot partners/carers staying overnight. | No | No |

#### 9. Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified ?

No
10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement  
No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Signature of Author

Suzanne Medows

Print name

Suzanne Medows

Date of completion

09/11/2016

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)