Delivering Same Sex Accommodation Policy

Name of Policy Author & Title: Jo Embleton, Deputy Director of Nursing

Name of Review / Development Body: Professional Nursing & Midwifery Steering Group

Ratification Body: Clinical Executive Committee

Date of Ratification/ effective from October 2017

Review Date: October 2020 (unless national guidance change)

Reviewing Officer: Deputy Director of Nursing

If this document is required in an alternative language or format, such as Braille, cd, audio, please contact the author.
### Version Control

<table>
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<tr>
<th>Date</th>
<th>Review Type (please tick)</th>
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<th>Author of Review</th>
<th>Title of Author</th>
<th>Date Ratified</th>
<th>Ratification Body</th>
<th>Page Numbers (where amended)</th>
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<td>✓</td>
<td>3.0</td>
<td>Jo Embleton</td>
<td>HoN</td>
<td>Feb 2013</td>
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| Feb 2016  | ✓                         | 3.1         | Jo Embleton      | Deputy Director of Nursing (DDoN) | Feb 2016      | 5                 | 5 9 10                        |                              | Associate Director of Capital, Estates & Facilities  
Heads of Nursing Transgender  
3. Monthly report to Trust Board  
Head of Estates Transsexual  
3. Quarterly inspections by Surrey PCT  
4. Privacy & Dignity Peer Review Group Review |
| Oct 2017  | ✓                         | 4.0         | Jo Embleton      | DDoN            | Oct 2017      | CE Committee      |                              |                              |                                                                                  |
| Dec 2017  | ✓                         | 4.1         | Jo Embleton      | DDoN            | Oct 2017      | 7 10              |                              |                              | 4 hours after medically fit for step down. EAU assessment area when patients have a DTA  
Patients attending are not admitted & are an OP attendance. |
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1 INTRODUCTION
Delivering Same Sex Accommodation (DSSA) simply means providing an environment where men and women do not share sleeping accommodation, bathroom & toilet facilities.

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, in accordance with the definitions set out in the professional letter CNO/2010/3 from the Department of Health

2 PURPOSE
The purpose of this policy is to outline the Trusts arrangements for achieving compliance to DSSA standards (Appendix 1) and the process when compliance has not been achieved.

3 SCOPE
This policy applies to all of the patients who are admitted as an in-patient and access toilet and bathroom facilities.

4 DUTIES/RESPONSIBILITIES

4.1 Chief Executive
The Chief Executive has ultimate responsibility for Quality and Safety including the implementation of this policy. He/she delegates this responsibility to the Medical Director and Director of Nursing and Patient Experience.

4.2 Trust Board
Trust Board has overall responsibility for patient safety and experience within the Trust and to ensure the Trust complies with its statutory obligations in this regard. The Trust Board monitors the compliance to Delivering Same Sex Accommodation via the monthly Performance Report to the Board and Department of Health.

4.3 Associate Director of Capital, Estates & Facilities
This role has responsibility for ensuring that the building design is functional and supports compliance to DSSA, this includes signage. Compliance with SSA must be taken into consideration in any future estates and building programmes (Appendix 2) and advice and support should be obtained from the Trust DSSA / Privacy and Dignity Lead.

4.4 The Chiefs of Service, Associate Director of Operations and Divisional Heads of Nursing, Midwifery and Allied Health Professionals
The above are responsible for supporting and monitoring the implementation of this policy. In the event of a MSA breach they will investigate and complete an action plan as required. The outcome will be shared with the Trust Board and Clinical Commissioning group of the patients that were affected.

4.5 Matrons and Senior Sisters / Charge Nurses
The above must ensure that no accommodation has mixed sex patients and report any findings to the Divisional Head of Nursing, Midwifery and Allied Health Professionals/ Clinical Site Manager / Site Nurse Practitioner to ensure the
patient(s) have appropriate same sex accommodation plan to transfer as soon as possible.

In the event of a mixed sex incident or a patient complaint a datix must be completed and investigated as per Incidents and Serious Incidents Management Policy.

4.6 Clinical Site Manager (CSM) / Site Nurse Practitioners (SNPS)
The CSM and SNPs must ensure that no patients are allocated a bed in a mixed sex accommodation, unless is a justified breach. Monitoring and documentation of DSSA issues must be raised and resolved at the bed meetings or by contacting the CSM / SNP via their bleeps.

It is the responsibility of the CSM / SNP, in conjunction with the relevant manager / matron to ensure mixed sex accommodation is avoided. In the event of an incident the patient(s) must be moved as soon as possible. The patient plan must be documented on the bed meeting electronic log.

4.7 All Staff
Trust staff are responsible for ensuring that they familiarise themselves with and comply with, the requirements of this policy.

5 SUBJECT MATTER OF POLICY DELIVERING SAME SEX ACCOMODATION

5.1 The DSSA NHS Standard (Appendix 1)
The standard found in Appendix 1 informs all NHS staff where same sex accommodation can be provided.

5.1.1 Mixed Sex Accommodation (MSA) Breaches
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, in accordance with the definitions set out in the professional letter CNO/2010/3 from the Department of Health.

A breach of the policy occurs each time an admitted patient is placed in Mixed Sex Accommodation outside the terms of the policy (Appendix 1).

In addition, patients must not pass through an area occupied by the opposite sex areas to reach toilets and bathrooms.

Men and women should not have to share mixed bathing and toilet facilities, unless they need to use a disabled / assisted bathroom or by patient choice.

DH definitions:
A bay is defined as:

- a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls
- the fourth side may be open or partially enclosed
Delivering Same Sex Accommodation

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• the use of curtains or click screens alone between bays is not acceptable

Sleeping is defined as

• patients are wearing night clothes

• includes areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight

• It includes all admissions and assessment units (including clinical decision units), plus day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency.

Therefore from a Trust perspective the patients in the Emergency Department and Emergency Assessment Unit, assessment area are not identified as sleeping areas. In the event of the assessment area being utilised for patients who are admitted (Trust Surge Plan) this area would be included.

5.1.2 Clinically Justified Adult MSA Breaches

Clinically justified MSA are identified in the DH decision matrix for providers and commissioners (Appendix 3).

The following areas are identified by DH as almost always acceptable to have MSA:

Intensive Care Unit

Coronary Care Unit

Recovery Unit & recovery units attached to procedure rooms (cardiac day unit)

Patients in these areas require more detailed observation or intervention in a critical care area to support a single failing organ system / multi organ failure, or post-operative care. There is a higher ratio of nursing staff in this area to assist patients to maintain their privacy and dignity.

Best practice and were practical;

Patients must be positioned in the room to prevent being viewed by the opposite sex, e.g. female patients face female patients etc and to position the curtains in between patients.

If there is one female patient and the rest of the patients are male, the side room must be offered to the female patient if not in use.

If there is one male patient and the rest of the patients are female, the side room must be offered to the male patient if not in use.

Cardiac Day Unit

The Cardiac Day Unit has a recovery unit attached to the interventional suite, which is identified as a clinically justified adult MSA breach (Appendix 3). The patients attending this unit are not admitted and are an outpatient attendance.
Patients are advised that this unit treats male and female patients in the same area in their clinic letter (Appendix 5). The letter also offers the opportunity for patients to join a same sex procedure list if they choose to.

**Patient choice**

Patient clinic letter must advise that this area is a mixed sex environment prior to arrival to clinic and what action to take if they wish to access same sex clinic appointment.

Ask every patient if they ‘mind’ being in a mixed sex bay. If they do, this must be documented this conversation in their health care records. They must be advised of their expected time duration in this facility.

Escalate the situation to the Matron to gain assistance / move the patient to enable recovery and preparation in a same sex accommodation room.

**Best practice**

A nurse must be present at all times to ensure the privacy and dignity of all patients, especially for those patients post sedation/procedure.

Patients must be positioned in the room to prevent being viewed by the opposite sex.

Patients must get dressed as soon as their condition allows.

The unit must display it is a mixed sex accommodation outside the unit (Appendix 4).

In addition to the above areas the following areas are identified by DH as sometimes acceptable to have MSA:

Patients with long term conditions admitted frequently as part of a cohesive group. The Trust includes the following areas:

**Chilworth (Chemotherapy) Day Unit**

**Medical Day Unit**

Chilworth Day Unit and the Medical Day Unit are MSA, as the majority of attendees are accompanied by a member of the opposite sex (wife, husband etc) who may stay with the patient.

Prior to attendance or on the day of attendance patients should be given a choice, staff are to ask every patient if they ‘mind’ being in a mixed sex bay. If they do, this must be document in their health care records. Where possible, and if it is safe to do so alternative accommodation will be found for the patient at the earliest opportunity to ensure that their appointment can continue.

The following standards are to be adhered to;

The unit must display a poster at the entrance to each bay to inform patients that this is an acceptable MSA (example in Appendix 4).
Bathroom and toilet facilities must be designated as same sex, unless disabled / assisted toilet / bathroom.

Staff must ensure that all patients, (particularly vulnerable patients) wear appropriate clothing to maintain their dignity. If at all possible patient should be encouraged to wear their own clothes.

If patients are required to wear a hospital gown then a second gown (to be worn as a dressing gown) and blankets should be offered.

Greater protection should be provided where patients are unable to preserve their own modesty (e.g. following recovery from a general anaesthetic or when sedated)

Patient preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives, carers or loved ones especially if the patient has been assessed as lacking capacity.

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. Similar consideration will apply wherever treatment is repeated, especially where patients may derive comfort from presence of other patients with similar conditions. This must be approved by the Matron for the area, patient feedback monitored and every effort must be made to maintain the patient’s dignity.

5.1.3 Clinically Justified Paediatric and Neonates MSA Breaches

Children/ young people’s units and neonates are identified by DH as sometimes acceptable to have MSA:

Children and young people must be placed on a ward that is appropriate for their age and stage of development. Actual age is less important than the needs and preferences of the individual child or young person, in particular, the needs of the young person require careful consideration. In general, young people prefer to be located alongside other people of their age, where possible they should be given this choice on admission. The care of children must ensure that their separate needs, including for safeguarding, are recognised and met.

Young people might prefer to spend most of their day time in mixed areas, but must have access to same gender sleeping area, treatment rooms and sanitary facilities if requested.

Transgender children and young people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.

In the children’s ward and Special Care Baby Unit parents are encouraged to visit freely and stay overnight. This may mean that adults of the opposite sex could share sleeping accommodation with children. Care should be taken to ensure this does not cause embarrassment or discomfort to patients.

If a patient who is assessed as lacking capacity is admitted to an age cohort bay, their family, carer or advocate should be consulted.
5.1.4 Carers
A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support – Carers Trust

There may be occasions when a carer of the opposite sex wishes to remain overnight with the patient. Staying with the patient is acceptable but consideration to the embarrassment and discomfort of other patients must be taken into account. Therefore, it is recommended that the patient, where possible is to be nursed in a single room, if a carer is to stay the night with them and a carers passport is to be issued.

5.1.5 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 in an emergency. If they wish to be accommodated in the same room, this is acceptable. It must be a two bedded room (on Ewhurst Ward) and the request and joint agreement must be documented in both patients’ healthcare records. This is not reportable as a mixed sex breach as it is patient choice. The only exception to mixing is infection control reasons and in the event of requiring critical care accommodation.

5.1.6 Transgender patients
Transgender adults, gender variant children and young people are defined as individuals who have proposed, commenced or completed reassignment of gender.

The patient should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.

Sensitivity to all patients to be considered on room allocation and were practical the transgender patients should be offered a single room.

5.1.7 Unjustified MSA Breaches
A breach occurs the moment a patient is placed in the MSA in the following areas of the Trust:

All inpatient wards (except ICU, CCU until 4 hours following step down)
Endoscopy
Day Surgery Unit
Surgical Short Stay Unit
Emergency Assessment Unit inpatient area
Emergency Assessment Unit assessment area when a patient has a decision to admit.

5.1.8 Reporting Unjustified MSA Breaches
Where mixing has occurred all patients should be counted. An example of this is mixing occurred in a six bedded bay. All patients within the bay are experiencing MSA and therefore they should all be recorded. The
only exception to this is in critical care. The MSA breaches occur in Critical Care when a patient has improved and does not receive any organ support and the patient is in sight of another patient of the opposite sex. The regional network guidance on reporting is in Appendix 6.

Daily monitoring and reporting is conducted by the Divisional Heads of Nursing, Midwifery, Allied Health Professionals, Matrons, Lead Nurses, CSM and SNPs. It is discussed and documented at all bed meetings. Where appropriate an action plan can be discussed to move any identified patients as soon as possible.

The Trust reports MSA breaches to the Trust Board and DH via the Unify process.

5.1.9 Trust Declaration of Compliance
The Trust displays its declaration of compliance to DSSA on the Trust website, as requested by DH (2011).

It clearly indicates the areas were the Trust has clinically justified MSA, the monitoring and reporting in place. The compliance is reviewed annually and the website updated.

6 TRAINING FOR THIS POLICY
Training on DSSA Policy will form part of the Trust clinical induction, in the mandatory training on Privacy and Dignity. This is applicable to all clinical staff.

For all mandatory training, non-attendance will be followed up as per the Statutory & Mandatory escalation process.

7 IMPLEMENTATION OF THIS POLICY
An action plan not applicable as systems already in place.
8 PROCESS FOR MONITORING COMPLIANCE WITH, AND THE EFFECTIVENESS OF THE DELIVERING SAME SEX ACCOMMODATION POLICY

<table>
<thead>
<tr>
<th>Minimum requirement that is to be monitored</th>
<th>Monitoring Process e.g. review of incidents/ audit/ performance management</th>
<th>Job title(s) of individual(s) responsible for the monitoring and for developing action plan</th>
<th>Minimum frequency of the monitoring</th>
<th>Name of committee that is responsible for review of the results and of the action plan</th>
<th>Job title of individual(s)/committee responsible for monitoring implementation of the action plan</th>
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<tr>
<td>1. Daily monitoring and reporting to the bed meeting</td>
<td>Audit</td>
<td>DHONs / CSMs/ SNPs/ Matrons</td>
<td>Daily</td>
<td>Trust Board</td>
<td>DHON/Matrons</td>
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<tr>
<td>2. Monthly monitoring and reporting to Department of Health</td>
<td>Audit</td>
<td>Deputy Director of Nursing</td>
<td>Monthly</td>
<td>Trust Board</td>
<td>DHON/Matrons</td>
</tr>
<tr>
<td>3. Monthly reporting to Trust Board</td>
<td>Audit</td>
<td>Deputy Director of Nursing</td>
<td>Monthly</td>
<td>Trust Board</td>
<td>DHON/Matrons Trust Board</td>
</tr>
</tbody>
</table>
9 REVIEW, RATIFICATION AND ARCHIVING
The policy will be reviewed every 3 years or earlier if national policy or guidance changes are required to be considered. The review will then be subject to approval and re-ratification.

The Central Policy Officer and Local Policy Officer is responsible for ensuring that archive copies of superseded working documents are retained in accordance with the Records Management: NHS Code of Practice, 2009, refer to Policy Development and Management: including policies, procedures, protocols, guidelines, pathways and other procedural documents.

10 DISSEMINATION AND PUBLICATION
Dissemination of the final policy is the responsibility of the author. They must ensure the policy is uploaded on TrustNet via the Central Policy Officer. The Central Policy Officer is responsible for informing the Communications team to issue a trust-wide notification of the existence of the Policy.

Triumvirate, divisional managers / supporting services management teams, ward managers and heads of department are responsible for ensuring that all staff under their management (including bank, agency, contracted, locum and volunteers) are made aware of the Policy.

11 EQUALITY IMPACT ANALYSIS
The author of this policy has undertaken an Equality Analysis Initial Screening. No adverse impacts were identified. The Equality Analysis Initial Screening has been archived and is available via the Central Policy Officer.

12 ASSOCIATED DOCUMENTS
THIS POLICY SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING:

• Privacy and Dignity Policy
• Healthcare Records Policy
• Adult and Children Safeguarding Policies
• Incidents and Serious Incidents Management Policy
• Induction Policy
• Statutory and Mandatory Training Policy
• Surge Policy

13 REFERENCES
Department of Health PL/CNO/2010/3 eliminating Mixed Sex Accommodation. DH, London


Department of Health (2009) Delivering same sex accommodation when patients are admitted in an emergency, Annex A. DH, London


South East Coast Strategic Health Authority (2010) Delivering Same sex Accommodation NHS SEC mixed-sex occurrences Guidance, UK.
APPENDIX 1- DEFINITIONS SAME SEX ACCOMMODATION STANDARDS

SUMMARY (DH, 2009)

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

- Same sex wards (i.e. the whole ward is occupied by men or women but not both)
- Single rooms with adjacent same sex toilet and washing facilities (preferably en suite)
- Same sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women, not both; with designated same sex / assisted toilet and washing facilities preferably within or close 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.
- Where there are no en-suite facilities in bays or rooms, toilets and bathrooms must be adjacent to / or as close as possible to the appropriate same 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.

In addition, patients should not pass through areas occupied by the 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.
15  APPENDIX 2-DSSA BUILDING AND FACILITIES GUIDANCE (DH, 2009)

- For new builds, a minimum of 50% single rooms is recommended. The proportion of single rooms will exceed that in the building being replaced, and in any event will not fall below 20%.

- Single rooms in new buildings will generally have en-suite sanitary facilities.

- Where bays are separated by partition walls, these will be rigid, full height and fixed to the building fabric.

- Multi-bedded rooms or bays will contain en-suite and bathroom facilities or these facilities will be immediately adjacent to the room or bay and not shared with or overlooked by patients of the opposite sex.

- Where single rooms do not have an en-suite facility, shared toilet and bathroom facilities will be situated close by.

- Where it is not possible to segregate sexes through the design of the facilities there will be a need to operate the ward as a same sex facility.

- In clinical areas where patients need to undress, consideration will be given to the provision of gender segregated changing facilities and waiting areas.

- Curtains will be long enough, thick enough and full enough. The hem will be no higher than around 30cms from the floor.

- Private spaces will be available for use by patients to talk to staff and visitors.

- Toilets and washing facilities will be fitted with internal privacy curtains where necessary.

- Toilets and bathroom doors will be lockable from the inside, and will be able to be opened by staff in the event of an emergency.

- Toilets will have nurse call systems.

- Ideally, patient’s views on Privacy and Dignity will be sought with actions taken within a specific time frame to address shortfalls.
# APPENDIX 3 - DH DECISIONS MATRIX FOR PROVIDERS AND COMMISSIONERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Acceptable?</th>
<th>Notes</th>
</tr>
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<tbody>
<tr>
<td>Critical care, levels 2 &amp; 3 eg: ICU/coronary care units</td>
<td>Almost always</td>
<td>G</td>
</tr>
<tr>
<td>High dependency units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypersusceptible stroke units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery units attached to theatres/procedure rooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute wards, eg: Medical/surgical (general and specialist)</td>
<td>Almost never</td>
<td>R</td>
</tr>
<tr>
<td>Elderly care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopaedic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate and continuing care wards</td>
<td>Never</td>
<td>R</td>
</tr>
<tr>
<td>Admissions units, eg: Medical/surgical admissions</td>
<td>Almost never</td>
<td>R</td>
</tr>
<tr>
<td>Observation wards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical decision units</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day surgery</td>
<td>Rarely</td>
<td>R</td>
</tr>
<tr>
<td>Endoscopy unit</td>
<td>Rarely</td>
<td>R</td>
</tr>
<tr>
<td>Patients with long-term conditions admitted frequently as part of a cohesive group (eg renal dialysis)</td>
<td>Sometimes</td>
<td>A</td>
</tr>
<tr>
<td>Children/young people’s units (including Neonatal)</td>
<td>Sometimes</td>
<td>A</td>
</tr>
<tr>
<td>Mental health and LD</td>
<td>Never</td>
<td>R</td>
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</table>
Coronary Care Unit

Provides treatment to male and female patients in the same bay.

Please raise any concerns you may have regarding this to a member of staff at the earliest opportunity.
APPENDIX 5 - EXAMPLE OF CATH LAB LETTER

Casenote: ……………………

Patient’s G.P: ……………………………
NHS number: ……………………………
Mrs Test Test
DO NOT USE THIS TEST PATIENT
FOR APPLICATION SUPPORT USE ONLY

Guildford
Surrey
GU1 1AA

Admissions Department
Egerton Road
Guildford
GU2 7XX
Tel: 01483 464102
Monday – Friday 08:30 to 15:00

28 December, 2017

CARDIAC DAY WARD

Dear Mrs Test

Arrangements have been made to admit you, under the care of Dr Tuan Chua to Cardiac Day Ward, Level B, East Wing on Friday 03/03/2017 at 10:30 for an Angiogram.

Please contact the admissions office to confirm whether you will or will not be able to accept this admission date.

Due to the unpredictability of emergency admissions there is a possibility that your procedure may be postponed at short notice. If this should happen we would endeavour to agree a new date with you as quickly as possible.

On the day of admission you must have a light breakfast (e.g. tea and toast) before 6:00 am. Please DO NOT eat or drink anything after 6:00 am.

If you are taking WARFARIN, please STOP taking this 3 days prior to your admission.

If you are taking DABIGATRAN, APIXABAN, RIVAROXABAN or EDOXABAN please STOP taking these 4 days prior to your admission.

If you have a mechanical valve replacement or have had a stroke/ TIA, please consult your consultant’s team before stopping the above.

Please ensure you bring a pair of suitable shoes and a dressing gown for use around the ward area.

Enclosed you will find an information leaflet about your procedure. Please read it carefully. Please contact the Cardiac Day Ward on 01483 571122 ext 6326 Monday and Friday only, for advice on all other medication you are taking or if you are diabetic.

Remember to bring all of your current medicines with you in the original labelled containers. This includes: tablets, capsules, liquid medicines, inhalers, drops, sprays, creams, insulin etc. Don’t forget to bring in medicines that you have bought for yourself e.g. any vitamin supplements, herbal or homeopathic remedies that you may take. It is important that you bring your medication into hospital to allow doctors, nurses and pharmacy staff to clearly see exactly what medications you take.

If you have not already been screened for MRSA, you MUST attend the Medical Day Unit on Level A at least four days prior to your appointment. You do not need to book an appointment as this is a walk-in service which is open from 8am-4pm Monday to Friday. Please be aware that there might be a slight delay depending on the demand.

Relatives/carers MUST collect you when you are discharged. There is a “pick-up” parking zone adjacent to the Hospital entrance. Car parking facilities for disabled drivers are available around the front of the hospital.

You MUST have someone with you for 24 hours following the procedure and we therefore advise you to make arrangements to have a relative/carer stay with you following your discharge from hospital. Please note that the Cardiac Day Ward is a mixed sex ward, if you have any concerns please contact us.

Yours sincerely

T Ngundu

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19 APPENDIX 6- REPORTING MIXED SEX BREACHES IN CRITICAL CARE
(CRITICAL CARE NETWORK 2015)

Critical Care shared accommodation (mixed sex breaches) occurs in Critical Care when a patient does not receive any organ support and the patient is in sight of another patient of the opposite sex.

All shared accommodations should be avoided and if occur the Trust has a responsibility to notify the CCG. Critical Care is exempt from MSB if a patient is receiving any organ support as defined by the CCMDS. Within WardWatcher we have the facility to record mixed sex breaches and audit their frequency. In order to do this effectively there needs to be a definition of what constitutes a mixed sex breach. The department of health does not offer a clear definition and to date there still remains confusion over constitutes a mixed sex breach in Critical Care.

Following the introduction of mixed sex breach and the realisation that these may occur in Critical Care the South West Surrey Critical Care Network offered the following definition.

A patient is a mixed sex breach once they receive a full 24 hour period of zero organ support and they are in sight of another patient of the opposite sex. For the purpose of audit and to provide a consistent approach, the second day of zero organ support is counted as the "breach day", the patient then breaches if they are not discharged within that day and should be recorded on the discharge page of WardWatcher.

Example:

If a patient has basic cardiovascular support from midnight up until 14:00 when the basic cardiovascular support is removed, they then have Zero organ support. As the patient has not had a full 24 hour of Zero organ they would not breach until this occurs. The next day they are a "potential MSB" and if not discharged that day, they breach the next day providing they continue to receive zero organ support.

On the day of the potential breach the Site Nurse Practitioners must be informed that a mixed sex breach is likely.

As the unit relies on organ support for funding (payment by results) it must be stressed that this is based on clinical need and should not be utilised to avoid a mixed sex breach, e.g. keeping an art line in. As long as the patient receives some form of organ support at admission, this continues for their whole length of stay.