Please Note: This policy is currently under review and is still fit for purpose.

Eliminating Mixed Sex Accommodation (EMSA) Operational Policy

This procedural document supersedes: CORP/COMM 18 v.2 – Eliminating Mixed Sex Accommodation (EMSA) Operational Policy.

This document should be used in conjunction with the Privacy and Dignity Policy - PAT/PA 28.

Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Name and title of author/reviewer: (this version)	Heather Keane – Assistant Director of Nursing – Patient Experience and Quality
Date revised:	March 2014
Approved by (Committee/Group):	Chair of Policy Approval & Compliance Group
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Date issued:	17 April 2014
Next review date:	April 2017 – **Extended to March 2018**
Target audience:	All clinical staff Trust-wide

WARNING: Always ensure that you are using the most up to date approved procedural document. If you are unsure, you can check that it is the most up to date version by looking on the Trust Website: www.dbth.nhs.uk under the headings → 'Freedom of Information' → 'Information Classes' → 'Policies and Procedures'

Eliminating Mixed Sex Accommodation (EMSA) Operational Policy

Amendment Form

Please record brief details of the changes made alongside the next version number.

If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	17 April 2014	• Minimal changes in wording but no changes to the procedure. • New style format	H Keane
Version 2	March 2011	• Title change • Clarification of guidance • Clarification on EMSA for all clinical areas	H Keane
Version 1	November 2010	• This is a new procedural document, please read in full	H Keane

Eliminating Mixed Sex Accommodation (EMSA)

Operational Policy

Contents

Item		Page No.
1	Introduction	4
2	Definitions	5
3	Procedure	6
4	Duties and Responsibilities/Work areas	8
5	Escalation guidance/support	10
6	Monitoring Compliance with the Procedural Document	12
7	Associated Trust Procedural Documents	14
Appendices:		
Appendix 1	Eliminating Mixed Sex Accommodation Analysis Protocol	15
Appendix 2	Root Cause Analysis Tool	16

ELIMINATING MIXED SEX ACCOMMODATION (EMSA) OPERATIONAL POLICY

1. INTRODUCTION

What does elimination of mixed sex accommodation mean?
Elimination of mixed sex accommodation means ensuring that sleeping accommodation, including areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight, the use of bathroom and toilet facilities, are not shared by patents of the opposite sex. This applies to patients of all ages who are admitted to any areas of our hospitals. This includes all wards, admissions and assessment units (including clinical decision units), day surgery, endoscopy units and children's services. The exception might be in the case of procedures where patients are not required to undress, or in cases of patient choice.

There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatments, and same sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected. This would apply to such places as critical care units. However, as soon as the acceptable justification for mixing of sexes ceases to apply (i.e. the patient no longer requires rapid or specialist treatment) the patient must be transferred to single sex accommodation.

Patients who are not admitted to hospital e.g. who attend Accident & Emergency Departments, Out Patient Departments or attend for other non admitted procedures are not subject to the necessity to provide single sex accommodation, however privacy and dignity are to be of paramount importance at all times.

Typically, same sex accommodation is provided through:

- Mixed sex wards where men and women are accommodated in separate bays or rooms
- Same sex wards, where the whole ward is occupied by men or women only
- Single rooms
- Single sex sessions e.g. within endoscopy departments

Men and women should also have access to separate toilet and washing facilities, ideally within or next to their ward, bay or room. They should not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own (DoH 2009).[1]

There are some situations which require careful consideration such as the care of people of transgender. In most situations people of transgender should be cared for in an area suitable for how they present to the hospital, although to maintain privacy and dignity people of transgender should be cared for in a side room with a designated toilet.

[1] The story so far. Delivering same-sex accommodation. Department of Health 2009 pp13.

2. DEFINITIONS

What constitutes a breach?

There is no justification for placing a patient in mixed sex accommodation where this in not in the overall best interests of the patient and better management, better facilities or removal of organisation constraints could have averted the situation.

There may be **justifia**ble mixing of sexes such as:

- 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.
- 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 drug reactions.
- On the joint admission of couples or family groups.
- Patient choice
- If an entire group express an active preference for sharing (e.g. renal dialysis etc).
- If individual patients have specifically asked to share, and other patients are not adversely affected (e.g. children/young people who have expressed an active preference for sharing with people of their own age rather than gender).

Unjustifiable mixing of sexes include:

- Placing a patient in mixed sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical speciality.
- Placing a patient in mixed sex accommodation because of a staff shortage or a poor skill mix.
- Placing a patient in mixed sex accommodation because of restrictions imposed by old or difficult estate.
- Placing a patient in mixed sex accommodation because of a shortage of beds - 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 an assessment, treatment or a clinical decision.
- Placing a patient in mixed sex accommodation for regular but not constant observation.
- Leaving a patient in an area when they no longer fit the criteria under the justifiable reasons for mixing of sexes.
- Custom and practice – e.g. routine mixing of young people without establishing preferences.
- If the patient said they didn't mind (there should always be a presumption of segregation unless patients specifically ask to share for a valid and justifiable reason)
- If a patient did not express a preference.

It is important to remember that the norm is always to aim for segregation – the circumstances in which patients choose to share are expected to be very much in the minority.

NB. There may be a set of circumstances where mixing of sexes is acceptable as an emergency response to extreme operational emergencies. This is limited to unpredictable events such as MAJAX, multiple casualties following road traffic accidents, natural disaster, fire, flood or evacuation of certain parts of the hospital. These situations should be managed by means of the Trusts established Major Incident procedures and action taken to remedy the situation as soon as is practicable.

3. PROCEDURE

Elimination of Mixed Sex Accommodation at Doncaster & Bassetlaw Hospitals NHS Foundation Trust

By 31st March each year the Trust must assess compliance with elimination of mixed sex accommodation. Compliance with this assurance is monitored on a daily basis on all wards and departments to ensure we make the patient experience within our hospitals as good as possible at all times. This information is then centrally collated for reporting to the Board or Directors on a monthly basis. This is also reported to the commissioners of our services, again on a monthly basis.

We know that patients do not want to be routinely cared for in mixed sex accommodation except in exceptional clinical circumstances, and the Department of Health is clear that the NHS should work towards improving the privacy and dignity for all patients. The Trust continually works to ensure we achieve this. On rare occasions when a breach of this standard does occur, full root cause analysis, led by the Chief Executive and Director of Nursing, Midwifery and Quality is carried out.

This operational policy will assist all staff within the Trust to:

- develop a culture where mixing of sexes as a routine is unacceptable.
- provide advice on prevention of mixing of sexes when it is “not in the patients best interest” and where staff need assistance with decision making.
- detailed escalation procedure relating to any problems of potential breaches.
- outline actions to be taken in the event of a breach of the standard.
- understand the local and national context and processes for the monitoring the elimination of mixed sex accommodation compliance.
- understand when mixing of sexes “in the patients best interest” is acceptable.

Decision making Matrix

All Clinical Services Units (CSU) need to ensure that local assessments and decisions on the appropriateness of accommodation is based upon the Decision making Matrix which reflects national guidance. Each ward and department where in-patient services are provided is included within this matrix.

Justifiable	Category	Notes
Almost always	***Critical Care (levels 2 & 3)*** • Coronary Care Units • Intensive Therapy Units • Department of Critical Care • High Dependency Units • Hyperacute Stroke Unit • Recover units attached to all theatres/procedure room • Neonatal unit • Special Care Baby Unit	• *Not acceptable* when a patient no longer needs level 2 or level 3 care, but awaiting a bed on appropriate ward • *Not acceptable* in recovery areas where the patients remain until discharge • *Actions must be taken to maintain Privacy and Dignity*
Sometimes	***Patient with long term conditions admitted frequently as part of a cohesive group*** • Renal Unit/Haemodialysis Units • Haematology day Unit • Chatsfield	• Patients may choose to be cared for together. • *Not acceptable* where the only justification is frequent admission and there is no recognised group identity
Sometimes	***Children's/young people's units*** • Children's Observation Units • Children's Wards • Children's surgical unit	• Children and young people should be offered a choice of segregation by age or gender • Acceptable for any procedure where patient does not have to undress
Sometimes	***Day surgery units/day treatment units*** • All day surgery units/minor procedure areas • Pain Management Units • Diagnostic Day Units • Theatre Assessment Unit • Medical Short Stays/day units	• *Acceptable* for very few minor procedures (e.g. operations on hands/feet that do not require patients to undress • *Acceptable* for any procedure where patient does not have to undress

Justifiable	Category	Notes
Rarely	***Endoscopy units*** • All endoscopy units.	• *May be* acceptable for pre/post procedure waiting areas as long as high standards of privacy and dignity can be assured. • *Not acceptable* where dignity is likely to be compromised e.g. if bowel prep is needed • *Acceptable* for any procedure where patient does not have to undress
Almost Never	***Admissions units*** • Clinical Decisions Units • Medical Assessment Units • Surgical Assessment Wards • Medical Receiving Rooms	• *Not acceptable* to "park" patients whilst awaiting admission • *Not acceptable* as a routine occurrence • *Acceptable* for any procedure where patient does not have to undress
Almost Never	***General & Acute wards*** • **Wards**	• Emergency and time limited situations
Never	***Intermediate and continuing care wards*** • **Wards**	

If, after considering the matrix, any member of staff is still unsure whether mixing of sexes may be in the best interest of the patient, the Assistant Director of Nursing– Patient Experience & Quality or Director of Nursing, Midwifery and Quality should be contacted. If out of hours, the site manager will be able to offer advice.

4. DUTIES & RESPONSIBILITIES

PREPARING THE ENVIRONMENT FOR THE PATIENT

To support a culture of providing same sex accommodation, staff should all be aware of what is required within their clinical environment and how to prepare the ward/department effectively.

WARD / DEPARTMENT MANAGER

The manager should always ensure that staff, including doctors, are aware of the current status of each area, bay, side room, bathroom and toilet area as these may change during shifts due to the admission and discharge of patients.

Correct signage should always be used on each bay, toilet and bathroom facilities thus ensuring patients, visitors and staff are aware of the correctly designated areas. This includes:

- Single sex ward/department area
- Single sex bays/areas – Interchangeable signage is posted on each bay/area designating either male or female
- Signage explaining there may be mixing of sexes in the area for clinical need
- Ensure all toilets, bathrooms, showers and wash areas have the appropriate gender signage:

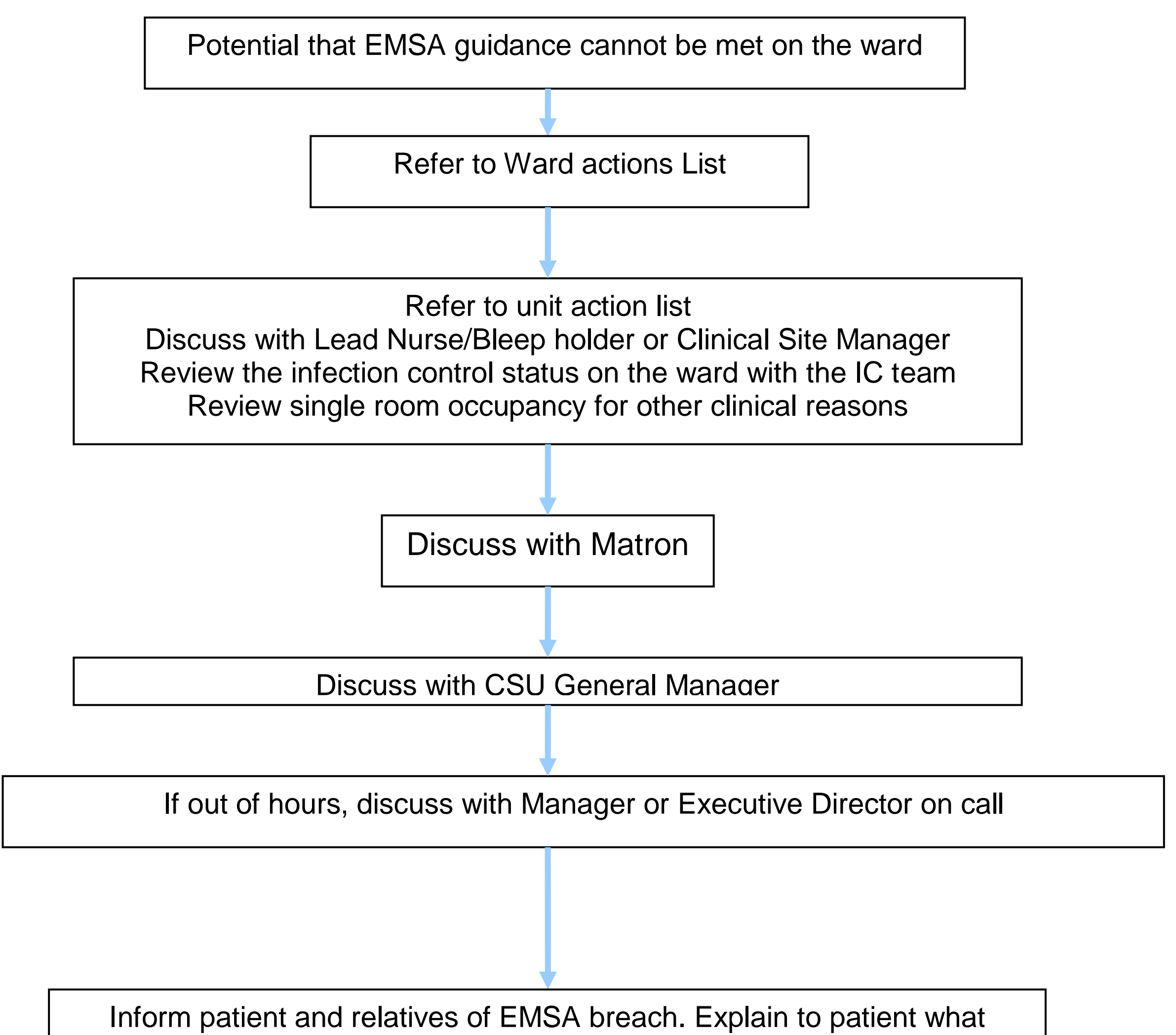
Ensure staff:

- understand the details of the trust policy relating to Privacy and Dignity and eliminating mixed sex accommodation **(PAT/PA 28 - Privacy & Dignity Policy).**
- understand the difference between mixed sexes "in the best interests of the patient" and a 'breach' of eliminating mixed sex accommodation definitions. This includes bed areas (and areas where trolleys are used as beds) and bathroom, washing and toilet facilities.
- are aware of the need to make best endeavours to always keep the ward/department in a position to be able to accommodate patients of either gender without breaching eliminating mixed sex accommodation (EMSA) definitions.
- are aware of the need to report to the person in changed/has the responsibility for maintaining and daily reporting on sharing accommodation with patients of the opposite sex. This should be recorded using the Trust recording method. Staff should also be aware of who undertakes this duty in the absence of the ward manager.
- know how to escalate a potential breach of EMSA in cases where both sexes may need to share a single sex area (when not being considered in relation to the best interest of the patients). Staff to be made aware that escalation must be initiated before a breach occurs.
- are aware that a root causes analysis should be performed using the RCA (Appendix 2) tool for any incidence of breach when it was not for a reason which was in the best interest of the patients and how they will contribute to this process.
- are aware that accountability meetings are to be held in a timely manner to share learning from the event which led to the breach of EMSA.
- make sure that posters are displayed in the ward areas and information leaflets are available for patients and visitors relating to privacy and dignity and delivering same sex accommodation.

5. ESCALATION GUIDANCE

We are committed to meeting the quality standards for Eliminating Mixed Sex Accommodation. Our patients should never have to share sleeping areas, toilet, wash room or bathroom areas with patients of the opposite sex (other than disabled facilities) unless it is in their best interest.

If there is a possibility that the ward/department may not be able to offer the next admitted patient single sex accommodation then the following action must be taken (see action boxes on page .



Actions to be taken if there is a possibility that ward/dept are to admit a patient in to an area where privacy and dignity may be compromised

Ward/department actions list (This relates to the ward where the potential breach may occur)

- Can bay areas be utilised better? e.g. is it possible to close a bed in one bay to create the right sex in another by opening a bed space?
- Review the infection control management of patients with the IPC team?
- Can a patient be moved from a side room into main ward?
- Can the toilet and washroom areas be relocated?
- Review all planned discharges (Base the planning of bed allocation on DEFINITE discharges only)
- Expedite patient discharge by using discharge lounge effectively, e.g. stretcher patients and patient's awaiting medication.

Unit Action list (by Ward Manager/senior nurse on duty) (This relates to the Clinical Service Unit as a whole)

- Consider alternative wards/areas that can meet the patients needs
- Consider use of TAU/ admissions area to prepare elective patients pre-operatively if bed not available on the ward
- Base the planning of your bed allocation on DEFINITE discharges only
- Expedite patient discharge by using discharge lounge effectively, e.g. stretcher patients and patient's awaiting medication can use this area
- Do you need more staff temporarily to move patients within the ward area or to discharge lounge? Ask for help.
- Can bay/wards be utilised better? i.e. is it possible to close a bed in one bay to create the right same sex accommodation in another by opening a bed space?

Matron/ Clinical Site Manager's Actions List

- Have all patient received a **senior** review? Consider contacting Staff Grade/ Consultant on an urgent basis if within hours. If the patient has not been reviewed at all, ward staff are to call SHO in first instance.
- Can patients be repatriated to their appropriate ward if they are currently outliers?
- Can patients be slept out to neighbouring ward without compromising care pathway and patient safety?
- Does the ward need additional staffing to expedite current discharges and move patients?
- Re consider the beds required across the whole Clinical Service Unit and the bed **spaces** available for flexibility.
- Consider the bed allocation across the whole **site** to facilitate correct same sex accommodation
- If no beds are truly available; can elective patients be re-scheduled and still meet 18-week target?
- Can emergency patients be managed at another of the hospitals within the Trust site and visa versa? Contact site manager for DRI to ascertain bed alert status.
- If no discharges across the site and no flexibility in terms of EMSA, call Divisional Manager within hours or the on - call manager out of hours.
- Inform the Director of Nursing & Quality within 24 hours (by following working day if breach occurs out of hours).
- Inform the Assistant Director of Nursing – Patient Experience &Quality within 24 hours (by following working day if breach occurs out of hours)

If despite best endeavours to avoid a breach of EMSA there is no alternative to mixing sexes, the patient and relatives/carers must be advised that this is an unusual occurrence and they will be moved to an appropriate area as soon as possible.

Breaches of EMSA should not be authorised by anyone below CSU General Manager/ Manager on call level.

If a breach of EMSA does occur, an incident form must be completed, a full root cause analysis undertaken, using template at appendix 1, and an accountability meeting is to be held, led by the Chief Executive and the Director of Nursing, Midwifery and Quality.

The commissioners must be informed by the EMSA Trust lead that a breach has occurred within 2 working days of the occurrence. This will be co-ordinated via the Quality team.

Completion of actions arising and sharing of learning from any breaches must be monitored by Speciality Clinical Governance group and closure following completion of all actions.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

GUIDANCE ON DATA COLLECTION AND REPORTING PROCESS

Data collection
Each ward/dept who have in-patient activity, complete a daily report indicating whether there have been any mixing of sexes which are in the best interest of the patients. These, if occur, would be classified as justified breaches.

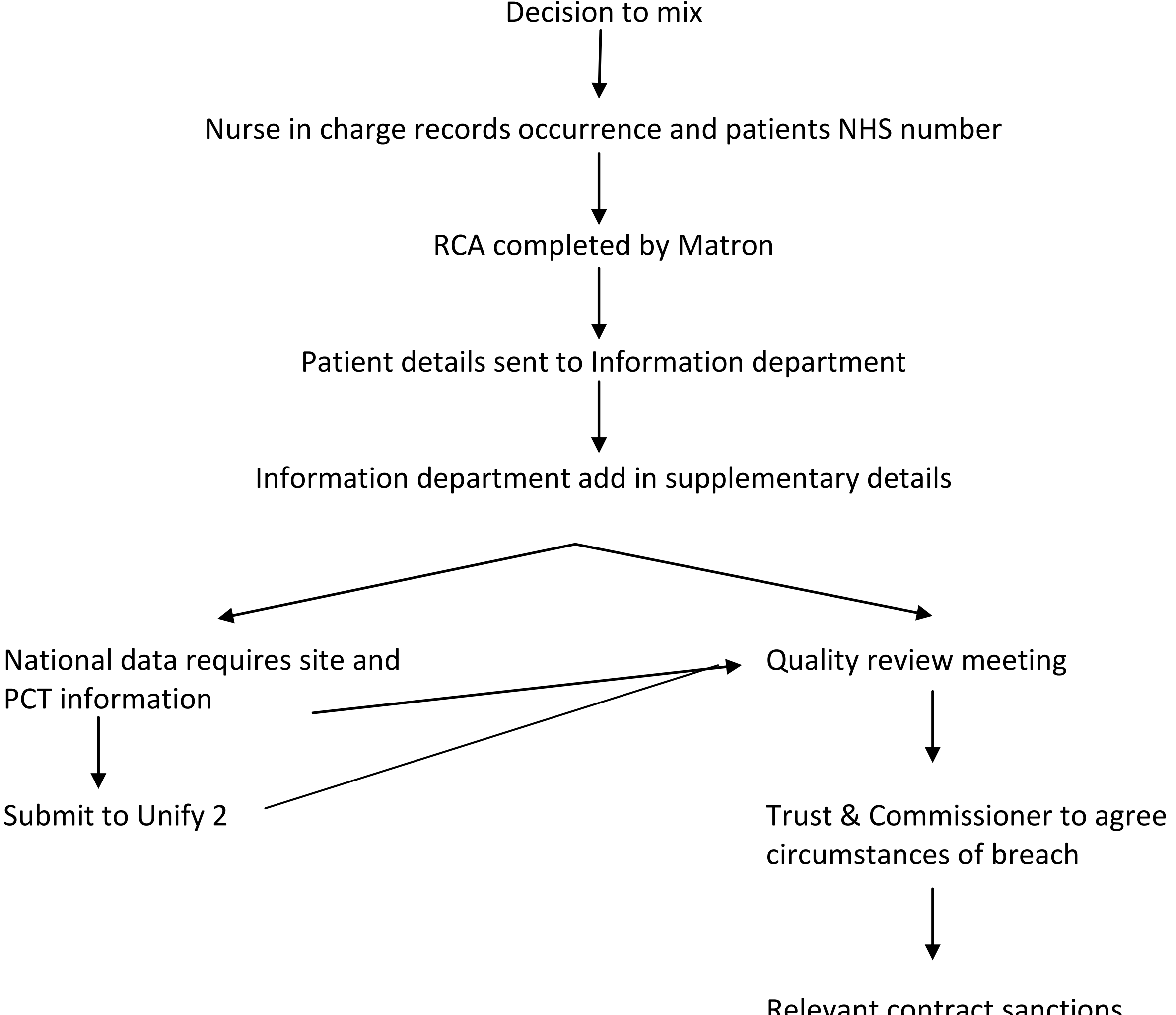
This report is plotted as a Trust weekly position by the members of the Quality Team. This information is reported to the Board of Directors and commissioners on a monthly basis. An annual statement is made by the Chief Executive Officer as part of the National contract and is available on the Internet.

Internal Reporting
If there are any incidents where mixing of sexes occurred when it is not for the overall best interest of the patients, then these would be classified as unjustified breaches. Within the organisation these must be reported to the Director of Nursing, Midwifery and Quality and the Assistant Director of Nursing – Patient Experience & Quality. The commissioners will then be advised of the breach within 2 working days of the incident. The results of the root cause analysis are also reported to the commissioners.

Financial Sanctions
For all incidents of unjustified breaches, whether they relate to sleeping, toilet of bathing facilities, there is a standard financial sanction. This is £250 per bed day per patient. For example, that means if a male patient is in a bay with 3 women this equates to 4 breaches. If each patient stays in hospital for 6 days, irrespective of how long they stay in mixed sex accommodation, that will be a financial sanction of £6,000. The financial sanction will be allocated to the CSU where the breach occurred. However, consideration will be taken if that ward has outliers from a different CSU. The cost them may be shared between the CSU's concerned.

National Reporting
National reporting of unjustified mixing in relation to sleeping accommodation commenced on 1st December 2010. Data is submitted to Unify2 on a monthly basis by the 7th of the month following to reporting period. This is carried out by staff members of the information department.

For any incidents where an unjustified breach occurs, the following process must be followed:



Additional Information
Sleeping accommodation means areas where patients are admitted and cared for on beds or trolleys, even where they do not stay over night. It therefore includes all admissions and assessment units, day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

Justified breaches
Justified breaches in areas such as Intensive Care Units are only justified until the patient no longer requires lever 3 or level 2 care. However, a reasonable amount of time is permitted once the decision by a Consultant is made to transfer a patient from level 2&3 care. This period will only include the time it takes to ensure the condition of the patient remains in a stable condition and preparation of the patient ready for transfer. Awaiting the availability

of a bed on a ward is not an acceptable reason for a patient staying in a high dependency care area. It is expected that the availability of beds is established prior to a patient being ready for transfer.

7. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Privacy and Dignity Policy - PAT/PA 28

NHS Foundation Trust

Eliminating Mixed Sex Accommodation Analysis Protocol

To be undertaken when there is a breach of delivering same sex accommodation

Day	**Action**	**Responsibility**
1	Complete adverse incident form. Attach copy with RCA.	Ward Manager / Nurse in charge
	RCA tool to be completed on ward.	Ward Manager / Nurse in charge
	Inform next of kin or relatives Obtain statements from staff	Ward Manager / Nurse in charge
1- 2	Completed RCA tool to be sent to Matron. Copy to Quality Team	Ward Staff
	Contact to be made with family and advise of investigatory process	Matron
3 – 10	Full root cause analysis to be undertaken within 5 days of incident Accountability meeting to be held within 10 working days of incident). Attendees should include: • Chief Executive • Director of Nursing • Consultant/Doctor • Matron • Clinical site management team • Ward Sister/relevant ward staff If any are unable to attend, a representative must attend in their place.	Assistant Director of Nursing – Patient Experience & Quality Please ensure that all attendees have a copy of completed RCA tool before the meeting
10	RCA/accountability meeting summary and concluding report and action plan to be sent to: • Patients Consultant • Clinical Governance Lead • Divisional Nurse Manager • Assistant Director of Quality	Assistant Director of Nursing – Patient Experience & Quality
4 weeks		Discuss at next Clinical Governance meeting - Ward Manager and Matron to present.
	Consider appropriate timescales to feedback to family.	Matron
		Action plans should be reviewed at Speciality Clinical Governance meeting until all actions complete.

APPENDIX 2

Root Cause Analysis

This RCA form must be completed for all breaches of EMSA.

EMSA breach occurrence Route Cause Analysis Protocol

1. NHS No:…………………… DOB:………… Consultant ……………………Gender………
2. NHS No:…………………… DOB:………… Consultant……………………Gender……..
3. NHS No:…………………… DOB:………… Consultant……………………Gender………
4. NHS No:…………………… DOB:………… Consultant……………………Gender………
5. NHS No:…………………… DOB:………… Consultant……………………Gender………
6. NHS No:…………………… DOB:………… Consultant……………………Gender………

Adverse Incident No: ……………….

Ward: ……………………… CSU:…… …………………… Patient NHS No. …………………....

Type of mixed sex occurrence:
☐ Shared sleeping
☐ Walking through opposite sex accommodation
☐ Shared toilet / bathroom

Duration of breach …………. hrs ………….. minutes

Admission

1. Date & time of admission : ……………………………………
Reason for admission: ……………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) …………………………………………………….
………………………………………………………………………………………………..

2. Date & time of admission : ……………………………………
Reason for admission: ……………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) …………………………………………………….
………………………………………………………………………………………………..

3. Date & time of admission : ……………………………………
Reason for admission: ……………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) …………………………………………………….
………………………………………………………………………………………………..

4. Date of admission : ……………………………………
Reason for admission: ……………………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) ……………………………………………………….
………………………………………………………………………………………………………..

5. Date & time of admission : ……………………………………
Reason for admission: ……………………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) ……………………………………………………….
………………………………………………………………………………………………………..

6. Date of admission : ……………………………………
Reason for admission: ……………………………………………………………………………….
Admitted from: Home ☐ Nursing Home ☐ Another Hospital (state) …………………….
Planned admission ☐ Unplanned admission ☐
Clinical Management: (brief summary) ……………………………………………………….
………………………………………………………………………………………………………..

<u>Ward transfers during this admission:</u>
1
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

<u>Ward transfers during this admission:</u>
2
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

<u>Ward transfers during this admission:</u>
3
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

<u>Ward transfers during this admission:</u>
4
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

Ward transfers during this admission:
5
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

Ward transfers during this admission:
6
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………
Ward: …… Date & time Admission: ………………….. Date & time Transfer: …………………

Details of breach :

Was this in the best interest of all patients involved Yes ☐ No ☐

Clinical justification ……………………………………………………………………………….

………
Would there have been a delay in care delivery if priority had been given to compliance with single sex accommodation Yes ☐ No ☐

Details……

………
Location of mixed sex-accommodation…………………………………………………………………………………………

………

Explanation given to patients and/or carers Yes ☐ No ☐ Date & Time……………

Assurance given to patients and/or carers that they will be moved as quickly as possible
Yes ☐ No ☐ Date & Time……………

By whom (name and designation)……………………………………………………………………

Written information provided Yes ☐ No ☐ Date……………

Any adverse comments/response from the patient(s)/carers
Yes ☐ No ☐

Details…………………………………………………………………………………………..
……………………………………………………………………………………………………….
……………………………………………………………………………………………………….

List of all staff on duty:

Name	Band / Role	Date statement obtained

Contributory Factors:

Staff perception that it is acceptable to mix sexes on the ward/unit Yes ☐ No ☐

Ward Management of the incident

Ward Staff………………………….. Date……………………. Time reviewed……………….

Medical Team ……………………… Date……………………. Time reviewed……………….

Patients relatives informed (date/time/designation)…………………………………………………………

Matron informed (date/time/designation)…………………..……………………………………………………

Director of Nursing & Quality informed(date/time/designation)……………………………………………

Assistant Director of Nursing – patient Experience & Quality: (date/time/designation)................................

Summary of events

Cont..

Form Completed By : ……………………………………………………………………

Date: ………………………………………………………………………………………

Compliance with RCA Protocol: Yes ☐ No ☐

EMSA Accountability Meeting

Date …………………………………

Time…………………………………

Present:

-
-
-
-
-
-
-

1. Patient NHS No ….…………….………….. Date of Birth …………………
   Date of Admission ……………………..… Speciality/CSU…………………
2. Patient NHS No ….…………….………….. Date of Birth……………………
   Date of Admission ……………………..……… Speciality/CSU ………………
3. Patient NHS No ….…………….………….. Date of Birth …………………
   Date of Admission ……………………..… Speciality/CSU………………
4. Patient NHS No ….…………….………….. Date of Birth …………………
   Date of Admission ……………………..……… Speciality/CSU………………
5. Patient NHS No ….…………….………….. Date of Birth …………………
   Date of Admission ……………………..……… Speciality/CSU……………..
6. Patient NHS No ….…………….………….. Date of Birth …………………

   Date of Admission ……………………..……… Speciality/CSU………………

Ward …………………………………..… Site……………………………………

Findings/conclusions

Inc -- events/contributor factors/was the correct assessments made/was the plan appropriate/was the plan reviewed.

Summary of events cont'd…………………………..

Action Plan – to be agreed at the meeting by the team present. This MUST be completed by the Ward Manager/Matron after the RCA meeting and prior to the accountability meeting

Recommendation	Action	Timescale	By who	Updated progress

Copies to:

Summary completed by: ……………………………………………………………

Designation:……………………………………………………………………….

Date:……………………………………………………………………………..

Notes page inc list of documents used during investigation.