



Eliminating Mixed Sex Accommodation, whilst Maintaining Privacy and Dignity Policy

This procedural document supersedes: PAT/PA 28 v.2 - Privacy and Dignity Policy
 CORP/COMM 18 v.3 – Eliminating Mixed Sex Accommodation (EMSA) Operational Policy



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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 Eliminating Mixed Sex Accommodation, whilst Maintaining Privacy and Dignity Policy	December 2023	<ul style="list-style-type: none"> • Major changes throughout in line with the Delivering Same Sex Accommodation document (NHS 2019) • Combination of the CORP/COMM 18 v.3 Eliminating Mixed Sex Accommodation (EMSA) Operational Policy and PAT/PA 28 v.2 - Privacy and Dignity Policy 	K Phillips
Version 3 CORP/COMM 18 v.3 – Eliminating Mixed Sex Accommodation (EMSA) Operational Policy	17th April 2014	<ul style="list-style-type: none"> • Minimal changes in wording but no changes to the procedure. • New style format 	H Keane
Version 2 PAT/PA 28 v.2 - Privacy and Dignity Policy	15 th April 2015	<p>Removed extensive sections on mixed sex accommodation and guidance as now covered in an operational policy. Reformatted to template updates and added:</p> <ul style="list-style-type: none"> • Definitions • EIA • Links to other policies • Monitoring requirements • Training <p>Edited: Introduction and purpose.</p>	R Dickinson

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1 INTRODUCTION

The Department of Health and the NHS Operating Framework for 2012-2013 set the NHS clear objectives and confirmed that 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. Reporting of breaches to same-sex accommodation is mandatory and trusts are required to report this on a monthly basis, which has resulted in improvements in privacy and dignity seen across NHS England (NHS England and NHS Improvement, 2019).

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust is committed and responsible to provide an environment that promotes the privacy and dignity of patients and maintains their modesty. This includes the elimination of mixed sex accommodation. Staff have a duty to treat adult patients, children and young people, relatives and carers with respect and dignity at all times and to ensure that modesty of patients is preserved. This includes 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 patients of the opposite sex.

There are some clinical circumstances where mixed sex accommodation can be justified, mainly confined to patients who need highly specialised care. Further detail on the circumstances in which mixing is justified (and therefore does not constitute a breach) is provided in Appendix 1. Where breaches do occur, providers and their commissioners should agree action plans to avoid further breaches. This policy applies equally to transgender patients and, as with other patients, all breaches must be recorded and submitted in the data return. Transgender patients and patients who are undergoing gender reassignment treatment should be cared for in line with their wishes.

This policy applies to all healthcare professionals and volunteers whether directly employed by the Trust, or covered by a letter of authority/honorary contract, undertaking duties on behalf of the Trust working within bed based services.

2 PURPOSE

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.
- 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.

3 DUTIES AND RESPONSIBILITIES

The Chief Executive and Executive Directors

- Have overall responsibility for ensuring that all trust services and processes are planned and delivered in ways that will promote rather than compromise patient privacy and dignity.
- For ensuring immediate and appropriate action is taken when they are alerted to incidences of compromised patient privacy and dignity.

Chief Nurse

- Are responsible for ensuring that the trust board receives regular reports detailing patient feedback about same sex accommodation.
- Is responsible for constructing a range of patient experience reports which include delivery against key performance targets for same sex accommodation. Is responsible for capturing and reporting (to staff, patients and the public) patient experiences of privacy, dignity and same sex accommodation.
- Is responsible for advising on new guidance relating to same sex accommodation and Privacy & Dignity. Is responsible for confirming the number of patient breaches on a monthly basis.

Matrons, Heads of Departments, Managers of Non Clinical Services, Ward Managers, Clinical Site Manager

- Are responsible to ensure that employees within their area are aware of this document
- Are responsible to ensure employees are able to implement the document
- Report any breach of the policy escalated to them or witnessed via the Trust Incident Reporting System Datix Web.
- They should ensure that systems are in place to comply with the policy.

All Staff Members

- Ensure that their attitudes, actions, behaviour and communications are consistently in line with the principles of this policy to ensure patient privacy, dignity and respect is maintained at all times.
- Alert line managers where patient privacy, dignity and respect have been compromised so that immediate action can be taken to rectify this.
- Prepare the environment 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.

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest* see definitions.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

4 PROCEDURE

4.1 Elimination of Mixed Sex Accommodation

Elimination of Mixed Sex Accommodation

Every patient has the right to receive high quality care that is safe and effective and respects their privacy and dignity. Patients must be given privacy during treatment consultation and when receiving personnel care. Staff must:

- Take responsibility to ensure that discretion is used when discussing patients in a clinical setting to ensure patient confidentiality.
- Follow Trust policy, PAT/PA 2 – Consent to Examination or Treatment Policy when carrying out a physical examination.
- Ensure that patients do not intrude upon other patients particularly in sleeping accommodation, toilets and bathrooms.
- Seek permission when entering a room or going behind closed bed curtains.
- Maintain patient confidentiality by ensuring that visitors or patients do not take inappropriate photographs on mobile phone, video cameras and cameras.
- Ensure that conversations about treatment, diagnosis, patient care or the breaking of bad news must take place, where possible, in a private room available in each ward area.
- Curtains must be fitted around each bed area and must fully close. They should be long enough and thick enough to ensure privacy.
- The space between beds must conform to NHS Building Notes and, where possible, there must be enough space between beds to allow patients and their visitors to talk without intrusion from neighbouring patients.
- Private spaces must be made available for use by patients to talk to staff or visitors.
- Toilet and washing facilities must uphold the privacy and dignity of patients who are disabled.

Patients must be shown dignity thought. Staff must:

- Ensure that patients remain properly clothed and covered at all times, including leaving the department for procedures and investigations.
- Clear information must be provided for patients, relatives and carers on the arrangements made and the standards they must expect to ensure their privacy and dignity is maintained. This must include who to contact if necessary to raise queries or concerns.
- Effective nurse calls systems must be available and accessible to patients and be effectively maintained.
- Staff must be aware of patients' cultural, spiritual or religious beliefs and ensure that they are respected by appropriate assessment and referral to Chaplaincy.
- Gowns and nightwear must be designed to prevent patients and others from embarrassment.
- Staff must assist patients when needed in all activities of daily living in a respectful and caring manner.
- Patient and public areas must be consistently clean, be well maintained and in a good state of repair.

4.2 Justified Breaches

There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes. In these cases, all reasonable steps should be taken to maintain the privacy and dignity of all patients affected. There are some clinical circumstances where mixing can be justified. These are few, and mainly confined to patients who need highly specialised care, such as that delivered in critical care units. Further detail on the circumstances in which mixing is justified (and therefore does not constitute a breach) is provided in Appendix 1. 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.

4.3 Unjustified Breaches

This is where mixing occurs that cannot be clinically justified. This description of a mixed-sex accommodation breach refers to all patients in sleeping accommodation who have been admitted to hospital (NHS England and NHS Improvement, 2019):

- A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
- Patients should not normally have to share sleeping accommodation with members of the opposite sex.

- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.
- Sleeping accommodation includes all areas where patients are admitted and cared for on beds or trolleys, even when they do not stay overnight.
- An admitted patient is one who undergoes a hospital's admission process to receive treatment and/or care.

4.4 Reporting Breaches

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.

- All potential unjustified breaches must be reported for each 24 hour period via the Trust Incident reporting system Datix Web at the time of the breach.
- In the event of a breach in hours, the Divisional Nurse should be made aware of this breach in their absence the Deputy Divisional Nurse.
- Out of hours - the Clinical Site Manager should be informed and where the breach is not rectified immediately, this should be escalated to the Senior Manager on call
- All breaches should be notified via email to the Chief Nurse and Deputy Chief Nurse as soon as possible.
- The Ward Manger and Matron are required to review and investigate all potential unjustified breaches reported and conclude the patients, name, hospital number, gender, cause of breach (describe circumstance that led to the breach) and confirm if the breach could have been avoided (describe any circumstances which may have led to this accommodation breach being avoided).
- The Informatics Team is responsible for submitting our national reporting data monthly via the Strategic Data Collection Service. The data collection opens on the 1st working day of each month and closes at 11.59pm on the 7th working day of the month.

4.5 Transgender and Non-Binary

Transgender, or Trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary (NHS England and NHS Improvement, 2019). Good practice requires that clinical responses be patient-centred, respectful and flexible

towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex.

General points are that:

- Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use binary (NHS England and NHS Improvement, 2019):
- This may not always accord with the physical sex appearance of the chest or genitalia.
- It does not depend on their having a gender recognition certificate (GRC) or legal name change.
- It applies to toilet and bathing facilities (except, for instance, that pre-operative Trans people should not share open shower facilities).
- Views of family members may not accord with the Trans person's wishes, in which case, the Trans person's view takes priority.

Those who have undergone transition should be accommodated according to their gender presentation. Different genital or breast sex appearance is not a bar to this, since sufficient privacy can usually be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward. This approach may be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a Trans person being placed in an otherwise opposite gender ward. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment. Further details can be found in the NHS England and NHS Improvement (2019) Delivering same-sex accommodation document.

4.6 Gender variant children and young people

Gender variant children and young people should be accorded the same respect for their self-defined gender as are Trans adults, regardless of their genital sex. Where segregation is deemed necessary it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person. In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail.

An in-depth discussion may be required to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It is extremely likely they will continue to experience a gender identity that is inconsistent with their natal sex appearance into adulthood, therefore their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities. It should also be noted that children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

4.7 Equality Act 2010

The Equality Act 2010 protects individuals from unfair treatment and promotes a fair and equal society. It places a statutory duty on all public authorities to eliminate unlawful

discrimination and harassment and promote equality of opportunity between men and women including transmen and transwomen. The act stated: “A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex”.

5 TRAINING AND SUPPORT

It is acknowledged that education and support in implementation, embedding and sustaining this updated policy may be required. This is to be reviewed and designed collaboratively with Matrons, Deputy Divisional Nurse and Divisional Nurses for all inpatient areas.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Areas to monitor	How	Who by	Reported to	Frequency
Any non-compliance with the policy	Investigation of any formal, informal complaints which relate to non-compliance with the policy	Ward Manger and Matron	Divisional Nurse and Chief Nurse	Ongoing
	Investigations of any Datix Web reports relating to breaches of the policy.	Ward Manger and Matron	Divisional Nurse and Chief Nurse	Ongoing
	Monitor the Trust compliance of the policy and reporting requirements.	Chief Nurse	Trust performance report and Chief Executive	By Exception

7 DEFINITIONS

7.1 Privacy and Dignity

Privacy is a key principle, which underpins human dignity, and remains a basic human right and the reasonable expectation of every person (Human Rights Act, 1998). Privacy refers to

freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual (DOH 2009).

Dignity is to treat someone in a respectful way to enable them to feel valued individuals, equal valued and worthy, irrespective of differences such as age, race, culture, gender, sexual orientation, social background, health or marital status, disability, religion or political conviction. Dignity may be promoted or diminished by the environment, organisational culture and by attitudes and behaviours Dignity applies equally to those have capacity and to those who lack it. (RCN 2008). The seven privacy and dignity benchmarks are:

- Attitudes and behaviours
- Personal world and personal identity
- Personal boundaries and space
- Communicating with staff and people who use our services
- Privacy of service user confidentiality and information
- Service user modesty
- Availability of an area for privacy

7.2 Elimination of mixed sex accommodation

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
- Separate toilet and washing facilities should be available, 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).

7.3 Transgender and non-binary

There are some situations which require careful consideration such as the care of people of transgender. Transgender, or Trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary (NHS England and NHS Improvement, 2019). Under the Equality Act 2010, individuals who have proposed, begun or completed reassignment of gender are legally protected against discrimination. A Trans person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender.

7.4 Gender variant children and young people

Gender variant children and young people should be accorded the same respect for their self-defined gender as are Trans adults, regardless of their genital sex.

7.5 Sleeping Accommodation

Sleeping accommodation means 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, day surgery and endoscopy units. It does not include areas where patients have not been admitted, such as accident and emergency cubicles.

8 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified.

A copy of the EIA can be seen in appendix 2

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PA 2 – Consent to Examination or Treatment Policy
CORP/EMP 27 – Equality Analysis Policy
CORP/EMP 4 – Fair Treatment for All Policy

11 REFERENCES

- The Operating Framework for the NHS in England www.dh.gov.uk 2
- Delivering Same Sex Accommodation (NHS 2019) www.dh.gov.uk
- Department of Health (2001, 2010) Essence of Care Benchmarks DH, London
- Department of Health (2006) Dignity in Care Challenge DH, London
- Department of Health (2007) Privacy and Dignity-A Report by the Chief Nursing Officer into mixed sex accommodation in hospitals. DH, London.
- Department of Health (2009, 2010) Eliminating Mixed Sex Accommodation DH London.
- Royal College of Nursing (2008) Definition of Dignity Publication code.
- UK Legislation (1998) Human Rights Act.

Appendix 1

Same Sex Accommodation Decision Making Matrix

All divisions 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) <ul style="list-style-type: none"> • Coronary Care Units • Intensive Therapy Units • Department of Critical Care • High Dependency Units • Hyper acute Stroke Unit • Recover units attached to all theatres/procedure room • Neonatal unit • Special Care Baby Unit 	<ul style="list-style-type: none"> • <i>Not acceptable</i> when a patient no longer needs level 2 or level 3 care, but awaiting a bed on appropriate ward • <i>Not acceptable</i> in recovery areas where the patients remain until discharge • <i>Actions must be taken to maintain Privacy and Dignity</i>
Almost always	End of Life care	<ul style="list-style-type: none"> • A patient receiving end of life care should not be moved solely to achieve segregation – in this case a breach would be justified, there is no time limit.
Almost always	Emergency Assessment areas <ul style="list-style-type: none"> • Emergency Department 	<ul style="list-style-type: none"> • A patient receiving emergency care, awaiting a decision to admit would be justified, there is no time limit. After 4 hour of a decision to admit has been confirmed if mixing occurs this breach should be recoded as unjustified.

<p>Almost always</p>	<p>Patient with long term conditions admitted frequently as part of a cohesive group to areas where treatment is delivered</p> <ul style="list-style-type: none"> • Renal Unit/Haemodialysis Units • Haematology day Unit • Chemotherapy/Radiotherapy Unit • Ambulatory day care • Medical day units 	<ul style="list-style-type: none"> • A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.
<p>Sometimes</p>	<p>Children's/young people's units (including neonates)</p> <ul style="list-style-type: none"> • Children's Observation Units • Children's Wards • Children's surgical unit • Neonatal unit • Special Baby Care unit 	<ul style="list-style-type: none"> • Children and young people (or their parents in the case of very young children) should be offered a choice of segregation by age or gender. • A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.
<p>Almost Never</p>	<p>Area where a procedure requires a period of recovery</p> <ul style="list-style-type: none"> • Pain Management Units • Diagnostic Day Units • Theatre Assessment Unit • Endoscopy units • Day surgery unit • Recovery units attached to theatre 	<ul style="list-style-type: none"> • Segregation should be provided where patients' modesty may be compromised, e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed. • Where high observation bays are used for patients in the first stage of recover or when they require a period of close observation but not level 2 or 3 care, any breeches that occur will be classed as justified.
<p>Never</p>	<p>Mental Health</p>	<ul style="list-style-type: none"> • All episodes of mixing in mental health inpatient units should be reported.
<p>Never</p>	<p>Inpatient wards</p> <ul style="list-style-type: none"> • All inpatient wards including: <ul style="list-style-type: none"> • Clinical Decisions Units • Medical Assessment Units • Surgical Assessment Wards • Medical Receiving Rooms 	<ul style="list-style-type: none"> • All episodes on mixing inpatient wards should be reported unless they meet one of the justified reasons above.
<p>Not applicable</p>	<p>Out Patient Departments</p> <ul style="list-style-type: none"> • non admitted procedures 	<ul style="list-style-type: none"> • A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Policy	Trust wide	Kelly Phillips	Existing	23.01.2024
1) Who is responsible for this policy? Corporate Nursing				
2) Describe the purpose of the service / function / policy / project/ strategy? Develop a culture where mixing of sexes as a routine is unacceptable and care is provided with privacy and dignity				
3) Are there any associated objectives? Understand when mixing of sexes “in the patients best interest” is acceptable.				
4) What factors contribute or detract from achieving intended outcomes? As outlines in appendix 1				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
6) Is there any scope for new measures which would promote equality? This policy is aimed to promote equality				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	Yes	Accommodation location with the Trust		
d) Gender Reassignment	Yes	Accommodation location with the Trust		
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	Yes	Accommodation location with the Trust		
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27				
Date for next review: January 2027				
Checked by: Marie Hardacre			Date: 4 March 2024	