



Royal Cornwall Hospitals
NHS Trust

Same-sex Accommodation Policy

V4.0

February 2024

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. Patients expect their privacy and dignity to be respected whilst in hospital, this is one of the guiding principles of the NHS constitution. The provision of Same-sex accommodation and bathroom facilities is a visible expression of the NHS's commitment to this.
- 1.2. The policy simply expressed that patients should not normally have to share sleeping accommodation or sanitary facilities with members of the opposite sex.
- 1.3. The NHS commenced its commitment to eliminating mixed sex accommodation in 2010. We should be compliant with eliminating mixed sex accommodation from our estate and have robust reporting arrangement in place to monitor this.
- 1.4. The delivering Same-sex Accommodation guidance updates and replaces previous guidance (PL/CNO/2009/2 and PL/CNO/2010/3) on requirements around recognising, reporting and eliminating breaches.
- 1.5. Providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected.
- 1.6. This version supersedes any previous versions of this document.

2. Purpose of this Policy

- 2.1. This policy document provides details on the Trust's requirements to comply with the provision of its services in line with Same-sex accommodation guidance.
- 2.2. The policy is reviewed annually with the main commissioner of its services to ensure compliance and optimal standards of delivery are being achieved (contractual requirement).

3. Scope

This policy applies to all staff working for Royal Cornwall Hospitals NHS Trust.

4. Definitions / Glossary

- 4.1. **Sleeping accommodation** – This includes all areas where patients are admitted and cared for on beds or trolleys, even where they do not stay overnight. An admitted patient is one who undergoes a hospital's admission process to receive treatment and/or care. It does not include areas where patients have not been admitted, such as accident and emergency departments.
- 4.2. **In the best overall interests of the patient** - There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and Same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected. In every instance, the patient, their relatives, and their carers should be informed of the reasons mixing has occurred, what is being done to address it and some indication as to when it may be resolved.

- 4.3. **Where it reflects patient choice** - Patient choice for mixing must be considered and may be justified. 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.
- 4.4. **A breach to Same-sex arrangements** – A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance. https://www.england.nhs.uk/statistics/wpcontent/uploads/sites/2/2021/05/NEW-Delivering_same_sex_accommodation_sep2019.pdf There are two types of breaches. Both reportable on DATIX but only one escalated and reported nationally (sleeping accommodation).
- 4.4.1. **Sleeping accommodation breach** – includes all areas where patients are admitted and cared for on beds or trolleys, even when they do not stay overnight
- 4.4.2. **Bathroom breach** – a breach occurring where patients need to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors
- 4.5. **Noted exceptions** - Decisions to mix should be based on the patient’s clinical condition and not on constraints of the environment or convenience of staff. There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes i.e. where it is clearly in the patient’s best interest to receive rapid or specialist treatment, and Same-sex accommodation is not the immediate priority. In these cases, all reasonable steps must be taken to ensure the privacy and dignity is protected. Breaches will either be reported as Justified or unjustified. Justified breaches are 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 the table below. Unjustified breaches is where mixing occurs that cannot be clinically justified.
- 4.6. The table below is the published decision matrix for what is judged as a justified breach.

Decision Matrix	Justified Breaches	Notes
Critical Care Levels 2 and 3: e.g. intensive care unit/coronary care units/high dependency units/higher care units/hyper acute stroke units	Green Almost always	When a clinical decision is made for a patient to be stepped down from level 2 or 3 care, it should be updated on Nerve centre and the patient should be transferred within four hours of being ready to be moved. An unjustified breach should be recorded on Datix if a patient does not transfer within the four-hour period. For the comfort and safety of patients, transfers should not take place between the hours of 10.00pm and 7.00am. Breaches

Decision Matrix	Justified Breaches	Notes
		should not be counted within this period, they should start/restart from 7.00am.
End-of-life care	Green Almost always	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.
Assessment/observation units, e.g. medical/surgical assessment units/clinical decision making units/observation wards	Green Almost always	A patient should be moved from an assessment/observation unit within four hours of a decision to admit or from when the patient arrives in the unit and a decision to admit has already been made. Nerve centre should be updated to reflect the time the decision was made, If mixing occurs after the four-hour period, breaches should be recorded as unjustified.
Areas where treatment is delivered, e.g. chemotherapy units/ambulatory day care/radiotherapy/renal dialysis/medical day units	Green Almost always	Mixing should not be recorded as an unjustified breach wherever regular treatment is required, especially where patients may derive comfort from the presence of other patients with similar conditions. A very high degree of privacy and dignity should be maintained during all clinical or personal care procedures.
Children/young people's units (including neonates)	Amber Sometimes	Children (or their parents in the case of very young children) and young people should have the choice of whether care is segregated according to age or gender. There are no exemptions from the need to provide high standards of privacy and dignity
Area where a procedure is taking place and the patient will require a period of recovery, e.g. day surgery/endoscopy units/ recovery units attached to theatres/procedure rooms	Red Almost never	Segregation should be provided where patients modesty may be compromised, e.g. when wearing hospital gowns/nightwear, or where the body (other than extremities) is exposed. Where high observation bays are used for patients in the first stage of recovery or when they require a period of close observation but not level 2 or 3 care, any breaches that occur will be classed as justified.
Mental health	Red Never	All episodes of mixing in mental health inpatient units and in women-only areas should be reported

Decision Matrix	Justified Breaches	Notes
Inpatient wards	Red Never	All episodes of mixing in inpatient wards should be reported.

5. Ownership and Responsibilities

5.1 Role of the Chief Executive

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below:

5.2 Role of the Executive Lead

The Dual Chief Nursing Officer, Deputy CEO for RCHT, is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure delivery of the Same-sex Accommodation Policy. The Executive Lead will report to Trust Board on progress as required.

5.3 Role of the Patient Experience Team

The Patient Experience Team have responsibility to the Executive Lead to maintain a current and up to date policy and for formally reporting of compliance. Monthly sleeping accommodation breach reporting to Commissioners and NHS England is required. Internal reporting is directed through the Patient Experience Group and to the Trust's Quality Assurance Committee.

5.4 Role of Care Group Triumvirates

Care Group Triumvirates (Clinical Director(s), General Managers and Heads of Nursing/Midwifery/AHPs) are responsible for ensuring the operational delivery and compliance to the Same-sex Accommodation Policy.

5.5 Role of Ward Leaders (and other Departmental Leads / and Line-Managers)

Line-managers are responsible for the delivery of the policy in day-to-day practice. Ensuring clinical teams are aware the Same-sex Accommodation Policy requirements and that these are delivered. They will be responsible for alerting the Care Group Triumvirates to any risks to non-compliance and work to mitigate these risks. They are accountable for ensuring staff are updating nerve centre, reporting breaches to the policy on Datix and for investigating any incidents.

5.6 Role of Clinical Site Team

The site co-ordinators will be guardians of the Same-sex Accommodation Policy, assuring adherence along with the challenges of maintaining patient flow. In consultation with the clinical teams they will identify the most appropriate bed to meet both the clinical needs and privacy and dignity needs, of the patient.

5.7 Role of Individual Staff

All staff members are responsible to ensure they comply with the Same-sex Accommodation Policy. They must update nerve centre, report risk and breaches to the policy and ensure they report both sleeping accommodation and bathroom breaches on Datix.

6. Standards and Practice

6.1. Privacy and dignity

This policy does not negate any staff member in the Trust from delivering the very highest standards of privacy and dignity across our services.

6.2. Updating nerve centre

Once a decision has been made to step down a patient from level 2 or 3 care, or the decision has been made to admit, nerve centre must be updated to reflect this information. Once this information is added to nerve centre, a timer will be commenced that will be visible on the desktop, once the timer is started the patient must be transferred within four hours of being ready to move. When the box that this timer is in turns red, that will inform staff that the patient has exceeded the 4 hours in which they must have moved and this will now be a mixed sex breach that needs to be reported on Datix, the timer does pause between the hours of 10.00pm and 7.00am. The nerve centre user guide on how to update the appropriate section in nerve centre can be found in appendix 3.

6.3. Reporting breaches

Only breaches in relation to sleeping accommodation are to be reported nationally in the mixed-sex accommodation (MSA) return (in line with the policy guidance referenced above). Justified occurrences of MSA and unjustified mixing in relation to bathroom / toilet facilities (including passing through) are outside of the scope of the national MSA return but are monitored locally. All suspected breaches of this policy must be reported on Datix. This includes Breaches to sleeping accommodation compliance and bathroom breaches.

6.3.1. Datix will require you to report details of the breach, including:

- The exact location of the patient within the ward or department.
- The category to enter is Infrastructure/Resources and sub Category is Breach of Same-sex Accommodation.
- The dependency score of the patient affected (0, 1a, 1b, 2 or 3).

- The speciality area they require if stepping down from a high dependency area.
- Their patient hospital number (and/or NHS number).
- Where a breach occurs in a general ward area, i.e. outside of Critical Care Levels 2 and 3 or Assessment/observation units as per the decision making matrix, then the hospital numbers of all other patients affected by the breach (e.g. if a female patient is placed into a bay with five male patients, this would constitute six breaches as six patients have been affected), to add all the patients click on the “Add another” tab in the person affected section.

6.3.2. The Patient Experience Team will review Datix reports each month and report compliance to the Trust Board through the monthly Patient Experience Report (sleeping accommodation and bathroom breaches). Additionally, they will liaise with the Information Service Team to ensure accurate and timely data is submitted nationally each month (sleeping accommodation only).

6.4. Trans people and gender variant children arrangements

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. 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.

In addition, 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.

6.4.1 The general key points are that:

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

- 6.4.1.6 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.
- 6.4.1.7 Where a side room is not available the situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. In addition to these safeguards, where admission/triage staff are unsure of a person's gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated. They should then comply with the patient's preference immediately, or as soon as practicable.
- 6.4.1.8 Where it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary to carry out treatment.
- 6.4.1.9 In addition to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs, are unlikely to wear them in these circumstances, and may be 'read' incorrectly as men. Extra care is therefore required so that their privacy and dignity as women are appropriately ensured.
- 6.4.1.10 Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.
- 6.4.1.11 Further information to help with patient placement based on presentation can be found in appendix 3.

6.5 Particular considerations for children and young people

- 6.5.1 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.

- 6.5.2 Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. 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.
- 6.5.3 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 even if the child is not Gillick competent.
- 6.5.4 More in-depth discussion and greater sensitivity may need to be extended 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 should be borne in mind that many trans adolescents will continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance, so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.
- 6.5.5 It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

7 Dissemination and Implementation

This policy will be implemented via the following routes:

- The policy will be uploaded onto the Trust's Document Library and will replace any previous versions.
- The policy will be circulated to all Care Group Triumvirates for further dissemination and to the Head of Patient Flow and Clinical Site Co-ordinators.

8 Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Reporting of Same-sex Accommodation policy breaches.
Lead	Patient Experience
Tool	Datix
Frequency	<ul style="list-style-type: none"> Monthly to national systems (sleeping accommodation breaches). Annually to Patient Experience Group and Quality Assurance Committee (Sleeping accommodation and bathroom breaches, Justified and Unjustified)
Reporting arrangements	<ul style="list-style-type: none"> Monthly to national systems (sleeping accommodation breaches). Quarterly to Patient Experience Group and Quality Assurance Committee (sleeping accommodation and bathroom breaches).
Acting on recommendations and Lead(s)	Care Group representatives on the Patient Experience Group will lead actions required.
Change in practice and lessons to be shared	Care Group representatives on the Patient Experience Group will lead good practice sharing.

9 Updating and Review

This policy will be reviewed within 3 years.

10 Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Same-sex Accommodation Policy V3.0
This document replaces (exact title of previous version):	Same-sex Accommodation Policy V2.1
Date Issued / Approved:	2 January 2024
Date Valid From:	February 2024
Date Valid To:	February 2027
Author / Owner:	Esther Penrose Head of Safety, Risk and Patient Experience
Contact details:	01872 253793
Brief summary of contents:	This document provides details on the requirements with regard to compliance and reporting of mixed sex accommodation breaches.
Suggested Keywords:	Mixed Sex Accommodation
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Deputy CEO and Chief Nurse
Approval route for consultation and ratification:	Patient and Family Experience Group. Director of Nursing's Clinical Cabinet.
Manager confirming approval processes:	Bernadette George, Director of Integrated Governance
Name of Governance Lead confirming consultation and ratification:	Bernadette George Director of Integrated Governance
Links to key external standards:	CQC Outcome 1
Related Documents:	Delivering Same-sex accommodation, NHSE and I RCHT Caring for Transgender and Non-Binary Patients Policy
Training Need Identified:	No

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Patient Experience

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
26 October 2011	V1.1	New Policy	Louise Dickinson Consultant Nurse Infection Prevention. EMSA Lead
01 February 2019	V2.0	Full policy review and update, inc. appendices following national and local commissioner review at the end of 2018.	Frazer Underwood, Associate Nurse Director
04 September 2020	V2.1	Appendix 3 updated throughout. Amended to new Trust template with updated Governance Information and EIA at Appendix 1 and Appendix 2.	Elizabeth Trew, Head of Risk, Safety and Patient Experience
December 2023	V4.0	Policy updated in line with the Delivering Same-sex. Accommodation guidance September 2019. Appendix 3 removed. Reporting Criteria amended to reduce the need for all patient details to be included where appropriate. Addition of the timing log in Nervecentre, user guide as per appendix 3 Flow chart added to help staff with decision making for the placement of patients as appendix 4	Esther Penrose, Head of Safety, Risk, and Patient Experience

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

Same-sex Accommodation Policy V4.0

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Same-sex Accommodation Policy V3.0
Department and Service Area:	Patient Experience, Corporate
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Esther Penrose Head of safety, Risk and Patient Experience
Contact details:	01872 254969

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This document provides details on the requirements with regard to compliance and reporting of mixed sex accommodation breaches.
2. Policy Objectives	Implementation of best interest for patients. Privacy and Dignity.
3. Policy Intended Outcomes	Patients will be placed in Same-sex accommodation, maximising privacy, and dignity.
4. How will you measure each outcome?	Datix reporting. Escalated monthly and quarterly in various Trust reports.
5. Who is intended to benefit from the policy?	Patients.
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No

Information Category	Detailed Information
	<ul style="list-style-type: none"> External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	<p>Please record specific names of individuals/ groups:</p> <p>Chief Nurses Clinical Cabinet.</p> <p>Senior Nurses Group.</p> <p>NHS Kernow Commissioner responsible for Patient Experience.</p> <p>RCHT Inclusion Team.</p>
6c. What was the outcome of the consultation?	<p>To continue to report nationally currently, removal of Appendix 3</p> <p>Approved.</p>
6d. Have you used any of the following to assist your assessment?	<p>National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:</p> <p>No.</p>

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	A transgender section is included, taken from national guidance dated September 2019.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Esther Penrose, Head of Safety, Risk and Patient Experience.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Updating the Same-sex bed Breach in Nervecentre

Updating Same Sex Bed Breach in Nervecentre

The screenshot shows the Nervecentre interface for the 'NERVECENTRE TEST WARD'. The 'Profile' dropdown menu is open, listing various database options. A red box highlights the dropdown menu, and another red box highlights the 'Discharge DB (Office)' and 'Discharge DB (Ward)' options. A text box in the center of the screen provides instructions: 'Select either 'Discharge DB (Office)' or 'Discharge DB (Ward)' from the dropdown list'.

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search

Showing Patients:NERVECENTRE TEST WARD
RCH NERVECENTRE TEST WARD, RCH

Profile: [Dropdown Menu]

- Bed Manager
- CCOT DB
- CDU Dashboard
- CEPOD Dashboard
- CITS-testing-dashboard
- COVID-19 Dashboard
- Cardiac Surgery DB
- Chest Pain DB
- Chest Wall Injury DB
- Critical Care Dashboard
- DAU Triage DB (Office)
- Daily Ward Round
- Default
- Delivery Suite DB
- Developers Dashboard
- Discharge DB (Office)
- Discharge DB (Ward)
- Doctor DB (Ward Admin) v1.1
- Doctors DB

Select either 'Discharge DB (Office)' or 'Discharge DB (Ward)' from the dropdown list

The screenshot shows the Nervecentre interface for the 'BOTOX TEST WARD'. The 'Profile' dropdown menu is set to 'Discharge DB (Ward)'. A table of patients is displayed, with one patient highlighted in red. A red box highlights the 'Same Sex Breach' column for this patient. A text box in the center of the screen provides instructions: 'Select the correct patient and click into the 'Same Sex Breach' clinical note to update'.

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search

Showing Patients-BOTOX TEST WARD (19 patients)
TRBOT

Profile: Discharge DB (Ward)

Bed and Ward	Name	LOS	EWS and Details	Anticipated Discharge Pathway	Intended Discharge Location	Specialist Destination Required	Destination Urgency	Destination Priority	Medically Optimised	Medically Optimised Date	EDD	PDD	Reason to Revisit	CLD	CLD Set	Reason for Delay	Service Responsible	Home Today	Daily ECIST Completion	Same Sex Breach	Time Since Breach	
RCH TR BOTOX CLINIC	NERVECENTRE, Test Heather DOB: 02/10/44 Consultant Specialty: GENERAL MEDICINE	893	4 Hourly Overdue						No		04 Nov 2022	05 Nov 2022						No				

Select the correct patient and click into the 'Same Sex Breach' clinical note to update

Same Sex Breach

Sleeping

Bathroom

Sleeping and Bathroom

None

Select the type of same sex breach the patient is triggering for

nervecentre
NEXT GENERATION EPR

Home Patient List Patient Detail All Tasks EWS Charts Expects Discharged Search

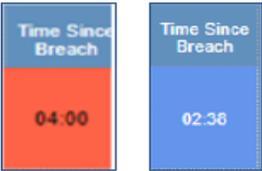
BOTOX TEST WARD

Showing Patients: BOTOX TEST WARD (19 patients)
TRBOT

Profile: Discharge DB (Ward)

Bed and Ward	Name	LOS	EWS and Details	Anticipated Discharge Pathway	Intended Discharge Location	Specialist Discharge Required	Destination Urgency	Destination Priority	Medically Optimised	Medically Optimised Date	EDD	POD	Reason to Revisit	CLD	CLD Set	Reason for Delay	Service Responsible	Home Today	Daily ECIST Completion	Same Sex Breach	Time Since Breach	
D4TR D7OX LINK	NERVECENTRE, Test Heather 0269336 75y Consultant Specialty: GENERAL MEDICINE DOB: 6/9/1944	003	4 Hourly URGENT						No		04 Nov 2022	05 Nov 2022								Sleeping	10:30	
AS	Flow Hub Notes: Discharge Plan:																					

Once saved, this will show in the dashboard and a timer will start in the 'Time Since Breach' clinical note. The timer will stop counting past 4 hours (indicated by turning red in colour) and will automatically pause between the hours of 10pm-7am (indicated by turning blue in colour)



Same Sex Breach

Sleeping

Bathroom

Sleeping and Bathroom

None

Once a patient is no longer in a same sex breach, update the 'Same Sex Breach' clinical note to 'None'

The above function is also what you would use to stop the clock if the patient deteriorated and was no longer fit to step down from higher care or was no longer for admission.

This will show in the dashboard and the timer in the 'Time Since Breach' clinical note will be cleared

Bed and Ward	Name	DOB	Sex	LOS	EWS and Details	Anticipated Discharge Pathway	Intended Discharge Location	Specialist Destination Required	Destination Urgency	Destination Priority	Medically Optimised	Medically Optimised Date	EDD	PDD	Reason to Revisit	GLD	Delay	Responsible	Daily ECIST Complete	Same Sex Breach	Time Since Breach
CH TR OTOX LINC	NERVECENTRE, Test Heather DOB: 03/1944	70y	F	803	4 Hourly Overdue						No		04 Nov 2022	05 Nov 2022					No	None	

The timer can be commenced and cleared on both the handheld device and desktop screen but the colour, to inform the nurse of the need to complete the datix when it turns red, is only visible on the desk top version.

Appendix 4. Flowchart for Patients Presenting as Trans or Non- Binary

