Definitions

Q) Is it acceptable to set a time limit before recording mixing as a breach of the standard e.g. 2hrs, 4hrs, 12 hrs?

A) No, this is not acceptable. The breach occurs the moment the patient is placed in the mixed-sex accommodation.

Q) Are assessment units exempt?

A) There are no blanket exemptions. Assessment units are included and all breaches in these units must be included.

Q) Are critical care units exempt?

A) As with assessment units, there are no blanket exemptions. Within critical care, some patients may have a clinical need to be in that environment, and therefore should be recorded and monitored locally as a justified breach. Once the patient no longer needs that level of critical care, they become an unjustified breach and should be recorded both locally and nationally.

For example, in an eight-bedded ITU there are four male patients and four female patients. This is to be recorded locally as eight patients in justified mixing. One of the male patients becomes ready to be transferred to a level one unit, but there is no available bed for his transfer. Therefore, he becomes an unjustified breach which is nationally reportable.

Q) Do the detailed definitions about same-sex expectations as annexed to PL/CNO/2009/2 still apply, given that the letter itself is superseded ?

A) Yes, the definitions from the professional letter issued in May 2009 (PL/CNO/2009/2, annexes A- E) provide more contextual guidance about what constitutes same sex accommodation. This additional guidance covers; patients admitted in an emergency, those undergoing day treatment, and those in a critical care environment. Separate definitions were also appended for children, young people and transgender people. The detailed definitions can be accessed at http://www.dh.gov.uk/en/Healthcare/emsa/index.htm

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Q) If a patient needs to be admitted to a bed in the middle of the night, and the only option is to put them in a mixed-sex bay, would this be a breach?

A) Yes, this is still a breach and should be reported. You must admit patients, including transfers, even if you can't provide the right gender bed.

Q) Does the MSA policy apply to children? Is there an age limit at which a breach can occur?

A) It is recognised that for many children and young people, clinical need, age and stage of development take precedence over gender considerations. Children and young people should therefore have the choice as to whether their care is segregated according to age or gender - hence, mixing of the sexes may be acceptable.

If the child's preference to be with others of the same gender cannot be met and there is no clinical justification to support the patient being placed in mixed-sex accommodation, this should be recorded as a breach. If the child's request is to be with others of a similar age and this results in a mixed gender bay then all patients in that bay must choose to be in mixed-sex accommodation otherwise the mixing of all patients should be recorded as a breach MSA policy. There is no specific age limit - for very young children, the wishes of the parent may be sought.

Q) Can visitors cause a breach?

A) No, visitors cannot breach the MSA standard as they are not admitted patients. More pertinently, though, they cannot cause an admitted patient to breach the standard.

Q) How do I determine and record patient choice?

A) Single sex accommodation should be the norm. On the rare occasion where, for example, a husband and wife choose to be placed together, this should be recorded in both their notes. The breach should still be recorded locally but as justified due to the patient choice.

Q) Does MSA policy apply to transgender patients?

A) Yes, MSA 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 and in line with the guidance issued to the NHS in May 2009. For more information see:
http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894

Data

Q) What is the process for central submission of MSA data returns?

A) The data is collected online via Unify2 (the Department of Health's online data collection tool).

Providers (including, but not limited to, acute trusts, non-acute trusts, foundation trusts, PCTs as providers and independent sector providers) download a spreadsheet form and enter their data broken down by provider site and commissioner. This will be a familiar process for Unify2 users.

There is functionality within the form which calculates and displays a provider's total breaches. Providers then upload their completed spreadsheet via the Unify2 website.

PCTs will be able to view data for their patients online, but there is no PCT sign-off process prior to submission to DH.

Q) Is the MSA data return mandatory?

A) The return is mandatory for PCTs, Care Trusts (non Foundation Trusts), Acute Trusts and Mental Health Trusts (Non Foundation), and at this stage voluntary for Care Foundation Trusts, Acute Foundation Trusts, Mental Health Foundation Trusts, and Independent & Voluntary Sector organisations.

All organisations are strongly encouraged to participate. Organisations that do not submit data will be reported as "data not returned" in the published figures.

Q) I do not have access to Unify2. What should I do?

A) Any providers of NHS-funded services with an N3 NHS network connection and a valid organisation code, including Independent Sector providers, have access to Unify2 and can request a user account. You should click on the "Request a Unify account" link from the Unify2 front page (http://nww.unify2.dh.nhs.uk/Unify/interface/homepage.aspx). Please make sure you select "Knowledge & Intelligence" as the domain. All Unify2 account requests are managed by the relevant SHA (Strategic Health Authority).

Q) What data items are included in the Unify2 return and does it include patient level information?

A) Returns are to be submitted by providers, identifying for each site the total number of sleeping accommodation breaches, by commissioning PCT. No patient level information is to be submitted nationally.

Q) What is the deadline for submitting data, and when will figures be published?

A) The deadline for providers to submit data is by close on the seventh working day after the reference month has ended. Data will be published on the DH website and NHS Choices and is expected to take place at 9:30am on the third Thursday of the month following the reference month.

Q) What is the process for revising published MSA data?

A) The MSA return will have its own revision policy. Revisions will take place on a monthly basis to allow changes agreed in contract meeting discussions between providers and commissioners to be incorporated into the data. However, there will be a two-month 'lag', as revisions to a previous month's data will be published at the same time as the next month's data. For example, revisions to December 2010 data will be released alongside the data for February 2011, which will be published in March 2011.

Revisions must be received by the end of the month prior to publication to be included in the latest publication. Using our previous example, revisions to December 2010 data must be emailed to unify2@dh.gsi.gov.uk by close on 28th February 2011.

Q) What validation will DH be doing on the data returns?

A) As with all central returns, it is the responsibility of submitting organisations to ensure that they are content with the quality of the data they have submitted. DH will carry out basic validation on the data centrally. This includes:

- checking that all expected organisations have submitted an MSA return
- sense checks on the submitted data, looking for suspect values
- comparisons with data from last month
- comparisons with other data sources

Q) How do I record breaches if a patient has been moved several times?

A) All occurrences of mixing should be recorded and reported. During a stay in hospital, if a patient experiences mixing on multiple wards, each occurrence of mixing should be recorded.

Q) Mixing has occurred in a multi-bedded bay. Do I record all patients as breaches or just the one patient that "triggered" the mixing?

A) All patients within the bay are experiencing mixed-sex accommodation and therefore they should all be recorded.

On the rare occasion where a patient has specifically indicated that they wish to be cared for in mixed-sex accommodation, only that patient should not be recorded as a breach, (but all other patients would be in beach if this is not their personal choice).

Q) Should I include non-English commissioned patients in the MSA return?

A) Yes, non-English commissioned patients should be included in the data return with a commissioner code of 'NONC'. However, the non-English commissioned breaches will be excluded from the published counts of MSA breaches.

Q) Within an Independent Sector Treatment Centre, how do I record my NHS funded patients who breach?

A) Using the example of a four-bedded bay which is mixed-sex accommodation. Three patients are privately funded and one patient is NHS funded. Only the NHS funded patient is reportable. Private patients can trigger a breach if they are sharing with NHS patients, but only the NHS funded patients should be reported centrally.

Q) It's not possible for patients to be placed in mixed-sex accommodation at our organisation, do we still need to submit a data return?

A) Yes, all organisations with the facilities to admit 10 or more patients at any one time are included in the data return - simply submit a 'nil' each month (guidance on how to do this is contained with the submission template).

Q) In a six-bedded bay, there are four male patients and one female patient. I count this as five breaches. Then an additional female patient is added into the same bay as the four male and one female patient who have already been counted as a breach in that bay. Do I count everyone again or just the additional female patients?

A) Regardless of whether an additional male or female patient is admitted it is counted as one additional breach. This means there are now six breaches.

Q) After initial mixing within a 4 bedded bay, same-sex accommodation is achieved in the bay. However later the same day, a new spell of mixing occurs which involves two of the patients from the original scenario – how is this counted ?

A) In the above, the first set of (4) breaches are 'cancelled' at the point of the bay becoming same-sex. However, when the later mixing occurs, we still have two of the original patients having their privacy and dignity breached (for the second time that day), hence a further 4 breaches would be reported. A fine would however only be applicable to the two new patients – as the two involved in the original mixing would already have attracted a fine.

Q) How do we position eliminating mixed-sex accommodation in the long list of clinical and organisational priorities?

A) Protecting patients privacy and dignity is integral to good quality patient care and should be part of an organisation's overall ethos and approach.

Q) Can we turn patients away if same-sex accommodation is not available?

A) No, the priority will always be to admit patients and treat them promptly. If you fully understand your capacity and demand this should not happen unless in extreme circumstances, in which case, ensuring they are placed in same-sex accommodation as soon as possible.

Q) How can an organisation cope with fluctuations in the proportion of male and female patients admitted?

A) Most fluctuations in flow can be predicted and accommodated. It is important to understand the anticipated flow of unscheduled patients into your unit so you can manage it appropriately.

Reviewing previous admissions patterns for the number of male and female patients will help.

Q) In terms of MSA, what defines a breach?

A) Please see the definitions within the Professional Letter (http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_121848)