

Privacy and Dignity Including Eliminating Mixed Sex Accommodation within Inpatient Settings Policy (N-023)

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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

The Humber Teaching NHS Foundation Trust aspires to the highest standards of corporate behaviour and clinical competence to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, public, staff, stakeholders and the use of public resources.

The purpose of this policy is to ensure that high standards of Privacy and Dignity including Eliminating Mixed Sex Accommodation within Inpatient Settings (EMSA) are maintained for all patients and service users, and these continue to be key priorities for all staff working within Humber Teaching NHS Foundation Trust.

This policy outlines the Trust's commitment to ensuring patients and clients are placed at the centre of the caring process and have their privacy and dignity maintained at all times. It is integral that patients and service users must be treated as individuals with courtesy and respect, in whichever community setting their care is delivered in.

The aim of this policy is to ensure all patients and service users benefit from care that is focused upon respect for the individual and to establish relationships of trust and understanding with patients and service users, relatives and/or carers, taking into account interpretations of dignity, respect and confidentiality for people from different faiths, cultures and genders.

Article 8 of the European Convention on Human Rights requires public authorities to respect a person's right to a private life. Article 8 has a particular importance for people detained under the Act.

Humber Teaching NHS Foundation Trust has a culture which is patient and client focused and values them particularly in relation to privacy and dignity to fulfil all statutory, organisational and best practice requirements. In late 2007, the NHS Institute for Innovation and Improvement circulated the Privacy and Dignity: the elimination of mixed sex accommodation "Good Practice Guidance and Self-Assessment Checklist" which had been developed in collaboration with the Department of Health.

The NHS Operating Framework for 2011/12 was amended for 2013/14 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.

The Humber Teaching NHS Foundation Trust submits an annual declaration in March to confirm compliance with the Eliminating Mixed Sex Agenda.

This self-assessment checklist which enables trusts to assess their current position and action plan for further development at present has an advisory status; although there is increasing evidence its importance will become more influential in terms of identifying areas for investment within inpatient service provision. The self-assessment framework compliments the Royal College of Psychiatry, Accreditation for inpatient Mental Health services (AIMS).

From April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 "outcomes" that it contains was replaced in its entirety with "Raising Standards putting people First" Strategy 2013-2016 which asks:

- Are we safe
- Are we caring
- Are we effective
- Are we well-led
- Are we responsive to individual needs

The new measures are being introduced as part of the government's response to the Francis Inquiry's recommendations and are intended to help improve the quality of care and transparency of providers by insuring that those responsible for poor care can be held to.

On 11 November 2014 the Care Quality Commission published 11 fundamental standards (Regulations). Two came into force on 27 November 2014 and the remaining followed in April 2015. Although all the standards are relevant the most appropriate ones in respect of this policy include:

- Regulation 10 - Dignity and respect
- Regulation 12 – Safe care and treatment
- Regulation 13 – Safeguarding service users from abuse and improper treatment

2. SCOPE

This policy applies to all Humber Teaching NHS Foundation Trust employees including bank, agency and temporary staff.

3. DEFINITIONS

Privacy and Dignity is one of twelve benchmarks within the NHS Essence of Care programme which outlines patient-focused benchmarks for clinical practice and defines the concepts of privacy and dignity as follows:

Privacy	Freedom from intrusion
Dignity	Is being worthy of respect

In addition to these definitions, the Department of Health "Dignity in Care Campaign" and related standards suggest that dignity issues overlap with four other areas:

Respect	Shown to a person as a human being and as an individual by others and demonstrated as courtesy, good communication and taking time
Privacy	In terms of personal space; modesty and privacy in personal care and confidentiality of treatment and personal information
Self Esteem	Self-worth, identity and a sense of oneself promoted by all the elements of dignity, but also by a clean and respectable appearance, pleasant environments and being listened to
Autonomy	Including freedom to act and freedom to decide, based on opportunities to participate and clear, comprehensive information

3.1. Focus of Eliminating Mixed Sex Accommodation (EMSA)

The focus of the standard and the associated central reporting is on Mixed Sex Accommodation breaches in respect of sleeping accommodation only, even though the NHS is required to monitor locally all justified mixing in sleeping accommodation, all mixed sex sharing of bathroom/toilet facilities (including passing through accommodation or toilet/bathroom facilities used by the opposite gender), and lack of provision of women-only day areas in mental health units (DoH 2010).

4. POLICY STATEMENT

Humber Teaching NHS Foundation Trust recognises the fundamental importance of maintaining the dignity and privacy of all our service users wherever care is delivered to them. This policy sets out the expectations of the Trust in maintaining privacy and dignity and provides a framework on which staff, service users, their relatives and carers can determine our performance.

The revised operational framework for 2011/12 amended 2013/2014 made it clear that NHS organisations are expected to eliminate mixed sex sleeping accommodation. This policy is written to ensure compliance.

5. DUTIES AND RESPONSIBILITIES

Executive Director of Nursing, Allied Health and Social Care Professionals

Has overall responsibility for ensuring there are effective and robust arrangements in place for eliminating mixed sex accommodation as outlined in The Operating Framework 2011/12 amended 2013/14.

The Executive Director of Nursing , Allied Health and Social Care Professionals is also responsible for, assessing the impact of new guidance/directives and providing reports of compliance to the Trust Board.

Also responsible for declaring breaches.

Divisional Clinical Leads

Overseeing the effective implementation of the EMSA agenda including reporting breaches.

Modern Matron

Modern matrons are responsible for ensuring the implementation and maintenance of the Trust Privacy and Dignity including EMSA within Inpatient Settings Policy within their areas of responsibility to ensure the Trust is compliant with The Operating Framework 2011/12 amended 2013/14.

They will ensure any breaches to the Privacy and Dignity including EMSA within Inpatient Settings Policy are reported via the Trust procedures. They will support the clinical leads in the completion of regular auditing and have responsibility for overseeing any action plans.

Matrons will also produce an annual report.

Staff

All staff within Humber Teaching NHS Foundation Trust will adhere to Privacy and Dignity including EMSA within Inpatient Settings Policy. Staff will maintain professional competence in maintaining privacy and dignity at all times. Training is available for all staff and can be accessed via the Organisational Learning Department. Training Needs Analysis will identify needs of individual staff and staff groups/teams. Staff will report any breaches to their line manager and complete datix and Adverse Incident forms on patient electronic records.

6. GENERAL PRINCIPLES

- 6.1. Key information leaflets about services should be given to patients prior to admission if possible, or upon admission and should be available in different languages and formats as per Interpreter Services procedure and guidance, applicable to local need, including cultural and religious information, leaflets on care and the Mental Health Act (1983) and contact information on a variety of relevant organisations.
- 6.2. Male and female patients should have access to a male/female member of staff where possible, and an escort of the same gender should be available where possible as per the Chaperone Policy.
- 6.3. Patients should be offered where possible, a choice in allocation of a key worker/named nurse, taking into consideration gender, ethnicity, age and professional issues.

- 6.4. Male/female patients should have access where possible, to a male/female doctor for physical health care if they so wish. The staff resources across the division must be considered to achieve this.
- 6.5. Patients should be given clear information on how to raise concerns and to whom.
- 6.6. Unit/ward staff should ensure that there is appropriate engagement and supervision of patients during both day and night, to meet their individual needs, respecting privacy and dignity.
- 6.7. Where this is necessary, searches should be carried out by a member of staff of the same sex as the client, with a second person acting as a witness, as per the Inpatients Search Policy.
- 6.8. Sleeping and bathroom areas should be segregated to protect the needs of patients of different genders and transgender patients.
- 6.9. Patients should have every opportunity to maintain contact with family and friends.
- 6.10. Trust policies on management of aggression and seclusion should take account of the dignity of the patient in respect of clothing, observation and gender of staff providing supervision, as per Seclusion or Segregation Policy
- 6.11. Humber Teaching NHS Foundation Trust will provide a private room for patients/visitors who wish to breast feed.
- 6.12. Humber Teaching NHS Foundation Trust acknowledges people undergoing a transgender reassignment may be particularly sensitive to issues of gender differentiation and respect and may be vulnerable to abuse, exploitation and intimidation whilst in hospital. See link [Supporting Transgender Patients Policy](#)
- 6.13. Risk assessments and care plans will acknowledge and manage increased risk and staff will be aware that special considerations and treatment specific to gender transition may apply.

A transgender, gender fluid or non-binary person has equal rights to access gendered accommodation as any other person and therefore should be admitted in accordance with their presenting gender identity. It is good practice to involve the service user, as much as possible, in the admission process. This can help reassure the service user and help staff understand what they can do to support the transgender person. Staff will maintain the confidentiality and dignity of transgender people, **gender fluid or non-binary people** as per the Equality Act 2010.

For more information refer to the [Supporting Transgender Patients Policy](#).

6.14

Staff will respect individual patient's cultural, religious and ethnic beliefs and make arrangements as required in relation to diet, worship and care of the dying.

7. BREACHES

- 7.1. Where it is necessary to admit an individual to a sleeping area of the opposite sex a risk assessment and care plan will be completed and all necessary measures will take place to rectify the situation as soon as a senior manager is made aware. A Datix will be submitted every 24 hours that the breach continues. The risk assessment and management plan will be reviewed daily with a focus of eliminating the mixed sex breach as soon as possible.
- 7.2. The executive director of nursing allied health and social care professionals and deputy director of nursing allied health and social care professionals will be informed of the breach as soon as it is known with updates via Datix daily.

- 7.3. The executive director of nursing allied health and social care professionals, in their absence the deputy director of nursing allied health and social care professionals will confirm if a breach has occurred and submit the information for external reporting.

8. EQUALITY AND DIVERSITY

This policy will reflect anti-discriminatory practice. Any services, interventions or actions must take into account any needs arising from race, gender, age, religion, belief, communications, sensory impairment disability and sexuality. An Equality and Diversity Impact Assessment has been carried out using the Trust approved EIA. No adverse impact was identified and therefore a full EDIA was not deemed necessary.

9. MENTAL CAPACITY

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this policy: [Mental Capacity Act 2005 and Best Interests Decision Making Policy \(M-001\)](#)

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
- An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

10. IMPLEMENTATION

Modern matron lead for privacy and dignity will visit each unit to ensure they have full understanding of the policy and its implementation into practice. The unit managers will disseminate the policy to their team with the support of the privacy and dignity lead if required. This content of this policy will be covered in induction programmes for staff who are working in mixed sex in patient units.

The policy will be referred to during annual privacy and dignity accommodation "Good Practice Guidance and Self-Assessment Checklist" (NHS Institute for Innovation and Improvement).

This policy will be disseminated by the method described in the Policy and Procedural Documents Development and Management Policy.

This policy does not require additional financial resources.

11. MONITORING AND AUDIT

This policy will be monitored as part of the annual Privacy and Dignity audit. Results will be presented to the Environmental Services Meeting and local teams in the form of a written report.

The Risk Management Team will highlight any breaches identified through the completion and review of Datix submissions.

The performance team report any breaches to the Department of Health and Social Care.

Patient-Led Assessments of the Care Environment (PLACE) involve annual environmental audits which include privacy and dignity; actions are fed back to units.

Family and Friends test is implemented throughout the Trust and comments/actions are fed back to service areas

12. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

References/Evidence

Department of Health Guidance, 2007 "Eliminated Mixed Sex Accommodation"

NHS The Operating Framework 2011/12 Department of Health

Equality Act 2010

Mental Health Act 1983: Code of Practice

Care Quality Commission "Raising Standards putting people first" Strategy 2013-2016

NICE Clinical Guidance 138: Patients must be treated with dignity and respect 2012

13. RELEVANT TRUST POLICIES/PROCEDURES/PROTOCOLS/ GUIDELINES

[Chaperone Policy](#)

[Inpatient Search Policy](#)

[CPA Policy and Procedural Guidance](#)

[Interpreter Services - Hull & East Riding](#)

[Interpreter Services - Scarborough Ryedale and Whitby](#)

[Seclusion or Segregation use of Policy](#)

[Caldicott and Data Protection Policy](#)

[Supporting Transgender Patients Policy](#)

[Equality Diversity and Inclusion Policy](#)

[Transgender Patients - Managing Health Records](#)

Appendix 1: Risk Assessment and Management Plan

Privacy and Dignity – Eliminating Mixed Sex Accommodation Risk Assessment and Management Plan

PRIVACY AND DIGNITY

Risk Assessment for

DoB:

NHS No:

Date	How has Privacy and Dignity been compromised e.g. male patient admitted to single room in female corridor	What measures are in place to reduce risk	Do you need to do anything else to control the risk i.e. increase engagement with patients	Date the situation is likely to be rectified	Action by who including Datix	Time scale	Date completed and Signature

Review Daily Yes / No	If no next review date	Current situation	Actions	Outcome	Signature and position

NB: This situation must be rectified as soon as practicably possible

Appendix 2: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy: Privacy and dignity including eliminating mixed sex accommodation within inpatient settings (N-023)		
Document Purpose	<p>The purpose of this policy is to ensure that high standards of Privacy and Dignity including Eliminating Mixed Sex Accommodation within Inpatient Settings (EMSA) are maintained for all patients and service users, and these continue to be key priorities for all staff working within Humber Teaching NHS Foundation Trust.</p> <p>This policy outlines the Trust's commitment to ensuring patients and service users are placed at the centre of the caring process and have their privacy and dignity maintained at all times. It is integral that patients and service must be treated as individuals with courtesy and respect, in whichever community or inpatient setting their care is delivered in.</p>		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	Divisions	Jan-2023	
	QPaS	February 2023	
Approving Committee:	Governance Committee (V2.0)	Date of Approval:	January 2012
Ratified at:	Trust Board	Date of Ratification:	February 2012
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	Dissemination to staff via Global email Teams responsible for ensuring policy read and understood		
Monitoring and Compliance:	Datix reporting Root Cause Analysis Record audits		

Document Change History:			
Version Number /	Type of Change	Date	Details of Change and approving group or Executive Lead
2.00	Review	09/01/2012	Harmonised ERYPCT 9cp54) and Humber Trust Approved Governance Committee Jan-2012
2.1	New legislation	01/11/2015	Minor changes New legislation added including MH Act and CQC standards Risk Assessment and care plan added via appendices Approved Governance Committee Nov-2015
2.2	Review	01/08/2018	Minor changes Approved QPaS 22-Aug-2018
2.3	Full review/new guidance	09/01/2020	Minor change to reflect updated guidance Delivering Same Sex Accommodation (Sept 2019) , roles and responsibilities updated in line with the new organisational structure. Additional clarity added regarding what constitute an MSA breach. Approved QPaS 20-Jan-2020

2.4	Full review	02/02/23	Minor amendments. Additional information regarding Transgender patients. Approved QPaS 2-Feb-2023
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Appendix 3: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Privacy and dignity including eliminating mixed sex accommodation within inpatient settings policy.
2. EIA Reviewer: Gary Green. Modern Matron. Townend Court. 01482 336740
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

<p>Main Aims of the Document, Process or Service Ensuring privacy and dignity for all patients including eliminating mixed sex accommodation within inpatient settings.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	The purpose of this policy is to ensure the privacy and dignity for all patients and service users receiving a service from Humber Teaching NHS Foundation Trust is maintained at all times, including the elimination of mixed sex accommodation within inpatient settings regardless of age, disability, gender, gender identity, marital status, race, religion, sexual orientation.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay Men Bisexual	Low	
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
No actions identified – this is a policy that applies to staff in all in-patient areas, regardless of the patient group/profile.	
EIA Reviewer: Sadie Milner, Quality Standards Practice Development Nurse	
Date completed: January 2023	Signature: S.Milner