

Livewell Southwest

**Eliminating mixed sex accommodation and  
maintaining privacy, dignity and respect**

Version No.1.1

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

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## Reader Information

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	<p>Dept of Health (2010) Eliminating Mixed Sex Accommodation PL/CNO/2010/3 DH London</p> <p>Dept of Health (2011) Eliminating Mixed-Sex Accommodation - Declaration Exercise Gateway Reference 15552 DH London</p> <p>RCN (2008) Definition of Dignity Publication code 003 298</p>
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### Document review history

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0.1	New document	January 2014	Deputy Director of Governance	New document
1	Ratified	January 2014	Policy Ratification Group	Ratified.
1.1	Minor changes	December 2015	Deputy Director of Professional Practice, Safety and Quality	The minor change is in section 4 where information regarding Tavistock theatres have been added. The policy has been consulted to include SH and WD.

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# **Eliminating mixed sex accommodation and maintaining privacy, dignity and respect**

## **1. Introduction**

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Responsibility for these rights does not lie with one individual or group, but with all staff at all levels.

- 1.1** The NHS Operating Framework 2011/12 requires all providers of NHS funded care to confirm whether they are compliant with the national definition “to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects their patient choice.
- 1.2** In November 2006 the Department of Health launched a ‘Dignity in Care Campaign’ with an aim to put dignity and respect at the heart of care services extended into Mental Health Services in 2007, and is now applicable in all health and social care settings. This campaign issued the 10 Point Dignity Challenge to organisations. (Appendix A).
- 1.3** Being with other patients of the same gender is an important component of privacy and dignity. It is a requirement that the Livewell Southwest (LSW) provides wards/services in single sex bays and also has segregated washing and toilet facilities to allow patients’ dignity.

## **2. Purpose**

- 2.1** This Policy is designed to provide:
- 2.2** Direction to staff to enable them to provide care and treatment to all patients, Service users and carers receiving services from in a way which treats them with respect and maintains their right to privacy and dignity. A clear definition to all staff as to what constitutes privacy and dignity within a Care setting.
- 2.3** A clear definition to all in-patient staff of same sex accommodation. In-patient staff across LSW with guidance on the safe management of same sex accommodation.
- 2.4** Details of the procedure for reporting any breeches in LSW compliance in relation to eliminating mixed sex accommodation.

## **3. Scope**

- 3.1** This policy applies to all healthcare professionals and volunteers whether directly employed by LSW, or covered by a letter of authority/honorary contract, undertaking duties on behalf of LSW working within in-patient or community settings.

## 4. Definitions

4.1 Same Sex Accommodation is: (DOH 2009 Eliminating Mixed Sex Accommodation).

- **Same Sex Wards** - a ward with all facilities, including dedicated toilet and washing facilities, occupied solely by either men or women, boys or girls.
- **Mixed Sex Wards** - with single bedrooms and same sex toilet and washing facilities (preferably en-suite) or
- **Mixed Sex Wards** - with bed bays (multi-bed rooms) occupied exclusively by either men or women with access to same-sex toilet and washing facilities.
- **Women Only Lounges** - In consideration of the fact that due to their illness, the capacity of patients within the Mental Health inpatient services can be impaired which increases their level of vulnerability it is essential that within these areas female only lounges are provided.

4.2 In mixed-sex wards, it is good practice to create separate parts of the ward for men and women and designated areas or zones, for the bedrooms and toilet / washing facilities for each sex. There may be times, albeit not ideal, when a corridor or the bedroom area of a ward may be mixed. If this occurs, bedrooms, toilet and bathing facilities should be designated to achieve as much gender separation as possible and care supported by appropriate staffing. Men and women should not have to pass through the bedrooms or bed bays of the opposite sex to access their own bedrooms or toilet/washing facilities. Ideally service users should not pass through mixed, communal areas adjacent to their bedrooms or bed bays to access their washing facilities. The exception is toilet facilities used while in day areas where service users are fully dressed.

4.3 Tavistock theatres should ensure that a nurse must be physically present in the room/bay at all times when there are patients of a mixed gender. This would be unacceptable if staff shortages or skill mix were the rationale.

4.4 Some toilets and bathrooms contain specialist facilities which are fixed (e.g. hoists) to make them accessible for disabled users. Such facilities may be designated unisex as long as they are for use by one person at a time, are lockable from the inside (with external override) a risk assessment has been conducted and where necessary, the service user is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.

- **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 concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as a valued individual. In care situations, dignity may be promoted or diminished: by the physical environment: organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out. Dignity applies equally to those have capacity and to those who lack it. (RCN 2008).

**4.5** In addition to the definitions above the 'Dignity in Care Campaign' suggested 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 'all the little things' - a clean and respectable appearance, pleasant environments and by choice and being listened to.
- Autonomy Including freedom of act and freedom to decide on opportunities to participate, and clear comprehensive information.

## **5. Responsibilities, accountabilities and duties**

### **5.1 Board of Directors**

The Board of Directors are responsible for LSW having policies and procedures in place which meet National and Local requirements and/or legislation in order to provide a service which is based on best practice. The Lead Director responsible for this policy is the Director of Professional Practice, Quality and Safety.

### **5.2 Locality managers for Inpatient Services are responsible for:**

- Monitoring compliance with this policy.
- Reporting any non-compliance of this policy via the LSW incident reporting system.
- Investigating any reported none compliance with this policy.
- The implementation of any action plans arising from audits of the policy and patient feedback.



- Identifying training needs of staff that fall within the remit of this policy.

### **5.3 Matrons/Managers are responsible for:**

- Making staff aware of this policy, its content and where to access the policy.
- Reporting any non-compliance of this policy, or concerns about any poor Practice by staff to the Deputy Director of Professional Practice Quality and
- Safety in the Investigation of any failure to comply with the policy including all breaches and taking corrective action to prevent any reoccurrence.

### **5.4 Health Care Professionals**

All healthcare professional must:

- Actively promote the patients privacy and dignity at all times.
- Ensure that all service users are cared for in single sex accommodation as defined by this policy.
- Be aware of their role if acting as a chaperone.
- Report any breaches of the policy or EMSA to their line manager and on LSWs Incident reporting system.

## **6. Procedure / implementation**

### **6.1 Breaches of Policy**

A breach occurs at the point a patient is admitted to mixed sex accommodation outside the terms of this policy or if there is no provision of a women only lounge in a Mental Health ward. Mixing may be justified (i.e. NOT a breach) if it is in the overall best interest of the patient, or reflects their personal choice.

### **6.2 Acceptable Justification (NOT a Breach – DCIS only)**

In the event of a life threatening emergency either on admission or due to sudden deterioration in a patient's condition:-

- Where a critically ill patient requires constant one-to-one nursing.
- Where a nurse must be physically present in the room/bay at all times.

- Where a short period of close patient observation is needed e.g. where there is a high risk of adverse drug reaction on the joint admission of couples or family groups.

### **6.3 Unacceptable Justification. (A Breach)**

- Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical speciality.
- Placing a patient in mixed-sex accommodation because of a shortage of staff or other ward issues.
- Placing a patient in mixed-sex accommodation because of restriction imposed by old or difficult estate.
- Placing a patient in mixed-sex accommodation because of a shortage of beds.
- Placing a patient in mixed-sex accommodation because of a fluctuation in activity or seasonal pressures  
Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure.
- Placing or leaving a patient in mixed sex accommodation whilst waiting for assessment, treatment or a clinical decision.
- Placing a patient in mixed sex accommodation for regular but not constant observation.
- It is not acceptable to mix sexes purely on the basis of clinical specialism. For instance in a stroke unit it may be acceptable to mix patients immediately following admission (life threatening emergency, and in need of 1-1 nursing) but not to maintain mixing throughout their rehabilitation phase, simply on the basis that it is easier for staff, or because there are not enough people with the necessary skills.

### **6.4 Patient Choice**

- There are some instances when sharing accommodation with the opposite gender reflects personal choice and may therefore be justified. In all cases, privacy and dignity should be assured. Group decisions should be reconsidered for each new admission to the group as consent cannot be presumed and in such circumstances consideration needs to be given to the patient's capacity to make such a choice.

- There are certain situations where it is 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 be protected. The patient should be provided with same – sex accommodation immediately the acceptable justification ceases to apply.

### **6.5 Acceptable Justification (NOT a Breach)**

- If an entire patient group has expressed an active preference for sharing.
- If individual patients have specifically asked to share and other patients are not adversely affected (e.g. children/young people who have expressed an active preference for sharing with people of their own age group, rather than gender).

### **6.6 Unacceptable Justification (A Breach)**

- “Take it or leave it” i.e. if the patient is asked to choose between accepting mixed-sex accommodation, or going elsewhere.
- “No win situation” the patient is asked to prioritise same-sex accommodation over another aspect of their care e.g. speed of admission, specialist staff etc. Custom and practice e.g. routine mixing of young people without establishing preferences.
- If the patient said they did not mind (there should always be a presumption of segregation unless patients specifically ask to share) If the patient did not express a preference. It is important to note that it is always the priority to aim for segregation, the circumstances in which patients choose to share are expected to be in the minority

### **6.7 Exceptional Circumstances**

There will be specific circumstances where mixing is acceptable as an emergency to extreme operational emergencies. This is limited to unpredictable events such as major clinical incidents e.g. a multiple road traffic accident or natural disaster and major non clinical incidents such as fire, or flood requiring immediate evacuation of buildings.

### **6.8 Maintaining Same Sex Accommodation in the event of an Outbreak**

LSWs Major Incident Plan sets out a framework for organisational responses to any kind of major incident affecting service users and/or staff. This alongside the Business Continuity Plans for each of the LSWs individual Services/departments will support the ongoing provision of same sex accommodation during any such outbreak.

## 6.9 Maintaining Privacy, dignity and respect

Maintaining patient's privacy, dignity and respect is core to the delivery of effective health care and will help patients feel valued which will in turn promote their confidence in the service. As a minimum staff will:

- Ask patients by which name or title they prefer to be addressed, and respect their wishes.
- Identify if there are communication challenges that may require additional support. Examples of this include where English is not the first language, Learning Disabilities, or where there are issues of capacity.
- Ask a patient if they wish their carer to leave for specific conversations or procedures which may compromise their privacy or dignity.
- Maintain the patient's privacy when asking or assisting them to undress and dress for intimate examination or treatment.
- Close curtains or screens in areas where patients are expected to undress.
- Close observation windows in patients bedrooms unless they are being used for observation.
- Obtain Informed consent before any examinations or treatments are carried out.
- Have an understanding of the need for sensitivity when discussing diagnosis or treatment options and where possible the conversation to take place in a quiet room.
- Respect Privacy and Dignity at all times, in particular during delivery of personal care, entering treatment rooms and single rooms, ward areas when curtains are closed, toilets or bathrooms and immediately before or following death.
- Knock before entering a room, use of "care in progress, do not enter" signs on curtains. Wait for a reply before entering.
- Avoid personal conversation with co-workers which exclude the patient they are giving care to.
- Not ask the patient to remove more clothing that is necessary Not ask the patient to undress until they are ready to examine them.

- Undertake their consultation with the patient either before or after the examination when the patient is fully clothed. (Following the examination, give the patient time to dress before the consultation continues).
- Check with the patient that they give their permission to be washed / examined by a person of the opposite sex and respect their wishes where this is possible.
- Encourage patients to wear their own clothes during the day and their own night clothes to sleep in. If hospital clothing is needed, staff are to ensure it protects the patient's modesty.
- Where a patient requires assistance with eating, provide this discreetly, giving the patient time to eat without feeling rushed.
- Provide adapted cutlery and crockery if needed.

## **6.10 Special Considerations**

### **6.11 Single Sex Wards**

Within LSW there are a number of Single Sex Wards but this policy still applies to these in relation to the maintenance of patient's privacy and dignity, and the right of the patients to be treated with respect.

### **6.12 Transgender/transsexual Service Users**

- Transsexual people, and individuals who have proposed, commenced or completed treatment for the reassignment of gender, are legally protected against discrimination. In addition, good practice requires that clinical responses should be service user focused, respectful and flexible towards all transgender people who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natal sex.
- In order to meet the needs of these service users in a none discriminatory way staff will ensure that:
  - Where possible transgender patients are accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use). This presentation may not always accord with the physical sex appearance of the chest or genitalia and does not depend on them having a Gender Recognition Certificate (GRC) or legal name change.
  - If due to an identified risk to their personal safety or wellbeing they can not be safely accommodated according to their presentation a full explanation

is given as to the reasons why and what measure are to be put in place to support them during their inpatient stay.

- All transgender patients are cared for in a single room. Transgender patients do not share open shower facilities. The views of the transgender patients take precedence over those of family members where these are not the same.

### **6.13 Electroconvulsive Therapy (ECT)**

- Within LSW there is an ECT department based at the Glenbourne unit. The operational policy for ECT includes guidance on how same sex accommodation is achieved and how service users privacy and dignity is maintained throughout the administration and recovery from ECT.

## **7. Training implications**

There are no specific training requirements in relation to this policy, but all LSW staff will need to be familiar with this document.

As a LSW policy, all staff need to be aware of the key points that the policy covers. Staff will be made aware of its content via any of the following:

- Team Brief
- Team Meetings
- Supervision
- Practice development days
- Induction

## **8. Monitoring and reporting arrangements**

There must be an investigation of any formal, informal complaints or breaches which relate to non compliance with the contents of this policy. All sleeping breaches are to be reported on the Unify 2 Electronic reporting system on a monthly basis.

## **9. Privacy, Dignity and Respect**

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '*not just clinically but in terms of dignity and respect*'. As a consequence LSW is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the

requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Professional Practice Safety & Quality.

Date: 22<sup>nd</sup> January 2016

## **Appendix A**

### **THE 10 POINT DIGNITY CHALLENGE**

**High quality services that respect people's dignity should:**

- 1. Have a zero tolerance of all forms of abuse**
- 2. Support people with the same respect you would want for yourself or a member of your family**
- 3. Treat each person as an individual by offering a personalised service**
- 4. Enable people to maintain the maximum possible level of independence, choice and control**
- 5. Listen and support people to express their needs and wants**
- 6. Respect peoples' right to privacy**
- 7. Ensure people feel able to complain without fear or retribution**
- 8. Engage with family members and carers as care partners**
- 9. Assist people to maintain confidence and a positive self-esteem**
- 10. Act to alleviate people's loneliness and isolation**