

Privacy and Dignity

The elimination of mixed sex accommodation

Good Practice Guidance and Self Assessment Checklist



Contents

Introduction	3
What should we be delivering?	4
How can practice be improved?	5
Additional issues for Mental Health Trusts	14
How to use the self assessment check list	18
• Good practice check list for acute trusts	20
• Template action plan	26
• Good practice check list for mental health trusts	29
• Template action plan	36
Wider privacy and dignity issues	39
Appendices	
1. Participating trusts and stakeholders	40
2. References and useful resources.	41

Status of the document

The Good Practice Guide and Self Assessment Checklist were developed collaboratively by the Department of Health and the NHS Institute for Innovation and Improvement in consultation with nurses in acute and mental health trusts and other stakeholder organisations. A full list of consulted organisations can be found in appendix 1.

The principles are for implementation at local discretion. There have been no policy changes.

Introduction

This guidance outlines 11 key principles to support the achievement of good physical separation of the sexes in hospital accommodation. It includes a self-assessment checklist to help trusts identify issues that need to be addressed. The document builds on the recent Department of Health report 'Privacy and Dignity – a report by the Chief Nursing Officer into mixed sex accommodation in hospitals' (DoH 2007). The guidance will help trusts to understand what is meant by compliance with single-sex accommodation definitions. It will also provide evidence that can be used to:

- improve performance at ward, site and trust levels
- identify areas for celebration, and for improvement
- inform patients and the public about available services
- support trust declarations on compliance with Standards for Better Healthcare
- support trusts to comply with the Equality Act 2006

The document provides general principles for all trusts to work towards and a section specifically highlighting additional issues for mental health trusts to consider.

Policy Context

There is a commitment across the NHS to reduce and, where possible, eliminate mixed-sex accommodation. The 2007/08 NHS Operating Framework for England (DoH 2006) states that primary care trusts should "ensure local implementation of the commitment to reduce mixed-sex accommodation and maximise privacy and dignity in situations where the need to treat and admit takes precedence over complete segregation".

Mental health trusts also need to comply with the guidance published in 1999 by the NHS Executive: Safety, privacy and dignity in mental health units. 'Guidance on mixed-sex accommodation for mental health services' (NHS Executive 1999).

In order to promote privacy and dignity, staff vigilance underpinned by appropriate policies, procedures and training are as important as the physical environment. This is reflected in the core standards measured by the Healthcare Commission as part of the Annual Health Check with which all trusts need to comply. This checklist will assist trusts to demonstrate their compliance with a number of standards, in particular:

- **C13a:** Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.
- **C16:** Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.
- **C20b:** Healthcare services are provided in environments which promote effective care and optimise healthcare outcomes by being supportive of patient privacy and confidentiality.

What should we be delivering?

There are no new standards on mixed-sex accommodation and policy has not changed. This guidance simply restates what patients already have the right to expect.

Men and women should not normally have to share sleeping accommodation or toilet facilities. Irrespective of where patients are, staff should always take the utmost care to respect their privacy and dignity.

Single-sex accommodation can be provided in:

1. **Single-sex wards** (i.e. the whole ward is occupied by men or women but not both)
2. **Single rooms** with adjacent single-sex toilet and washing facilities (preferably en-suite)
3. **Single-sex accommodation within mixed wards** (i.e. bays or rooms which accommodate either men or women, not both; with designated single-sex toilet and washing facilities preferably within or adjacent to the bay or room).

In addition patients should not need to pass through opposite sex accommodation or toilet and washing facilities to access their own.

There may be exceptional circumstances, in acute care settings, when mixing men and women in the same bay or room is unavoidable; for example where a patient requires urgent admission, or in units such as Intensive Care Units (ICU) Coronary Care Units (CCU) or High Dependency Units (HDU). In all other circumstances this should only be a temporary or short-term situation for that patient, and should never occur in mental health units.

When mixing men and women is unavoidable every reasonable effort should be made to rectify the situation as soon as possible. Until that time staff may need to take extra care to safeguard privacy, particularly in sleeping and sanitary areas.

In all instances where mixing of men and women is unavoidable, the patient, their relatives and carers should be informed of why the situation has occurred, what is being done to address it, who is dealing with it and some indication as to when it may be resolved.

Mixing of the sexes can often be avoided, can usually be reduced, and can always be managed better. There can be no excuse for doing nothing.

There are no exceptions to delivering high standards of privacy and dignity. The exceptions established under: 'Mixed-sex accommodation. Health Service Circular' 1998/143 were reporting exceptions only and do not apply to local audits such as this.

How can practice be improved?

This guidance was produced in consultation with a number of NHS trusts. Eleven good practice principles were identified and these are illustrated below. There will be many other examples that trusts can share through their established networks. In addition there are good practice examples to be found on the Dignity in Care Campaign web site: www.dignityincare.org.uk

The patient quotes were collected during a study conducted by the Ipsos MORI Social Research Institute (2007). Information in blue text boxes is also taken from this report.

Good Practice Principles

Note that these principles describe good practice. Occasional breaches may be unavoidable but the ideal remains the same.

The principles are categorised into three broad groups – the commitment of the board of directors, the quality of the care environment and the actions of individual staff. The checklist follows the same basic groupings.

The board of directors actively supports patients' privacy and dignity

There is clear evidence of commitment by the board of directors to improve privacy and dignity arrangements

The board of directors understands what patients want and endeavours to deliver it

The board understands the trust's performance against privacy and dignity benchmarks and sets local goals for improvement

Resources are allocated to preserving and improving the privacy and dignity of all patients and service users.

The physical environment actively supports patients' privacy and dignity

The care environment is clean and well-maintained

There is good physical separation of sleeping accommodation for men and women

The physical environment is appropriate for the care group

There are segregated toilet and washing facilities for men and women

Individual staff actions actively support privacy and dignity

Staff are aware of, and abide by, policies established to ensure privacy and dignity

Staff apologise for all episodes of mixing and keep patients and visitors informed about actions that are being taken to solve the problem

Staff report episodes of mixing through the appropriate reporting channels.

The board of directors actively supports patients' privacy and dignity

All those consulted agreed about the importance of genuine board commitment. There are always compromises to be made and no trust can deliver perfection in all areas. However, some boards took a particularly visible role – either in leading debates with patients, in setting standards or in monitoring progress.

Principles of Board Commitment

There is clear evidence of commitment by the board of directors to improve privacy and dignity arrangements

The board of directors understands what patients want, and endeavours to deliver it

The board understands the trust's performance against privacy and dignity benchmarks and sets local goals for improvement

Resources are allocated to preserving and improving privacy and dignity of all patients and service users

Good Practice Examples

Information management

Hull and East Yorkshire Hospitals NHS Trust is determined to improve its performance. Their director of nursing, supported by other board members, has collected detailed information on a whole range of quality indicators including indicators pertaining to privacy and dignity issues. The trust can now use this information to set local goals and monitor their progress. This level of detail, which was not previously available, ensures that board decisions will be based on audited evidence.

Attention to difficult areas

Separation of the sexes can be particularly challenging in high throughput areas. However, a number of trusts, both large and small, have achieved separation in their admissions and assessment areas. These include University College London Hospitals NHS Foundation Trust and Harrogate District NHS Foundation Trust. As a result of targeting these difficult areas these trusts benchmarked highly in the Healthcare Commission patient surveys when compared to comparative trusts.

"If it's urgent - emergency- then you take what you can get. But once you've been sorted and you're more aware of what's happening then I think it's important." Female aged over 65 years

Service organisation

Trusts who analyse their admissions by gender, speciality and sub-speciality may find they can then review bed configurations to provide better separation. Sheffield Teaching Hospital NHS Foundation Trust, and Hull and East Yorkshire Hospitals NHS Trust have begun to look at their admission and bed census data in this way. The next step is to assess whether some separate clinical services can develop shared facilities to enhance separation. This might also help trusts improve medical cross-cover in support of European Working Time Directives.

Maintaining focus

A number of trusts stated that they reported each episode of mixing of the sexes as an untoward incident. In addition, where trusts categorise their complaints and incidents to highlight issues of gender separation this can be reported at board level to influence decision-making.

Box 1 What do patients and the public want?

Around 60 recent NHS former patients took part in focus groups, and almost 2,000 members of the public were interviewed for their views on privacy and dignity. In summary, we found:

- a. Privacy and dignity are very important, but are rarely mentioned spontaneously in open discussion. Trusts may need to be proactive in seeking patient feedback in this subject area.
- b. When asked to choose three items from a list of twelve features (see box 2) that make people feel they are being treated with privacy and dignity, more people choose 'a clean hospital' than any other single factor. It is hard to overestimate the importance of cleanliness as a 'confidence-creator' for patients.
- c. Human factors, such as being kept informed, and having thoughtful staff, are essential. Positive staff attitudes can transform an unacceptable experience into an excellent one.
- d. Older people, and women in general, are less tolerant of mixing
- e. People are less tolerant of mixing for elective admissions, longer stays, and gender-based procedures such as prostatectomy and hysterectomy

The physical environment actively supports patients' privacy and dignity

Patient confidence in privacy and dignity is affected strongly by the environment, particularly cleanliness. Just separating men and women is unlikely to be enough.



High standards of cleanliness reassure patients that their privacy will be respected.

Many older NHS buildings were not designed to cater for modern healthcare and patient needs. Constant reassessment along with ingenuity and common sense are needed to solve the problems they pose. Some of the good practice featured in this document shows ways in which this can be done.

What do patients want?



"If I was going into a normal hospital that is what I'd expect to be going into. An open ward, all the same sex, that would be normal to me" Male aged 30-50

"I think you'd expect to be in a bay" Female 30-50

Some patient groups find mixing more distressing than others. For example, older patients, women, and those with gender-related illnesses (eg hysterectomy or prostatectomy) value separation particularly highly. This does not mean other areas are not important, but it does support trusts to phase refurbishment on an evidence-related basis.

"If you're not living with a man any more - I'm sure its been eight years since I was left on my own, to get used to a mixed ward, no I don't like them." Female aged over 65 years

Principles of a Good Care Environment

The care environment is clean and well-maintained

There is good physical separation of sleeping accommodation for men and women

The physical environment is appropriate for the care group

There are segregated toilet and washing facilities for men and women



Spacious bays with plenty of room around the bed and easy access to toilet facilities make it easier to maintain privacy and dignity.

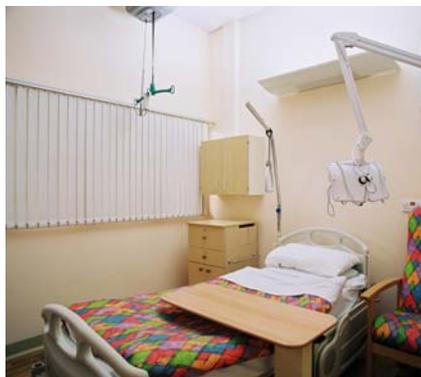


In this example, the en-suite opens directly off the bed area – an alternative arrangement is to have the en-suite in an entrance lobby.

“Twice I looked up...they’d gone and put a woman on the toilet and left her with the door open...I was really upset over that, not because of what I’d seen, but because of the fact they didn’t treat them with dignity.” Female aged 30 - 50



The above example illustrates that en-suite facilities can be provided in the smallest of spaces making a vast improvement to the patient’s experience. The wall opens up to allow access, then closes for privacy.

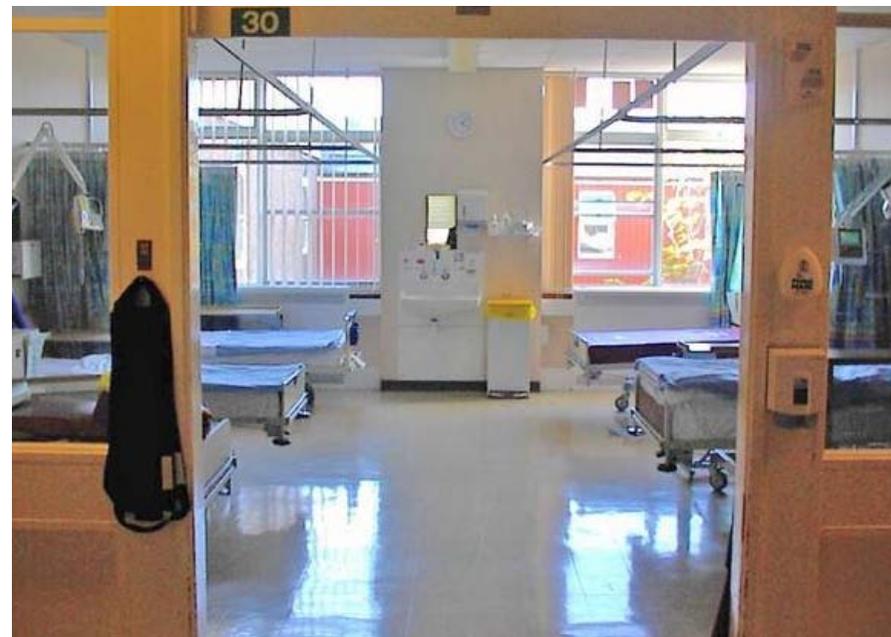


Single room with observation window. As long as it does not compromise patient safety patients can choose to have the blinds open or closed. Many choose to keep them open.

Auditory privacy is particularly hard to achieve in some older hospitals. Being overheard may have more serious implications - for example patients may withhold important medical information from doctors and nursing staff, because they fear that other patients will overhear what they say. Staff too may 'edit' what they say to colleagues, which could have implications for patient care and treatment.

Partitions

All partitions separating men and women's areas should be full-height, rigid and fixed to the building structure.



Single-sex bay well separated from the corridor by robust partitioning. As long as toilets are immediately adjacent and there is no need to pass through opposite-sex areas this would meet the guidance for separating the genders.



Curtains

Curtains create privacy around the bed space, or add an extra layer of protection within a bathroom to allow staff to enter without exposing the patient. They are not suitable for separating men and women. As a rule of thumb no more than the patient's shin should be visible underneath a curtain. This will be no higher than about 30 centimetres or 12 inches. A double or triple hem will allow for shrinkage when the curtains are washed.

Toilet and washing facilities

At Newcastle upon Tyne Hospital NHS Foundation Trust one ward sister who manages a care of the elderly unit has achieved separation of the sexes in single bays. However on wider dignity issues she has introduced a policy of 'no commodes' to ensure patients that are able to be assisted out of bed can use the toilet in the toilet areas and not behind curtains on the ward.



Nightingale Wards¹

Unconverted Nightingale wards are unsuitable for use by men and women together. A number of trusts have declared such wards strictly single-sex, or have converted them to provide separate men's and women's areas, with segregated sanitary facilities.

"I didn't even know there was such a thing as mixed-sex until I woke up properly there was a man either side of me."

Female aged 30-50

1. Any large, open-plan space, which has not been subdivided into bays or cubicles, and which offers dormitory-style accommodation for 12 or more patients.

"The thing is, you don't want to be having things done to you in the bed with just a curtain between you and the opposite sex."

Male aged over 65 years

Box 2
The importance of a clean hospital

Almost 2,000 people were asked to identify the three things they felt would be most important in delivering privacy and dignity from the following list. The list was generated following discussions with people who had recently been inpatients. By far the most important is cleanliness.

Item	% Selecting
making sure the hospital is clean	58
being kept informed about what's going on	43
medical staff to explain procedures fully	40
being able to discuss personal details without other people hearing	33
thoughtful/courteous staff	21
decent food	18
being in a single sex ward or bay	17
having private toilet/washing facilities	13
making the area around my bed more private	13
having single sex toilet/washing facilities	10
personal control over my environment, ie being able to close blinds, shut doors etc	8
improving hospital nightwear/gowns	4

Individual staff actions actively support privacy and dignity

Feedback from patients and the public is clear – caring, supportive staff from all professions are key to success. A single thoughtless action can impact adversely on a patient's dignity in a second.

Responsibility for protecting patients' privacy and dignity lies at ward level and needs to be led by the nurse in charge. It is the ward manager/sister/charge nurse who sets the standards at ward level and who determines not only what happens when they are on duty but, most importantly, what happens when they are not there. However, nurses do not work in isolation. All staff have a responsibility to preserve the privacy and dignity of patients.

Most patients understand how hard it is to deliver the ideal service at all times. If they understand that mixing is temporary, is regretted sincerely and is being addressed, they are less likely to find it distressing. If they do not have this information their anxiety is likely to increase.



Principles for Individual Staff

Staff are aware of and abide by policies established to ensure privacy and dignity

Staff apologise for all episodes of mixing, and keep patients and visitors informed about actions that are being taken to solve the problem

Staff report episodes of mixing through the appropriate channels.

Local leadership

At Derby Hospital NHS Foundation Trust the director of nursing has sponsored a project to empower a ward sister to begin to look at the changes needed to enhance privacy and dignity at ward level. This project has inspired the senior nursing team to look at dignity issues and roll out a programme across the trust.



High personal standards

Although participating trusts reported sharing from time to time, they took the very clear line that this was always less than ideal. There were frequent references to patient preference, with statements such as, "Imagine it was your Mum. You just don't do it". This contrasted with anecdotal evidence from other trusts where patients reported that staff accepted mixing as inevitable, or even as essential to the smooth running of the hospital.

Preventing casual exposure

Many trusts participated having overlapping curtains to help protect patients' privacy and dignity. Others use privacy indicators such as coloured pegs to hold curtains closed, or spring-loaded privacy signs clipped to the curtains. One ward sister reported that all visitors are asked to sit in the day room whilst ward rounds are conducted to prevent casual overlooking or overhearing.

Improving patient clothing

There is a wide range of theatre and examination gowns available – some with substantial overlaps which are more protective of patients' modesty. Related good practice examples include wards where patients are encouraged to wear their own clothes.

Additional Issues for Mental Health Trusts



The good practice principles already described apply to all care settings. In mental health services additional issues should be considered with respect to gender separation. The nature of mental health care is such that ward environments need to be safe and homely. Service users may stay for many months or years in some units. In order to promote privacy, dignity and safety appropriate policies, procedures training and clinical supervision are as important as the physical environment

The women's mental health strategy, Into the Mainstream, Department of Health (2002) and the subsequent guidance, 'Mainstreaming Gender and Women's Mental Health – implementation guidance' (2003) described the needs of women service users. At least half the women in acute inpatient units have histories of abuse; physical, emotional

and/or sexual abuse, including child sexual abuse, notwithstanding any adult abuse they have experienced. This makes them open to revictimisation and retraumatisation, particularly when they are ill and vulnerable. Vulnerability may be through disinhibition associated with their illness or being unable to keep themselves safe. Male service users may also have histories of abuse and can also be vulnerable in inpatient environments.

There are a number of policy documents relevant to gender separation in mental health care: -

- Safety, privacy and dignity in mental health units. Guidance on mixed-sex accommodation for mental health services, NHS Executive (1999)
- Mental Health Policy, Implementation guidance - Adult acute inpatient care provision (2002) recommended that inpatient services provide a self-contained women-only ward/unit.
- Mainstreaming Gender and Women's Mental Health. Implementation Guidance, Department of Health 2003 advocated reconfiguring acute inpatient services to all self-contained single-sex wards or combination of self-contained mixed-sex and women-only wards.

Many new build and refurbished mental health facilities can promote privacy, dignity and safety more easily through the provision of single, en-suite rooms and women-only day rooms. In older parts of the mental health estate with mixed gender wards it is good practice to re-arrange facilities so that there is a dedicated women only area of the ward, which contains their bedrooms, bathrooms and women only lounge. Many women would prefer to be cared for in a female-only environment and being able to provide an element of choice for service users is a key issue for trusts.

A number of publications to support mental health trusts in developing local policy and practice are due to be published by the end of this year.

- Definitive guidance on the management of violence in mental health settings including a chapter on sexual safety.
- Laying the Foundations - strategic guidance on commissioning and procuring capital mental health schemes, including consideration of sexual safety and gender separation.
- Care Services Improvement Partnership - guidance on commissioning and providing services for women who are acutely ill.

Good practice examples

Single gender wards

Single gender wards and dedicated single gender areas in wards within Northumberland, Tyne and Wear Trust's acute Adult inpatient services single gender accommodation have been available for some time. The majority of this has been achieved through the provision of single sex wards. However St George's Park Hospital in Northumberland is a brand new hospital which has acute adult and older people's wards with separate male and female areas. Each ward has single bedrooms with en-suite toilet and bathroom facilitates in addition to dedicated female only lounges.



Bamburgh clinic – single room and women only lounge.

Flexible accommodation

The Cornwall Partnership Trust has 24 beds on the Bodmin Hospital site that covers a population of approximately 250,000 and a geographical area of approximately 45 miles from west to east and 40 miles north to south. The number of beds may be reasonably appropriate for the population but they are all based on a single unit and therefore it is important for the trust to deliver flexible environments where there is specific space for those people who are vulnerable. This may be due to their gender and, on some occasions, age or physical disability. Therefore, environments need to be adaptable so that the balance between male and female accommodation can be easily changed as needed.

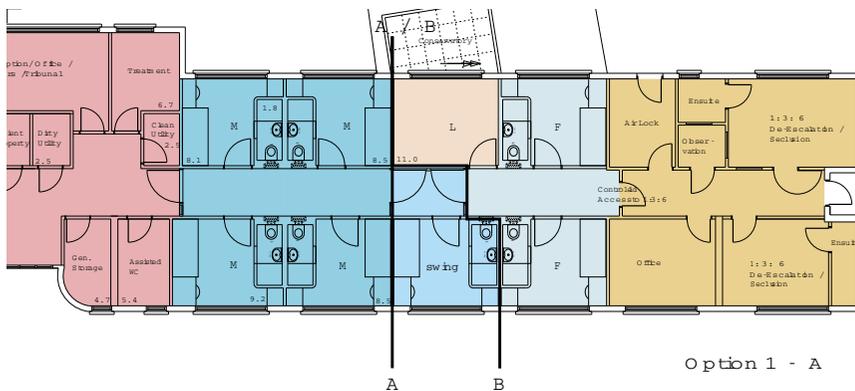
At the unit in Redruth this has been achieved by the use of sliding doors that can change the size of wings at any given time.

Swing beds

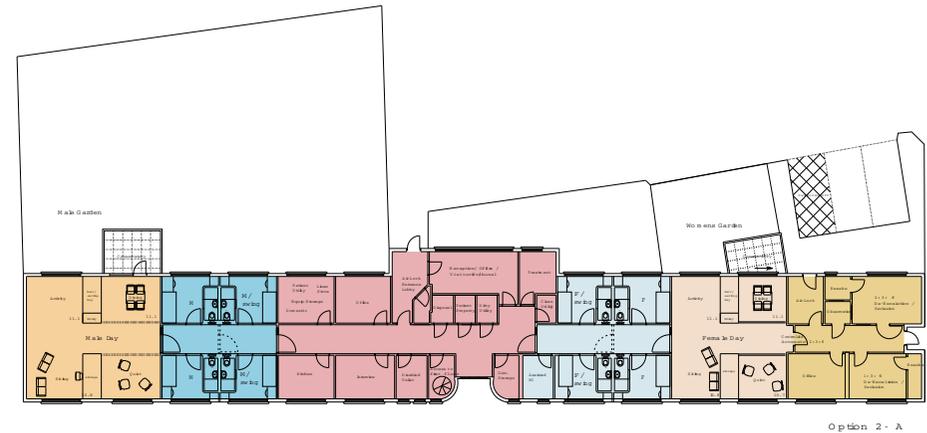
At South West London and St George's Mental Health NHS Trust they upgraded the psychiatric intensive care unit (PICU) in order to address the following issues:

- Gender separation with the provision of swing beds for flexibility
- Provision of appropriate activity spaces
- Provision of ensuite sanitary facilities with each bedroom
- Provision of facilities for visitors including family units
- Separate garden area for women.

The following plans show two examples of how this can be achieved. Further information can be obtained from the trust.



Bedrooms are clustered into two separate zones: one with four male and the other with three/two female bedrooms (plus one swing bedroom). A dedicated day room is provided with the female bedrooms. 4:3 and 5:2 are the ratios available. Two doors in the corridor are required to make the swing room work.



Female and male bedrooms are provided in separate clusters immediately either side of the central support zone with their dedicated day facilities beyond. The first two beds in each group can be swung with bedrooms on the other side. Because the male and female bedrooms are split, four are provided on each side to provide more flexibility.

There are further examples of women only sections in acute wards at St Charles Hospital part of Central and North West London NHS Foundation Trust.

Electronic access systems

At Cheshire & Wirral Partnership NHS Foundation Trust, Bowmere Unit has a system to ensure separate day areas for men and women. Electronic fobs issued to service users can be coded to give different access rights. For example, a female patient can have a fob that allows access to a day room access to which is denied to male service users.

This facility is being rolled out to the development of the new PICU at Clatterbridge Hospital which will also have separate day areas.

Both the Bowmere Unit and the new PICU have single rooms throughout and are designed so that service users do not need to pass through areas that are designated for the opposite gender such as bathrooms or day areas.

Other aspects of good practice:

- a board member being identified to lead on women's issues
- service users having access to same-sex staff at all times
- appropriate space for families and children to visit, ideally with a separate entrance
- staff training on gender sensitive care which covers:
 - the potential hazards in mixed-sex areas or those at a distance from the staff base
 - the identification and management of service users with a past history of sexual abuse
 - the identification and management of service users with the potential for violence or sexually predatory behaviour
 - appropriate professional boundaries
 - gender sensitivity in relation to observation, restraint, entering bedrooms and the administration of injections.

The Self Assessment Checklist

The self assessment checklist is designed to measure practice against eliminating mixed-sex accommodation only. A number of wider issues were raised during consultation and these are listed at the end of the checklist, for trusts to consider as appropriate.

Definitions:

Room: a single, or multi-bedded sleeping area, which is fully enclosed with solid walls and door.

Bay: a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. The fourth side may be open or partially enclosed. The use of curtains alone between bays is not acceptable, as they offer little visual privacy and no auditory privacy. Mental health units should be working towards the elimination of bays in favour of single rooms.

Adjacent: where bath/shower rooms and toilets are not provided as en-suite facilities. These should be located as close to the bay or room as possible and clearly designated as either male or female facilities. Patients should not have to walk through areas occupied by the opposite sex to reach the facilities.

How to use the self assessment checklist

This is a self assessment tool for internal use only. The scoring system is not mathematically derived. What matters is that trusts look at the scores for each of the three sections and develop action plans that respond to shortcomings.

Trusts can record their scores in one of two ways.

1. A spreadsheet can be downloaded from the NHS Institute for Innovation and Improvement's web site. The spreadsheet will automatically calculate the trust's score for the relevant sections, show the spread of scores in chart format in each section and populate the template action plan with the relevant scores.
2. This document contains a template developed using word processing software. Trusts can use this to insert their score manually and calculate an overall score for the relevant section.

Scoring ranges from 0 to 3:

- 0 – Not applicable
- 1 – Never/Poor
- 2 – Sometimes/Acceptable
- 3 – Always/Excellent

The following definitions should be used as a guide:

Not applicable	the standard is not relevant in this care setting
Never/rarely	the standard is never (or rarely) achieved and improvement is urgently required
Sometimes	the standard is sometimes achieved but there is room for improvement
Always/usually	the standard is always (or usually) achieved

Scoring

The scoring system is based upon the 'traffic light' approach used in many other NHS assessment processes. The decisions about which score to allocate will be based upon local judgment.

Depending upon the type of question, the audit may involve observations of practice, talking to staff and patients and/or documentary evidence.

		Suggested action
Excluding 'not applicable', the majority of scores achieve a rating of <i>always</i>	Green	An area of good practice which should be shared across the trust.
Excluding 'not applicable', the majority of scores achieve a rating of <i>sometimes</i>	Amber	Further work needed in this area with a recommended 6 month re-audit cycle.
Excluding 'not applicable', the majority of scores achieve a rating of <i>never</i>	Red	Urgent work required in this area. The issues should be reported through the trust's governance arrangements. A three month re-audit timescale is recommended.

The make-up of the assessment team should be decided locally. The composition of the team should be multi-disciplinary and include patients or service user representatives where possible. A board director should lead and oversee this process.

The checklist can be used to undertake a full baseline audit of a hospital, or to audit individual wards. It should be used alongside other sources of information, such as Essence of Care Benchmarking, Patient Environment Action Team reports and feedback from local and national surveys. Complaints and incident reports will also provide valuable evidence.

The checklist can be adapted to suit particular circumstances and needs. Not all of the good practice benchmarks may be relevant, and others with particular local relevance may be added.

Self assessment checklist for acute trusts

Trust	
Ward / Department	
Audit team	
Date of previous audit	
Date of audit	
Date of re-audit	

Summary of good practice principles

The board of directors actively support patients' privacy and dignity:

There is clear evidence of commitment by the board of directors to improve privacy and dignity arrangements

The board of directors understands what patients want and endeavours to deliver it

The board understands the trust's performance against privacy and dignity benchmarks and sets local goals for improvement

Resources are allocated to preserving and improving the privacy and dignity of all patients and service users.

The physical environment actively supports patients' privacy and dignity:

The care environment is clean and well-maintained

There is good physical separation of sleeping accommodation for men and women

The physical environment is appropriate for the care group

There are segregated toilet and washing facilities for men and women.

Individual staff actions actively support privacy and dignity:

Staff are aware of, and abide by, policies established to ensure privacy and dignity

Staff apologise for all episodes of mixing and keep patients and visitors informed about actions that are being taken to solve the problem

Staff report episodes of mixing through the appropriate reporting channels.

The board of directors actively support patients' privacy and dignity:

	0	1	2	3	Evidence
1. Mechanisms are in place to provide the board of directors with regular information on the views of patients and service users.					
2. The board receives regular reports on the trust's progress in eliminating mixed-sex accommodation.					
3. The board receives information from patient complaints and incidents, categorised on the basis of mixed-sex accommodation issues.					
4. The board reviews and amends policies on mixed-sex accommodation in light of experience, incidents and changes to the service.					
5. The board sets annual measurable targets for improvement.					
6. The trust considers the elimination of mixed-sex accommodation in any refurbishment or new-build capital development schemes.					
7. The trust provides training to support the elimination of mixed-sex accommodation and promote the protection of privacy and dignity.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 7				
Section Rating				

The physical environment actively supports patients' privacy and dignity (1 of 2):

	0	1	2	3	Evidence
8. Public and patient areas are consistently clean.					
9. Patient and public areas are well-maintained and in a state of good repair.					
10. Unconverted Nightingale ¹ wards accommodate either men or women, but not both.					
11. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing.					
12. Curtains are long enough, thick enough, and full enough.					
13. Patient groups who particularly value separation (eg older people, women and those with a gender-related condition) are prioritised when planning the elimination of mixed-sex accommodation.					
14. Private spaces are available for use by patients to talk to staff or visitors.					
15. Privacy signs are available to be attached to curtains and doors.					
16. Separate treatment areas are available, for care to be provided away from the bedside.					
17. Separate, clearly labelled, male and female toilets and washing facilities (other than assisted or accessible facilities) are available within the ward or department.					

1. Any large, open-plan space, which has not been subdivided into bays or cubicles, and which offers dormitory-style accommodation for 12 or more patients.

The physical environment actively supports patients' privacy and dignity (2 of 2):

	0	1	2	3	Evidence
18. Toilet and washing facilities are located within, or close to, the patient's room or bay.					
19. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite sex.					
20. Where patients pass near to areas occupied by members of the opposite sex, adequate screening such as opaque glazing or blinds/curtains at windows and doors are used.					
21. Toilets and washing facilities are fitted with internal privacy curtains where necessary.					
22. Toilets and bathroom doors are lockable from the inside, and are accessible to staff in the event of an emergency.					
23. Toilets have nurse-call systems.					
24. Where assisted bathrooms remain unisex, appropriate facilities are provided to uphold the privacy and dignity of all patients who use them.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 17				
Section Rating				

Individual staff actions actively support privacy and dignity (1 of 2):

	0	1	2	3	Evidence
25. Where the use of mixed-sex accommodation is unavoidable, the patient is moved to single-sex accommodation within a specified time limit, ideally within 24 hours, but in any event within 48 hours. (Please note this excludes patients in ICU,CCU and HDU as outlined on page 4.)					
26. Except in an emergency patients are told in writing, prior to admission if any parts of the ward are shared between men and women. (If the patient is unable to read written information they are advised verbally and this is documented).					
27. Patients are able to request alternative accommodation or, where the accommodation offered is mixed, ask for an alternative admission date					
28. Patients who ask for an alternative admission date receive the offer of a date within one month of the original date.					
29. Elective patients are accommodated in either single rooms, single-sex wards or single-sex bays/rooms within mixed wards.					
30. Patients admitted as an emergency are accommodated in either single rooms, single-sex wards or single-sex bays/rooms within mixed wards.					
31. Episodes of mixed sex accommodation are reported in accordance with locally determined exception reporting arrangements.					

Individual staff actions actively support privacy and dignity (2 of 2):

	0	1	2	3	Evidence
32. Where possible, patients are encouraged to receive visitors in day rooms or other communal spaces.					
33. Patients are given privacy during treatment, consultation and when receiving personal care.					
34. Staff ensure that patients remain properly clothed/covered at all times.					
35. Staff respond effectively to concerns expressed by patients or their visitors about privacy and dignity and mixed-sex accommodation.					
36. Clear information is provided for patients, relatives and carers on the arrangements made and the standards they should expect to ensure their privacy and dignity is maintained. This must include who to contact if necessary to raise queries or concerns.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 12				
Section Rating				

Template action plan

Summary

When reviewing their scores trusts should be able to identify areas of good practice and those that require improvement. Areas for attention should be prioritised for short, medium and longer terms actions where necessary.

Problems should be listed and prioritised. It is suggested that the problems are split according to their impact (eg. how big a difference an improvement would make), and to their difficulty (eg. how easy it would be to make a change). What changes could be made today? What could be done within weeks? What changes could be achieved in partnership with others?

What have you achieved so far?

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What is stopping you from achieving the good practice indicators?

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What changes will you need to make to improve standards of privacy and dignity?

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Who do you need to work with to move forward?

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Good Practice Principle	Score - Red, Amber or Green	Current Issues	Action	Lead Person	Completion Date
<p>Principle 1: The board of directors actively support patients' privacy and dignity</p>					
<p>Principle 2: The physical environment actively supports patients' privacy and dignity</p>					
<p>Principle 3: Individual staff actions actively support privacy and dignity</p>					

Self Assessment checklist for mental health trusts

Trust	
Ward / Department	
Audit team	
Date of previous audit	
Date of audit	
Date of re-audit	

Best Practice Principles: Mental Health

The board of directors actively support patients' privacy and dignity:

There is clear evidence of commitment by the board of directors to improve privacy and dignity arrangements

The board of directors understands what patients want and endeavours to deliver it

The board understands the trust's performance against privacy and dignity benchmarks and sets local goals for improvement

Resources are allocated to preserving and improving the privacy and dignity of all service users.

The physical environment actively supports patients' privacy and dignity

The care environment is clean and well-maintained:

There is good physical separation of sleeping accommodation for men and women

The physical environment is appropriate for the care group:

There are segregated toilet and washing facilities for men and women

Individual staff actions actively support privacy and dignity

Staff are aware of and abide by policies established to ensure privacy and dignity

Staff apologise for all episodes of mixing, and keep patients and visitors informed about actions that are being taken to solve the problem

Staff report episodes of mixing through the appropriate reporting channels

The board of directors actively support patients' privacy and dignity:

	0	1	2	3	Evidence
1. Mechanisms are in place to provide the board of directors with regular information on the views of patients and service users.					
2. The board receives regular reports on the trust's progress in eliminating mixed-sex accommodation.					
3. The board receives information from patient complaints and incidents categorised on the basis of mixed-sex accommodation issues. These should also include abuse and sexual safety issues.					
4. The board reviews and amends policies on mixed sex accommodation in light of experience, incidents and changes to the service.					
5. The board sets annual measurable targets for improvement.					
6. The trust considers the provision of single en-suite rooms in any refurbishment of clinical areas and new capital development schemes.					
7. The trust provides training to support the elimination of mixed-sex accommodation and promote the protection of privacy and dignity.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 7				
Section Rating				

The physical environment actively supports patients' privacy and dignity (1 of 3):

	0	1	2	3	Evidence
8. Public and patient areas are consistently clean.					
9. Patient and public areas are well-maintained and in a good state of repair.					
10. Service users (including those admitted as emergencies) are accommodated either in single rooms, single-sex wards or single-sex bays/rooms.					
11. Service users have their own individual rooms or are accommodated in single-sex rooms.					
12. Sleeping areas arranged into separate male and female zones.					
13. Privacy signs are available to be attached to curtains and doors.					
14. Bedroom doors are lockable from the inside with both fail-safe entry and observation mechanisms to ensure service user safety.					
15. Bedroom doors are fitted with an observation peephole or panel window and these can only be operated by members of staff. <i>Please note that in new builds it is good practice to fit doors which can be opened externally by staff but also enable service users to control this from the inside for when they are getting undressed etc.</i>					

The physical environment actively supports patients' privacy and dignity (2 of 3):

	0	1	2	3	Evidence
16. Separate areas are available within the ward where service users and visitors of the opposite sex are not permitted. Staff monitor and control access to these areas as well as mixed social areas.					
17. Separate male and female toilets and washing facilities (other than assisted facilities) are available within the ward or department and are also clearly labelled male or female.					
18. Toilet and washing facilities are located within, or as close as possible to, the service user's room.					
19. Service users have no need to pass through areas occupied by members of the opposite sex to reach toilets and washing facilities. (This does not apply to day rooms and communal facilities where patients are clothed).					
20. Toilets and washing facilities are fitted with internal privacy curtains and staff ensure these are closed when assisting service users.					
21. Toilets and bathroom doors are lockable from the inside and are fitted with fail safe entry mechanisms which can only be opened by staff.					
22. Toilets have nurse-call systems to ensure safety.					

The physical environment actively supports patients' privacy and dignity (3 of 3):

	0	1	2	3	Evidence
23. Where assisted bathrooms remain unisex, appropriate facilities are provided to uphold the privacy and dignity of service users who are disabled, whether temporarily (due to their illness or treatment) or permanently.					
24. Alarm systems, call buttons and other security systems to alert staff to incidents and emergencies are fitted, working, and accessible to service users. In addition these must be regularly tested.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 17				
Section Rating				

Individual staff actions actively support privacy and dignity (1 of 2):

	0	1	2	3	Evidence
25. Local observation policies take into account guidance in Chapter 18 of the Mental Health Act 1983 Code of Practice.					
26. Staff manage visiting hours and visitor numbers to ensure service users are not unduly disturbed by their own or other service users' visitors.					
27. Policies and procedures are in place to deal effectively with service users, staff or visitors who either attack, sexually abuse or harass others.					
28. Staff respond effectively to concerns expressed by service users or their visitors about safety, privacy and dignity and mixed-sex accommodation.					
29. Clear information is provided for service users, relatives and carers on the arrangements made and the standards they should expect to ensure their safety, privacy and dignity is maintained. This must include who to contact if necessary to raise queries or concerns.					
30. Service users can choose to have a same-sex key worker.					
31. Appropriate night wear and day clothing is available for those service users who need it (please note surgical gowns are not appropriate).					

Individual staff actions actively support privacy and dignity (2 of 2):

	0	1	2	3	Evidence
32. Toiletries and sanitary protection are available for those service users who need them.					
33. Staff working with or administering injections to service users of the opposite sex abide by established policies and protocols to ensure safety, privacy and dignity.					
34. Staff carrying out physical examinations or using restraint are the same gender as the service user, or, if not, are accompanied by a chaperone of that gender.					
35. Staff carrying out intimate searches are of the same gender as the service user, and seek the consent of the patient to undertake the search.					
36. Staff carrying out restraint are the same gender as the service user, or, if not, part of a team that includes staff of the same gender as the service user.					
37. Episodes of mixed-sex accommodation are reported as untoward incidents in accordance with locally determined exception reporting arrangements.					

Section Score

	0	1 - Red	2 - Amber	3 - Green
Score out of 13				
Section Rating				

Template Action Plan

Summary

When reviewing their scores trusts should be able to identify areas of good practice and those that require improvement. Areas for attention should be prioritised into short, medium and longer terms actions where necessary.

Problems should be listed and prioritised. It is suggested that the problems are split according to their impact (eg. how big a difference an improvement would make), and to their difficulty (eg. how easy it would be to make a change). What changes could be made today? What could be done within weeks? What changes could be achieved in partnership with others?

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Good Practice Principle	Score - Red, Amber or Green	Current Issues	Action	Lead Person	Completion Date
Principle 1: The board of directors actively support patients' privacy and dignity					
Principle 2: The physical environment actively supports patients' privacy and dignity					
Principle 3: Individual staff actions actively support privacy and dignity					

Wider privacy and dignity issues

During consultation, a number of additional areas were raised. Whilst not directly related to mixed-sex accommodation, these are none-the-less important, and trusts may wish to include them in any audit. They include:

Record keeping and management of patient information:

- nursing care plans encourage specific action to address the individual patient's privacy and dignity
- patient's preferred form of address (name) is documented
- contact details and the type of information which may be given to others has been agreed with the patient and documented
- clinical notes are not left unattended in public areas or work stations
- computer screens are always logged out of patient information when not being accessed
- staff prevent patient information from being shared inappropriately, for example ensuring telephone conversations cannot be overheard
- patient information (for example on white boards and patient records) is only visible to relevant staff
- assessment and care planning in mental health services includes risk assessment of the potential to become sexually exploited, physically intimidated or to be the perpetrator of such behaviour.

Communication with patients:

- staff who come into contact with patients introduce themselves
- when working with patients, staff only hold conversations that are relevant and appropriate to that patient
- personal conversations with patients are conducted away from the bedside or in such a way that cannot be overheard by other patients.
- daily protected time each day on mental health wards for 1:1 dialogue and group discussion between staff and service users.

Other useful audit tools and evidence sources

- National benchmarks such as Essence of Care should be cross referenced and used in conjunction with the self assessment checklist to avoid duplication
- The Patient Environment Action Team Assessment (PEAT), part 5 'Privacy and Dignity' has direct relevance to the self assessment. Assessors should familiarise themselves with their local data prior to undertaking the self assessment audit
- Local policies relating to privacy and dignity are accessible to staff. These will include:
 - Policy for the care and management of medical records
 - Policy for the use of patients' identifiable information – (information security and confidentiality policy)
 - Policy for handling complaints
 - Chaperone policy
 - Consent to examination and treatment.
 - Policy for delivering gender sensitive care
 - Policy for preventing, de-escalating, managing, reporting, evaluating and de-briefing adverse safety incidents.

Appendix 1

Participating Trusts and Stakeholders

Stakeholders	Acute Trusts	Mental Health Trusts
Age Concern	Derby Hospitals NHS Foundation Trust	Camden and Islington Mental Health and Social Care Trust
Help the Aged	Harrogate District NHS Foundation Trust	Cornwall Partnership Trust
National Federation of Women's Institutes	Hull and East Yorkshire NHS Trust	Cheshire and the Wirral Partnership NHS Foundation Trust
Gender Equality and Women's Mental Health Programme, Care Services Improvement Partnership/National Institute for Mental Health in England	The Newcastle upon Tyne Hospitals NHS Foundation Trust	Northumberland Tyne and Wear NHS Trust
	Sheffield Teaching Hospitals NHS Foundation Trust	South West London and St George's Mental Health NHS Trust
	University College London Hospitals NHS Foundation Trust	Central and North West London NHS Foundation Trust.
	University Hospital of North Staffordshire	

Appendix 2

References and useful resources

Behind Closed Doors Campaign - using the toilet in privacy
<http://www.ageconcern.org.uk/AgeConcern/dignity.asp>

Dignity and Older Europeans Project – including ‘educating for dignity’
http://www.cardiff.ac.uk/medicine/geriatric_medicine/international_research/dignity/educational_materials

Dignity in Care Campaign - <http://www.dignityincare.org.uk>

Essence of Care benchmarks - <http://www.dh.gov.uk>

Hungry to be heard:
<http://www.ageconcern.org.uk/AgeConcern/hungry2bheard.asp>

Inpatients – The views of hospital inpatients in England. Key findings from the 2006 survey. Healthcare Commission (2007)

Women’s Mental Health: Into the Mainstream. Department of Health (2002)

Let’s Respect: <http://www.olderpeoplesmentalhealth.csip.org.uk/lets-respect.html>

Mainstreaming Gender and Women’s Mental Health. Implementation guidance. Department of Health (2003)

Mental Health Policy. Implementation guidance. Adult acute inpatient care provision (2002)

Mixed sex hospital accommodation. Health Service Circular – HSC 1998/143 (1998)

National Federation of Women’s Institutes
www.womens-institute.co.uk

National Service Framework for Older People.
Department of Health (2001)

Patient Environment Action Team Assessments 2007. National Patient Safety Agency 2006

Privacy and Dignity – A report by the Chief Nursing Officer into mixed-sex accommodation in hospitals. Department of Health (2007)

Public Perceptions of Privacy and Dignity in Hospitals. Ipsos MORI for the Department of Health (2007)

Safety, privacy and dignity in mental health units. Guidance on mixed-sex accommodation for mental health services. NHS Executive (1999)

With safety in mind: mental health services and patient safety.
National Patient Safety Agency (2006)

The NHS in England: the operating framework for 2007/08.
Department of Health (2006)