

PRIVACY AND DIGNITY POLICY (INCLUDING SAME SEX ACCOMODATION NON-COMPLIANCE REPORTING PROCEDURE)

		POLICY	
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	X		
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Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Corporate Nursing/ Corporate Team		
Position of Person able to provide Further Guidance/Information	Yvonne Simpson, Corporate Head of Nursing		
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1.0 INTRODUCTION

The aim of this policy is to ensure that all patients receiving care within Sherwood Forest Hospitals NHS Foundation Trust (the Trust) feel that they are treated with respect, and that their right to privacy and dignity is upheld and actively promoted. There are no exemptions from the need to provide high standards of privacy and dignity. This applies to all areas, including when the admission is unplanned.

2.0 POLICY STATEMENT

Integral to the provision of patient care within the Trust are respect for each individual, the requirement to respect their privacy, dignity and confidentiality of personal information. All personnel working under the direction of the Trust have a responsibility to maintain patient's privacy and dignity.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust	Refers to Sherwood Forest Hospitals NHS Foundation Trust and in particular the hospitals where the Trust has responsibility for patient care which includes inpatient and outpatient care at King's Mill, Newark and Mansfield Community.
Staff	Refers to all those working within the Trust whether on a paid or voluntary basis. It includes those with honorary contracts, those employed by other Trusts and agencies, contractors working on the hospital sites and students undertaking placement anywhere within the Trust's sphere of operation.
Patients	Refers to all who have contact with the Trust whether as inpatients, outpatients or receiving home visits from the Trust staff. For all patients care is provided equitably irrespective of age, sex, cultural, ethnic or religious background.
Privacy	Refers to freedom from uninvited or non-consented intrusion.
Dignity	Refers to all patients being worthy of respect.
Modesty	Refers to treatment being given in a manner which avoids unnecessary exposure and minimises anxiety and distress.
Confidentiality	Refers to the duty of all Trust personnel to abide by the Trust policies, professional codes of conduct and relevant legal requirements regarding use of personal information.
Diversity & Inclusivity	Refers to the requirement to treat patients fairly on the basis of need and without discrimination on the basis of age, sex, race, religion, disability or sexual orientation.
PLACE	Refers to the Patient Led Assessments in the Care Environment
MSA	Refers to Mixed Sex Accommodation.
SSA	Refers to Same Sex Accommodation.

4.0 ROLES AND RESPONSIBILITIES

- 4.1 All staff in contact with patients, relatives and carers will adhere to the dignity standards outlined in this policy relating to communication, equality and diversity, personal care and environment.
- 4.2 All staff have a responsibility regarding privacy and dignity of patients.
- 4.3 The Chief Nurse has overall responsibility for the upholding of privacy & dignity of patients and delegates this to the appropriate divisional triumvirate.

5.0 APPROVAL

- 5.1 This policy has been circulated to the Matrons within the Trust.
- 5.2 This policy has been circulated and discussed at the Nursing, Midwifery and Allied Health Professionals members and at the Business meeting.
- 5.3 This policy has been circulated and discussed at the Nursing, Midwifery and Allied Health Professionals members and at the Board meeting.
- 5.4 This policy has been shared for comments with the Diversity & Inclusivity Lead from Human Resources.

6.0 DOCUMENT REQUIREMENTS

The following sections give specific action points to enable staff to consider how in practice they can ensure the privacy & dignity needs of patients and their relatives are upheld. They represent the minimum standard that patients and relatives have the right to expect.

i. **Courtesy, honesty and respect for dignity:**

All staff will:-

- Uphold principles of common courtesy, especially when faced with challenging questions or working under pressure¹.
- Address patients by the name and title of their choice.
- Greet patients and their carers without undue delay when they first arrive in the relevant areas.
- Greet all telephone enquiries with 'Hello my name is...'
- Ensure a clean, draught free environment for patients.
- Ensure patient privacy is respected in all interactions with other staff².
- Ensure that, within the ward environment, privacy and dignity are respected and maintained during visiting times and that both patients and their carer's are receptive to the needs of other patients and carers.

ii. Communication and behaviour:

All staff will:-

- Demonstrate effective communication skills and ensure communication takes place in an appropriate environment.
- Be easily identified by use of name badges and uniform and should introduce themselves by name.
- Provide technical information at the patient's level of understanding and ensure sufficient time is available to enable the patient and their carers to communicate their needs and preferences¹.
- When treating a patient, ensure they know what to expect, including any potential pain and discomfort that may be experienced³.
- Ensure that all discussions will be relevant to the patient's care and avoid personal comments or remarks³.
- Consult and involve patients and carers in the planning of their treatment.
- Involve any person caring for a patient, or an independent advocate, in determining what services and support they require.
- Inform patients when a service is not available, providing an explanation for the reasons why.
- Assess a patient's communication needs and provide appropriate support when a need has been identified.
- Provide an interpreter service when required, including spoken, written and sign language.

iii. Confidentiality:

All staff will:-

- Adhere to national legislation relating to confidentiality – including the Data Protection Act 1998; Trust Confidentiality Policy; and Professional Codes of Conduct.
- Provide an appropriate area where discussions can take place regarding diagnosis and/or treatment, free from intrusion from visitors and other patients.
- Provide, and be seen to provide, a confidential service to all patients.

iv. Patient Information:

All staff will:-

- Avoid transmitting information to the wrong person, not allow a conversation involving sensitive information to be overheard and guard against any caller seeking information by deception.
- Adhere to the Trust Confidentiality Policy with specific reference to Appendix 3 (Handling Health Records and Confidential Person Identifiable Information) and Appendix 4 (Clear Desk Requirements).

v. Personal boundaries and space:

All staff will:-

- Obtain permission (consent) before any examinations or treatments are carried out.
- Ensure, when requested by the patient, a chaperone or other significant person is included when providing treatment.
- Maintain privacy for patients to undress and dress.
- Ensure privacy and dignity is respected when entering single rooms, individual patient ward areas with closed curtains, toilets and bathrooms.
- When a patient is approaching death, and in the period following death, give particular respect to the patient and their relatives and carers.
- Ensure that a patient who is facing or experiencing a potentially sensitive condition (e.g. gender realignment, gynaecomastia) is given special consideration regarding privacy but with due regard to the requirements for safe medical care (refer to section viii).
- Ensure that the views and feelings of other patients are taken into consideration with regards to the above sensitive conditions.
- Identify the acceptability of physical contact (touch) with the patient.
- Identify a patient's personal boundaries and communicate these to other staff, for example using the patient's own language.
- Ensure the patient's personal space, including table and locker is respected and protected from intrusion by others.
- Ensure ward or department strategies are in place to prevent disturbing and interrupting patients.
- Ensure that when a patient needs to be transferred from one ward to another, or between hospitals, this is carried out with regard for the privacy and dignity needs of the patient.
- Ensure that deceased patients are transferred from their place of death to the mortuary in a way that continues to respect their dignity.

vi. Respect for the individual and cultural diversity:

All staff will:-

- Treat all patients equitably and in a manner which respects their religious beliefs, culture, emotional needs, gender, sexual orientation or ability.
- Ensure that they are familiar with the Trust policies on patients' ethnic, religious, cultural, spiritual, disability, age-related and linguistic needs.
- Ensure that patients' cultural and religious needs are valued and met, where possible, e.g. Muslims wanting to pray, Jewish Kosher meals and customs of family visiting (Information on Religious Beliefs).

vii. Privacy, dignity and modesty:

All staff will:-

- Ensure privacy is maintained for a patient using curtains, screens, walls, rooms, blankets, appropriate clothing and appropriate positioning of patient.
- Ensure appropriate clothing is available for a patient who cannot wear or does not have his or her own clothing. Clothing designed specifically for surgical or other procedures (i.e. a theatre gown) is not appropriate and should not be used for these circumstances.
- Ensure patients have access to their own clothes.
- Ensure a patient's modesty is maintained when moving between different care environments, i.e., ward to theatre.
- Where a patient needs assistance with his/her toileting/ hygiene needs, ensure it is done in a way that respects his or her dignity.
- Ensure patient privacy is also considered when providing care in the patient's home or other non-Trust premises.
- Ensure patients are involved in their care, i.e. giving them choices, listening to their comments, giving them written and verbal information, giving explanations and taking account of their views and preferences.
- Ensure the ward/department states clearly visiting or opening times and there is a clear policy regarding the number of visitors per bed space.

viii. Same Sex Accommodation:

- Patients have a right to be cared for in a same sex environment, where separate and clearly identified and designated sleeping and sanitary facilities are available; they should not normally have to share sleeping accommodation or sanitary facilities with people of the opposite sex. Patients should not have to walk past an area occupied by people of the opposite sex to reach designated toilet and sanitary facilities; such facilities should be within a reasonable adjacency to their sleeping area⁴. This applies to all areas of hospital care.
 - NB. There is no mandatory requirements for this within Paediatric areas; however, we always aim for single sex accommodation (always for adolescent patients).
- A same sex environment may be:-
 - Same sex bays or rooms within mixed sex accommodation – bays or rooms accommodate either men or women but not both; with designated same sex toilet and washing facilities, preferably within or adjacent to the bay or room;
Or
 - A single occupancy room with adjacent same sex toilet and washing facilities (preferably en-suite);
Or
 - Same sex wards – a ward that is occupied by either men or women only, but not both.
- Where patients need very specialised inpatient care, when providing fast and effective care is a priority, this may be provided for a limited time only in a mixed sex area within one of the specialist clinical units e.g. Integrated Critical Care Unit (ICCU), Acute Stroke

and Coronary Care. Good standards of privacy and dignity will apply at all times. There will be no other exceptions.

- Where patients are receiving treatment within ambulatory area, e.g. Same Day Emergency Centre (SDEC), patients will be in a mixed sex chaired area, and all patients will be in their day clothes, in line with the department's operational policy.
- Decisions to accommodate a patient in one of the aforementioned mixed sex environments must always be based on the needs of the patient and not upon the constraints of the environment or the convenience of staff⁴.
- The reasons for mixing patients should be explained fully to the patients and their carers.
- Verbal consent should be obtained, wherever possible, and recorded in the nursing notes.
- Where patients are unable to preserve their own modesty, e.g. semi-/unconscious, sedated or recovering from general anaesthetic, greater protection must be provided.
- Greater protection will be provided where patients modesty may be compromised, e.g. when wearing a hospital/ theatre gown or where the body other than the extremities is exposed.
- Transgender/ Transsexual person (those who have proposed, commenced or completed reassignment of gender) have legal protection against discrimination and should be accommodated according to their presentation – the way they dress, and the name and pronouns they currently use. This may not always accord with the physical appearance of the chest or genitalia. The use of a single occupancy room adjacent to or within a gender appropriate ward may be considered.
- **In the event that a patient has been accommodated in a mixed bay or room other than the specialist clinical units identified above, a clinical incident form must be generated in line with the Trust's Incident Reporting procedure for non-compliance (see section xi).**

ix. Availability of an area for complete privacy:

All staff will:-

- Ensure that the ward or department has a private area available for patients when required. When this is an area with shared use, ensure clear signage is available that indicates when it is in use by a patient or relative.
- Ensure patients are aware of the availability of a 'quiet' area and private space.

x. Accountability:

The Trust and its staff are accountable for ensuring that the interests and dignity of patients, clients and their carers are promoted and protected. This is irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs.

xi. Non-compliance reporting procedure:

Any deviation from the standard, regardless of reason, will be considered as a non-compliance with delivering same sex accommodation and will be managed, reported and investigated in line with this procedure (see [Appendix A](#) and [Appendix B](#)).

The Trust deems that non-compliance/ mixed sex accommodation (MSA) occurrence has occurred when patients experience any of the following:-

- Sharing a sleeping area with the opposite sex;
- Sharing a toilet/bathroom used by the opposite sex;
- Sharing an ambulatory area with the opposite sex not in their day clothes, or being a patient having to share an ambulatory area when not appropriately dressed;
- Having to pass through accommodation or toilet/ washing facilities used by the opposite sex to gain access to their own facilities;
- Remaining within a specialised clinical area for longer than four hours following a clinical decision on their suitability for transfer from that environment to a same sex area.

NB (1): *It is not considered good clinical practice to transfer patients from ICCU after 6pm. Patients should therefore routinely be transferred out between the hours of 8.30am and 6pm. Where a patient has been assessed as ready for transfer after 6pm they should remain on the unit the following morning unless the bed is required for an emergency admission.*

NB (2): *Many patients from ICCU required care on specialised wards on discharge, and it is recognised that it may take more than 4 hours for this to be available. If this is the case and the patient is sharing the facility with a patient of the opposite sex, **fixed screens** must be used. (Please refer to the ICCU Operational Policy for further guidance).*

Procedure:

All potential MSA occurrences which cannot be resolved satisfactorily in a timely manner by the Duty Nurse Manager must be reported to the appropriate Matron in hours. In the absence of the Matron, the on-call Silver command must be informed and should explore every option to prevent an MSA occurrence and safeguard the individual's dignity. Where the Matron or Silver on-call command is unable to reach a resolution, the matter should be escalated to the appropriate Divisional Head of Nursing, Divisional Clinical Chair or the Gold on-call command. At the first opportunity the Chief Nurse or the Deputy Chief Nurse should be informed.

All actual MSA occurrences must be reported on the 'Datix' Incident Reporting system in accordance with the Trust's Incident Reporting Policy and will trigger a Root Cause Analysis (RCA). Staff will be required to detail the nature of the breach, e.g. shared sleeping accommodation, shared sanitary accommodation, failure to transfer from a specialised clinical area resulting in one or both of the above. The patient should be kept informed about why the situation occurred and what is being done to address it, including timescales.

Each individual 'breach' will be reported to the relevant Matron through the 'Datix' Incident Reporting system, who will take lead responsibility for ensuring that an RCA is undertaken and completed within the required timescale.

Where there are multiple breaches that are due to one decision (e.g. a male patient is admitted into a female bay), only one incident form needs to be reported. However, the total number of patients affected must be recorded within the incident form.

xii. Reporting Breaches of the Policy:

All breaches of sleeping accommodation must be reported for each patient affected, via the Datix Incident Reporting System, and Unify2 system. The Information Services team are responsible for checking and reporting any mixed sex accommodation breaches on the Single Operating Framework (SOF), in accordance with the Department of Health guidelines⁴.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Mixed Sex Accommodation breaches	Matrons, Divisional Heads of Nursing, Divisional Clinical Chairs	Monthly reporting through UNIFY2 system and on the SOF RCA undertaken on Breaches	Monthly As required	Chief Nurse and/or Deputy Chief Nurse Board report monthly – SOF Breach RCA to Board as required
Complaints and concerns – privacy & dignity	Ward Sisters/Charge Nurses, Matrons, Divisional Heads of Nursing, Divisional Clinical Chair	Patient Experience Team reports to Clinical Governance Exception Reports to the Divisional Performance meetings	Monthly	Speciality clinical governance meeting Divisional Clinical Governance meeting Divisional Performance meetings
Internal Assurance Team visits	Matrons Divisional Heads of Nursing Leadership walkrounds	Divisional leadership rounds 15 step challenges	Daily – Matrons and HoN Weekly – Leadership rounding Monthly – 15 step challenges	Divisional Triumvirate Divisional & Speciality Clinical Governance meetings

8.0 TRAINING AND IMPLEMENTATION

All health professionals will receive training on privacy and dignity as part of basic training. All staff will be instructed on issues related to privacy and dignity at induction and through regular professional updates.

- Generic induction – All staff (apart from medical staff who have their own induction process) receive induction training in Trust CARE values, Protection of Vulnerable Adults, Information Governance, Safeguarding Children and Customer Care.
- Nursing & Midwifery Induction Programme – Training provided in relation to Privacy and Dignity, Spiritual Care, Bereavement care and Transcultural Care Provision.
- Medical Staff Induction – courses are provided on a number of aspects related to Privacy and Dignity e.g. Breaking bad news, bereavement procedures and communication skills.
- Training in relation to communication skills to ward receptionist, housekeepers and volunteers.

9.0 IMPACT ASSESSMENTS

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership and social and employment status.

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix C](#).
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

1. Department of Health (2010) *Essence of Care DH* (last accessed 250618).
2. Hudson B, Fletcher P, Randall T & Wistow G (2000) Meeting the standard? Analysis of the first round of 'Local care, Better care, Higher standards' Charters. The Nuffield Institute for Health.
3. Donaldson L (2003) Letter – Patient Dignity and Privacy – Intimate Examinations.
4. Beasley C (2010) Department of Health letter - Eliminating mixed sex accommodation in hospitals (update) (last accessed 250615).

Department of Health (2000) The NHS Plan – a plan for investment, a plan for reform
NICE guidelines (2002) – Enhancing privacy & dignity, achieving single sex accommodation
www.dignityincare.org.uk

Nursing & Midwifery Council (2003) – Guidelines for Record Keeping

Royal College of Nursing (2003) – The Role of the Nurse

Nursing & Midwifery Council (2008) – Guidelines for Chaperoning Patients

NHS (2013) NHS Constitution – The NHS belongs to us all (England)

NHS (2013) The Handbook to: The NHS Constitution

Related SFHFT Documents:

- Incident Reporting Policy and Procedure
- Clinical Record Keeping Standards Policy
- Data Protection, Confidentiality & Disclosure Policy
- Information Governance Policy
- Chaperone Policy

11.0 KEYWORDS

Modesty, private, transgender, transsexual, mixed, MSA, SSA, single sex, same sex

12.0 APPENDICES

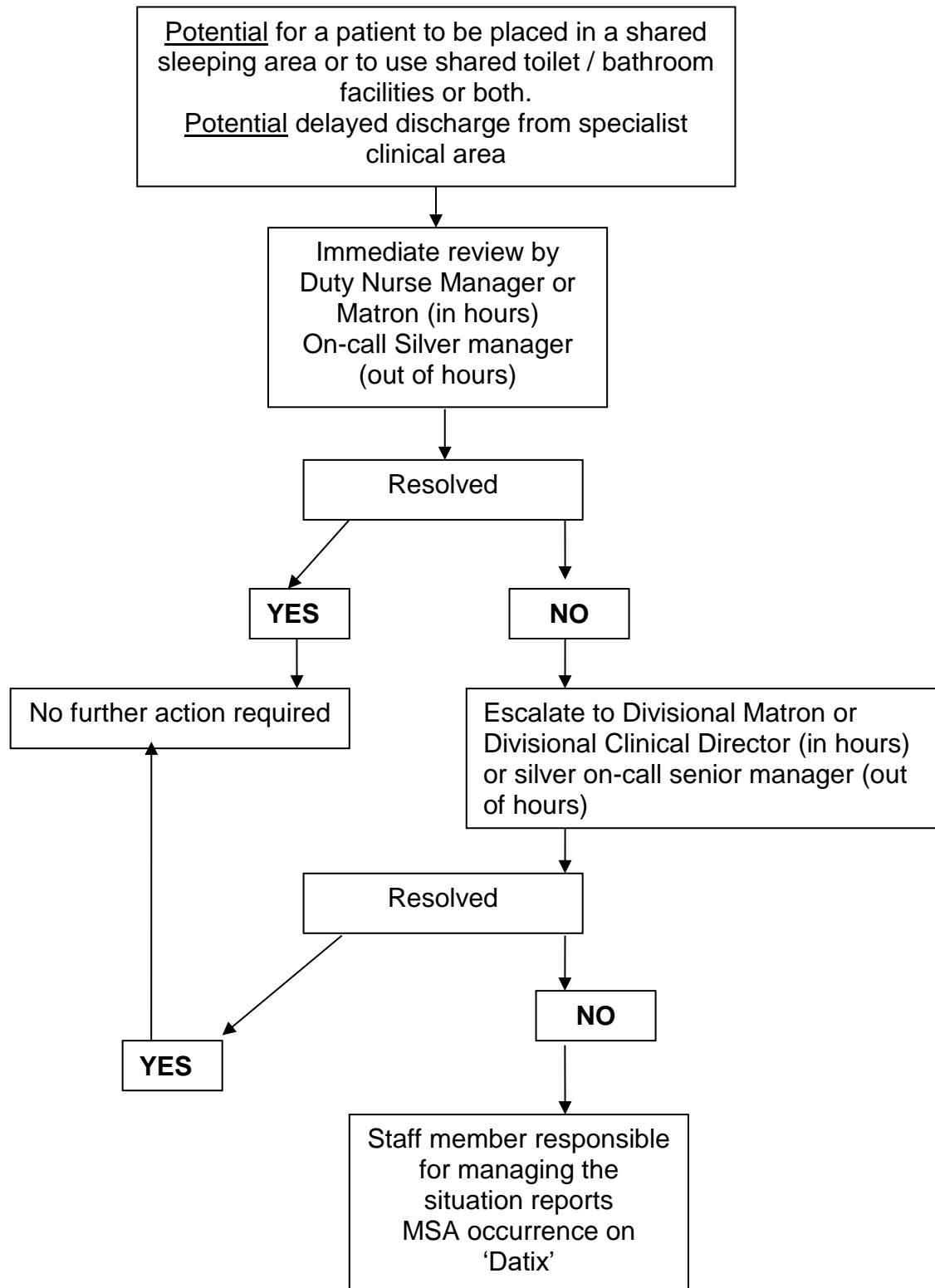
[Appendix A](#) – Process for managing Mixed Sex Accommodation (MSA) occurrence.

[Appendix B](#) – Tracking and reporting arrangements of Mixed Sex Accommodation (MSA) occurrence.

[Appendix C](#) – Equality Impact Assessment.

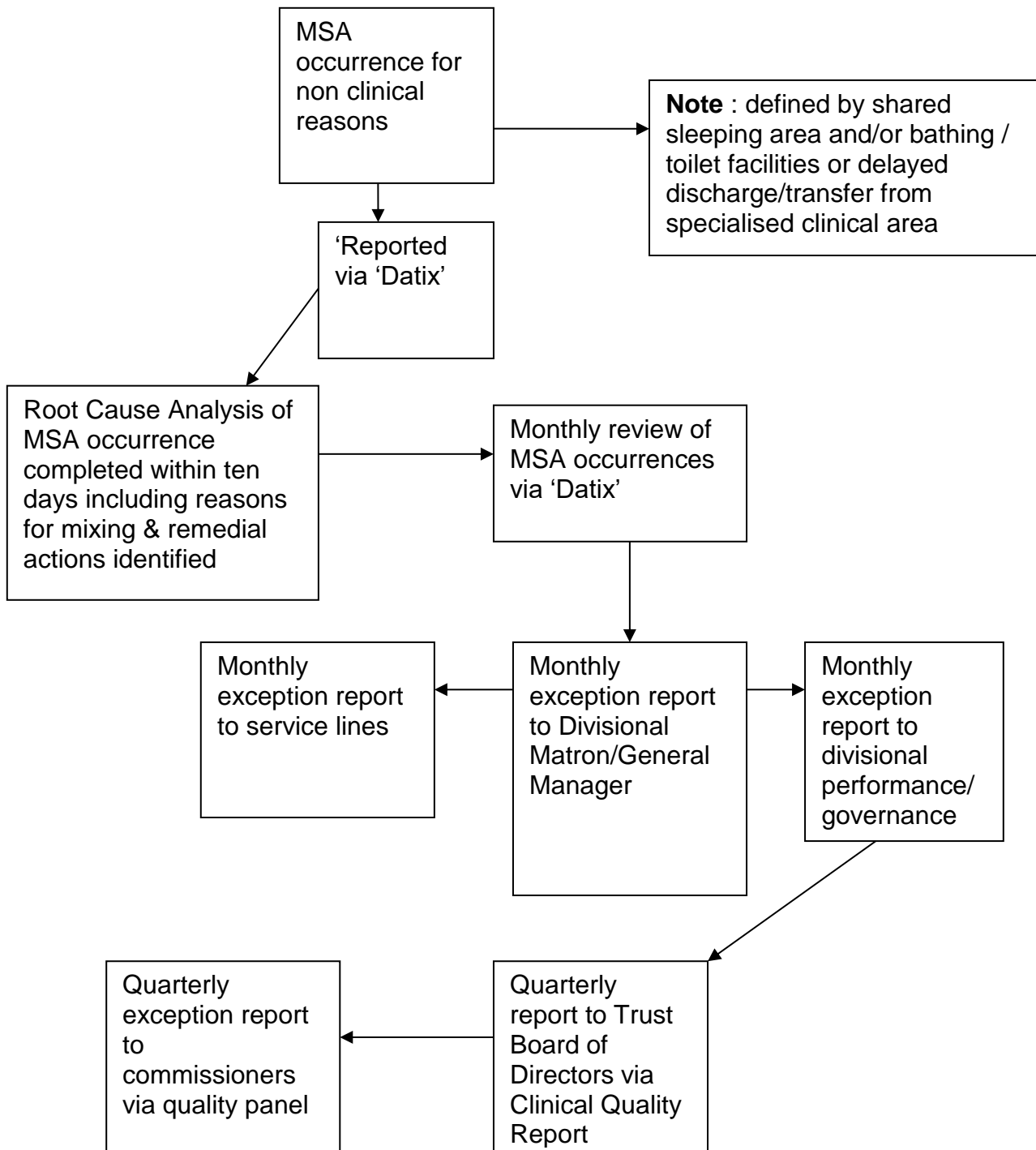
Appendix A

PROCESS FOR MANAGING MIXED SEX ACCOMMODATION (MSA) OCCURRENCE



Appendix B

TRACKING & REPORTING ARRANGEMENTS FOR MIXED SEX ACCOMODATION (MSA) OCCURRENCE



APPENDIX C – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Privacy & Dignity Policy			
New or existing service/policy/procedure: Existing policy			
Date of Assessment: 9th July 2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed: Whole Policy review			
Race and Ethnicity	N/A	Diversity & Inclusivity is discussed within the policy.	To monitor through the Trust's CARE values
Gender	N/A	Diversity & Inclusivity are discussed within the policy.	To monitor through the Trust's CARE values
Age	N/A	Diversity & Inclusivity are discussed within the policy.	To monitor through the Trust's CARE values
Religion	N/A	Diversity & Inclusivity are discussed within the policy.	To monitor through the Trust's CARE values
Disability	N/A	Diversity & Inclusivity are discussed within the policy.	To monitor through the Trust's CARE values
Sexuality	N/A	Diversity & Inclusivity are discussed within the policy, including transgender and sexual realignment.	To monitor through the Trust's CARE values
Pregnancy and Maternity	N/A	N/A	N/A
Gender Reassignment	N/A	As above	As above

Marriage and Civil Partnership	N/A	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	N/A	Diversity & Inclusivity is discussed within the policy.	As above
What consultation with protected characteristic groups including patient groups have you carried out?			
Senior HR Business Partner – Diversity & Inclusivity lead			
What data or information did you use in support of this EqIA? Review of Privacy & Dignity Policy, and a review from the Diversity & Inclusivity Lead in HR			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Yvonne Simpson, Corporate Head of Nursing			
Signature: Yvonne Simpson			
Date: 9 July 2021			