



briefing

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Same-sex accommodation: your privacy, our responsibility

Same-sex accommodation: your privacy, our responsibility is an initiative launched by the Department of Health (DH) in January 2009 to provide clearer

guidance and support for hospitals. Its aim is to all but eliminate the use of mixed-sex accommodation in hospitals, for all patients, at every stage in their journey through care.

This *Briefing* provides a background to a subject at the heart of patient perceptions about the quality of care they receive in hospital, reports on attitudes among patients and staff, describes examples of good practice, and sets out the practical issues that boards must address to ensure their patients' privacy and modesty is protected at all times.

Key points

- The NHS Constitution states that all patients should feel that their privacy and dignity are respected during their time in hospital. Same-sex accommodation is "a visible affirmation" of this commitment.
- 99% of trusts report that they have same-sex sleeping accommodation, and 97% have same-sex toilets and bathrooms. Yet around a quarter of patients report sharing a mixed-sex sleeping area when first admitted to hospital.¹
- Privacy is an important influence on patients' overall perception of the quality of care they receive. Same-sex sleeping, washing and toilet facilities must be the standard set for all patients.
- The issues involved go beyond the physical environment into bed management, organisation of admissions and elective treatment, and the expectation of all staff that patients will have their privacy protected.
- Experience shows that having a board-level champion for privacy and dignity establishes this culture more effectively.

¹ The Care Quality Commission Inpatient Survey 2008

Background

Mixed-sex accommodation in hospitals is an issue that won't go away. NHS trusts succeeded in meeting the target set in 1997 to eliminate mixed-sex accommodation in 95 per cent of trusts by 2002. Almost all trusts now report providing same-sex accommodation for their patients. But a stubbornly high number of patients report sharing mixed-sex accommodation when first admitted to hospital: 29 per cent when admitted

'The clear discrepancy between trust provision and patient experience is a cause for concern'

as an emergency, 10 per cent of elective admissions.

This clear discrepancy between trust provision and patient experience is a cause for concern. The NHS Constitution states that all patients should feel that their privacy and dignity are respected during their time in hospital. *High quality care for all* identifies the need to organise care around the individual, "not just clinically but in terms of dignity and respect." The Chief Nursing Officer's report on privacy and dignity identifies same-sex accommodation as "a visible affirmation" of the NHS's commitment to privacy and dignity.

In part, the discrepancy may be explained by a mismatch between current definitions of same-sex accommodation and patients' perceptions of the conditions they encounter. Of equal, if not greater, significance may be the management of patients in the first few hours after admission. Trusts that operate same-sex accommodation policies within their general wards may not apply the same standards to emergency and admission wards, or in the operation of day treatment areas.

The same-sex accommodation programme, *Your privacy, our responsibility*, aims to close this gap between apparent provision and patient experience. It includes:

- a £100 million Privacy and Dignity Fund to support further improvements and adjustments to hospital accommodation; this has generated 1,054 schemes across 223 organisations
- sending out an improvement team to help hospitals that need extra support
- introducing meaningful performance measures in commissioner contracts that may lead to financial consequences for hospitals that fail to meet same-sex accommodation standards
- launching an NHS-wide staff, patient and public engagement and awareness campaign in support of the above.

What are same-sex and mixed-sex accommodation?

Mixed-sex accommodation is where men and women have to share sleeping accommodation, toilets or washing facilities.

Same-sex accommodation can be provided in:

- same-sex wards, where the whole ward is occupied by men or women only
- single rooms
- mixed wards, where men and women are in separate bays or rooms.

Men and women should also have access to separate toilet and washing facilities, ideally within or next to their ward, bay or room. Patients should not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own.

This applies to all areas of hospitals, including admissions wards and critical care areas – such as intensive care units and high dependency units. In exceptional circumstances, it may be necessary to accommodate men and women together, where the need for highly specialised or urgent care takes clinical priority. In these circumstances, staff must act in the interests of all the patients involved, and patients should be moved to same-sex accommodation as soon as possible. Until this happens, staff should take practical steps to protect patients' privacy and dignity, for example by providing clear information and making sure that private conversations cannot be overheard.

A detailed account of what constitutes same-sex accommodation across a range of settings is set out in Annexes A to D of the professional letter, *Eliminating mixed-sex accommodation*. These include principles, implications and examples for emergency admissions, day treatment, critical care and children's units (see 'Further information' on page 8).

Same-sex accommodation in mental health and learning disability trusts

Decisions about gender separation on mental health and learning disabilities wards need to address physical and sexual safety as well as privacy and dignity issues. Wards must provide same-sex sleeping accommodation along with same-sex toilet and washing facilities. The availability of same-sex day space, particularly for women service users, should be extended. Service users should not need to go through day or communal areas used by members of the opposite sex to access their own day, sleeping or toilet and washing facilities.

In addition to addressing the environment, local policy, practice and training needs to support the further development of gender-sensitive and safe care. The DH is working with strategic health authorities (SHAs) and trusts to develop solutions that support the provision of flexible and therapeutic inpatient environments for this vulnerable group.

Why same-sex accommodation matters to board members

This is an important issue for patients and their families. It strongly influences their perception of the quality of care offered by a trust. Board members should ask themselves how they would feel about their mother or daughter sharing mixed-sex accommodation.

The *Your privacy, our responsibility* campaign will make patients and

staff even more aware that same-sex accommodation should be accepted as the standard in hospital care. All staff groups have a role to play in enabling same-sex accommodation, alongside key priorities such as infection control. Ensuring same-sex accommodation is a key part of the privacy and dignity agenda that is now driving policies on patient care, clinically and organisationally.

Performance measures and reporting on same-sex accommodation policies and procedures will become a part of contract agreements with primary care trusts (PCTs) in 2010. The Operating Framework required PCTs to work with provider units to publish, by the end of March 2009, plans to deliver substantial and meaningful reductions in the number of patients who report that they share sleeping or sanitary accommodation with members of the opposite sex.

There may be financial consequences for hospitals that fail to meet same-sex accommodation standards.

What are patient attitudes to mixed-sex accommodation?

Mixed-sex accommodation is an issue of particular concern among women, older people and people from ethnic minorities. Whilst cleanliness, infection control and staff attitudes are generally seen as more important, for many people the prospect of sharing sleeping accommodation and toilet facilities with the opposite sex is distressing. In the 2008 Care Quality Commission Inpatient Survey, 32 per cent of respondents said they did

'Reporting on same-sex accommodation policies and procedures will become a part of contract agreements with PCTs in 2010'

mind sharing a sleeping area with patients of the opposite sex.

There is tolerance for the use of mixed-sex accommodation in exceptional situations created by clinical need or demand on resources. Patients and public feel efficient and effective treatment is the ultimate priority.

There is general agreement that for elective and pre-arranged admissions patients should be warned in advance if there is a possibility that they may encounter mixed-sex accommodation. (Results from qualitative research, April 2009)

What are staff attitudes to mixed-sex accommodation?

Staff largely share patient attitudes to mixed-sex accommodation. They acknowledge it causes particular problems for women, older people and those from ethnic minorities. But they tend not to see it as a high priority in comparison with patient health, infection control and efficient running of the ward. They also pointed out that accommodation is only one aspect of the wider agenda of privacy and dignity.

There were regional differences among staff. In London, for example, mixed-sex accommodation was regarded as not unusual. In other regions it was seen as the exception,

Chesterfield Royal Hospital NHS Foundation Trust: Maintaining same-sex accommodation standards in an emergency management unit

From the day it moved to its current location in 1984, Chesterfield Royal Hospital has operated within a culture of same-sex accommodation for patients. “We have never accepted the mixing of sexes in terms of bed arrangements or use of toilets and bathrooms,” says Nichola Lawrence, Principal Matron. “In fact, it has been so embedded within our culture that we didn’t even refer to it in our bed management policies until the Government launched its initiative to eliminate mixed-sex accommodation.”

The introduction of an emergency management unit (EMU) was managed with no deviation from the same-sex accommodation model. It was felt that the standards that apply across the other wards in relation to privacy and dignity were equally important in this area, which can be the patient’s first experience of the hospital.

Single access point to EMU

The EMU occupies two adjacent wards which share the same entrance and corridor, creating a T-shape. One side is an emergency assessment unit (EAU) which receives surgical and medical patients referred by their GP or the emergency department. The other side is a predominantly nurse-led clinical decisions unit (CDU) for patients with clear care pathways or who would traditionally have been on an observation ward. The EMU also has a discharge lounge.

Despite admissions of between 60 and 80 per day – and an average patient stay of 48 hours – the unit has maintained an exclusively same-sex accommodation policy for all patients. This has been helped by having a single contact for all calls to the EMU from GPs or the hospital’s own emergency department. Senior nurses take it in turns to act as the access point, and use the opportunity to learn more about the patient’s condition and any special requirements for care (for example, isolation for infection risks, special handling equipment for heavy patients).

Because they have to up-to-date information on bed availability within the EAU / CDU and other wards, nurses can identify a suitable bed for the patient in a same-sex room. To manage peaks in activity, and only where it is safe and convenient for the patient, they may be asked to wait at home for a couple of hours while an appropriate bed becomes free.

Flexibility

Another key factor is flexibility. The EAU can quickly alter its distribution of five, five-bed same-sex bays according to the numbers of male and female patients at any one time. At busy times they can also use beds on the CDU if space is available. Staff work in both the EAU and CDU, supporting this flexible approach and extending their own competencies as practitioners.

Good bed management

Underpinning the process is good bed management across the whole hospital, to prevent ‘pinch-points’ obstructing the flow of patient care from admission to discharge. “For example, if there is a hold-up in sending a patient home,” Chief Nurse Alfonzo Tramontano explains, “we might ask the patient to move into the unit’s discharge lounge to free-up a bed or allow a bay to be switched between male and female.”

Good communication

“It is important to tell patients what’s happening. We explain that by moving to the lounge they are enabling other patients to come in, and that their own care will not be not affected. Good communication and keeping people informed is the key – and the majority of patients understand that we need that flexibility and do not mind at all.”

“In the end, there is no excuse for mixed-sex accommodation. It’s all about common sense, looking at your bed complement and working back from there to source the right solution.”

particularly on general wards. (Results from qualitative research, April 2009)

Creating the physical environment

Older hospitals, and particularly Nightingale wards[†], can pose particular problems when introducing same-sex accommodation standards, due to high ceilings, absence of partition walls, and limited distribution of washing and toilet facilities. Some trusts may still be working to create an appropriate physical environment within these buildings.

The use of partitions is acceptable provided they are rigid and fixed to the building structure. They should be the full height of the ceiling unless this would cause problems in high-ceilinged rooms, such as old Nightingale wards, or interfere with efficient airflow or lighting. In these cases, the partitions must be high enough to make patients feel as though they are in separate rooms.

Washing and toilet facilities must be en-suite or immediately adjacent to same-sex sleeping accommodation. Use of toilets and washrooms may switch between male and female if occupancy of the adjacent sleeping accommodation changes.

The bed management challenge

Almost all hospital wards should by now have achieved the minimum

same-sex accommodation standards of physical environment described above. Given the proportion of patients reporting experience of mixed-sex accommodation after first admission to hospital, there obviously remains a management challenge in ensuring that same-sex accommodation beds are available.

In large part this is a question of efficient bed management. Hospitals should have sufficient same-sex accommodation beds available to meet demand, with the ability to switch areas between male and female use where necessary to cope with changing patterns of admission.

There are also clinical judgements, particularly around critical care units where significant resources in terms of equipment and staff may be focused on a very few beds with limited options for same-sex separation. Where mixed-sex sleeping is unavoidable during episodes of critical care, patients should be moved into same-sex accommodation as soon as their condition allows.

Separation of sexes in A&E units is often impracticable, and A&E treatment will not normally involve overnight stays. However, as the Chesterfield Royal Hospital case study opposite shows, standards for same-sex accommodation in emergency units and observation wards need be no different from other wards in the hospital.

'Good communication with patients and public can help to increase same-sex accommodation provision in practice'

Communicating with patients and public

Good communication with patients and public can help to increase same-sex accommodation provision in practice. For example, admission letters to day treatment patients should make clear whether it will be a single- or mixed-sex environment, and offer choices if preferred. Patients should have a clear understanding of whether they will be required to undress and how their modesty will be protected.

Clear signage in all wards is important for toilets and washing facilities that are not en-suite. Patients should be advised where their nearest facilities are. Signage should also allow for switching if, for example, a bay changes from male to female use.

It is also essential that staff communicate with patients and families on the principle that same-sex accommodation is to be expected. If, for any reason, a patient is in mixed-sex accommodation then the situation should be fully explained.

Embedding a 'single-sex culture'

The goal is that single-sex accommodation should be standard for all patients, in all hospitals, at all

[†] A Nightingale ward contains one large room without subdivisions for patient occupancy.

East Surrey Hospital: Nurses lead the drive to set same-sex accommodation-only standards

At East Surrey Hospital, the shift from tolerance of mixed-sex accommodation to a policy of same-sex accommodation only is being driven by nurses as part of the broader privacy and dignity agenda. "Privacy and dignity greatly influence patients' perception of the quality of care that they receive," says Mary Sexton, Director of Nursing. "Removing mixed-sex accommodation is critical to improving the patient's experience in hospital. Nurses need to emphasise that mixed-sex accommodation is just not acceptable – to patients or the hospital."

There is a clear need to provide more same-sex toilet and washing facilities and to improve the provision of same-sex accommodation in specific areas, including assessment wards and A&E. Building and refurbishment work is currently under way. Meanwhile, the techniques being used by Mary and her nursing team to fix same-sex accommodation within the mindset of staff and patients are shown below.

Creating dignity champions

Dignity champions are members of staff and the public who are committed to explaining what dignity of care 'looks like' and who set out to challenge practices and behaviours that may undermine it. The director of nursing, her deputy and all the matrons in the nursing team have become dignity champions. They have responsibility for ensuring that all planned reconfigurations and building works take into consideration the privacy and dignity agenda.

Involving the patients' council

At East Surrey, the 20-strong patients' council is currently carrying out ward observation exercises, asking patients for their views about their stay. The feedback can be linked to specific wards and will be used to identify any problems and find solutions.

Improving communications with patients

An awareness-raising leaflet and direct communication with staff mean patients have a much clearer idea of what to expect when they stay in hospital. "Managing our patients' expectations is extremely important," says Mary. "So we clearly explain what kind of accommodation they can expect on the wards." Communications also aim to empower patients to challenge healthcare professionals if they feel they are in inappropriate accommodation.

Bed management

Nurses work closely with the hospital's bed management team, meeting them up to three or four times a day to discuss how best to deploy resources. If patients in acute assessment units ever have to share accommodation with the opposite sex, the aim is to ensure that this lasts for no longer than 24 hours. When this means moving a patient, the team will clearly explain to the patient and their family or carers the rationale for the move.

Sharing best practice

Support from the SHA and engagement with the local directors of nursing network provides the opportunity to share best practice and discuss implementation issues.

The physical environment

Among the 26 wards at East Surrey there are some same-sex wards as well as mixed wards with same-sex bays or rooms and single rooms. Same-sex toilet and washing facilities are either within or adjacent to the rooms. Where possible, en-suite facilities are being installed in bays that don't already have them, as part of a continuing ward refurbishment programme. Meanwhile, flexible signage means that bathroom and toilet signs can be changed to match the gender of patients in adjacent bays.

stages of care. Any incident of mixed-sex accommodation is seen as an exception to the rule and should be rectified as quickly as possible.

In many hospitals, this standard already operates – embedded within the culture. Where it does not, it is the responsibility for trust boards and nursing leaders to change the culture by setting standards and expectations and challenging tolerance of mixed-sex accommodation at every level within the hospital.

Conclusions

The *Same-sex accommodation: your privacy, our responsibility* programme picks up an issue of significant public concern and unfinished business for the NHS. Whilst patients and the public recognise that there are more critical health priorities – hospital cleanliness, infection control, reducing waiting times – respect for their privacy will strongly colour their overall perception of the quality of care they receive.

Delivering same-sex accommodation is a demanding target for all providers of NHS-funded inpatient care and has to cover all stages of the patient journey through care, from first admission to discharge.

The Government's Privacy and Dignity Fund is making £100 million available through SHAs to enable further building improvements and installation of toilet and washing facilities within rooms or adjacent to single-sex bays. This money has already been allocated to SHAs for use in hospitals which face the greatest problems in terms of age

of buildings and their suitability for conversion to a status that all patients would recognise as same-sex accommodation.

In addition, support is available from improvement teams who will visit hospitals that need extra support, to provide ideas and advice for how the same-sex accommodation status of wards and other areas can be enhanced. Further information can be found on the DH same-sex accommodation website, which also contains examples of good practice and lessons learned in achieving same-sex accommodation standards. This will continue to be updated.

Even in trusts where same-sex accommodation has been established in most wards, there may be tolerance by staff of mixed-sex accommodation in emergency admissions and day treatment areas. Only in exceptional circumstances should this be allowed. At one extreme, this may be in critical care where a small number of patients need to be grouped around staff and equipment. At the other, there may be day care cases involving very minor procedures where modesty and privacy are not at stake. Whatever the circumstances, decisions should be based on the needs and preferences of patients – and be seen by both staff and patients as departures from the standard that applies across the rest of the service.

During 2009, all trusts are expected to show how they plan to ensure that virtually all patients experience only same-sex accommodation during their hospital stay. National metrics are

'During 2009, all trusts are expected to show how they plan to ensure that virtually all patients experience only same-sex accommodation during their hospital stay'

being developed which will combine patient surveys with trusts' own reports on the measures taken to provide same-sex accommodation for all patients at all stages of hospital care. Patient feedback alone provides an imperfect measure: some patients in women-only hospitals, for example, may feel that their same-sex accommodation environment is compromised by male visitors to fellow patients. Therefore, trusts also need to record the steps they take to ensure same-sex accommodation provision, and be able to provide this information to PCTs from 2010 as part of their contract agreements.

There may be financial consequences for hospitals that are clearly failing to meet same-sex accommodation standards of care provision.

Embedding same-sex accommodation standards in day-to-day practice is a challenge that combines creating appropriate physical environments and implementing admission and bed management policies that take heed of gender alongside other patient needs. It is an important reputational issue for trusts. Patients expect same-sex sleeping, washing and toilet arrangements while in hospital. This policy places a strong responsibility on trust boards to establish a culture in which these expectations will routinely be met.



Confederation viewpoint

While some organisations do not mix sexes, members with more constrained estate are concerned about the scale of this challenge, the physical and management issues that will need to be dealt with, and about the definition of 'exceptional situations'. The policy guidance does contain useful solutions to some of the difficult problems that members face, but there is still a significant challenge. However, this is an issue that, given its importance to patients and the public, will remain a key priority.

For more information on the issues covered in this *Briefing*, contact nigel.edwards@nhsconfed.org

To contact the DH Same-sex Accommodation Support Team, email DSSA@dh.gsi.gov.uk

Further information

High quality care for all. Department of Health, June 2008
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

The Chief Nursing Officer's report on privacy and dignity, May 2007
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_074543

Eliminating mixed-sex accommodation. Department of Health professional letter, May 2009 (PL/CNO/2009/2)
www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894

Becoming a dignity champion. DH Care Networks
www.dhcarenetworks.org.uk/dignityincare/BecomingADignityChampion

Care Quality Commission Inpatient Survey 2008
www.cqc.org.uk/usingcareservices/healthcare/patientsurveys/hospitalcare/inpatientservices.cfm

Department of Health same-sex accommodation support
www.dh.gov.uk/en/Healthcare/Samesexaccommodation/Practicalsupport/DH_099072

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