



Public – To be published on the Trust external website

Privacy and Dignity Policy

Ref: CLIN-0067-v5

Status: Ratified

Document type: Policy

Contents

1	Introduction	4
1.1	Acknowledgement of the importance of privacy and dignity	4
1.2	National requirements	4
1.3	Variations in monitoring.....	4
1.4	What is a mixed-sex accommodation breach?	5
1.5	Our Journey to change.....	5
2	Why we need this policy.....	6
2.1	Purpose	6
2.1.1	Guidance principles	7
2.2	Objectives	7
3	Scope	8
3.1	Who this policy applies to.....	8
3.2	Limitations for same sex accommodation guidance	8
3.3	Roles and responsibilities	8
4	Policy.....	11
4.1	Demonstrating Privacy and Dignity	11
4.2	Transgender	12
4.2.1	Advice and Guidance	12
4.2.2	Gender Reassignment Definition	12
4.2.3	Accommodation	13
4.3	Considerations for children and young people.....	14
4.4	Delivering Same Sex Accommodation (DSSA)	15
4.4.1	What is a mixed-sex accommodation breach? (mixed gender)	16
4.5	Emergency Admissions.....	17
4.5.1	Key principles	17
4.5.2	Non refusal of admissions	17
4.5.3	Bedroom position	17
4.5.4	Risk assessment and communication	17
5	Definitions.....	18
6	Related documents	18
7	How this policy will be implemented	19
7.1	Implementation action plan	19
7.2	Training needs analysis	20

8	How the implementation of this policy will be monitored	20
9	References	21
10	Document control (external)	21

Appendix 1 - Flowchart for what to do if a Regulatory Mixed Sex Accommodation (MSA) Breach is required.	23
--	----

Appendix 2 – EMSA Checklist	24
-----------------------------------	----

Appendix 3 - Equality Impact Assessment Screening Form	28
--	----

Appendix 4 – Approval checklist	31
---------------------------------------	----

1 Introduction

1.1 Acknowledgement of the importance of privacy and dignity

As an organisation we recognise the essential importance of maintaining the dignity and privacy of all our service users and carers. Privacy and dignity are a human right and is fundamental to safety, wellbeing and recovery. It is our duty to ensure that all staff treat service user's relatives, carers and visitors with respect and dignity and ensure that service users' privacy and dignity is maintained in compliance with the related Care Quality Commission (CQC) Fundamental Standards.

We acknowledge that some of the language used in this policy is not terminology we would want to use in the Trust however we recognise the importance of accurately reporting on the Eliminating Mixed Sex Accommodation (EMSA), (Department of Health and Social Care, 2010) Delivering Same Sex Accommodation (DSSA) (NHS, 2019) and the Equality Act Code of Practice.

1.2 National requirements

All providers of NHS-funded care are expected to prioritise the safety, privacy and dignity of all patients. Adherence to this guidance is an essential part of this.

In April 2011, reporting of breaches to same-sex accommodation guidance (Eliminating Mixed Sex Accommodation EMSA) became mandatory. Since then, trusts have continued to report monthly and there have been huge improvements in privacy and dignity. Over the last decade practice has developed, particularly the way emergency assessments and patient admissions are managed, therefore the guidance has been reviewed and some changes made to reflect current patient pathways.

There are some clinical circumstances where mixed sex accommodation can be justified. These are few, and mainly confined to patients who need highly specialised care.

1.3 Variations in monitoring

Because of the huge variation in ward designs, it is impossible to monitor all aspects of mixing centrally; this is why central reporting concentrates on admitted patients in sleeping accommodation. All providers of NHS-funded care should regularly monitor their estate, and the way they use it, to make sure the highest possible standards are maintained. In mental health inpatient units, women-only day rooms must be provided. As per DSSA guidance (reference above).

We are aware that there are some local agreements between providers and their commissioners for reporting breaches nationally, which mean some trusts report breaches where others would

not. Providers must agree with their commissioners, every month, the number of justified and unjustified breaches using the revised national guidance.

Where breaches do occur, providers and their commissioners should agree action plans to avoid further breaches.

1.4 What is a mixed-sex accommodation breach?

This description of a mixed-sex accommodation breach refers to all patients in sleeping accommodation who have been admitted to hospital.

- A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.

(Delivering Same Sex Accommodation NHSE 2019)

This guidance should be used in conjunction with TEWV sexual safety policy (**in draft**) and guidance (**in draft**).

1.5 Our Journey to change

This policy is critical to the delivery of [Our Journey To Change](#) (OJTC) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

- This policy supports the trust to co-create a great experience for all patients, carers and families from its diverse population by ensuring that outstanding and compassionate care is provided at all times by demonstrating respect for a patient's right to privacy and dignity at all times as detailed in [section 4.1](#).
- This policy supports the trust to co-create a great experience for our colleagues by ensuring people are involved in decisions that affect them and are proud about ensuring privacy and dignity is maintained for all.

2 Why we need this policy

We need this policy to help all Trust staff understand their roles and responsibilities in maintaining high standards of privacy and dignity for services users. This policy also relates to compliance with Delivering Same Sex Accommodation (DSSA) requirements on inpatient wards.

This policy also means service users, relatives and carers know what they should expect from the services.

2.1 Purpose

Respecting people's privacy and dignity is essential to support wellbeing and recovery. The purpose of this policy is to set out how we maintain the privacy and dignity of service users.

Core principles of this policy are:

- Reaching for a shared understanding of privacy and dignity
- Ensuring privacy and dignity is core to wellbeing and recovery.
- To understand the importance of privacy and dignity within a trauma informed approach
- Ensure service users, family and carers experience care that shows respect, privacy and dignity at all times.
- Ensure service users and carers feel that they matter and don't experience negative or offensive attitudes and behaviours from TEWV services.
- Promote compliance with CQC Fundamental Standards

- Achieve compliance with Delivering Same Sex Accommodation (DSSA) standards. Provide guidance for the Trust internal reporting system which are still referenced to EMSA breaches due to our current mixed ward accommodation status.

2.1.1 Guidance principles

- All providers are responsible for ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed-sex accommodation.
- Decisions to mix should be based on the patient's clinical condition and not on constraints of the environment or convenience of staff.
- The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed.
- All providers are responsible for ensuring all staff are aware of the guidance and how they manage requirements around recognising, reporting, and eliminating mixed-sex breaches.
- There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected.
- Patient choice for mixing must be considered and may be justified. In all cases, privacy and dignity should be assured for all patients.
- There are no exemptions from the need to provide high standards of privacy and dignity at all times.
- Identifying the right patient for the right bed first time improves patient outcomes by improving patient experience.

2.2 Objectives

- All staff are aware of approach to privacy and dignity and apply the Department of Health guidance for both Eliminating Mixed sex accommodation (EMSA) and Delivering Same Sex Accommodation (DSSA) on wards that have mixed sex environments in line with CQC Regulation 10 on Privacy and Dignity.

3 Scope

3.1 Who this policy applies to

- The policy applies to all Trust staff.

3.2 Limitations for same sex accommodation guidance

- All units where a patient may be referred directly for assessment, treatment or observation are not included pending a final decision to admit to another area. In all cases, breaches should be recorded from when the decision to admit is made or when the patient arrives in the unit and a decision to admit has already been made.
- Accident and emergency departments are not included.
- Sexual safety is out of scope of this policy. Please note a separate Sexual Safety Policy is currently under development.

3.3 Roles and responsibilities

Role	Responsibility
Board of Directors	<ul style="list-style-type: none"> • To be responsible for the privacy and dignity agenda at Board level and to receive reports on the status of the principal standards. • To receive information from complaints and incidents related to privacy and dignity and DSSA standards; this would include abuse and sexual safety issues. • To consider the elimination of mixed sex accommodation (EMSA) and how any refurbishment or new build capital

	<p>development schemes complies with the directives and requirements.</p> <ul style="list-style-type: none"> To ensure protection of privacy and dignity as well as Delivering Same Sex Accommodation (DSSA) requirements are considered within the commissioning of in-patient environment development, building and refurbishment. To support training initiatives to promote the protection of privacy and dignity. To monitor the implementation of this policy.
Quality Governance Team	<ul style="list-style-type: none"> To review the policy and make recommendations around the implementation to the Executive Directors Group and Director of Quality Assurance To monitor the compliance with DSSA requirements. To ensure assurance and risks to compliance are reported through the agreed processes to the Board of Directors.
Managers	<ul style="list-style-type: none"> To ensure all staff have the necessary skills to promote and deliver services which comply with the principles and requirements of this policy and national directives. To ensure that staff understand the DSSA requirements and can support service delivery to comply. To lead, promote and champion privacy and dignity within team To support gathering timely feedback from service users, their relatives and carers regarding privacy and dignity, and acting on information received.
Modern Matrons	<ul style="list-style-type: none"> To implement this policy and the DSSA requirements within their in-patient and respite environments. To ensure that there is a local plan for managing the compliance with the requirements and where males and females are cared for in mixed environments there is a local plan for managing the environment with zoning and monitoring compliance with the requirements. To ensure Eliminating Mixed Sex Accommodation (EMSA) breaches are reported on Trust incident Reporting System (InPhase), To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained.
All staff	<ul style="list-style-type: none"> To understand the Privacy and Dignity Policy and ensure full implementation. To understand and ensure compliance with DSSA requirements.

	<ul style="list-style-type: none">• To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained.
--	---

4 Policy

4.1 Demonstrating Privacy and Dignity

There are many ways in which you can demonstrate respect for a patient's dignity and to maintain privacy.

For example, you will be promoting people's dignity and maintaining privacy if you:

- Listen and support service users to express their needs and preferences in a transparent open manner.
- Wear identification badges at all times in TEWV buildings and have it with you on visits into the community and people's homes in case you need to show this to anyone. Be aware that wearing your badge in public can on occasion breach a service user or carer's privacy.
- Introduce yourself with your name and role on initial contact with a service user, their family, and carers, both in person and in telephone conversations
- Ensure access to an advocate and/or interpreter in a timely way.
- Ask service users how they would like to be addressed and use their preferred form of address and pronouns.
- Give service users who need within eyesight or arm's length observations, due to safety concerns, a full explanation of the process, showing respect and demonstrate how privacy and dignity will be maintained without compromising the level of observation needed to keep them safe. Support with the use of both the engagement and observation procedure and harm minimisation policy.
- Be curious and maintain awareness of how privacy and dignity may be compromised in delivering intimate procedures with service users, this includes enhanced forms of engagement and zonal observations that are maintaining patient safety. Aim to offer choices wherever possible within the harm minimisation framework to minimise this.
- Ensure the principles of shared decision making and collaborative care planning are implemented as far as possible throughout the patient's stay in hospital. In particular in decisions about their treatment.

- Changes in the patient's observation levels should always be explained, including reasons why this is required and how this will be reviewed and documented
- Enable people to maintain maximum possible level of independence, choice, and control.
- Treat each person as an individual by offering a personalised service and plan of care recognising individuals protected characteristics such as their religious and cultural preferences and current and historical trauma and events.
- Have an awareness of a person's trauma history and consider with the patient if and how this may need to be taken into account to promote their privacy and dignity and be aware of how breaching this may cause iatrogenic harm
- Knock on bedroom doors if you need to see the service user in their room and wait to be invited in before entering. The exception to this will be if there is concern for a person's safety. Use alongside the CCTV policy and Vision-Based Patient Monitoring System (VBPMS) – Oxehealth Policy
- Ensure staff patients / visitors feel able to speak up and complain without fear of retribution and use alongside the freedom to speak up policy.
- Engage with family members and carers as care partners and involve in collaborative care planning
- Don't make assumptions about the patient's lifestyle (e.g., do not assume that the patient's partner is of the opposite gender or that they are married)

4.2 Transgender

4.2.1 Advice and Guidance

Staff can access advice and guidance about trans inpatients from the Trusts Equality Diversity Inclusion and Human Rights Team, Mental Health Act Team and Trust Safeguarding Team.

4.2.2 Gender Reassignment Definition

Parliament intended gender reassignment to be a spectrum moving away from birth sex, and that a person could be at any point on that spectrum.

The Equality Act 2010, defines gender reassignment as proposing to undergo, undergoing or having undergone a process to reassign your sex. An employment tribunal (M.S R Taylor versus Jaguar Land Rover Ltd, 2018) extended this definition to include non-binary and gender fluid.

4.2.3 Accommodation

The following wording has been taken directly from the Equality Act Code of Practice.

We acknowledge that some of the language used in this extract is not terminology we would want to use in the Trust however we recognise the importance of accurately reporting on the Equality Act Code of Practice in this policy without making changes.

- The intention is to ensure that trans people are treated in a way that best meets their needs (13.58)
- If single or separate sex services are provided for women and men service providers should treat trans people according to the gender role in which they present. (13.57)
- The Equality Act allows the service provider to provide a different service or exclude a person who is proposing to undergo, is undergoing or has undergone gender reassignment if this is a proportionate means of achieving a legitimate aim. (13.57)
- Legitimate aims can include: ensuring the health and safety of those using the service provider's service or others – risks must be clearly specified; ensuring the wellbeing or dignity of those using the service (5.30)
- Any exception to the prohibition of discrimination against trans people must be applied as restrictively as possible and the denial of a service to a trans person should only occur in exceptional circumstances. (13.60)
- A service provider can have a policy on the provision of services to trans users but should apply this policy on a case-by-case basis to determine whether the exclusion of a trans person is proportionate in the individual circumstances (13.60)
- Service providers will need to balance the need of the person for the services and the detriment to them if they are denied access, against the needs of other service users and the detriment that may affect them if the trans person has access to the service (13.60)

- Care should be taken in each case to avoid a decision based on ignorance or prejudice and the provider will need to show that a less discriminatory way to achieve the objective was not available (13.60)

Questions to ask if considering limiting access to or excluding trans people from your service:

The following has been taken directly from 'Separate and single – sex service providers: a guide on the Equality Act sex and gender reassignment exceptions EHRC April 2022':

1. **What are the reasons why you think you might need to modify or limit access or exclude trans people from your service?** Remember that you have to show there is a good reason based on evidence. For example, dignity, privacy, preventing trauma or ensuring the health and safety of others. (Page 10)
2. **Would modifying or limiting access or excluding trans people from your service actually help you to achieve this?** If it wouldn't, it might be unlawful to exclude trans people, or modify or limit their access to your service. (Page 10)
3. **You will need to balance the interests of trans people with those of other service users.**
Does the reason for limiting access or excluding trans people from your service outweigh any discriminatory effects of the treatment? (i.e., the impact on trans people of exclusion is outweighed by the impact on other users if they were included).

If it doesn't, it might be unlawful to exclude a trans person from the single sex service of the gender in which they present or limit their access to the service.

If it does, it is likely to be lawful to exclude a trans person from the single sex service of the gender in which they present or modify or limit their access to the service.

You should always balance and take account of the needs of different groups (Page 11).

4.3 Considerations for children and young people

A child aged 16 to 18 years can be admitted to designated, single-sex, non CAMHS units where there are clinically appropriate reasons for the admission.

In hours admission must be agreed as appropriate with:

- CAMHS staff
- And the Director of Operations for that locality or the speciality in DTVF and Care group NYYS

Out of hours admission must be agreed as appropriate with:

- On call manager and the child admitted to the unit needs to be within in arm's length observation and engagement supervision as part of their safeguarding.
- Staff must notify the Trust Safeguarding Team of the admission.

The local Children and Young People Mental Health Service (CAMHS) team will co-ordinate the in-patient care and will liaise with the Adult Mental Health Service (AMHS) and will contact the AMH ward, by the next working day to the admission. All decisions must be discussed with the child and parents/those with parental responsibility.

A young person of 16 or over is presumed to be old enough to and capable of consenting to their care and treatment. Please refer to point 4.2.4 for guidance in relation to accommodation for young people.

Staff must take advice and guidance from the Trusts Equality Diversity and Human Rights Team, Mental Health Act Team, Safeguarding Team, and Quality Governance Team where there are situations relating to the vulnerability of inpatients where one of whom is transgender.



Patients gender identity may not already be known. If on admission there is uncertainty of an adult, child or young person's gender, ask discreetly where the person would be most comfortably accommodated.

4.4 Delivering Same Sex Accommodation (DSSA)

All TEWV wards have single bedroom accommodation but not necessarily single sex corridors although via the bed management policy and model we are working towards delivering same sex accommodation, currently wards have clearly identified male and female zonal areas including signage and drawings of the ward layout.

4.4.1 What is a mixed-sex accommodation breach? (mixed gender)

This description of a mixed-sex accommodation breach refers to all patients in sleeping accommodation who have been admitted to hospital (source - [Delivering same-sex accommodation, Sept-19](#))

- A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.



Note:

- Sleeping accommodation includes all areas where patients are admitted and cared for on beds or trolleys, even when they do not stay overnight.
- An admitted patient is one who undergoes a hospital's admission process to receive treatment and/or care.

Please see Flowchart for what to do if a Regulatory Mixed Sex Accommodation (MSA) Breach is required. ([appendix 1](#)).

4.5 Emergency Admissions

4.5.1 Key principles

- Decisions should be based on the needs of each individual patient, not the constraints of the environment or the convenience of staff.
- The reasons for mixing, and the steps being taken to put things right, should be explained fully to the patient and their family and friends. If a patient does not have the capacity to understand and/or agree the decision to mix, this must be discussed and agreed with the next of kin/carer.

4.5.2 Non refusal of admissions

The Trust will not refuse admission to a service user on a mixed sex ward if a bed is not available in the correct gender zone- if a “right sex” bed is not available. In an emergency situation where a same sex bed is not available within a reasonable distance from the person’s home location, staff can admit the person to a bedroom that was designated for someone of the opposite sex.

4.5.3 Bedroom position

In this situation the bedroom allocated to the person being admitted should, where possible, be a bedroom nearest to the appropriate gender zone of the person being admitted. Staff must ensure that patients without en-suite facilities in that zoned area do not need to pass by or through the bedroom corridors of the opposite sex to get to their designated bathing and toilet facilities.

4.5.4 Risk assessment and communication

Additionally, staff should undertake a risk assessment of the person being admitted and the other patients in the vicinity and produce a risk management plan to mitigate and reduce the risks identified. Staff should ensure that there is involvement of the person being admitted, their family and carers in the discussion, risk assessment and decision making so they all will know what to expect.



Emergency admission:

- If an admission takes place under these conditions, it is classed as a Serious Incident and the decision escalated for authorisation to the Director of Operations for that locality or the Director on call out of hours.
- These admission arrangements should be reviewed daily and a move to a bedroom in an appropriate zoned area undertaken as soon as possible.

- Staff must report this type of emergency admission on the Trust incident reporting system (InPhase) as it breaches DSSA requirements and is a Patient Safety Incident

5 Definitions

Term	Definition
Privacy	<ul style="list-style-type: none"> • To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends) and be protected from others looking at them or overhearing their conversations. It also means respecting their confidentiality and personal information.
Dignity	<ul style="list-style-type: none"> • Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respecting them as a valued person, taking account of their individual views and beliefs.
Respect	<ul style="list-style-type: none"> • The experience of consideration and appreciation being shown towards you
Transgender	<ul style="list-style-type: none"> • An umbrella term for people whose gender identity and/or gender expression differs from their birth sex

6 Related documents

- Bed Management Policy

- [CCTV Policy](#)
- [CCTV Procedure](#)
- [Complaints policy](#)
- [Confidentiality and sharing information policy](#)
- [Freedom to speak up policy \(whistle blowing\)](#)
- [Harm Minimisation \(Clinical Risk Assessment and Management\) Policy](#)
- [Human Rights, Equality Diversity and Inclusion Policy](#)
- [Physical Health and Wellbeing Policy \(Inpatients and Community\)](#)
- [Records Management - Minimum Standards for Clinical Record Keeping Procedure](#)
- [Safeguarding Adults Policy](#)
- [Safeguarding Children Policy](#)
- [Engagement and Observation](#)

7 How this policy will be implemented

- This policy will be published on the intranet and on the Trust website.
- Line managers must make sure all their staff know about this policy if it is relevant to their role.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
n/a				

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
n/a			

8 How the implementation of this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Any privacy and dignity Incidents reported on inphase	Frequency = adhoc Method =CQC mailbox Responsible = Quality Governance Team	CQC mailbox receives on an ad hoc basis, An email is received from the matron/ manager for instances where a team have had to place a patient in a room in the corridor of the opposite sex in a mixed ward. Details are provided around mitigation in place and when this instance can be rectified at the earliest time. The Quality Governance Team may then seek further details as to observation and engagement levels and if the privacy and dignity issue has been reported on InPhase and any plans for discharge/ transfer.
2	Breaches identified via inphase	Frequency = Ad Hoc Method = Email to the CQC mailbox Responsible = Quality and Governance Team	From the DSSA guidance (2019), Only breaches in relation to sleeping accommodation are to be reported in the national Mixed Sex Accommodation (MSA) return. Justified occurrences of MSA and unjustified mixing in relation to bathroom / toilet facilities (including passing through) are outside of the scope of the national MSA return (although they are to be monitored locally).
3	Complaints relating to Privacy and Dignity	Frequency = Ad Hoc Method = CQC Mailbox Responsible = Quality Governance Team	Complaints that relate to Privacy and Dignity are shared with the Quality Governance Team

9 References

- CQC Guidance for Providers on meeting the regulations March 2015
- CQC Sexual Safety on Mental Health wards
- CQC Supporting Note Mixed Sex Accommodation
- Gillick v West Norfolk and Wisbech Area Health Authority
- Liberating the NHS: No decision about me, without me – shared decision making
- Mental Capacity Act 2005
- Mental Health Act 1983: Code of Practice
- Modernising the Mental Health Act (December 2018)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	21 May 2024
Next review date	21 May 2027
This document replaces	Privacy and Dignity Policy CLIN-0067-v4
This document was approved by	ECLS
This document was approved	15 May 2024
This document was ratified by	Management Group
This document was ratified	21 May 2024

An equality analysis was completed on this policy on	12 February 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
5	15 May 2024	<p>Full revision with changes throughout to reflect Delivering Same Sex Accommodation (DSSA) issued by NHSE 2019.</p> <p>Also with two minor changes:</p> <ul style="list-style-type: none"> • amended to read engagement and observation procedure; • added sexual safety as out of scope to section 3.2. 	Ratified

Appendix 1 - Flowchart for what to do if a Regulatory Mixed Sex Accommodation (MSA) Breach is required.

What to do	Condition / Detail
Escalate	<ul style="list-style-type: none"> Any EMSA breach MUST be authorised by a Director. In hours - notify the locality Care Group Director of the potential breach. Consider all options to avoid. Authorisation of the breach must be provided by the Director. Out of hours - the second on call and the Director on Call must discuss and jointly authorise the MSA breach.
Log incident on Trust Reporting System (InPhase)	<ul style="list-style-type: none"> Report the MSA breach using the Trust incident reporting system incident form (InPhase). Give all relevant details about the type of breach, how the breach will be managed and what will be done to maintain patients' privacy and dignity.
Report	<ul style="list-style-type: none"> Report the breach to the Quality Governance Team via email to: TEWV.cqc@nhs.net Copy in the General Manager and Service Manager.
Manage	<ul style="list-style-type: none"> Identify any actions needed to manage the breach and prevent further reoccurrences Share information about the breach at your next Care Group Quality Assurance and Improvement Group (QAIG) to raise awareness and support learning.

According to the Monthly Mixed-Sex Accommodation Return Guidance V1.5 (updated October 2019) only breaches in relation to sleeping accommodation are reported within the NHS Digital Data Collection. Justified occurrences of MSA and unjustified mixing in relation to bathroom / toilet facilities (including passing through) are outside of the scope of the MSA return however are monitored locally through the above reporting flowchart.

Appendix 2 – EMSA Checklist

WARD -

DATE -

COMPLETED BY -

QUESTION	N/A	NEVER	SOMETIMES	ALWAYS	COMMENTS
Sleeping Accommodation					
1. All sleeping accommodation on mixed sex wards is arranged into separate clearly signed male and female zones in accordance with the TEVV policy and national guidance.					
2. All mixed sex wards will have:					
a. individual sign posted zoned bedrooms with en-suite or					
b. individual sign posted zoned bedrooms without en-suite					
c. clearly signed zoned single sex dormitories					
d. a combination of individual rooms and single sex dormitories					
3. Service users (including those admitted as emergencies into opposite sex (gender) beds) are accommodated either in a single sex (gender) room, a single-sex (gender) ward or single-sex (gender) bays.					

QUESTION	N/A	NEVER	SOMETIMES	ALWAYS	COMMENTS
4. The single bedroom doors are lockable from the inside with both fail-safe entry and observation mechanisms used only by staff to ensure service user safety.					<p>*This may not be achievable on all areas but all areas must ensure that there is appropriate risk assessment of locks and patient capability to operate them.</p> <p><i>PLEASE NOTE: In new builds it is good practice to fit doors which can be opened externally' by staff but allow service users to control this from the inside to maintain privacy and dignity e.g. when getting undressed or showering)</i></p>
5. All bedroom doors are fitted with a viewing panel (vistamatic window), which can only be operated by members of staff from outside the bedroom.					<p><i>PLEASE NOTE: All viewing panels on bedroom doors must be kept closed and only opened and then reclosed as required for observation purposes. It is also good practice to fit doors where vistamatic windows can be operated by patients from inside the bedroom.</i></p>
Toilet and Bathroom Facilities					
6. Service users have access to separate male and female toilets and washing facilities on the ward clearly signed 'male' or 'female'.					<p><i>PLEASE NOTE: The exception to this is with assisted bathing facilities.</i></p>
7. All toilet and washing facilities are located within or as close as possible to, the bedroom or dormitory of the zoned area.					

QUESTION	N/A	NEVER	SOMETIMES	ALWAYS	COMMENTS
Passing by or passing through					
8. No service user needs to pass by or through areas occupied by members of the opposite sex to reach toilets and washing facilities.					<i>PLEASE NOTE: This does not apply to day rooms and communal facilities, where patients are clothed.</i>
Breaches to report: Report by email to the Quality Governance Team via TEWV.cqc@nhs.net and copy in the General Manager and Service Manager any reportable breaches					
9. Sleeping Breach: Episodes of mixed sex sleeping accommodation (e.g., male sleeping in a bed in the female corridor) in an emergency admission.					
10. Bathroom Breach Service users don't have a dedicated signed bathroom.					
11. Passing by or passing through Breach: Services users have to pass by or through bedrooms or dormitories to get to a toilet or bathroom of their own gender.					
12. Female lounge: There is no dedicated female only lounge.					
13. Children: A child under 16 is admitted to a non CAMHS unit.					Report via incident reporting system (InPhase) as per policy.

QUESTION	N/A	NEVER	SOMETIMES	ALWAYS	COMMENTS
General Privacy and Dignity Maintenance					
14. In general bathrooms, toilets and washing/bathing facilities are fitted with privacy curtains inside the facility and staff ensure these are closed when assisting service users.					
15. Toilets and bathroom doors are lockable from the inside and are fitted with fail safe entry mechanisms which can only be opened by staff.					
16. Where assisted bathrooms remain unisex, doors are locked when in use and privacy curtains are in place.					
17. Clear information about mixed sex accommodation is provided on admission for service users, relatives and carer's to inform them of what to expect and how situations are managed to ensure privacy and dignity is maintained at all times.					

Signed by Title Date.....

Care Group Locality Title Date.....

Signed off by Title Date.....

Appendix 3 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide
Title	Privacy and Dignity Policy
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	All staff are aware of approach to privacy and dignity and apply the Department of Health guidance for both Eliminating Mixed sex accommodation (EMSA) and Delivering Same Sex Accommodation (DSSA) on wards that have mixed sex environments in line with CQC Regulation 10 on Privacy and Dignity.
Start date of Equality Analysis Screening	June 2023
End date of Equality Analysis Screening	12 February 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All patients , families, carers and staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<p>Race (including Gypsy and Traveller) NO</p> <p>Disability (includes physical, learning, mental health, sensory and medical disabilities) NO</p> <p>Sex (Men and women) NO</p> <p>Gender reassignment (Transgender and gender identity) NO</p> <p>Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO</p> <p>Age (includes, young people, older people – people of all ages) NO</p> <p>Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO</p> <p>Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO</p> <p>Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO</p> <p>Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO</p> <p>Human Rights Implications NO (Human Rights - easy read)</p>
Describe any negative impacts / Human Rights Implications	No
Describe any positive impacts / Human Rights Implications	This policy helps to ensure the privacy and dignity of all patients.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See References Section.
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	This version has been informed by the Trust's "Big Conversation" and by national guidance.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	n/a

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	no
Describe any training needs for Trust staff	n/a
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 4 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	

Are supporting documents referenced?	Y	
6. Training		
Have training needs been considered?	Y	
Are training needs included in the document?	n/a	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	y	Note E&D involved panel of experts as part of review process. Final approval with E&D on 12/02/2024
9. Approval		
Does the document identify which committee/group will approve it?	y	ECLS and MG
10. Publication		
Has the policy been reviewed for harm?	y	No harm
Does the document identify whether it is private or public?	y	public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	

Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	
---	---	--