

# Privacy and Dignity – A report by the Chief Nursing Officer into gender mixing in hospitals





# Foreword

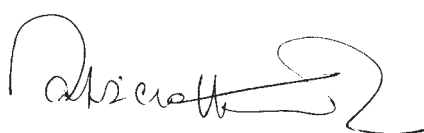
Being ill and in hospital can be a difficult experience. We are removed from our normal routine and surroundings, and we can feel that we have lost control. We are thrown into close proximity with people we have never met, and have to discuss personal and sometimes embarrassing conditions with strangers.



In addition to providing top-class clinical care, it is important that staff do all they can to help us retain our dignity. Making sure that we have privacy when we need it, maintaining our modesty and treating us with respect are important factors in enhancing our overall care experience. One particular area I am keen to improve is the segregation of men and women, continuing our commitment to work towards eliminating mixed-sex accommodation.

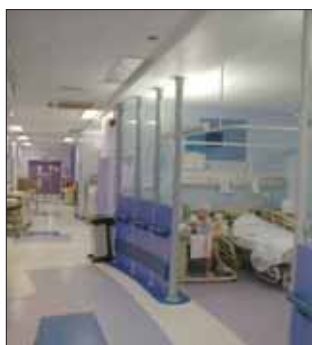
The NHS has an excellent record of treating people with dignity. Year after year, surveys show that the overwhelming majority of patients feel they have their privacy respected. When asked, they confirm that being treated with respect and dignity is actually more important than being in single-sex accommodation.

But we are far from perfect. That is why I have asked my Chief Nursing Officer, Professor Christine Beasley, to produce this report on privacy and dignity in acute care. In the report, she sets out where we are now and where we need to improve. She reports on what patients and the public tell us they want, and she points to the good practice we have in place. She will be following it with practical guidance to support good practice and to help trusts improve their performance. She will also publish guidance on the special needs of mental health service users.

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a stylized flourish at the end.

Patricia Hewitt  
Secretary of State for Health

# Introduction



*Single sex multibed bays with half-glazed partition looking out onto the corridor. This allows good observation, and reassures patients that nurses are near.*

1. Patients and the public want their privacy and dignity to be respected while in hospital. Single-sex accommodation is a visible affirmation of the NHS's commitment to the subject. It should be the norm in all elective care, and it remains the ideal for *all* wards and departments.
2. However, single-sex accommodation is not all that counts. Other features are also important. On the rare occasions when mixing of the sexes is unavoidable, these factors can turn a poor experience into an acceptable one. This means paying attention to much broader issues such as hospital cleanliness, staff attitudes and hospital food. This report identifies some of the key factors in delivering privacy and dignity in acute care, and identifies where we need to do better. The challenge now is for the NHS to grasp this issue and take it forward with gusto.
3. Later this year, I will be publishing best practice guidance for trusts to help them enhance privacy and dignity. It will include special attention to the particular needs of mental health service users. In the meantime, this report identifies some of the challenges – and the successes – in delivering privacy in acute hospitals.
4. Mixed-sex accommodation can sometimes be eliminated, can often be reduced, and can always be better managed. Action is required at all levels.

# Mixed-sex accommodation across the NHS

5. In 2002, we were able to report that the NHS had hit the target to eliminate mixed-sex accommodation in 95% of NHS trusts. The remaining 5% had building programmes in place, and it would not have been feasible for them to make short-term improvements in facilities that were due to close. Since then, compliance has increased and, in 2004, when we last collected this information, 99% of trusts provided single-sex sleeping accommodation, and 97% had single-sex toilets and bathrooms. More details on the objectives we measured are in Appendix A.
6. Other assessment mechanisms confirmed that, in most cases, there was good attention to privacy and dignity. The Patient Environment Action Teams (PEATs), which annually assess every hospital with over ten beds, found that all NHS trusts had provision which was at least acceptable, and compliance with Department of Health core standards in this area was high. In the latest Healthcare Commission standards report, only eight out of 172 acute trusts declared 'not met' against standard C20b – 'Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.'
7. Yet, despite that excellent progress, patients continued to report that they had been in mixed wards. In particular, the 2005 Healthcare Commission inpatient survey report showed wide variation between acute hospitals in how many patients reported sharing a room with members of the opposite sex. This mismatch between what we measured at NHS trust level, and what patients were experiencing, was worrying.
8. In December 2006, the Chief Executive of the NHS, David Nicholson, asked strategic health authorities (SHAs) to review mixed-sex accommodation in their patches. What was found was that most NHS trusts were still reporting compliance, but that a small number were clearly finding observance challenging.



*A Nightingale ward partitioned to give extra privacy without compromising light levels. Each bed now has a corner, which most people prefer.*

*This would not meet standards for segregation of the sexes, but would offer a useful interim for single sex Nightingale wards awaiting refurbishment or replacement*

9. Where SHAs identified trusts that needed support, they began to work with them to secure improvements. Each SHA has been asked to publish details of the issues faced and the work they have been leading. The list of NHS trusts they have been supporting in particular in recent months can be found at Appendix C.

# Listening to patients

10. In order to understand what patients are experiencing – and what they want – we commissioned a new survey, using focus groups and face-to-face interviews. In all, over 2,000 people were involved, and the results are very informative (see Box 1 below). They show that in delivering high standards of privacy and dignity, segregation of the sexes is rated behind other aspects of care, in particular cleanliness and good staff attitudes. This is borne out by the findings from our Dignity in Care listening events, where factors that damaged dignity were many and varied, including feeling neglected or ignored while receiving care, being made to feel a nuisance and being addressed in a disrespectful way.
  
11. The findings also mirror those of a Picker Institute Study which asked recent patients to rank the importance of each issue covered by the Healthcare Commission adult inpatient survey. Out of a total of 82 features covering all aspects of patient experience, the statement 'I do not have to share a sleeping area with patients of the opposite sex' was ranked 62nd overall (72nd for men and 49th for women). Other privacy-related features were rated more highly, including 'I have privacy when I am being examined or treated by hospital staff' (ranked 13th); 'I am treated with respect and dignity by hospital staff' (ranked 28th); 'I have privacy when I discuss my treatment or condition with hospital staff' (ranked 34th); and 'I have privacy whilst being examined or treated in A&E' (ranked 35th).



*Patients and visitors like to see cleaning taking place*

### **Box 1: Patient and public views on mixed-sex accommodation**

- Privacy and dignity are very important, although rarely mentioned spontaneously in open discussion.
- When asked to choose three items from a list of 12 features that make them feel they are being treated with privacy and dignity, more people choose 'a clean hospital' than any other single factor (see Appendix B).
- Human factors, such as being kept informed and having thoughtful staff, are chosen above 'being in a single sex ward or bay' and 'having private toilet/washing facilities', which are chosen seventh and eighth, behind 'decent food'.
- Older people, and women in general, are less tolerant of mixing.
- People are less tolerant of mixing for elective admissions, longer stays and gender-specific procedures such as prostatectomy and hysterectomy.
- Single rooms are preferred by around 35% of people, and small (single-sex) bays by around 40%.

Source: Ipsos MORI.

12. This does not mean that we should rein back on our efforts to eliminate mixed-sex accommodation – far from it. But it helps if we understand the complexity of factors at work here, and make sure that we do not come to see single-sex accommodation as the only important issue.

# What is mixed-sex accommodation?

13. We can draw a distinction between mixed-sex *accommodation* and mixed-sex *wards*. This is not just semantics – it is important because it allows us to match our services to patient need. As long as men and women are cared for in separate bays or rooms, and have their own toilet facilities, then it may well be appropriate for them to be on the same ward, being cared for by the same team of doctors and nurses.
14. For some people, the ideal would be for all wards to be entirely single sex and, in some situations, this will undoubtedly be the best solution. However, it is unlikely to be a realistic goal for all wards, largely because of the need to bring people with the same conditions together. Where patients need specialist nursing and medical skills, it may be better for them to receive their care in the same ward, from a single team.
15. In practice, good segregation can be achieved if men and women have separate sleeping areas (eg single-sex bays) and have separate toilets and bathrooms that they can reach without having to pass through (or close to) opposite sex areas. Ward layouts should minimise any risk of overlooking or overhearing from members of the opposite gender.



*Overlapping curtains allow staff to enter without exposing the patients*



## Exempted areas



*Obscured glass partitioning used to create individual cubicles within a converted Nightingale ward. Allows maximum light penetration, but offers improved audio and visual privacy.*

*Lack of dedicated toilet facilities makes this more suitable for highly dependent patients*

16. No ward or department is exempt from the need to protect patients' privacy and dignity. All areas should make vigorous attempts to segregate men and women. However, patients and the public accept that in some circumstances this will be impossible. This includes highly specialised departments, such as intensive care units, and emergency admissions where the need to admit takes priority over the need for segregation. Nonetheless, some attempt at segregation should always be apparent, as this reassures patients and relatives that all possible steps are being taken.
17. Short-stay areas such as day surgery units may need particular attention. As elective areas they should normally be segregated, especially in those units where an overnight stay is common. The exceptions might be in the case of very minor procedures where patients are not required to undress or otherwise be exposed.

**Box 2: Recommended actions on those occasions where full segregation is not possible**

*Actions should focus on maximising privacy and dignity, and reassuring patients that everything possible has been done.*

*Human factors:*

- Explain and apologise for every episode of mixing.
- Ensure greater staff presence if mixing occurs.
- Reinforce high standards of respect, eg not entering closed curtains.

*Organisational factors:*

- Record all episodes of mixing.
- Set and publish local standards on mixing.
- Set and publish local targets for improvement.

*Environmental factors:*

- Place men and women at opposite ends of the room.
- Segregate toilet facilities.
- Provide at least some single-sex bays.
- Enhance screening.



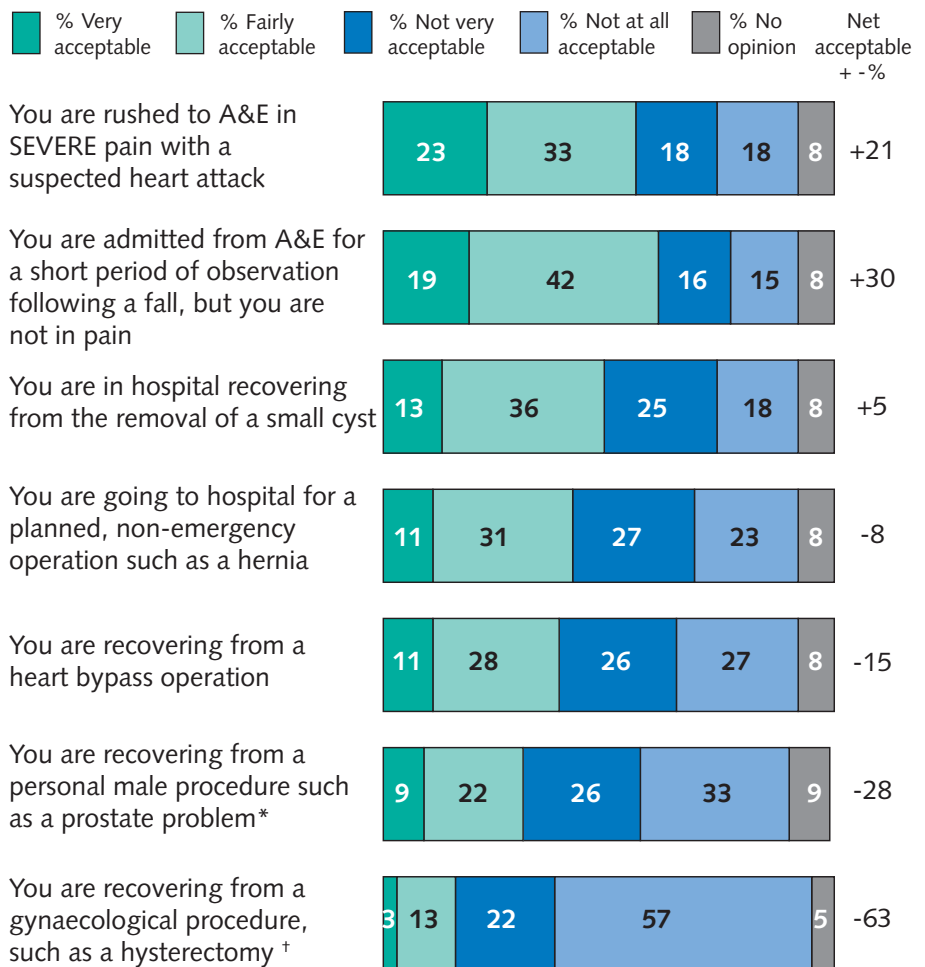
*A dirty or shabby environment gives patients the impression that staff do not care*

# Priority areas



18. We know that women, and older people generally, find mixed-sex wards particularly difficult. We also know that elective patients largely expect single-sex accommodation. However, our recent survey showed that a significant minority of patients do not mind mixing. For instance, over a third of men under 65 said that mixing following a minor operation to remove a cyst would be 'very acceptable'. Box 3 and Appendix D give further detail

**Q Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?**



Base: 2,000 all adults ages 15+, except \*Males only (924),†Females only (1076)  
 Fieldwork dates: 9th-15th March plus Over 65s booster 23rd March-2nd April 2007

19. Children, and in particular adolescents, need special consideration. The hospital standard of the National Service Framework (NSF) for Children requires children to be treated in accommodation that meets their needs for privacy and is appropriate to their age and development. Under the NSF, segregation by age is a more important issue than segregation by gender. This is a particular issue for adolescents, who want primarily to be with patients of similar age and interests. In addition, they want to be able to choose between being in a single- or a mixed-sex environment.

## Further action from the Department of Health



20. Delivering privacy and dignity, in all their forms, is the business of the NHS, not the Department of Health. That said, some actions do require central leadership from the Department of Health. In recognition of this, this year's Operating Framework specifically mentions the importance of single-sex accommodation, placing a requirement on primary care trusts (PCTs) to 'ensure local implementation of the commitment to reduce mixed-sex accommodation, and maximise privacy and dignity in situations where the need to treat and admit takes precedence over complete segregation'.
21. It is also the business of the Department of Health to make information available to the public that will help them make choices over where they seek their elective care. The NHS Choice website, which goes live in summer, will contain information on privacy and dignity from the Healthcare Commission and from this year's PEAT assessments. Over time, NHS Choices will build into a comprehensive site which will provide a wide range of information to support people making choices about their healthcare.
22. Over the coming months, the Department of Health will continue to lead a national Dignity in Care campaign, which advocates a zero-tolerance approach to lack of dignity and respect in health and social care services. Through the Dignity in Care campaign, hundreds of health and social care staff from around the country are signing up as Dignity Champions and learning from each other to help their organisations deliver more dignified services. Staff can sign up as Dignity Champions and find out more about the campaign at [www.dignityincare.org.uk](http://www.dignityincare.org.uk).
23. An online dignity practice guide on how to improve dignity in care, which includes lots of helpful hints and tips to help improve aspects of care such as communication, privacy, support with eating, hygiene and maintaining personal appearance, is available at [www.scie.org.uk/practiceguide09](http://www.scie.org.uk/practiceguide09).

## Further action from the NHS

24. The NHS holds the key to delivering privacy and dignity. By and large, constraints fall into three categories: buildings, organisations and people. Problems in any one of these areas can result in unnecessary mixing.

### Buildings

25. Good segregation needs to be supported with a good physical environment. In particular, this includes high standards of cleanliness (see Appendix B). A clean environment is seen as a proxy for good general care – it immediately reassures patients that other aspects of their care will also be taken seriously. Good food and other non-clinical aspects of care also have a similar positive effect.
26. The NHS has been rebuilding its estate at an astonishing rate. Since 1997, 84 hospital schemes (worth £4.7 billion) have become operational. Another 25 hospital schemes are under construction (also worth £4.7 billion). In many of these schemes, we are seeing higher numbers of single rooms and small bays, which can offer more flexibility than the more open wards of the past.

### **Box 3: Practical steps to improve the environment for care**

- Make sure the hospital is clean – everywhere and all the time.
- Plan for major enhancements, for example:
  - higher proportion of single beds and four-bed bays, instead of large bays and Nightingale wards;
  - refurbishment of Nightingale wards to create single-sex areas;
  - increased bed spacing;
  - provision of quiet areas for confidential discussions.
- Take immediate action on minor enhancements, for example:
  - locks on bathroom doors (which can be overridden in emergencies);
  - improved partitions that offer auditory and visual privacy;
  - overlapping curtains to allow staff in and out easily.
- Deliver a good first impression with, for example:
  - welcoming grounds and entrances;
  - clear wayfinding;
  - good food, properly served.

### **Organisational factors**

27. The public expect timely admission and gender segregation, and prefer not to trade one off against the other. This is particularly true of elective admissions. However, in emergencies, people accept that the need to admit and treat may overrule strict segregation. For instance, they recognise that with life-threatening conditions such as heart attacks, segregation takes a back seat. Well over 60% of people said they would find mixing 'very acceptable' or 'fairly acceptable' when they were admitted from A&E, but only 16% said the same about elective admission for a gynaecological procedure.

#### **Box 4: Practical actions at organisation level**

- Consider creating entirely single-sex wards. This is easiest in large specialties that already have more than one ward.
- Consider combining small specialties to deliver single-sex, mixed-specialty wards. This will also support changes to on-call and cover arrangements.
- Set local targets for transfer of patients from admissions units or other areas where mixing is common.
- Focus on wards with a high proportion of older patients or where many of the conditions are gender-specific.
- Record and analyse admissions to understand the gender mix. Plan ward configurations accordingly.
- Make issues of privacy and dignity fundamental to staff induction and training.
- Use Essence of Care benchmarking to audit and improve ward performance on privacy and dignity.

### **Human factors**

28. The NHS has a generally good record of maintaining privacy and dignity, with good results on the Healthcare Commission inpatient survey. For instance, in the 2005 survey, only 8% of patients said they were not given enough privacy when being examined. This shows that high standards of privacy can be achieved, even in less than ideal environments.
29. Relatives and visitors will notice straight away if the accommodation is mixed. They need to be included in all actions aimed at improving privacy and dignity, so that they understand that everything possible is being done.

**Box 5: Practical actions at individual level**

- Give as much control as possible to patients, for example:
  - do not enter closed curtains unannounced;
  - ask patients how they wish to be addressed;
  - try to offer a choice of single-sex room or bay if available.
- Challenge poor practice.
- Consider becoming a Dignity Champion.
- Apologise for every episode of mixing.
- Give extra personal nursing support to patients in mixed bays, for example:
  - use a separate quiet room for personal conversations;
  - avoid giving personal care (eg toileting) in the bay where possible;
  - allocate extra nursing time to confused patients who may act inappropriately.

## Conclusions

30. Privacy and dignity are important. Respect for our patients is an essential, not an add-on. For some patients, mixed-sex accommodation is not a problem, but for many it is a source of real distress. We need to acknowledge this, and work to eliminate it in all but the most unusual of circumstances.
31. Later this year, I will be publishing more detailed good practice guidance. This will take account of work being undertaken across the NHS, and will include special attention to the needs of mental health service users. I will be talking to relevant patient groups and voluntary organisations, to make sure that what we recommend will stand up to the challenges of a busy and successful NHS, and will deliver real improvements.



*Chief Nursing Officer*

# Appendix A

Target: to eliminate mixed-sex accommodation in 95% of NHS trusts by December 2002.

## Objectives:

- i. to ensure that appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients;
- ii. to fully achieve the Charter standard for segregated washing and toilet facilities across the NHS; and
- iii. to provide safe facilities for patients in hospital who are mentally ill, which safeguard their privacy and dignity.

## Position at target date:

- Lord Hunt announced that the NHS had met the target on 13 January 2003 in response to a question from Lord Stoddart of Swindon.
- John Hutton, then Minister of State for Health, made a Written Ministerial Statement to the House of Commons on 14 January 2003.

## Latest results:

- The most recent information, measuring compliance at December 2004, indicates:
  - 99% of NHS trusts met objective (i);
  - 97% of NHS trusts met objective (ii); and
  - 99% of NHS trusts met objective (iii).

# Appendix B: What matters most to patients, in terms of delivering privacy and dignity

Factor	Percentage of patients
Making sure the hospital is clean	58
Being kept informed about what is going on	43
Medical staff to explain procedures fully	40
Being able to discuss personal details without other patients hearing	33
Thoughtful/courteous staff	21
Decent food	18
Being in a single-sex ward or bay	17
Making the area around my bed more private	13
Having private toilet/washing facilities	13
Having single-sex washing/toilet facilities	10
Personal control over my environment, ie being able to close blinds, shut doors etc	8
Improving hospital nightwear/gowns	4
Don't know	2

Note: respondents were asked to choose three items from a list of 12, therefore total percentages add up to more than 100.

Source: Ipsos MORI.

## Appendix C: Trusts receiving support from strategic health authorities

The trusts on this list were identified in consultation with SHAs. More detail is available on the websites of each SHA.

Ashford and St Peter's Hospitals NHS Trust  
Barking, Havering and Redbridge Hospitals NHS Trust  
Blackpool Fylde and Wyre Hospitals NHS Trust  
Brighton and Sussex University Hospitals NHS Trust  
Buckinghamshire Hospitals NHS Trust  
Dudley Group of Hospitals NHS Trust  
East Lancashire Hospitals NHS Trust  
Evesham Hospital and Tenbury Hospital (Worcestershire PCT)  
Hereford Hospitals NHS Trust  
Hull and East Yorkshire Hospitals NHS Trust  
Ipswich Hospitals NHS Trust  
The Lewisham Hospital NHS Trust  
Maidstone and Tunbridge Wells NHS Trust  
Medway NHS Trust  
Mid Yorkshire Hospitals NHS Trust  
Oxford Radcliffe Hospitals NHS Trust  
Queen Mary's Sidcup NHS Trust  
Royal United Hospital Bath NHS Trust  
Royal Wolverhampton NHS Trust  
Shrewsbury and Telford NHS Trust  
South Tees Hospitals NHS Trust  
Southampton University Hospitals NHS Trust  
St George's Healthcare NHS Trust  
St Mary's NHS Trust  
University Hospital of North Staffordshire NHS Trust  
University Hospitals of Leicester NHS Trust  
West Hertfordshire Hospitals NHS Trust  
Weston Area Health NHS Trust  
The Whittington Hospital NHS Trust  
Worthing and Southlands Hospitals NHS Trust

# Appendix D

There is great variation around acceptability of mixed-sex accommodation, according to age, gender and type of admission. Women over 65 are particularly likely to find mixing 'not at all acceptable', while a significant minority of younger men find mixing 'very acceptable' in all scenarios.

**Q Imagine you are in the following scenarios. For each scenario, how acceptable, if at all, do you think it is that the hospital puts you in mixed sex accommodation?**

	Heart attack		A&E				Heart bypass recovery				Cyst recovery		Hernia op							
	Male		Female		Male		Female		Male		Female		Male		Female					
	<65	>65	<65	>65	<65	>65	<65	>65	<65	>65	<65	>65	<65	>65	<65	>65				
<b>Very acceptable</b>	24	30	13	22	20	26	6	19	10	18	3	8	15	34	5	9	12	17	3	9
<b>Fairly acceptable</b>	35	30	35	34	42	40	44	42	34	29	20	29	38	20	29	35	33	36	22	30
<b>Not very acceptable</b>	17	15	19	20	16	13	19	18	22	25	30	28	21	38	29	30	23	22	32	30
<b>Not at all acceptable</b>	15	15	27	16	15	10	26	14	27	18	42	28	18	21	31	19	24	14	39	24

Base: 2,000 all adults ages 15+, fieldwork dates: 9th-15th March plus Over 65s booster 23rd March – 2nd April 2007











© Crown Copyright 2007

Produced by Department of Health

281562 1p 1k May 07

Chlorine free paper

If you require further copies of this title quote  
Department of Health Identity Guidelines and contact:

**DH Publications Orderline**

**PO Box 777,**

**London SE1 6XH**

Tel: **08701 555 455**

Fax: 01623 724 524

Email: [dh@prolog.uk.com](mailto:dh@prolog.uk.com)

Textphone: **08700 102 870** (for minicom users)  
for the hard of hearing 8am to 6pm Monday to Friday.

*281562/Chief Nursing Officer's report on mixed-sex accommodation*  
can also be made available on request in braille,  
on audio cassette tape, on disk and in large print.

[www.dh.gov.uk/publications](http://www.dh.gov.uk/publications)