

Delivering Same Sex Accommodation

Document Reference No.	KMPT.CliG.139.04
Replacing document	KMPT.CliG.139.03
Target audience	All inpatient settings
Author	Deputy Director of Nursing and Practice
Group responsible for developing document	Trustwide Patient Safety and Mortality Review Group
Status	Authorised
Authorised/Ratified By	Trustwide Patient Safety and Mortality Review Group
Authorised/Ratified On	January 2024
Date of Implementation	January 2024
Review Date	January 2027
Review	This document will be reviewed prior to review date if a legislative change or other event otherwise dictates.
Distribution date	April 2024
Number of Pages	16
Contact Point for Queries	kmpt.policies@nhs.net
Copyright	Kent and Medway NHS and Social Care Partnership Trust 2024

DOCUMENT TRACKING SHEET

Delivering Same Sex Accommodation Policy

Version	Status	Date	Issued to/approved by	Comments
0.1	Draft		Quality Lead East Kent CCG	<i>Discussed at length and action points incorporated into draft policy</i>
0.2	Draft	17/05/16	Healthcare Commission scrutiny	Discussed with local CQC lead, Trust Compliance Lead and Assistant Director of Nursing Action points incorporated into
0.3	Draft	17/05/16	Trust wide Patient Safety and Mortality Group	Submitted for approval
1.0	Approved	28/06/16	Trust wide Patient Safety and Mortality Group	Ratified
1.1	Reviewed	December 16		Was Privacy and Dignity policy including DSSA. Reviewed by DSSA Lead Now DSSA policy
2.0	Approved	12/01/17	Ops Board	Approved
2.1	Approved	5/01/18	DSSA Lead	Section 5.7.6 added by DSSA Lead and to flow chart
3.0	Final	28/01/2020	Trust wide Patient Safety and Mortality Review Group	Ratified
4.0	Approved	25/01/2024	Trust wide Patient Safety and Mortality Review Group	Ratified

REFERENCES

Humans Right Act 1998.

Privacy and Dignity. The elimination of mixed sex wards. Good practice Guidance and Self Assessment checklist. Institute of Innovation and Improvement

Essential Standards of Quality and Safety Care Quality Commission March 2010

Essence of Care. (2003) Patient Focus benchmarks for clinical governance. Modernisation Agency. NHS

Equality @ Human Rights Strategy 2009 – 2010
Disability Equality Scheme

Chaplaincy Standards 'Statements specifying a required level of performance for the purpose of monitoring and auditing. KMPT 2009

CQC Brief guide: Assessment of same-sex accommodation May 2015

PL/CNO/2010/3, Professional Letter, Department of Health

DSSA in Mental Health and Learning Disabilities, December 2009, Department of Health, Gateway Reference: 12940

DSSA Principles, September 2009, Department of Health, Gateway Reference: 1261

Delivering Same-Sex Accommodation, September 2019, NHS England and NHS Improvement

RELATED POLICIES/PROCEDURES

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
January 2020	Deputy Director of Nursing		Section 4.5: Patient Flow Team responsibilities Section 3.2: DSSA Breach Definitions Section 6: DSSA for Trans Gender People
May 2023	Deputy Director of Nursing		Policy update and review Changes of wording from care groups to directorates Update to acknowledge inpatient wards are now gender segregated and justified mixing removed. Appendix A New alternative audit tool This was not ratified as pending the Acute Ward Rotation procedure to be ratified.
Dec 2023	Deputy Director of Nursing		As of May 2023, but Acute Ward Rotation procedure is referenced as will now be part of the Acute directorate inpatients operational policy.

CONTENTS

1	INTRODUCTION	1
2	PURPOSE	1
3	DEFINITIONS	1
4	ROLES AND RESPONSIBILITIES.....	2
5	REPORTING DSSA INCIDENTS	4
6	DSSA FOR TRANS PEOPLE	6
7	OUT OF HOURS ADMISSIONS.....	7
8	ZONING OF WARDS FOR COMMUNITY INPATIENT REHABILITATION SERVICES AND BRIDGE HOUSE SUBSTANCE MISUSE REHABILITATION SPECIALIST UNIT	7
9	REPORTING BREACHES	7
10	MONITORING AND AUDIT	7
11	IMPLEMENTATION INCLUDING TRAINING AND AWARENESS.....	8
12	STAKEHOLDER, CARER AND USER INVOLVEMENT	8
13	TARGETS AND OUTCOMES	8
14	RECORD KEEPING	8
15	EQUALITY IMPACT ASSESSMENT SUMMARY	9
16	HUMAN RIGHTS.....	9
17	MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT .	9
17	EXCEPTIONS.....	9
APPENDIX A DELIVERING SAME SEX ACCOMMODATION FLOWCHART		10
APPENDIX B GOOD PRACTICE GUIDANCE AND SELF ASSESSMENT CHECKLIST		10
APPENDIX C OUTLINE FOR THE GATHERING OF INFORMATION		13
APPENDIX D REPORTING FORM FOR REPORTING BREACHES OF PRIVACY AND DIGNITY		14

1 INTRODUCTION

- 1.1 Every service user has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Responsibility for these rights does not lie with one individual or group, but with all staff at all levels. Kent and Medway NHS and Social Care Partnership Trust is committed to safeguarding all service users' privacy and dignity when they are often at their most vulnerable. A key part of protecting service users' privacy and dignity is ensuring that same sex accommodation is provided in line with the principles of Delivering Same Sex Accommodation (DSSA) 17 principles and DSSA in mental health and learning disability guidance (Appendices 1 and 2). The policy also incorporates the standards set out by the CQC described later in this document.
- 1.2 In 2022 KMPT committed to all Acute Directorate inpatient and Forensics Specialist Service Inpatient Acute wards moving to single sex accommodation. This was completed in March 2023 and only leaves Community Inpatient Rehabilitation services and Bridge House substance misuse rehabilitation specialist unit as providing mixed sex accommodation.

2 PURPOSE

- 2.1 This policy describes the standards expected and processes involved to ensure all service users are provided with suitable and safe same sex accommodation whilst an inpatient. The policy describes the standards expected whilst considering national guidance and information to ensure that service provision reflects best and evidence-based practice to provide single bedroom accommodation within gender specific areas or wards. Whilst breaches or unjustified mixing within KMPT are not anticipated, the policy describes the reporting and risk management process, if this were to occur.

3 DEFINITIONS

- 3.1 Single Sex Accommodation
 - 3.1.1 The definition of same sex accommodation below has been developed by the NHS Confederation in 2010 and has also been adopted by the CQC for the purposes of inspection. Same-sex accommodation means that:
 - 3.1.2 Service users are accommodated in same-sex wards, where the whole ward is occupied by men or women only or
 - 3.1.3 Sleeping accommodation is in single rooms within mixed wards, with toilet and washing facilities en-suite or very close by; these facilities are clearly designated either male or female or
 - 3.1.4 Sleeping accommodation within mixed wards is in shared rooms (good practice would suggest that bays are entirely enclosed with solid walls with a door that can be shut) used solely by male or female users and
 - 3.1.5 On mixed wards with single or shared bedrooms giving out on to one corridor, single bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other) and
 - 3.1.6 No one should have to pass through rooms occupied by the opposite sex to reach their toilet and washing facilities near to their bedrooms and bed bays. The exception is toilet facilities used while in day areas where service users

are fully dressed. If there are limited facilities for disabled people which need to be used by both men and women, people who may be vulnerable could be escorted by a member of staff and

3.1.7 On mixed wards good practice requires a day lounge for use by women only (mandatory for services provided in facilities built or refurbished since 2000) as well as spaces where men and women can socialise and take part in therapeutic activities together and

3.1.8 Every effort is made to ensure the availability of staff who are the same sex as the users they are caring for, especially for intimate care.

3.2 DSSA Breach Definitions

3.2.1 Trusts are required to report breaches relating to sleeping accommodation only to NHS England every month via Unify 2. This means where a bedroom or bay has been shared with members of the opposite sex.

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

3.2.3 Patients should not normally have to share sleeping accommodation with members of the opposite sex.

3.2.4 Patients should not have to share toilet or bathroom facilities with members of the opposite sex.

3.2.5 Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms

3.2.6 Women-only day rooms should be provided in mixed sex mental health units

3.3 Unjustified mixing

3.3.1 Unjustified mixing includes inadequate zoning of same sex sleeping accommodation and co located designated single sex bathroom facilities. It includes single or en-suite rooms, all bathrooms and corridors where contact with the opposite sex whilst in night attire is highly probable. Contact includes being seen and overheard. Whilst there is no requirement to nationally report any incidences of unjustified mixing though there is a requirement to monitor locally and provide information to the respective care commissioning groups.

3.4 Justified mixing

3.4.1 In mental health settings, no mixing is justified, KMPT adopted single sex inpatient wards in March 2023.

4 ROLES AND RESPONSIBILITIES

4.1 Scrutiny by the Trust Board and appropriate committee:

4.1.1 Trust Board responsibility for assurance, scrutiny of the processes and outcomes in relation to this policy will be executed through the Trust wide patient experience group and Quality committee, which will keep the Trust Board informed and ultimately assured that the system is working effectively.

4.1.2 The Executive Management Team (EMT) will have overall responsibility for management of DSSA and will:

- 4.1.3 Receive reports from the accountable director and lead organisational group
- 4.1.4 Approve and sign off organisational action plans resulting from any DSSA breaches and any audits carried out against DSSA standards
- 4.2 Accountable Executive:
 - 4.2.1 The Accountable Executive for this policy is the Chief Nurse. The Chief Nurse will:
 - 4.2.2 Ensure that all aspects of the DSSA agenda are applied throughout the organisation
 - 4.2.3 Ensure commissioners (and regulators where appropriate) are informed should any DSSA breach occur.
- 4.3 Service Directors and Deputy Service Directors
 - 4.3.1 Service directors and deputy directors are responsible for:
 - 4.3.2 Ensuring compliance with DSSA policy
 - 4.3.3 Investigating and implementing action where DSSA issues are identified
 - 4.3.4 Ensuring bed management processes include and adhere to DSSA requirements
- 4.4 DSSA Leads
 - 4.4.1 The DSSA lead nurse consists of the respective Directorate Heads of Nursing and quality overseen by the Deputy Director of Nursing and Practice and is the group responsible for:
 - 4.4.2 Audit of DSSA practice standards
 - 4.4.3 Identification of any deficits in practice
 - 4.4.4 Facilitating appropriate improvement action by ward and Directorate
 - 4.4.5 Advising on inclusion of DSSA issues on relevant risk registers
 - 4.4.6 DSSA policy review and updating
- 4.5 Patient Flow Team
 - 4.5.1 Patient Flow Team will review all referrals for admission to ensure that the right patients are admitted to the right wards. In the event of no gender specific bed being available a MDT discussion will take place in the daily bed call. If a solution is not found this will be escalated to the Directorate's senior Management team.
 - 4.5.2 Patient Flow Team are responsible for ensuring DSSA needs are met on the point of admission and any issues or concerns are raised with the matrons and HON&Q's.
 - 4.5.3 Any transfers during care episodes should consider DSSA needs and breeches prevented. Transfers should be agreed between Patient Flow and the ward managers/matrons. Any issues should be escalated to the HON&Q's.
 - 4.5.4 The Directorate senior management team will be consulted when solutions are not identified.

4.5.5 The Acute Directorate Inpatients operational policy contains the ward rotation procedure if there is a higher demand for specific gender beds.

4.6 Trust Patient Safety Team

4.6.1 The trust patient safety team and the respective Directorate governance leads are responsible for monthly reporting of any DSSA breaches identified via Inphase incident reporting system.

4.7 Ward/Unit Manager and Matrons

4.7.1 Ward/unit managers and matrons are responsible for:

- a) Making staff aware of this policy, its content and where to access the policy
- b) Risk management of the ward in regard to patient group and privacy and dignity
- c) Reporting of any breaches, unjustified mixing or concerns about any poor practice.
- d) Assisting in the investigation of any failure to comply with the policy
- e) Taking corrective action to improve privacy and dignity and prevent DSSA breaches

4.8 Individual Staff Members

4.8.1 Staff are responsible for:

- a) Actively promoting privacy, dignity and respect for the individual
- b) Ensuring that all patients are cared for in single sex accommodation
- c) Risk assessment and management of vulnerable adults in areas where risks can increase or gender mixing occurs for therapeutic purposes.

5 REPORTING DSSA INCIDENTS

5.1 All staff must ensure the following is carried out

5.2 Sleeping accommodation

5.2.1 Men and women must not sleep in the same room, bed bay or area. In mental health there is no clinical reason for this to occur.

5.2.2 Bedroom doors which are lockable from the inside must have both fail safe entry and observation mechanisms to ensure service user safety.

5.2.3 Bedroom doors that are fitted with an observation panel or peephole must only be operated by members of staff.

5.3 Washing and Toilet facilities

5.3.1 Men and women must not share mixed bathing and WC facilities, unless they need specialised equipment such as hoists or specialist baths

5.3.2 Patients must not need to pass through opposite sex accommodation or toilet and washing facilities to access their own.

5.3.3 Where patients pass near to members of the opposite sex to reach their single sex facilities, adequate screening is used to prevent embarrassment.

- 5.3.4 Washing and toilet facilities are clearly individually signed and designated as male or female so that men and women do not have to share.
- 5.3.5 Toilets and washing facilities are fitted with internal privacy curtains where necessary.
- 5.3.6 Toilets and washing facilities are lockable from the inside and are accessible to staff in the event of an emergency

5.4 Signage

5.4.1 The signage must fulfil the following criteria:

- a) Large and legible to assist those who are visually impaired. Symbols should also be used to aid service users with limited literacy skills
- b) Wording which is straight forward
- c) The signs must be washable and wipeable and be permanent with appropriate fixings to the door that fulfil the above criteria.

5.4.2 The following areas need to be clearly signed

- a) Toilets, including, Assisted, Male, Female and flexible use rooms
- b) Bathrooms including: Male, Female, Shower rooms, Bath/shower combinations and flexible use rooms.

5.5 Zoning for Community Inpatient Rehabilitation services and Bridge House substance misuse rehabilitation specialist unit

- 5.5.1 Sleeping areas must be arranged into clearly separated male and female zones, regardless of whether this is provided in single rooms or single sex dormitories.
- 5.5.2 Zoning of male and female bedrooms takes place to ensure as much gender separation as possible. Zoning can be managed according to the patient population needs at the time and needs to be constantly reviewed to ensure that there is adequate gender separation and the privacy dignity and safety of the patients are considered at all times.
- 5.5.3 On occasions it is recognised that there may be a need to admit a patient temporarily to a single, en-suite room in the opposite-gender area of a ward, such as an out of hours emergency admission under the mental health act in such cases, a full risk-assessment must be carried out and complete safety, privacy and dignity maintained.
- 5.5.4 At all opportunities consideration must also be given to accommodating the patient within the same sex zone or single sex ward if required."
- 5.5.5 Women only day areas must be provided on mixed sex wards.
- 5.5.6 High dependency beds must be one sex or another and not mixed.

5.6 Patient experience

- 5.6.1 Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.
- 5.6.2 Patient preference re mixing must be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.

- 5.6.3 There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where their illness means they cannot judge for themselves.
- 5.6.4 There are no exemptions from the need to provide high standards of privacy and dignity.

6 DSSA FOR TRANS PEOPLE

- 6.1 Transgender patients should be assessed individually considering all associated risks AND MUST be admitted to the most appropriate ward with en-suite bathroom facilities of their chosen gender, Identified wards for admission should be a MDT supported process with patient flow and consider all the relevant information around risk and need.
- 6.2 Transgender, or trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary, where a discussion needs to take place to determine where the individual feels most comfortable.
- 6.3 Under the Equality Act 2010, individuals who have proposed, begun or completed reassignment of gender enjoy legal protection against discrimination.
- 6.4 A trans person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender.
- 6.5 Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use.
- 6.6 This may not always accord with the physical sex appearance of the chest or genitalia.
- 6.7 It does not depend on their having a gender recognition certificate (GRC) or legal name change.
- 6.8 It applies to toilet and bathing facilities (except, for instance, preoperative trans people should not share open shower facilities to ensure that dignity and privacy remain intact).
- 6.9 Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority.
- 6.10 Those who have undergone transition should be accommodated according to their gender presentation
- 6.11 Where admission/triage staff are unsure of a person's gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated.
- 6.12 No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary to carry out treatment.

- 6.13 Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.
- 6.14 An objective and evidence-based assessment of the circumstances, risks and relevant information must be conducted if the clinical team are to care for the patient in an environment that conflicts with patient's choice to achieve a legitimate aim.

7 OUT OF HOURS ADMISSIONS

- 7.1 Justified admission into opposite sex areas is not accepted in mental health settings.
- 7.2 The flowchart in Appendix A aims to assist that the patients' needs are considered when identifying the most appropriate single sex accommodation.

8 ZONING OF WARDS FOR COMMUNITY INPATIENT REHABILITATION SERVICES AND BRIDGE HOUSE SUBSTANCE MISUSE REHABILITATION SPECIALIST UNIT

- 8.1 All wards must have clearly defined zoned single sex areas where there are no potential instances of corridor mixing. There must be clear demarcation and separation between zones. The zones must not be adjacent to each other where access is through opposite sex zones. The zones can be designated either sex and if required can be changed according to the demands on the service.

9 REPORTING BREACHES

- 9.1 All breaches, issues and concerns must be reported to the respective senior management teams and leads, via the INPHASE system. Further action and an appropriate resolution will then be sought with the support of the senior management team.
- 9.2 The following must be reported:
 - 9.2.1 Any sharing of sleeping accommodation.
 - 9.2.2 Any instances of unjustified mixing over a 24-hour period.
 - 9.2.3 Any instances of sharing bathrooms and toilets
 - 9.2.4 Any corridor mixing of patients in night attire
 - 9.2.5 Any other queries or concerns can be reported and the responding team can advise and determine further action accordingly.
- 9.3 The DSSA Leads will also take steps to report further as required either as a breach nationally via unify or locally if the issue is unjustified mixing.

10 MONITORING AND AUDIT

- 10.1 All aspects of delivering same sex accommodation and appropriate placement of patients are managed by the wards and teams locally through the regular bed management meetings. Any patient movements and potential breaches must be discussed and options sought to avoid inappropriate placement.

- 10.2 Any breaches or unjustified mixing is monitored through the Inphase reporting system and highlighted to service managers and respective lead nurses for monitoring and action where appropriate.
- 10.3 Monitoring of privacy and same sex standards also take place through regular ward visits such as the 15 steps Challenge and monthly reporting. Any issues must be highlighted during any visits to ensure prompt resolution.
- 10.4 A yearly Audit will take place led by the Heads of nursing and quality s for their respective Directorates. Any actions followed up through local monitoring and additional ward visits as required.

11 IMPLEMENTATION INCLUDING TRAINING AND AWARENESS

- 11.1 All staff must be made aware of the standards relating to privacy and dignity and DSSA including the reporting process, through the initial induction phase of commencing employment
- 11.2 Matrons to provide team-based awareness sessions as required by the respective Directorates

12 STAKEHOLDER, CARER AND USER INVOLVEMENT

- 12.1 Patient Community Meetings
- 12.2 PALS
- 12.3 Senior Nurse Leadership Forum
- 12.4 Trust wide patient experience group
- 12.5 Equality Diversity and Inclusion Team

13 TARGETS AND OUTCOMES

- 13.1 A reduction of incidents and complaints around the delivery of care and treatment related to single sex accommodation throughout the trust.
- 13.2 Positive response in service users' surveys on experiences as an inpatient.
- 13.3 Development of single sex areas in community inpatient rehabilitation units.
- 13.4 All Acute Inpatient Wards will provide single sex accommodation

14 RECORD KEEPING

- 14.1 A patient's record is a basic clinical tool used to give a clear and accurate picture of their care and treatment, and competent use is essential in ensuring that an individual's assessed needs are met comprehensively and in good time (General Medical Council 2006, the Royal College of Psychiatrists 2009 and Nursing and Midwifery Council 2009 Standards and NHS Record Keeping - NHS Code of Practice for Record Keeping 2006).
- 14.2 All NHS Trusts are required to keep full, accurate and secure records (Data Protection Act 1998) demonstrate public value for money and manage risks

(Information Governance Toolkit, Essential Standards). **Compliance with this Policy and these legal and best practice requirements will be evidenced through information input into the electronic record, RiO.**

- 14.3 For full details of the specific information needed to ensure compliance with this policy see the Data Entry Guide.

15 EQUALITY IMPACT ASSESSMENT SUMMARY

- 15.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

16 HUMAN RIGHTS

- 16.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that requirements of the Human Rights Act are properly upheld.

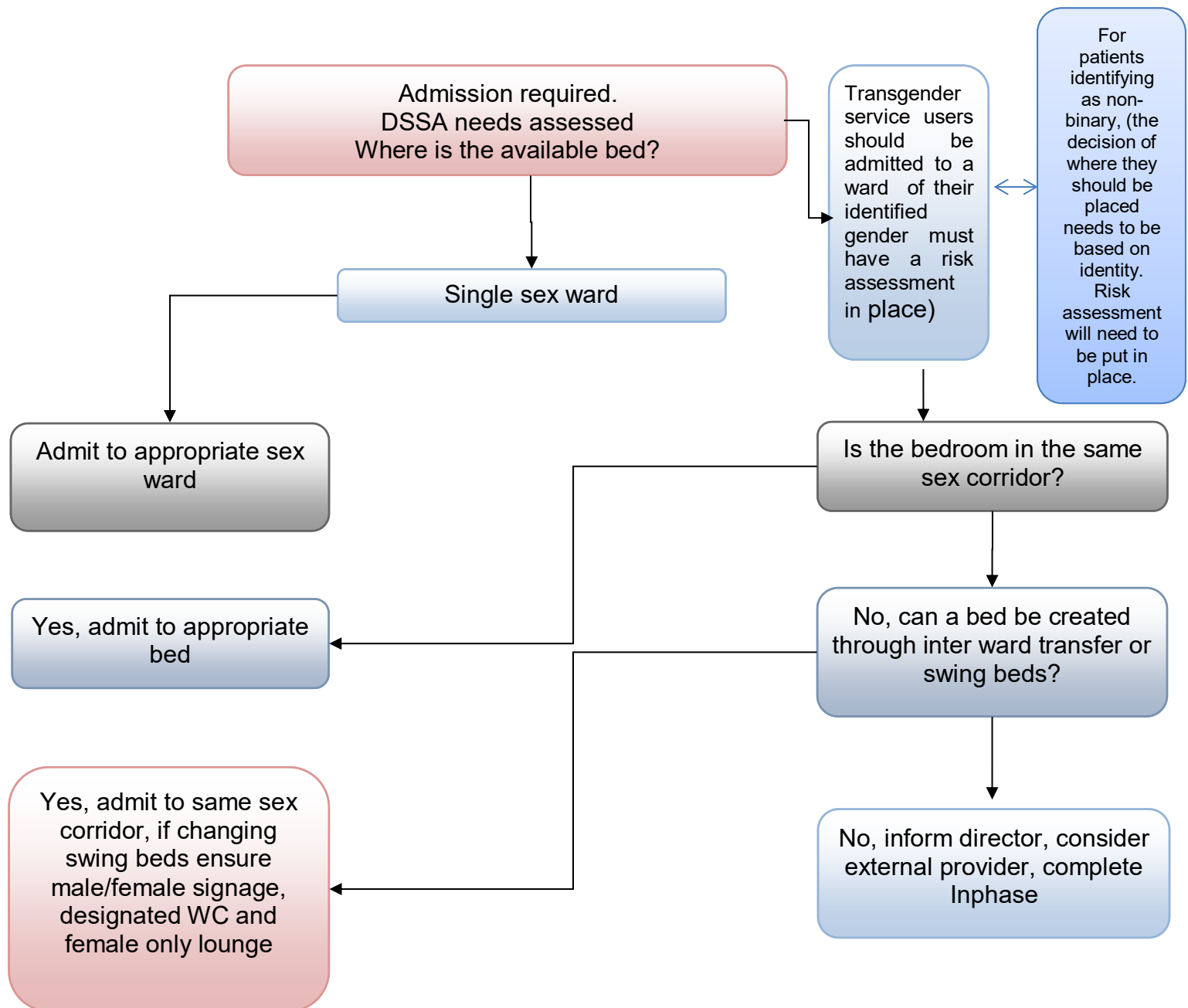
17 MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THIS DOCUMENT

What will be monitored	How will it be monitored	Who will monitor	Frequency	Evidence to demonstrate monitoring	Action to be taken in event of non-compliance
Wards to be monitored against the standards for delivering single sex accommodation Appendix B	Assessment against the check list in Appendix B	Matrons and ward/unit leaders	Yearly	Copy of completed assessment and action plan.	Reporting on compliance and effectiveness will be through the HON&Q. at the SNLF.
Monitoring reported incidents of unjustified mixing or Sleeping breaches through the use of INPHASE	Any reported incidences to be flagged up by the Governance leads to the General manager and HON&Q	HON&Q General managers	As incidences occur.	Monthly reporting of incidences via Directorates	Reporting on compliance and effectiveness will be through the Directorate governance structure.

17 EXCEPTIONS

- 17.1 There are no exceptions to the policy.

APPENDIX A DELIVERING SAME SEX ACCOMMODATION FLOWCHART



Please note: Within the Acute Directorate the high dependency beds must be of one bed and not mixed.

**APPENDIX B GOOD PRACTICE GUIDANCE AND SELF ASSESSMENT
CHECKLIST
NEW SUGGESTED AUDIT FORM:**

Delivering Same Sex Accommodation (DSSA) Annual Report	
Provider Organisation - specify ward	
Total number of mixed sex	
Occurrences: i. Sleeping Breach ii. Bathroom Breach iii. Walk Through Breach iv. Dayroom Breach	
Total number of clinical justified mixed sex occurrences	
Total number of non-clinically justified mixed sex occurrences	
Total number of incidents reported related to patient dignity	
Total number of patients who wear nightwear in communal areas / during the daytime	
Total number of incidents related to faults with screens / curtains / failed locking systems / swipe cards / environmental issues	
Total number of days where there has been a toilet / bathroom or shower room out of action for any period of time	
Total number of shifts where staff shortage / other issue has resulted in rushed or absence of personalised care	
Any minority group specific privacy needs that have been identified / require further improvement (patients with learning disabilities, dementia, religious / faith groups)	

If there are breaches outside of the annual audit period, the self-assessment is recompleted, with mitigation of actions, with updates on Inphase and a copy of the form to the head of nursing and quality.

APPENDIX C OUTLINE FOR THE GATHERING OF INFORMATION

Form 2

Outline for the gathering of information in relation to activity around the practice of, Privacy and Dignity and respect within Kent and Medway partnership Trust services.

Each ward/ residential home must have a folder which holds details of activity related to, Privacy and Dignity

Contents for the services, Privacy and Dignity Folder.

1. Local arrangements to meet the policy. Examples room being changed to another purpose, or a risk assessment. Dates and names of staff must be included.
2. Copy of Essence of Care plans and audits.
3. Self-Assessment Check list
See appendix B for copies of detail.
4. Patient Environment Action Team Plans. Half year and Yearly.
7. Copy of Information Leaflets.
 - Leaflets
 - on admission procedure and service / treatment offered
 - on how to make a complaint
 - on Mental Health Act
 - Spiritual care and Chaplaincy Services.
 - on Chaperone
 - on Patient Observations
 - Others....

APPENDIX D REPORTING FORM FOR REPORTING BREACHES OF PRIVACY AND DIGNITY



Kent and Medway
NHS and Social Care Partnership Trust

All violations of privacy and dignity must be reported using this form and emailed to kmpt.privacydignity@nhs.net Where the violation is considered a reportable incident then the trust Iris reporting system must be used as per trust policy concurrently with this reporting form.

Name of Ward / unit		
Date		
Category of Violation (tick)	Environmental	<input type="checkbox"/>
	Clinical	<input type="checkbox"/>
	Record keeping	<input type="checkbox"/>
	Confidentiality	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Description of breach		
Immediate action taken		
Action taken to prevent further breaches of privacy and dignity		
Persons contacted		
Completed by (print)		