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Sussex Partnership NHS Foundation Trust

Mixed Sex Accommodation
Maximising Individual Dignity

(Replaces Policy No. Clinical.200)

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Executive Summary:

Sussex Partnership NHS Foundation Trust (the Trust) has a duty to deliver services in an environment, which promotes the safety, privacy and dignity of service users. In mental health, promoting physical and sexual safety through 'Eliminating Mixed Sex Accommodation' (EMSA) is one of the key things that are cited in terms of promoting sexual safety. The purpose of this policy is to describe best practice to ensure that every one of our patients and carers receives high-quality care that is safe, effective and upholds their rights to be treated with respect and dignity. This policy applies to all Trust services with overnight accommodation. This policy outlines responsibilities for providing assurance that EMSA breaches are discussed with patients and carers and recorded appropriately in care plans and risk assessments. The policy also outlines considerations for young people, transgender and transsexual service users, older adults and disabled service users.

If you require this document in another format such as large print, audio or other community language please contact the Corporate Governance Team on 0300 304 1195 or email: policies@sussexpartnership.nhs.uk

CONTENT

1.0 Introduction

1.1 Background and Introduction

1.1.1 Protecting the safety, privacy and dignity of our patients is paramount. Sussex Partnership NHS Foundation Trust (the Trust) has a duty to deliver services in an environment, which promotes the safety, privacy and dignity of service users. All staff are expected to treat patients, service users, relatives, carers and visitors with respect and dignity and ensure the safety and privacy of patients and service users is maintained at all times.

1.1.2 In November 2006 the Department of Health launched its 'Dignity in Care' campaign. The campaign aimed to put dignity and respect at the heart of care services. The principles set out in the campaign are applicable in all health and social care settings and described in the DSSA Principles (2010)[i] (Appendix 1)

1.1.3 The NHS Operating Framework for 2012/13[ii] confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interests of the patient, or reflects their patient choice and requires NHS providers to have robust plans in place for continued delivery of Singe Sex Accommodation (SSA) or face possible financial penalties (DH, 2010)[iii].

1.1.4 In mental health, promoting physical and sexual safety through 'Eliminating Mixed Sex Accommodation' (EMSA) is one of the key things that are cited in terms of promoting sexual safety. Women in particular are vulnerable to victimisation and traumatisation including re-traumatisation, particularly when they are ill and vulnerable. The women's mental health strategy, Into the Mainstream, Department of Health (2002)[iv] and subsequent guidance (2006)[v] described the needs of women service users. At least half the women in acute inpatient units have histories of abuse; physical, emotional and/or sexual abuse, including child sexual abuse, notwithstanding any adult abuse they have experienced. Male service users may also have histories of abuse and can also be vulnerable in inpatient environments. EMSA cannot guarantee sexual safety and all wards will need to have measures in place to promote sexual safety.

1.2 Purpose of Policy

1.2.1 The purpose of this policy is to describe best practice to ensure that every one of our patients and carers receives high-quality care that is safe, effective and upholds their rights to be treated with respect and dignity.

1.2.2 This policy sets out for all Trust staff, our roles and responsibilities in relation to EMSA in order to maintain the safety, privacy and dignity of our patients, carers and their families.

1.2.3 It also provides two clear definitions; what constitutes privacy and dignity in a care setting and the definitions of EMSA for inpatient services.

1.2.4 The Trust works in line with the Essence of Care (DH 2010)[vi] benchmarks for 'Respect and Dignity' and the Care Quality Commission (CQC) Fundamental Standards of Care to deliver a high quality service. These will be used to inform the delivery of care.

1.3 Scope of policy

This policy applies to all Trust services with overnight accommodation. Trust employees who are in direct contact with patients, service users, carers, and families and the public need to understand and demonstrate behaviours and attitudes that promote respect for all.

1.4 Definitions

We use the definition of same sex accommodation developed by the NHS Confederation which is used by the CQC as the guidance for their inspections:

- service users are accommodated in same-sex wards, where the whole ward is occupied by men or women only **or**
- 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**
- 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**
- 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**
- 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**
- 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**
- 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.

1.4.3 **Same Sex Day Space** Mental health and learning disability wards are required to have same-sex day space (a women's sitting room), particularly for women who use services (mandatory for services provided in facilities built or refurbished since 2000) (CQC,2011)[vii]

1.4.4 **Dignity** "is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals……..Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value" (RCN 2008)[viii].

1.4.5 **The Dignity in Care Campaign 'Ten point Challenge'**
High quality care services that respect people's dignity should:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation

1.4.6 **Essence of Care Bench Mark for Respect and Dignity**

People experience care that is focussed on respect

Attitudes and behaviours	People and carers feel that they matter all of the time
Personal world and personal identity	People experience care in an environment that encompasses their values. Beliefs and personal relationships
Personal boundaries and space staff	Peoples' personal space is protected by
Communication	People and carers experience effective communication with staff that respects their individuality
Privacy - confidentiality	People experience care that maintains their confidentiality
Privacy, dignity and modesty	People's care ensures their privacy and dignity and protects their modesty
Privacy – private area	People and carers can access an area that safely provides privacy (DH 2010)[ix]

1.5 Principles

1.5.1 The NHS Constitution[x] states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008)[xi], Lord Darzi's review of the NHS, identifies the need to organise care around the individual, '*not just clinically but in terms of dignity and respect'*.

1.5.2 EMSA is an important policy that safeguards patient's safety, privacy and dignity. However changes to the physical environment (estates) alone will not achieve safety, privacy and dignity in mental health and learning disabilities settings. Services need to ensure there are a range of measures in place and these are communicated to people who use our services and documented on care plans and risk assessments.

1.5.3 Privacy and dignity are an essential component of care and not additional to the service provision. Service users' views of how safe they feel, or whether they have been treated with dignity and respect for their own privacy, are especially important considerations in mental health and learning disability settings. This applies in all settings whether single gender or not.

2.0 Policy Statement

2.1 Protecting the privacy and dignity of our service users is integral to their feeling safe in our care. The Trust is committed to providing high quality health care, which ensures that every service user receives care that is safe, effective and upholds their privacy and dignity.

2.2 The Trust is committed to the provision of high quality care that is compliant with legislation and regulation in respect of privacy and dignity. As an organisation we are obligated to prevent discrimination by ensuring that care delivered respects the dignity of service users, relatives, carers and visitors under the Equality Act 2010 and the Human Rights Act 1998.

3.0 Duties

3.1 **The Board of Directors** holds overall responsibility for ensuring an up to date policy is in place, which is fit for purpose and based on best practice. The Board is required to ensure that the Trust is compliant with EMSA requirements and has a delivery plan in place, demonstrating the Trust's continuing commitment to EMSA. The Board is required to monitor the Trust's performance and provide a 'declaration of compliance' on the Trust website.

3.2 **Chief Nurse** will ensure that training in gender sensitive care including EMSA requirements is delivered to all clinical staff at induction. Ensure that compliance with this policy and the required standards are monitored and reported, and best practice achieved and shared.

3.3 **Service / Clinical Directors** are responsible for ensuring there is local compliance with the Policy and guidelines. On a monthly basis to report EMSA compliance and ensure any failures to comply with the policy is reported using the Incident Reporting System (Ulysses).

3.4 **The Complaints team** will record any communication from service users who report an infringement of their privacy and dignity including breaches of EMSA, Privacy and Dignity.

3.5 **Matrons and Managers** will ensure safety in the investigation of any failure to comply with the policy including all breaches, taking corrective action to prevent a reoccurrence.

Matrons / Ward Managers will provide a number of assurances:

- Provide assurance that the quality of care plans and risk assessments detail the relevant risks and mitigations
- Provide assurance that the breach is logged in the patient's notes with the rationale for the breach, start and finish dates
- Provide assurance that there has been a discussion with patients and this is evidenced in Carenotes
- Provide assurance that there has been a discussion with carers where appropriate and this is evidenced in Carenotes
- Provide assurance that EMSA breaches are reported on Ulysses and that the Cause Group is: "Privacy and Dignity" and Primary Cause is: "Single Sex Accommodation Breach"
- Provide assurance that breaches are reviewed regularly and patients moved as soon as possible. This needs to be evidenced.

3.5.1 Ensure that the Policy is available to all clinical members of staff and where required provided in alternative formats such as large print.

3.5.2 Ensure that all aspects of the Policy are complied with through supervision and annual appraisal.

3.5.3 Ensure that individual team members understand their roles and responsibilities with regard to privacy and dignity.

3.5.4 Ensure breaches are reviewed on a regular basis for compliance with the standards of this policy

3.5.5 Ensure that the risk register is regularly reviewed locally and that all breaches are logged and monitored

3.5.6 Ensure that regular assessments of the environment in relation to safety, privacy and dignity issues are carried out

3.6 Director of Estates is responsible for ensuring that there is a capital development plan in place, that ensures compliance with EMSA guidelines in any estate and buildings programmes.

3.6.1 All wards maintain and up to date risk relating to sexual safety to their risk register and that any emerging risks relating to EMSA are reviewed and recorded.

3.7 All Staff Must:

3.7.1 Actively promote and protect the safety, dignity and privacy of patients at all times.

3.7.2 Ensure that all patients are cared for in appropriate accommodation as defined by this policy and report any breeches of the policy or EMSA to their line manager and on the Trust's reporting system, Ulysses.

4.0 Procedure/ implementation

4.1 Reporting breaches in EMSA reporting covers sleeping accommodation, bathroom/toilet accommodation (where there is a need for patients to pass through areas for the opposite sex in order to reach their own facilities) and women only day rooms/lounges.

4.2 Mental health and learning disability wards are required to provide same-sex day space, particularly for women who use services (women only lounges are mandatory for services provided in facilities built or refurbished since 2000).

4.3 It may be acceptable, in a clinical emergency, to admit a patient temporarily to a single, en-suite room in the opposite-gender area of a ward if a full risk assessment is carried out and the patient's safety, privacy and dignity maintained. However this must be rectified as soon as possible as required in the Mental Health Act 1983: Code of Practice (2015)[xii].

4.4 All breaches must be reported as a 'Privacy and dignity-mixed sex accommodation' incident via the Trust's incident reporting system, Ulysses. ONLY breaches relating to sleeping accommodation are reportable to NHS England every month (Appendix 2).

4.5 All details relevant to the breach should be completed and logged under the cause group 'privacy and dignity' with the primary cause as single sex accommodation breach. The exact location of the breach should also be recorded such as bathroom or bedroom.

4.6 All wards must:

- accurately report gender appropriate accommodation breaches into Ulysses
- speak with the person and family/carers about the reasons why gender appropriate accommodation has not been possible
- update the care plan and risk assessments in the electronic patient record (good practice standards are included on Appendix 3)
- and where this has not been routinely the case, that there are actions in place to address this.

4.7 Managers are responsible for auditing these standards and reporting to the Trust Board via the EMSA Group.

5.0 Special Considerations

5.1 Young People

5.1.1 Young people 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.

5.1.2 The need to provide gender sensitive care, which promotes privacy and dignity, applies to all ages, and therefore includes children's and adolescent units. This means that boys and girls must not share bedrooms or bed bays and that toilets and washing facilities should NOT be same-sex.

5.2 Transgender and Non Binary Service Users

5.2.1 Where possible transgender patients are accommodated according to their preference (this may take into account the pronouns that they currently use). This does not depend on them having a gender recognition certificate (GRC) or legal name change. All transgender patients are cared for in a single room. Transgender patients do not share open shower facilities. The views of the transgender patient take precedence over those of family members if there is disagreement. Good practice requires that clinical responses should be service user focused, respectful and flexible towards all transgender people who do not meet these criteria but who live continuously or temporarily in the gender role that is opposite to their natal sex.

5.2.2 Where possible non-gender toilets should be provided.

5.2.3 The Trust's Transgender Policy should be adhered with.

5.3 Older Adults

It is particularly important for older patients/service users to be accommodated in a same-sex environment. Studies have shown that for people over the age of sixty-five, being accommodated on a same-sex ward scores more highly as something they would consider the most important part of being treated with dignity and respect. Thirty-one per cent of women over 65 say being on a same-sex ward would be the most important factor in them feeling they were being treated with privacy and dignity (DH NHS Confederation, 2010).[xiii]

5.4 Disabled Service user facilities

Some toilets and bathrooms contain specialist facilities (e.g. hoists) to make them accessible for disabled users. Such facilities may be designated unisex as long as they are for use by one person at a time, are lockable from the inside (with external override), a risk assessment has been conducted and, where necessary, the service user is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.

6.0 Development, consultation and ratification

This policy has, since its inception, been consulted upon with a range of stakeholders with an interest, in particular clinical staff working in inpatient areas. This policy is subject to on-going review to reflect changes in guidance from NHSE, NHSI, CQC and NICE.

7.0 Equality Impact Assessment

This policy has been subject to an equality impact assessment.

8.0 Monitoring compliance

8.1 Any EMSA breaches, complaints and the Patient Advice and Liaison service (PALs) reports will be reported to the Trust Board monthly and disseminated via the Quality Assurance.

8.2 Annual audit reports of the Patient Led Assessment of the Care Environment audit (PLACE) and Essence of Care benchmarking and quarterly reporting of the Fundamental Standards of care self-assessment will provide the Trust board with evidence of compliance and improvement.

8.3 An EMSA delivery plan and group is in place to ensure the Trust is compliant with EMSA requirements, which will be implemented and overseen by the Trust board.

9.0 Dissemination and implementation of policy

9.1 The Governance Support Team will place updated versions of this policy on the Trust's intranet. The Trust's Partnership Bulletin will alert stakeholders to the issuing of the policy and any subsequently revised versions. The Executive Sponsor will ensure that clinical staff are alerted to the issue, reissue and review of versions of this policy.

9.2 The implementation of this policy needs to be supported by appropriate guidance and training to enable staff to provide gender sensitive care that promotes service user privacy, dignity and safety.

10.0 Document control including archive arrangements

10.1 Following ratification of this policy the Governance Support Team will allocate an official document number and upload the policy onto the Trust data base and website.

10.2 This document will be reviewed as and when required by the actions of the DSSA delivery plan and at least every 3 years in line with Trust processes.
10.2 The front cover indicates the version, date of issue and review date of this document. Following each review the policy will be issued as a new version, whether or not there have been changes to the content. The most recent version will be available on the Trust intranet.

10.3 The Governance Team will maintain previous versions of this policy in an archive and will update the Trust data base and website.

Appendix 1

DSSA Principles - 2010.03.02 Ver 2.0

Overarching DSSA Principles for inpatient services
1. There are no exemptions from the need to provide high standards of privacy and dignity.
2. Men and women should not have to sleep in the same room, unless sharing can be justified* by the need for treatment (see 14) or by patient choice. Decisions should be based on the needs of each individual not the constraints of the environment, nor the convenience of staff.
3. Where mixing* of sexes does occur, it must be acceptable and appropriate for *all* the patients affected.
4. Men and women should not have to share toilet and washing facilities with the opposite sex, unless they need specialised equipment such as hoists or specialist baths.
5. Men and women should not have to walk through the bedrooms/bed bays or bathroom/toilets of the opposite sex to reach their own sleeping, washing or toilet facilities.
6. Staff should make clear to the patient that the trust considers mixing to be the exception, never the norm.
7. Changes to the physical environment (estates) alone will not deliver same-sex accommodation; they need to be supported by organisational culture, systems and practice.

**There is no clinical justification for mixing in mental health and learning disability services. See 14*

Further detail
8. On mixed-sex wards, bedroom and bay areas should be clearly designated as male or female.
9. In all areas, toilets and bathrooms should be clearly designated as male or female.
10. When mixing of the sexes is unavoidable, the situation should be rectified as soon as possible. The patient, their relatives, carers and/or advocate (as appropriate), should be informed why the situation has occurred, what is being done to address it, who is dealing

with it, and an indication provided about when the situation will be resolved.
11. Patients/service users should be protected at all times from unwanted exposure, including being inadvertently overlooked or overheard.
12. Patient preference re mixing should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved ones.
13. There may be circumstances that require additional attention be given to help patients/service users retain their modesty, specifically where; - they are wearing gowns/nightwear, or where the body might become exposed - they are unable to preserve their own modesty, e.g. recovery from general anaesthetic or when sedated. - their illness means they cannot judge for themselves. (see PL/CNO/2009/2).†
14. Any circumstance that constitutes clinical justification for mixing of the sexes is for local determination, (see PL/CNO/2009/2). † Generally, for acute services, justification might relate to 'life or death' situations, or a patient needing highly technical or specialist care/one-to-one nursing (e.g. ICU, HDU).
15. Where family members are admitted together for care, they may, if appropriate, share bedrooms, toilets and washing facilities.
16. In mental health and learning disability services there should be provision of women-only day rooms on wards where men and women share day areas.
17. For many children and young people, clinical need, age and stage of development may take precedence over gender considerations. (See PL/CNO/2009/2). † In mental health and learning disability services, boys and girls should not share bedrooms or bed bays and toilets/washing facilities should be same-sex. An exception to this might be if a brother and sister were to be admitted onto a children's unit – here sharing of bedrooms, bathrooms or shower and toilet areas may be appropriate.
18. Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use. (see PL/CNO/2009/2). †

†http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Professionalletters/Chiefnursingofficerletters/DH_098894

Appendix 2 (PL/CNO/2010/3 DH 2010)[xiv]

What is a breach?

Guidance for providers, commissioners, SHAs and regulators

Policy statement
Mixed-sex accommodation will be eliminated, except where it is in the overall best interest of the patient, or reflects their personal choice.

Definition
A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the terms of the policy.

What constitutes a breach?
Mixing may be justified (i.e. NOT a breach) if it is *in the overall best interest* of the patient, or *reflects their personal choice*. These are separated out below for convenience, although in reality there will often be some overlap.

In the best overall interests of the patient
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 be protected – e.g. by the enhanced staffing provided in critical care facilities. The patient should be provided with same-sex accommodation immediately the acceptable justification ceases to apply.
There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient and better management, better facilities, or the removal of organisational constraints could have averted the situation.

Acceptable justification – i.e. NOT a breach

- In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition
- Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if staff shortages or skill mix were the rationale
- Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions
- On the joint admission of couples or family groups

Unacceptable justification – i.e. a breach

- Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty
- Placing a patient in mixed-sex accommodation because of a shortage of staff or poor skill mix
- Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate
- Placing a patient in mixed-sex accommodation because of a shortage of beds
- Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures
- Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure
- Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision
- Placing a patient in mixed-sex accommodation for regular but not constant observation
- It is not acceptable to mix sexes purely on the basis of clinical specialism. For instance, in a stroke unit, it may be acceptable to mix patients immediately following admission (life-threatening emergency, and in need of one-to-one nursing), but not to maintain mixing throughout the rehabilitation phase, simply on the basis that it is easier for staff, or because there are not enough people with the necessary skills.

Reflects patient choice

There are some instances when sharing accommodation with the opposite gender reflects personal choice and may therefore be justified. In all cases, privacy and dignity should be assured. Group decisions should be reconsidered for each new admission to the group, as consent cannot be presumed.

Acceptable justification – i.e. NOT a breach

- If an entire patient group has expressed an active preference for sharing (e.g. renal dialysis etc.)
- If individual patients have specifically asked to share and other patients are not adversely affected (e.g. children/young people who have expressed an active preference for sharing with people of their own age group, rather than gender).

Unacceptable justification – i.e. a breach

- “Take it or leave it” – i.e. the patient is asked to choose between accepting mixed-sex accommodation, or going elsewhere
- “No-win situation” – i.e. the patient is asked to prioritise same-sex accommodation over another aspect of care (e.g. speed of admission, specialist staff etc.)
- Custom and practice – e.g. routine mixing of young people without establishing preferences

- If the patient said they didn't mind (there should always be a presumption of segregation unless patients specifically ask to share)
- If the patient did not express a preference
- It is important to note that the norm is always to aim for segregation – the circumstances in which patients choose to share are expected to be very much in the minority.

Footnote

Notwithstanding the above, there will be a very small set of circumstances where mixing is acceptable as an emergency response to extreme operational emergencies. This is limited to unpredictable events such as major clinical incidents e.g. a multiple road traffic accident or natural disaster, and major non-clinical incidents such as fire or flood requiring immediate evacuation of buildings.

Appendix Three

Recommended Privacy and Dignity Standards

The care plan and risk assessments relating to EMSA breaches should include as a minimum in relation to privacy, dignity and sexual safety:

a. That privacy and dignity precautions have been discussed

b. That patients and their carers are made aware of how to raise any concerns they may have

c. That pre-screening is completed by the admitting nurse

d. Risks of harm/violence/aggression to others are considered

e. Present/known history of disinhibition/manic/psychotic symptoms

f. Financial exploitation/abuse of others

g. Risk history/known history of cognitive impairment/degenerative conditions

The following actions should be taken

i. If the risks to/from the patient change then consider moving the patient – escalating to the Ward Manager or Matron

ii. Move the patient to the correct corridor/area for their gender at the earliest opportunity

iii. Discussion of the mixed sex risk care plan is discussed with the MDT each daily meeting

An evaluation of the Care Plan should take place regularly and include an evaluation and update of how successfully risks are being managed and if there is a perceived increase or decrease in risks associated with mixed sex accommodation.

Examples of statements to include in Care Plans

Keeping Me Safe

"I have been admitted to xxxxx ward. This is a ward for male and female patients. I am in a room that is on a male/female wing."

"To maintain my Privacy and Dignity:

- I will need to keep my bedroom door closed
- The ward team will ensure the bedroom door observation panel is closed
- I will be fully dressed when I enter the corridor and come onto the communal areas of the ward – I may need help with this to protect my privacy and dignity.

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