Policy for Eliminating Mixed Sex Accommodation and Maintaining Privacy, Dignity and Respect
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1. **INTRODUCTION**

1.1 Every patient 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.

1.2 The NHS Operating Framework issued in 2011/12 required all providers of NHS funded care to confirm whether they are compliant with the national definition "to eliminate mixed sex accommodation except where it is in the overall best interests of the patient or reflects their patient choice. This reporting requirement remains in place.

1.3 In November 2006 the Department of Health launched a 'Dignity in Care Campaign' with an aim to put dignity and respect at the heart of care services extended into Mental Health Services in 2007, and is now applicable in all health and social care settings. This campaign issued the 10 Point Dignity Challenge to organisations. (Appendix A)

1.4 Being with other patients of the same gender is an important component of privacy and dignity. It is a requirement that the Trust provides wards/services in single sex bays and also has segregated washing and toilet facilities to allow patients’ dignity.

1.5 **Definitions**

Same Sex Accommodation is: (DOH 2009 Eliminating Mixed Sex Accommodation)

- **Same Sex Wards** - a ward with all facilities, including dedicated toilet and washing facilities, occupied solely by either men or women, boys or girls
- **Mixed Sex Wards** – with single bedrooms and same sex toilet and washing facilities (preferably en-suite) or
- **Mixed Sex Wards** – with bed bays (multi-bed rooms) occupied exclusively by either men or women with access to same-sex toilet and washing facilities
- **Female Only Lounges** – In consideration of the fact that due to their illness, the capacity of patients within the Mental Health and Learning Disability inpatient services can be impaired which increases their level of vulnerability it is essential that within these areas female only lounges are provided.

In mixed-sex wards, it is good practice to create separate parts of the ward for men and women and designated areas or zones, for the bedrooms and toilet / washing facilities for each sex. There may be times, albeit not ideal, when a corridor or the bedroom area of a ward may be mixed. If this occurs, bedrooms, toilet and bathing facilities should be designated to achieve as much gender separation as possible and care supported by appropriate staffing. Each inpatient area has in place guidance which staff are to refer to for full details as to the safe management of instances when male and female patients need to be accommodated on the same bedroom corridor (see Appendixes)

Men and women should not have to pass through the bedrooms or bed bays of the opposite sex to access their own bedrooms or toilet/washing facilities. Ideally, service users should not pass through mixed, communal areas adjacent to their
bedrooms or bed bays to access their washing facilities. The exception is toilet facilities used while in day areas where service users are fully dressed.

Some toilets and bathrooms contain specialist facilities which are fixed (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.

Privacy - Refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual (DOH 2009)

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 a valued individual. In care situations, dignity may be promoted or diminished: by the physical environment: organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out. Dignity applies equally to those have capacity and to those who lack it. (RCN 2008)

In addition to the definitions above the ‘Dignity in Care Campaign’ suggested that dignity issues overlap with four other areas:

- **Respect** - Shown to a person as a human being and as an individual, by others, and demonstrated as courtesy, good communication and taking time.
- **Privacy** - In terms of personal space: modesty and privacy in personal care; and confidentiality of treatment and personal information
- **Self Esteem, Self worth, Identity and a sense of oneself;** promoted by all the elements of dignity but also by ‘all the little things’- a clean and respectable appearance, pleasant environments and by choice and being listened to
- **Autonomy** Including freedom of act and freedom to decide on opportunities to participate, and clear comprehensive information

2. **PURPOSE**

This Policy is designed to provide:

- Direction to staff to enable them to provide care and treatment to all patients, service users and carers receiving services from the Trust in a way which treats them with respect and maintains their right to privacy and dignity.
- A clear definition to all staff as to what constitutes privacy and dignity within a care setting.
- A clear definition to all in-patient staff of same sex accommodation
- In-patient staff across the Trust with guidance on the safe management of same sex accommodation.
- Details of the procedure for reporting any breeches in the Trust compliance in relation to eliminating mixed sex accommodation.
3. **SCOPE**
This policy applies to all healthcare professionals and volunteers whether directly employed by the Trust, or covered by a letter of authority/honorary contract, undertaking duties on behalf of the Trust working within in-patient or community settings.

4. **RESPONSIBILITIES, ACCOUNTABILITIES and DUTIES**

4.1 **Board of Directors**
The Board of Directors are responsible for the Trust having policies and procedures in place which meet National and Local requirements and/or legislation in order to provide a service which is based on best practice. The Lead Director responsible for this policy is the Chief Operating Officer.

4.2 **Deputy and Assistant Directors for Inpatient Services are responsible for:**
- Monitoring compliance with this policy.
- Reporting any non-compliance of this policy via the Trust incident reporting system.
- Investigating any reported none compliance with this policy.
- The implementation of any action plans arising from audits of the policy and patient feedback.
- Identifying training needs of staff that fall within the remit of this policy.

4.3 **Matrons/Managers are responsible for:**
- Making staff aware of this policy, it's content and where to access the policy.
- Reporting any non-compliance of this policy, or concerns about any poor practice by staff to the Assistant Director.
- Assisting in the Investigation of any failure to comply with the policy including all breaches and taking corrective action to prevent any reoccurrence.

4.4 **Health Care Professionals**
All healthcare professional must:
- actively promote the patients privacy and dignity at all times.
- ensure that all service users are cared for in single sex accommodation as defined by this policy.
- be aware of their role if acting as a chaperone.
- Report any breaches of the policy or EMSA to their line manager and on the Trust’s Incident reporting system (IR1)
5. PROCEDURE / IMPLEMENTATION

5.1 Breaches of Policy (DOH PL/CNO/2012/3)

A breach occurs at the point a patient is admitted to mixed sex accommodation outside the terms of this policy or if there isn’t a ladies only lounge in a Mental Health or Learning Disability facility.

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.

5.1.1 Reporting of Breaches

All breaches of sleeping accommodation must be reported for each patient affected via the Trust Incident reporting system IR1

The Trust has a responsibility to report all breaches monthly via the national Unify 2 system.

5.1.2 Acceptable Justification (NOT a Breach – DCIS only)

- In the event of a life threatening emergency either on admission or due to sudden deterioration in a patient's condition
- Where a critically ill patient requires constant one-to-one nursing
- Where a nurse must be physically present in the room/bay at all times
- Where a short period of close patient observation is needed e.g. where there is a high risk of adverse drug reaction
- On the joint admission of couples or family groups

5.1.3 Unacceptable Justification. (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 speciality.
- 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 restriction 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 a fluctuation 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 1–1 nursing) but not to maintain mixing throughout their rehabilitation phase, simply on the basis that it is easier for staff, or because there are not enough people with the necessary skills.

5.1.4 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 and in such circumstances consideration needs to be given to the patient’s capacity to make such a choice.

There are certain situations where it is in the patient’s best interest to receive rapid or specialist treatment, and same–sex accommodation is not the immediate priority. In theses cases privacy and dignity must be protected. The patient should be provided with same–sex accommodation immediately the acceptable justification ceases to apply.

5.1.5 Acceptable Justification (NOT a Breach)

- If an entire patient group has expressed an active preference for sharing and all patients have the capacity to express their preference.
- 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

5.1.6 Unacceptable Justification (A Breach)

- “Take it or leave it” i.e. if the patient is asked to choose between accepting mixed-sex accommodation, or going elsewhere
- “No win situation” the patient is asked to prioritise same-sex accommodation over another aspect of their 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 did not 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 it is always the priority to aim for segregation, the circumstances in which patients choose to share are expected to be in the minority.
5.1.7 Exceptional Circumstances

There will be specific circumstances where mixing is acceptable as an emergency 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.

5.1.8 Maintaining Same Sex Accommodation in the event of an Outbreak

The trusts Major Incident Plan sets out a framework for organisational responses to any kind of major incident affecting service users and/or staff. This alongside the Business Continuity Plans for each of the Trust’s individual services/departments will support the ongoing provision of same sex accommodation during any such outbreak.

5.2 Maintaining Privacy, dignity and respect

Maintaining patient’s privacy, dignity and respect is core to the delivery of effective health care and will help patients feel valued which will in turn promote their confidence in the service. As a minimum staff will:

- Ask patients by which name or title they prefer to be addressed, and respect their wishes.
- Ask a patient if they wish their carer to leave for specific conversations or procedures which may compromise their privacy or dignity.
- Maintain the patient’s privacy when asking or assisting them to undress and dress for intimate examination or treatment.
- Close curtains or screens in areas where patients are expected to undress.
- Close observation windows in patients bedrooms unless they are being used for observation.
- Obtain Informed consent before any examinations or treatments are carried out.
- Have an understanding of the need for sensitivity when discussing diagnosis or treatment options and where possible the conversation to take place in a quiet room.
- Respect Privacy and Dignity at all times, in particular during delivery of personal care, entering treatment rooms and single rooms, ward areas when curtains are closed, toilets or bathrooms and immediately before or following death.
- Knock before entering a room, use of “care in progress, do not enter” signs on curtains. Wait for a reply before entering.
- Avoid personal conversation with co-workers which exclude the patient the are giving care to.
- Not ask the patient to remove more clothing than is necessary.
- Not ask the patient to undress until they are ready to examine them.
- Undertake their consultation with the patient either before or after the
examination when the patient is fully clothed. (Following the examination, give the patient time to dress before the consultation continues)

- Check with the patient that they give their permission to be washed/examined by a person of the opposite sex and respect their wishes where this is possible.
- Encourage patients to wear their own clothes during the day and their own night clothes to sleep in. If hospital clothing is needed, staff are to ensure it protects the patient’s modesty.
- Where a patient requires assistance with eating, provide this discreetly, giving the patient time to eat without feeling rushed.
- Provide adapted cutlery and crockery if needed.

5.3 Special Considerations

5.3.1 Single Sex Wards

Within the Trust there are a number of Single Sex Wards but this policy still applies to these in relation to the maintenance of patient’s privacy and dignity, and the right of the patients to be treated with respect.

5.3.2 Transgender/transsexual Service Users

Transsexual people, and individuals who have proposed, commenced or completed treatment for the reassignment of gender, are legally protected against discrimination. In addition, 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.

In order to meet the needs of these service users in a non-discriminatory way staff will ensure that:

- Where possible transgender patients are accommodated according to their presentation (the way they dress, and the name and pronouns that they currently use). This presentation may not always accord with the physical sex appearance of the chest or genitalia and does not depend on them having a Gender Recognition Certificate (GRC) or legal name change.
- If due to an identified risk to their personal safety or wellbeing they can not be safely accommodated according to their presentation a full explanation is given as to the reasons why and what measure are to be put in place to support them during their inpatient stay.
- All transgender patients are cared for in a single room
- Transgender patients do not share open shower facilities
- The views of the transgender patients take precedence over those of family members where these are not the same
5.3.3 ECT

Within RDaSH there is 1 ECT department based at the Woodlands Older peoples Mental Health Unit at Oakwood Hall Drive Rotherham. The operational policy for ECT includes guidance on how same sex accommodation is achieved and how service users privacy and dignity is maintained throughout the administration and recovery from ECT.

6. TRAINING IMPLICATIONS

There are no specific training requirements in relation to this policy, but all Trust staff will need to be familiar with this document.

As a trust policy, all staff need to be aware of the key points that the policy covers. Staff will be made aware of its content via any of the following:

- Team Brief
- Weekly Bulletin
- Team Meetings
- Supervision
- Practice development days
- Induction:

7. MONITORING and REPORTING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any none compliance with the policy.</td>
<td>Investigation of any formal, informal complaints or your opinion counts forms which relate to none compliance with the contents of this policy. Investigation of any IR1 reports which relate to breaches of EMSA. Monitoring any none compliance reported on the Unify 2 Electronic reporting system.</td>
<td>Matrons/Managers</td>
<td>Business Divisions Leadership and Quality Groups</td>
<td>Ongoing</td>
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<td></td>
<td></td>
<td>Deputy Director of Nursing.</td>
<td>Trust Performance report.</td>
<td>By Exception.</td>
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8. EQUALITY IMPACT ASSESSMENT

The completed Equality Impact assessment for this policy has been published on the Equality and Diversity web page of the RDaSH web site [click here](#).

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), 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’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

<table>
<thead>
<tr>
<th>Indicate how this will be met</th>
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<tbody>
<tr>
<td>The content of this policy emphasises the need throughout that the service user’s privacy and dignity are respected.</td>
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</tbody>
</table>

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

<table>
<thead>
<tr>
<th>Indicate How This Will Be Achieved.</th>
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<tbody>
<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
</tr>
</tbody>
</table>

9. LINKS TO THEIR PROCEDURAL DOCUMENTS

- Policy for Consent to Examination and Treatment
- Policy for the provision of access to and use of Interpreters
- Safeguarding Adults Policy
- Policy for delivering same sex accommodation
- Mental Capacity Act 2005 Policy.
- Operational Policy for ECT
- Trust Major Incident Plan 2 4
10. REFERENCES

- Dept of Health (2007) Privacy and Dignity-A Report by the Chief Nursing Officer into mixed sex accommodation in hospitals. DH, London
- Dept of Health (2007) Privacy and Dignity-A Report by the Chief Nursing Officer into mixed sex accommodation in hospitals. DH, London
- RCN (2008) Definition of Dignity Publication code 003 298

11. Appendices

Appendix A- the 10 point Dignity Challenge
Appendix B - Bed Management and Delivering Single Sex Accommodation on the Adult Acute Mental Health Wards
Appendix C - Bed Management and Delivering Single Sex Accommodation on Laurel Ward (Older Person’s Mental Health – North Lincs.)
Appendix D - Bed Management and Delivery of Single Sex Accommodation at Sapphire Lodge, Doncaster, and Rhymers Court, Rotherham
Appendix E - Bed Management & Delivery of Single Sex Accommodation on Hawthorn & Magnolia
Appendix F - Bed Management & Delivery of Single Sex Accommodation at St Johns Hospice In-Patient Unit
Appendix A

THE 10 POINT DIGNITY CHALLENGE

High quality 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 peoples’ right to privacy

7. Ensure people feel able to complain without fear or 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
Bed Management and Delivering Single Sex Accommodation on the Adult Acute Mental Health Wards

Whilst the Adult Acute Mental Health Wards are not single sex they are designed to provide single en-suite bedrooms on corridors which are designated as single sex. However due to demand for inpatient beds there may be times when the ratio of male and female patients is not balanced to the available beds and in these circumstances staff should take the following action:

If a leave bed is available on the appropriate corridor this is to be used.

No leave beds available

Rotherham and Doncaster

If a leave bed is available on the appropriate corridor, this is to be used.

Bed not available

Great Oaks

Ascertain if a bed can be provided in the appropriate section of the corridor by closing off the doors.

Bed available

Transfer settled patient

Bed not available

If this isn’t possible

Contact the other localities to see if they have a vacant male/female bed available.

No

Yes

Transfer settled patient in to this bed

Patient identified as suitable is to be moved in to a bedroom nearest the day area and ward office. Nurse on 1:1 whilst in the room by staff having sight of bedroom door at all times whilst patient is in room. **Sleeping of patients on the opposite gender corridor is to be for the shortest length of time possible.**

No patients identified as suitable to sleep on opposite gender corridor.

Review patients to see if anyone is well enough to go on leave to create a bed.

If no one is identified as suitable contact Modern Matron for advice.

All incidents relating to the transfer of patients to an opposite gender ward/area need to be reported via the Trust IR1 system.

N.B Under no circumstances is a newly admitted patient to sleep on an opposite gender corridor.

Review patients to determine who poses the least risk if placed on an opposite gender corridor to sleep. As part of the review consideration must be given to any potential risk the patient may pose and any risk to them.
Appendix C

**Bed Management and Delivering Single Sex Accommodation on Laurel Ward (Older Person’s Mental Health – North Lincs.)**

Whilst Laurel Ward is not single sex it is designed to provide single en-suite bedrooms within zones in corridors which are designated as single sex. However due to demand for inpatient beds there may be times when the ratio of male and female patients is not balanced to the available beds and in these circumstances staff should take the following action:

<table>
<thead>
<tr>
<th>If a bed is not available in the appropriate gender zone a leave bed in the appropriate zone is to be used if it is available.</th>
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<tbody>
<tr>
<td>If no leave bed is available undertake a risk assessment of the patient being admitted.</td>
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<tr>
<td>Consider moving existing patients within the 4 zones so that each zone is single sex, ensuring that low risk patients of opposite sex are in the rooms at the zone boundaries.</td>
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</table>

Where male patients are assessed as low risk but require being in a female zone either because all zones have females in or the patient needs a specific room i.e. bariatric or disabled bedroom; then both the risk assessment and the rationale for the decision must be clearly documented in the patient record.

<table>
<thead>
<tr>
<th>If the patient is unknown or the patient is assessed as potentially posing a risk to females the patient must be nursed on a 1:1 whilst in the room by staff having sight of bedroom door at all times whilst patient is in room. <strong>Sleeping of patients with risks in an opposite gender zone is to be for the shortest length of time possible.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Any decision to place a male patient in a zone of the opposite sex must be discussed with the Modern. Authority to use additional staff can be sought from Matron/Manager in hours or the on call manager out of hours if required to minimise risk.</td>
</tr>
</tbody>
</table>

All incidents relating to the transfer of patients to an opposite gender ward/area need to be reported via the Trust IR1 system.
Appendix D

Bed Management and Delivery of Single Sex Accommodation at Sapphire Lodge, Doncaster

Both units, Sapphire Lodge and Rhymers Court are equipped with single bedrooms with en-suite shower rooms.

At Sapphire Lodge we have two wings and wherever possible operate these as male and female wings to promote privacy and dignity. Should there be an imbalance of gender, then all patients are reviewed and risk assessed to identify the safest and most sensible way forward to offer both privacy and dignity to both genders if sharing a wing.

Rhymers Court has individual living areas, bungalows which again operate a similar process to Sapphire Lodge. Wherever possible the bungalow would be single gender, or take the similar approach to provide a safe mix of genders within a bungalow, whilst still offering single en-suite bedrooms. As with the Adult Mental Health wards, if mixing genders is required due to circumstances, the pathway on the following page would be followed.

All incidents relating to the transfer of patients to an opposite gender ward/area need to be reported via the Trust IR1 system

1. **Bed not available on single gender wing or bungalow**
   - Undertake Risk Assessment and document this for the patient being admitted

2. **If a patient was already planned for a discharge, and this could be facilitated earlier, if without any risk or concern to the patient, this should be considered as an early option**

3. **Review all current patients to see where a safe placement could be accommodated, which poses the least risk to themselves or others. Each patient risk assessment reviewed and personalised care plans updated if required**

4. **Contact CAIS Team Doncaster/Community Integrated Team Rotherham to discuss**

5. **Normally if the above occurs they should be allocated nearest to the nurse’s station.**

6. **Staff at night should undertake 1:1 supervision having sight of the bedroom door at all times once the patient has retired**

7. **If necessary, with authorisation of the manager, additional staff may be organised to maintain privacy and dignity within a safe environment**

All incidents relating to the transfer of patients to an opposite gender ward/area need to be reported via the Trust IR1 system
Hazel, Hawthorn & Magnolia are mixed sex wards with single sex bays & single rooms. When selecting appropriate placement staff need to consider dignity of new patient and others. Document decision making process in care plan.

Identify if patient has any needs which may compromise dignity.

Yes- Single room required as priority.

Work to achieve a single room located next door to same sex patient & facing same sex bay.

If patient has tendency to wander on the ward

Work to achieve that patient in bays dignity is respected - use of screens & curtains to be used as appropriate.

Consider other needs which will affect placement of patient on ward.

E.g. Fall risk, need for observation

If any allocation or dignity issues arise as part of this assessment please discuss with Ward Manager Matron.

If any allocation or dignity issue arise they are be reported via the Trust IR1 system.
St. John’s Hospice inpatient unit is a mixed sex ward with ten single rooms all with en-suite facilities including a toilet and shower. When selecting appropriate placement of patients, staff need to consider the dignity of new patient and others. Staff should document their decision making process in the patients care plan.

Identify if patient has any needs which may compromise dignity.

Work to achieve a room located next door to same sex patient.

If no needs which compromise dignity are identified, still consider the generic dignity of the patient group and where possible have same sex as neighbours.

If patient has tendency to wander on the ward

Consider other needs which will affect placement of patient on ward. E.g. Fall risk, need for observation

If any allocation or dignity issues arise as part of this assessment please discuss with Clinical Team Leader / Area Clinical Manager.

All incidents relating to the transfer of patients to an opposite gender ward / area need to be reported via the Trust IR1 system.