Policy for Maintaining Service Users’ Privacy and Dignity when accessing Trust Services

<table>
<thead>
<tr>
<th>Policy Details</th>
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<tbody>
<tr>
<td>NHFT document reference</td>
</tr>
<tr>
<td>Version</td>
</tr>
<tr>
<td>Date Ratified</td>
</tr>
<tr>
<td>Ratified by</td>
</tr>
<tr>
<td>Implementation Date</td>
</tr>
<tr>
<td>Responsible Director</td>
</tr>
<tr>
<td>Review Date</td>
</tr>
</tbody>
</table>
| Related Policies & other documents | Confidentiality , Data Protection and Sharing Information Policy (IGP104)  
Consent to Examination and Treatment Policy (CLP006)  
Mental Capacity Act (CLP023)  
Zero Tolerance (HR015) |
| Freedom of Information category    | Policy        |

The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version.
TABLE OF CONTENTS

1. DOCUMENT CONTROL SUMMARY .................................................................3
2. INTRODUCTION .............................................................................................4
3. PURPOSE ........................................................................................................4
4. DEFINITIONS ................................................................................................5
5. DUTIES ...........................................................................................................5
6. STANDARDS OF PRACTICE ..........................................................................6
   6.1. Environment ...............................................................................................6
   6.2. Personal consideration and respect .........................................................7
   6.3. Confidentiality ..........................................................................................9
   6.4. Privacy, Dignity and Modesty .................................................................9
   6.5. End of Life Care ....................................................................................11
   6.6. Children ..................................................................................................11
   6.7. Respect for staff ....................................................................................11
7. TRAINING ......................................................................................................11
   7.1. Mandatory Training ...............................................................................11
   7.2. Specific Training not covered by Mandatory Training .......................12
8. MONITORING COMPLIANCE WITH THIS DOCUMENT .................................12
9. REFERENCES AND BIBLIOGRAPHY ..........................................................12
10. RELATED TRUST POLICY ........................................................................13

APPENDIX 1 – EQUALITY ANALYSIS REPORT .................................................14
1. DOCUMENT CONTROL SUMMARY

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy for Maintaining Service Users’ Privacy and Dignity when accessing NHFT Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Purpose (executive brief)</td>
<td>The aim of this policy is to ensure that all services users and their carers are treated in accordance with the principles of privacy, dignity and respect which are outlined within this document.</td>
</tr>
<tr>
<td>Status: - New / Update/ Review</td>
<td>Review</td>
</tr>
<tr>
<td>Areas affected by the policy</td>
<td>All NHFT staff and service users/carers.</td>
</tr>
<tr>
<td>Policy originators/authors</td>
<td>Clinical Policy Lead</td>
</tr>
</tbody>
</table>
| Consultation and Communication with Stakeholders including public and patient group involvement | Trust Nursing Advisory Committee  
Trust Allied Healthcare Professional Advisory Committee  
Patient Experience Group  
Service Managers/ Matrons  
SURG Chair  
Trust Board Policy Group  
Recovery group  
Equality and Inclusion Officer |
| Archiving Arrangements and register of documents | The Trust Policy Lead is responsible for the archiving of this policy and will hold archived copies on a central register |
| Equality Analysis (including Mental Capacity Act 2007) | See Appendix 1 |
| Training Needs Analysis | See Section 7 |
| Monitoring Compliance and Effectiveness | See Section 8 |
| Meets national criteria with regard to |  |
| NHSLA | Not applicable |
| NICE | Not applicable |
| NSF | Not applicable |
| Mental Health Act | Yes |
| CQC | Outcomes 10 - 11 |
| Other | Not applicable |
| Further comments to be considered at the time of ratification for this policy (i.e. national policy, commissioning requirements, legislation) | Human Rights Act 1998  
Equality Act 2010 |
| If this policy requires Trust Board ratification please provide specific details of requirements | Not applicable |
2. INTRODUCTION

This policy will support clinical staff in ensuring that the privacy and dignity needs of our service users are considered and ensured during any contact(s) with NHFT Services. The Trust has a crucial role to play in creating an environment in which human rights are respected. A fundamental aspect of human rights is an individual’s right to privacy and dignified treatment.

3. PURPOSE

The core principles of this policy are to:

- Define the concept of privacy and dignity in relation to local and national context.
- Ensure that service users/carers experience care in a manner that actively encompasses the principles of respect, privacy and dignity.
- Ensure service users/carers feel that they ‘matter’ and that they do not experience negative or offensive attitudes and behaviours whilst receiving care from NHFT services. This includes respecting their individuality and protected characteristics.
- To raise awareness of the principles of privacy and dignity and to enable staff to respond appropriately if they feel that the concepts of the policy are being infringed.

In line with Essence of Care (2010 revised standards) the privacy, dignity and respect benchmarks for all services provided by NHFT will ensure that:

- Service users/carers will feel that they matter all of the time.
- Service users experience care in an environment/manner that encompasses their values, beliefs and personal relationships.
- Service users personal space is protected by staff.
- Service users and carers experience effective communication with staff, which respects their individuality.
- Service users care ensures their privacy and dignity, and protects their modesty.
- Service users and carers can access areas within inpatient facilities that safely provide privacy.
- Service users experience care that maintains their confidentiality.

Alongside this the NHS Constitution (2013) identifies the following values, these concepts should underpin all that the organisation seeks to do and achieve.
Respect and Dignity – we value every person – whether service user, their families or carers or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.

Everyone counts – we maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

The Equality Act 2010 and Human Right Act 1998 places a responsibility on the Trust to prevent discrimination and harassment and show how it is ensuring equitable services. Providing care that ensures the dignity of healthcare service users and carers, respects the diversity of the population and the individual needs of these users is how the Trust shows it is meeting this requirement.

4. DEFINITIONS

NHS – National Health Service

NHFT - Northamptonshire Healthcare NHS Foundation Trust

Privacy – Refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual.

Dignity – Is every individual’s right to be worthy of respect and not to be subjected to inhuman or degrading treatment.

Respect – To show consideration and appreciation towards other people.

Protected characteristics – It is against the law to discriminate against anyone because of: age, disability, gender reassignment, gender (sex), marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation. These are called ‘protected characteristics’.

5. DUTIES

Chief Executive – is responsible for the overall implementation and attainment of the policy.

Medical Director/Director of Nursing, AHP and Quality – are responsible for the privacy and dignity agenda at trust board level and should ensure all clinical leads have a working knowledge of the policy.
and that systems are in place to monitor compliance and non compliance at a local level.

**Heads of Hospitals/ Service Leads** - are responsible for local dissemination and monitoring of the policy, inclusive of areas of non compliance.

**Team Managers/Ward Matrons** – are responsible for ensuring all team members have read the policy and understand its principles. Alongside this they will be required to respond (as appropriate) where issues of non-compliance with this policy have been identified.

**Clinical Staff/Non Clinical Staff** – it is the responsibility of all staff groups working within NHFT to adhere to the principles set out in this policy.

### 6. STANDARDS OF PRACTICE

#### 6.1. Environment

Service users have a right to:

- Be cared for in a single sex environment within in-patient settings
- To be cared for within their own home where appropriate to do so

**Best practice**

It is NHFT’s commitment to offer same sex accommodation to its service users, this means that:

- The room where the service user’s bed is will only accommodate individuals of the same gender.
- The service user’s toilet and bathroom will just be used by individuals of the same gender, and it will be close to the service user’s bed area.
- That a female only lounge will be available in mixed sex units.
- That staff will use appropriate risk assessment/ management tools to support service users on mixed sex units (as indicated).

Consideration will need to be given to transgender and transsexual service users who are commencing or part way through a gender reassignment process, in these cases the service users preference should be accommodated where possible. They should be accommodated according to their presentation and the way they dress and the name and pronouns that they currently use.
Whilst it may sometimes be a challenge to maintain the principles of privacy within the service users own home, the preferences of the service user should be listened to and adhered to where practical.

Staff are responsible for identifying together with patients/carers any reasonable adjustments needed to the environment for the special needs of patients with physical impairment or learning disabilities, and developing and implementing an appropriate plan of care.

6.2. Personal consideration and respect

Service users have a right to:

- Be treated as individuals
- Be listened to, and have their views taken in account
- Be treated courteously at all times
- Receive support to foster hope and identify aspirations
- Be an equal partner in making care decisions
- Know who is responsible for the care they are receiving
- Have private discussions about their care and treatment

Under Article 8 of the Human Rights act (1998) everyone has the right to; respect for their private and family life, their home and their correspondence. A person’s right to respect means ‘having the right to live one’s own life with such personal privacy that is reasonable, whilst taking into account the rights and freedoms of others’. It includes the freedom for every individual to choose:

- How they look
- How they dress
- Their religious beliefs
- Who they socialise with
- Their sexual identity
- To express personal opinions

These rights therefore should be acknowledged by staff and where appropriate should be included within any care planning process. Staff are personally accountable for ensuring that they promote and protect service user’s well-being and their attitude and behaviour should reflect this. Staff should recognise and prevent any barriers to access and support because of stereotyping, or stigma associated with age, ethnicity, disability, faith, sexual orientation and gender.
Best practice

Staff should introduce themselves (name and role) on initial contact with the service user and their carer, this includes phone conversations.

Staff must wear identification badges at all times.

Service users should have the opportunity to discuss with staff if they have any objections to health professionals (not directly related to their care) being present in ward rounds, out-patient appointments etc. These wishes should be adhered to as required.

Staff should ask each service user how they wish to be addressed e.g. Mr, Mrs, Reverend and should avoid lapsing into over familiarity.

Staff should ensure service users and carers (if appropriate) are equal partners in any care decisions being made. They should have clear opportunities to contribute to care planning and should be actively encouraged to identify their aspirations for well being.

Staff should ensure that a service users request is dealt with promptly, where there is an unavoidable delay an apology should be given.

Staff should respect the individual patient’s cultural, religious and ethnic beliefs and make arrangements as required in relation to diet, worship and care of the dying and be documented in care records.

Knocking before entering a room or attaching a notice to curtains saying “do not enter” when the service user is being examined or receiving personal care – following this staff should wait for a reply before opening the curtains/entering the room (unless there is a clinical indication not to wait).

Staff should be aware of how their body language may be interpreted by a service user or carer. Staff should be aware of healthcare users’ sensitivities with regard to personal contact/touch and personal boundaries. In particular, these issues might arise as a result of gender, culture and ethnicity.

Ensuring that a service user who does not speak or understand English has access to an appropriate interpreter in a timely manner.

Staff should not assume that a patient’s partner is of the opposite sex or that their partner is married to them. Staff need to recognise that same sex couples may also have a civil partnership. If it is not clear what sex the partner is, gender neutral words must be used such as “they” rather than making assumptions.
Ensuring service users with other communication impairments such as deafness or a learning disability are provided with the appropriate communication aids.

For those service users whose knowledge and understanding may be limited, their diagnosis, care and treatment must be explained to them in a manner that promotes understanding.

Staff must ensure that they use language and demonstrate behaviour which is inclusive to all service users and carers.

Staff should seek to ensure that they provide individualised care to service users based on individual protected characteristics.

6.3. Confidentiality

Patients have a right to expect that:

- Patient information is shared to enable care, with their consent.

Best Practice:

Only sharing information that a service user discloses, with staff who are directly involved in their care and with the service users verbal consent. Staff asking for personal and demographic details ensure they cannot be overheard.

Obtaining service user consent before disclosing information to family, carers and friends.

Being aware of and alert to anyone who may overhear staff conversations. It is not acceptable to discuss clinical information in public areas even if a service users name is not used.

Ensuring written service user information which contain confidential details are disposed of correctly and are not left in public places.

Precautions are taken to prevent information being shared inappropriately, e.g. computer screens being viewed and white boards being read.

Staff follow NHFT policy in relation to confidentiality and disclosure – Confidentiality, Data Protection and Sharing Information Policy (IGP104)

6.4. Privacy, Dignity and Modesty

Patients have the right to:

- Be treated with dignity at all times

- To have their modesty protected
To remain autonomous and independent wherever possible.

**Best practice:**

Closing curtains fully and positioning screens correctly in all areas where service users are required to undress, including outpatient settings.

Utilising an area (e.g. a bedroom) within a service user’s home which is more conducive to privacy and dignity principles.

Not asking a service user to take off more clothing than is necessary.

Following physical examination or procedure, service users should have an opportunity to re-dress before any interaction continues.

Checking with a service user that they give permission to have their personal care undertaken by a person of the opposite sex, the service users wishes should be respected where possible.

That staff adhere to the principles set out in NHFT’s Chaperone policy (CLP004).

Encouraging service users who are within in-patient settings to dress in their own clothes during the day

Encourage service users to wear their own night attire to sleep in. When this is not appropriate or possible, service users should have access to hospital clothing that protects their modesty and is acceptable to them.

Ensuring the dignity of a service user by making sure they are appropriately covered/ dressed whilst in your care.

Ensuring that medical aids (e.g. stoma bags, catheters etc) which may cause the service user distress or embarrassment are covered in a manner which is acceptable to them.

A service user’s dietary needs, preferences and assistance requirements at meal times should be assessed, recorded and referred to by clinical staff.

Where assistance with eating is required this should be provided discreetly to avoid embarrassment and loss of dignity. Adapted cutlery and crockery should be provided to enable people to maintain their independence where appropriate.

Give service users time to eat without rushing and aim to avoid interruptions to mealtimes by utilising the ‘protected mealtime’ principles.

Where service users may have clearly identified risk behaviours, an intervention sometimes indicated within in-patient mental health and learning disability services is that of ‘special observation.’ In this instance there will be times where the service users privacy or dignity is compromised (e.g. staff observing a service user in the shower). Special observations are a demanding intervention both for the service
user and staff member, therefore communication must be maintained and privacy/ dignity should be considered where possible.

6.5. End of Life Care

A person who requires end of life care either within the hospital or home setting will be cared for sensitively and empathetically. Death will be handled with dignity and compassion and in accordance with cultural and religious beliefs of the individual person and their family.

6.6. Children

It is recognised that often the segregation of children on wards is based upon age considerations and that having children of a similar age around can be comforting to them and that this may often override considerations of gender.

Therefore The Department of Health (2009) recommend the following:

- Privacy and dignity is an important aspect of care for children and young people.

- Decisions should be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment, or the convenience of staff.

- Privacy and dignity should be maintained whenever children and young people’s modesty may be compromised (e.g. when wearing hospital gowns/nightwear), or where the body (other than the extremities) is exposed, or they are unable to preserve their own modesty.

The child or young person’s preference should be sought, recorded and where possible respected.

Where appropriate the wishes of the parents should be considered.

6.7. Respect for staff

The dignity and privacy of NHFT staff groups should also be actively protected. Staff should expect their rights as seen in the NHS Constitution (2013) to be upheld.

7. TRAINING

7.1. Mandatory Training
There is no mandatory training associated with this policy. All staff receive Equality and Diversity training at induction.

7.2. Specific Training not covered by Mandatory Training

Ad hoc training sessions based on an individual’s training needs as defined within their annual appraisal or job description. Bespoke cultural awareness training is provided through the Equality and Inclusion team to support staff to be more culturally aware and sensitive.

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trust’s monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Method of monitoring</th>
<th>Individual responsible for the monitoring</th>
<th>Monitoring frequency</th>
<th>Group or committee who receive the findings or report</th>
<th>Group or committee or individual responsible for completing any actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties</td>
<td>To be addressed by the monitoring activities below.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non compliance with the principles and best practice identified will be monitored.</td>
<td>Via service user complaints, feedback, datix, Serious Investigations and Whistle blowing concerns</td>
<td>Individual managers via complaint/serious investigation feedback and action planning.</td>
<td>As required based on complaint, serious incidents investigations.</td>
<td>Patient Experience Group</td>
<td>Patient Experience Group</td>
</tr>
</tbody>
</table>

If there is mandatory training associated with this document state the mandatory training here

Training will be monitored in line with the Statutory and Mandatory Training Policy.

Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.

9. REFERENCES AND BIBLIOGRAPHY


Department of Health (2009) Same Sex accommodation in Practice: Children’s units.
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10. RELATED TRUST POLICY

Confidentiality, Data Protection and Sharing Information Policy (IGP104)
Chaperone Policy (CLP004)
Consent to Examination and Treatment Policy (CLP006)
Mental Capacity Act (CLP023)
Zero Tolerance (HR015)
APPENDIX 1 – EQUALITY ANALYSIS REPORT

Equality Analysis Report

<table>
<thead>
<tr>
<th>Name of function:</th>
<th>Maintaining Service Users Privacy and Dignity when accessing NHFT Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>1 December 2015</td>
</tr>
<tr>
<td>Assessing officers:</td>
<td>Kate Howard</td>
</tr>
</tbody>
</table>

Description of policy including the aims and objectives of proposed: (service review/resign, strategy, procedure, project, programme, budget, or work being undertaken):

This policy will support clinical staff in ensuring that the privacy and dignity needs of our service users are considered and ensured during any contact(s) with NHFT Services.

The core principles of this policy are to:

- Define the concept of privacy and dignity in relation to local and national context.
- Ensure that service users/ carers experience care in a manner that actively encompasses the principles of respect, privacy and dignity.
- Ensure service users/ carers feel that they ‘matter’ and that they do not experience negative or offensive attitudes and behaviours whilst receiving care from NHFT services.
- To raise awareness of the principles of privacy and dignity and to enable staff to respond appropriately if they feel that the concepts of the policy are being infringed.

In line with Essence of Care (2010 revised standards) the privacy, dignity and respect benchmarks for all services provided by NHFT will ensure that:

- Service users/carers will feel that they matter all of the time.
- Service users experience care in an environment/manner that encompasses their values, beliefs and personal relationships.
- Service users personal space is protected by staff.
- Service user and carers experience effective communication with staff, which respects their individuality.
- Service users care ensures their privacy and dignity, and protects their modesty.
- Service users and carers can access areas within patient facilities that safely provide privacy.
- Service users experience care that maintains their confidentiality.

Evidence and Impact – provide details data community, service data, workforce information and data relating specific protected groups. Include details consultation and engagement with protected groups.

Evidence base:

- NHFT Equality Information Report August 2012
- Northampton County Council :Northamptonshire Results: 2011 Census Data Summary

<table>
<thead>
<tr>
<th>Corby</th>
<th>Daventry</th>
<th>East Northants</th>
<th>Kettering</th>
<th>Northampton</th>
<th>South Northants</th>
<th>Wellingborough</th>
<th>Northants</th>
<th>England</th>
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<tr>
<td>53,400</td>
<td>72,100</td>
<td>76,600</td>
<td>82,200</td>
<td>194,200</td>
<td>79,400</td>
<td>72,500</td>
<td>630,400</td>
<td>49,449,700</td>
</tr>
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</table>
Equality Analysis Report

Name of function: Maintaining Service Users Privacy and Dignity when accessing NHFT Services

Date: 1 December 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total 2001</th>
<th>Total 2011</th>
<th>% Rise</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>61,100</td>
<td>77,700</td>
<td>14.4%</td>
</tr>
<tr>
<td>2011</td>
<td>86,800</td>
<td>93,500</td>
<td>7.8%</td>
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<tr>
<td>2011</td>
<td>212,100</td>
<td>85,200</td>
<td>13.3%</td>
</tr>
<tr>
<td>2011</td>
<td>75,400</td>
<td>75,400</td>
<td>9.2%</td>
</tr>
<tr>
<td>2011</td>
<td>691,900</td>
<td>53,012,500</td>
<td>7.3%</td>
</tr>
<tr>
<td>2011</td>
<td>53,012,500</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Ethnicity: 85.7% (White) and 14.3% (BME) - 1.75% (dual heritage); 4.01% (Asian); 2.5% (Black including British, African and Caribbean); 0.85% (Chinese); 6.05% (white other EEA, polish, Gypsy & Traveller)

- Gender: 49.6% males; 50.4% females (including 1% transgender)

- Disabled people: 19% (including 3.5% < aged under 18)

- Faith communities: 71% Christian; 29% minority faith: (includes Hindu, Muslim, Sikh, atheists, non-belief)

- Sexual orientation (gay, lesbian or bisexual): 5 - 7% (Stonewall estimate)

Service Information: provide any relevant service data or information to inform the Equality Analysis including service user feedback, external consultation and engagements or research.

Protected Groups (Equality Act 2010)

STAGE 3: Consider the effect of our actions on people in terms of their protected status?

The law requires us to take active steps to consider the need to:

- Eliminate unlawful discrimination, harassment and victimisation.
- Advance equality of opportunity
- Foster good relations with people with and with protected characteristic

Identify the specific adverse impacts that may occur due to this policy, project or strategy on different groups of people. Provide an explanation for your given response.

Age

Protected characteristics are identified within the policy, however it is clear that the concepts of privacy, dignity and respect should be afforded to all the service users and carers utilising services within NHFT.

There is a section which addresses children/young people and their specific needs. Particular care to protect privacy is required for children, young people and vulnerable adults’ people of any age who may have been previously subject to abuse.
<table>
<thead>
<tr>
<th>Name of function:</th>
<th>Maintaining Service Users Privacy and Dignity when accessing NHFT Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>1 December 2015</td>
</tr>
<tr>
<td>Disability</td>
<td>Protected characteristics are identified within the policy, however it is clear that the concepts of privacy, dignity and respect should be afforded to all the service users and carers utilising services within NHFT. Disability is covered in relation to specifics:</td>
</tr>
<tr>
<td></td>
<td>- Special observation interventions in mental health and learning disability</td>
</tr>
<tr>
<td></td>
<td>- Ensuring services users with impairments (visual/ hearing/ learning) are given information relating to their care in a manner appropriate need.</td>
</tr>
<tr>
<td></td>
<td>- Reasonable adjustments to be made for service users whilst in NHFT care (appropriate adaptations to physical surroundings) and ensuring that physically impaired service users/carers have accessible accommodation.</td>
</tr>
<tr>
<td></td>
<td>- Auxiliary aids to promote effective communication will be provided for disabled service users with communications needs.</td>
</tr>
<tr>
<td>Gender (male, female and transsexual, inclu. Pregnancy and maternity)</td>
<td>Being separated from patients of the different gender is an important component of privacy and dignity, requirements for this protected characteristics are identified within the policy. Clinical consultations, examinations and investigations are potentially distressing therefore service users may find some investigations intrusive and may make an individual feel particularly vulnerable; where possible the service user will have a right to a same sex chaperone act as a safeguard.</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>This protected characteristic is identified within the policy. Gender reassignment is discussed in section 6, the Department of Health guidelines on gender reassignment have been referred to ensure that the policy is in line with national guidance. The Trust is committed to ensuring that appropriate accommodation and facilities are provided for transgender and transsexual service users, which meet the gender identity they present or prefer.</td>
</tr>
<tr>
<td>Sexual Orientation (incl. Marriage &amp; civil partnerships)</td>
<td>Protected characteristics are identified within the policy and staff are expected to ensure that each patient feels that they matter and does not experience negative or offensive attitudes or behaviour related to their sexual orientation. Staff will ensure service users, carers and their partners in same-sex relationships are treated with the same level of courtesy, dignity and respect as patients and their partners of the opposite sex.</td>
</tr>
<tr>
<td>Race</td>
<td>Protected characteristics are identified within the policy; staff will work with service users and their families from ethnic minority communities. Wherever possible, staff are to take into account that they may have different attitudes, values and beliefs about health and healthcare. It is expected that staff this into account when developing care plans. Where it is not possible to take this into account, clear information and</td>
</tr>
</tbody>
</table>

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Policy for Maintaining Service Users\’ Privacy & Dignity 16 of 17 Implementation Date: 09.12.2015
The current version of any policy, procedure, protocol or guideline is the version held on the NHFT internet. It is the responsibility of all staff to ensure that they are following the current version.

Policy for Maintaining Service Users’ Privacy & Dignity

Implementation Date: 09.12.2015

---

### Equality Analysis Report

**Name of function:** Maintaining Service Users Privacy and Dignity when accessing NHFT Services

**Date:** 1 December 2015

<table>
<thead>
<tr>
<th>Religion or Belief (including non belief)</th>
<th>Protected characteristics are identified within the policy, consideration is also made to end of life care pathways, dietary needs and the need to ensure religion/ beliefs are part of the care planning process.</th>
</tr>
</thead>
</table>

### Equality Analysis outcome: Having considered the potential or actual effect of your project, policy etc, what changes will take place?

Staff will need to think more widely in terms of our service users who are pre gender reassignment, other considerations will be around care interventions and ensuring staff have the skills and knowledge to ensure privacy and dignity is at the core of all their clinical work and competence.

### Action Plan

<table>
<thead>
<tr>
<th>Issue to be addressed</th>
<th>Action</th>
<th>Who</th>
<th>Date to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cultural Awareness Information</td>
<td>Equality and Inclusion to provide training on issues pertaining to the equality and inclusion agenda.</td>
<td>Equality and Inclusion Team</td>
<td>On-going and available to staff</td>
</tr>
</tbody>
</table>

Ratification – a completed copy of the Equality Analysis form must be sent to Equality and Inclusion Officer to be approved.

### Approving Officers

### Date of completion: