Tees, Esk and Wear Valleys
NHS Foundation Trust

Privacy and Dignity Policy

Including Eliminating Mixed Sex Accommodation Requirements

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Contents

1 Introduction

As an organisation we recognise the essential importance of maintaining the dignity and privacy of all our service users and carers. Privacy and dignity is a human right and is fundamental to safety, wellbeing and recovery. It is our duty to ensure that all staff treat service user's relatives, carers and visitors with respect and dignity and ensure that service users' privacy and dignity is maintained in compliance with the related Care Quality Commission (CQC) Fundamental Standards.

The Department of Health (PL/CNO/2010/13) requires all providers of NHS funded services to Eliminate Mixed Sex Accommodation (EMSA) except where it is in the best interests of the patient or reflects the patient's choice.

All Chief Executive Officers (CEO) made a declaration on their Trust website, in line with the national definition and policy to confirm compliance with EMSA requirements. The EMSA requirements are also embedded in the Mental Health Act Code of Practice 2015, form part of the CQC regulatory compliance and are quality standards in the NHS Standard Contract- incurring financial penalties for non-delivery.

The CQC and Trust adopted definitions of privacy and dignity are:
Privacy: To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and be protected from others looking at them or overhearing their conversations. It also means respecting their confidentiality and personal information.
Dignity: Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respecting them as a valued person, taking account of their individual views and beliefs.

2 Why we need this policy

We need this policy to help all Trust staff understand their roles and responsibilities in maintaining high standards of privacy and dignity for services users. This policy also relates to compliance with Eliminating Mixed Sex Accommodation (EMSA) requirements on inpatient wards.

This policy also means service users, relatives and carers know what they should expect from the services.

2.1 Purpose

Respecting people's privacy and dignity is essential to support wellbeing and recovery. The purpose of this policy is to set out how we maintain the privacy and dignity of service users.

Core principles of this policy are:
- Reaching for a shared understanding of privacy and dignity
- Ensuring privacy and dignity is core to wellbeing and recovery
- To understand the importance of privacy and dignity within a trauma informed approach
- Ensure service users, family and carers experience care that shows respect, privacy and dignity at all times

- Ensure service users and carers feel that they matter and don't experience negative or offensive attitudes and behaviours from TEWV services
- Promote compliance with CQC Fundamental Standards
- Achieve compliance with EMSA standards
- Provide guidance for the Trust internal reporting system for EMSA breaches

2.2 Objectives

The policy will ensure that all staff are aware of and up to date with the current approach to privacy and dignity and can apply the Department of Health guidance for Eliminating Mixed Sex Accommodation on wards that have a mixed sex environment in line with CQC Regulation 10 on Privacy and Dignity.

3 Scope

3.1 Who this policy applies to

The policy applies to all Trust staff at all times; we all have a responsibility for protecting the privacy and dignity of service users, their families and carers.

3.2 Roles and responsibilities

Role	Responsibility
Board of Directors	▪ To be responsible for the privacy and dignity agenda at Board level and to receive reports on the status of the EMSA standards. ▪ To receive information from complaints and incidents related to privacy and dignity and EMSA; this would include abuse and sexual safety issues. ▪ To consider the elimination of mixed sex accommodation and how any refurbishment or new build capital development schemes complies with the directives and requirements. ▪ To ensure protection of privacy and dignity as well as EMSA requirements are considered within the commissioning of in-patient environment development, building and refurbishment. ▪ To support training initiatives to promote the protection of privacy and dignity ▪ To monitor the implementation of this policy.
Head of Quality Governance & Compliance	▪ To review the policy and make recommendations around the implementation to the Executive Management Team ▪ To monitor the compliance with EMSA requirements. ▪ To ensure assurance and risks to compliance are reported through the agreed processes to the Board of Directors.
Managers	▪ To ensure all staff have the necessary skills to promote and deliver services which comply with the principles and requirements of this policy and national directives. ▪ To ensure that staff understand the EMSA requirements and are able to support service delivery to comply. ▪ To lead, promote and champion the privacy and dignity agenda and monitor

Role	Responsibility
	team's activity with regard to privacy and dignity. ▪ To support gathering timely feedback from service users, their relatives and carers regarding privacy and dignity, and acting on information received.
Modern Matrons	▪ To implement this policy and the EMSA requirements within their in-patient environments. ▪ To ensure that there is a local plan for managing the compliance with the EMSA requirements and where males and females are cared for in mixed environments there is a local plan for managing the environment with zoning and monitoring compliance with the requirements. ▪ To ensure EMSA breaches are reported on Datix, escalated to the senior manager and the Trust Compliance Team and identify actions needed to manage the breach and prevent further recurrence. ▪ To use the EMSA checklist (Appendix 1) to monitor EMSA, and produce action plans and reports as required. ▪ To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained. ▪ To implement improvements to policy compliance where identified by monitoring, reviews or user feedback.
All staff	▪ To understand the Privacy and Dignity Policy and ensure full implementation. ▪ To understand and ensure compliance with EMSA requirements. ▪ To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained.

4 Policy

4.1 Delivering privacy and dignity

There are many ways in which you can demonstrate respect for a patient's dignity and to maintain privacy. For example, you will be promoting people's dignity and maintaining privacy if you:

- Listen and support service users to express their needs and preferences in a transparent open manner.
- Wear identification badges at all times in TEWV buildings and have it with you on visits into the community and people's homes in case you need to show this to anyone. Be aware that wearing your badge in public can on occasion breach a service user or carer's privacy
- Introduce yourself with your name and role on initial contact with a service user, their family and carers, both in person and in telephone conversations
- Ensure access to an advocate and/or interpreter in a timely way
- Ask service users how they would like to be addressed and use their preferred form of address
- Give service users who need continuous supportive engagements, due to safety concerns, a full explanation of what will happen - showing respect and demonstrate how privacy and dignity will be maintained without compromising the level of observation needed to keep them safe
- Be curious and maintain awareness of how privacy and dignity may be compromised in delivering intimate procedures with service users, this includes enhanced forms of engagement and zonal observations. Aim to offer choices wherever possible within the harm minimisation framework to minimise this. Choice should not be prioritised over safety without

the explicit consent of the service user. Forced choice, such as telling service users it is 'your choice' to self-harm is likely to be counter-therapeutic.

- Ensure the principles of shared decision making are implemented as far as possible throughout the patient's stay in hospital. In particular in decisions about their treatment
- Changes in the patient's observation levels should always be explained, including reasons why this is required and how this will be reviewed and documented
- Enable people to maintain maximum possible level of independence, choice and control.
- Treat each person as an individual by offering a personalised service
- Have an awareness of a person's trauma history and consider with the patient if and how this may need to be taken into account to promote their privacy and dignity and be aware of how breeching this may cause iatrogenic harm
- Inform service users, their family and carers, that the multidisciplinary team (MDT) will include a range of staff of both sexes that will be present on the wards and obtain service users views on this, implementing preferences where possible.
- Knock on bedroom doors if you need to see the service user in their room and wait to be invited in before entering. The exception to this will be if there is concern for a person's safety
- Demonstrate zero tolerance to all forms of abuse, including verbal, psychological, or physical forms whether explicit or covert, and deal with this appropriately in a timely manner
- Show the same respect you would want for yourself or a member of your family
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Don't make assumptions about the patient's lifestyle (e.g. do not assume that the patient's partner is of the opposite gender or that they are married)

4.2 CQC Fundamental Standards

The CQC Regulation 10: Privacy and Dignity underpins the approach expected from providers of CQC registered services. This regulation ensures that people using services are treated with dignity and respect and assured privacy at all times; this includes their family and carers.

The table demonstrates the relevant regulatory standard statements but is not exhaustive:

Dignity and respect	Service users have a right to be treated with compassion and as individuals, to be listened to and have their views taken into account, be an equal partner in making care decisions and care planning, to be treated courteously at all times, be supported to foster hope and not be neglected or left in undignified situations. Being shown to be worthy of respect.
Choice and Control	Enabling choice of care and treatment, respecting personal preferences, lifestyle and care choices. To ensure that all service users are offered the opportunity to be integral to their assessment and treatment planning outcomes.
Eating and Nutrition Care	Providing choice of meals and discreet support with eating if needed.
Personal Hygiene	Ensure all privacy needs are met and service users' independence is maintained.

Privacy	Respecting personal space and freedom from intrusion, that all practice and information that is personal or sensitive in nature to an individual. Ensuring modesty and privacy in personal care and confidentiality of treatment and personal information. Ensuring discussions about care treatment are not overheard.
Self esteem	Supporting self-worth, identity and a sense of oneself promoted by all the elements of dignity and privacy, being listened to as well as a having a clean respectable appearance and environment.
Social Inclusion	Supporting contact with family and friends and enabling participation in social activities.
Whistleblowing	Encouraging staff to raise concerns about poor practice or abuse within organisations without fear of reprisal.

4.3 Children and Adolescent Mental Health Services (CAMHS)

It is important to ensure that children and young people who require admission to hospital for mental health care have access to appropriate care in an environment that is suited to their age and development. There are specific privacy and dignity requirements based on the safeguarding of children.

The primary focus of CAMHS treatments should be the safeguarding and promotion of the young person's wellbeing, providing care that best suits their needs as close to their home as possible. Alternatives to admission should always be considered when there are acute or crisis needs for care.

Young people should be kept as informed as possible about their care and treatment and their views and wishes should be taken into account having regard to their age and understanding; parents (or those with parental responsibility) should always be involved in planning of hospital care.

The MCA applies to those aged 16 years and above therefore the Act is applicable to young persons aged 16 or 17 and should be followed.
For children (those under 16 years of age), Gillick competence applies to establish whether the child is able to consent to their medical treatment, without the need for parental permission or knowledge.
Where the child or young person lacks capacity or is not Gillick competent and their admission to hospital for treatment of a mental disorder leads to a Deprivation of Liberty, then the deprivation must be expressly authorised.
The authorisation of the Deprivation of Liberty is not within the responsibility of a parent and is subject to the MHA (and in rare occasions the Children's Act or a Court order) for young persons (16 or 17 years or age) and children (under 16 years of age). Deprivation of Liberty Safeguards (DoLS) is applicable to adults 18 years and above.

A child aged 16 to 18 years can be admitted to designated, single-sex, non CAMHS units where there are clinically appropriate reasons for the admission. The admission must be agreed as appropriate with CAMHS staff and the Director of Operations for that locality or the Director on call out of hours and the child admitted to the unit needs to be under constant observation as part of their safeguarding. **Staff must notify the Trust Safeguarding Team of the admission.**

The local CAMHS team will co-ordinate the in-patient care with the AMH ward team and will make contact with the AMH ward, by the next working day to the admission. All decisions must be discussed with the child and parents/those with parental responsibility.

Children under 16 years of age admission to non CAMHS units:
If a child under 16 years of age is admitted to a non CAMHS unit the situation must be escalated to the Director of Operations for that locality or the Director on call out of hours. This type of admission is a Serious Incident and staff are to complete a DATIX report, notify the Trust Safeguarding team and the Compliance team. The Trust will then report the admission to the Care Quality Commission and the local service commissioner.

4.4 Transgender

A transgender person is recognised in law and is not required to have reassignment surgery in order to have their rights recognised and respected. A transgender person is someone who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). They may change their name and identity to reflect their gender.

4.4.1 Considerations for transgender people and gender variant children

The following must be taken into account:

- Transgender people should be accommodated according to their presentation of choice: the way they dress, and the name and pronouns that they currently use - despite physical/sex appearance.
- Staff should ensure they have access to either en-suite toilet and bathing facilities or hygiene facilities according to their presentation
- Priority should be given to the transgender person's wishes even if family members views differ to those wishes
- Remember that at all times the wishes of the patient, rather than the convenience of the service should take precedence (see http://www.gires.org.uk/hospital-accommodation-of-trans-people-gender-variant-children/)

Staff must take advice and guidance from the Trusts Equality Diversity and Human Rights Team, Mental Health Act Team, Safeguarding Team, and CQC Compliance Team where there are situations relating to the vulnerability of inpatients where one of whom is transgender.

If on admission there is uncertainty of an adult, child or young person's gender, ask discreetly where the person would be most comfortably accommodated and comply with the patient's preference. Refer to Minimum Standards for Clinical Record Keeping as well as the Physical Health and Wellbeing Policy for care and attention.

4.4.2 Considerations for children and young people

Gender variant children and young people should be accorded the same respect for their self-defined gender as are transgender adults, regardless of their physical/sex appearance.

Where inpatient services have mixed wards, the child or young person should be accommodated in accordance with their stated gender identity, preferred name and/or dress. In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not Gillick competent. Where inpatient services have mixed wards there should generally be no requirement to treat a young gender variant person any differently from other children and young people.

Sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and the young person's view of their gender identity is in contradiction to their physical/sex appearance.

Staff must take advice and guidance from the Trusts Equality Diversity and Human Rights Team, Mental Health Act Team, Safeguarding Team, and CQC Compliance Team where there are situations relating to the vulnerability of inpatients where one of whom is transgender.

4.5 Eliminating Mixed Sex Accommodation (EMSA)

The revised Operating Framework for 2010/2011 made it clear for providers of NHS funded services, to eliminate mixed sex accommodation except where it is in the best interest of the service user or reflects service user choice.

Those EMSA standards are now embedded in the Mental Health Act Code of Practice, included in the NHS Standard Contract for providers of NHS funded services and are part of the regulatory standards for CQC registered services.

In TEWV there are same sex (all patients are the same sex) and mixed sex wards. In mixed sex wards there are no, nor should there ever be, designated mixed sex sleeping accommodation.

All mixed sex wards will have clearly designated 'zoned' areas for same sex sleeping accommodation. All patients should be able to access same sex bathroom and toilet facilities without walking by or through zones designated for the opposite sex. For example, in a female zoned bedroom area females will access female designated toilet and bathing facilities without walking past or through a male bedroom or male bathing area and vice versa.

Apart from disabled/assisted bathing facilities, all mixed sex ward bathrooms and toilets must be designated male or female and clearly signed which sex they are intended. In general bathrooms these will always have privacy curtains in use as a screen across the inside of the door to block any view from the corridor that the bathroom is accessed through.

Service users who need assistance with bathing will always be accompanied by a member of staff to a clearly marked assisted bathroom that may be "unisex". Assisted bathrooms will only be used by one patient at a time. Service users can request male or female staff to assist them. The possibility of trauma should be foremost in the decision regarding the staff member allocated to assist.

Service users, family and carers must be given information about same sex accommodation arrangements at the time of admission - highlighting what measures are in place to maximise their safety, privacy and dignity during their stay.

An EMSA requirement in mental health mixed sex wards is that a female only lounge is available to promote and maintain their physical and sexual safety. The mixed sex wards will share some communal space, such as sitting rooms and dining rooms and should have a female designated lounge.

On mixed sex wards a **'Female Only Lounge'** sign must be displayed and only females can use this lounge (including visitors).

Zoning:

- On mixed sex wards all ward bedroom /sleeping areas need to be grouped as male or female, segregated and clearly sign posted for the designated sex they are intended for i.e. male zone or female zone
- On mixed sex wards where all bedrooms have en-suite rooms these should be grouped as male or female, segregated and clearly sign posted for the designated sex which they are intended for i.e. male zone or female zone
- All zoned areas should be clearly segregated by doors and/or signage to separate the female zone from the male zone and other parts of the ward
- If the segregation of the zones is difficult to demonstrate through signage then drawings of the ward layout should be clearly displayed in public areas that identify location of female and male zones for bedrooms, bathroom and toilet facilities and access routes
- All ward staff must be able to give a clear account of the zoning arrangements to patients, family, carers and any visitors, commissioners or regulators as well bank/temporary staff and student ward/local induction
- On mixed sex wards that have zones staff must explain the zoning arrangements to new patients as part of the admission process, ideally before they are admitted
- Bedrooms should not be entered by other patients or visitors without permission of the service user.
- In a limited number of wards some bedrooms may be used for males or females flexibly. Where this can happen, there is clearly marked signage on the ward to ensure that EMSA requirements are maintained.
- Wherever possible, family members should use designated visiting areas when visiting patients and not use bedrooms.

4.5.1 Emergency Admissions

The Trust will not refuse admission to a service user if a “right sex” bed is not available. In an emergency situation where a same sex bed is not available within a reasonable distance from the person’s home location, staff can admit the person to a bedroom that was designated for someone of the opposite sex.

In this situation the bedroom allocated to the person being admitted should, where possible, be a bedroom nearest to the appropriate gender zone of the person being admitted. Staff must ensure that patients without en-suite facilities in that zoned area do not need to pass by or through the bedroom corridors of the opposite sex to get to their designated bathing and toilet facilities.

Additionally, staff should undertake a risk assessment of the person being admitted and the other patients in the vicinity and produce a risk management plan to mitigate and reduce the risks identified. Staff should ensure that there is involvement of the person being admitted, their family and carers in the discussion, risk assessment and decision making so they all will know what to expect.

Emergency admission:

- If an admission takes place under these conditions it is classed as a Serious Incident and the decision escalated for authorisation to the Director of Operations for that locality or the Director on call out of hours.
- These admission arrangements should be reviewed daily and a move to a bedroom in an appropriate zoned area undertaken as soon as possible.
- Staff must report this type of emergency admission on DATIX as it breaches EMSA requirements and is a Patient Safety Incident.

5 Definitions

Term	Definition
Privacy	To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends), and be protected from others looking at them or overhearing their conversations. It also means respecting their confidentiality and personal information.
Dignity	Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respecting them as a valued person, taking account of their individual views and beliefs.
Respect	The experience of consideration and appreciation being shown towards you
EMSA	Eliminating Mixed Sex Accommodation
Transgender	An umbrella term for people whose gender identity and/or gender expression differs from their birth sex
Gender Variant	Gender variance, or gender nonconformity, is behaviour or gender expression by an individual that does not match masculine or feminine gender norms.

6 Related documents

CCTV Policy
Compliments, comments, concerns and complaints policy
Confidentiality and sharing information policy
CQC Guidance for Providers on meeting the regulations March 2015
CQC Sexual Safety on Mental Health wards
CQC Supporting Note Mixed Sex Accommodation
EMSA Guidance
Gillick v West Norfolk and Wisbech Area Health Authority
Human Rights, Equality and Diversity Policy
Liberating the NHS: No decision about me, without me – shared decision making
Mental Capacity Act 2005
Mental Health Act 1983: Code of Practice
Modernising the Mental Health Act (December 2018)
Physical Health and Wellbeing Policy (Inpatients and Community)
Procedure for the monitoring, saving and harvesting of CCTV images
Records Management - Minimum Standards for Clinical Record Keeping Procedure
Safeguarding adults' protocol
Safeguarding children policy

7 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
None	-	-	-

8 How the implementation of this policy will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/ Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Service user feedback to monitor compliance with privacy and dignity requirements	Regular service user and carer surveys, complaints, PALS, compliments and claims	Patient Experience Group, Triangle of Care Group, Acute Care Forum
2	Patient-Led Assessments of the Care Environment (PLACE) monitors scores in relation to dignity and respect	Annual	Estates Facilitates Management
3	Mixed sex accommodation compliance and any breaches monitored as annual check using EMSA checklist	Annual	Locality Quality Governance Groups and Trust Quality Assurance Committee.
4	Datix reports of emergency admissions into mixed sex ward and bed of the opposite gender monitored	As reported through Datix	CQC Compliance Team

9 References

CG136 – Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services (published December 2011)

CQC Fundamental Standards

CQC Glossary of terms

Universal Declaration of Human Rights

10 Document control

Date of approval:	24/07/2019	
Next review date:	24/01/2023	
This document replaces:	CLIN-0067-V3	
Lead:	Name	Title
	Leanne McCrindle	Head of Quality Governance and Compliance
Members of working party:	Name	Title
	Leanne McCrindle Tom Hurst Sarah Jay Peter Hutchinson Ruth Hill Paul Foxton Kate Hughes (Experts By Experience)	Head of Quality Governance and Compliance Modern Matron Equality, Diversity and Human Rights Lead Clinical Audit and Effectiveness Lead Chief Operating Officer Director of Estates and Facilities Recovery Programme Manager Experts By Experience
This document has been agreed and accepted by: (Director)	Name	Title
	Elizabeth Moody Jennifer Illingworth	Director of Nursing and Governance Director of Quality Governance
This document was approved by:	Name of committee/group	Date
	-	-
This document was ratified by:	Name of committee/group	Date
	Executive Management Team	24/07/2019
An equality analysis was completed on this document on:	23/07/2019	

Change record

Version	Date	Amendment details	Status
3	19 Aug 2015	-	Published
4	24 July 2019	Updates made to definitions provided, links to associated documents, review of wording used throughout, updates on how implementation of this policy will be monitored, further items included regarding demonstrating respect for patient's dignity and maintaining privacy.	Published
4	July 2020	inTouch links removed and review date extended by 6 months	Published

11 Appendix 1 – EMSA Checklist

WARD - **DATE -** **COMPLETED BY -**

EMSA Checklist					
QUESTION	**N/A**	**NEVER**	**SOMETIMES**	**ALWAYS**	**COMMENTS**
Sleeping Accommodation					
1. All sleeping accommodation on mixed sex wards is arranged into separate clearly signed male and female zones in accordance with the TEWV policy and national guidance.					
2. All mixed sex wards will have: a. individual sign posted zoned bedrooms with en-suite or					
b. individual sign posted zoned bedrooms without en-suite					
c. clearly signed zoned single sex dormitories					
d. a combination of individual rooms and single sex dormitories					
3. Service users (including those admitted as emergencies into opposite sex beds) are accommodated either in a single sex room, a single-sex ward or single-sex bays.					
4. The single bedroom doors are lockable from the inside with both fail-safe entry and observation mechanisms used only by staff to ensure service user safety.					*This may not be achievable on all areas but all areas must ensure that there is appropriate risk assessment of locks and patient capability to operate them. *PLEASE NOTE : In new builds it is good practice to fit doors which can be opened externally' by staff but allow service users to control this from the inside to maintain privacy and dignity e.g. when getting undressed or showering)*

EMSA Checklist					
QUESTION	**N/A**	**NEVER**	**SOMETIMES**	**ALWAYS**	**COMMENTS**
5. All bedroom doors are fitted with a viewing panel (vistamatic window), which can only be operated by members of staff from outside the bedroom.					*PLEASE NOTE: All viewing panels on bedroom doors must be kept closed and only opened and then reclosed as required for observation purposes. It is also good practice to fit doors where vistamatic windows can be operated by patients from inside the bedroom.*
Toilet and Bathroom Facilities					
6. Service users have access to separate male and female toilets and washing facilities on the ward clearly signed 'male' or 'female'.					*PLEASE NOTE: The exception to this is with assisted bathing facilities.*
7. All toilet and washing facilities are located within or as close as possible to, the bedroom or dormitory of the zoned area.					
Passing by or passing through					
8. No service user needs to pass by or through areas occupied by members of the opposite sex to reach toilets and washing facilities.					*PLEASE NOTE: This does not apply to day rooms and communal facilities, where patients are clothed.*
Breaches to report: Report by email to the Compliance Team via TEWV.cqc@nhs.net and copy in the Head of Service and Locality Manager any reportable breaches					
9. Sleeping Breach: Episodes of mixed sex sleeping accommodation (e.g. male sleeping in a bed in the female corridor) in an emergency admission.					
10. Bathroom Breach Service users don't have a dedicated signed bathroom.					
11. Passing by or passing through Breach: Services users have to pass by or through bedrooms or dormitories to get to a toilet or bathroom of their own gender.					

EMSA Checklist					
QUESTION	**N/A**	**NEVER**	**SOMETIMES**	**ALWAYS**	**COMMENTS**
12. Female lounge: There is no dedicated female only lounge.					
13. Children: A child under 16 is admitted to a non CAMHS unit.					Report via Datix as per policy.
General Privacy and Dignity Maintenance					
14. In general bathrooms, toilets and washing/bathing facilities are fitted with privacy curtains inside the facility and staff ensure these are closed when assisting service users.					
15. Toilets and bathroom doors are lockable from the inside and are fitted with fail safe entry mechanisms which can only be opened by staff.					
16. Where assisted bathrooms remain unisex, doors are locked when in use and privacy curtains are in place.					
17. Clear information about mixed sex accommodation is provided on admission for service users, relatives and carer's to inform them of what to expect and how situations are managed to ensure privacy and dignity is maintained at all times.					

Signed by …… Title …… Date……..

QUAG Locality …… Title …… Date……..

Signed off by …….. Title …… Date……..

12 Appendix 2 - Equality Analysis Screening Form

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on InTouch on the policies page

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Nursing and Governance Directorate					
Name of responsible person and job title	Leanne McCrindle, Head of Quality Governance and Compliance					
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Privacy and Dignity Working Party					
Policy (document/service) name	Privacy and Dignity Policy					
Is the area being assessed a…	Policy/Strategy	✓	Service/Business plan		Project	
	Procedure/Guidance				Code of practice	
	Other – Please state					
Geographical area covered	Trust wide					
Aims and objectives	The policy informs all Trust staff of their roles and responsibilities in maintaining high standards of privacy and dignity at all times whilst ensuring compliance with the Eliminating Mixed Sex Accommodation Guidance.					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	30/07/2019					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	30/07/2019					

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

The policy benefits all inpatient service users and staff employed by TEWV so that they know what is expected of them and all people who use the inpatient services. The policy also benefits carers, family and or friends of service users so that they know what to expect.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	**No**	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	**No**	**Sex** (Men, women and gender neutral etc.)	**No**
Gender reassignment (Transgender and gender identity)	**No**	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	**No**	**Age** (includes, young people, older people – people of all ages)	**No**
Religion or Belief (includes faith groups, atheism and philosophical belief's)	**No**	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	**No**	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	**No**

Yes – Please describe anticipated negative impact/s

No – Please describe any positive impacts/s

The policy will ensure that all staff are aware of and up to date with the current approach to privacy and dignity and can apply the Department of Health guidance for Eliminating Mixed Sex Accommodation on wards that have a mixed sex environment in line with CQC Regulation 10 on Privacy and Dignity.

Feedback from Equality, Diversity and Human Rights Lead advised that EMSA could potentially discriminate against Trans people however the policy ensures that this shouldn't happen.

3. Have you considered other sources of information such as; legislation, codes of practice, best practice, NICE guidelines, CQC reports or feedback etc.? **If 'No', why not?**	**Yes**	✓	**No**	

Sources of Information may include: • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports		• Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below)

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership
Yes – Please describe the engagement and involvement that has taken place
Involvement of Experts by Experience as part of the core working party throughout policy review, CQC Inspection feedback (patients and carers) and direct review by a complainant.

5. As part of this equality analysis have any training needs/service needs been identified?					
No	Please describe the identified training needs/service needs below				
A training need has been identified for;					
Trust staff	**No**	Service users	**No**	Contractors or other outside agencies	**No**
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by: You the Policy owner/manager: Type name: Leanne McCrindle				Date: 30/07/2019	
Your reporting (line) manager: Type name: Jennifer Illingworth				Date: 30/07/2019	
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					