


Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)

See also:	Located in the following Policy folder on the Trust Intranet
Chaperone Policy	Clinical Policies and Procedures
Intimate Care Policy	Clinical Policies and Procedures

Service Area	Issue Date	Issue No.	Review Date	
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Clinical Policies and Procedures



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Checklist for Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)

Name / Title	Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)	Working name/title of the policy/procedure
Summary	Policy to outline the standards relating to dignity and same sex accommodation in healthcare settings	Brief summary of main themes
Sponsor	Carolyn Green, Executive Director of Nursing and Patient Experience	
Author(s)	Divisional Nurses Heads of Nursing - original Service Line managers – Hannah Burton, Michelle Hague and Lisa Stone	Job titles of those involved in producing the document
Name of policy being replaced	Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)	Name and version number of the previous policy this replaces (If applicable)
	Version No of previous policy: 002	

Reason for document production:	To define the standards of practice relating to dignity and same sex accommodation
Commissioning individual or group:	Quality Committee

Individuals or groups who have been consulted:	Date:	Response
CQC site visit/ Commissioners site visit. Commissioners Quality assurance group	September and October 2015.	<p>A site visit was undertaken by Assistant Chief Transformation Officer North Derbyshire CCG Rob Harvey in September 2015. Assessment of practice and no change to environmental design.</p> <p>We sought a site visit from the Regional Inspector from the Care Quality Commission Surrinder Kaur and Amy Owen, the Lead Inspector for the Trust and undertook another site visit in October 2015 to the Radbourne Unit. Two wards were visited - one male ward to</p>

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		show the facilities on a gender specific unit and a mixed gender unit with a male and female bedrooms area with non-designated assisted bathroom areas.
Carolyn Green, Nursing and Quality, Director of Nursing and Patient Experience	October 2015	Quality Committee Gender Sensitive Services paper
Quality committee review and policy ratification	February 2016	Service Line Managers and Carolyn Green

Version control (for minor amendments)

Date	Author	Comment
1.1	Carolyn Green	Amended as above September / October 2015 and February 2016 for ratification.

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Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)

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1. Policy Context

Background

The revised Operating Framework for 2010-2011 made it clear that NHS organisations are expected to *eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice.*

Delivering same-sex accommodation in mental health and learning disability services. NHS Confederation. January 2010. Briefing 195.

www.nhsconfed.org/Publications/briefings/Pages/Delivering-same-sex-accommodation-mental-health-learning-disability.aspx

There are some circumstances where mixed-sex accommodation can be justified. These are few, and are mainly confined to patients who need highly specialized care, such as that delivered in critical care units.

Dignity in care is a priority for the Trust and needs to be reflected in everything we do, and there can be no exceptions. Our aim must be to go well beyond minimum standards in our service delivery.

NICE guidelines and Department of Health Statute requires all providers of NHS funded care to confirm that they are compliant with the national definition as set out in the standard Mental Health Contract to ensure the elimination of mixed sex accommodation except where it is in the overall best interest of the patient or reflects patients' choice.

These requirements apply to organizations providing NHS funded care whether in the acute or mental health and learning disability sectors. This is reiterated in the Mental Health Code of Practice (2014) and 'users of NHS services should be treated with respect, dignity and . . . age, race, gender, sexual orientation, disability, religion/belief, gender . . . Single sex accommodation is defined as separate sleeping areas for men and women and separate bathrooms.

1.1 What is Dignity?

Dignity has been defined as the 'state or quality worthy of esteem or respect.' It is an inherent nobility in worth, poise and self-respect'. (Oxford Dictionaries)

Loss of dignity compromises self-esteem, respect and confidence. It can make an individual feel unimportant, unworthy or lost and misplaced, which can have a far-reaching impact for the person, on their functioning and their relationships which can perpetuate mental health/illness issues and inhibit recovery.

'Dignity in Care' is a campaign which sets standards ensuring that staff treat others, including service users, carers and colleagues, with compassion, respect and privacy to promote a sense of self-worth and confidence.

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We need to give others the same respect that we want for ourselves, a friend or a member of our family.

In order to embed the Dignity in Care Campaign principles within the trusts own commitment to high quality care for all, the Trust Board have endorsed a set of Trust Dignity Pledges that underpin the Department of Health (DH) Dignity Challenges.

To measure the impact of the work we are doing around the dignity issue, it is of vital importance to get constant feedback from both service users and their carers.

1.2 Delivering Gender Specific Services

Currently this is delivered by:

- Gender specific wards (i.e. the whole ward is occupied by either men or women but not both)
- Single (bed) rooms with adjacent same-sex toilet and washing facilities (preferably en-suite)
- Gender specific bed bays or (bed)rooms, with designated gender specific toilet and washing facilities, preferably within or adjacent to the bay or room.

We are currently providing;

- Two gender specific wards – ward 34 male and ward 33 female
- One Enhanced Care Ward (ECW) mixed gender
- Gender specific segregated bedrooms or bed areas throughout urgent care campus services
- Designated gender specific segregated toilet and washing facilities in all areas.

We do not provide;

- Gender specific designated assisted toilet provision
- Gender specific disabled (assisted) bathroom provision.

Therefore, should a man or woman require the use of an assisted toilet provision, or a gender specific disabled (assisted) bathroom provision, they would need to pass through a different gender bed area. This would constitute a potential breach of the standard Mental Health contract and requirements. Our current environment has a technical environmental breach that requires clinical mitigation.

Site Issues

In a number of in-patient areas across the Trust, we do not have gender specific assisted bathrooms, namely wards 35 36 and ECW within the Radbourne unit, Morton Tansley and Pleasley at the Hartington Unit.

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The wards have been assessed in terms of accessibility and site footprint to explore the options available in order to meet the requirements set out within national guidance.

The site footprint does not allow enough physical space to afford this provision within existing ward boundaries.

Acute Wards – Radbourne and Hartington Campus	Radbourne Unit	Hartington Unit
Male	1 male ward (34) 20 beds	0
Female	1 female ward (33) 20 beds	0
Mixed	2 mixed wards (35 and 36) 20 beds plus 2 flex beds each	3 mixed wards (Morton, Tansley and Pleasley). 24 beds respectively and 12 adult beds and 8 older adult beds on Pleasley
ECW	1 mixed se 10 beds clinical needs led	Access to Radbourne Unit beds on a needs led basis

Total Beds	94 beds	84 beds
Ward 1	16 bed mixed sexed ward with en-suite facilities	Assisted bathroom with hoist in the male corridor and signs will be displayed to offer choice
Ward 2	16 bed mixed sexed ward with en-suite facilities	Assisted bathroom with hoist in the female corridor and signs will be displayed to offer choice
	Total campus beds	178

Kingsway Campus	
Cubley Male	18 male beds
Cubley Female	18 female beds
Cherry Tree House	23 beds, mixed sex with separate bedrooms and bath areas. Bungalow setting.
Audrey House	12 beds, currently all male. Single bedrooms and bathrooms

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1.3 Delivering Gender Specific Services

Achieving and maintaining patient privacy and dignity regarding the use of assisted bathrooms and toilets. This policy outlines how the will mitigate and manage the potential technical breach of assisted bathrooms.

To gain further advise and discussion on this issue. This potential breach of accommodation was raised at the Commissioner Quality Assurance group and a commissioner site visit was undertaken to assess the risk, discuss options and gain a shared understanding of this issue and potential solutions. It is required that each year this current operating policy and procedure is reviewed jointly by commissioners and the service provider.

The current practice was deemed to be acceptable if reasonable measures to mitigate risk were put in place.

1. Screening for men or women who require admission and use of a designated bathroom area are informed of the need to use an assisted bathroom in a non-gender area are flagged at admission.
2. Monitoring of the use of assisted bathrooms and the individual or persons privacy and cultural wishes are documented in their care plan and clinical notes.
3. If a person, prior to admission to a ward, does not wish to use shared assisted facilities a single gender ward is offered and this is monitored by service line managers and any breaches to be reported.
4. Information on posters is displayed on assisted bathrooms explain a person's rights to request single gender ward area.
5. Leaflets and information are available on wards, explaining this in all ward areas with this technical breach.
6. Evidence is in place of this being monitored and will be reviewed by the Quality Leadership teams with annual declaration to the Quality Committee.
7. All clinical staff and ward staff are briefed on the clinical protocol and are advised on how to brief people in their care, their families and/or significant others on this protocol if adopted.

2. Policy Statement

Whilst in the care of Derbyshire Healthcare NHS Foundation Trust you can expect to be:

1. Shown respect and treated with dignity.

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2. Treated as an individual and offered personalized services.
3. Supported maintaining the maximum possible level of independence, choice and control.
4. Listened to and supported in expressing your needs and wants.
5. Respected in your right to privacy and confidentiality.
6. Fully involved in planning your care, with family members and carers as care partners.
7. Assisted to maintain confidence and positive self-esteem.
8. Helped in alleviating loneliness and isolation.
9. Able to complain without fear of retribution.
10. Free from any experience of abuse.

(See Appendix 2)

3. Scope

This policy applies to all staff in whatever capacity contracted by Derbyshire Healthcare NHS Foundation Trust including any students or others on attachment or placement.

This policy has been developed in accordance with views from patients and carers taken from NHS patient satisfaction surveys and Essence of Care Patient-focused benchmarks for Clinical Governance (NHS Modernization Agency 2001).

Statutory Requirements

This policy complies with:

The Equality Act 2010

CQC Regulations and required standards.

Code of Practice Mental Health Act 1983: Code of Practice. Department of Health. 2015.

<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

4. Roles and Responsibilities

The Chief Executive has overall responsibility to ensure that the privacy and dignity of all service users are respected.

Each manager is responsible for consistently monitoring the environment within their own area of responsibility and premises with regard to privacy and dignity issues.

Every member of staff has a duty to ensure that the privacy and dignity of all users of our services are respected and understand the policy and implementation and assist in actively putting into place the mitigation plans.

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5. Delivering Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Derbyshire Healthcare NHS Foundation Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our Trust. In 2015 and 2016, we re-assessed our Trust accommodation and established that in some clinical areas, although the required standards were being met, there were potential areas that require additional monitoring, information sharing with service receivers and options to service receivers about our clinical environments.

6. The Trust Minimum Standards for Delivering Same Sex Accommodation are:

	Clinical Area	Rationale	Actions
Red	All	As an “over-night” sleeping area mixing of sexes in a bay should be a ‘ never event ’. Decision to place patient in a mixed sex bay not based on clinical need.	Complete Incident (breach) report Undertake Root Cause Analysis and action plan
Amber	All	Admitting a patient temporarily to a single, en-suite room in the opposite-gender area of a ward <i>may be acceptable</i> in a clinical emergency.	Complete Incident (breach) report Undertake Root Cause Analysis and action plan In such cases, a full risk-assessment must be carried out and safety, privacy and dignity maintained.
Amber	ECT	Prevent mixing male and female patients in recovery.	Patients should be listed separately Complete Incident (breach) report

Key:

Red

Must not occur. For Breaches Complete Incident report (indicating a breach) and undertake Root Cause Analysis and develop an action plan.

Amber

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Should not occur unless clinically unavoidable. For Breaches - Complete Incident report (indicating a breach).

See Appendix 1 Same Sex Accommodation (SSA) Breach Reporting Guidance.

7. Privacy and Dignity in Community Settings

Staff working in community settings can promote dignity by:-

- Adhering to the Trust's Identifiable Information Policy and Procedures, with regards to keeping personal identifiable information private. Being aware of the immediate environment and risk of being overheard or observed, for example discussing personal details when talking to the patient in public places, talking on patient's doorsteps, or when discussing the patient with other professionals. Seeking permission from the patient about where they want to talk and who they want present.
- Addressing the patient as they choose, for example Mr/Mrs or with his/her name.
- Responding to the patient's call.
- Ensuring understanding by giving clear explanations to the patient using language that they can comprehend, at a pace that they can follow.
- Ensuring that staff's own behaviour and appearance is respectful of role that they are in and the function they are about to perform.
- Whilst identification badges must be carried, this should be discreet and they should not be openly displayed to the public.
- Being respectful of the patient's cultural needs with regards to their customs and practices.

8. Training Requirements

The Trust requires that all staff commit to identifying any training needs that arise from implementing this policy through regular supervision and in the appraisal process.

Managers are required to consider any training requirements when completing appraisals and the training needs analysis.

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9. Monitoring / Auditing Arrangements

Problems in relation to standards and guidelines on privacy and dignity in care of patients / relatives will be monitored and reported through the incidents, complaints and quality governance processes.

Breaches of Delivering Same Sex Accommodation Guidelines (see Appendix 1) will be reported through the incident reporting process.

10. References

- Birrell, J et al (2006) Promoting Privacy and Dignity for Older Patients in Hospital. Nursing Standard. 20 (18), 41-46
- Booth, S. (2003) Patient as People Improving Privacy and Dignity. Macmillan Voice (28)
- Department of Health (2003) Essence of Care Patient – focused benchmarks for clinical governance
- Department of Health (2005) Elimination of Mixed Sex Accommodation
- Department of Health (2007) Transgender Experiences – Information and Support.
- Department of Health (2007) Privacy & Dignity – A Report by the Chief Nursing Officer into Mixed Sex Accommodation in Hospitals
- Department of Health (2010) Privacy & Dignity – A Report by the Chief Nursing Officer into Mixed Sex Accommodation in Hospitals - PL/CNO/2010/3
- Department of Health (2008) Transgender Well-Being and Health Care
- Department of Health (2009) Eliminating Mixed Sex Accommodation
- Glayser, K (2005) Making Hospitals Friendlier and Easier to Use for People with Learning Disabilities: A Project Looking at Service-Users' Perspectives.
- In Shaw, T. and Sanders, K. (eds) Foundation of Nursing Studies Dissemination Series. 3(1)
- Lothian, K. & Philp, I. (2001) Maintaining the Dignity and Autonomy of Older People in the Healthcare Setting. British Medical Journal 322, (7287)
- Nursing and Midwifery Council (2008) The Code

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Appendix 1: Same Sex Accommodation (SSA) Breach Reporting Guidance

Definition:

A breach is defined as:

- a result of a deliberate decision to allocate a patient a bed for an overnight stay in a bed bay of the opposite sex
- Accessing bathing / toileting facilities requires a patient to actually pass through (**Not by**) a bed area of the opposite sex.

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

Acceptable justification – ie **NOT a breach**

- In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition.
- Where an acutely ill/disturbed patient requires constant one-to-one nursing care, e.g. in seclusion.
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This **would be unacceptable** if staff shortages or skill mix were the rationale.

When declaring a breach certain actions are required and there should be a plan in place to move the patient out of the mixed sex environment at the soonest opportunity

Breaches of sleeping accommodation	Clinical Area	Rationale	Actions
Red	All	<p>As an “over-night” sleeping area mixing of sexes in a bay should be a ‘never event’.</p> <p>All patients in the dormitory (bay) would have their rights</p>	<p>Complete Incident (breach) reports for each person in the dormitory (bay).</p> <p>Undertake Root Cause Analysis and action plan.</p>

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Amber	All	Admitting a patient temporarily to a single, en-suite room in the opposite-gender area of a ward. <i>May be acceptable, in a clinical emergency.</i>	Complete Incident (breach) report Undertake Root Cause Analysis and action plan In such cases, a full risk-assessment must be carried out and safety, privacy and
Amber	ECT	Prevent mixing male and female patients in recovery.	Patients should be listed separately. Complete Incident (breach) report.
Breaches of bathroom accommodation	Clinical Area	Rationale	Actions
Amber	All	Bathrooms should be single sex designated, with appropriate signs.	Complete Incident (breach) report.
Breaches that involve women-only dayrooms	Clinical Area	Rationale	Actions
Amber	All	Designated day rooms not based on clinical need. <i>May be acceptable in a clinical emergency (i.e.) admitted children</i>	Complete Incident (breach) report.

Please note: A breach of Same Sex Accommodation affects all patients i.e. by a male patient being admitted into a female bay. However this will be treated, documented, and investigated as 1 event.

Key:

Red

Must not occur. For breaches, complete Incident report (indicating a breach) and undertake Root Cause Analysis and develop an action plan.

Amber

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Should not occur unless clinically unavoidable. Complete incident report (indicating a possible breach) – decision about whether a breach or not will be confirmed by Head of Patient Experience (DSSA Lead) who will inform the Contracting Department.

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Appendix 2: Dignity in Care Pledges



The *Dignity in Care Campaign* is a national NHS initiative and I am delighted that it is now being launched and adopted by the Trust. I am particularly pleased to be leading the drive to take the issue of dignity into every part of the Trust's work. I see this, simply as one of my most important roles. Dignity in Care is an absolute top priority and needs to be reflected in everything we do and there can be no exceptions. It is not enough to construct and set minimum standards of behaviour. Our aim must be to go well beyond minimum standards in our service delivery.

Trust Chairman - February 2010

Dignity in Care Pledges

Whilst in the care of Derbyshire Healthcare NHS Foundation Trust, you can expect to be:

1. **Shown respect and treated with dignity.**
2. **Treated as an individual and offered personalized services.**
3. **Supported maintaining the maximum possible level of independence, choice and control.**
4. **Listened to and supported in expressing your needs and wants.**
5. **Respected in your right to privacy and confidentiality.**
6. **Fully involved in planning your care, with family members' carers as care partners.**
7. **Assisted to maintain confidence and positive self-esteem.**
8. **Helped in alleviating loneliness and isolation.**
9. **Able to complain without fear of retribution.**
10. **Free from any experience of abuse.**

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Appendix 3: Assessment of Same-Sex Accommodation

Context and policy position

The Chief Nursing Officer and Deputy NHS Chief Executive required providers to declare by 1 April 2011 that all hospital accommodation is same-sex.¹ The requirement covers sleeping accommodation, bathroom/toilet accommodation and (in mental health and learning disability providers) day rooms/lounges. Providers are required to report breaches relating to sleeping accommodation **only** to NHS England every month via Unify 2.

Breaches of same-sex accommodation identified during inspections of Mental Health and Community Health service providers may result in a requirement notice or a warning notice. Unlike the national breach recording system, this applies to sleeping, bathroom and day accommodations.

Evidence required

For every ward/inpatient unit that accommodates both men and women, the inspection team should assess whether the layout of the ward/unit meets the definition of providing accommodation that is 'same-sex' (the definition is given in the appendix below). If a ward/unit does not meet the definition, the team must record exactly why this is the case and what effect this has/might have on the safety and/or dignity of patient care (with actual examples of where safety and/or dignity have been compromised if they observe or hear of any).

The inspection team must confirm that there is no 'acceptable justification' for this ward/unit not providing same-sex accommodation. A letter from the Chief Nursing Officer and Deputy NHS Chief Executive (November 2010)² lists what is and what is not considered to be a breach and should be referred to before concluding that a breach has been identified (if in doubt, seek advice from our legal adviser).

Reporting

The inspection team should report the finding to the provider board at the feedback session that ends the site visit and a letter confirming that we consider that a breach has occurred should be sent to the provider's Chief Executive immediately after the inspection visit.

The inspection report should link the breach to the Mental Health Act Code of Practice (paragraphs 8.25-6)³ which states that:

"All sleeping and bathroom areas should be segregated and patients should not have to walk through an area occupied by another sex to reach toilets or bathrooms. Separate male and female toilets and bathrooms should be provided, as should women-only day rooms.

Women-only environments are important because of the increased risk of sexual and physical abuse and risk of trauma for women who have had prior experience of such abuse. Consideration should be given to the particular needs of transgender patients.

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A patient should not be admitted to mixed-sex accommodation. It may be acceptable in a clinical emergency to admit a patient temporarily to a single, en-suite room in the opposite gender area of a ward. In such cases, a full risk-assessment should be carried out and the patient’s safety, privacy and dignity maintained. Steps should be taken to rectify the situation as soon as possible. For more information, see NHS guidance on eliminating the use of mixed-sex accommodation in relation to mental health patients. This includes information on temporary admissions in exceptional circumstances and the required reporting to the NHS Commissioning Board on Mental Health patients.”

¹ *Eliminating Mixed-Sex Accommodation*. From the Chief Nursing Officer and Deputy NHS Chief Executive. 10 February 2011.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215773/dh_124233.pdf

² *Eliminating Mixed Sex Accommodation*: From the Chief Nursing Officer and Deputy NHS Chief Executive. November 2010. PL/CNO/2010/3.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215932/dh_121860.pdf

³ *Mental Health Act 1983: Code of Practice*. Department of Health. 2015.

<https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983>

Link to regulations

If there is evidence that privacy, dignity and/or safety have been compromised, this should be considered a breach of Regulation 10 (paragraph 10(2)(a)). If there is no evidence that privacy, dignity and/or safety have been compromised but a mixed ward/unit is part of the local service model, Regulation 17 may be considered.

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Appendix 4: Definition of Same-Sex Accommodation

For the purposes of inspecting Mental Health Care providers, we will use the definition of same-sex accommodation developed by the NHS Confederation.⁴ Same-sex accommodation means that:

- service users are accommodated in same-sex wards, where the whole ward is occupied by men or women only **or**
- sleeping accommodation is in single rooms within mixed wards, with toilet and washing facilities en-suite or very close by; these facilities are clearly designated either male or female **or**
- sleeping accommodation within mixed wards is in shared rooms (good practice would suggest that bays are entirely enclosed with solid walls with a door that can be shut) used solely by male or female users **and**
- on mixed wards with single or shared bedrooms giving out on to one corridor, single bedrooms, toilet and bathing facilities are grouped to achieve as much gender separation as possible (for example, women towards one end of the corridor, men towards the other) **and**
- no one should have to pass through rooms occupied by the opposite sex to reach their toilet and washing facilities near to their bedrooms and bed bays. The exception is toilet facilities used while in day areas where service users are fully dressed. If there are limited facilities for disabled people which need to be used by both men and women, people who may be vulnerable could be escorted by a member of staff **and**
- on mixed wards good practice requires a day lounge for use by women only (mandatory for services provided in facilities built or refurbished since 2000) as well as spaces where men and women can socialize and take part in therapeutic activities together **and**
- every effort is made to ensure the availability of staff who are the same sex as the users they are caring for, especially for intimate care.

The need to provide gender sensitive care, which promotes privacy and dignity, applies to all ages and therefore includes children’s and adolescent units. This means that boys and girls should not share bedrooms or bed bays and that toilets and washing facilities should be same-sex. An exception to this might be in the event of a family admission on a children’s unit, in which case brothers and sisters may, if appropriate, share bedrooms, bathrooms or shower and toilets.


Precisely how same-sex accommodation looks will vary from one ward or unit to another. However, this is the set of criteria by which services will be measured. On mixed wards it is essential that service users and their families and friends are given a clear explanation of how the bedrooms and other facilities are organized to ensure privacy and dignity.

⁴ Delivering same-sex accommodation in mental health and learning disability services. NHS Confederation. January 2010. Briefing 195. www.nhsconfed.org/Publications/briefings/Pages/Delivering-same-sex-accommodation-mental-health-learning-disability.aspx

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REGARDS EIRA (Equality Impact Risk Analysis) Screening Template (Stage 1)

To be completed and attached to any policy document or framework when submitted to the appropriate committee for consideration and approval.

Name of activity/proposal/policy/function		Privacy and Dignity					
Date screening commenced		15/02/2016					
Name and role of person undertaking this REGARDS EIRA		Carolyn Green, Executive Director of Nursing and Patient Experience.					
<p>Step 1: Give an overview of the aims, objectives, intended outcomes and who will benefit from the activity or proposal (equality relevant and succinct)?</p> <p>The aim of the policy and guidance is to ensure national standards for privacy and dignity of patients, including same sex accommodation guidance are adhered to by all staff.</p>							
<p>Step 2 Evidence & Engagement – What early data or evidence have you used to substantiate your decisions? Please provide details of who you have engaged, dates and add links to research and data</p> <p>National guidance and detailed local overview as included in this policy.</p>							
<p>Step 3: Impact - What impact does this activity/policy or changes in function have on those within the REGARDS/protected characteristic groups?</p>							
Area of potential impact	Reduce discrimination	Promote/increase equality of opportunity or access	Reduce inequalities	Promote good community relations			
REGARDS Impact Positive or Negative (- or +)							
Not sufficient to just tick please provide details	-/+	-/+	-/+	-/+			
Race (Ethnicity)	NA	NA	NA	NA			
Economic Disadvantage	NA	NA	NA	NA			
Gender/Sex & Gender Reassignment	+ve	+ve	+ve	+ve			
Age	NA	NA	NA	NA			
Religion or Belief	+ve	+ve	+ve	+ve			
Disability	+ve	+ve	+ve	+ve			
Sexual Orientation	+ve	+ve	+ve	+ve			
Pregnancy & Maternity	NA	NA	NA	NA			
Marriage & Civil Partnership	NA	NA	NA	NA			
Other equality groups/people e.g. carers, homeless, substance misuse, unemployed, offenders, veterans & sex workers							
<p>Step 4 : Risk Assessment</p> <p>Does this activity propose major changes in terms of scale or significance for DHCFT? YES: is there a clear indication that, although the policy is minor it is likely to have a major affect for people from REGARDS equality groups e.g. service design, delivery, reoccurring issues of inequality or unequal access. Please tick appropriate box below</p>							
				YES			No
High Risk : Complete Full REGARDS EIRA					No Impact/Low Risk : Go to step 5		<input checked="" type="checkbox"/>
<p>Step 5 : REGARDS Completion Statement</p> <p>If this proposal has <u>No impact/equality neutral/low impact</u> - please spell out/ provide evidence/links and justification for how you reached this decision. Please remember that a REGARDS EIRA can be called upon at any time to justify decision making or asked for as part of audit.</p>							
							

Name of policy document:	Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)
Issue No:	3

<p>The impact of national same sex accommodation guidance is already largely in place across the Trust. This policy identifies the principles and plans for managing assisted bathrooms in trust premises which do not currently meet the national guidance.</p>	
<p>Sign off that this is low risk and does not require a full EIRA Name Reviewer/Assessor: Carolyn Green Date 15/02/2016</p>	

Name of policy document:	Privacy and Dignity (Including Delivering Same Sex Accommodation Guidance)
Issue No:	3