

<b>CLINICAL POLICY</b>
------------------------

<b>Dignity and Privacy Single Sex Accommodation Policy</b>
--

<b>Policy Manager</b> Jane Brown	<b>Policy Group</b> Nursing and Midwifery Directorate
-------------------------------------	--

<b>Policy Established</b> 2009	<b>Policy Review Period/Expiry</b> September 2027	<b>Last Updated</b> September 2022
-----------------------------------	--	---------------------------------------

<b>This policy does apply to Medical/Dental Staff</b>
---

<b>UNCONTROLLED WHEN PRINTED</b>
----------------------------------

## Dignity and Privacy (Single Sex Accommodation) Policy

### Version Control

Version Number	Purpose/Change	Author	Date
1.0	Version Control was introduced in July 2011 and the previous versions of this policy, prior to this date, are available in the Electronic Document store	Kevin Hurst Tracey Passway	
2.0	Policy reviewed and updated to incorporate focus on dignity and privacy, in addition to appropriate Legislation.	Kevin Hurst Tracey Passway	Dec 2014
3.0	Policy reviewed and updated to ensure purpose and scope are clear and care is person centred with respect to individual values and beliefs. Exemption areas considered and reviewed. Responsibilities for staff updated. Updated in line with Health and Social Care Standards (2018).	Honor MacGregor	June 2018
4.0	Policy reviewed and updated to include guidance on Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment exceptions from the Equality and Human Rights Commission (2022). Exemption areas considered and reviewed at Maroon Meeting 18/08/22.	Jane Brown/Honor MacGregor  (in collaboration with Acute OND, AND, Lead and Senior Nurses)	September 2022

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 1 of 27	Review Date: September 2027

## CONTENTS

Page Number

1. **PURPOSE AND SCOPE** 3
2. **STATEMENT OF POLICY** 4
3. **DEFINITIONS** 7
4. **RESPONSIBILITIES** 7
5. **ORGANISATIONAL ARRANGEMENTS**8
6. **KEY CONTACTS** 8

APPENDIX 1a: Policy Approval Checklist

APPENDIX 1b: Equality Impact Assessment

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 2 of 27	Review Date: September 2027

## 1. PURPOSE AND SCOPE

NHS Tayside is committed to promoting a culture where everyone is treated with dignity and respect. The promotion of privacy, dignity and respect for each individual is integral to all interactions with patients, the public, staff and stakeholders. Responsibility for protecting and promoting privacy, dignity and respect does not lie with one individual or group but with all staff to embed a culture where everyone matters. People should be treated with kindness, compassion, courtesy, understanding and honesty. This incorporates the Quality Ambitions within The Healthcare Quality Strategy for NHS Scotland (Scottish Government 2010), which ensures that care is person-centred, safe, effective, efficient, equitable and timely. This commitment is reflected in NHS Tayside's Vision, Aim and Values:

**Vision:** Everyone has the best care experience possible

**Aim:** To be the best at getting better

**Values:** We will:

- Put patients first
- Show compassion caring and kindness
- Treat everyone with dignity and respect
- Take the time to have good, open communications and be accountable for our actions and behaviours
- Do the best that we can by working as a team to provide excellent treatment and care

Human dignity is an underlying principle of Human Rights (Scottish Human Rights Commission 2012). 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. It is recognised that the provision of single sex accommodation in health care organisations is considered to be a key factor to maximise patient dignity and ensure that privacy is promoted and respected.

The eradication of mixed sex accommodation in the NHS in Scotland has been a target for the Scottish Government since 2002, and this was re-affirmed by the issue of Chief Executive Letter (CEL 48) in 2008 regarding the provision of single room accommodation and bed spacing. NHS Tayside is committed to delivering same sex accommodation to enhance the privacy and dignity of service users. There are however a small number of exceptions to this policy. This policy outlines the actions, escalation and reporting mechanisms required to ensure care is delivered in a single sex bay, it also informs the reader of how to manage and report a breach.

This Policy outlines NHS Tayside's arrangements and processes to promote the privacy and dignity of all people and to comply with the provision of single sex accommodation for patients. The policy applies to all staff and provides clear guidance to inform them of their roles and responsibilities in relation to maintaining patients' privacy and dignity and the requirement to comply with single sex accommodation for all patients admitted to in-patient areas across NHS Tayside. It is acknowledged that there will be exceptions and particular circumstances when

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 3 of 27	Review Date: September 2027

the policy cannot/may not be adhered too. For these situations, guidance from senior nurses should be sought to ensure that patients' dignity and privacy is promoted and maintained at all times.

The aim of this policy is to provide staff with guidance on the promotion of standards of care which afford the utmost privacy, dignity and respect to people who use our services and their carers. As with all relevant legislation NHS Tayside will work with carers in line with The Carers (Scotland) Act 2016. In care situations dignity may be promoted or affected by the physical environment, organisational culture, or by the attitudes and behaviour of staff and by the way in which care activities are carried out.

The Policy also identifies the processes in place and the requirement to monitor for breaches in relation to compliance, and the actions to address any breaches as well as the, escalation and reporting of any breaches to enable teams to learn and improve care.

## **2. STATEMENT OF POLICY**

The maintenance of patients' privacy and dignity is a fundamental component of patient care. The Human Rights Act 1998 is based on the core principles of dignity, equality and respect and translates these protections into UK law, which all public bodies including hospitals must comply with. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. NHS Tayside is committed to providing every patient with single sex accommodation, to help safeguard their privacy and dignity when they are often at their most vulnerable. The Health and Social Care Standards (Scottish Government, 2018) highlight that the standards are underpinned by five principles. These are:

- dignity and respect,
- be included,
- receive care that is responsive
- ensure support and wellbeing.
- These reflect how all people should be treated.

Patients and service users should experience care in an environment that actively encompasses respect for individual values, beliefs and personal relationships. Staff will reinforce high standards of dignity and respect at all times, for example, not entering closed curtains.

All in-patients across NHS Tayside will be cared for in wards or enclosed rooms/bays/areas that are for single sex occupancy. Exceptions to the provision of single sex accommodation apply to the following areas:

- Intensive Care/Designated High Dependency Areas/Major Trauma Unit
- Day Surgery Units/Endoscopy Day Unit/Clinical Investigation Unit beds
- Emergency Department Observation Unit
- Theatre Reception and Theatre Recovery areas
- Children's services

In these areas, staff must ensure that patients will be cared for in a manner that is supportive of their individual privacy and dignity requirements and that patients are transferred to single sex accommodation as soon as their clinical condition allows.

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 4 of 27	Review Date: September 2027

In the case of Day Surgery Units, every effort must be made to ensure that patients are recovered and cared for in single sex rooms/bays.

It is recognised that there are additional areas whereby compliance with single sex accommodation is particularly challenging due to current processes to manage patient capacity and flow and potential delays in treatment due to the confines of the clinical footprint and/or physical environment. In recognition of this and to mitigate any potential risks to patients' health and wellbeing exemptions have been issued to these areas:

- Acute Medical Unit, Ninewells Hospital
- Ward 7 and ASRU, Ninewells Hospital
- Ward 22, Bay 3, Ninewells Hospital
- Ward 32, (Main ward, bay 3 only) Ninewells Hospital
- Acute Medical Unit, Perth Royal Infirmary

Temporary exemptions have been given to the following wards for review within next policy:

- Ward 1, Ninewells Hospital
- Ward 26, Ninewells Hospital

Patient dignity and privacy will continue to be protected in these areas without exception.

All wards must have single sex toilet and washing facilities. Shared toilet and washing facilities must be lockable by patients although locks should be able to be opened by staff in emergency situations.

**Gender Reassignment:** Gender Reassignment is a protected characteristic (The Equality Act 2010). The definition of gender reassignment is someone who has undergone, intends to undergo or is currently undergoing gender reassignment (medical and surgical treatment to alter body).

**Transgender:** Transgender is an umbrella term for persons whose gender identity, gender expression or behaviour does not conform to that typically associated with the sex to which they were assigned at birth.

“Trans” is often used as shorthand for transgender.

Some people, including those in the medical and psychological fields, still prefer to use the term transsexual to refer to those who have had gender-affirming medical interventions, such as hormones and surgery.

Some people who do not identify as transsexual would not use this term, preferring the term transgender, which is more inclusive and affirming.

It is important to ask each person which term they would prefer.

Trans people who have proposed, commenced or completed reassignment of gender should be accommodated according to their presentation (the way they dress, the name and pronouns that they currently use). This may not be the same as their physical/biological sex appearance; it is not dependent on them having a legal name change or gender recognition certificate.

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 5 of 27	Review Date: September 2027

Some patients may present as non-binary where they do not identify as either sex, male or female. If this is the case it is best to accommodate them in a single room.

## 2.1 Guidance for Staff

It is accepted that there are exceptional situations where it is clearly in the patients' best interest that they receive rapid or specialist treatment and single sex accommodation is not the priority. In these cases privacy and dignity must be protected, and patients transferred to single sex accommodation immediately after the exceptional situation ceases to apply. These exceptional situations that do not constitute a breach of the policy include:

- **Safety**  
In the event of a life-threatening emergency, either on admission or due to sudden deterioration in a patients' condition or when segregation would put the patient at risk of harm.
- **Acuity**  
Where a critically ill patient requires constant one to one nursing care or where a nurse must be physically present in the room/bay at all times.
- **Specialist Care or Observation**  
Where a short period of close patient observation/supervision is needed
- **Times of Major Incident**  
Will be recorded as part of the detail of the incident in DATIX as an adverse event and escalated.

## 2.2 Process if a Breach Occurs

A breach occurs when a patient is placed in mixed sex accommodation (out with the exempted areas and exceptional situations listed). This must be reported on the Datix Adverse Event Management System. Reporting must include the numbers of patients affected. Reporting in Datix must use the sub category "single sex policy breach" to enable reports to be obtained from the system.

- All patients and/or their families and carers must receive an apology immediately the breach occurs and an explanation offered
- The breach and rationale must be clearly documented in the patients nursing record
- Staff will provide extra personal nursing support to the patient, for example use a separate quiet room for personal conversations and avoid giving personal care (for example toileting) in the mixed bay/area where possible
- Patient screens must be available around all individual bed areas. Moveable screens are not considered adequate for screening on a permanent basis

## 2.3 Escalation

If it is not possible to provide single sex accommodation and a breach has occurred this must be escalated as follows:

- Highlighted and discussed with the local Bleep Holder in addition to the Senior Nurse and Clinical Leads, Clinical Team Manager for Community Hospitals or Psychiatry of Old Age or their nominated deputy (in hours)

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 6 of 27	Review Date: September 2027

- All breaches (or potential breaches) must be discussed at daily bed capacity and patient flow meetings/huddles. They must be discussed with Lead Nurses and Clinical Directors of Health and Social Care Partnerships
- Highlighted and discussed with the local Bleep Holder or agreed local process (out of hours)

### 3. DEFINITIONS

There are no exceptions to delivering high standards of privacy and dignity, all staff should take the utmost care to respect this.

#### **Single sex accommodation**

For the purposes of this policy single sex accommodation is defined as when a room or bay is specifically for one sex with washing facilities also available solely for this one sex.

#### **Privacy**

Privacy is the freedom from intrusion and embarrassment and refers to all information and practice that is personal or sensitive to the individual. Privacy is a key principle which underpins human dignity, and remains a basic human right and the reasonable expectation of every person.

#### **Dignity**

Dignity is to treat a person in a way that is respectful of them as valued individuals, being of equal value and worth irrespective of differences such as age, race, culture, gender, sex (male or female) sexual orientation, social background, health, marital status, disability, religion or political conviction.

#### **Respect**

Respect is positive regard shown to a person as a human being and an individual, by others, and demonstrated as courtesy, good communication, taking time and equal access to services and care.

#### **Modesty**

Modesty refers to treatment and care being given in such a way that avoids unnecessary exposure and therefore minimises anxiety and distress.  
Cultural needs

There may be exceptional circumstances where a patient's cultural/religious differences need to be considered if single sex accommodation is not available. Patients and particularly women from different faith groups will need to be assessed to meet these cultural needs. For support the Corporate equalities department can be contacted for advice and guidance  
[tay.corporateequalities@nhs.scot](mailto:tay.corporateequalities@nhs.scot)

### 4. RESPONSIBILITIES

All staff in NHS Tayside including bank or agency and staff on temporary or honorary contracts must comply with this policy. Staff are accountable for their behaviours and have an individual responsibility for implementing the Policy as part

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 7 of 27	Review Date: September 2027



of their normal duties and responsibilities in their working environment. Staff must identify their own training needs and bring these to the attention of their manager. Staff must take part in training provided, they must also learn from and improve their practice in response to patient or colleague feedback. Staff must report policy breaches.

Previous audits across the organisation have shown that the majority of patients are nursed in single sex accommodation. It is recognised that cohort nursing may be required to control infection, this does not justify non-compliance with this policy. (Cohort nursing is a dedicated team of healthcare professionals who care for a group of patients, and do not care for any other patients. This happens on the advice from the infection prevention and control team. A cohort area is a bay or ward in which two or more patients with the same confirmed infection are placed. A cohort area should be physically separate from other patients.) It is the responsibility of the Senior Charge Nurse or nurse in charge in conjunction/discussion with the Senior Nurse, Clinical Lead, and Bleep Holders to ensure that this policy is complied with, and to regularly monitor compliance.

## 5. ORGANISATIONAL ARRANGEMENTS

NHS Tayside will monitor compliance, audit and report through the following mechanisms:

- Feedback from patient experience gathered locally is used to inform any actions required by individual teams, led by the Senior Charge Nurse/Midwife.
- Adverse Event Management reports will be made available to all Senior Nurse quarterly and will be reviewed locally with action plans and escalation where appropriate
- Local clinical and care governance meetings will report policy breaches as required and ensure appropriate actions/escalation are made. This will ensure learning is shared within and across clinical care groups.
- Annual summary report of compliance will be reported through the Clinical Governance and Risk Management report to the NHS Tayside Clinical Quality Forum.

## 6. KEY CONTACTS

- Executive Nurse Director
- Medical Director
- Nurse Directors
- Chief Nurses
- Associate Medical Directors
- Lead Nurses
- Clinical Directors
- Clinical Governance and Risk Management Team
- Senior Nurses
- Head of Corporate Equalities

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 8 of 27	Review Date: September 2027

## 7. REFERENCES

Department of Health. (2007). Privacy and Dignity: A Report by the Chief Nursing Officer into Mixed Sex Accommodation in Hospitals

Equality and Human Rights Commission. (2022). Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment exceptions.

Gender Recognition (Disclosure of Information) (Scotland) Order 2005. Scottish Government

National Infection Prevention and Control Manual  
<http://www.nipcm.hps.scot.nhs.uk/>

Patient Experience in Adult NHS Service. (2012). NICE Guideline

Scottish Government Health Department (2008), CEL 48; Provision of Single Room Accommodation and Bed Spacing

Scottish Government. (2018). Health and Social Care Standards. My support, my life.

The Carers (Scotland) Act 2016

The Equality Act 2010

The European Convention on Human Rights and Gender Reassignment, (article 8, 10 & 14)

The Healthcare Quality Strategy for NHSScotland (2010), Scottish Government Health Department

The Human Rights Act 1998

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 9 of 27	Review Date: September 2027

## NHS TAYSIDE – POLICY APPROVAL CHECKLIST

This form must be completed by the Policy Manager and this checklist must be completed and forwarded with the policy to the Executive Team, Clinical Quality Forum or Area Partnership Forum for approval and to the appropriate Committee for adoption.

POLICY AREA: DIGNITY & PRIVACY  
 POLICY TITLE: SINGLE SEX ACCOMMODATION  
 POLICY MANAGER: JANE BROWN

Why has this policy been developed?		To promote patients' privacy and dignity and ensure compliance with single sex accommodation  To improve patients' experience of healthcare  To identify ongoing processes required to monitor compliance, and reporting mechanisms to escalate and report breaches and ensure learning	
Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		The Carers (Scotland) Act 2016  The Equality Act 2010  The European Convention on Human Rights and Gender Reassignment, (article 8, 10 & 14) The Human Rights Act 1998	
Has a risk control plan been developed and who is the owner of the risk? If not, why not?		Risk is reported via Datix and monitored by Nurse Director	
Who has been involved/consulted in the development of the policy?		Acute Nurse Director, AND, Lead nurses, Senior nurses, SCNs Corporate Equalities	
Has the policy been Equality Impact Assessed in relation to:-		Has the policy been Equality Impact Assessed not to disadvantage the following groups:-	
Age Disability Gender Reassignment Pregnancy/Maternity Race/Ethnicity Religion/Belief Sex (men and women) Sexual Orientation Marriage and Civil Partnership	Please indicate Yes/No for the following: Yes Yes Yes Yes Yes Yes Yes Yes Yes	People with Mental Health Problems Homeless People People involved in the Criminal Justice System Staff Socio Economic Deprivation Groups Carers Literacy	Please indicate Yes/No for the following: Yes  Yes Yes Yes Yes Yes Yes Yes Yes

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 10 of 27	Review Date: September 2027

		Rural Language/Social Origins	Yes Yes
Does the policy contain evidence of the Equality Impact Assessment Process?		Yes	
Is there an implementation plan?		No, minor changes only	
Which officers are responsible for implementation?		Senior, Lead Nurses and SCNs	
When will the policy take effect?		September 2022	
Who must comply with the policy/strategy?		Everyone providing care	
How will they be informed of their responsibilities?		This is not a new policy	
Is any training required?		None	
If yes, has any been arranged?		NA	
Are there any cost implications?		None	
If yes, please detail costs and note source of funding		NA	
Who is responsible for auditing the implementation of the policy?		Nursing Leadership will continue to enable effective use of this policy	
What is the audit interval?		No auditing, breaches reported via Datix, monitored closely by senior team	
Who will receive the audit reports?		NA	
When will the policy be reviewed and provide details of policy review period (up to 5 years)		5 Years	

POLICY MANAGER: Jane Brown

DATE: 07 September 2022

ADOPTION COMMITTEE TO CONFIRM:

Clinical Policy Governance Group  
07 September 2022

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 11 of 27	Review Date: September 2027

**EQUALITY IMPACT ASSESSMENT**

Name of Policy, Service Improvement, Redesign or Strategy:

Dignity & Privacy (Single Sex Accommodation) Policy

Lead Director of Manager:

Ms Claire Pearce

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

- To promote patients' privacy and dignity and ensure compliance with single sex accommodation
- To improve patients' experience of healthcare
- To identify ongoing processes required to monitor compliance, and reporting mechanisms to escalate and report breaches and ensure learning

Description of the Policy, Service Improvement, Redesign or Strategy –  
What is it? What does it do? Who does it? And who is it for?

- The policy outlines NHS Tayside's arrangement and processes to promote patients privacy and dignity and to comply with provision of single sex accommodation
- The policy provides clear guidance to staff to inform them of their roles and responsibilities in relation to promoting patients privacy and dignity and the requirement to comply with single sex accommodation
- The policy applies to all staff in NHS Tayside to implement & ensure compliance
- The policy is for all patients admitted to inpatient areas in NHS Tayside hospitals

What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it?- Who benefits from it and how?

- To eradicate inappropriate mixed sex accommodation in NHS Tayside Hospitals
- Improve patients' experience of healthcare
- Patients and service users will benefit by the implementation and application of the policy by the maintenance of patients' privacy and dignity, and compliance with single sex accommodation will contribute to improved patient experience

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Policy Working Group/Nursing and Midwifery Directorate

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page 12 of 27	Review Date: September 2027

## SECTION 1 Part B – Equality and Diversity Impacts

Which equality group or Protected Characteristics do you think will be affected

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.1	<p>Will it impact on the whole population? Yes or No.</p> <p>If yes will it have a differential impact on any of the groups identified in 1.2.</p> <p>If no go to 1.2 to identify which groups</p>	<p>Yes as the policy applies to all adult in-patient areas in NHS Tayside hospitals</p> <p>No</p>	<p>The need to ensure high standards of privacy and dignity applies to all areas in a hospital, including children's and young people's units. Children and young people should always be given the choice.</p> <p>Toilet and washing facilities for children and young people do not need to be same-sex, as long as they accommodate only one patient at a time and can be locked by the patient.</p> <p>The same principle applies to young adult units, which provide specialised care for adults aged 16 to 25. However, shared toilet and washing facilities should be same-sex.</p>	<p>None – this is informed by Nursing leadership in Paediatrics</p>

Document Control			
Document: Dignity & Privacy		Version:4	Version Date: September 2022
Policy Manager: Jane Brown		Page <b>13</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.2	<p>Which of the protected characteristic(s) or groups will be affected?</p> <ul style="list-style-type: none"> <li>• Minority ethnic population (including refugees, asylum seekers &amp; gypsies/travellers)</li> <li>• Women and men</li> <li>• People in religious/faith groups</li> <li>• Disabled people</li> <li>• Older people, children and young people</li> <li>• Lesbian, gay, bisexual and transgender people</li> <li>• People with mental health problems</li> <li>• Homeless people</li> <li>• People involved in criminal justice system</li> <li>• Staff</li> <li>• Socio- economically deprived groups</li> </ul>	<p>All characteristics and group will be affected, except children (as exempt). Additional consideration has been given &amp; guidance highlighted to support the specific requirements of trans people</p>	<p>The Human Rights Act 1998</p> <p>The Equality Act 2010</p> <p>Gender Recognition (Scotland) Order 2005</p> <p>The European Convention on Human Rights &amp; Gender Reassignment</p> <p>Equality and Human Rights Commission. (2022). Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment exceptions.</p>	None

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>14</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
1.3	Will the development of the policy, strategy or service improvement/redesign lead to <ul style="list-style-type: none"> <li>• Discrimination</li> <li>• Unequal opportunities</li> <li>• Poor relations between equality groups and other groups</li> <li>• Other</li> </ul>	No, as compliance with the policy will have a positive impact on maintaining patients' privacy & dignity & therefore contribute to improve patients' experience of healthcare		

Document Control			
Document: Dignity & Privacy		Version:4	Version Date: September 2022
Policy Manager: Jane Brown		Page <b>15</b> of <b>27</b>	Review Date: September 2027



## SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.1	On Life (Article 2, ECHR) <ul style="list-style-type: none"> <li>• Basic necessities such as adequate nutrition, and safe drinking water</li> <li>• Suicide</li> <li>• Risk to life of / from others</li> <li>• Duties to protect life from risks by self / others</li> <li>• End of life questions</li> </ul>	No affect		
2.2	On Freedom from ill-treatment (Article 3, ECHR) <ul style="list-style-type: none"> <li>• Fear, humiliation</li> <li>• Intense physical or mental suffering or anguish</li> <li>• Prevention of ill-treatment,</li> <li>• Investigation of reasonably substantiated allegations of serious ill-treatment</li> <li>• Dignified living conditions</li> </ul>	No affect		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>16</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.3	On Liberty (Article 5, ECHR) <ul style="list-style-type: none"> <li>• Detention under mental health law</li> <li>• Review of continued justification of detention</li> <li>• Informing reasons for detention</li> </ul>	No affect		
2.4	On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> <li>• Staff disciplinary proceedings</li> <li>• Malpractice</li> <li>• Right to be heard</li> <li>• Procedural fairness</li> <li>• Effective participation in proceedings that determine rights such as employment, damages / compensation</li> </ul>	No affect		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>17</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.5	<p>Private and family life (Article 6, ECHR)</p> <ul style="list-style-type: none"> <li>• Private and Family life</li> <li>• Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse)</li> <li>• Personal data, privacy and confidentiality</li> <li>• Sexual identity</li> <li>• Autonomy and self-determination</li> <li>• Relations with family, community</li> <li>• Participation in decisions that affect rights</li> <li>• Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making</li> <li>• Clean and healthy environment</li> </ul>	<p>The policy has been reviewed to promote a focus of dignity &amp; privacy for patient care for all patients in NHS Tayside.</p> <p>Special consideration will be given regarding sexual identity in relation to trans people</p>		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>18</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
2.6	On Freedom of thought, conscience and religion (Article 9, ECHR) <ul style="list-style-type: none"> <li>To express opinions and receive and impart information and ideas without interference</li> </ul>	None		
2.7	On Freedom of assembly and association (Article 11, ECHR) <ul style="list-style-type: none"> <li>Choosing whether to belong to a trade union</li> </ul>	None		
2.8	On Marriage and founding a family <ul style="list-style-type: none"> <li>Capacity</li> <li>Age</li> </ul>	None		
2.9	Protocol 1 (Article 1, 2, 3 ECHR) <ul style="list-style-type: none"> <li>Peaceful enjoyment of possessions</li> </ul>	None		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>19</b> of <b>27</b>	Review Date: September 2027

### SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
3.1	<p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example will the changes affect:</p> <ul style="list-style-type: none"> <li>• Diet &amp; nutrition</li> <li>• Exercise &amp; physical activity</li> <li>• Substance use: tobacco, alcohol or drugs</li> <li>• Risk taking behaviours</li> <li>• Education &amp; learning or skills</li> <li>• Other</li> </ul>	None		
3.2.	<p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> <li>• Social status</li> <li>• Employment (paid/unpaid)</li> <li>• Social/family support</li> <li>• Stress</li> <li>• Income</li> </ul>	None		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>20</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> <li>• Living conditions</li> <li>• Working conditions</li> <li>• Pollution or climate change</li> <li>• Accidental injuries/public safety</li> <li>• Transmission of infectious diseases</li> <li>• Other</li> </ul>	<p>At times the Policy may be breached. It is accepted that there may be extreme situations that necessitate patients of one sex have to be admitted to an area occupied by patients of the opposite sex. In these circumstances there are procedure that require to be adhered to and additional actions to minimise patients discomfort. Conditions which may be compromised in such extreme situations include toilet facilities, and in such circumstances toilet and washing facilities must be lockable.</p>	NHST policy to ensure single sex accommodation is provided or reported as a breach	
3.4	<p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example</p> <ul style="list-style-type: none"> <li>• Healthcare</li> <li>• Social services</li> <li>• Education</li> <li>• Transport</li> <li>• Housing</li> </ul>	<p>The Policy will improve patient experience, through assuring privacy and respect therefore in-patients who feel comfortable within their environment will have a better sense of wellbeing and therefore better clinical outcome</p>	Patient feedback	

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>21</b> of <b>27</b>	Review Date: September 2027

## SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
4.1	<ul style="list-style-type: none"> <li>Is the purpose of the financial decision for service improvement/redesign clearly set out</li> <li>Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at</li> </ul>	Provision of single rooms in new builds and Mental Health Units	SGHD CEL 48 (2008)	
4.2	<ul style="list-style-type: none"> <li>Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</li> <li>Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</li> <li>Have those likely to be affected by the financial proposal been consulted and involved</li> </ul>	No affect		

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>22</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
5.	<p>Involvement, Consultation and Engagement (IEC)</p> <p>1) What existing IEC data do we have?</p> <ul style="list-style-type: none"> <li>Existing IEC sources</li> <li>Original IEC</li> <li>Key learning</li> </ul> <p>2) What further IEC, if any, do you need to undertake?</p>		<p>Patient experience feedback gather by volunteers and used by wards to inform improvements</p> <p>Data available via Datix for Policy breach</p>	

Document Control			
Document: Dignity & Privacy		Version:4	Version Date: September 2022
Policy Manager: Jane Brown		Page <b>23</b> of <b>27</b>	Review Date: September 2027



Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
6.	<p>Have any potential negative impacts been identified?</p> <ul style="list-style-type: none"> <li>If so, what action has been proposed to counteract the negative impacts? (if yes state how)</li> </ul> <p>For example:</p> <ul style="list-style-type: none"> <li>Is there any unlawful discrimination?</li> <li>Could any community get an adverse outcome?</li> <li>Could any group be excluded from the benefits of the function/policy?</li> </ul> <p>(consider groups outlined in 1.2)</p> <ul style="list-style-type: none"> <li>Does it reinforce negative stereotypes?</li> </ul> <p>(For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?)</p>	<p>Staff need to be able to support patients who refuse temporary admission to a mixed sex bay/area.</p> <p>Sharing mixed sex accommodation could have a negative cultural impact for some communities, for example people who identify as non-binary should be offered a side room.</p> <p>Potential impact regarding potential increase in boarding of patients to maintain single sex accommodation</p> <p>Potential increase in DATIX reporting</p>		<p>To continue to explore the impact of compliance on potential increase of patient boarding</p> <p>Consider the development of patient information.</p>

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>24</b> of <b>27</b>	Review Date: September 2027

Item	Considerations of impact	Explain the answer and if applicable detail the impact	Document any Evidence/Research/Data to support the consideration of impact	Further actions required
7.	Data & Research <ul style="list-style-type: none"> <li>Is there need to gather further evidence/data?</li> <li>Are there any apparent gaps in knowledge/skills?</li> </ul>	Patient feedback will help inform how we offer person-centred care in NHS Tayside		Highlight the requirement for compliance & ensure accurate reporting of breaches via DATIX
8.	Monitoring of outcomes <ul style="list-style-type: none"> <li>How will the outcomes be monitored?</li> <li>Who will monitor?</li> <li>What criteria will you use to measure progress towards the outcomes?</li> </ul>	Adverse Event Management report will be generated quarterly  To be discussed at local clinical governance report meetings, which may include spot audits  Feedback from patient experience locally e.g. PPE 15  Report of compliance to NHST Clinical Quality Forum		
9..	Recommendations  State the conclusion of the Impact Assessment	Awareness raising with staff  Robust and consistent reporting  Patient information Staff support to enable discussion with patients regarding sexuality and sexual identity		

#### Document Control

Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>25</b> of <b>27</b>	Review Date: September 2027

		Further work is required to realign current management processes, address clinical footprint and/or physical environment challenges		
10.	Completed function/policy <ul style="list-style-type: none"> <li>Who will sign this off?</li> <li>When?</li> </ul>	Clinical Policy Governance Group then Care Governance Committee		
11.	Publication	Staffnet		

Document Control			
Document: Dignity & Privacy		Version:4	Version Date: September 2022
Policy Manager: Jane Brown		Page <b>26</b> of <b>27</b>	Review Date: September 2027

Conclusion Sheet for Equality Impact Assessment	
<p>Positive Impacts (Note the groups affected)</p> <p>Improvement in patients' experience of healthcare, for adult in-patients, including trans people, in NHS Tayside hospitals, through the promotion of dignity and privacy.</p>	<p>Negative Impacts (Note the groups affected)</p> <p>Potential for patients to refuse admission on the grounds of not wishing to be in a mixed sex accommodation area</p> <p>Potential increase in boarding of patients to maintain single sex accommodation in wards, which will affect all adult in-patients</p>
<p>What if any additional information and evidence is required - None</p>	
<p>From the outcome of the Equality Impact Assessment what are your recommendations? (refer to questions 5 - 10)</p> <ul style="list-style-type: none"> <li>• Consider the development of updated patient information</li> <li>• Continue to raise awareness with staff, and promote accurate reporting of breaches</li> <li>• Further work is required to realign current management processes, address clinical footprint and/or physical environment challenges for those areas given temporary exemption to ensure compliance with single sex accommodation by next policy review</li> <li>• Implement monitoring and reporting of outcomes</li> </ul>	

Document Control		
Document: Dignity & Privacy	Version:4	Version Date: September 2022
Policy Manager: Jane Brown	Page <b>27</b> of <b>27</b>	Review Date: September 2027