Our Ref: NG/RM/24023
Date: 9th February 2024

Nicola Griffiths
Deputy Director of Governance
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Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 16th January 2024**.** Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

1. Does the North Staffordshire NHS Trust operate in accordance with the attached policy on "Delivering Same Sex Accommodation" dated September 2019? **Yes**
2. Do you operate in accordance with Annex B to the document? **Yes**
3. Please provide copy of any local guidance relating to same sex accommodation / eliminating mixed sex accommodation. **Please see Appendix 1 attached.**
4. If you do not follow the policy outlined in the 2019 document, what is your policy, and please provide copy of your Trust policies and operating procedures and guidance relating to eliminating mixed sex accommodation. **N/A**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision.

The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely

Nicola Griffiths
Deputy Director of Governance

Document level: Policy
Code: 4.32
Issue number: 2

Privacy, Dignity and Respect Policy

Lead executive	Executive Director of Nursing & Quality
Authors details	Deputy Director of Nursing, AHP & Quality

Type of document	Policy
Target audience	All staff
Document purpose	To define standards in relation to privacy, dignity and respect.

Approving meeting	Quality Committee Trust Board	Meeting date	3 February 2022 10 February 2022
Implementation date	11 February 2022	Review date	28 February 2025

Trust documents to be read in conjunction with	
C1.19	Chaperone Policy
MH16	Mental Capacity Act
G4.25	Consent Policy
IPC1	Infection Control Policy
G4.01	Safeguarding Children Policy Statement
C1.12a	Safeguarding Adults Policy Statement

Document change history		Version	Date
What is different?	Policy streamlined	2	Sep 2018
Appendices / electronic forms	N/a		
What is the impact of change?	N/a		

Training requirements	None

Document consultation	
Directorates	Nursing & Quality Policy Working Group
Corporate services	Nursing & Quality Policy Working Group
External agencies	N/a

Financial resource implications	None noted

External references
1. Department of Health (2009) Dignity in Care Campaign https://www.dignityincare.org.uk/_assets/Opinion_Leader_Final_Report_to_DH.doc.pdf 2. Department of Health (2010) Eliminating Mixed Sex Accommodation in Hospitals https://www.gov.uk/government/publications/eliminating-mixed-sex-accommodation 3. Equality Act (2010) https://www.legislation.gov.uk/ukpga/2010/15/contents 4. Mental Capacity Act (2005) https://www.legislation.gov.uk/ukpga/2005/9/contents

Monitoring compliance with the processes outlined within this document	Themed analysis of complaints, incidents and feedback.

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact
Does this document affect one or more group(s) less or more favorably than another (see list)?		
– **Age** (e.g. consider impact on younger people/ older people)	No	
– **Disability** (remember to consider physical, mental and sensory impairments)	No	
– **Sex/Gender** (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– **Gender identity and gender reassignment** (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– **Race / ethnicity / ethnic communities / cultural groups** (include those with foreign language needs, including European countries, Roma/travelling communities)	No	
– **Pregnancy and maternity, including adoption** (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)	No	
– **Sexual Orientation** (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not)	No	
– **Marriage and/or Civil Partnership** (including heterosexual and same sex marriage)	No	
– **Religion and/or Belief** (includes those with religion and /or belief and those with none)		
– **Other equality groups?** (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)	No	
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
Enter details here if applicable		
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?		
Enter details here if applicable		
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	Yes / No	
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any	Yes / No	

other reason	
Enter details here if applicable	
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk	
Was a full impact assessment required?	Yes / No
What is the level of impact?	Low / medium / high

Contents

1. Introduction

North Staffordshire Combined Healthcare NHS Trust is committed to ensuring that people (patients, carers and staff) are treated as individuals with privacy, dignity and respect.

Department of Health guidance defines dignity as:-

'A state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-respect regardless of any difference.'
(From Social Care Institute for Excellence (2007) in DoH, Dignity in Care, 2009).

The Trust seeks to provide a person centred approach to care and the application of legislation, practice, policies and procedures that encourage and support this philosophy, allowing choice and recovery.

2. Dignity, Privacy and Respect Considerations

There are a number of considerations that need to be taken into account in relation to dignity, privacy and respect. Privacy, dignity and respect principals apply at all times, with an expectation every patients right to privacy, dignity and respect is at the forefront of care delivery. It should also be noted, there may be particular concerns for some service users, due to cultural and/or religious background, beliefs and preferences, also for services users who identify as LGBT+ and additional care and attention may be required to ensure each person's needs are discussed and understood, which is why it is Important to ask all individuals about their care preferences, hopes and fears when receiving care.
A further consideration within inpatient settings are "Eliminating Mixed Sex Accommodation" (EMSA) requirements and the Department of Health (DoH) Dignity in Care Campaign (2009), as highlighted further on in this policy.

3. Standards of Practice

The following standards of practice should be implemented to support the delivery of care that is dignified and respectful. Additionally staff should work within the guidance of the Equality Act (2010).

3.1 Attitudes and Behaviour

Patients will experience care in an environment that actively encompasses respect for individual values, beliefs and personal relationships and therefore staff:

- Will ensure that they are recognisable by giving their name and wearing/showing an identification badge.
- Will introduce themselves on initial contact including phone conversations, stating their name and role.
- Must ensure that good attitudes and behaviour are promoted, considering non-verbal behaviour and body language and the needs of minority groups.
- will ensure that patients are not caused any unnecessary distress by others on the ward or in the clinical area
- Ensure the Mental Capacity Act is adhered to for patients who do not have the capacity to make an informed choice.

3.2 Privacy, Dignity and Modesty

Patients will have their privacy and modesty respected. Modesty comprises a set of culturally or religiously determined values that relate to the presentation of the self to others. Therefore staff must ensure that patients:

- Receive care that actively promotes privacy and dignity and protects modesty taking into account cultural and religious needs of patients.
- Are enabled to remain autonomous and independent wherever possible.
- Are cared for in a clean and safe environment.
- Have access to a chaperone for any intimate procedures and a choice as to who is present during examinations and treatment.

3.3 Confidentiality/Privacy of Patient Information

All staff are bound by a legal duty of confidence to protect personal information that they may come into contact with. Therefore staff:

- Will not discuss any patient within the hearing of another patient or visitor.
- are obliged to keep any personal, identifiable information strictly confidential
- E.g. patient records; this will only be shared according to trust information sharing policies.
- Take precautions to prevent information being inappropriately shared; for example through telephone conversations being overheard or personal information being written in personal notebooks

4. Provision of intimate care

Intimate care consists of personal care, invasive clinical procedures and other aspects of direct support or intervention, where the privacy and dignity of an individual may be compromised. The Trust Chaperone Policy (C1.19) and Mental Capacity Act policy (MH16) should be consulted in relation to intimate care. Furthermore all such care should be planned and delivered with consideration for the following good practice principles:

- All people have the right to make choices and decisions about their lives. Every effort must be made by staff to understand each individual's wishes and gain consent before providing intimate care.
- Where individuals lack the capacity to make such decisions an opinion must be sought from the multidisciplinary team in association with parents, relatives, the next of kin or advocate.
- The subsequent outcomes for individuals with or without capacity must be clearly recorded in their plan of care.
- Full consideration and respect must be given to each individual's ethnic origin, sexual orientation and religious beliefs.

Where intimate clinical procedures are involved, patients should wherever possible be given a choice of care staff and, where feasible, accompanied by staff of age / gender

deemed most appropriate for the individual patient.

Where there is any evidence or concern to suggest that staff of either sex may be placed in a vulnerable position in carrying out their duties, such concerns should be brought to the attention of the appropriate manager who will ensure that other staff are delegated to assist or wholly carry out the care required, having due regard to the effect that such delegation may have on the nurse/patient relationship. Advice and support will be given to the individuals concerned.

5. Eliminating Mixed Sex Accommodation (EMSA)

EMSA requirements were implemented across the NHS in 2011 with the expectation that all NHS organisations eliminated mixed sex accommodation, except where it is in the overall best interest of the patient, or reflects their personal choice. The Trust has implemented EMSA requirements, the three objectives of which were to:

- Ensure that appropriate organisational arrangements are in place to secure good standards of privacy, dignity and respect for all hospital patients.

- Achieve the standard for segregated washing and toilet facilities across the NHS.
- Provide safe facilities for patients with mental illness in hospitals which safe guard their privacy and dignity.

Since then NHS England & Improvement (September 2019) have reviewed their guidance and issued the following updates:

Providers of NHS-funded care are expected to have a zero-tolerance approach to mixed-sex accommodation, except where it is in the overall best interest of all patients affected.

5.1. What is a mixed-sex accommodation breach?

This description of a mixed-sex accommodation breach refers to all patients in sleeping accommodation who have been admitted to hospital.

- A breach occurs at the point a patient is admitted to mixed-sex accommodation outside the guidance.
- Patients should not normally have to share sleeping accommodation with members of the opposite sex.
- Patients should not have to share toilet or bathroom facilities with members of the opposite sex.
- Patients should not have to walk through an area occupied by patients of the opposite sex to reach toilets or bathrooms; this excludes corridors.
- Women-only day rooms should be provided in mental health inpatient units.

5.2. Guidance principles

- The Trust is responsible for ensuring that all patients and relatives/carers as appropriate are aware of the guidance and are informed of any decisions that may lead to the patient being placed in, or remaining in, mixed-sex accommodation.
- Decisions to mix should be based on the patient's clinical condition and not on constraints of the environment or convenience of staff.
- The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed.
- The Trust is responsible for ensuring all staff are aware of the guidance and how they manage requirements around recognising, reporting and eliminating mixed-sex breaches.
- There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected.
- Patient choice for mixing must be considered and may be justified. In all cases, privacy and dignity should be assured for all patients.
- There are no exemptions from the need to provide high standards of privacy and dignity at all times.
- Identifying the right patient for the right bed first time improves patient outcomes by improving patient experience.

The DOH guidance (Nov 2010) describes mixing that may be:

- **Justified** (therefore not a breach) if it is in the overall best interest of patients or reflects their personal choice (for example recovery areas or on the joint admission of couples).

- **Unjustified** therefore a breach includes placing a patient in mixed sex accommodation for the convenience of medical, nursing staff or because of shortage of staff or restrictions imposed by old or difficult estates.

- Breach reporting concentrates on sleeping accommodation, however in EMSA mixing in bathrooms or WCs is unacceptable, as is a patient having to pass through opposite-sex areas to reach their own facilities.

- If at any time, the Trust cannot eliminate mixed sex accommodation, this is considered a breach of this objective and reported through the Trust Incident Reporting system. This includes incident reporting of occasions when a patient's cognitive impairment and/or behaviour has compromised the same sex accommodation standard.

Every patient has the right to receive high quality care that is safe and effective and respects their privacy and dignity. This is one of the guiding principles of the NHS Constitution and is at the core of local NHS visions. This *Delivering Same-Sex Accommodation* guidance updates and replaces previous guidance (PL/CNO/2009/2 and PL/CNO/2010/3) on requirements around recognising, reporting and eliminating breaches.

https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/NEW-Delivering_same_sex_accommodation_sep2019.pdf

For individuals identifying as Transgender, or trans, including those who identify as non - binary; please refer to additional guidance in appendix 1 attached.

5.3. EMSA reporting

Breach details are reported using the Trust Incident Reporting system. It is an expectation that others are notified in person as soon as possible:

- Executive Director & Deputy Director of Nursing & Quality
- Directorate Modern Matron or equivalent
- Associate Director of Operations
- Health & Safety Lead

The directorate Quality Improvement Nurse i.e. (Matron or equivalent) or deputy must act upon the breach and implement an action plan immediately reducing the impact of the breach. This includes completing an investigation, using a Root Cause Analysis approach and action plan which delivers actions to prevent re occurrence.

The Executive Director of Nursing & Quality must report the breach and action plan, by exception, to the Trust Quality Committee and commissioners.

The performance team reports any breaches to NHSE/I via monthly returns to NHS Digital.

An annual statement of compliance is posted on the Trust external website and submitted to Quality Committee.

5.3.1.EMSA and Children

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

The Department of Health recommends the following:

- Privacy and dignity is an important aspect of care for children and young people. Decisions should be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment, or the convenience of staff.

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

sedated).

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

- Where appropriate the wishes of the parents should be considered, but in the case of young people their preference should prevail.

6. Dignity in Care Campaign

The Trust is committed to the delivery of effective care in a safe and secure environment and everyone who uses the services of the Trust has a right to do so, free from abuse, neglect or discrimination. This policy supports the DoH Dignity in Care campaign (2009) and requires staff to adopt and implement the 10 point Dignity Challenge; that is to:

1. Have a zero tolerance of all forms of abuse. Care and support must be provided in a safe environment, free from abuse.
2. Support people with the same respect that you would want for yourself or a member of your family. People should be cared for in a courteous and considerate manner. People receiving services must be helped to participate as partners in decision making about the care and support which they receive.
3. Treat each person as an individual by offering a personalised service. The attitude and behaviour of staff must help to preserve the individual's identity and individuality.
4. Enable people to maintain the maximum possible level of independence, choice and control. People receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their personal care, with the maximum possible choice and control over the services they receive.
5. Listen and support people to express their needs and wants. Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment.
6. Respect people's rights to privacy. Ensure that personal space is available and

accessible when needed and that people are not made to feel embarrassed when receiving care or treatment.

7. Ensure people feel able to complain without fear of retribution. Staff must support people to raise their concerns and complaints with the appropriate person. opportunities are available to access an advocate
8. Engage with family members and carers as partners in care. Relatives and carers will feel welcomed and able to communicate with staff as contributing partners.
9. Assist people to maintain confidence and a positive self-esteem. The care and support provided will encourage individuals to participate as far as they feel able and actively promote wellbeing.
10. Act to alleviate people's loneliness and isolation. Help people to feel valued as individuals and members of the community

Through implementing the dignity challenge the Trust will deliver high quality services that respect people's dignity.

7. Duties

7.1. Executive Director of Nursing & Quality

- To lead, promote and champion the privacy and dignity agenda through integrating dignity and respect into governance and service monitoring.
- Set clear principles for the organisation in relation to dignity and respect, ensuring that measurable standards are met.
- Ensure that corporate support is made available to assist in the implementation of the privacy and dignity agenda.
- Ensure that the Trust Board is fully briefed regarding the privacy and dignity activity within the organisation.
- Ensure that the actions within / breaches against this policy are reported and responded to accordingly and acknowledged within the annual quality account.

7.2.Performance Team

The performance team reports any breaches to NHS England via monthly returns to NHS Digital.

7.3.Line Managers

- Implement the principles set out in this policy within their area of responsibility.
- Ensure that individuals within the team understand their roles and responsibilities with regard to privacy, dignity and respect.
- Understand and implement specific privacy and dignity activity relevant to the service.
- Ensure that staff have the tools, resources and skills to promote and deliver services which respect privacy and dignity.
- Address any local issues related to privacy and dignity, sharing any learning with team members.

7.4. All staff

All employees will, at all times, behave in a way that promotes openness and displays unconditional positive regard, giving due consideration to the manner in which they treat others does not inadvertently discriminate against any groups based on their race, disability, gender including pregnancy and maternity, trans gender, age, sexual orientation, religion or belief.

Trust employees will promote the vision and values of the organisation through professional, personal appearance, appropriate communication and non-discriminatory practice. Trust employees will:

- Promote the dignity of all people.
- Participate in any related training or service development initiatives identified by their manager.

- Adhere to the principles set out in this policy
- Comply with the Professional Code of Practice of their governing bodies e.g. Royal College of Psychiatrists, Nursing and Midwifery Council.
- Uphold the duty of care and practice within the legislative framework. E.g. Human Rights Act (1998), Mental Capacity Act (2005).
- Disclose any non-compliance with the policy to their line manager
- Utilise the incident reporting system should there be any breach to the principles highlighted within this policy.

Appendix 1.

Annex B: Delivering same-sex accommodation for trans people and gender variant children (NHS England & Improvement 2019) should also be adhered to:

Transgender, or trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It includes those who identify as non-binary.

Under the Equality Act 2010, individuals who have proposed, begun or completed reassignment of gender enjoy legal protection against discrimination. A trans person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex. General key points are that:

- Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia.
- It does not depend on their having a gender recognition certificate (GRC) or legal name change.
- It applies to toilet and bathing facilities (except, for instance, that pre-operative trans people should not share open shower facilities).
- Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority.

Those who have undergone transition should be accommodated according to their gender presentation. Different genital or breast sex appearance is not a bar to this, since sufficient privacy can usually be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward. This approach may be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite gender ward. Such departures should

be proportionate to achieving a ‘legitimate aim’, for instance, a safe nursing environment.

This may arise, for instance, when a trans man is having a hysterectomy in a hospital, or hospital ward that is designated specifically for women, and no side room is available. The situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. In addition to these safeguards, where admission/triage staff are unsure of a person’s gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated. They should then comply with the patient’s preference immediately, or as soon as practicable. If patients are transferred to a ward, this should also be in accordance with their continuous gender presentation (unless the patient requests otherwise).

If, on admission, it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary to carry out treatment.

In addition to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs, are unlikely to wear them in these circumstances, and may be ‘read’ incorrectly as men. Extra care is therefore required so that their privacy and dignity as women are appropriately ensured.

Trans men whose facial appearance is clearly male, may still have female genital appearance, so extra care is needed to ensure their dignity and privacy as men.
Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.
Trans men and non-binary individuals can become pregnant and should be treated with dignity while using maternity services.

Further advice on providing services to trans people can be found here: Providing services for transgender customers: a guide - GOV.UK (www.gov.uk)