NHS
Leicestershire Partnership
NHS Trust

Privacy and Dignity Policy

Including: Delivering same sex accommodation, eliminating mixed sex accommodation for transgender/trans adults, young people & children and sexual safety principles.

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

Key Words:	**Privacy and Dignity** **Same Sex Accommodation** **Mixed Sex Accommodation** **Sexual Safety** **Transgender** **Transgender/trans**	
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Type of Policy	**Clinical**	

Contents

1.0 Quick Look Summary

Respecting people's privacy and dignity is essential to their support care, wellbeing, and recovery.

Important to know our patients preferred name and pronouns to ensure respectful communication.

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

Elimination of mixed sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex.

Transgender/trans adults, young people and children should be accommodated according to their **preference and** presentation: the way they dress, and the name and pronouns they currently use.

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

Sexual Safety refers to the respect and maintenance of an individual's physical (including sexual) and psychological boundaries.

1.1 Version Control and Summary of Changes

Version number	Date	Comments
1	10.06.2023	New policy combining two previous policies: Privacy and Dignity and Same Sex Accommodation with the addition of reference to sexual safety principles.
2	21.11.23	Feedback incorporated following consultation including use of pronouns, updates to the Consent & MCA section, update to the EQI assessment

1.2 Key individuals involved in developing and consulting on the document.

Name	Designation
Accountable Director	Executive Director of Nursing, AHPs and Quality
Author(s)	Deputy Director of Nursing and Quality
Implementation Lead	Deputy Director of Nursing and Quality
Core policy reviewer group	Patient Carer and Experience Group and Safeguarding Group
Wider consultation	Lead Nurse and AHP Group
	Youth Advisory Board
	Head of Equality Diversity & Inclusion
	Equality Diversity & Inclusion Expert
	Head of Safeguarding

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Quality Forum	Quality & Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this Policy.

Privacy	'Freedom from intrusion and relates to all information, practice. that is personal or sensitive in nature to an individual.'
Dignity	'Being worthy of respect'.
Sexual Safety	Refers to the respect and maintenance of an individual's physical (including sexual) and psychological boundaries.
Transgender, or trans,	A broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their biological sex assigned at birth. It includes those who identify as non-binary.
EIRF	Electronic Incident Reporting Form
EMSA	Eliminating Mixed Sex accommodation
MHA	Mental Health Act
MCA	Mental Capacity Assessment
CQC	Care Quality Commission

2.0. Purpose and Introduction

Respecting people's privacy and dignity is essential to support their care, wellbeing and recovery. The purpose of this policy is to set out how we maintain the privacy and dignity of our patients and their families, carers and visitors.

Core principles of this policy are:

- To reach a shared understanding of privacy and dignity.
- Ensuring privacy and dignity is core to people's care, wellbeing and recovery.
- To understand the importance of privacy and dignity within a trauma informed approach.
- Ensure patients, family and carers experience care that shows respect, privacy and dignity always.
- Ensure service users and carers feel that they matter and don't experience negative or offensive attitudes and behaviours from staff working in LPT services.
- Promote compliance with CQC Fundamental Standards.
- Achieve compliance with Eliminating Mixed Sex Accommodation (EMSA) standards including same sex accommodation for transgender people and gender variant children and young people (NHS,2019).
- Provide guidance for the Trust internal reporting system for EMSA breaches.

- Outlines the core principles in ensuring sexual safety and set out the way in which the Trust will seek to meet these core principles, recognising that abuse is not gender specific or related to sexual orientation or gender identity.
- Offer guidance as to how to respond in a sensitive and empathetic way when discussing sexual safety, enabling staff to be vigilant and have clear guidance as to how to react appropriately.

3.0 Policy requirements

Privacy and dignity are a human right and fundamental to safety, wellbeing and recovery. It is our duty to ensure that all staff treat patients and their families, carers and visitors with respect and dignity and ensure that patients' privacy and dignity is maintained in compliance with the related Care Quality Commission (CQC) Fundamental Standards.

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.

In March 2012, the NHS Constitution introduced a pledge that if admitted to hospital, patients will not have to share sleeping accommodation with members of the opposite sex, except where appropriate.

Delivering Same-Sex Accommodation guidance (NHS, 2019) updates and replaces previous guidance (PL/CNO/2009/2 and PL/CNO/2010/3) on requirements around recognising, reporting, and eliminating breaches, except where it is in the best interests of the patient or reflects the patient's choice.

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

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

The CQC and Trust adopted definitions of privacy and dignity are:

Privacy: To respect a person's privacy is to recognise when they wish and need to be alone (or with family or friends) and be protected from others looking at them or overhearing their conversations. It also means respecting their confidentiality and personal information.

Dignity: Dignity is concerned with how people feel, think and behave in relation to the worth or value that they place on themselves and others. To treat someone with dignity is to treat them as being of worth and respecting them as a valued person, taking account of their individual views and beliefs.

Sexual Safety refers to the respect and maintenance of an individual's physical (including sexual) and psychological boundaries (World Health Organisation, 2006).

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

Dignity and respect	Patients have a right to be treated with compassion and as individuals, to be listened to and have their views considered, be an equal partner in making care decisions and care planning, to be always treated courteously, be supported to foster hope and not be neglected or left in undignified situations. Being shown to be worthy of respect.
Choice and Control	Enabling choice of care and treatment, respecting personal preferences, lifestyle and care choices. To ensure that all patients are offered the opportunity to be integral to their assessment and treatment planning outcomes.
Eating and Nutrition Care	Providing choice of meals and discreet support with eating if needed.
Personal Hygiene	Ensure all privacy needs are met and patients' independence is maintained.
Privacy	Respecting personal space and freedom from intrusion, that all practice and information that is personal or sensitive in nature to an individual. Ensuring modesty and privacy in personal care and confidentiality of treatment and personal information. Ensuring discussions about care treatment are not overheard.
Self esteem	Supporting self-worth, identity and a sense of oneself promoted by all the elements of dignity and privacy, being listened to as well as a having a clean respectable appearance and environment.
Social Inclusion	Supporting contact with family and friends and enabling participation in social activities.
Whistleblowing	Encouraging staff to raise concerns about poor practice or abuse within organisations without fear of reprisal

4.0 Duties within the Organisation

Policy Author

Deputy Director of Nursing and Quality

Lead Director

Executive Director of Nursing, AHPs and Quality

Role	Responsibility
Trust Board	• To be responsible for the privacy and dignity agenda at Board level and to receive reports on the status of the EMSA standards. • To receive information from complaints and incidents related to privacy and dignity and EMSA; this would include abuse and sexual safety issues. • To consider the elimination of mixed sex accommodation and how any refurbishment or new build capital development schemes complies with the directives and requirements. • To ensure protection of privacy and dignity as well as EMSA requirements are considered within the commissioning of in-patient environment development, building and refurbishment.
Executive Director of Nursing, AHPs and Quality	• To review the policy and make recommendations around the implementation to the Executive Management Team • To monitor the compliance with EMSA requirements. • To ensure assurance and risks to compliance are reported through the agreed processes to Trust Board
Heads of Service	• To ensure all staff have the necessary skills to promote and deliver services which comply with the principles and requirements of this policy and national directives. • To ensure that staff understand the EMSA requirements and can support service delivery to comply. • To lead, promote and champion the privacy and dignity agenda and monitor team's activity regarding privacy and dignity. • To ensure a culture of everyone taking sexual safety issues seriously throughout the Trust as well as an understanding that it is everyone's responsibility to act and report incidents. • To support gathering timely feedback from service users, their relatives and carers regarding privacy and dignity, and acting on information received. • To ensure the considerations for transgender people are adhered to.

Line managers	• To implement this policy and promote and ensure staff deliver care which complies with the principles and requirements of the policy. • To ensure that disclosures from patients about incidents that compromise or breach their sexual safety are taken seriously and addressed promptly and empathetically, regardless of the identity or affiliation of the alleged perpetrator, and with the utmost regard for the complainant's privacy and dignity, past trauma, cultural background, gender, religion, sexual identity, age and the nature of their mental health illness or difficulties. • To implement the EMSA requirements within an in-patient environment. • To ensure that where males and females are cared for in mixed environments there is a local plan for managing the environment with zoning and monitoring compliance with the requirements. • To ensure EMSA breaches and privacy and dignity or sexual safety incidents are reported on Ulysses, escalated to the senior manager and the Trust Compliance Team and identify actions needed to manage the breach/incident and prevent further recurrence. • To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained. • To implement improvements to policy compliance identified by monitoring, reviews or user feedback. • To ensure the needs of transgender people are responded to. • Completion of annual EMSA self-assessment
All staff	• To understand the Privacy and Dignity policy and ensure full implementation and adherence. • To understand and ensure compliance with EMSA requirements. • To challenge poor practice and raise concerns if the privacy and dignity of service users, family and carers is not maintained. • To ensure care responds to the needs of transgender people. • To report privacy and dignity incidents via an EiRF
Clinical staff	**Consent** • Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. • Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision. • If the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Document the assessment and decision using SystmOne templates.

	• Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:
	  • Understand information about the decision.
	  • Remember that information.
	  • Use the information to make the decision.
	  • Communicate the decision.
	
	In the event that someone is deemed to lack capacity please follow the MCA pathway to support and guide next steps for example Best Interest Decisions, Advanced Decisions or DoLs.
	
	• People aged 16 or over are entitled to consent to their own treatment. This can only be overruled in exceptional circumstances.
	
	• Like adults, young people (aged 16 or 17) are presumed to have sufficient capacity to decide on their own medical treatment, unless there's significant evidence to suggest otherwise.
	
	• Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as Gillick Competency.
	
	• Otherwise, someone with parental responsibility can consent for them.

5.0 Delivering Privacy and Dignity

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

- Listen and support patients to express their needs and preferences in a transparent open manner.
- Wear identification badges always in Trust buildings and have it with you on visits into the community and people's homes in case you need to show this to anyone. Be aware that wearing your badge in public can on occasion breach a patient or carer's privacy.
- Introduce yourself with your name and role on initial contact with a patient, their family, and carers, both in person and in telephone conversations
- Ensure access to an advocate and/or interpreter in a timely way.
- Ensure access to accessible information and communication in accordance with the accessible Information Standard for people with disabilities.

- Ask patients how they would like to be addressed, their preferred name and pronouns and use their preferred form of address.
- Give patients who need continuous supportive engagements, due to safety concerns, a full explanation of what will happen - showing respect and demonstrate how privacy and dignity will be maintained without compromising the level of observation needed to keep them safe.
- Be curious and maintain awareness of how privacy and dignity may be compromised in delivering intimate procedures with patients, this includes enhanced forms of engagement and zonal observations.
- Aim to offer choices wherever possible within the harm minimisation framework to minimise this. Choice should not be prioritised over safety without the explicit consent of the service user. Forced choice, such as telling patients it is 'your choice' to self-harm is likely to be counter therapeutic.
- Ensure the principles of shared decision making are implemented as far as possible throughout the patient's stay in hospital, especially decisions about their treatment.
- Changes in the patient's therapeutic observation levels should always be explained, including reasons why this is required and how this will be reviewed and documented.
- Enable people to maintain maximum possible level of independence, choice and control.
- Treat each person as an individual by offering a personalised service.
- Have an awareness of a person's trauma history and consider with the patient if and how this may need to be considered to promote their privacy and dignity and be aware of how breeching this may cause iatrogenic harm.
- Inform patients, their family and carers, that the multidisciplinary team (MDT) will include a range of staff of both sexes that will be present on the wards and obtain service users views on this, implementing preferences where possible.
- Knock on bedroom doors if you need to see the patient in their room and wait to be invited in before entering. The exception to this will be if there is concern for a person's safety.
- Ensure a patients door observation panel is kept closed unless there is a concern for patient safety or the patient's preference is to have the door always open.
- Demonstrate zero tolerance to all forms of abuse, including verbal, psychological, or physical forms whether explicit or covert, and deal with this appropriately using the Trust zero tolerance 6 step guide and 6 step flowchart on what to do if an incident occurs, and how you should report this.
- Show the same respect you would want for yourself or a member of your family.
- Ensure people feel able to complain without fear of retribution.
- Engage with family members and carers as care partners.
- Don't make assumptions about the patient's lifestyle (e.g., do not assume that the patient's partner is of the opposite gender or that they are married) or that if they dress/present as masculine they may not identify as so.
- One way window film should be fitted to windows where curtains may be removed, or the window overlooks other areas.
- Encourage patients to dress in communal areas that does not compromise their privacy and dignity.

5.1 Eliminating Mixed Sex Accommodation (EMSA)

Monitoring of mixed sex accommodation (MSA) breaches began in December 2010. This followed a programme of investment to support reductions in the number of patients sharing sleeping accommodation with members of the opposite sex (NHS, 2019).

Elimination of mixed sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex.

In LPT there are same sex (all patients are the same sex) and mixed sex ward/units. In mixed sex ward/units there are no, nor should there ever be, designated mixed sex sleeping accommodation.

All mixed sex ward/units will have clearly designated 'zoned' areas for same sex sleeping accommodation.

All patients should be able to access same sex bathroom and toilet facilities without walking through an area occupied by patients of the opposite sex to reach toilets or bathrooms; **this excludes corridors.**

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

Patients who need assistance with bathing will always be accompanied by a member of staff to a clearly marked assisted bathroom that may be "unisex". Assisted bathrooms will only be used by one patient at a time.

Patients can request male or female staff to assist them. The possibility of trauma should be foremost in the decision regarding the staff member allocated to assist.

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

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

5.2 Reporting breaches

5.2.1 Justified breach.

There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes with some clinical circumstances where mixing can be justified. These are few, and mainly confined to patients who need highly specialised care, such as that delivered in critical care units or joint admission of couples or family group. See Appendix 1a: Decision Matrix for Justified Breaches.

The joint admission of couples or family groups may be a justifiable breach if it is in the overall best interest of the patient and the patients have expressed a preference for sharing, if this happens you must:

- Escalate to the Deputy Head of Nursing/Head of Nursing in hours for support and review who will notify the Executive Director of Nursing, AHPs and Quality and on-call manager out of hours.
- Document the patient preference and ensure consent is recorded in all clinical records.
- Staff should undertake a risk assessment of the person/s being admitted and the other patients in the vicinity and produce a risk management plan to mitigate and reduce the risks identified. Staff should ensure that there is involvement of the person being admitted, their family and carers in the discussion, risk assessment and decision making so they all will know what to expect.
- Consider 'walk by' and 'line of sight' in your risk assessment and access to same sex facilities such as toilets and bathrooms.
- Consider the impact of 'walk by' and 'line of sight' with other patients and vulnerabilities to aid safe placement.
- Report this as a justified mixed sex accommodation breach via an EiRF on Ulysses

5.2.2 Unjustified breach

An unjustified breach is where mixing occurs that cannot be clinically justified. This would need to be escalated to Deputy Head of Nursing/Head of Nursing in hours who will notify the Executive Director of Nursing, AHPs and Quality and on-call manager out of hours. Staff will need to incident report this as an unjustified breach via an EiRF.

5.3 Zoning

On mixed sex wards all ward bedroom /sleeping areas need to be grouped as male or female, segregated and clearly sign posted for the designated sex they are intended for i.e., male zone or female zone.

On mixed sex wards where all bedrooms have en-suite rooms these should be grouped as male or female, segregated and clearly sign posted for the designated sex which they are intended for i.e., male zone or female zone.

All zoned areas should be clearly segregated by doors and/or signage to separate the female zone from the male zone and other parts of the ward.

If the segregation of the zones is difficult to demonstrate through signage, then drawings of the ward layout should be clearly displayed in public areas that identify location of female and male zones for bedrooms, bathroom and toilet facilities and access routes.

All ward staff must be able to give a clear account of the zoning arrangements to patients, family, carers and any visitors, commissioners or regulators as well as

temporary staff and student ward/local induction.

On mixed sex wards that have zones staff must explain the zoning arrangements to new patients and their family/carers as part of the admission process, ideally before they are admitted.

Bedrooms should not be entered by other patients or visitors without permission of the patient.

In a limited number of wards some bedrooms may be used for males or females flexibly. Where this can happen, there is clearly marked signage on the ward to ensure that EMSA requirements are maintained. In this situation prior to admission staff should undertake a risk assessment of the person being admitted and the other patients in the vicinity and produce a risk management plan to mitigate and reduce the risks identified i.e., increased therapeutic observations. A privacy and dignity incident should be reported when a patient is admitted to a bedroom in a zone of the opposite gender.

Staff should ensure that there is involvement of the person being admitted, their family and carers in the discussion, risk assessment and decision making so they all will know what to expect.

Wherever possible, family members should use designated visiting areas when visiting patients and not use bedrooms.

5.4 Children and Adolescent Mental Health Services (CAMHS)

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

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

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

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

A CQC Statutory Notification: Admission of a child or young person to an adult psychiatric ward. Providers of psychiatric units whose service is normally intended

for persons over the age of 18 years must notify the CQC about the placement of a child or young person where the placement lasts for a continuous period of longer than 48 hours by the CAMHS team co-ordinating the in-patient care.

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

5.5 Considerations for transgender people

Transgender, or trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their biological sex assigned 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 have 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. General key points are that are to be considered:

- Transgender people should be accommodated according to their preference and presentation: the way they dress, and the name and pronouns they currently use. Important to note the preferred name may be different to the patient's electronic record. Letters and care plans should have their preferred name and pronouns used where known.
- 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 deed poll name change.
- It applies to toilet and bathing facilities.
- Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority.

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 they are unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress.

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.

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

For patients who may have to wear 'safe-wear' who may wear under garments to minimise the appearance of their gender assigned at birth this should be risk assessed in relation to potential to cause physical or psychological harm.

5.6 Consideration for children and young people

Transgender/trans children and young people should be accorded the same respect for their self-defined gender as are trans adults, regardless of their genital sex.

Where there is no segregation, there may be no requirement to treat a young transgender/trans person any differently from other children and young people. Where segregation is deemed necessary, it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not Gillick competent.

More in-depth discussion and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that many trans adolescents will continue, as adults, to experience a gender identity that is inconsistent with their natal sex appearance, so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.

5.7 Core Principles of Sexual Safety

This section outlines the core principles in ensuring sexual safety and sets out the way in which the Trust will seek to meet these core principles. It recognises that abuse is not gender specific or related to sexual orientation or gender identity.

It offers guidance as to how to respond in a sensitive and empathetic way when discussing sexual safety. It enables staff to be vigilant and have clear guidance as to how to react appropriately.

It acknowledges that increasing staff awareness of how to promote sexual safety and best respond to sexual harassment and sexual assault can reduce the occurrence and impact of such adverse events over the long term.

Promoting sexual safety is an important component of any strategy to prevent sexual safety incidents. The most effective way to promote sexual safety is through the adoption of an ethos that promotes, encourages and models mutual respect in its relationships within staff and patient groups as well as between staff and patients.

The Trust takes account of the need to support the sexual safety of patients in the layout of its hospitals and use of its spaces in line with its commitment to trauma informed care. The Trust has adopted single sex wards where appropriate and will make changes as needed to safeguard the sexual safety of its patient group.

Providing an environment that promotes sexual safety and prevents sexual assault encompasses a range of strategies, these include:

- Risk assessment including assessment of vulnerability.
- Risk assessments of previous inappropriate sexual behaviour.
- Identifying and responding to sexually disinhibited behaviour.
- Provision of a safe physical environment.
- Accurate record keeping, documentation and management when risks are identified.

5.7 Assessing vulnerability.

It is important to identify individual patients who may be particularly vulnerable to experiencing sexual trauma and abuse. Other factors that increase the risk for a patient of sexual harm include (not limited to):

- Being female
- Under 18 years of age
- Adverse Childhood Experiences (ACE)
- Having a past history of being sexually assaulted
- History of raising concerns or disclosures of harm
- Being heavily medicated
- Being intoxicated and/or having a co-morbid drug and alcohol condition
- Having an intellectual disability
- Being a refugee and/or past history of torture and trauma
- Being a member of the LGBTQ+ Community
- Psychosis
- Experience of domestic violence
- Sexual disinhibition
- Having a cognitive impairment for example, a dementia
- Impaired communication skills e.g., English competence, hearing speech or visual impairment.

All clinical services within the Trust may have patients who are vulnerable to sexual abuse, harm and exploitation. While some patients may be of higher risk of sexual

harm or abuse, all services should be alert to sexual safety as a core principle of care delivery.

See Appendix 1b: Care pathway following a sexual safety incident.

6.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	Monthly MSA breach report Annual declaration	Incident reporting National reporting	Quality Forum Trust Board	Monthly Annual
	Privacy and Dignity annual audits	Incident reports Audit	Quality forum	Monthly Annual
	Sexual safety incidents reported	Directorate Safeguarding Groups Privacy and Dignity annual report	Safeguarding Quality Forum	Bi-monthly Annual

6.0 References and Bibliography

- Sexual Safety Charter, NHS England (2023)
- Delivering Same-Sex accommodation, NHS England and NHS Improvement (2019)
- Supporting note Mixed Sex Accommodation on mental health wards, CQC (2018)
- Assessment of Same Sex Accommodation, CQC (2015)
- Guidance for providers on meeting sexual safety on mental health wards (2015)
- Transgender and Non-Binary service user policy, LPT.

With thanks to Tees, Esk and Weer Valleys Foundation NHS Trust – Privacy and Dignity policy

7.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1a: Decision Making for Justified Breaches

Decision Matrix	Justified Breaches	Notes
End of Life Care	Green Almost Always	A patient receiving end-of-life care should not be moved solely to achieve segregation - in this case a breach would be justified, there is no time limit.
The joint admission of couples or family groups may be a justifiable breach if it is in the overall best interest of the patient and the patients have expressed a preference for sharing	Green Almost always	Staff should undertake a risk assessment of the person/s being admitted and the other patients in the vicinity and produce a risk management plan to mitigate and reduce the risks identified. Staff should ensure that there is involvement of the person being admitted, their family and carers in the discussion, risk assessment and decision making so they all will know what to expect.
Children/young people's units	Amber Sometimes	Children (or their parents in the case of very young children) and young people should have the choice of whether care is segregated according to age or gender. There are no exemptions from the need to provide high standards of privacy and dignity.
Mental health	Red Almost never	All episodes of mixing in mental health inpatient units and in women-only areas should be reported.
Inpatient wards	Red Almost never	All episodes of mixing in inpatient wards should be reported

Appendix 1b: Pathway following a sexual safety incident.

The following is aimed to prompt staff following a reported or observed sexual safety incident. Whilst following the actions below, for inpatient areas, simultaneously consider the suitability of the ward environment e.g. does the alleged perpetrator require a different ward environment.

Gather details of the incident from all relevant parties including the person affected, alleged perpetrator and any witnesses whilst providing staff to give emotional care and support.

↓

Inform the police if appropriate depending on the nature of the incident.

↓

Arrange for medical review of the person affected if required. Offer support with sexual health / pregnancy screening if appropriate.

↓

Depending on the nature of the incident, evidence may need to be preserved.

↓

Inform safeguarding team. Does the incident meet the S42 criteria? Notification to the Local Authority

↓

Complete incident form (EiRF)

a decision-making process will take place to consider if a 72 hour review us required.

↓

Discuss and consider informing NOK important to remember and use Duty of Candour. Offer emotional support for the family / carers (a contact point or person will need to be offered).

Capacity assessment to be carried out and recorded for both the person affected and alleged perpetrator in relation to capacity to engage in sexual activity. Points to consider – power imbalance, coercion and controlling behaviour.

↓

Continued support for the person affected to be provided. Also consider if a referral to advocacy is required.

↓

Ensure the MDT, manager & RC are aware.

↓

Review therapeutic observation levels.

↓

Ensure the risk assessment is updated and that past risk history has been reviewed.

↓

Develop person centred care plan around sexual safety with people involved.

↓

Involve both parties separately in the review if appropriate and ensure that this incident / issue is discussed with the care team at discharge or post discharge to ensure that additional follow up support is provided.

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	X
Respond to different needs of different sectors of the population	X
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	X
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	X

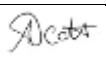
Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Privacy and Dignity policy
Date Screening commenced	21.9.23
Directorate / Service carrying out the assessment	Enabling
Name and role of person undertaking. this Due Regard (Equality Analysis)	Emma Wallis Deputy Director of Nursing and Quality
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: The purpose of this policy is to set out how we maintain the privacy and dignity of our patients and their families, carers and visitors.	
OBJECTIVES: To provide standards and guidance for staff to ensure people's privacy and dignity is maintained, including transgender and non-binary patients linked to mixed sex accommodation and principles of sexual safety for all patients	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	No negative impact identified
Disability	No negative impact identified
Gender reassignment	Positive impact, supporting guidance for transgender people and transgender/trans children
Marriage & Civil Partnership	Positive impact, guidance for justifying a breach for a couple
Pregnancy & Maternity	No negative impact identified
Race	No negative impact identified
Religion and Belief	No negative impact identified
Sex	Positive impact; clearly defined guidance and reference to sexual safety. Negative impact- estates do not allow for additional gender neutral toilet and bathroom facilities
Sexual Orientation	Positive impact, clearly defined guidance
Other equality groups?	

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	**No** x
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4			
If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Low risk as it largely positively impacts from an equality and diversity perspective, is inclusive and recognises specific protected characteristics throughout.			
Signed by reviewer/assessor	E Wallis	Date	21.9.23
Sign off that this proposal is low risk and does not require a full Equality Analysis			

Head of Service Signed		Date	23/11/2023

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Privacy and Dignity Policy**	
Completed by:	**Emma Wallis**	
Job title	**Deputy Director of Nursing and Quality**	**Date 21.09.21**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	N	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	N	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	N	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	**N**	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	N	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	N	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	N	
8. Will the process require you to contact individuals in ways which they may find intrusive?	**N**	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	
Date of approval	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust