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<tr>
<td>Reference Number</td>
<td>CNTW(C)40</td>
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<tr>
<td>Lead Officer</td>
<td>Executive Director of Nursing and Chief Operating Officer</td>
</tr>
<tr>
<td>Author(s)</td>
<td>Bill Kay – Associate Director-North Inpatient CBU</td>
</tr>
<tr>
<td>Ratified by</td>
<td>Business Delivery Group</td>
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<td>Date ratified</td>
<td>Jan 2020</td>
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<td>Jan 2020</td>
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<td>Jan 2020</td>
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<td>Jan 2023</td>
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**Review and Amendment Log**

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<td>NTW(C)40 – V03.2</td>
<td>Dignity in Care Policy</td>
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## Dignity in Care Policy

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### Standard Appendices – attached to policy

- A Equality Analysis Screening Tool
- B Training Checklist and Training Needs Analysis
- C Audit Monitoring Tool
- D Policy Notification Record Sheet - [click here](#)

### Appendix – attached to policy

<table>
<thead>
<tr>
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<tr>
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<td>DC-PGN-02</td>
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<tr>
<td>DC-PGN-03</td>
<td>Appropriate Touch – Children and Young people (Ferndene and Alnwood)</td>
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1 Introduction

“No care should be provided in a way which demeans or is seen as disrespectful. Throughout care people are made to feel central to it and that at any stage their individuality and humanity is of paramount importance” (Dignified and Respected: DH Care Networks 2008)

1.1 Cumbria Northumberland, Tyne and Wear NHS Foundation Trust (The Trust/CNTW) is committed to providing high quality, responsive care that is focussed on the needs of patients and service users and is respectful of their individual values, beliefs and personal relationships.

1.2 This policy has been written to support The Chief Nursing Officer’s 6 C’s of Nursing: A Vision and Strategy for Nursing to make a Difference (2013), NHS Change Model: An approach to change (2013), Putting Patients First – the response to the Francis Report (2013)

1.3 The Care Quality Commission has five Key Lines of Enquiry (KLOE). https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20showing%20change%20s%20FINAL.pdf

One KLOE is the Caring domain. Within the Caring domain the CQC explain that “by caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect”. It goes on to ask three broad questions :-

• How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
• How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
• How are people's privacy and dignity respected and promoted?

1.4 Putting people at the heart of care, respecting what is important to them, ensuring they have choice and are involved in their care, while ensuring they are protected by person centred care values which permeate throughout structures and processes is fundamental to providing high quality and responsive care.

1.5 These principles also relate to the care environment. It is of the utmost importance that care and treatment is provided in an environment in which patients, service users and carers matter, where they do not experience negative or offensive behaviour or attitudes and where their safety (including sexual safety) is paramount and in which they can expect professional boundaries to be maintained at all times.

1.6 The promotion of equality and diversity principles are embedded and fundamental to the care and treatment we provide and staff will consider the
needs of people based on: Gender, Age, Disability, Race, Religion, Faith and Sexuality

1.7 In response to the Francis Inquiry the Health secretary said “the basic values of dignity and respect will be central” (Putting Patients First, 2013.

2 Purpose

2.1 The purpose of the policy is to:

- Ensure dignity in care for all patients, service users and their carers
- Describe the responsibilities of the Trust, managers and individual members of staff
- Outline the core principles that all staff are expected to implement
- Define the standards of practice for promoting privacy, dignity and respect

2.2 The responsibility for ensuring these standards are upheld lies with all staff and employees of the Trust.

3 Responsibilities

3.1 Chief Executive

3.1.1 The Chief Executive on behalf of the Trust retains ultimate accountability for the Health, Safety and Welfare of all patients, carers, staff and visitors; however key tasks and responsibilities will be delegated to individuals in accordance with the content of this policy

3.1.2 The Chief Executive will influence any changes in practice and environment required to maintain standards relating to privacy and dignity.

3.2 Executive Director of Nursing and Chief Operating Officer

3.2.1 The Executive Director of Nursing and Chief Operating Officer shall assume responsibility on behalf of the Trusts board for all aspects of privacy and dignity within the Trust. They will ensure the Trust complies with all standards and management arrangements to ensure compliance with policy.

3.2.2 As Quality and Performance lead they will ensure compliance with the following:

- Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect
- Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care, and after care.
• Healthcare services are provided in environments which promote
effective care and optimise healthcare outcomes by being supportive
of patient privacy and confidentiality.

3.2.3 The Executive Director of Nursing and Chief Operating Officer will also be
made aware of the results of any audits, inspections/assessments made both
internally and externally and any change required.

3.3 Group Nurse Directors

3.3.1 The Group Nurse Directors shall on behalf of the Executive Director of
Nursing and Chief Operating Officer ensure a Trust wide approach to the
implementation and monitoring of the Essence of Care benchmarking audit
tool and that:

• All policies comply with the Dignity Challenge and Dignity Tests
• Systems are in place to monitor implementation of the principles set
out in this policy
• Every team has a registered Dignity Champion
• Good practice and innovative ideas are shared through the Quality and
Performance Group
• All user satisfaction monitoring includes the ten points of the Dignity
Challenge
• All staff guidance manuals comply with the Dignity Tests

3.4 Group Directors

3.4.1 It is the responsibility of the Group Directors to ensure implementation and
compliance with policy, ensuring that;

• Facilities in which care is given allow for confidential discussion
• Premises in which care is given have discrete sleeping, hygiene and
toilet facilities available for men and women.
• Staff have appropriate skills and are provided with training
opportunities to develop communication skills
• Systems are in place to monitor how effectively the service promotes
dignity and respect, including environment
• Feedback to staff and actions and recommendations are acted upon

3.5 Group Director with responsibility for training

3.5.1 It is the responsibility of the Group Director with responsibility for training to
incorporate the Dignity Challenge and ensure that these policy principles are
incorporated into all relevant training programmes

• Ensure provision of person centred values based training
• Ensure both Trust and local induction training and the Trust annual training programme complies with the Dignity Challenge and Dignity Tests
• Ensure training is provided on communicating with people with dementia, sensory loss or disability
• Engage with service users to support the training of professionals wherever appropriate

3.6 Ward/Team Managers

3.6.1 It is the responsibility of the Ward/Team Manager to:

• Provide a good role model in their attitude and behaviour
• Identify a Dignity Champion within their team, who is registered on the Dignity Champions website https://www.dignityincare.org.uk/Dignity-Champions
• Implement the principles set out in this policy and actively encourage Dignity Champions and other staff to improve practice in their own areas
• Ensure all systems of care are person focused and not task orientated
• Ensure the service promotes dignity and respect, including environment and ensure feedback to staff and actions or recommendations are acted upon
• Implement systems which utilise outcome of questionnaires, surveys, assessments to improve and inform practice
• Manage and respond to complaints/incidents and sharing learning from complaints with team members
• Support service users to participate in benchmarking and action planning processes
• Ensure all service user information reflects the spirit of the Dignity Challenge and Dignity Tests
• Ensure that staff have appropriate communication skills and are released to attend training
• Encourage staff to see complaints as positive and an effective tool for service development

3.7 Employees

3.7.1 Employees are responsible for:

• Promoting dignity and respect for all
• Upholding the Dignity Challenge
• Participating in training or service development initiatives identified by their manager
• Adhering to the principles set out in this policy
• Ensure service users are supported with focussed help and assistance and given time to share their problems and feelings
- Place vulnerable people at the heart of the decision-making process and provide clear safeguards for them and their families
- Report incidents
- Make best use of good practice examples and guides, supporting literature, toolkits for example: Triangle of Care, See It, Say It, 6C’s, CNTW’s Together Strategy - https://www.cntw.nhs.uk/about/publications/together-service-user-and-carer-involvement-strategy/

4 Definition of Terms Used

4.1 The Dignity Challenge and Dignity Tests:

4.1.1 The dignity challenge provides 10 areas of compliance to ensure the provision of high quality services that respect people’s dignity. The challenge is supported by dignity tests seen at appendix 1 which provide a useful tool to individuals and teams to ensure dignity for service users.

<table>
<thead>
<tr>
<th>The Dignity Challenge</th>
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<tbody>
<tr>
<td>High Quality care services that respect peoples dignity should:</td>
</tr>
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</table>

- Have a zero tolerance to all forms of abuse
- Support people with the same respect you would want for yourself or a member of your family
- Treat each person as an individual by offering a personalised service
- Enable people to maintain the maximum level of independence, choice and control
- Listen and support people to express their needs and wants
- Respect people’s right to privacy
- Ensure people feel able to complain without fear of retribution
- Engage with family members and carers as care partners
- Assist people to maintain confidence and a positive self-esteem
- Act to alleviate people's loneliness and isolation

4.2 Essential Standards

4.2.1 The benchmarking process detailed in Essential Standards helps practitioners to take a structured approach to sharing and comparing practice, enabling
them to identify best practice and to develop action plans to remedy poor practice. The domains cover:

- Caring
- Effective
- Responsive
- Safe
- Well led

Dignity and respect underpin the domains within the Essential Standards

5 Standards of Practice: Achieving the Dignity Challenge

5.1 The Dignity Challenge provides the principles which will underpin standards of practice all employees will be expected to adhere to in providing patients and service users with assurance in promoting privacy, dignity and respect. We will ensure that everyone is communicated with respect, their privacy is respected and their dignity ensured.

5.2 The broad principles which underpin this are set out below:

<table>
<thead>
<tr>
<th>Communicated with Respectfully</th>
<th>Privacy is Respected</th>
<th>Dignity is Ensured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spoken to with sensitivity</td>
<td>Modesty is respected</td>
<td>Treated with dignity at end of life</td>
</tr>
<tr>
<td>Spoken to with patience</td>
<td>Personal space is respected</td>
<td>Treated with dignity where modesty may make people anxious</td>
</tr>
<tr>
<td>Spoken to with empathy</td>
<td>Living area is respected</td>
<td>Treated with dignity irrespective of capacity</td>
</tr>
<tr>
<td>Listened to with interest</td>
<td>Personal belongings are respected</td>
<td>Treated with dignity during mealtimes</td>
</tr>
<tr>
<td>Communicated with consideration</td>
<td>Personal communications are respected</td>
<td>Treated with dignity during personal care</td>
</tr>
</tbody>
</table>

Provide care which recognises how important respecting peoples dignity, modesty and feeling is
6 Standards for Practice: Privacy, Dignity and Respect

6.1 Zero tolerance of all forms of abuse

6.1.1 Care and support will be provided in a safe environment, free from abuse. The Trust acknowledges that abuse can take many forms, physical, sexual, psychological, financial, institutional, neglect and discrimination.

6.1.2 The Trust takes its responsibilities seriously and will adhere to Local Authority Safeguarding policies for both children and adults and ensure current policies relating to the safeguarding of children and adults are maintained. Policies such as Escalating Concerns, Complaints and Values Based Recruitment processes will also provide assurance.

6.1.3 Standards for practice

- All staff will undertake safeguarding children and adults training as part of induction and mandatory updates

- All staff must ensure they are aware of incident reporting systems and report incidents in a timely manner

- All clinical areas will meet the standards for single sex accommodation. Where care and treatment is provided to both male and female service users, signs will indicate designated male or female facilities.

- Professional boundaries will maintained at all times and the acceptability of personal therapeutic contact (touch) will be identified with each service user and in line with practice guidance note – DC–PGN-03 - Appropriate Touch (CYPS) – Ferndene and Alnwood, which sits with this policy.

7 Support people with the same respect you would want for yourself or a member of your family

7.1 The Trust expects that all staff support people with respect. The attitude and behaviour of staff is paramount in preserving an individual’s dignity. People should be cared for in a dignified, courteous and considerate manner at all times, in an environment where stereotypical views are challenged and the valuing of diversity is demonstrated. The Trust expects all staff to behave in a courteous and considerate manner, to ensure service users and carers do not experience negative or offensive attitudes and behaviour.

7.2 Standards for practice

- All staff will undertake attitudes & values and equality & diversity training as part of induction and mandatory training programmes

- Personal care is delivered in a respectful manner which ensures the dignity of the individual

- The needs of culturally diverse groups are sought and respected
8 Treat each person as an individual by offering a personalised service

8.1 Service users have the right to experience care in an environment which respects their individual values, beliefs, personal relationships, cultural and religious beliefs, and personal identity, including sex and sexual orientation. Care and treatment should be personalised and tailored to suit each individual's needs. There must be no unlawful discrimination.

8.2 Standards for practice

- Staff should take time to get to know the person receiving services to assess and understand their individual needs and preferences including completion of the Getting to Know You document with the patient and carers.
- Individual needs and choice will be ascertained, documented and reviewed as part of the care planning processes.
- The name the service user wishes to be known as, is agreed, documented and used.
- Information is provided in an accessible format, factual, free from jargon and abbreviations and can be adapted to meet individual need as necessary.

9 Enable people to maintain the maximum level of independence, choice and control

9.1 Service users should be viewed as partners in their care and treatment and supported to make a positive contribution about the care and support they will receive and to be involved in the decisions about their care and the support they receive.

- A patient’s views, past and present wishes and feelings (whether expressed at the time or in advance), should be considered so far as they are reasonably ascertainable. Patients should be encouraged and supported to develop advance statements of wishes and feeling and express their views about future care and treatment when they are well, Mental Health Act 1983, Code of Practice 2015.

9.2 Standards of practice

9.2.1 Information about completing an “Advance Statement and / or an Advance Decision to refuse treatment (See Trust policy - CNTW(C)34 – Mental Capacity Act policy MCA-PGN-02 Advanced Decisions and Statements) should be offered to service users as a means of understanding their wishes when they are unwell and unable to communicate them. Staff should also ascertain if a service user has a Health and Welfare Lasting Power of attorney (See Trust policy - CNTW(C)34 - Mental Capacity Act)
- People receiving services will be supported to participate as partners in decision making about their care
- Care plans should be agreed and signed by service users and/or carers and parents where appropriate.
- Service users should be actively encouraged to participate in drawing up an invitation list to meetings about their care
- People are encouraged to take responsibility for managing their own care with support from care staff when needed

10 **Listen to people and support them to express their needs and wants**

10.1 Respecting what is important to an individual, and enabling them to express their needs and wants is fundamental to providing person centred care. It enables the individual to contribute to their care and treatment. Staff need to take time to listen and support individuals to communicate and where this is not possible find other means of ascertaining an individuals needs and wants.

10.2 **Standards of practice**

- Individuals should be supported in exercising their rights to consent to care and treatment (in line with the Trust's CNTW(C)05 - Consent to examination and treatment policy)
- Staff should support access to advocacy services for service users with cognitive impairment and/or communication difficulties, where appropriate
- Alternative means should be used where required to ascertain an individual’s needs and wants, such as Dementia Care Mapping, Life Stories
- For individuals who lack capacity the requirements of Trust policy CNTW(C)34 - Mental Capacity Act, must be followed

11 **Respect people’s right to privacy**

11.1 Care and treatment should be delivered in a dignified way that does not embarrass, humiliate or expose an individual. Personal space should be accessible and areas of sensitivity that relate to modesty, gender, culture or religion and basic manners are fully respected. Personal and private space must be respected and protected for individuals to ensure privacy is effectively maintained

11.2 **Standards of practice**

- All clinical areas will meet the standards for single sex accommodation. Where care and treatment is provided to both male and female service users, signs will be available to indicate designated male or female facilities
- All facilities in which care is given allow for confidential discussion
• Preferences for a male of female clinician are accommodated when requested

• Clinical consultations, examinations and investigations are potentially distressing and staff must remain aware of this and offer to provide or arrange support or advocacy to the service user as necessary. (See the Trust’s CNTW(C)05 – Consent to Examination and Treatment Policy, practice guidance note – CET-PGN-01 - Chaperone Guidance)

• A care plan should be drawn up when intimate personal care is to be delivered. Personal preferences, cultural needs and the concerns of carers should be taken into account when a service user lacks capacity

• Staff should be aware of Caldicott principles and adhere to information sharing; Trust policy CNTW(O)29, Confidentiality: Protecting and using personal information

• Do not disturb signs should be used to prevent unwanted interruption as appropriate

• Care should be given without interruption where possible (protected engagement time)

• Family room and /or a private visitors area should be available for service users to meet with visitors - where appropriate

12 Ensure people feel able to complain without fear of retribution

12.1 Service users have a right to complain and should feel they can do so without fear of retribution. It is important for individuals and their families to be assured that robust processes are in place which enable and protect individuals to raise concerns. The Trust will ensure that concerns and complaints are respected and responded to in a timely manner.

12.2 Standards of practice

• Service users and carers have access to information and advice they need

• Staff will support individuals to raise their concerns and complaints with the appropriate person

• Individuals should be provided with information and access to advocates

• Managers should encourage staff to see complaints as a positive as well as an effective tool to aid service improvement
13 Engage with family members and carers as care partners

13.1 Family members and carers play a significant part in an individual’s life and can contribute significantly to an individual’s care and treatment plan. Experiencing a welcoming environment, receiving timely and relevant information and being viewed as welcome contributors; in the care process can allay concerns and benefit the individual receiving services.

13.2 Standards of Practice

- Carer Champion must be identified in each team
- Accessible and timely information should be available in relation to the service
- Discussion with service users should be documented in relation to sharing care plan information with carer/relatives/other agencies involved with care
- Carers should be offered a carers assessment where appropriate
- Carers will be involved in the Multi-Disciplinary Team (MDT) review – where service user consent is given- where they are encouraged to actively contribute

14 Assist people to maintain confidence and a positive self-esteem

14.1 Encouraging and supporting individuals to participate in their care helps to develop self esteem and promote health and well being. Creating a partnership approach, safeguarding an individual’s right, listening to and supporting decision making can help to develop positive self esteem.

14.2 Standards of Practice

- Individuals will be offered advice and guidance on diet and healthy lifestyle
- Individuals are helped to participate as partners in decision making processes about their care and the support they need

15 Act to alleviate people’s loneliness and isolation

15.1 Being encouraged to engage in activities, which stimulate and challenge can aid an individual’s recovery and reduce social isolation. People receiving services will be encouraged to access enjoyable, stimulating and challenging activities compatible with individual interests.

15.2 Standards of Practice

- Access to appropriate and stimulating activities should be available to all service users and documented in their care plan
• Service users will be supported to access community interests, maintain contacts and to feel valued as a member of their community.

16 Staff Training

16.1 The Trust will ensure that staff have access to appropriate training; it is the responsibility of each Associate Director to ensure staff attend. Levels of training are identified in the training needs analysis.

17 Identification of Stakeholders

17.1 This is an existing policy which has been reviewed with only minor changes therefore did not require full Trust wide consultation.

18 Equality Impact Assessment

18.1 In conjunction with the Trust’s Equality and Diversity Officer this policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust undertakes to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

19 Implementation

19.1 It is considered an awareness of the policy its content and implementation will be achievable immediately.

20 Monitoring Compliance

20.1 The Executive Director of Nursing and Chief Operating Officer has the responsibility for ensuring a robust system of audit is in place within the Trust. The Policy Author will devise an audit tool and ensure completion of this tool by clinical teams. Following completion the results and any action plans arising will be distributed to all Clinical Teams, Directors and the Chief Executive of the Trust.

21 Fair Blame

21.1 The Trust is committed to developing an open learning culture. The Trust would encourage staff to report incidents where the dignity and respect of service users may have been compromised.

22 Associated documents

22.1 This policy should be read in conjunction with:

- CNTW(C)04 - Safeguarding Vulnerable Children
- CNTW(C)05 - Consent to Examination or Treatment
- CNTW(C)19 - Observation Policy
- CNTW(C)24 - Safeguarding Vulnerable Adults
- CNTW(C)29 - Physical Assessment and Examination
- CNTW(C)34 - Mental Capacity Act Policy
  - MCA-PGN-02 – Advance Decisions and Statements
- CNTW(C)36 - Deprivation of Liberty Safeguards
- CNTW(O)29 - Confidentiality Policy: Protecting and using personal information

23 References

- Patients Charter (1992): Department of Health
- The National Service Framework for Older People (2001): Department of Health
- New Ambition for Old Age (2006) Department of Health
- Dignity in Care Campaign (2006) Department of Health
- Putting Patients First (2013) Department of Health
- Care Quality Commission Essential Standards 2014
Appendix A

### Equality Analysis Screening Toolkit

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Directorate</th>
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<tr>
<td>Chris Rowlands – Bill Kay</td>
<td>Jan 2020</td>
<td>Jan 2023</td>
<td>Trust wide</td>
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<tr>
<th>Policy to be analysed</th>
<th>Is this policy new or existing?</th>
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<tbody>
<tr>
<td>CNTW(C)40 Dignity in Care – V04</td>
<td>Existing</td>
</tr>
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### What are the intended outcomes of this work? Include outline of objectives and function aims

Trust) is committed to providing high quality, responsive care that is focussed on the needs of patients and service users and is respectful of their individual values, beliefs and personal relationships.


### Who will be affected? e.g. staff, service users, carers, wider public etc

#### Service Users and Carers

**Protected Characteristics under the Equality Act 2010.** The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Disability</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Sex</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Race</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Age</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Gender reassignment (including transgender)</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Sexual orientation.</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Carers</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>Other identified groups</td>
<td>Potentially positive impact</td>
</tr>
<tr>
<td>How have you engaged stakeholders in gathering evidence or testing the evidence available?</td>
<td>Through policy making and review processes, Points of You etc.</td>
</tr>
<tr>
<td>How have you engaged stakeholders in testing the policy or programme proposals?</td>
<td>Through policy making and review processes, Points of You etc.</td>
</tr>
<tr>
<td>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</td>
<td>All those on the policy review team</td>
</tr>
</tbody>
</table>

**Summary of Analysis** Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

**Potentially positive impact**

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

| Eliminate discrimination, harassment and victimisation | Yes |
| Advance equality of opportunity | Yes |
| Promote good relations between groups | Yes |
| What is the overall impact? | Positive |
| Addressing the impact on equalities | Positive |

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? No

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager’s signature: Chris Rowlands – Bill Kay  Date: Jan 20
## Appendix B

### Communication and Training Check list for policies

#### Key Questions for the accountable committees designing, reviewing or agreeing a new Trust policy

<table>
<thead>
<tr>
<th>Is this a new policy with new training requirements or a change to an existing policy?</th>
<th>Existing Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.</td>
<td>Clear understanding of the principles that underpin high quality responsive care that is focussed on the needs of patients and service users is respectful of their individual values, beliefs and personal relationships and the expected practice standards required by CNTW Trust</td>
</tr>
<tr>
<td></td>
<td>This reviewed CNTW Policy supersedes CPFT policy :-</td>
</tr>
<tr>
<td></td>
<td>POLICY TO PROMOTE PRIVACY, DIGNITY &amp; RESPECT. POL/001/043</td>
</tr>
<tr>
<td></td>
<td>Will need to review the current training requirements of the former CPFT staff to ensure that they are in line with CNTW’s training requirement as outlined in this policy; to attend Attitudes &amp; Values and Equality &amp; Diversity Training</td>
</tr>
</tbody>
</table>

#### Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? 

- Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Solutions etc.
- Please identify the risks if training does not occur.

#### Communication of policy existence: awareness of policies

- CNTW(C)04 Safeguarding Vulnerable Children
- CNTW(C)05 Consent to Examination or Treatment
- CNTW(C)19 Observation Policy
- CNTW(C)24 Safeguarding Vulnerable Adults
- CNTW(C)29 Physical Assessment
<table>
<thead>
<tr>
<th>Training Needs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure principles of policy are incorporated into induction and annual training programme</td>
<td></td>
</tr>
<tr>
<td>Provide access to communication training as per service needs via PDP</td>
<td></td>
</tr>
<tr>
<td>Incorporated into Equality and Diversity Training</td>
<td></td>
</tr>
</tbody>
</table>

Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.

<table>
<thead>
<tr>
<th>Awareness of policy and existing policies</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CNTW (C) 04 Safeguarding Vulnerable Children</td>
<td></td>
</tr>
<tr>
<td>CNTW(C)05 Consent to Examination or Treatment</td>
<td></td>
</tr>
<tr>
<td>CNTW(C)19 Observation Policy</td>
<td></td>
</tr>
<tr>
<td>CNTW (C)24 Safeguarding Vulnerable Adults</td>
<td></td>
</tr>
<tr>
<td>CNTW (C)29 Physical Assessment and Examination</td>
<td></td>
</tr>
<tr>
<td>CNTW(C) 34 Mental Capacity Act Policy</td>
<td></td>
</tr>
<tr>
<td>MCA-PGN-02 – Advance Decisions and Statements PGN</td>
<td></td>
</tr>
<tr>
<td>CNTW (C) 36 Deprivation of Liberty Safeguards</td>
<td></td>
</tr>
<tr>
<td>CNTW(O) 29 Confidentiality Policy: Protecting and using personal information</td>
<td></td>
</tr>
</tbody>
</table>

All staff to be aware of policy principles. Staff who have contact with service users to ensure standards of practice.

Is there a staff group that should be prioritised for this training / awareness?
Please outline how the training will be delivered. Include who will deliver it and by what method.

The following may be useful to consider:
- Team brief/e bulletin of summary
- Management cascade
- Newsletter/leaflets/payslip attachment
- Focus groups for those concerned
- Local Induction Training
- Awareness sessions for those affected by the new policy
- Local demonstrations of techniques/equipment with reference documentation
- Staff Handbook Summary for easy reference
- Taught Session
- E Learning

- The Trust Policy Bulletin
- Management meetings
- Inclusion into existing training programmes – QCF, Induction, Equality and Diversity

Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.

Group Nurse Directors
Appendix B – continued

Training Needs Analysis

<table>
<thead>
<tr>
<th>Staff/Professional Group</th>
<th>Type of training</th>
<th>Duration of Training</th>
<th>Frequency of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>All staff of the Trust</td>
<td>Awareness of policy principles</td>
<td></td>
<td>As required as policy changes</td>
</tr>
<tr>
<td>All staff who have</td>
<td>Awareness of policy principles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>contact with service</td>
<td>Awareness of related policies as outlined in policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>users to ensure standards of practice</td>
<td>Policy principles underpin existing training programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PDP identifies where communication training required</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Should any advice be required, please contact: - 0191 2456777 (internal 56777) option 1
Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, policy authors are required to include how monitoring of this policy is linked to auditable standards/key performance indicators will be undertaken using this framework.

<table>
<thead>
<tr>
<th>Auditable Standard/Key Performance Indicators</th>
<th>Frequency/Method/Person Responsible</th>
<th>Where results and any associated action plan will be reported to, implemented and monitored; (this will usually be via the relevant governance Group).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Each ward / team has a Dignity in Care Champion registered on the Dignity Champions Website</td>
<td>Identified individuals from each ward/team to be reviewed and registered on Dignity Champions website annually Responsible person - Ward/Team Managers</td>
<td>The wards and teams will report this within their respective Clinical Management Teams</td>
</tr>
<tr>
<td>2. A minimum of 75% staff to attend Attitudes &amp; Values / Equality &amp; Diversity Training</td>
<td>Staff attendance monitored via training dashboards monthly Responsible person - Ward/Team Managers</td>
<td>The performance reports from dashboards reported to Clinical Management Teams, Locality Operational Management Groups and Quality and Performance Groups</td>
</tr>
<tr>
<td>3. Service User satisfaction demonstrates that the Dignity Challenge is upheld</td>
<td>Ward and Team managers are responsible for collating and acting on service user feedback from Points of You/ How’s it Going</td>
<td>An annual report is produced by the Group Operational Support Managers, Clinical Management Teams, Locality Operational Management Groups and Quality and Performance Groups</td>
</tr>
<tr>
<td>Auditable Standard/Key Performance Indicators</td>
<td>Frequency/Method/Person Responsible</td>
<td>Where results and any associated action plan will be reported to, implemented and monitored; (this will usually be via the relevant governance Group).</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 4. Environmental audits incorporate the Dignity Challenge | Action plans are developed and implemented from environmental audits  
Responsible person - Ward/team Managers  
PLACE Leads  
Annual PLACE reports completed by the Assistant head of Operational Services and PLACE Team | Clinical Management Teams, **Locality Operational Management Groups and Quality and Performance Groups** |
| 5. All clinical areas meet the standard for single sex accommodation | Annual DSSA exception report CNM’s collate initial DSSA exception report and **Associate Directors** collate summary report from each clinical area | Clinical Management Teams, **Locality Operational Management Groups and Quality and Performance Groups** |

The Author(s) of each policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.
The Dignity Challenge and Dignity Tests

1. Have a zero tolerance of all forms of abuse
   - Is valuing people as individuals central to our philosophy of care?
   - Do our policies uphold dignity and encourage vigilance to prevent abuse?
   - Do we have in place a whistle blowing policy that enables staff to report abuse confidentially?
   - Have the requisite Criminal Records Bureau and Protection of Vulnerable Adults List checks been conducted on all staff?

2. Support people with the same respect you would want for yourself or a member of your family
   - Are we polite and courteous even when under pressure?
   - Is our culture about caring for people and supporting them rather than being about ‘doing tasks’?
   - Do our policies and practices emphasise that we should always try to see things from the perspective of the person receiving services?
   - Do we ensure people receiving services are not left in pain or feeling isolated or alone?

3. Treat each person as an individual by offering a personalised service
   - Do our policies and practices promote care and support for the whole person?
   - Do our policies and practices respect beliefs and values important to the person receiving services?
   - Do our care and support consider individual physical, cultural, psychological and social needs and preferences?
   - Do our policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?

4. Enable people to maintain the maximum possible level of independence, choice and control
   - Do we ensure staff deliver care and support at the pace of the individual?
   - Do we avoid making unwarranted assumptions about what people want or what is good for them?
Do individual risk assessments promote choice in a way that is not risk-averse?

Do we provide people receiving services the opportunity to influence decisions regarding our policies and practices?

5. **Listen and support people to express their needs and wants**

- Do all of us truly listen with an open mind to people receiving services?
- Are people receiving services enabled and supported to express their needs and preferences in a way that makes them feel valued?
- Do all staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss?
- Do we ensure that information is accessible, understandable and culturally appropriate?

6. **Respect people’s right to privacy**

- Do we have quiet areas or rooms that are available and easily accessible to provide privacy?
- Do staff actively promote individual confidentiality, privacy and protection of modesty?
- Do we avoid assuming that we can intrude without permission into someone’s personal space, even if we are the care giver?
- Can people receiving services decide when they want ‘quiet time’ and when they want to interact?

7. **Ensure people feel able to complain without fear of retribution**

- Do we have a culture where we all learn from mistakes and are not blamed?
- Are complaints policies and procedures user-friendly and accessible? Are complaints dealt with early, and in a way that ensures progress is fully communicated?
- Are people, their relatives and carers reassured that nothing bad will happen to them if they do complain?
- Is there evidence of audit, action and feedback from complaints?

8. **Engage with family members and carers as care partners**

- Do employers, managers and staff recognise and value the role of relatives and carers, and respond with understanding?
- Are relatives and carers told who is ‘in charge’ and with whom issues should be raised?
- Do we provide support for carers who want to be closely involved in the care of the individual, and provide them with the necessary information?
• Are we alert to the possibility that relatives’ and carers’ views are not always the same as those of the person receiving services?

9. **Assist people to maintain confidence and a positive self-esteem**

• Are personal care and eating environments well designed for their purpose, comfortable and clear?
• Do we maximise individual abilities at all times during eating and personal care and hygiene activities?
• Do we ensure people receiving services wear their own clothes whenever possible rather than gowns etc?
• While respecting the wishes of the person receiving services as far as possible, are they respectable at all times and are staff tidy and well presented?

10. **Act to alleviate people’s loneliness and isolation**

• Do we provide access to varied leisure and social activities that are enjoyable and person-centred?
• Have we reviewed the activities we offer to ensure they are up to date and in line with modern society?
• Do we provide information and support to help individuals to engage in activities which help them participate in and contribute to community life?
• Are responsibilities of all staff towards achieving an active and health-promoting culture made clear through policies, procedures and job descriptions?