



# Policy:

## NP 025 - ESTABLISHING AND MAINTAINING THERAPEUTIC RELATIONSHIPS WITH SERVICE USERS/PATIENTS/CARERS

Executive or Associate Director lead	Executive Director of Nursing and Professions
Policy author/ lead	Safeguarding Lead
Feedback on implementation to	Safeguarding Lead

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Date of issue	30/08/2019
Date for review	30/11/2022 (Extended by PGG 22/08/2022 from 31/08/2022)

Target audience	All SHSC staff including seconded staff, agency, temporary, voluntary and trainee staff.
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### Policy Version and advice on document history, availability and storage

**Version 2.0** – This policy relates to establishing and maintaining therapeutic relationships with service users/patients/carers

This policy is related to establishing and maintaining therapeutic relationships with service users/patients/carers.

This is Version 2.0 and is stored and available through the SHSC internet/intranet  
This version supersedes the previous version dated January 2015.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

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## **1. Introduction**

- 1.1 The relationship between a Trust member of staff and a service user or carer must be based on the assessed needs of the service user or carer and the skills and knowledge of the member of staff engaged to help meet those needs.
- 1.2 This policy provides guidance to staff to what constitutes safe and appropriate practice in the building of positive and supportive and therapeutic relationships with service users and carers.
- 1.3 You may know from your own experience that it is harder to use your skills effectively with a friend, relative or partner where there is an emotional involvement. It is therefore essential that while you may develop a close working relationship with service users you must never allow that to cloud your professional judgement.
- 1.4 Should you be involved in a pre-existing relationship with a service user or carer you should discuss this with your line manager to ensure that you and your partner receive appropriate advice and support.
- 1.5 All staff should seek the advice of their line manager if they have any concerns or issues about any relationships with service users or carers.

## **2. Scope**

- 2.1 This is a Trust wide policy and is supported by other Trust policies and the relevant Codes of professional Conduct from Professional Bodies such as the Nursing and Midwifery Council, General Medical Council and Health and Care Professions Council. It relates to all staff that comes into contact with service users and carers, including trainees and volunteers.

## **3. Definitions**

- 3.1 Within this document, 'service users' should be understood to include carers.
- 3.2 Within this document staff should be understood to be any person working with a service user and includes permanent and temporary staff and volunteers and trainees.
- 3.3 Within the working relationship the same laws apply in relation to assault, theft, fraud and other offences as in the wider world. This includes the Sexual Offences Act 2003 which clearly states that any care worker in a 'relationship of care' includes those providing direct care, or face to face contact e.g. administration, transport and reception staff could be liable to prosecution should they engage in any form of sexual activity with a service user of this Trust
- 3.4 The introduction of the Mental Capacity Act (2005) introduced two new criminal offences: ill treatment or wilful neglect of a person who lacks capacity to make relevant decisions (section 44) and is relevant in the application of this policy.

## **4. Purpose of this policy**

- 4.1 This policy is intended to guide staff to help maintain a professional relationship with the service users they work with, and to ensure staff are aware of potential difficulties and where to get help and support to deal with them 4.2 The Trust has a responsibility to protect service users and carers from being manipulated and abused by staff and staff should ensure that they consider their practice in line with the Safeguarding Adults policy of the Trust, and the relevant codes of professional conduct, where they apply to certain staff groups.
- 4.2 The Trust has a responsibility to protect service users and carers from being manipulated and abused by staff and staff should ensure that they consider their practice in line with the Safeguarding Adults policy of the Trust, and the relevant codes of professional conduct, where they apply to certain staff groups.
- 4.3 The Trust also has a duty towards its staff, which may sometimes be influenced, manipulated or abused by service users. This policy provides guidance within it and its links to other Trust policies to highlight the roles and responsibilities of staff and where they may gain support and protection.

## 5. Duties

- 5.1 The Trust has a duty of care towards all our service users, who by the nature of their needs will often be vulnerable.
- 5.2 Staff must recognise this vulnerability and protect service users from exploitation and abuse; staff must
- Never take advantage of their position for their own purposes.
  - Respect the dignity, privacy, safety and well-being of service users.
  - Not take advantage of service users' vulnerability or enable others to do so.
- 5.3 All staff need to be aware that failing to comply with these standards may result in formal disciplinary action, which may include dismissal, in line with the Trusts Code of Conduct, and could be prosecuted under the Sexual offences Act 2003.
- 5.4 Staff must raise any concerns about the professional conduct and practice of their colleagues with their supervisor and line manager.
- 5.5 Staff should be aware that if service users and carers have experienced abuse in the past, they may have vulnerabilities and may find it difficult to understand the nature of the working relationship with staff and professional boundaries. Staff must be aware of this and offer support and appropriate advice, reference should be made to SHSC Standards for Sexual Safety Supervision.
- 5.6 Managers are responsible for supporting staff in discussing any issues in relation to this policy and agreeing support and management structures including completion of necessary reports, statements etc.

- 5.7 Managers are responsible for ensuring the provision of support as necessary to staff, service users and carers.

## **6. Specific details**

There are a number of areas where staff must be particularly careful to avoid any opportunity for actual or perceived exploitation.

### **6.1 Pre-existing relationships**

- 6.1.1 It is quite possible that at some point someone you know or are related to will be referred to your team or workplace for a care assessment or service. It is your responsibility to inform your manager of the relationship, so that you are not directly involved in the assessment or provision. Otherwise you may be perceived to be in a position leading to a conflict of loyalties.
- 6.1.2 It is difficult to provide an effective service to someone you already know – it requires a shift in the relationship and in the balance of power to allow you to ask relevant personal questions or to provide intimate care, and you need to be able to step aside from your usual role. There is a risk that your response would not be the most appropriate for their current circumstances.
- 6.1.3 The service user may not wish to share some important information with you, because they would not want to do so in your role as a friend or relative, and find it difficult to separate that from your new professional role.
- 6.1.4 The service user may try to use your relationship to get a 'better' service, or you may feel an obligation to do so, putting additional emotional pressure on you and setting up unrealistic expectations.
- 6.1.5 Your manager will agree with you a course of action which may include putting systems in place where you would have no involvement with the service users care and treatment. As an extreme solution, following consultation with the potential service user, they may be cared for by another team if this would meet their needs

### **6.2 Developing relationships**

- 6.2.1 When people work closely together with shared aims and objectives, often on a one-to-one basis, it can be easy for a working relationship to develop into something more personal. Up to a point it may be argued that this may make for a more successful outcome, but it is your responsibility to ensure that the relationship remains on a professional footing at all times. You should ensure that you fully document all your interactions with the service user and ensure that you discuss any practice and professional issues within your practice supervision.
- 6.2.2 It is necessary to maintain a degree of objectivity in order to make appropriate care assessments and judgements, and to offer appropriate advice. If your objectivity is compromised you must discuss this in your supervision and arrange to transfer the work to a colleague if necessary. Concerns about a specific issue or interaction

should be discussed immediately with your line manager and an agreed plan of action should be agreed if necessary.

6.2.3 The expectation for Trust staff is similar to that for other professionals; it is presumed that you will carry out your designated task in a professional manner, with a degree of objectivity which enables you to make fair assessments and appropriate decisions for the people for whose benefit you are working.

6.2.4 It is never acceptable to have an intimate relationship with a service user for whom you have any professional responsibility. Regardless of how you may see the relationship, it may place the service user at risk of exploitation and may result in staff abusing their authority and may be subject to disciplinary procedures or even criminal law proceedings for example, under the Sexual Offences Act 2003.

6.2.5 This does not necessarily preclude relationships with people who have been service users in the past, nor with current service users with whom you have no professional links. However in the latter case you need to be aware of the potential for a clash of loyalties, if for example the service user is unsatisfied with the service they are receiving and any pressures you may then feel to act on their behalf in relation to their care and treatment

### **6.3 Confidentiality**

6.3.1 You must be clear about the policies and procedures relating to securing and sharing information, including the Confidentiality Policy, Information Sharing Protocol and Mobile Communication Device Policy and ensure that you give no personal information about a service user to an unauthorised person.

6.3.2 You must not attempt to access records for anyone for whom you do not have professional responsibility.

6.3.3 You should not share personal information about yourself or your family with service users, unless for a clearly defined purpose in relation to the service user's situation – for example personal experience of a service being offered.

6.3.4 In small communities it may be more difficult to maintain confidentiality, and you will need to be aware of and manage the risks.

6.3.5 You should avoid giving service users a blanket assurance that you will keep everything they tell you confidential. Apart from assessment information, for which consent to share is routinely sought, you may be given information about abuse, (refer to Safeguarding Adult and Safeguarding Children Policy) or a medical condition, or a criminal act; once you have that information, you will have a duty to act on it, whether directly or by persuading them to share the information with someone who may be more appropriate to respond. Please refer to the national guidance from General Data Protection Regulation (GDPR) and Data Protection Act 2018.

## **6.4 Communication**

- 6.4.1 For some service users email may be their preferred way of communicating. For recording and retention purposes emails must be treated as letters.
- 6.4.2 Text messages can be a useful alternative to a Mini-com for people with impaired hearing, but you should only use mobile phones provided for work purposes by the Trust, and restrict texts to arrangements for meetings or similar topics, ensuring that the telephone number is not transmitted with the text message.
- 6.4.3 You should not give personal mobile or home telephone numbers to service users. This blurs the distinction between personal and professional relationships, and is open to abuse by either party.
- 6.4.4 Although both texts and emails lend themselves to a more informal style, you must ensure they are as clear, informative and appropriate in tone as any other staff/service user communication.
- 6.4.5 You should report any abusive or offensive communication to your line manager, and refer to the relevant Trust policy for dealing with this situation.
- 6.4.6 Any contact made to you by a person who has been a service user must be communicated to your manager and to the team who are currently involved in the service users care if they are still receiving a service from the Trust.
- 6.4.7 Make sure you address service users by the name/title they prefer, and be aware of the effect of your style and tone of voice.
- 6.4.8 Remember that service users have the right to see the records kept about them. Be clear about what is factual and what is opinion, be careful to identify which is which in your recording, and note the grounds on which your opinion is based. (Records Management Policy and Data Protection Act 2018)

## **6.5 Cultural and religious issues**

- 6.5.1 You are expected to be aware of general issues which may affect your work with service users of other faiths or cultural backgrounds, and to inform yourself about issues which may be specific to individuals.
- 6.5.2 You are expected to work with service users in a culturally sensitive way, acknowledging and respecting differences; you may need to negotiate appropriate ways of delivering the services they need.

## **6.6 Intimate personal care**

- 6.6.1 Service users who need intimate personal care must feel as much at ease as possible in situations where they are at their most vulnerable. You must always respect their dignity, privacy and safety, and try to combine competence with empathy.

- 6.6.2 Some service users may try to take advantage of intimate situations; it is best to remain calm and matter-of-fact about this, while pointing out that their behaviour is unacceptable. You should discuss their behaviour with your line manager immediately to decide how best to address this and identify a consistent response with the particular individual.
- 6.6.3 Generally male staff should avoid providing intimate care to female service users although on occasions this may be unavoidable because of staffing and skill mix levels due to short term staffing shortages and the immediate needs of the service user.

## **6.7 Admitting other people**

- 6.7.1 Only those people having legitimate business with the service user should be admitted to the persons home or Trust service area, and then only with the service user's permission. This would include their friends and family, other care providers, trades people who have arranged to call, and properly identified meter-readers etc.
- 6.7.2 You must not invite your own friends or family members into a service user's home.

## **6.8 Visits**

- 6.8.1 You may only use your own vehicle to transport service users when this has been agreed as part of the care plan for a specific purpose and the appropriate insurance cover is in place. (For details please refer to the Trust Transport Policy)
- 6.8.2 Any accompanied visits must be as agreed in the care plan.
- 6.8.3 You must not take service users to your own home, or to any place which has not been authorised and never agree or arrange to meet them outside of your work role.
- 6.8.4 If a service user is admitted to hospital you would not normally be expected to visit them except in relation to their on-going or amended care plan. However, if they have very few friends or family members who cannot visit easily during a prolonged stay in hospital you may wish to visit them. This may be particularly the case if you have worked with them for a long time. Discuss this with your line manager, and if it is agreed the service users care plan should be amended to reflect this and all such visits must be recorded on the service user's notes.
- 6.8.5 When a service user dies it may sometimes be appropriate for a member of staff to attend their funeral, memorial service or other ceremony. If it is someone you have known for a significant time, or who has received substantial support from you as key worker, you may wish to attend; it may however be a good idea to check with the family first, particularly if there has been little or no direct contact with them. You should also discuss this with your manager.

## **6.9 Additional work with service users**

- 6.9.1 Care staff that visit service users in their homes may become aware of additional help required or desired which is not currently available or being provided. You must not undertake additional work in these circumstances, either on a voluntary or paid basis. This is primarily because it blurs the boundaries between the work the Trust has contracted to do and the additional work you may do, making an accurate assessment or review of need difficult. There may also be insurance issues in the case of an accident –were you working in an official or unofficial capacity at the time.
- 6.9.2 If you regularly undertake additional tasks not included in the care plan, you may cause difficulties for staff that may cover in your absence or take over from you, and raise unrealistic expectations on the part of the service user and carers.
- 6.9.3 If additional care requirements are evident this should be discussed as part of the service users review of care and a referral made to other agencies and services as appropriate to meet the service users/carers needs.

## **6.10 Money, gifts and bequests**

- 6.10.1 You must not lend money to service users, or borrow money from them, nor must you arrange for or influence them to lend money to or borrow from any third parties, except for a legitimate service-related reason previously approved by your line manager. (See SHSC Ethical Standards in the NHS: Including Hospitality, Gifts, Research and Commercial Sponsorship)
- 6.10.2 If you are authorised to help service users manage their money you must always keep their money separate from your own, keep accurate records of transactions and follow the procedures laid down for this work.
- 6.10.3 You must not sell goods or services to service users or buy from them. Nor must you arrange for the sale of goods to or purchase from third parties, except for a legitimate service-related reason previously approved by your line manager.
- 6.10.4 To avoid any suspicion of influence you must not witness wills for service users.
- 6.10.5 If you are a named beneficiary in a service user's will you must discuss this with your line manager, who will seek advice from Human resources and advise you on the best course of action.
- 6.10.6 You must not normally accept gifts from service users. However, for some of the Trusts service users there may be a need to make a gesture towards shifting the balance away from always being the recipient, and they may feel unable to accept further help which they may need. If a service user is insistent, you must discuss the matter with your line manager; if the proposed gift is of little monetary value or might be shared within a team it may be possible for the manager to accept it, while reinforcing the message about any future gifts.

6.10.7 You should never give gifts to service users with whom you work.

## **6.11 Property**

6.11.1 You should naturally treat service users' property with respect, but accidental damage may occasionally happen. You must report this to your line manager, and refer to the Trust Incident reporting and investigation policy and financial policies.

6.11.2 Similarly, if any of your property is damaged in the course of your work you should report this, via an incident form to your manger.

6.11.3 If a service user has to leave their home unexpectedly with no obvious family/ neighbour/ friend to secure the property and ensure the safety of any valuables. This should be discussed with your line manager and it may be necessary for 2 staff to complete this process of securing the service users home. (Please also refer to the Trust Transport Policy)

## **7. Dissemination, storage and archiving**

7.1 This policy will be inserted on the Trust website in the policies section and an 'All SHSC' email alert will be sent to all staff telling them of the new policy and where to find it.

7.2 Clinical and service directors are responsible for ensuring that all staff in their directorates are aware of new policies and know where to find them.

7.3 The Integrated Governance team will maintain an archive of previous versions of this policy, and make sure that the latest version is the one which is posted on the Trust intranet.

7.4 Where paper policy files or archives are maintained within teams or services it is the responsibility of the team manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Older versions should be destroyed to avoid confusion.

## **8. Training and other resource implications for this policy**

8.1 This policy will be communicated to all staff via directorate management teams and will be supported by the availability on the Trust Intranet of 'Clear sexual boundaries between healthcare professionals and patients - Information for patients and carers' and 'Clear sexual boundaries between healthcare professionals and patients - Responsibility of Healthcare Professionals' (NHS Employers and Council for Regulatory Healthcare Excellence, 2008)

8.2 New staff will be advised of this policy via local induction upon commencement of their employment.

8.3 Training in the use of the Trust 'Standards for Sexual Safety'(Appendix 1) will be rolled out to all in patient areas as part of the asking the question about violence

and abuse in adult mental health assessments training and one to one roll out sessions with team managers. This will promote best practice in raising awareness of issues relating to sexual safety and promote discussion in teams about achieving sexual safety in the broadest form.

## 9. Audit, monitoring and review

- 9.1 It is expected that the issues covered in this guidance will be discussed in supervision, and any difficulties addressed at an early stage.
- 9.2 Complaints, incident data and reports and analysis of any disciplinary process will be used to identify any particular areas of difficulty.
- 9.3 Key elements of monitoring will be included in any Safeguarding Adult Audits and analysis on a yearly basis.
- 9.4 The policy will be reviewed in 2 years or earlier should changes be indicated by analysis of incident data or following the introduction of any national guidelines.

## 10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
<i>Ratified policy to be placed on the SHSC Intranet</i>	<i>Executive Director of Nursing and Professions</i>	Within 2 weeks of policy being ratified	Policy to be on the intranet available for staff within 2 weeks of ratification

<i>Ratified policy to be distributed to directorates for wider dissemination to all staff e.g. Make team aware of new policy</i>	<i>Head of Practice Development</i>	Policy to be sent to service directors within 3 weeks of policy being ratified with covering email explaining dissemination requirements	Policy to be disseminated to all service directors.
<i>Ratified policy to be cascaded to teams to enable all staff to be aware of it.</i>	<i>Directors</i>	Policy to be cascaded to all relevant teams within 2 weeks of receipt of the policy	relevant teams within 1 month of ratification to be led by service directors
<i>Sexual Safety standards will be implemented on all in patient areas</i>	<i>Ward managers</i>	Ward managers to begin/continue the implementation of the sexual safety standards.	
<i>Include the policy in the Trust Local Induction pack</i>	<i>Head of Practice Development/ Human resources.</i>	Provide the policy to the Workforce development manager for inclusion in Trust Induction information.	
<i>Training and support for the implementation of the sexual safety standards</i>	<i>Senior Nurse Quality Improvement</i>	Continuance of the roll out of the training and support to all in patient areas.	

## 11. Links to Other Policies

South Yorkshire Safeguarding Adult Procedures

SHSC Claims Policy

SHSC Confidentiality Code of Conduct

Employment Checks Policy

Guidance for the Implementation of the Mental Capacity Act 2005.

Joint Confidentiality Agreement for the sharing of personal information between health and social care agencies in Sheffield

SHSC Human Resource Policies  
 South Yorkshire Multi Agency information sharing protocol (mental health issues)  
 SHSC Consent Policy  
 SHSC Safeguarding Children Policy  
 SHSC Incident Reporting and Investigation Policy  
 SHSC Mobile Communication Devices Policy  
 SHSC Records Management Policy  
 SHSC Standards for Sexual Safety Supervision.  
 SHSC Ethical Standards in the NHS: Including Hospitality, Gifts, Research and Commercial Sponsorship

## 12. Contact Details

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Executive Director of Nursing & Professions	Liz Lightbown	0114 271 6713	<a href="mailto:liz.lightbown@shsc.nhs.uk">liz.lightbown@shsc.nhs.uk</a>
Deputy Chief Nurse	Brenda Rhule	0114 2716705	<a href="mailto:brenda.rhule@shsc.nhs.uk">brenda.rhule@shsc.nhs.uk</a>
Safeguarding & MARAC Lead, Operational Lead for PREVENT	Diane Barker	0114 2718484	<a href="mailto:Diane.barker@shsc.nhs.uk">Diane.barker@shsc.nhs.uk</a>
Safeguarding Nurse Advisor	Angela Whiteley	01142 62262	<a href="mailto:Angela.Whiteley@shsc.nhs.uk">Angela.Whiteley@shsc.nhs.uk</a>

## 13. References

Sexual Offences Act 2003 (HMSO, 2003)

Clear sexual boundaries between healthcare professionals and patients - Information for patients and carers'. (NHS Employers and Council for Regulatory Healthcare Excellence, 2007) [http://www.chre.org.uk/\\_img/pics/library/0907\\_Clear\\_sexual\\_boundaries\\_-\\_Information\\_for\\_patients\\_and\\_carers.pdf](http://www.chre.org.uk/_img/pics/library/0907_Clear_sexual_boundaries_-_Information_for_patients_and_carers.pdf)

Clear sexual boundaries between healthcare professionals and patients - Responsibility of Healthcare Professionals (NHS Employers and Council for Regulatory Healthcare Excellence, 2007)  
[http://www.chre.org.uk/\\_img/pics/library/0801\\_Clear\\_Sexual\\_boundaries\\_professionals.pdf](http://www.chre.org.uk/_img/pics/library/0801_Clear_Sexual_boundaries_professionals.pdf)

Information Sharing: Guidance for practitioners and managers - HM Government (2008)  
 Available electronically at [www.teachernet.gov.uk/publications](http://www.teachernet.gov.uk/publications) reference: DCSF-00807-200

General Data Protection Regulation (GDPR) & Data Protection Act 2018

### *Appendix 1*

Examples of sexualised behaviour by healthcare professionals towards patients or their carers:

- asking for or accepting a date
  
- sexual humour during consultations or examinations

- inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation
- requesting details of sexual orientation, history or preferences that are not necessary or relevant
- internal examination without gloves
- asking for, or accepting an offer of, sex
  - Watching a patient undress (unless a justified part of an examination)
  - unnecessary exposure of the patient's body
- unplanned home visits with sexual intent
- taking or keeping photographs of the patient or their family that are not clinically necessary
- telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details.
- clinically unjustified physical examinations
- intimate examinations carried out without the patient's explicit consent
- continuing with examination or treatment when consent has been refused or Withdrawn
- any sexual act induced by the healthcare professional for their own sexual Gratification
- the exchange of drugs or services for sexual favours
- exposure of parts

***(NHS Employers and the Council for Healthcare Regulatory Excellence 2007 - <http://www.chre.org.uk/satellite/133/>)***

***[http://www.chre.org.uk/img/pics/library/0801\\_Clear\\_Sexual\\_boundaries\\_professionals.pdf](http://www.chre.org.uk/img/pics/library/0801_Clear_Sexual_boundaries_professionals.pdf)***

Supplementary Section A - Stage One Equality Impact Assessment Form

**Please refer back to section 6.5 for additional information**

**1. Have you identified any areas where implementation of this policy would impact upon any of the categories below? If so, please give details of the evidence you have for this? **NO****

Grounds / Area of impact	People / Issues to consider	Type of impact		Description of impact and reason / evidence
		Negative (it could disadvantage)	Positive (it could advantage)	
Race	People from various racial groups (e.g. contained within the census)			
Gender	Male, Female or transsexual/transgender. Also consider caring, parenting responsibilities, flexible working and equal pay concerns			
Disability	The Disability Discrimination Act 1995 defines disability as ' <i>a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities</i> '. This includes sensory impairment. Disabilities may be visible or non-visible			
Sexual Orientation	Lesbians, gay men, people who are bisexual			
Age	Children, young , old and middle aged people			
Religion or belief	People, who have religious belief, are atheist or agnostic or have a philosophical belief that affects their view of the world. Consider faith categories individually and collectively when considering possible positive and negative impacts.			

2. If you have identified that there may be a negative impact for any of the groups above please complete questions 2a-2e below.

**2a.** the negative impact identified is **intended**      **OR**       **2b.** The negative impact identified **not intended**

**2c.** the negative impact identified is **legal**      **OR**       **2d.** The negative impact identified **is illegal**      **OR (see 2e)**  
(i.e. does it breach antidiscrimination legislation either directly or indirectly?)

**2e.** I **don't know** whether the negative impact identified is **legal** or not  
(If unsure you must take legal advice to ascertain the legality of the policy)

3. What is the level of impact?

**HIGH**      - Complete a **FULL** Impact Assessment (see end of this form for details of how to do this)

**MEDIUM**      - Complete a **FULL** Impact Assessment (see end of this form for details of how to do this)

**LOW**      - Consider questions 4-6 below

4. Can any low level negative impacts be removed (if so, give details of which ones and how)

**5. If you have not identified any negative impacts, can any of the positive impacts be improved? (If so, give details of which ones and how)**

**6. If there is no evidence that the policy promotes equality and equal opportunity or improves relations with any of the above groups, could the policy be developed or changed so that it does?**

**7. Having considered the assessment, is any specific action required - Please outline this using the pro forma action plan below**  
(The lead for the policy is responsible for putting mechanisms in place to ensure that the proposed action is undertaken)

Issue	Action proposed	Lead	Deadline

**8. Lead person Declaration:**

8a. Stage One assessment completed by : .....(name) .....(signature) .....(date)

8b. Stage One assessment form received by Patient experience and Equality Team .....(date)

8c. Stage One assessment outcome agreed  .....(sign here)..... (Head of Patient Experience and Equality)

**OR** ..... (date agreed)

8d. Stage One assessment outcome need review  .....(sign here)..... (Head of Patient Experience and Equality)

..... (date returned to policy lead for amendment)

*(if review required – please give details in text box below)*

**If a full EQIA is required the stage 1 assessment form should be retained and a completed EQIA report submitted to the relevant governance group for agreement by the chair. The chair will forward the completed reports to the Patient Experience and Equality team for publication.**

**Any questions relating to the completion of this form should be directed to the Head of Patient Experience and Equality.**

## **Supplementary Section B - Human Rights Act Assessment Form and Flowchart**

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is

1. Is your policy based on and in line with the current law (including caselaw) or policy?

**Yes. No further action needed.**  
 **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?  
 **No, no further action needed.**  
 **Yes, go to question 3**

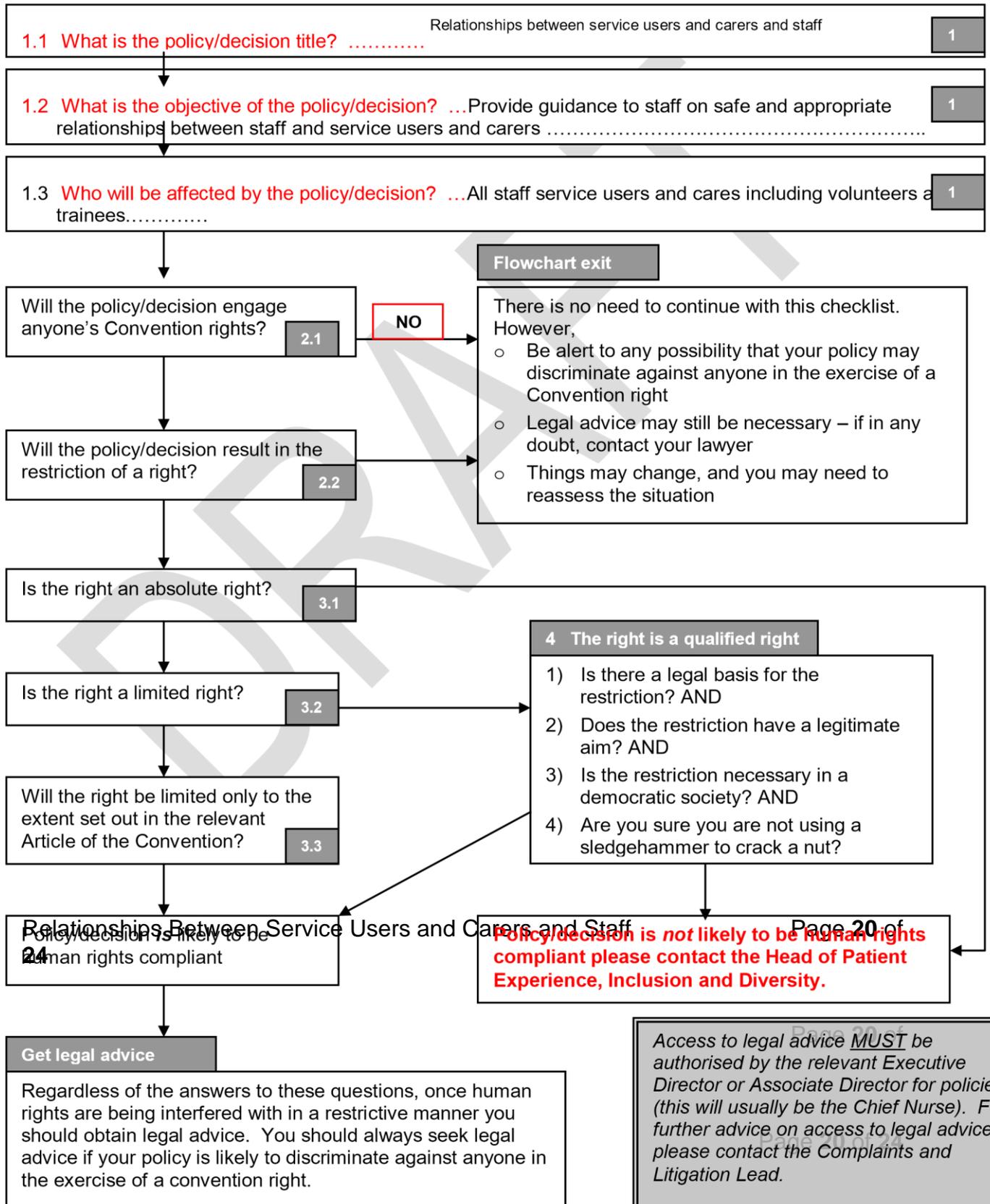
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

available on the SHSC web site <http://www.sct.nhs.uk/humanrights-273.asp> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

## Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).



**Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.**

**Supplementary Section C - Development and consultation process**

Senior Managers Human Resources  
Senior Nurses ( Modern Matrons)  
Lead Nurse  
Safety Sub Group Members Staff  
side representatives.  
Director of Planning and Performance  
Service and Clinical Directors

Amendments made as a result of consultation include;  
Inclusion of more cross references to other Trust Policies.  
Making explicit the staff group covered by the policy to include temporary staff,  
Volunteers and trainees.  
Inclusion of the Standards for Sexual Safety As an element of best practice –  
Reference made to these standards following QR meeting.  
Inclusion of Trust responsibilities to protect service users from staff actions.  
Introduction to reflect more strongly the aim of the policy  
Reference to limiting male intimate care of female service users.

To be approved by the Quality and Risk Group And ratified by EDG.

Consultation between February and June 2009

