PRIVACY, DIGNITY & RESPECT POLICY

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1. POLICY STATEMENT

North Staffordshire Combined Healthcare NHS Trust is committed to ensuring that people (patients, carers and staff) are treated as individuals with privacy, dignity and respect. The Trust seeks to provide a person centred approach to care and the application of legislation, practice, policies and procedures that encourage and support this philosophy, allowing choice and recovery.

The Patient’s Charter (1992), The NHS Plan (2000), Our Health, Our Care, Our Say (2006) all emphasise the importance of dignity and respect for patient’s. This policy is underpinned by Department of Health guidance which defines dignity as:-

‘A state, quality or manner worthy of esteem or respect; and (by extension) self-respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person’s self-respect regardless of any difference.’

(Social Care Institute for Excellence, 2007).

Every patient has the right to receive high quality care that is safe, effective and which respects their privacy and dignity. Combined Healthcare is committed to the delivery of care with privacy and dignity through the provision of gender appropriate accommodation for every patient, safeguarding them when they are most vulnerable.

The Trust will be compliant with the commitment to eliminate mixed sex accommodation. This means that men and women do not have to sleep in the same room, nor use mixed bathing and WC facilities. In doing this the Trust will, as normal practice, deliver care with privacy and dignity in same sex accommodation.

The purpose of governance arrangements within the Trust is to ensure the provision of safe, high quality, efficient and responsive healthcare to individual patients and the wider community it serves, within the resources available. Part of governance is the provision of policies, procedures and guidelines to minimise risk and maintain safety through appropriate systems and processes.

Any breach of this policy either clinical or non-clinical, will be scrutinised and investigated, the outcomes of which will be addressed accordingly. (See appendix 1: Delivering Same-Sex accommodation Declaration of Compliance. March 2010)

2. SCOPE

This policy will outline the practical steps adopted by the Trust to ensure the privacy and dignity of all patient’s within its care, and will provide a framework for all staff working within the organisation.

The policy will raise awareness to the principles of privacy, dignity and respect and enable staff to respond appropriately should they feel that the principles of the policy are being infringed.

Privacy: refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual.

Dignity: is being worthy of respect.
A person’s or group of people’s sense of self worth and self esteem.

**Respect:** To show consideration and appreciation towards other people.

### 3. DUTIES AND RESPONSIBILITIES

The responsibility for protecting a patient’s privacy and dignity does not lie with any one individual or group, but with all Trust staff, at any level of the organisation.

**Individual Responsibility**

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

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

- Promote the dignity of all people.
- Participate in any related training or service development initiatives identified by their manager.
- Adhere to the principles set out in this policy
- To comply with the Professional Code of Practice of their governing bodies e.g. Royal College of Psychiatrists, Nursing and Midwifery Council.
- To disclose any non-compliance with the policy to their line manager
- To utilise the incident reporting system should there be any breach to the principles highlighted within this policy

**Managers Responsibility**

As above plus:

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

**Director Responsibility**

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

4. FRAMEWORK

4.1 Principles for achieving a high quality service that respects people’s dignity

The Trust is committed to the delivery of effective care in a safe and secure environment and everyone who uses the services of the Trust has a right to do so, free from abuse, neglect or discrimination.

Definition of Abuse – ‘No Secrets’ (paragraph 2.5) defines abuse in the following terms:

“Abuse is a violation of an individual’s human and civil rights by another person or persons. Abuse may consist of single or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm, or exploitation of the person subjected to it.

Working practices and attitudes of Trust employees must support effective safeguarding and contribute to a reduced risk of abuse for people who use these services.

(See Trust protocol for the Safeguarding of Vulnerable Adults)

This policy supports the “Dignity in Care” campaign promoted by the Department of Health and requires staff to adopt and implement the Dignity Challenge. High quality services that respect people’s dignity should:

• Have a zero tolerance of all forms of abuse. Care and support must be provided in a safe environment, free from abuse.
• Support people with the same respect that you would want for yourself or a member of your family. People should be cared for in a courteous and considerate manner. People receiving services must be helped to participate as partners in decision making about the care and support which they receive.
• Treat each person as an individual by offering a personalised service. The attitude and behaviour of staff must help to preserve the individual’s identity and individuality.
• Enable people to maintain the maximum possible level of independence, choice and control. People receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their personal care, with the maximum possible choice and control over the services they receive.
• Listen and support people to express their needs and wants. Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment.
• Respect people’s rights to privacy. Ensure that personal space is available and accessible when needed and that people are not made to feel embarrassed when receiving care or treatment.
• Ensure people feel able to complain without fear of retribution. *Staff must support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate.*

• Engage with family members and carers as partners in care. *Relatives and carers will feel welcomed and able to communicate with staff as contributing partners.*

• Assist people to maintain confidence and a positive self-esteem. *The care and support provided will encourage individuals to participate as far as they feel able and actively promote wellbeing.*

• Act to alleviate people’s loneliness and isolation. *Help people to feel valued as individuals and members of the community.*

5. STANDARDS OF PRACTICE

5.1 Attitudes and Behaviour

• Patients will experience care in an environment that actively encompasses respect for individual values, beliefs and personal relationships.

• Staff will ensure that they are recognisable by giving their name and wearing/showing an identification badge. Staff will introduce themselves on initial contact including phone conversations, stating their name and role.

• Staff must ensure that good attitudes and behaviour are promoted, considering non-verbal behaviour and body language and the needs of minority groups.

• Staff will ensure that patients are not caused any unnecessary distress by others on the ward or in the clinical area (Zero Tolerance Policy).

• The principles of the Mental Capacity Act will be upheld for patients who do not have the capacity to make an informed choice.

5.2 Privacy, Dignity and Modesty

• Patients will have their privacy and modesty respected. Modesty comprises a set of culturally or religiously determined values that relate to the presentation of the self to others. Care must actively promote privacy and dignity and protect modesty.

• Remain autonomous and independent wherever possible.

• Be cared for in a clean and safe environment.

• Have the right to a chaperone for any intimate procedures and a choice as to who is present during examinations and treatment.

5.3 Confidentiality/Privacy of Patient Information

• All staff are bound by a legal duty of confidence to protect personal information that they may come into contact with. Staff will not discuss any patient or visitor within the hearing of another patient or visitor.

• Staff are obliged to keep any personal, identifiable information strictly confidential e.g. patient records. This will only be shared according to trust information sharing policies.

• Patient information is shared with consent, to enable care delivery.

• Precautions will be taken to prevent information being inappropriately shared, such as overheard telephone conversations, writing personal information down
unnecessarily on personal notebooks etc, and mobile phones with picture or video features.

6. PROVISION OF INTIMATE CARE

Intimate care consists of personal care, invasive clinical procedures and other aspects of direct support or intervention, where the privacy and dignity of an individual may be compromised. All such care should be planned and delivered with consideration for the following good practice principles:

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

Where intimate clinical procedures are involved, patients should wherever possible be given a choice of care staff and, where feasible, accompanied by staff of age / gender deemed most appropriate for the individual patient.

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

(For patients/clients who lack capacity or have communication difficulties see Appendix 2).

7. IMPLEMENTATION AND MONITORING OF THE POLICY

Implementation of the principles outlined within this policy will be monitored through a range of activity such as Essence of Care, UK Patient Survey, Patient Stories, PEAT audits, incident monitoring etc.

It is the responsibility of all staff to ensure that the core principles of this policy are implemented and embedded within their work environment.

The monitoring of this policy will rest with the Clinical and Information Governance Committee and all of its respective governance structures.

Patient’s views on privacy and dignity should be sought when conducting patient satisfaction surveys.
8. RELATED POLICIES

- Consent Policy
- Chaperoning Policy
- Physical Health Assessment Policy
- Observation Policy
- Staffordshire and Stoke on Trent Adult Partnership Board Policy and Procedure for the Safeguarding of Vulnerable Adults
- Protocol for the Safeguarding of Vulnerable Adults
- Child protection Policy
- Whistle blowing Policy
- Complaints policy.
- Disciplinary policy
- Grievance policy
- Zero Tolerance Policy
- Infection Prevention and Control Policies
- Being Open Policy.

9. REFERENCES

Department of Health (1992) Patients Charter


Department of Health (2006) Our Health, Our Care, Our Say: a new direction for community services


Healthcare Commission (2005) *Assessment for improvement – the annual health check*

Dignity in Care – [www.dignityincare.org.uk](http://www.dignityincare.org.uk)


Privacy and Dignity, *The Eliminating of Mixed Sex Accommodation; Good Practice Guidance & Self Assessment Checklist*; Institute of Innovation and Improvement, NHS (2007/08)

Appendix 1

Delivering Same-Sex Accommodation – Declaration of Compliance (March 2010)

We are proud to confirm that mixed sex accommodation has been virtually eliminated in all our hospitals

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. North Staffordshire Combined Healthcare NHS Trust is committed to providing every patient with same sex accommodation because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our Trust. Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen by exception based on clinical need where urgent treatment and patient safety are paramount.

What does this mean for patients?
Other than in the circumstances set out above, patients admitted to North Staffordshire Combined Healthcare NHS Trust can expect to find the following:

What are our plans for the future?

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<td>• The room where your bed is will only have patients of the same sex as you</td>
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<td>• Your toilet and bathroom will be just for your gender, and will be close to your bed area.</td>
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It is possible that there will be both men and women patients on the ward, but they will not share your sleeping area. You may have to cross a ward corridor to reach your bathroom, but you will not have to walk through opposite sex areas.

You may share some communal space, such as day room or dining rooms, and it is very likely that you will see both men and women patients as you move about the hospital.

It is probable that visitors of the opposite gender will come into the room where your bed is, and this may include patients visiting each other.

It is almost certain that both male and female nurses, doctors and other staff will come into your bed area.

If you need help to use the toilet or take a bath (e.g. you need a hoist or special bath) then you may be taken to a “unisex” bathroom used by both men and women, but a member of staff will be with you, and other patients will not be in the bathroom at the same time.

The NHS will not turn patients away just because a “right-sex” bed is not immediately available
Patient Experience
- Action has already been taken to identify clear measures to enable the Trust to measure performance, including feedback from patients who use our services, and report that progress on a regular basis both to the Trust Board and to Commissioners. Work will be progressed during 2010/11 to ensure that this information is regularly monitored and reported to ensure that the Trust Board and Commissioners are assured of compliance and assured of satisfaction levels.

Staff Culture
- The Trust is committed to virtually eliminate mixed sex accommodation and in so doing the Trust will, as normal practice, deliver care with privacy and dignity of which delivering same sex accommodation is an integral component. The Trust Board reaffirmed its collective responsibility during a public Trust Board meeting in March 2010 and updated its policy for Privacy, Dignity and Respect to ensure that this is explicit. During 2010/11 and onwards the Trust will take further action to fully embed this approach and apply a rigour of investigating and responding to any occurrences where this is breached, for example by reviewing patient complaints; incidents; comments etc to identify whether there are any further lessons to be learnt regarding the provision of same sex accommodation.

How will we measure success?
North Staffordshire Combined Healthcare NHS Trust will measure success as follows:
- Evidence of transparent and regular reporting of performance in Trust Board reports and in reports to Commissioning and;
- Securing improvements of patient satisfaction in relation to same sex accommodation as measured by the national inpatient survey and local surveys.

What do I do if I think I am in a mixed sex accommodation?
We want to know about your experiences. Please contact our Patient Advice & Liaison Service (PALS) Co-ordinator on Freephone: 0800 389 9676 if you have any comments or concerns.
Appendix 2

Patients Who Lack Capacity / Have Communication Difficulties

Where patients are unable to give consent, as a general guide staff should not be expected to be involved in intimate personal care of patients of the opposite sex alone, unless there is extreme urgency where in delaying the care would be detrimental to the patient, and chaperones should be enlisted if possible.

It is wrong for us to assume that because patients are unable to communicate effectively that they cannot make decisions and are therefore happy with the situation. In situations where patients are unable to communicate their wishes staff should look for other indications as to the patient’s acceptance or otherwise of the person providing the intervention.

It should be made clear to the patient’s relatives, by pre-admission literature and information, that a mixed staff team are involved in care. They may well appreciate the opportunity to participate in the care programme and may be able to highlight what they believe would be the wishes of those in our care.

Guidelines for Practice:

Personal Care

It is accepted that female members of staff have always provided care for male clients and will continue to do so. In usual circumstances it is planned that washing, dressing, toileting and changing of continence products, for female clients, will be carried out by a staff member of the same sex. However, in exceptional circumstances, where female staff are not available, male staff may provide personal care for female clients. Such circumstances will be clearly identified within services where this may occur. Where there are requirements for staff support or enhanced supervision, male staff may be in attendance when additional female staff are not available. However, this is a supportive role to the female member of staff providing the personal care. The rationale for enhanced staffing support will be clearly identified within individual plans of care.

Invasive Clinical Procedures

Any invasive procedures or interventions will be explained prior to their commencement. They will be intentionally planned so that a staff member of the same sex is available to perform the procedure. In the event of emergencies requiring invasive interventions, i.e. the administration of rectal diazepam, it is acceptable for a staff member of the opposite sex to carry out the procedure when no alternative is available. Individual care plans must detail the rationale for all invasive procedures and include associated issues regarding the privacy and dignity of the client.
**Direct Support and Intervention**

On occasions supporting individuals with regard to challenging behaviour and related issues may require support and interventions, at times when privacy and dignity may be compromised, i.e. maintaining close observation levels or restraining an individual in a state of undress. Once again where the client is female at least one member of staff in attendance must be of the same sex. All interventions and support must be delivered with a comparative regard for the privacy and dignity of the client in any given situation. Recurring incidents should be discussed by the multidisciplinary teams and care planned accordingly.

Whilst it is not practicable, or indeed possible, to be prescriptive for every eventuality, care staff should refer to their individual Code of Practice.