The Newcastle upon Tyne Hospitals NHS Foundation Trust

Privacy and Dignity Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>6 January 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>6 January 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>21 October 2015</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Patient Carer and Public Involvement Committee</td>
</tr>
</tbody>
</table>

1 Introduction

All staff working within the Newcastle upon Tyne Hospitals NHS Foundation Trust (including volunteers and contractors) must ensure that patients, relatives and carers are treated with dignity and respect at all times. Staff are encouraged to challenge, or escalate concerns about colleagues’ behaviour if it falls short of the Trust’s high standards with regards to dignity, privacy and respect. Situations that cannot be fully resolved at the time should be reported to the appropriate ward or departmental manager.

A positive approach to staff attitudes and behaviour is fundamental to providing health care that promotes dignity and provides privacy.

2 Policy Scope

This policy applies to all members of staff (including volunteers and contractors) working within The Newcastle upon Tyne Hospitals NHS Foundation Trust.

3 Aim of policy

The aim of this policy is to ensure that all visitors to the organisation and specifically, patients, relatives and carers are treated with dignity and respect at all times and that they are afforded personal privacy as much as is reasonably practicable. The policy objectives are to:

- Provide a definition and promote understanding of dignity
- Outline standards for dignity and privacy in relation to four key areas, namely: communication, equality and diversity, personal care, and environment – to be adhered to by all staff who have contact with patients, relatives and carers, as well as those in charge of wards and departments
- Specify staff responsibilities with regards to dignity and patient privacy
- Outline how compliance with this policy will be monitored
- To prevent and respond to any discriminatory behaviour towards patients

4 Responsibilities

All staff in contact with patients, relatives and carers will adhere to the dignity standards outlined in this policy relating to communication, equality and diversity, personal care and environment.
All staff must be familiar with and work according to the Essence of Care Benchmarks for Respect and Dignity (Department of Health, 2010) and will actively participate in associated audits, making the necessary improvements to practice according to audit results.

All staff will be actively encouraged and supported to be dignity champions.

All staff will embrace the 10 core principles that comprise the Dignity Challenge (Department of Health, 2007), namely:

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

5 Definition

Dignity consists of many overlapping aspects, involving respect, privacy, autonomy, self-worth and confidentiality. The following definition is given by the Department of Health - Dignity in Care, (2006).

‘a state, quality or manner worthy of esteem or respect: and (by extension) self-respect.’

While dignity may be difficult to define, patient perception is key and there is recognition of both individuality and subjectivity.

6 Standards

6.1 Communication

Appropriate communication with patients is a key factor in promoting patient involvement and engagement with their care, and, by extension maintaining respect and dignity. Communication support should be provided where this is required; for example interpreters, use of pictorial information.
It is expected that patients will be asked how they would like to be addressed and addressed accordingly. This will be recorded in their patient record and communicated to the team. Staff must not assume it is acceptable to use a patient’s given name, and, must only do so with the patient’s agreement. Informal terms such as “love” or “dear” should not be used unless this is common parlance for the individual patient.

Every attempt will be made to avoid personal or sensitive discussions and examinations in multi bed bays or public areas. Quiet rooms and other private spaces will be used wherever possible or practicable.

Staff should avoid personal conversations with co-workers that exclude the patient e.g. talking to a colleague about the rest of the day’s workload while caring for the patient.

Staff should be aware of how body language may be interpreted by a patient or carer e.g. standing at the foot of a patient’s bed, with arms folded and avoidance of eye contact, may lead a patient to feel that an interaction was impersonal and or intimidating. Furthermore, language and behaviour should be inclusive and understandable; the interpreting service is available if this will help to aid understanding.

Patients will be offered the opportunity for their relative or chosen companion to be present. This is particularly important if personal or distressing information is to be discussed. Special consideration shall be given to children and young people who may wish to be interviewed with or without their parents.

Consultations, treatment or discussions between clinical staff and patients will not be interrupted except in an emergency.

Before entering a cubicle when the door is closed or a room in a patient’s home, staff will knock and ask if they may enter. Likewise when curtains are drawn staff will ask if they may enter before opening the curtains.

Staff must be alert to other patients or visitors who may be within earshot and modify their voice accordingly when discussing patient information, this is also important in a patient’s own home. Special care must be taken in hospital, at night, when general ward noise levels are low.

Where personal patient information needs to be made obvious to other staff e.g. patient safety information or manual handling guidance, this should be displayed following discussion with the patient. If the patient objects this should be taken into consideration before such information is displayed. Where the patient lacks the mental capacity to agree to this, then details should only be displayed if it is in the patient’s best interests. This should also be discussed with relatives.
White Boards containing patient names are necessary to help hospital staff locate patients, and can reduce risk of misidentification. If patients (or relatives) are unhappy that their name is so displayed in public view then they can request for it to be removed.

6.2 Personal care

All requests for assistance will be responded to promptly and politely. Patients’ preferences in relation to personal care should be ascertained before undertaking a procedure or any aspect of care and each patient should agree to a plan of care which reflects what is normal for them.

Patients’ individual preferences for night and day wear will be taken into consideration where appropriate and patients assisted to dress accordingly e.g. usual undergarments, wearing a dressing gown. If they are well enough patients will be encouraged to wear their own day clothes. Staff will make every effort to ensure that patients’ clothes are available i.e. brought into hospital by relatives or care home staff. Relatives should be made aware that laundry facilities are not provided for patients own clothes. When used, hospital night clothes will be an appropriate size and in good condition.

Where possible patients will wear their own footwear (shoes and slippers should be supportive and well fitting in order to reduce the risk of falls). Slippers can be obtained from the supplies department for patients who do not have their own footwear.

All gowns and drapes used in Theatres and X-ray Departments and for investigations will preserve the dignity of patients. Extra large gowns will be used when required (available from Hotel Services).

Special attention to patient comfort as regards modesty and dignity will be paid during transfer from one hospital / department / ward / community setting. All patients should be suitably covered with blankets or clothing during such transfers.

Patients will be assisted to continue with their usual routines for personal hygiene, as far as is possible within the confines of the hospital environment e.g. preference for a bath / shower / strip wash. Special attention will be paid to maintaining the patient’s individual standards of oral hygiene, hair care, shaving and nail care.

Patients will be given the opportunity to wash their hands or use hand wipes prior to meals and after using the toilet or bedpan / commode.

Whenever possible, providing this meets the patients expressed preferences, they should be taken to the toilet, unless goals for rehabilitation are contrary to this e.g. to use a commode by the bedside at night. Consideration must be given to the dignity of other patients in the room where a bedside commode is to be used.
When patients do have to use a commode in their bed area staff will provide as much privacy as possible by closing curtains and using ‘Care in Progress’ signs. Commodes and bedpans will be removed as quickly as possible. Episodes of incontinence will be dealt with promptly and discretely and patients will be provided with support and reassurance to minimise any embarrassment they may feel.

6.3 Environment

All toilet and bathroom facilities will have a nurse call bell and a door that can be closed and locked by the patient but also opened by staff needing to gain access in an emergency.

All facilities will be clean and will be maintained to the high standard expected within the Trust. Staff have a responsibility to report immediately any toilet or bathroom facilities which do not meet this standard.

The signs on all toilet doors will incorporate both words and a picture, so as to be easily identifiable by all (including patients with cognitive impairment).

All national standards relating to single sex accommodation will be adhered to. Please refer to the Trust Policy on Same Sex Accommodation.

Bed curtains will be adequate length and width to ensure patient privacy when closed and “Care in Progress” signs will be used.

Extra privacy will be afforded for patients who request it by closing bed curtains, unless this would put the patient at risk by reducing opportunity for patient observation.

Noise and light levels will be kept to a minimum, especially at night, so as not to intrude on patients’ privacy or disturb sleep.

7 Training

Privacy and dignity training is embedded in a number of Trust training interventions:

- Trust induction programme
- Local induction programmes
- Customer care training
- Preceptorship programme
- Patients are People

Further education can be provided within Directorates where requested.

8 Equality and Diversity

Staff will act in a non-discriminatory fashion at all times. Staff will act in accordance with the Equality Act (2010) and Trust Policy on Equal Opportunities and Diversity.
Staff will recognise and respond sensitively to individual differences, acknowledging and respecting people’s expressed beliefs and acting according to their preferences and choices wherever and whenever possible.

Staff will identify, and take action, when others’ behaviour undermines equality and diversity.

If a patient complains of discriminatory treatment this must be taken seriously. It is a painful experience for the patient and has legal implications for the Trust. Allegations of discrimination should be dealt with by a senior member of staff:

- Ask the patient for full details of the incident, record it on the DATIX system and report it to the Departmental Matron and Directorate Manager
- Explain that the incident will be taken seriously, investigated and feedback provided to the patient
- Explain that the incident will be forwarded to the complaints team who will then be responsible for resolving the incident.
- Inform the patient of support available through the Patient Advice and Liaison Service.

9 Monitoring

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Patients perception of whether they have been treated with dignity and respect will be monitored</td>
<td>National patient survey of Inpatients</td>
</tr>
<tr>
<td>Patient perception surveys in adult inpatient areas. These results will be presented as part of CAT</td>
<td>PALs</td>
</tr>
<tr>
<td>Audit of Essence of Care respect and dignity benchmark</td>
<td>Matrons</td>
</tr>
<tr>
<td>Patient Experience Report</td>
<td>Involvement and Equalities Officer</td>
</tr>
</tbody>
</table>

The above data will be presented to the Senior Nursing Team, nursing forums and Directorate meetings where action plans can be developed and monitored as
appropriate until all issues are resolved. The information will then be available through the Trust's Intranet site.

10 Consultation and Review

This policy has been reviewed in consultation with the Nursing and Patient Services Director, Heads of Nursing, Matrons, members of the Trust Dignity Forum, E&D Lead and members of the Community Advisory Panel (CAP).

11 Implementation of Policy

This updated policy will be raised at Clinical Leaders and Clinical Managers Forums by the Senior Nurse Practice Development.

Matrons and sisters/charge nurses are expected to raise awareness of the policy within their team meetings and to ensure their staff are fully aware of the content and implementation of the policy.

12 References

Department of Health (2010) *Essence of Care: Benchmarks for Respect and Dignity*  

Department of Health (2007) *Dignity in Care - The Dignity Challenge*.  
www.dignityincare.org.uk

Religion, Belief and Cultural Practices policy  
The Newcastle upon Tyne Hospitals NHS Foundation Trust  
Equality Analysis Form A  

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / strategy / service:**

   Privacy and Dignity Policy

3. **Name and designation of Author:**

   Suzanne Medows

4. **Names & Designations of those involved in the impact analysis screening process:**

   Suzanne Medows Senior Nurse Practice Development, Lucy Hall Equality and Diversity Lead

5. **Is this:**

   - Policy ☒
   - Strategy ☐
   - Service ☐

   **Is this:**

   - New ☐
   - Revised ☒

6. **Who is affected:**

   - Employees ☒
   - Service Users ☒
   - Wider Community ☒

   **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   The aim of this policy is to ensure that all visitors to the organisation and specifically, patients, relatives and carers are treated with dignity and respect at all times and that they are afforded personal privacy as much as is reasonably practicable.

7. **Does this policy, strategy, or service have any equality implications?**

   - Yes ☒
   - No ☐
These have been addressed in the final version of the policy

If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality fact files available via the link below</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interpreting service E&amp;D Training</td>
<td>Lack of communication and cultural understanding contribute misunderstandings and feeling isolated. <strong>Action</strong> Ensure communication support is available – added to policy. Addressing discrimination added to the policy <strong>SM</strong></td>
<td>The policy promotes good relationships and seeks to prevent discrimination</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Male and female practitioners are available and when a practitioner of the same sex is required to promote the dignity of patients the Trust will wherever possible provide this. Single sex accommodation is provided. Clothing which promotes dignity is incorporated into the policy</td>
<td>No</td>
<td>The policy promotes good relationships and seeks to prevent discrimination</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy service provided with links to leaders of major faiths</td>
<td>Understanding patients religious needs promotes dignity of patients.</td>
<td>The policy promotes good relationships and seeks to prevent discrimination</td>
</tr>
<tr>
<td>Area</td>
<td>Action Taken</td>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian,</td>
<td>Equality analysis on policies specifically considers the needs of LGB people.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>gay and bisexual people</td>
<td></td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Dementia strategy</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>**Disability – learning difficulties,</td>
<td>Lack of communication and cultural understanding contribute misunderstandings and feeling isolated.</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td>physical disability, sensory impairment</td>
<td><strong>Action</strong> Ensure communication support is available – added to policy. Addressing discrimination added to the policy <strong>SM</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and mental health. Consider the needs of</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>carers in this section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender Re-assignment</strong></td>
<td>Privacy may be particularly important to people who have had gender reassignment surgery or are not living as the gender assigned to them at birth.</td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td><strong>Marriage and Civil Partnership</strong></td>
<td></td>
<td>As above</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity / Pregnancy</strong></td>
<td></td>
<td>As above</td>
<td></td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement  Yes  No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

Rights in relation to privacy, dignity and respect are at the heart of this policy

PART 2
Signature of Author

Print name  Suzanne Medows

Date of completion  15/09/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)