

Privacy and Dignity Policy

Effective: May 2008

Review December 2011

1. Introduction.

All hospital staff at The Newcastle upon Tyne Hospitals NHS Foundation Trust has a responsibility to make their patient's stay as pleasant as possible by respecting and maintaining their privacy and dignity. The Sisters/Charge Nurse is responsible for maintaining privacy and dignity on a 24 hour basis for each patient and holding each member of staff to account in each of their clinical areas. Single gender (sex) accommodation has been placed high on the Department of Health's agenda, but privacy and dignity is about far more than segregation. Staff attitudes and behaviour are fundamental to enhancing the quality of the patient experience. Clinical need overrides gender segregation, and very high bed occupancy rates makes segregation more difficult to achieve, but in these circumstances even greater need should be paid to respecting privacy and dignity.

2. Principle.

This policy details arrangements to assist staff to maintain high privacy and dignity standards across the Trust. The key principle underpinning this policy is the prevention of distress where it might occur when privacy or dignity is compromised.

3. Standards

This policy sets out standards for all staff who have contact with patients, as well as Sisters/Charge Nurses in charge of departments and wards.

4. Definition

What is dignity? Dignity consists of many overlapping aspects, involving respect, privacy, autonomy, self-worth and confidentiality. The enclosed 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.'

5. Environment

5.1 People admitted to the Newcastle upon Tyne Hospitals NHS Foundation Trust shall be admitted to single gender bays or single rooms within mixed wards where possible. All areas must take reasonable steps to implement segregation and to reassure patients and relatives this is being done. For National reporting the following areas are excluded from this requirement:

- Critical Care Areas
- Day Care Areas
- Emergency Admission Areas
- **Children's Wards – all guidelines apply to children and young people except where specific differences are indicated and where commonsense shall prevail.**

- 5.2 Where it is not possible to guarantee separate gender accommodation, patients to be admitted for planned admissions shall be sent a letter explaining the nature of the ward layout. Patients who do not wish to be admitted to mixed gender accommodation shall be given a further date for admission to an appropriate area within one month of the first date.
- 5.3 Patients admitted to mixed gender bays in emergency areas shall be informed and offered a move to more appropriate accommodation within 48 hours, if clinically appropriate.
- 5.4 Bed curtains shall be long and wide enough to provide adequate privacy when closed. Curtains shall be opened and closed with ease. Utilisation of appropriate written signage to identify and support when curtains cannot be entered must be used.
- 5.5 If patients wish they shall be permitted to have their curtains closed to maintain their privacy, unless in exceptional circumstances when the patients would be at risk if they could not be seen.
- 5.6 Patients shall be provided with adequate covering that will keep them warm and covered when being transferred between wards/departments around the hospital and additional covering if their journey is outside.
- 5.7 Every attempt shall be made to keep noise levels to a minimum, especially at night, so as not to intrude on patients' privacy and sleep.

6. Patient Clothing

- 6.1 The design of gowns, and drapes, used for theatre, radiology and other investigative procedures shall preserve the dignity of patients. Gowns of appropriate size must be available for all patients requiring them. When possible patients shall be given information about suitable clothing prior to admission so that they can wear their own clothes if they wish.
- 6.2 Nursing Care Plans shall address specific issues of privacy and dignity.

7. Equality and Diversity

- 7.1 Staff should act in a way that is non-discriminatory, within the terms of law and legislation, recognising and responding with sensitivity to individual's differences, and should understand the consequences of failing to comply with law and legislation, Trust policies and procedures relating to Equality and Diversity.
- 7.2 Staff should act in ways that: acknowledge and recognise people's expressed beliefs preferences and choices, which might relate to
 - Food and drink
 - How they like to be addressed and spoken to
 - Personal care
 - Privacy and dignity
 - The information they are given
 - The support they would like
 - Their beliefs
- 7.3 Staff will identify, and take action, when others' behaviour undermines equality and diversity".

8. Bathrooms and Toilets

- 8.1 There shall be separate washing and toilet facilities for men and women. These shall be labelled appropriately and be adjacent to bed areas. Patients shall not pass areas occupied by the opposite sex to reach toilets and bathrooms.
- 8.2 Toilets are clean, well signposted and have doors that close.
- 8.3 Assessments of toileting needs must include a record of personal choice/preference.
- 8.4 Whenever possible patients should be taken to the toilet.
- 8.5 Respond to requests for assistance promptly and politely.
- 8.6 When patients do have to make use of toilet facilities within the immediate bed area, ensure as much privacy as possible by closing curtains and using 'Care in Progress' Signage.
- 8.7 Remove commodes and bedpans as quickly as possible.
- 8.8 All toilet and bathroom facilities shall be designed so the door can be locked by the patient but also opened by staff needing to gain access in an emergency. There shall be a nurse call system in the toilet and washrooms.
- 8.9 Always offer patients facilities for hand washing and assist when necessary.
- 8.10 When a patient has been incontinent deal with this promptly and discretely.

9. Communication

- 9.1 Patients will be asked about their preferences for single sex and single room accommodation and these will be taken into account where possible.
- 9.2 Patients shall be asked how they would like to be addressed, and this shall be recorded in their nursing care plan.
- 9.3 Every attempt shall be made to avoid personal or sensitive discussions and examinations in multi bed bays or public areas.
- 9.4 If the patient is over the legal age of consent and visitors/relatives are present when hospital staff need to talk to a patient, the patient shall be asked if they wish visitors to remain or leave, particularly 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 without their parents.
- 9.5 Patients shall not be interrupted during consultations/treatments with clinical staff (Except in an emergency).
- 9.6 If a cubicle door is closed or bed curtains are drawn around a bed, staff shall enquire whether they may enter and not just open curtains/door or walk in.
- 9.7 Hospital staff will avoid discussing patient information in the hearing of other patients or visitors at all times and give special regard at reception/nurses desks whenever possible. This is particularly relevant at night when general ward noise levels are low.
- 9.10 Every attempt will be made to use quiet rooms or private spaces for patients and hospital staff for activities including personal discussion and meditation.
- 9.11 Where personal patient information needs to be made obvious to other staff, e.g. if the patient is nil by mouth, or has a visual impairment, the patient shall be asked for permission to display such information above the bed. Where the patient is not able to give permission, a relative shall be asked.

- 9.12 White Boards containing patient names are necessary to help hospital staff locate patients, and can reduce risk of misidentification. Where possible these must be sited away from public view. If this is not possible, patients initials and surnames should only be displayed.

10. Staff Responsibilities

- 10.1 For each Directorate to have a dignity champion and challenge poor practice.
- 10.2 Attend staff privacy and dignity training through induction and local courses.
- 10.3 Have high standards of cleanliness, good food and other non clinical aspects of care.
- 10.4 Explain and apologise when mixing occurs, ensure greater staff presence and reinforce high standards of respect (not entering closed curtains).

11. Monitoring

Compliance will be monitored by ward staff who will through Essence of Care Benchmarking audit Privacy and Dignity Annually. Patients perceptions of Privacy and Dignity are monitored, evaluated and acted on annually by means of local surveys and the Trusts Patient Satisfaction Survey.

This data will be presented to the Trust Board, Senior Nursing Team, Matron's and Sisters Forums which will develop action plans as appropriate and address the issues of non compliance and continue to monitor the action plan until all issues are resolved. The information will then be available through the Trust's Intranet site

12. Associated References

Department of Health (2003) *Essence of Care: Benchmarks for Privacy and Dignity*.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_4005475

Department of Health (2005) Dignity in Care. "The Dignity in Care initiative has been set up to ensure all older people are treated with dignity when using health and social care services".

<http://www.scie.org.uk/publications/practiceguides/practiceguide09/index.asp>

Department of Health (2007) *Dignity in care- the dignity challenge*.

www.dignityincare.org.uk