PRIVACY AND DIGNITY POLICY

Department / Service:	Nursing Directorate	
Originator:	Michelle Norton	Deputy Director of Nursing
Accountable Director:	Lindsey Webb	Chief Nursing Officer
Approved by:	Privacy & Dignity Comparison Group	
Date of approval:	21st May 2015	
Review Date:	21st May 2017	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Clinical and medical	
Target staff categories	Nurses, Midwives, HCA's, Doctors	

Purpose of this document:

Worcestershire Acute Hospitals NHS Trust is committed to providing high quality care to patients at all times. This includes respecting an individual's rights to privacy and dignity and is an essential part of everyone's practice as outlined in this policy.

Key amendments to this Document:

Date	Amendment	By:
Sept 2010	Additional reference provision of Same Sex Accommodation for patients (April 2010)	Rani Virk
Nov 2010	Additional references to Department of Health guidance on eliminating mixed sex accommodation	Rani Virk
Nov 2010	Additional reference to the updated Trust Chaperone policy (Dec 2010)	Rani Virk
Nov 2012	No review or amendments made	Rani Virk
May 2015	No amendments following review form Privacy & Dignity group – 21st May 2015	Rani Virk

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1. Introduction

Worcestershire Acute Hospitals NHS Trust is committed to providing high quality care to patients at all times. This includes respecting an individual's rights to privacy and dignity and is an essential part of everyone's practice.

For the successful implementation of this policy it is crucial we have a common understanding of the terms 'privacy and dignity'.

- 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.

The Trust attaches the highest importance to ensuring that a culture valuing patient privacy and dignity exists within the organisation and that patients are treated with courtesy and kindness.

The intimate nature of many health care interventions, if not practised in a sensitive and respectful manner can lead to misinterpretation and occasionally, allegations of abuse.

2. Scope of the Policy

Philosophy
Patients will feel that they matter, that their values, beliefs and personal relationships will be respected. Communication with patients will take place in a manner that respects individuality. Information will be shared to enable treatment and care to be given efficiently and effectively.

All Patient care will actively promote privacy and dignity so protecting modesty at all times

This policy will apply to all patients irrespective of age, ethnicity, social, cultural backgrounds, psychological and physical requirements. It is recognised that whilst patients have the right to confidentiality, it is the health professional's duty in law to disclose certain information.

This Policy should be read in conjunction with the following:

NMC Guidance Code of Practice & Ethics
Race Equality Scheme
Gender Equality Scheme Worcestershire
Disability Equality Scheme Worcestershire
Trust Safeguarding Vulnerable Adults Guidelines
Worcestershire Vulnerable Adult Protection Policy and Procedure
Confidentiality Policy – WAHT-IG-001
Chaperone Policy – WAHT-CG-606
Provision for Same Sex Accommodation for patients – WAHT-CG-521

End of Life Care Pathway
Guidelines for nurses, midwives, medical and non-medical practitioners performing intimate interventions or procedures
Human Rights Act 1998
Mental Capacity Act
Access and Delivery of Interpreting Services- WAHT-CG-682

3. Definitions

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 concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

4. Responsibility and Duties

This policy applies to all Trust employees including locum, contracting, bank and agency staff that are working on behalf of the Trust and are involved in the direct care of the patients.

Trust staff will be made aware of this policy through local induction training supported by their line manager. Locum and agency staff will be made aware of this policy via departmental managers.

All staff are responsible for ensuring they are aware of the ethical, cultural, age and any sensory impairment or religious beliefs which may have an effect on care procedures, including those where intimate contact is required.

The practitioner must demonstrate the ability to create a relationship with the patient that involves mutual trust and respect.

5. Policy detail

Attitudes and behaviour

Professional attitude and behaviour should be demonstrated at all times and staff should be aware of their non-verbal behaviour and how this may be interpreted. Staff will treat patients, their relatives or carers, in a manner that makes them feel that they are valued and respected. Patients will receive care in an environment that actively encompasses their individual values, beliefs and personal relationships.

Staff should introduce themselves, using full name and job title/role on first contact with the patient and carers. All Trust staff should wear a Trust Identification Badge. Other staff must wear an identification badge, which indicates their name and that of their employer. Patients have the right to know who is directly or indirectly involved in their care.

Staff should be aware of their tone of voice and use clear non-jargon language.

Personal world and personal identity
All staff should be aware of the patients' physical, emotional, social, spiritual and cultural needs. On admission patients will undergo a full holistic assessment of their individual needs. This information will be documented clearly in the patients' multidisciplinary healthcare records and will ensure that patients are not stereotyped or labelled but treated as individuals with their own personalised plan of care. Patients should be asked and called by their preferred name and title.

Visitors will only be allowed to enter the ward area when the patient has agreed to their attendance. Visiting will be in accordance to the Acute Trust visitors' policy and must take into consideration the visitors' code of conduct.

Personal boundaries and space
Staff should take care not to invade the patient's personal space

Staff must not discuss their personal lives over a patient to the exclusion of that patient from the conversation.

There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient and better management, better facilities, or the removal of organisational constraints could have averted the situation(refer to WAHT Policy for provision of same sex accommodation for patients (WAHT-CG-521).

Acceptable justification – i.e. NOT a breach
• In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition

• Where a critically ill patient requires constant one-to-one nursing care, e.g. in ICU

• Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if staff shortages or skill mix were the rationale

• Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions
• On the joint admission of couples or family groups

Unacceptable justification – i.e. a **breach**
• Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty

• Placing a patient in mixed-sex accommodation because of a shortage of staff or poor skill mix.

• Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate.

• Placing a patient in mixed-sex accommodation because of a shortage of beds.

• Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures.

• Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. a ward closure.

• Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision.

• Placing a patient in mixed-sex accommodation for regular but not constant observation

In the case of patients who have undergone Transgender reassignment each case must be treated with the utmost understanding and discretion when agreeing with the patient which clinical area they may prefer.

Patients should have access to toilet and washing facilities designated as single sex.

All toilet and bathrooms must be able to be locked by the patient. A nurse call system should be in place and hospital staff must be able to gain access in case of emergency.

Toilets should be reasonably adjacent to the appropriate sex bay.

Bed curtains should allow for the full bed area to be screened from view without any gap.

Intrusive noise should be avoided i.e. loud music, loud personal conversations, noisy shoes and trolleys.

Staff should ensure that patients at the end of their life are cared for in an appropriate environment, by offering the patient and their family the choice of moving to a single room where possible and appropriate. Staff should do everything possible to honour requests that patients and their families' make about where the patient wishes to die. Where possible any requests for spiritual support should be responded to including requests by patients who wish to see a religious minister before death. Staff should consider the different cultural and religious beliefs that are associated with last offices.

Communication with staff and patients
Staff must treat all patients as individuals and active partners in care.

Communication with patients will take place in a manner that respects their individual knowledge, abilities and preferences. Patients who are incapable of helping themselves will be assisted to put on spectacles, insert hearing aids and dentures as required.

Patient's communication needs should be assessed and staff should ensure these are met.

Resources are available to translate and interpret for patients who are unable to hear fully or who cannot communicate in English. An interpretation service is available and should be accessed for the patient. Only in extreme circumstances should family members be used to translate. In addition written information should be available in large print, different languages and Braille.

Patients should be actively involved in their own care and any decisions made. Patients may read their own care plans but visitors may only read them at the discretion of the patient. Care planning processes must focus on the individual.

Consent should be obtained from patients prior to disclosing information to family and friends. If appropriate, ask patient's to nominate 2 key people who will be responsible for liaising directly with nursing and medical staff. Patients should be kept well informed at all times and always be offered a choice.

Staff must seek the views of patients on their experience.

Privacy of patient-confidentiality of client information
Information about diagnosis and care will be shared with patients in the first instance and their relatives where the patient agrees or is unable, by virtue of their physical or mental illness, to make a reasoned and informed decision.

Personal and sensitive conversations should take place away from the bedside, in a designated quiet room or office. Where this is not possible, staff should take care to ensure the conversation is not overheard.

Bedside handovers promote patient participation in the planning of their care; however, it is imperative that issues, which are private and may affect the patients' privacy and dignity, are not discussed in a patient area where other patients are able to hear. Such discussion should take place away from the patient areas.

End of Life pathways should be in place where appropriate.

Ward rounds must be conducted sensitively with all delicate discussions taking place away from other patients. It must be ensured that we communicate clearly with patients and check their understanding afterwards.

Staff involved in handover/conversation at nurse bases should ensure voices are moderate to ensure conversations are not overheard and the use of privacy zone should be encouraged.

Moderated voice should be used when patient's details are being discussed, for example during telephone calls.

Staff using Dictaphones should ensure they are not recording within earshot of other patients.

Queuing arrangements at reception desks should be designed to ensure patient details are not overheard

Staff should avoid displaying patient's personal information at the bed head, such as patient's address or unnecessary information regarding the patient's condition. However, it is recognised that on occasions some information is required for maintaining and promoting patient safety.

Staff need to ensure the computer screens do not have patients' confidential details on display. All members of staff to ensure they log off their computers when they are finished.

White boards should be used sensitively giving basic information such as patient's name, bed number and consultant to comply with the Data Protection Act. Where possible these boards should not be in full view of members of the public.

Where white boards are in view of members of the public, staff need to be sensitive to the fact that some patients may not wish to have their names displayed and if they specifically state this, then their wishes must be respected.

Ensure that written patient information e.g. handover sheets ward round changes and medical data, which contains confidential details, must be shredded, not left in public areas or when necessary stored safely and in a secure environment

Privacy, dignity and modesty
Patients will be cared for in an environment that actively promotes their privacy.

Meal delivery must be responsive, protected and implemented to meet the individual needs of patients to include assistance, choice, culturally sensitive, adapted cutlery and enjoyable.

'Vacant' and 'Engaged' signs should be hung outside every toilet and bathroom to indicate occupancy and so avoid the need for patients to lock doors, which may cause Health and Safety problems.

A modesty curtain should be between the patient and the door to prevent exposure by staffs that enter the bathroom/toilet and side rooms.

Matrons and senior nurses will assess dignity routinely in Matron's audits, Mini Patient Led Assessments of the Environment care (PLACE) and the Care Quality Commission (CQC) test and challenge for Outcome 1 audit.

Staff should ensure they knock prior to entering a patient's side room/bathroom etc. Staff should check prior to entering a curtain space that it will not invade their privacy.

All curtains will be of the correct size for the space they are used in.

Staff should ensure that bed curtains are fully closed prior to commencing any procedure.

Privacy Signs are recommended to remind staff and other visitors to request permission before entering. Pegs or clips may be used to secure curtains.

Patients should have appropriate, well fitting clothing and adequate cover at all times to protect their modesty.

Bariatric clothing can be obtained from linen rooms, and bariatric chairs and beds from the equipment stores.

Patients should be encouraged to wear their own outdoor and night clothing.

Patients should have their clothes changed promptly after any spillage occurring during mealtimes etc.

Theatre /examination gowns and hospital nightwear should prevent the patient and others from embarrassment, whilst allowing appropriate access to their body for examination/treatment.

Chaperones

See Worcestershire Acute Hospitals NHS Trust Chaperone Policy (WAHT – CG-606). Guidelines for nurses, midwives, medical and non-medical practitioners performing intimate interventions or procedures.

Checking with a patient that they give their permission to be washed/examined by a person of the opposite sex, and respect their wishes.

Obtain written consent from patients requiring clinical photography, including the use of digital cameras; refer to the consent policy for further details.

The patient's permission should always be sought if the presence of medical/nursing students is purely for teaching purposes on wards/ clinics and theatres.

Every effort will be made to ensure that confused or mentally ill patients who continually expose themselves are shielded from the view of other patients and visitors on the ward. Similarly patients who are lucid, but expose themselves need to be made aware of other patient's privacy and dignity and the general feelings of all who may be in the clinical area including; staff patients and visitors and asked to cover themselves.

The patient's right to privacy should be balanced with the need for safety, e.g. patients with a mental health problem who may be a danger to themselves, these circumstances should be reviewed using the Trust's Risk Assessment Process.

Availability of an area for complete privacy
When breaking bad news or other difficult discussions, this should be done in a private area

'Do not disturb' signs will be available and used on all doors where a private conversation is being held.

Any problems that affect the ability to maintain the privacy and dignity of patients should be reported to the *appropriate person so that* they can be resolved as quickly as possible.

Summary
Staff have a professional duty to care for patients. They have responsibility via their professional bodies to act in the patient's best interest and are accountable for their actions. Staff should be sensitive to differing expectations associated with race, ethnicity, age, gender, disability and culture.

Any breach of privacy or dignity should be dealt with immediately and reporting using the Trust HR and governance structures.

6. Implementation of key document

6.1 Plan for dissemination

The Professional Development team will oversee the effective communication of the approved policy to all relevant staff. This includes emailing copies of the policy to the Matrons so that they may discuss in ward and department meetings, as well as to key heads of service who are involved. The policy is accessible via the policy link on the Trust Intranet.

6.2 Dissemination

Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

6.3 Training and awareness

It is the responsibility of the individual professional to ensure that they are aware of the contents of this policy. It is the responsibility of matrons to identify any training needs and to release relevant staff for training.

7. Monitoring and compliance

Lead clinicians, Matrons, Ward and Department managers are responsible for ensuring that their staff comply with this policy and for auditing practice against policy standards.

Individual staff members must be aware of the policy and ensure that their clinical practice is in line with its guidance.

8. Policy review

The policy will be reviewed after three years.

9. References

References: Code:

Department of Health (November 2010) Essence of Care Benchmark –Respect www.doh.gov.uk	
General Medical Council (2001) Intimate examinations. www.gmc.uk.ord/standards http://www.gmc-uk.org/guidance/library/intimate	
Nursing Midwifery Council (01/2005) NMC Guidelines for Records	

and Record Keeping http://www.nmcuk.org	
Nursing Midwifery Council (07/2004) NMC Code of Professional Conduct Standards for Conduct, Performance and Ethics http://www.nmc-uk.org	
Nursing Midwifery Council (2003) NMC Guidelines for Chaperoning Patients NMC Patient Dignity and Privacy- Intimate examination (DoH, Letter from Liam Donaldson, Jan 2003)	
Royal College of Nursing Chaperoning (2003) the role of the nurse and the rights of the patients. Guidance for nursing staff. RCN Publication code 001446	
Trust Chaperone Policy (WAHT-CG-606)	
Trust policy for the provision of Same Sex Accommodation for patients (WAHT-CG-521)	
Webster J Strategies to enhance privacy and dignity in care of older people *Nursing Times 2004* vol. 100 no 8 p38-40	
Death by Indifference – Mencap (2007)	
Mid Staffordshire NHS trust Inquiry January 2005- March 2009 (vol 1&2)	
Nursing Midwifery Council (2009) Care and Respect Every time	
Department of health (November 2010) Eliminating Mixed Sex Accommodation	

10. Background

10.1 Consultation

This policy will be circulated to the following for comments:

- Director of Nursing
- Heads of Nursing
- Medical Director
- Clinical Directors
- Head of Clinical Governance
- Senior Nursing & Midwifery Group
- Trust Privacy & Dignity group

- Senior Nursing and Midwifery group

10.2 Approval Process

This policy will be approved by the Patient Quality and Safety Committee.

10.3 Equality requirements

There are no equality requirements

10.4 Financial Risk Assessment

There are no financial risks

Appendices

Supporting Documents

Supporting Document 1	Checklist for review & approval of a key document
Supporting Document 2	Equality Impact Assessment
Supporting Document 3	Financial Risk Assessment

Supporting Document 1 – Checklist for review and approval of key document

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Privacy & Dignity
3	Is this a new document?	Yes ☐ No ☒ If no, what is the reference number _____
4	For existing documents, have you included and completed the key amendments box?	Yes ☒ No ☐
5	Owning department	Nursing Directorate
6	Clinical lead/s	Helen Blanchard/Michelle Norton
7	Pharmacist name (required if medication is involved)	None
8	Has all mandatory content been included (see relevant document template)	Yes ☒ No ☐
9	For policies and strategies, does the document have a completed Equality Impact Assessment included?	Yes ☒ No ☐
10	For patient information, have you piloted the leaflet? If yes, please give details.	Yes ☐ No ☐
11	Please describe the consultation that has been carried out for this document	This document has been out for circulation to the groups mentioned in 10.1 for comments
Once the document has been developed and is ready for approval, send to the Systems and Standards department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be returned to yourself, to submit to relevant committee for approval.		
12	**Step 12 To be completed by Systems and Standards Department** Is the document in the correct format? Has all mandatory content been included?	 Yes ☒ No ☐ Yes ☒ No ☐

	Date form returned _____/_____/_____	
13	Please state the name of the approving body (person or committee/s)	Patient Safety Committee
14	Approval date	01/11/2010
15	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this should be saved under	

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
To disseminate at senior nurses meeting to all matrons, lead nurses, Divisional Directors of Nursing	Rani Virk	June 2015

Plan for dissemination

Disseminated to	**Date**
Trust Intranet update	July 2016
Privacy & Dignity meeting	20th August 2015

Office use only	Reference Number	Date form received	Date document published	Version No.
	WAHT-CG-433	01/03/2011	01/03/2011 June 2015	2

Supporting Document 2 - Equality Impact Assessment Tool
To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**		
6.	**What alternatives are there to achieving the policy/guidance without the impact?**		
7.	**Can we reduce the impact by taking different action?**		

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 3 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval