

## Chief Nurse Directorate

# PRIVACY AND DIGNITY POLICY

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Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the "protected characteristics" as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

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## 1.0 Purpose

- 1.1 The aim of this policy is to provide guidance to all NLAG staff with regard to the importance that the Trust places upon the issues of privacy and dignity in the provision of care to our patients/clients and their relatives or carers, and to inform staff and patients/clients/relatives/carers of the standards of behaviour that are expected.
- 1.2 This policy is designed to comply with the requirements of the Human Rights Act (1998), the Governments Dignity in Care initiatives, Essence of Care and the Care Quality Commissions standard C6, C7e, C9, C13a,b,c, C14a, C15b, C16, C18, C20b.
- 1.3 The Trust considers that the way the privacy and dignity of patients and clients is treated is of central importance in portraying a professional and caring image to those who access our services and ensuring that they have a good experience of care within our organisation.
- 1.4 Choice now allows patients to choose their health care provider. This policy is intended to offer confidence and reassurance that we operate and maintain the highest professional standards at all levels.
- 1.5 This policy is designed to guide managers and employees on the Trust standards with regard to privacy and dignity. The policy is not exhaustive in defining acceptable and unacceptable standards and staff should be aware of risk assessment issues in adhering to the principles underpinning the policy. A sensible approach should be taken to ensure the spirit of the policy is applied.
- 1.6 For the purposes of this policy the following definitions apply:
- |                 |   |  |
|-----------------|---|--|
| <b>Privacy</b>  | = | Freedom from intrusion                 |
| <b>Dignity</b>  | = | Being worthy of respect                |
| <b>Modesty</b>  | = | Not being embarrassed                  |
| <b>Autonomy</b> | = | Involvement in decisions               |
| <b>Respect</b>  | = | Courteous regard for people's feelings |

## 2.0 Area

All staff working within Northern Lincolnshire and Goole NHS Foundation Trust, including locum, bank, and agency staff; contractors, volunteers and all students during their clinical placements. NLAG staff must operate within the legislative and regulatory framework of the World Health Organisation's Constitution, the Human Rights Act and the codes of conduct and guidance relevant to their field of practise.

### **3.0 Duties**

- 3.1** Staff at all levels within the Trust have a duty to ensure that the highest standards of privacy and dignity for those who attend the Trusts premises, or who are visited on their within their own home environment are maintained at all times.
- 3.2** The duties and responsibilities are detailed in the subsequent sections of this policy.

### **4.0 Actions – Environment**

#### **4.1 Environment**

The environment in which someone is cared for can have a direct impact on their sense of self-worth and autonomy. The Trust in accordance with guidance issued since 2007 (CNO 2007), NHS Institute for Innovation and Improvement (2007), has been working to improve privacy and dignity by the elimination of mixed sex accommodation within clinical facilities, particularly focusing on ensuring that men and women have separate sleeping areas and separate toilets and bathrooms that they can reach without having to pass through opposite sex areas. Many patients do not like to share accommodation with members of the opposite sex. They may feel inhibited and/or intimidated if made to do so. We aim to provide every patient with a high standard of privacy and dignity when they are being treated and ensure patients are able to discuss sensitive and embarrassing conditions with staff without difficulty. We encourage the use of private rooms within clinical areas for sensitive conversations when possible and clinical condition permits.

#### **4.2 Best Practice**

- 4.2.1** Aim to ensure that patients never share a bay with patients of the opposite sex unless in circumstances highlighted within the Trust's Mixed Sex Occurrence Policy 2.5.5. Should mixing patients become unavoidable it is essential that the reasons are documented in the nursing notes and that any conversations with the patient with regard to mixing are documented also. At the point of mixing it is essential that the person responsible for bed management at that time is included in the decision. The decision should be continually reviewed to ensure that mixing is prolonged for no longer than completely necessary.
- 4.2.2** Ensure that patients who are admitted to mixed sex accommodation are moved to single sex accommodation within a maximum of 12 hours (unless segregation is not possible) and where there is a delay or if the patient declines this is recorded in the nursing documentation.
- 4.2.3** Advise patients' before admitting them to mixed sex accommodation informing them that the Trust considers mixing the exception rather than the norm. Providing patients the Information for Patients Leaflet 0704 on Single Sex accommodation: Your Stay with Us, will help support any verbal information given.
- 4.2.4** Whenever patients are subjected to mixed sex accommodation a clinical incident form is to be completed.
- 4.2.5** Ensure patients have access to clean segregated toilet and washing facilities.

**4.2.6** Remember that privacy includes auditory as well as visual considerations and where possible both should be ensured.

**4.2.7** The Trust supports the involvement of carers and recognises the benefits to quality of care they bring. Carers who chose to stay will be accommodated with care being given to safeguard the privacy and dignity of other patients within the environment.

**4.2.8** Staff should always ensure that patients in residential care homes should be treated within their own room or specified clinical area. Privacy screens should be used if providing care within a shared area.

**4.2.9 CHILDREN:**

- It is recognised that often the segregation of children on wards is based upon age considerations and that having children of a similar age around can be comforting to them and that this may often override considerations of gender
- A relative or appointed guardian who is the opposite sex of a child or young person may choose to stay with their son/daughter and this will be accommodated but extra care will be made to safeguard the privacy of the other patients who are being cared for in this bay/area
- The Department of Health recommend the following:
  - A. Privacy and dignity is an important aspect of care for children and young people
  - B. Decisions should be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment, or the convenience of staff
  - C. Privacy and dignity should be maintained whenever children and young people's modesty may be compromised (e.g. when wearing hospital gowns/nightwear), or where the body (other than the extremities) is exposed, or they are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated)
  - D. The child or young person's preference should be sought, recorded and where possible respected
  - E. Where appropriate the wishes of the parents should be considered, but in the case of young people their preference should prevail.

## **5.0 Actions – Personal Consideration and Respect**

### **5.1 Patients have a right to:**

- Be treated as individuals
- Be listened to and their views taken into account
- Be treated courteously at all times
- To know who is responsible for the care they are receiving
- Have private discussions about their care and treatment when required

### **5.2 Best Practice**

- 5.2.1** Staff should introduce themselves on initial contact with patients, including phone conversations, and state their name and role.
- 5.2.2** As reflected in our Visions and Values communication will be in English, using terms that people can understand.
- 5.2.3** Staff should discuss with patients and their relatives or carers whether they have any objection to healthcare professionals not directly involved with their care being present at ward rounds, outpatient consultations, clinical interventions/home visits etc (prior to these events occurring), so that the patient has the opportunity to decline.
- 5.2.4** Staff must wear identification badges at all times.
- 5.2.5** Staff should ask each patient how they wish to be addressed, e.g. Mrs/Ms and avoid lapses into over familiarity, using colloquial titles such as “dear” “petal” unless this is acceptable to, and agreed by the patient first.
- 5.2.6** Staff should deal with patient’s requests for assistance promptly. Where there is an unavoidable delay ensure an apology is given and an explanation offered.
- 5.2.7** 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.
- 5.2.8** Staff should knock before entering a room or attach a notice to curtains saying “do not enter” when the patient is being examined or receiving personal care - and waiting for a reply before opening the curtains.
- 5.2.9** Staff should be aware of how body language may be interpreted by a patient or carer for example 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.
- 5.2.10** Staff should ensure that a patient who does not speak or understand English has access to an interpreter in a timely manner.

- 5.2.11** Staff should ensure patients with other communication impairments such as deafness or a learning disability are provided with the appropriate communication aids. Preferred communication methods should be recorded in the patient record.
- 5.2.12** For all patients, their diagnosis, care and treatment or interventions must be explained to them in a manner that they are able to understand and that does not demean them, use of patient information leaflets, easy read information, picture symbols and other resources should be used to ensure understanding. This is supported by the implementation of the Accessible Information Standard (2016 NHS England)
- 5.2.13** Staff must ensure that they use language and demonstrate behaviour which is inclusive. All patients and clients must be treated in the same manner regardless of gender, sexual orientation, ethnicity, culture, religion or age.
- 5.2.14** Transsexual people are protected against discrimination by law. It is therefore essential that privacy and dignity for this group of patients is treated with the utmost respect and professionalism.
- 5.2.15** Trans-gender patients should be accommodated according to their presentation i.e. how they dress and refer to themselves regardless of their physical presentation.
- 5.2.16** No other form of evidence is to take precedence over the wishes of the individual.
- 5.2.17** At first contact with a trans-gender patient or admitting via A&E the individuals preferred gender identity must be discretely ascertained if staff are in doubt.
- 5.2.18** Where emergency admission of an unconscious patient is necessary staff must take advice from relatives or next of kin regarding the patients gender identity. If relatives or next of kin are un-contactable than the patients treatment will continue without prejudice until patient is able to clarify their preferred gender type.
- 5.2.19** It is unacceptable to attempt to assign gender by inspection of the genitalia.
- 5.2.20** Staff must take particular care to protect the preferred gender identity of the trans-gender patient when physiological appearance is not congruent with their preferred gender presentation.
- 5.2.21** Staff must meet the cultural requirements for dress/undress/hygiene requirements as reasonably requested by the patient. Issues related to culture, ethnicity or religious belief must be approached with sensitivity and understanding. Further advice and support can be obtained via the Trust Chaplaincy Team.
- 5.2.22** The Trust supports breastfeeding and this is reflected within its Joint Breastfeeding Policy:
- “Mothers will be enabled and supported to feed their infants in all public areas of the Trust/Health Centre/Children’s Centre. Comfortable facilities will be made available for mothers who prefer privacy“

## 6.0 Actions – Confidentiality

6.1 (Reference should be made to the Trusts policies on confidentiality and Communicating Patient Information).

6.2 Patients have a right to expect that:

- Patient information is shared to enable care, with their consent

## 6.3 Best Practice

6.3.1 Only share information that a patient discloses, with staff who are directly involved in the patient's care and with the patients verbal consent.

6.3.2 Obtain patients consent before disclosing information to family and friends. If appropriate, ask patient on admission to nominate one key person who will be responsible for liaising directly with nursing and medical staff and record the name of this person in the nursing notes or electronic record.

6.3.3 Be aware of and alert to anyone who may overhear staff conversations, e.g. when handing over, at bedside, and when on the phone. It is **not** acceptable to discuss clinical information in public areas even if a patients name is not used.

6.3.4 Be aware that curtains are not a sound barrier and conversations can be heard.

6.3.5 Ensure written patient information e.g. handover sheets, medical data which contain confidential details are disposed of correctly, via the confidential waste stream and are not left in public places.

6.3.6 Precautions should be taken to prevent information being shared inappropriately, or inadvertently, i.e. computer screens being viewed and white boards being read.

## 7.0 Actions – Privacy, Dignity and Modesty

7.1 Patients have the right to:

- Be treated with dignity at all times.
- To have their modesty protected.
- To remain autonomous and independent wherever possible.

## 7.2 Best practice

7.2.1 Closing curtains fully and positioning screens correctly in all areas where patients are required to undress, including outpatient settings.

7.2.2 Not asking a patient to take off more clothing than is necessary and provide a blanket or sheet for added dignity during examinations.

7.2.3 Following physical examination, patients should have an opportunity to re-dress before consultation continues.

- 7.2.4** Checking with patient that they give permission to be washed/examined by a person of the opposite sex, and respect their wishes where this is possible.
- 7.2.5** Offer a chaperone to patients, and within the community setting ask if they wish a relative/carer to be present and giving them a choice as to who is present during examinations and treatments.
- 7.2.6** .Encouraging patients to dress in their own clothes during the day whilst in hospital.
- 7.2.7** Ensuring that potentially embarrassing medical aids are covered and/or affixed to minimise embarrassment at all times e.g. catheter bags.
- 7.2.8** Encouraging patients to wear their own night attire to sleep in. When this is not appropriate or possible, patients should have access to hospital clothing that protects their modesty and is acceptable to them.
- 7.2.9** Ensure patients modesty is maintained when they are transferred from one area of the hospital to another.
- 7.2.10** Give patients time to eat without rushing and aim to avoid interruptions to mealtimes by other routine tasks such as the administration of medicines
- 7.2.11** A patient's dietary needs, preferences and assistance needed at meal times should be assessed, recorded and referred to by frontline staff.
- 7.2.12** Where assistance with eating is required this should be provided discreetly to avoid embarrassment and loss of dignity. Adapted cutlery and crockery should be provided to enable people to feed themselves where appropriate.

## **8.0 Mobile Phones**

- 8.1.1** Mobile phones which are used in the Trust to take pictures of other patients or staff without their consent is not permitted. This is seen as a direct infringement of their right to privacy and dignity.
- 8.1.2** Photographs taken for clinical records on a Trust provided mobile phone must be deleted immediately once downloaded to the clinical record, as per Trust Policy on Mobile Phones.

## **9.0 Monitoring Compliance and Effectiveness**

- 9.1** The Trust will work with all staff and partners in care provision and commissioning in order to assure the public of the highest standards and a continuing commitment to improvement with regard to privacy and dignity.
- 9.2** Arrangements will include the regular monitoring and feedback.
- 9.2.1** Regular monitoring of critical incidents and feedback to the board on any issues involving privacy and dignity or mixed sex accommodation.

**9.2.2** Feedback will be sought from patients with regard to their experiences of privacy and dignity within the Trust this will be measured against the best practice guidelines contained within this policy. The policy will be updated as necessary as a result of that feedback.

- Staff act with courtesy and respect to patients, relatives and each other.
- Patients are treated as individuals.
- Patients are involved in their care planning.
- Patient independence is promoted.
- Patients' privacy and dignity is maintained.
- Feedback from patients is gathered and acted upon.

**9.3** The Trust will use information gained from the Care Quality Commission, PEAT inspections and all national patient surveys to improve the standard of its care.

**9.4** Actions plans developed will be led by the Matrons and implemented by all staff involved in patient care and treatment.

## **10.0 Associated Documents**

**10.1** Customer Service Standards.

**10.2** Duty of Confidence Requirement.

**10.3** Integrated Equalities Statement and Policy Framework.

**10.4** Race Equality Scheme.

**10.5** Security Policy.

**10.6** Information Security Policy.

**10.7** Information Governance Policy.

**10.8** Fair Processing Policy.

**10.9** Safe Haven Policy.

**10.10** The Protection and Use of Patient Information & Data Protection Policy.

**10.11** 'Being Open'- Communicating With Patients and, or their Relatives/Carers When Patients Are Harmed.

**10.12** Producing Information for Patients.

**10.13** Interpreting and Translation Services.

**10.14** Patient and Public Involvement Policy.

- 10.15 Policy for Consent to Examination or Treatment.
- 10.16 Trust Domestic Violence Practice Guidelines.
- 10.17 Policy for the Escort of Patients during Transfers.
- 10.18 Policy on the Communication of Information Relating to a Patient's Condition.
- 10.19 Policy on the Involvement of Carers in Patient Care Safeguarding Vulnerable Adults Policy.
- 10.20 Visitors Policy.
- 10.21 Policy on Mobile Phones.
- 10.22 Mixed Sex Occurrence Policy
- 10.23 Joint Breast Feeding Policy

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## 12.0 Definitions

Definitions – See section 1.6.

## 13.0 Consultation

This Policy has been reviewed by the following:

- Nursing & Midwifery Advisory Committee.
- Trust Governance Committee.

## 14.0 Dissemination

- 14.1 The Privacy and Dignity policy will be published on the Trust intranet site. Trust Managers of all grades will be responsible for ensuring that all staff are made aware of its existence and promoting awareness of the contents.

**15.0 Equality Act (2010)**

- 15.1** In accordance with the Equality Act (2010), the Trust will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Trust will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.
- 15.2** The Trust will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Trust's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

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