Safeguarding Patient Privacy and Dignity Policy

Effective From: 10/09/2012

This policy supersedes all previous issues.
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<th>Version</th>
<th>Release</th>
<th>Author / Reviewer</th>
<th>Ratified By / Authorised By</th>
<th>Date</th>
<th>Changes (Please identify page no.)</th>
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<td>1.0</td>
<td>November 2005</td>
<td>Patient Experience Group</td>
<td>Trust Policy Forum</td>
<td>Sept 2005</td>
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<td>4.0</td>
<td>10/09/2012</td>
<td>Patient Experience &amp; Dignity Steering Group</td>
<td>SafeCare Council</td>
<td>08/08/2012</td>
<td>Changes to format, names of groups updated to reflect changes within the Trust. Reporting structure updated (page 4). Information regarding single sex accommodation updated (page 10)</td>
</tr>
</tbody>
</table>
# Contents

1. Introduction ........................................................................................................ 4
2. Policy Scope ....................................................................................................... 4
3. Aim of Policy ....................................................................................................... 4
4. Duties – Roles and Responsibilities .................................................................... 4
5. Definition of Terms ............................................................................................. 5
6. Safeguarding Patient Privacy & Dignity .............................................................. 5
   6.1 Attitude and Behaviours .............................................................................. 5
   6.2 Personal World / Personal Identity ............................................................ 6
   6.3 Personal Boundaries and Space ................................................................. 7
   6.4 Communication with Patients / Clients ....................................................... 7
   6.5 Privacy and Confidentiality of patient Information ..................................... 8
   6.6 Privacy, Dignity and Modesty ................................................................. 9
   6.7 Single Sex Accommodation .................................................................. 10
7. Training ................................................................................................................ 10
8. Equality and Diversity ....................................................................................... 10
9. Monitoring Compliance with Policy ..................................................................... 10
10. Consultation and Review of this Policy ........................................................... 11
11. Implementation of this Policy ......................................................................... 11
12. Associated Policies .......................................................................................... 11
13. References ......................................................................................................... 11
1 Introduction

OP29 - Safeguarding Patient Privacy & Dignity Policy was first approved in November 2005. It has since been reviewed and updated in accordance with OP27 for the development, management and authorisation of Policies. The Policy has been updated to reflect national and local influences.

The NHS Next Stage Review (2008) was explicit that organisations should focus on the quality of care. The definition of quality not only reflects clinical outcomes but how the patient views their experience of their care. In particular whether patients felt that they are treated with compassion with their dignity and privacy protected.

Privacy is also a lay principle which underpins human dignity and remains a basic human right and the reasonable expectation of every person.

2 Policy Scope

The policy was devised to ensure that all patients receiving care within Gateshead Health NHS Foundation Trust have their rights to privacy & dignity actively respected. This policy applies to all staff working within the organisation, and any workers (agency staff, locums, visiting professionals etc.) that provide healthcare services for the Trust.

3 Aim of the Policy

The policy provides a framework to guide staff to carry out their responsibilities regarding safeguarding patient privacy & dignity effectively.

4 Duties, Rules & Responsibilities

The governance framework for the Safeguarding Privacy & Dignity Policy is as follows:

- **Trust Board**
- **SafeCare Council**
- **Patient Experience and Dignity Steering Group**
  - **Patient Experience Workstream Group**
  - **Matrons Forum**
  - **Patient, Carer, Public Involvement**
  - **Customer Care/First Impressions**
  - **Complaints, PALs and Compliments**

Patient Experience Operational Framework
Trust Board is responsible for implementing a robust system of corporate governance across the organisation

The Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the Trust-wide implementation of this policy

The Deputy Director of Nursing & Midwifery, supported by the Patient Experience & Dignity Steering Group and the Matrons, is responsible for ensuring that systems are in place to support the implementation of this policy

Matrons are responsible for ensuring that local systems are in place to support the implementation of this policy

All Staff within Gateshead Health NHS Foundation Trust are responsible for ensuring that the principles outlined in this policy are universally applied

5 Definition of Terms

Privacy - Freedom from intrusion and embarrassment

Dignity - How people feel, think and behave in relation to the worth or value of themselves or 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. (Royal College of Nursing 2008)

6 Safeguarding Patient Privacy and Dignity

6.1 Attitudes and behaviours

- Patients and clients should feel that they are important and respected throughout their care
- Patients/clients will be addressed by their preferred name and title
- On arrival to the ward or department, all patients, relatives and carers are greeted, in a timely, welcoming and courteous manner and orientated to the area. Communication between healthcare professional and patient and clients should take place in a manner that respects their individuality, circumstances and situation
- Patients will not be referred to by their condition during handovers or ward rounds or during general staff conversation. Staff will not ‘label’ patients by a generic term or diagnosis, eg: ‘a psychiatric patient’, ‘the fractured neck of femur’ or ‘boarder’
- Principles of common courtesy will be upheld when facing difficult situations/ conversations with patients/client and their carers at all times
- Staff will demonstrate positive, sensitive and empathetic attitudes to all patients/clients and carers at all times. For example, where a patient lacks capacity to make some decisions
- In the event a patient, carer or relative makes either a verbal or written complaint they must be reassured this will not affect the care provided to the patient
• Behaviour exhibited by staff should be professional and remain so at all times (as defined in professional codes of conduct and hospital standards etc)

• The Trust supports training in customer care, communication, conflict management, complaints handling, violence and aggression, equality and diversity. Training will be available to staff via Trust OD and Training service. A copy of the staff development prospectus is available on the Trust Intranet. This gives information on how to access courses

• Staff will be aware of their own values and beliefs and have the ability and knowledge to adapt their approach in accordance with each individual patient and client values and beliefs

• It is important that staff see beyond the patient in the bed and see a person who has a past, present and future, and who has a patchwork of life experiences’ that makes that person an individual

• Respecting Privacy & Dignity will be explicit in all job description

6.2 Personal World/Personal Identity

• All staff will work to develop a culture that actively encompasses respect, individual values, beliefs and personal relationships

• A member of staff of the same sex as the patient should normally provide intimate care or conduct intimate physical examinations. (It should be noted that different cultures and sexual orientations will have different preferences or perceptions of ‘intimate’ and that this will vary from individual to individual). The Trust accepts that this standard may not always be possible. When a member of staff of the same sex cannot provide intimate care or conduct intimate physical examinations a member of the same sex, wherever possible, should be present. NB: More information is available from the Chaperone Policy (RM65)

• Staff should strive to respect and honour patients concerns around clothing and modesty, to the best of the Trust’s ability

• Staff will document cultural, religious, spiritual, social and emotional needs in the nursing care plans or relevant documents. Personal relationships will be recorded in patient documentation

• Staff will be aware of how to access interpreting services and services used to provide translation for patients who have difficulty in communicating in English. The Trust has an Interpreting and Translation Policy (OP32)

• The Trust will endeavour to provide materials in a variety of formats when requested

• Staff will have an awareness of spiritual / cultural diversities and these will be recorded in all patient documentation. Staff will be able to inform patients of all facilities available to them with regard to their spiritual, social and emotional needs supported by written information. Staff should where possible facilitate religious and cultural observances such as prayer/ fasting/diet etc

• Staff will advocate that patients will be offered informed choices in the care and treatments they receive. Relatives or patient representatives will be involved when necessary
• Staff will ensure that privacy and dignity are respected and maintained during visiting times and that both patients and their carers, family and friends are receptive to the needs of other patients within the ward environment
• Trans is an umbrella term for people whose gender identity and/or gender expression differs from their birth sex. Confidentiality can be an especially sensitive issue for trans people, and no non-essential disclosure should occur

6.3 Personal Boundaries and Space

• Patient and clients personal space is actively promoted by all staff
• Identification of patients personal boundaries/limitations should be included in handovers to other staff e.g. language, hearing, sight and feeding difficulties
• Privacy should be maintained at all times through the effective use of curtains, screens, walls, rooms, blankets, appropriate positioning of patient and appropriate clothing
• Interruptions of any type (including telephone and answering bleeps) during patient examinations or sensitive or private conversation, should be actively discouraged
• Staff will always ensure patients are appropriately dressed and covered to ensure that privacy, dignity and temperature is maintained, especially during transport around the facility. This includes using a hoist when moving or handling a patient
• Staff will ensure the environment is appropriate by being clean and draught-free, that lighting is sensitive and room temperature is suitable for all patients
• Staff will consider appropriate reasonable adjustments to ensure people with disabilities are treat with dignity and respect

6.4 Communication with Patients/Clients

• Staff will introduce themselves by name and role to patients and relatives
• Staff will ensure communication between themselves and patients and clients will take place in a manner which respects their individuality, for example knowledge, culture, beliefs, language, abilities and preferences
• Staff will assess all patients on their ability to communicate with them, and ensure that any reasonable adjustments are documented in the relevant documentation e.g. learning disability
• Staff will demonstrate sensitivity and avoid raising their voice excessively to communicate with patients who have a hearing impairment
• Staff will access or facilitate appropriate translation/interpretation/communication devices for patients and clients
• Pertinent important information and expressed needs will be recorded in patient documentation
• On admission, patients and/or patients parent(s) will be given the choice to have their own (or children’s) nursing notes stored in an alternative location other than the bedside.

• Staff will provide information to patients/clients and relatives (with patient permission) in understandable terminology and repeat as necessary.

• Staff will ensure that whenever possible the patient will be included in all handovers concerning their care and have an opportunity to participate (or parents/carers of children). This includes details of their complete and final diagnosis on discharge.

• The patient’s presence will be acknowledged at all times.

• Staff will take time to listen to patient/client choices, decisions and views will be recorded in relevant documentation.

• Staff should endeavour to keep noise in clinical areas to a minimum especially during daytime rest periods and overnight. This should include minimising telephone ringing, door banging, wearing appropriate ‘soft’ footwear and lowering of voices. Staff will be aware of noisy equipment e.g. bin lids, trolley wheels.

• Consideration of others will be advised when using Patient Line TV and telephones.

• Staff should provide explanations when a service is not available and provide feedback on progress e.g. delays with laboratory and other test results, ‘patient-line’, transport services.

• Staff should involve users to gain alternative perspectives when redesigning or changing a service.

6.5 Privacy & Confidentiality of Patient Information

• Staff should ensure that patient information held in the clinical area is confidential. Sharing information with other disciplines requires consent. Such consent should be documented in patient records. This may not apply in some cases, for example safeguarding children or for patients detained under the Mental Health Act.

• Care should be taken to safeguard either verbal or written information (also computer information) including patient files and eliminate opportunities for casual unauthorised access.

• Staff should adhere to all policies and procedures to safeguard patient information.

• Patients will receive copies of their medical correspondence if they so wish, in accordance with Trust Policy.

• Staff awareness is required when undertaking the following procedures (to prevent information being overheard by other patients and visitors):
  ~ Handovers
  ~ Admission procedures
  ~ Telephone calls
  ~ Teaching rounds
  ~ Calling patients in outpatients
  ~ Breaking bad news
• Staff should provide patients with information on the use and disclosure of confidential information held about them
• Staff must check with patients in respect of how their information may be disclosed and used, and that they have no concerns of queries about how their information is disclosed and use
• Assessments conducted over the phone will exclude children, non-English speaking patients and any others excluded at the specific request of the referring doctor. These patients will have face to face consultations arranged or any other reasonable adjustment that is required. Staff will ensure that the patient/carer is happy to speak on the telephone about sensitive personal issues without fear of being overheard by others
• It is important that trans people do not experience discrimination in the clinical setting. Staff should use names, titles and wherever possible hospital accommodation that the individuals concerned regard as appropriate. This will usually be consistent with their dress and presentation. If the situation is unclear, staff should discuss these issues with the individual, privately

6.6 Privacy, Dignity and Modesty

• Staff should ensure patient care actively promotes privacy and dignity and protects their modesty
• Staff should ensure patients are protected from unwanted public view by means of curtains, screens, walls, clothes, or covers. Some patients will request to have doors open however doors will be closed when delivering care unless a risk issue has been identified and other arrangements should be made
• Staff will allow patients who are able to do so, to bath, shower and toilet themselves with minimal supervision and are given adequate time to do so unless a risk issue has been identified. Hand washing will be provided at the bedside after use of commode or bedpan unless declined by patient
• Prompt removal of used commodes, bedpans and urinals are essential to avoid patient embarrassment
• Staff will actively encourage patients to wear their own clothing while in hospital but ensure items will not cause offence to other patients and visitors e.g. scanty nightwear
• Staff will ensure gowns fasten securely, provide adequate cover and are available in a wide range of sizes including extra-large. Additional garments will be made available to cover the patient if necessary e.g walking to the toilet. Inter-faith modesty gowns may be requested by some patients
• Staff should offer help without waiting to be asked. e.g anticipate toileting needs/or respond promptly to requests to avoid embarrassment and distress for the patient
• Staff will ensure patients can have private telephone conversations if requested (e.g. areas may have cordless telephones)
• Staff will take measures to limit patient ‘fluid collection bags’ from public view whenever possible
• Staff will provide a facility for a patient, carer/relative or friend to have a private conversation during visiting if requested
• Patients will have a choice of where to eat their meals within the physical constraints of the facility
• Staff will make efforts to protect the patient mealtime taking consideration patient preference and available resources (e.g. limited availability of scan appointments)
• Staff should strive to ensure that a quiet undisturbed room is available when breaking bad news or when sensitive issues need to be discussed
• Last offices will be carried out in a sensitive manner in accordance with the documented standard of practice

6.7 Single Sex Accommodation

In 2009, the DH issued a clear mandate to eliminate mixed sex accommodation in our hospitals. There are clear definitions within the Delivering Same Sex Accommodation (DSSA) principles as follows:

• There are no exemptions from the need to provide a high standard of privacy and dignity, irrespective of the case setting
• Men and women should not have to sleep in the same room, unless sharing can be justified by the need for treatment, or by patient choice
• Men and women should not have to share mixed bathing and toilet facilities, unless they need specialised equipment such as hoists or specialist baths
• Patients should not have to pass directly through opposite sec areas to reach their own facilities
• In some circumstances, mixing of the sexes can be justified. Decisions should be based on the needs of each individual patient, not the constraints of the environment, or the convenience of the staff
• If mixing of the sexes appears to be unavoidable, the Trusts Escalation Plan should be followed in conjunction with OP33

7 Training

• All staff will have awareness raised of Privacy and Dignity at Induction and Mandatory Training
• Awareness raising of privacy and dignity will be incorporated into local induction training
• Privacy and Dignity will be reflected in trust wide training programmes such as Choosing Gateshead
• Training will be reviewed by the Patient Experience & Dignity Steering Group

8 Equality and Diversity

• The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy has been appropriately assessed
Anyone who is in the UK for any reason has fundamental human rights which the government and public authorities are legally obliged to respect. The Human Rights Act 1998 gives further legal effect in the UK to the fundamental rights and freedoms contained in the European Convention on Human Rights. These rights not only impact matters of life and death, they also affect the rights people have in their everyday life.

The NHS Constitution also sets out the rights that patients have to dignity and respect, in accordance with human rights.

This policy takes into consideration the need to make reasonable adjustments to ensure that patients with disabilities are not discriminated against.

9 Monitoring Compliance with this Policy

Monitoring the compliance of this policy will be the responsibility of the Trust Privacy & Dignity Steering Group. This will be undertaken by:

- Annual review of the Picker Survey
- Annual review of Picker Inpatient Survey
- Quarterly review of complaints, PALS, Datix, Exit cards or equivalent. Where themes are identified appropriate action plans will be put in place
- Annual Report to the Safecare Council

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10 Consultation and Review

The policy will be reviewed by the Privacy & Dignity Steering Group which has clinical, non clinical and user representation. It also takes into consideration
feedback from service users at other forums including the Health & Social Care Disability Forum and the Patient, Carer, and Public Involvement Group

11 Implementation of the Policy

The policy will be highlighted with staff at mandatory training and local induction

12 Associated Policies

This policy should be read in conjunction with:

- OP13 – Bed Management Policy
- OP10 – Records Management
- OP13 – Discharge & Transfer
- OP24 – Combined Critical Care Unit Admission & Operational Policy
- OP32 – Interpreting and Translation Services
- OP33 – Bed Management Patient Transfer & Escalation Policy
- RM04 – Incident Reporting & Investigation
- RM22 – Consent to Treatment
- RM49 – Being Open
- RM65 – Chaperone Policy
- Patient experience Strategy 2011 - 2014

13 References

- Eliminating Mixed Sex Accommodation – DH May 2009
- www.dh.gov.uk/samesexaccommodation
- Standard for Better Health – CQC 2009
- Human Rights Act 1998
- Race Relations Act 1976 (as amended)
- Disability Discrimination Acts 1995 & 2005
- Equality Act 2006
- Equality Bill (2008/9)