

# POLICY TO PROMOTE PRIVACY, DIGNITY & RESPECT



## Document Summary

*This policy sets out standards for the delivery of services and care which promote privacy, dignity and respect for individuals, and assists in clarifying roles and responsibilities for ensuring these standards are maintained at all times.*

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## Important Note:

**The Intranet version of this document is the only version that is maintained.**

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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## 1 SCOPE

This policy applies to all Employees including: Volunteers, Agency/Locum/Bank staff and Contractors working on Trust premises on behalf of the Trust.

## 2 INTRODUCTION

*Privacy is the freedom of intrusion and Dignity is being worthy of respect.*

Cumbria Partnership NHS Foundation Trust is committed to ensuring that privacy, dignity and respect are afforded to all those who come into contact with the Trust. The promotion of privacy, dignity & respect for each individual is integral to all transactions both in the provision of service user / patient care within CPFT and dealing with the public, staff and stakeholders. Responsibility for protecting and promoting privacy, dignity and respect does not lie with one individual of group but with all staff to embed a culture where everyone matters. However, in all areas of this policy, clinical risk should be considered in relation to privacy.

The Trust is also committed to working with partner organisations to share lessons and learning where privacy, dignity or respect has been compromised or to share examples of best practice, as well as take on board recommendations from current initiatives. A number of these have focused attention on important issues and guidance includes:

- Care Standards Act (CSA) (2014)
- Trans gender: A practical guide for the NHS (2008).
- The NHS Constitution (DH 2009) states that all patients should feel that their privacy and dignity are respected whilst they are in hospital
- Department of Health (2010) NHS Delivering Same Sex Accommodation. DH, London
- Mental Health Act - Code of Practice (2015).

The seven privacy and dignity benchmarks address this definition as follows:

- Attitudes and behaviours
- Personal world and personal identity
- Personal boundaries and space
- Communicating with staff and people who use our services
- Privacy of service user confidentiality and information
- Service user modesty
- Availability of an area for complete privacy. The seven privacy and dignity benchmarks should be considered by staff whenever designing new facilities, planning changes to services or other circumstances which may impact upon these requirements.

The seven privacy and dignity benchmarks are applicable to all service users. However, the Trust recognises that some service users, such as older people with

dementia, young people, people with learning disabilities and mothers and babies may have specific needs. These should be considered locally and detailed in service user's care or support plans.

Being with other patients of the same gender is an important component of privacy and dignity. Privacy, dignity and respect must be built not only into the care delivered but the environment in which it is delivered.

The NHS Constitution states that service user experience is the most important measure of success. Positive service user / patient experience is important to CPFT with patients reporting feeling that their right to privacy, dignity and respect is upheld and actively promoted by staff and that they feel they matter at all times. Developing a culture to deliver care that fulfils all statutory, organisational and best practice requirements,

CPFT is committed to the principles in the Care Quality Commission regulation 10 (2015):

- When people receive care and treatment, all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way.
- All communication with people using services must be respectful. This includes using or facilitating the most suitable means of communication and respecting a person's right to engage or not to engage in communication.
- Staff must respect people's personal preferences, lifestyle and care choices.
- When providing intimate or personal care, provider must make every reasonable effort to make sure that they respect people's preferences about who delivers their care and treatment, such as requesting staff of a specified gender.
- People using the service should be addressed in the way they prefer.
- People using the service must not be neglected or left in undignified situations.
- Providers must make sure that they treat people using services with dignity and respect. and providers must demonstrate that they take all reasonable steps to make sure that people using their service are always treated with dignity and respect
- Each person's privacy must be maintained at all times including when they are asleep, unconscious or lack capacity.
- All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard.
- Staff must make sure that people have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations.
- Each person's privacy needs and expectations should be identified, recorded, and met as far as is reasonably possible.
- People's relationships with their visitors, carer, friends, family or relevant other persons should be respected and privacy maintained as far as reasonably practicable during visits.
- People using services should not have to share sleeping accommodation with others of the opposite sex, and should have access to segregated bathroom and toilet facilities without passing through opposite-sex areas to reach their own facilities. Where appropriate, such as in mental health units, women should have access to women-only day spaces.

- If any form of surveillance is used for any purpose, providers must make sure this is in the best interests of people using the service, while remaining mindful of their responsibilities for the safety of their staff. Any surveillance should be operated in line with current guidance. Detailed guidance on the use of surveillance is available on CQC's website.

### **3 STATEMENT OF INTENT**

To set standards to ensure that patients', service-users' and carers' experience care that is delivered with compassion and empathy in a respectful, non-judgement way, which retains privacy and dignity at all times.

### **4 DEFINITIONS**

Privacy - refers to, "freedom from intrusion and embarrassment and relates to all information and practice that is personal or sensitive in nature to an individual. Privacy is a key principle, which underpins human dignity, and remains a basic human right and the reasonable expectation of every person." Human Rights Act, 1998

Dignity - To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals, being of equal value and worth irrespective of differences such as age, race, culture, gender, sexual orientation, social background, health or marital status, disability, religion or political conviction.

Respect - is positive regard shown to a person as a human being as an individual, by others, and demonstrated as courtesy, good communication, taking time and equal access.

Modesty - refers to treatment being given in a manner which avoids unnecessary exposure and minimises anxiety and distress

Delivering Same Sex Accommodation (DSSA) – Cumbria Partnership NHS Trust is required and committed to delivering same sex accommodation to enhance the privacy and dignity of services users. The Trust believes that every service user has the right to receive high quality care that is safe, effective and respects their dignity and this is one of the guiding principles of the NHS Constitution. There are no exceptions to delivering high standards of privacy and dignity and staff should always take the utmost care to respect this.

### **5 DUTIES**

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### **5.1 Chief Executive**

The Chief Executive has the ultimate responsibility for providing a culture where all patients and service users are treated with privacy, dignity and respect.

### **5.2 Director of Quality of Nursing**

Provides clinical leadership and will ensure that advice, training and support mechanisms are in place for staff in respect of privacy, dignity and respect. Will ensure issues in relation to standards for promoting privacy, dignity and respect are reported and monitored through incident reporting, complaints and clinical governance processes.

### **5.3 Associate Directors of Nursing, Associate Medical Directors, Associate Directors of Operations, Network Manager, Quality and Safety Leads, Head of Departments, Ward Managers/ Team Leaders**

These staff are responsible for leading and promoting privacy, dignity and respect in their areas

They will monitor their environment in relation to privacy and dignity issues, and will ensure their members of staff show consideration for the privacy and dignity of patients, service users and carers and any concerns which are raised are dealt with in a respectful manner.

### **5.4 Clinical Risk and Safety Manager**

To review all incidents on an ongoing basis and alert the Care Group to any potential privacy, dignity and respect incidents. To check the accuracy of levels of harm attributed to the incidents.

### **5.5 Staff**

Will remain sensitive to the various circumstances in which patients' and service users' privacy and dignity may be infringed, and take appropriate action to maintain privacy and dignity at all times. They will report any incidents through the Trust incident reporting system and will give patients, service users and carers clear information on how to raise concerns.

Nursing staff will ensure their practice complies with NMC Code 2105.

## **6 PRACTICE STANDARDS – FOR PRIVACY, DIGNITY AND RESPECT**

### **6.1 Attitudes and Behaviour**

Patients, Service Users and Carers feel they matter all of the time – as demonstrated by:

- Observation of a care environment that actively encompasses respect for individual values, beliefs, personal relationships, cultural and religious values and personal identity, including sexual orientation. Individual needs are ascertained and continuously reviewed.

- Staff should introduce themselves on initial contact with a service user, stating their name and role, and the purpose of their contact.
- Staff ensure good attitudes and behaviour are promoted including consideration of non-verbal and body language and the needs of minority groups.
- Evidence of relevant information given to patients and service users on admission in inpatient units, for example a welcome pack” or “admission pack”.
- Absence of patients, service users and carers experiencing negative, offensive attitudes or behaviour as indicated by formal or informal complaints
- Staff ensure good attitudes and behaviour are promoted including consideration of non-verbal behaviour and body language and the needs of minority groups.
- Principles of single sex accommodation adhered to in all inpatient areas, as indicated by designated male or female facilities and appropriate signage. Guidance on Gender variant Children and Young people as well as Transgender Adults can be found in the Eliminating Mixed Sex Accommodation Policy (POL/001/055).
- Evidence of mandatory Equality and Diversity training completed for all members of staff
- The principles of the Mental Capacity Act will be upheld for patients who do not have the capacity to make an informed choice. .
- Evidence that on request, preference of a service user for a male or female keyworker, care coordinator, named nurse or support worker is considered and accommodated where possible.

## 6.2 Personal world and Personal Identity

Patients, Service Users experience care in an environment that actively encompasses individual values, beliefs and personal relationships – as demonstrated by:

- Review of clinical records which show that individual needs and choice have been ascertained, documented and re-examined as required.
- Evidence that the name which the patient or service user wishes to be known is agreed, documented and used.
- Feedback from Patient, Service User and Carers Groups that the needs of culturally diverse groups are sought and respected.
- Service users and patients should receive any assistance required for eating, drinking or personal care with overt respect for personal dignity.
- Staff should ensure that service user’s nutritional needs and special dietary requirements are met.
- Evidence from job descriptions, mandatory training, staff appraisal and or staff meetings that stereotypical views are challenged and the valuing of diversity is demonstrated.
- Staff should assist service users in accessing opportunities to meet their spiritual and religious needs and follow their usual faith practices.
- Staff should ensure that service users physical health needs are assessed and referred for treatment where requested or necessary.

- Staff should ensure that dignity and respect is maintained for service users, carers and relatives in relation to end of life care and death, with individual wishes being appropriately considered in care planning.

### 6.3 Personal Boundaries and Space

A patient or service users' personal space is actively promoted by all staff, as demonstrated by:

- Inspection of the environment where services are provided to ensure they consist of facilities which maintain the privacy and dignity of patients and service users.
- Staff are responsible for ensuring that care environments used by service users is safe and adheres to the Trust standards regarding safety, cleanliness, infection control and other local policies.
- Observation that personal and private space is respected and protected for individuals and privacy effectively maintained, for example: bed curtains adequately secured and signage posted while care is being given at the bedside.
- Within all inpatient units, visiting hours and visiting numbers should be managed to ensure minimal disturbance. Ensure that both patients and carers are receptive to the needs of other patients and carers.
- Staff should obtain permission / consent before any examinations or treatments are carried out.
- Ensure, when requested by the patient or when appropriate, a chaperone or other significant person is included when providing treatment. A chaperone can act as a safeguard for all parties (patient or practitioner) where the patient may feel vulnerable, and is a witness to continuing consent of the procedure.
- In Mental Health and Learning Disability units evidence from clinical records that the acceptability of personal therapeutic contact (touch) has been identified and documented for individual service users.
- Inclusion of questions on privacy and dignity in surveys and audits where feedback from patients and service users is sought on a regular or ongoing basis.
- Ensure the service users or patient's personal space, including table and locker, is respected and protected from intrusion by others.
- In Mental Health inpatient areas each bedroom should be lockable but accessible to authorised staff.
- There are local procedures for monitoring and maintaining patient safety in private areas of the clinical environment eg call system, special viewing, mechanisms or video surveillance.
- Ensure that when a patient needs to be transferred this is carried out at an appropriate time and with the full knowledge of the patient and their relatives except in an emergency.
- Ensure that deceased patients are transferred from their place of death to the mortuary in a way that continues to respect their dignity.
- Community staff will visit service users or patients as far as possible at previously arranged times within the restraints and unpredictability of the working day.

- The practitioner in the service user's or patients home will act as a guest, ensuring that entering the property and using the facilities are with the patient's permission

#### **6.4 Communication between Staff and Patients or Service Users**

Communication between Staff and Patients or Service Users takes place in a manner which respects their individuality, as demonstrated by:

- Evidence that cultural, language and sensory needs including necessity for an interpreter has been assessed and information has been made available in a form which addresses individual requirements. Translation and interpreting services should be used where required, rather than simply relying on family members.
- Written patient, service user or carer information is checked by Patient, Service User and Carer Group or Communications Department before it is published to ensure it is factual, free from jargon and abbreviations and given at the required level of understanding
- All staff and volunteers should be easily identified by use of name badges / ID cards and uniform (where appropriate) and should introduce themselves by name.
- All communications between staff and service users / patients and between colleagues should be conducted respectfully and professionally..
- Observation of staff interaction with patients, service users and carers to ensure verbal information is given to patients at the required level of understanding and style which is appropriate to a patient's or service users' culture and language.
- Observation of areas where services are delivered to ensure patients and service users are protected from unwanted public view whenever possible.
- Where appropriate ensure the ward / department states clearly visiting or opening times.
- Staff should ensure that service users and carers have access to information relating to the Trust's PALS department, in order to report compliments relating to privacy and dignity or any other issue, or raise concerns or make complaints.
- Staff should raise with their line manager any issues which may compromise the safety, privacy or dignity of service users, carers or relatives.
- Inpatient services should provide information on items that are banned from the ward on admission. This is defined locally by the service type.

#### **6.5 Confidentiality of Personal Information**

Information is shared to enable care with Patients or Service Users' consent, as demonstrated by:

- Adherence to the Trust Information Governance policies, national legislation (Data Protection Act 1998) professional codes of conduct and HM Sharing guidance when considering sharing patients information. Evidence of

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mandatory Information Governance training completed to ensure all staff are aware of the Caldicott principles in the Trust.

- Provide, and be seen to provide, a confidential service to all patients.
- Observation that case files / patient records are stored securely in locked cabinets
- Precautions should be taken to prevent information being inappropriately shared such as overheard telephone conversations, writing personal information unnecessarily on white boards, in personal notebooks or on scraps of paper, mobile phones with picture or video features, computer screens which are overlooked and patient held records being viewed in the car.
- All patient records must be transported in red bags provided by the Trust.

## **6.6 Privacy, Dignity and Modesty**

Information is shared to enable care with Patients or Service Users' consent, as demonstrated by:

- Continuing professional development for staff to ensure they are aware of potentially distressing situations for patients and service users and how to obtain support or advocacy for the patient or service user as necessary.
- Evidence of care plan for personal care covering personal preferences, cultural needs and the concerns of carers, which is routine for patients in community hospitals and step-up/step-down units and is required for mental health / learning disability service users who lack capacity.
- Evidence that service users in mental health / learning disabilities have actively been encouraged to participate in drawing up an invitation list to meetings about their care, in order to facilitate their ability to participate in the meeting without feeling intimidated.
- Evidence that information about completing an "Advanced Decision" is available, and is being offered to patients and service users according to need.
- All inpatient toilet and washing facilities (with the exception of disabled or fully assisted areas) should be single sex and clearly designated.
- When moving between rooms, departments or hospitals, patients or service users will be provided with adequate clothing to preserve modesty. In situations where they travel to their own home, patients or service users must be clothed appropriately.
- Where a patient needs assistance with his / her toileting / hygiene needs, ensure it is done in a way that respects his or her dignity.
- Ensure patient privacy is also considered when providing care in the patients home or other non – Trust premises.

## **6.7 Availability of an area for complete Privacy (Inpatient Units)**

Patients or Service Users or Carers can access an area that safely provides privacy, as demonstrated by:

- Observation that family rooms and private visitor areas are available and being used by patients and service users.
- Observation and feedback from patients and service users that care is being given without interruption and there is protected one-to-one time with clinicians and therapists and with a chaperone if chosen.
- Observation that signs are available to prevent unwanted interruption as appropriate.
- Ensure that privacy is maintained for a patient by using curtains, screens, walls, rooms,, doors, blinds, blankets, appropriate clothing and appropriate positioning of patient.
- Consider privacy when treating patient in their own homes.
- An area should be made available for service users for the purpose of meeting religious needs and following faith practices.

## 7 TRAINING

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management of training will be in accordance with the Trust’s “Learning and Development Policy”, which requires staff to complete e-learning for “Risky Business” which includes a section on privacy and dignity.

## 8 MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts’ monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Risky Business – completion Privacy & Dignity section	Training will be monitored in line with the Learning and Development Policy.				
Number of complaints or compliments received	Patient questionnaires	Care groups	Monthly	Care groups	Care group meetings

## 9 REFERENCES/ BIBLIOGRAPHY

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- Human Rights Act (1998).
- The Data Protection Act (1998)
- [http://www.opsi.gov.uk/ACTS/acts1998/10090029.htm`](http://www.opsi.gov.uk/ACTS/acts1998/10090029.htm)
- [NICE CG138: Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#)
- [NICE CG136: Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#)

## **10 RELATED TRUST POLICY/PROCEDURES**

Learning and Development Policy  
Eliminating Mixed Sex Accommodation  
Information Governance