Trust Operational Policy

Clinical Policy and Practice

Policy for maintaining Privacy and Dignity

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Policy for Maintaining Privacy and Dignity
# Policy for Maintaining Privacy and Dignity

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1.0 Introduction

National surveys of NHS patients have identified concerns about the lack of dignity whilst in hospital. Issues have been centred on a lack of privacy, mixed sex wards, how we address people and how we communicate progress.

This Trust is committed to ensuring that our patients feel that they are treated with respect and that their needs are truly understood and met. All of our customers have the right to expect treatment and care delivered in a professional and courteous manner and in an environment that allows for privacy and the maintenance of modesty.

Privacy = freedom from intrusion.
Dignity = being worthy of respect.
Respect = consideration or thoughtfulness.
Modesty = behaviour, manner or appearance intended to avoid impropriety or indecency.

The purpose of this policy is to ensure that staff have adequate guidance in order to ensure that privacy and dignity is maintained for patients. It will also outline the roles and responsibilities of staff in ensuring this policy is fully implemented.

Patients have a right to:
• Be treated as individuals at all times.
• Be listened to and their views taken into account at all times.
• Be treated courteously at all times.
• Be treated with dignity at all times.
• To have their modesty protected at all times.
• To have their cultural and religious needs considered in relation to privacy & modesty.
• To remain autonomous and independent wherever possible.
• To know who is responsible for the care they are receiving at that time.
• Have private discussions about their care and treatment when required.

2. Objective

The implementation of this policy will help to ensure our patients are treated with courtesy, respect, privacy and dignity at all times.

The purpose of this policy is also to ensure that staff have adequate guidance in order to ensure that privacy and dignity is maintained for patients. It will also outline the roles and responsibilities of staff in ensuring this policy is fully implemented.

3. Scope

This policy is applicable to all staff working in this Trust who have direct contact with patients and visitors.
4. Policy

4.1 Environment

1. Single sex accommodation

The Department of Health [2008] has given a clear public commitment to eliminating mixed-sex accommodation for hospital inpatients. Three objectives were set for the NHS, designed to deliver single-sex accommodation. They apply to all NHS trusts providing inpatient accommodation.

The objectives are:

1. to ensure that appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients;
2. to achieve the DH standard for segregated washing and toilet facilities across the NHS; and
3. to provide safe facilities for patients in hospitals who are mentally ill which safeguard their privacy and dignity.

Single-sex accommodation is defined as separate sleeping areas for men and women, segregated bathroom and toilet facilities for men and women and, in those trusts providing mental health services, safe facilities for the mentally ill.

This can take a number of forms. NHS Trusts may provide single-sex wards, or combinations of single rooms and single-sex bays. In the guidance published by DH Privacy and Dignity Elimination of Mixed Sex Accommodation, the only exemption for mixed sex accommodation is the Emergency Department. This is no longer applicable to critical care units, acute assessment areas; theatre recovery or day case areas.

The Trust is working to ensure that we deliver substantial and meaningful reductions in the number of patients who report that they share sleeping or sanitary accommodation with members of the opposite sex.

Trusts who do not comply with PDEMSA guidance under the DH operating framework will receive financial penalties.

- The majority of inpatient areas in this Trust provide these facilities and where this is not currently possible, for example in post-operative recovery areas, emergency situations, small specialist units for example ITU, then staff must take reasonable measures to ensure that privacy and dignity are maintained. This includes:-

  - Consider confidentiality during ward rounds and discussions with/about patients.
  - Pull screens partially around beds to offer some privacy from immediate neighbour.
  - Offer use of single sex toilet facilities where patient is stable enough.
  - Move patient to single sex environments as soon as possible.
  - Ensure that where possible prior to admission the patient is aware that they will be cared for in a mixed sex environment and that they understand the reasons for it.
  - Patients will not have to share bathroom facilities with people of the opposite sex.
• Bathrooms will have interchangeable signs to enable allocation of bathroom according to the gender of the nearest bay. The only exception to this will be if special bathroom equipment is required.

4.1.2 Cleanliness and safety

Patients report that it is important for them to feel that the environment in which they are being cared for should be clean. This is perceived as respecting the patients need to be safe, in particular at reduced risk from HCAIs. Staff will:

• Adhere to infection prevention and control policies.
• Take responsibility for ensuring the environment is kept clean.

4.2. Treating patients with respect

Patients have the right to be treated with respect at all times and to be treated as individuals. This includes understanding their care requirements; who will be assisting to deliver that care, and any progress or changes made to that plan of care. The following points must be followed.

• Staff will always introduce themselves by name and explain their designation and role
• Staff will wear identification badges at all times in line with Trust policy
• Patients will be asked to confirm how they would like to be addressed for example first name or title [Mr or Mrs etc]
• Staff will avoid conversations ‘over a patient’ if they are unable to include the patient in those discussions
• Staff will ask permission to enter a room or bed space
• Staff will ensure that an interpreter is provided in line with the Trust policy where this is required
• Patients will always have their views listened to and acted upon where possible. Where a patient makes a request that may compromise their safety or their plan of care, this must be discussed and the outcomes documented
• For patients whose first language is not English, Staff will use the Multilingual Phrasebook, to aid with daily communication. This is available as a hard copy from the Trust Reprographics Department and is available for viewing on the Trust’s intranet
• Staff must ensure that specific cultural, religious and ethnic beliefs and needs are documented
• Staff must respect the patient’s cultural, religious and ethnic beliefs and make arrangements as required in relation to diet, worship, and care of the dying. The ‘Religious and Spiritual Needs of Patients’ booklet is available on the Trust Intranet. A paper copy can be obtained from the Trust Reprographics Department
• Patients have the right to have a chaperone present and as such should be given the option. This should be done by placing notices around the ward/department so that patients are aware of their rights. In some circumstances it may not always be feasible to allow family members to chaperone; therefore a member of staff would then act as chaperone. Patients should be offered a chaperone of the same sex as and when appropriate. Refer to Trust Chaperone Policy
• Staff will not assume that a patient’s partner is of the opposite sex or that their partner is married to them.

4.3 Transgender people

Transgender (trans) people are protected against discrimination in law. It is therefore essential that privacy and dignity for this group of patients is treated with the utmost respect and professionalism.

Transgender patients should be accommodated according to their presentation i.e. how they dress and refer to themselves regardless of their physical presentation. When admitting a transgender patient via the emergency department the individual's preferred gender identity must be discreetly ascertained if staff are in doubt.

Not knowing whether or not a person is trans in the emergency department may be potentially life threatening in certain circumstances. Gender presentation is indicative of gender role and how a patient should be accommodated but not what their birth sex was. For this information you must rely on any friends or relatives that attend an unconscious or critically ill person, clinical notes or colleagues, if the person was a previous hospital patient.

Where emergency admission of an unconscious patient is necessary, staff must take their cues as to the preferred gender of the patient from their mode of dress. It is unacceptable to attempt to assign gender by inspection of the genitalia.

If it is not relevant to the critical incident you are investigating there is no need to determine whether the patient is trans even if you become aware after examination that they may be.

Staff must take particular care to protect the preferred gender identity of the transgender patient when physiological appearance is not congruent with their preferred gender presentation.

On admission it is important to discuss with the trans person the most suitable accommodation for him or her and reach a decision you can both agree upon. The priority is to accommodate the patient safely, ensuring their privacy and dignity.

Those who live in their confirmed gender should always be offered accommodation according to their gender presentation.

However, it may be the case due to the nature of the treatment or surgery, availability of beds, genital operative state of the patient, patient history and wishes (including the patients’ own anxieties and concerns), that a side room or a single adjacent ward accommodation should be provided instead. This should be with the agreement of the patient. This approach may only be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite gender ward.
Sometimes it will be the case that a trans person is admitted to hospital who has only just started to transition. This is likely to mean the person has different genitals to those usually expected. It is also likely to mean the person may appear quite gender ambiguous and may not have developed any or all of the secondary sexual characteristics of their gender.

In these instances a fair and reasonable approach that takes into consideration all of the circumstances is essential. On admission it is important to discuss with the trans person the most suitable accommodation for him or her and reach a decision you can both agree upon. The priority is to accommodate the patient safely, ensuring their privacy and dignity.

4.4 Confidentiality

Patients have the right to have their information protected. This includes documentation and discussions. Staff must be aware of the risks of breaching confidentiality when discussing patients care and when storing personal information. Staff should:

- Only share information about patients to people directly involved in their care.
- Not discuss patients, regardless of whether the patient’s name is mentioned, in public areas. This means lifts, canteen, public transport and other similar areas. This is a direct breach of respect and privacy for patients and gives an impression of lack of professionalism.
- Follow trust policies in relation to patient information.
- Obtain consent from patients to discuss their progress, treatment etc with other family members.

5. Privacy, dignity and modesty

Patients have a right to be treated with dignity and respect at all times. Their modesty should be protected and particular care in mixed sex accommodation must be taken. Staff should:

- Ensure that doors/curtains are closed when providing care for patients and privacy notices are in place.
- Never enter these areas without knocking or asking permission.
- Ensure patient independence is promoted as much as possible.
- Ensure patients are not exposed more than is absolutely necessary and for the shortest amount of time as possible.
- Ensure patients are offered a chaperone in line with the Trust Chaperone Policy.
- Encourage patients to dress in their own clothing.
- Provide assistance as required, for example at meal times, ensuring this is done with professionalism and courtesy.
- Ensure patients with poor nutritional intake are monitored closely and offered snacks at frequent intervals.
- Offer drinks regularly to patients with poor intake or who require assistance and ensure this is monitored and recorded.
- Ensure that noise at night is kept to an absolute minimum.
6. **Staff standards of behaviour**

Staff will be expected to maintain the highest levels of behaviour at all times. In particular the trust expects that:

- Staff will hold professional conversations; ensuring patient confidentiality is not breached
- Staff will not raise their voice or talk in a loud and derogatory manner. Staff will not hold conversations of a personal nature within close proximity of patients, carers and other Trust visitors
- Staff will be smart and clean in their appearance
- Staff will uphold the reputation of this Trust
- Staff will be welcoming and professional at all times.

5.0 **Roles and Responsibilities**

5.1 **All Trust employees**

To ensure that they adhere to this policy at all times.

2. **Directorate/Ward/Departmental managers**

Must ensure the policy is adhered to. They are also responsible for escalation of any issues where they feel this policy may be breached due to new/unusual or Pressing circumstances i.e. lack of resources such as pillows and/or curtains.

5.3 **Clinical Policy and Practice Sub-Committee**

Will audit the implementation of this policy through the results of the following:

- NQA (Nursing Quality Performance Assessment)
- Independent audits.

6. **Associated Documentation And References**


DOH [2007] Privacy and Dignity – A report by the CNO into mixed sex accommodation in hospitals.

Nursing Midwifery Council (2008) Chaperoning

Nursing Midwifery Council (2009) Record Keeping Guidance for Nurses and Midwives


Institute for Innovations and Improvements [2007] PDEMSA – Good Practice guidance and self assessment checklist

The Trust would like to acknowledge the work of:

Southampton University Hospitals NHS Trust,
Brighton and Sussex University Hospitals NHS Trust,
North Cumbria Acute Hospitals NHS Trust

7.0 Training & Resources

Staff are provided training on induction
This is also an element of the Trust’s HCA Essential Care Course
All nursing staff will be provided with education on the own wards and departments by matrons, managers and senior nurses.

8. Monitoring and Audit

This policy will be monitored through the following:

• National Inpatient and Outpatient Surveys
• Independent Audits
• Nursing Quality Performance Assessment Tool
• Issues raised by complaints
• Continuous improvement
• PDEMSA action plan and review meeting minutes

9.0 Equality and Diversity

This Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

Policy for Maintaining Privacy and Dignity
This policy and procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavour to make reasonable adjustments to accommodate any employee/patient with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

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Appendix 1

Glossary of Terms

All terms are explained within the policy document
### Version History

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<th>Author</th>
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