Pennine Care NHS
NHS Foundation Trust

## Policy Document Control Page

**Title**

**Title: PRIVACY AND DIGNITY POLICY & GUIDANCE FOR STAFF**

**Version: 4**

**Reference Number: CO64**

**Keywords:**

- **Privacy and dignity**
- **Eliminating mixed sex accommodation**

**Supersedes**

**Supersedes: 3**

**Description of Amendment(s):**

- **Change of title to include guidance for staff**
- **Change to scope of policy**
- **Changes to section 4 (Roles and Responsibilities)**
- **Additions to section 7 (Privacy & Modesty)**
- **Change of appendices**

**Originator**

**Originated By: Hamida Deemer**

**Designation: Quality Assurance Co-ordinator**

**Equality Impact Assessment (EIA) Process**

**Equality Relevance Assessment Undertaken by: Gary Flockhart**

**ERA undertaken on: 30/12/13**
**ERA approved by EIA Work group on: 30/12/13**

**Where policy deemed relevant to equality-**

**EAA undertaken by Hamida Deemer**
**EIA undertaken on 30/12/13**
**EIA approved by EIA work group on: 6/1/14**

**Integrated Governance Group**

**Referred for approval by: Gary Flockhart**

**Date of Referral: 10/10/2013**

**Approved by: Environment and Cleanliness Group**

**Approval Date: 10/10/2013**

**Date Ratified at IGG: 30th January 2014**

**Executive Director Lead: Medical Director**

**Circulation**

**Issue Date: 6th February 2014**

**Circulated by: Performance and Information Department**

**Issued to: An e copy of this policy is sent to all wards and departments**

**Policy to be uploaded to the Trust's External Website? YES**

**Review**

**Review Date: January 2016**

**Responsibility of: Gary Flockhart**

**Designation: Clinical Lead of Service Improvement**

**An e-copy of this policy is sent to all wards and departments (Trust Policy Pack Holders) who are responsible for updating their policy packs as required.**

**This policy is to be disseminated to all relevant staff.**

**This policy must be posted on the Intranet.**

**Date Posted: 6th February 2014**

# TABLE OF CONTENTS

# PRIVACY AND DIGNITY POLICY & GUIDANCE FOR STAFF

## 1 INTRODUCTION AND BACKGROUND

**1.1** As the health and social care regulator for England, the Care Quality Commission (CQC) registration process requires all health and social care providers to demonstrate that they meet essential standards of quality and safety. Outcome 1 (CQC, 2010[1]) - Respecting and involving people who use services states that:

**People who use services:**

- Understand the care, treatment and support choices available to them
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support
- Have their privacy, dignity and independence respected
- Have their views and experiences taken into account in the way the service is provided and delivered.

**Those acting on behalf of people who use services:**

- Understand the care, treatment and support choices available to the people who use services
- Can represent the views of the person using the service by expressing these on their behalf, and are involved appropriately in making decisions about their care, treatment and support.

**In order to declare compliance, healthcare providers need to show evidence that they:**

- Recognise the diversity, values and human rights of people who use the services
- Uphold and maintain the privacy, dignity and independence of people who use services
- Put people who use services at the centre of their care, treatment and support by enabling them to make decisions
- Provide information that supports people who use services, or others acting on their behalf, to make decisions about their care, treatment and support
- Support people who use services, or others acting on their behalf, to make decisions about their care, treatment and support provided
- Enable people who use services to care for themselves where this is possible
- Encourage and enable people who use services to be involved in how the service is run
- Encourage and enable people who use services to be an active part of their community in appropriate settings.

**1.2** As of 1st April 2011 all NHS Trusts in England were required to declare a position statement regarding compliance with the guidance from the Department of Health (DH) on providing single-sex accommodation. The following statement on eliminating mixed-sex accommodation (EMSA) was published on the Trust's internet site in April 2011:

**EMSA Statement**

"Pennine Care NHS Foundation Trust is pleased to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is in the patient's overall best interest, or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same-sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment, or when patients actively choose to share).

If our care should fall short of the required standard, we will report it. We will also set up an audit mechanism to make sure that we do not misclassify any of our reports and we will publish the results of that audit".

**1.3** Patient-Led Assessments of the Care Environment are one way that the Trust is assessed on privacy and dignity and are one of the information sources used by the CQC. The relevant PLACE privacy and dignity guidance for assessors can be found in Appendices 1 and 2 for further information.

**1.4** In addition to CQC and EMSA requirements this Policy is underpinned by the Social Care Institute for Excellence (SCIE, 2010[2]) campaign, **Dignity in Care** which includes "A clear statement of what people can expect from a service that respects dignity" in their 'Stand up for dignity – the Dignity Challenge' document. This identifies ten standards that people can expect from a service that supports dignity:

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation.

## 2 SCOPE OF THE POLICY

**2.1** Pennine Care NHS Foundation Trust is committed in ensuring privacy and dignity continues to be a key priority in the provision of care to patients and service users. It is essential that patients and service users are treated as individuals with courtesy and respect, in any setting in which their care is delivered. Privacy and Dignity for the purpose of this Policy covers all settings where any kind of care is carried out, including hospitals, clinic settings, schools, care homes, patient/client homes, Trust and non-Trust premises, or prison.

## 3 AIMS OF THE POLICY

**3.1** The aim of this policy is to provide staff with guidance and procedures to support and assist best practice in the delivery of care which can impact on patients', service users' and carers' privacy, dignity and modesty.

**3.2** The policy sets out standards to meet the environmental conditions required to comply with the elimination of mixed-sex accommodation / delivery of same-sex accommodation (DSSA) and sets out areas of best practice that staff should follow. In order to increase staff awareness and understanding and to improve practice, the Trust, in collaboration with the DSSA North West (NW) Lead, has produced a quick reference guide and myth buster to eliminating mixed-sex accommodation which can be found in Appendix 2.

## 4 ROLES AND RESPONSIBILITIES

**4.1** The Deputy Director of Nursing and Integrated Governance, on behalf of the Trust, is responsible for a declaration of compliance with EMSA and for reporting any breaches should they occur. The following indicators of compliance have been identified by the NHS NW DSSA project board as the necessary elements to indicate compliance to same-sex accommodation:

1. Strategic commitment; same-sex accommodation is the norm and there are agreed plans to deliver it
2. Virtual elimination of mixing is demonstrated in wards, assessment units and day facilities
3. There is an ongoing process to measure ALL occurrences of mixing (breaches) reported to Trust board and commissioner
4. Patient experience is measured and reported to Trust board and commissioner.

**4.2** Service Directors and Senior Managers are responsible for:

4.2.1 Leading, promoting and championing the privacy and dignity agenda through integrating dignity and respect into governance and service monitoring

4.2.2 Ensuring staff are aware of the Privacy and Dignity policy and that it is a component of local induction for their staff

**4.3** The Director of Capital Investment and Estate Services will work with the Deputy Director of Nursing and Integrated Governance, along with Service Directors and Ward Managers to ensure that ward environments support the standards as outlined in this policy.

**4.4** Ward Managers and Service Managers are required to assess the level of compliance to this policy in their areas of responsibility, ensuring:

4.4.1 Individuals within teams understand their roles and responsibilities with regards to privacy, dignity and respect
4.4.2 Any local issues relating to privacy and dignity are addressed, and sharing any learning with team members
4.4.3 Implementation of the principles of this policy

Where poor practice has been identified, managers are required to take prompt action to put the issue right.

**4.5** All staff are responsible for :
4.5.1 adhering to the principles set out in this policy and promoting the dignity of all people
4.5.2 Promoting the vision and values of the organisation through appropriate communication and non-discriminatory practice
4.5.3 Participating in any related training or service development initiatives identified by their manager

Staff need to understand and recognise the individual's social and cultural diversity, values and beliefs that may influence their decisions and how they wish to receive care, treatment and support.

## 5 ELIMINATING MIXED SEX ACCOMMODATION

**5.1** The Trust is committed to providing an environment that meets standards to promote safe and effective care whilst maintaining best standards of privacy and dignity. An element of this is to eliminate mixed-sex accommodation.

**5.2** The booklet *'Five Steps to Eliminating Mixed-Sex Accommodation'* (NHS NW, 2010[3]) defines the following ways in which same-sex accommodation can be provided:

- Single rooms with adjacent same-sex washing and toilet facilities
- Same-sex bays or rooms with designated same-sex toilet and washing facilities
- No "crossflow" – people must not pass through the space of another gender to reach their facilities (DH, 2010 Annex[4])
- Intensive care and A&E are not included, for practical reasons.

**5.3** Designated male and female areas on the wards must be clearly identified and managed to uphold the privacy and dignity of service users. Provision of female only lounges forms part of this.

**5.4** Service users and their carers must be provided with information about the ward single gender areas, visiting hours and arrangements on the ward to ensure that service users or visitors do not intrude upon other patients in sleeping accommodation, toilets and bathrooms.

**5.5** Any concerns expressed by service users or their carers about their privacy and dignity are responded to effectively and sensitively by staff, ensuring that care quality and practice is consistent with the tenets of Dignity in Care.

**5.6** If mixing does occur, staff will attempt to rectify the situation within 24 hours, whilst safeguarding the individual's dignity and keeping the patient informed about why the situation occurred and what is being done to address it. The patient must receive regular updates as the situation changes. Any breaches must be reported to the senior manager on call and escalated accordingly.

## 6 DIGNITY

**6.1** Research indicates (SCIE, 2010[2]) that there are eight main factors that promote dignity in care and contribute to a person's sense of self -respect. These factors, listed below, guide staff to ensure that care and treatment are provided in a collaborative way to which privacy and dignity remain central and which indicate best practice in terms of culture and attitude:

1. Choice and control - Enabling people to make choices about the way they live and the care they receive
2. Communication - Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services
3. Eating and nutritional care - Providing a choice of nutritious, appetising meals, that meet the needs and choices of individuals, and support with eating where needed
4. Pain management - Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life
5. Personal hygiene - Enabling people to maintain their usual standards of personal hygiene
6. Practical assistance - Enabling people to maintain their independence by providing 'that little bit of help'
7. Privacy - Respecting people's personal space, privacy in personal care and confidentiality of personal information
8. Social inclusion - Supporting people to keep in contact with family and friends, and to participate in social activities.

## 7 PRIVACY AND MODESTY

**7.1** Safeguards for service users to be treated with privacy and dignity are underpinned by the duty on public agencies under the 1998 Human Rights Act[5] of which Article 8 gives the right to respect for private and family life, home and correspondence.

**7.2** All service managers, ward managers and matrons have responsibility to ensure that:

- Procedures are in place for communicating service users' personal information in a confidential manner, eg during handover procedures, admission procedures and telephone calls. Standards laid down in the Trust's Confidentiality policy (CO4) should be adhered to
- Private areas are available or created where care is delivered when required, including within a service user's own home

- Quiet areas are available at all times and service users and carers are aware of how to access them
- Where service users are required to get undressed, doors or curtains must be closed; where physical examination is required, service users are not asked to take off more clothing than is necessary. Chaperoning should be in place as per Trust policy: Mental Health Services Physical Health Policy for Service Users Aged 18 Years and Over (CL42)
- Service users are encouraged and supported to dress in suitable attire that protects their modesty. Where service users do not have access to their own clothing they should be offered temporary, appropriate hospital clothing that protects their modesty and is acceptable to them.
- Where night-wear is provided this should be appropriate to the service, and backless night gowns should NOT be provided unless clinically indicated
- Service users who are being taken off the ward or transported out of hospital will be dressed appropriately to retain their privacy and comfort
- Service users receive care in a clean and safe environment in line with the Trust Infection Prevention and Control policy (CL4)
- Service users at the end of their life are cared for in a side room if on a ward setting, or their preferred place of care within the community
- Dignity and respect should continue following the death of a service user

## 8 MENTAL CAPACITY ACT

**8.1** Healthcare professionals must proceed in accordance with the Mental Capacity Act 2005 (DCA 2005[6]) before taking treatment decisions on behalf of those who lack capacity. Advice on the Act is contained within the Code of Practice and a series of guides produced by the Department for Constitutional Affairs. Any queries on how the Act should be applied in particular circumstances may be directed to the Mental Health Law Office for advice. Reference must be made to the Trust's policy on Consent to Examination and Treatment (CL2).

## 9 MONITORING

**9.1** This policy will be monitored via the Essence of Care (2010[7]) benchmarking process, details of which can be found on the Trust intranet page (via Clinical Governance).

**9.2** Clinical audits will also be conducted on the related polices (see point 9) where relevant.

**9.3** Annual PLACE assessments are carried out on all inpatient areas. See Appendices 1, 2 and 3 for further information around the assessment criteria used during this process.

**9.4** Smaller units, such as independent living, may be exempt from some of the standards covered by this policy.

## 10 RELATED POLICIES

**10.1** This policy should be read in conjunction with the most recent version of the following Trust policies:

- Consent to Examination or Treatment (CL2)
- Infection Prevention and Control policy (CL4).
- Observation and Engagement (CL5)
- Safeguarding Adults (CL18)
- Seclusion, Time Out and Other Restriction of Patients' Movements (within inpatient wards) (CL26)
- Search (CL35)
- Mental Health Services Physical Health Policy for Service Users Aged 18 Years and Over (CL42)
- Confidentiality (CO4)
- Management of Violence and Aggression (CO38)

REFERENCES

[1] Care Quality Commission (2010), Guidance about Compliance: Essential Standards of Quality and Safety CQC, London

[2] SCIE (2010), Guide 15 - Dignity in Care, http://www.scie.org.uk

[3] NHS North West (2010), Five Steps to Eliminating Mixed-Sex Accommodation (Programme Summary and Collected Current Guidance)

[4] DH (2010), Letter - Delivering Same-Sex Accommodation - Self-Declaration Gateway ref: 13530 DH, London

[5] Great Britain. Human Rights Act 1998: Elizabeth ll. Chapter 42. (1998). London: The Stationery Office (TSO)

[6] Department of Constitutional Affairs (2005), The Mental Capacity Act, TSO

[7] DH (2010), Essence of Care 2010, TSO

# APPENDICES

## Appendix 1

**Ward name/Number** _____

**WARD PRIVACY, DIGNITY AND WELL-BEING**

Yes = Y
No = N
Not Applicable = X

| | | *Areas for action/record reasons and details of why a No has been recorded* |
|---|---|---|
| Is all sleeping accommodation (where required) separated into male-only and female-only areas? | | |
| Are wards designed so that no patient needs to pass through an area for the opposite sex in order to access toilets, bathrooms or to leave the ward? | | |
| Are toilets and bathrooms for single-sex use and do they have appropriate signs? | | |
| If the bath/shower is visible when the door is open, have privacy curtains been installed? (N/A for single/ en-suite rooms) | | |
| Do all toilet/bathroom doors have working locks? | | |
| Are all bedside curtains long and wide enough so that they provide a private space when closed? (N/A for single rooms) | | |
| Is there enough space between and around beds so that patients are not cramped/overlooked? (N/A for single rooms) | | |
| Is there a private room on the ward where patients can go for conversations? | | |
| Is there a separate treatment room on the ward for minor procedures/wound dressing? | | |
| Where patients have access to their own TV/radio, do they all have headsets/earphones (N/A for single rooms)? | | |
| Are all patients appropriately dressed to protect their dignity at all times? | | |
| Do doors have a means for observation e.g. spy-hole/ observation panel? | | |
| Where an observation panel is fitted, does the panel have an integral blind? | | |

**Appendix 2**

Pennine Care NHS
NHS Foundation Trust

**Ward name/number** _____

**WARD PRIVACY, DIGNITY AND WELLBEING**

Yes = Y
No = N
Not Applicable = X

| | | *Areas for action/record reasons and details of why a No has been recorded* |
|---|---|---|
| Is all sleeping accommodation (where required) separated into male-only and female-only areas? | | |
| Are wards designed so that no patient needs to pass through an area for the opposite sex in order to access toilets, bathrooms or to leave the ward? | | |
| Are toilets and bathrooms for single-sex use and do they have appropriate signs? | | |
| If the bath/shower is visible when the door is open, have privacy curtains been installed? (N/A for single/ en-suite rooms) | | |
| Do all toilet/bathroom doors have working locks? | | |
| Are all bedside curtains long and wide enough so that they provide a private space when closed? (N/A for single rooms) | | |
| Is there enough space between and around beds so that patients are not cramped/overlooked? (N/A for single rooms) | | |
| Is there a private room on the ward where patients can go for conversations? | | |
| Is there a separate treatment room on the ward for minor procedures/wound dressing? | | |
| Where patients have access to their own TV/radio, do they all have headsets/earphones (N/A for single rooms)? | | |
| Are all patients appropriately dressed to protect their dignity at all times? | | |

**Appendix 3**

| PRIVACY, DIGNITY AND WELL-BEING | |
|---|---|
| **Television and Radio Access – the following questions for answer by all organisations** | Enter Y against ONE OPTION ONLY below – leave others blank |
| All patients have radio and TV at their bedside/in their room at no cost | |
| All patients have radio and TV at their bedside/in their room at a cost | |
| All patients have radio at their bedside/in their room and access to a TV which they control | |
| All patients have radio at their bedside/in their room but access to TV is limited and/or controlled by staff | |
| Access to radio and TV is in day rooms/communal areas only | |
| Patients have no access to radio or TV | |
| | |
| **Computer and Telephone Access – the following questions for answer by all organisations** | Enter Y or N below |
| Do all patients have access to a computer/internet? | |
| Do all patients have access to a telephone (excluding personal/mobile phones)? | |
| | |
| **Recreation/Activity areas – the following questions for answer by all organisations** | Enter Y, N or N/A below |
| Is/are there area(s)/room(s) designated exclusively for use as family/visiting areas? | |
| If No above, Is/are there area(s)/room(s) not designated exclusively for family use but available for use as such? (If No, leave next blank) | |
| Where Yes to either above, does/do the room(s)/area(s) provide an appropriate environment – for example appropriately furnished and decorated? | |
| Is there a multi-faith/prayer room available? | |
| Is there a designated outdoor area, accessible to all patients, where they can go for relaxation? (If No, leave next blank) | |
| If Yes above, is this area attractive, well-maintained and with appropriate seating? | |
| | |
| **Recreation/Activity areas – the following questions for answer by Mental Health/Learning Disabilities organisations only** | Enter Y, N or N/A below |
| Is there an internal area designated for and accessible only by women? (where the unit is women only, enter N/A) | |
| Is/are there room(s)/area(s) on the ward designated for the purpose of activities and therapies? | |
| If No above, Is/are there such room(s)/area(s) situated away from the ward but easily accessible? | |
| Is there a quiet room available? | |
| Is/are there on-site indoor facilities dedicated for the purpose of physical activities (for example gym, games room)?<br>Note: where these would be inappropriate for all patients, N/A may be selected | |

| | |
|---|---|
| Is/are there on-site outdoor facilities dedicated for the purpose of physical activities (for example football, basketball)?<br>Note: where these would be inappropriate for all patients, N/A may be selected | |
| Is/are there off-site indoor areas (for example local recreational facilities) used for the purpose of physical activities (for example gym, games room)?<br>Note: where these would be inappropriate for all patients, N/A may be selected | |
| Is/are there off-site outdoor areas (for example local recreational facilities) used for the purpose of physical activities (for example football, basketball)?<br>Note: where these would be inappropriate for all patients, N/A may be selected | |
| | |
| **Children's Services – the following question to be answered by all organisations providing children's services** | Enter Y or N below |
| Does the hospital provide facilities for parents, relatives, guardians or carers to stay overnight? (If No, leave next question blank) | |
| Where Yes above, are these facilities in a separate room/area (that is, not in the general ward area)? | |
| Are parents, relatives, guardians or carers able to access meals/snacks within the hospital at all times of the day and night?<br>Note: Availability of snacks, for example sandwiches/salads through vending machines is acceptable, but availability of confectionery/crisps etc only would not allow a Yes response) | |
| Is/are there room(s)/area(s) either within wards or elsewhere (other than emergency department) dedicated to and equipped with age-appropriate equipment for the purpose of children's activities and education? | |
| Are children provided with a range of equipment appropriate to their age, including a bedside TV, radio and telephone? (If No, leave next question blank) | |
| Where Yes above, are these provided free of charge? | |
| | |
| **Children's emergency department – to be answered only by organisations which provide emergency department services** | Enter Y against ONE OPTION ONLY below – leave others blank |
| Is there a dedicated children's emergency department with its own entrance, reception and waiting area? | |
| Is there a dedicated, separate children's area within the emergency department with a separate waiting area? | |
| Is there an area within the emergency department set aside for children, but this shares the main waiting area? | |
| Where Yes to any of the above, is the area appropriately decorated and equipped for the purpose of children's activities? | |
| There is no specific provision for children who use the same reception and waiting area as all others | |
| | |

| Other – the following questions for answer by all organisations: | Enter Y, N or N/A below |
|---|---|
| Note: It is not the expectation that such facilities be available on every ward, but organisations should provide such a facility within, or close to, the hospital | |
| Does the hospital provide facilities for family, relatives, guardians or carers to stay overnight? (If No, leave next question blank) | |
| Where Yes above, are these facilities in a separate room/area (that is, away from the general ward area)? | |
| Are family, relatives, guardians or carers able to access meals/snacks within the hospital at all times of the day and night?<br>Note: Availability of snacks, for example sandwiches/salads through vending machines, is acceptable, but availability of confectionery/crisps etc only would not allow a Yes response | |
| Note: It is not the expectation that such facilities be available on every ward, but organisations should provide such a facility within, or close to, the hospital | |
| | |
| **Equality Act 2010 – Equality Duty** | Enter Y against ONE OPTION ONLY below – leave others blank |
| The organisation has undertaken an assessment, made all reasonable adjustments, and this has been signed off at Board level | |
| The organisation has undertaken an assessment and is in the process of making all reasonable adjustments, and this has been signed off at Board level | |
| The organisation has not undertaken an assessment, or has undertaken an assessment but is not actively working to make all reasonable adjustments | |
| Note: For the purposes of the PLACE assessments, all organisations should answer these questions regardless of whether or not the requirements of the Public Sector Equality Duty apply to them, since the requirements are deemed to represent good practice for all healthcare providers | |