

| <b>DOCUMENT CONTROL</b>   |  |
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| <b>Title:</b>   | <b>Privacy, Dignity and Respect Policy</b> |
| <b>Version:</b>   | <b>5</b>                                   |
| <b>Reference Number:</b>  | <b>CO064</b>                               |
| <b>Scope:</b>   |  |
| This policy applies to all Pennine Care NHS Foundation Trust staff and it's service users and carers including agency and bank staff  |  |
| <b>Purpose:</b>   |  |
| The purpose of this document 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. |  |
| <b>Requirement for Policy</b>   |  |
| Best Practice to reflect MSA Guidance   |  |
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| <b>Owner:</b>   |  |
| <ul style="list-style-type: none"> <li>• Modern Matron – Vicky Constantine</li> </ul>   |  |
| <b>Individual(s) &amp; group(s) involved in the Development:</b>  |  |
| This document has been developed in collaboration with the following interested parties: <ul style="list-style-type: none"> <li>• Directorate Manager RHSD</li> <li>• Deputy Director – Mental Health</li> </ul>                  |  |

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| <b>Individual(s) &amp; group(s) involved in the Consultation:</b>   |  |
| The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: |  |
| <ul style="list-style-type: none"> <li>Acute Care Forum</li> </ul>  |  |
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| <b>Presented by:</b>  | Vicky Constantine  |
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| <b>Responsibility of:</b>   | Modern Matrons   |
| <b>Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):</b>                |  |
| CL002   | Consent to Examination or Treatment  |
| CL004   | Infection Prevention and Control Policy  |
| CL005   | Observation and Engagement   |
| CL026   | Seclusion, Time Out and Other Restriction of Patients Movements                        |
| CL035   | Search of Patients: Persons and Property   |
| CL042   | Mental Health Services Physical Health Policy For Service Users Aged 18 Years and Over |
| CL122   | Safeguarding Families Policy   |

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|---|--|
| CL125   | Inpatient Bed Management Policy  |
| CO038   | Violence Reduction Policy  |
| IG002   | Data Protection and Confidentiality Policy   |
| <b>Policy Associated Documents:</b>   |  |
| TAD_CO064_01  | <a href="#">Place 2016 – Mental Health Wards – Privacy, Dignity &amp; Wellbeing</a>          |
| TAD_CO064_02  | <a href="#">Place 2016 – Acute and Community Hospital - Privacy, Dignity &amp; Wellbeing</a> |
| TAD_CL125_03  | <a href="#">Mixed Sex Accommodation Algorithm</a>  |
| <b>Other external documentation/resources to which this policy relates:</b> |  |
|   | MSA Guidance   |
|   | Equality Act 2010  |
|   | Social Care Institute for Excellence – Dignity in Care                                       |
|   | NHSi – PLACE guidance 2018   |
| <b>CQC Regulations</b>  |  |
| <b>This policy supports the following CQC regulations:</b>                  |  |
| Regulation 9  | Person centred care  |
| Regulation 10   | Dignity and respect  |
| Regulation 12   | Safe care and treatment  |
| Regulation 13   | Safeguarding service users from abuse and improper treatment                                 |
| Regulation 16   | Receiving and acting on complaints   |
| Regulation 17   | Good governance  |

## Contents Page

|     |   |    |
|-----|---|----|
| 1.  | Introduction                                | 5  |
| 2.  | Purpose                                     | 8  |
| 3.  | Responsibilities, Accountabilities & Duties | 8  |
| 4.  | Eliminating Mixed Sex Accommodation         | 9  |
| 5.  | Sexual Safety                               | 10 |
| 6.  | Dignity                                     | 10 |
| 7.  | Privacy and Modesty                         | 11 |
| 8.  | Mental Capacity Act                         | 12 |
| 9.  | Equality Impact Analysis                    | 12 |
| 10. | Freedom of Information Exemption Assessment | 12 |
| 11. | Information Governance Assessment           | 13 |
| 12. | Safeguarding                                | 13 |
| 13. | Monitoring                                  | 13 |
| 14. | Review                                      | 13 |
| 15. | References                                  | 14 |

## 1. INTRODUCTION

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 the fundamental standards of quality and safety. The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014: Regulation 10 – Dignity and Respect states that:

### **Service users must be treated with dignity and respect:**

**Dignity** in care, therefore, **means** the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self-**respect** regardless of any difference.

- 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 such as those described in the guidance for Regulation 13(4) below.

### **Without limiting the previous paragraph, the things which a registered person is required to do to comply with the paragraph include in particular:**

Providers must make sure that they treat people using services with dignity and respect. In particular this includes the things listed below, but these things are not exhaustive 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.

### **Ensuring the privacy of the service user:**

**Privacy** refers to freedom from intrusion and relates to all information and practice that is personal or sensitive in nature to an individual.

- 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.
- Ensure that appropriate signage is in place on in-patient units with regard to male and female only patient areas including bed areas and lounges.
- 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.

### **Supporting the autonomy, independence and involvement in the community of the service user**

- People who use services must be offered support to maintain their autonomy and independence in line with their needs and stated preferences. When offering support, staff should respect people's expressed wishes to act independently but also identify and mitigate risks in order to support their continued independence as safely as possible.
- People must be supported to maintain relationships that are important to them while they are receiving care and treatment.
- People must be supported to be involved in their community as much or as little as they wish. Providers must actively work with people who wish to maintain their involvement in their local community as soon as they begin to use a service. The provider must make sure that people are not left unnecessarily isolated.

Where people are detained in high security settings, 'the community' relates to the facility where they are detained and their level of involvement in it will depend on their care and treatment needs.

## **Having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user**

- People using services must not be discriminated against in any way and the provider must take account of protected characteristics, set out in the Equality Act 2010. (The protected characteristics are age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation).

This means that providers must not discriminate, harass or victimise people because of these protected characteristics. This includes direct and indirect discrimination, which is described in the Equality Act 2010.

- Providers must also make sure that they have due regard to people's protected characteristics in the way in which they meet all other regulatory requirements. For example, in relation to care and treatment reflecting the person's preferences in Regulation 9(1)(c) or in relation to community involvement in relation to Regulation 10(2)(b).

## **The NHS Operating Framework for 2012-13 reconfirmed that all providers of NHS Funded care are expected to eliminate mixed sex accommodation breaches.**

The DoH (2011) stated “it is and has been acknowledged that there will be clinically based exceptional circumstances where patients of the opposite sex will share facilities (e.g. where patients require critical or highly specialist care and on occasions where patients actually want to share). The priority will always be to admit patients and treat them promptly – they will not be turned away simply because the ‘right bed’ is not available immediately”.

## **Patient Led Assessments of the Care Environment (PLACE)**

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 TAD\_CO064\_01 and 02 for further information. PLACE (2018) ward assessment of mental health and learning disability hospitals provides guidance on assessment in relation to privacy, dignity and wellbeing. The process of PLACE is currently being reviewed.

In addition to CQC and EMSA requirements this Policy is underpinned by the Social Care Institute for Excellence (Social Care Institute for Excellence, 2010, guidance updated 2013) 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. PURPOSE**

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.

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.

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 TAD\_CO064\_02.

## **3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES**

The Executive Director of Nursing, Healthcare Professionals and Quality 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:

- Strategic commitment; same-sex accommodation is the norm and there are agreed plans to resolve it

- There is an ongoing process to measure ALL occurrences of mixing (breaches) reported to Trust board and commissioner
- Patient experience is measured and reported to Trust board and commissioner.

Service Directors and Senior Managers are responsible for:

- Leading, promoting and championing the privacy and dignity agenda through integrating dignity and respect into governance and service monitoring
- Ensuring staff are aware of the Privacy and Dignity policy and that it is a component of local induction for their staff

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.

- Ward Managers and Service Managers are required to assess the level of compliance to this policy in their areas of responsibility
- Individuals within teams understand their roles and responsibilities with regards to privacy, dignity and respect
- Any local issues relating to privacy and dignity are addressed, and sharing any learning with team members
- Implementation of the principles of this policy

All staff are responsible for:

- adhering to the principles set out in this policy and promoting the dignity of all people
- Promoting the vision and values of the organisation through appropriate communication and non-discriminatory practice
- 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.

#### **4. ELIMINATING MIXED SEX ACCOMMODATION**

For an in-patient facility to say that it is delivering same-sex accommodation, it must provide sleeping areas and toilet and washing facilities that are for men and women only and in psychiatric wards women only lounges. This will mean different things in different places.

This could be:

- In a same-gender ward, where the whole ward is occupied by either men or women only
- Or on a mixed ward, where men and women are in separate bays or rooms with gender specific facilities.

Currently our wards have a mixture of the arrangements outlined above. Some wards are designated as same-gender only, and some wards are mixed-gender with men and women in single rooms or single gender bays.

Pennine Care are committed to providing every patient with same-gender accommodation in order to safeguard their privacy and dignity. It is recognised that every patient has the right to receive high quality care that is safe and effective.

## **5. SEXUAL SAFETY (in-patient mental health areas)**

A 'sexually safe' service ensures that the physical environment will be safe, this may include single gender wards, single gender corridors and bathrooms.

The key principles of sexual safety are:

- Everyone is entitled to be sexually safe
- Any disclosure about incidents will always be taken seriously and addressed promptly with empathy and compassion
- Appropriate action will be taken to prevent and respond to sexual safety incidents
- Support will be given to patients to develop behaviours to support their own sexual safety
- The physical environment is designed to support sexual safety
- Staff will work within professional standards and provided with training on managing professional boundaries
- The ward environment will be constantly re-evaluated to help improve safety

## **6. DIGNITY**

Research indicates (Social Care Institute for Excellence, 2010) 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:

- Choice and control - Enabling people to make choices about the way they live and the care they receive
- Communication - Speaking to people respectfully and listening to what they have to say; ensuring clear dialogue between workers and services

- 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
- Pain management - Ensuring that people living with pain have the right help and medication to reduce suffering and improve their quality of life
- Personal hygiene - Enabling people to maintain their usual standards of personal hygiene
- Practical assistance - Enabling people to maintain their independence by providing 'that little bit of help'
- Privacy - Respecting people's personal space, privacy in personal care and confidentiality of personal information
- Social inclusion - Supporting people to keep in contact with family and friends, and to participate in social activities.

## **7. PRIVACY AND MODESTY**

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 of which Article 8 gives the right to respect for private and family life, home and correspondence.

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, e.g. during handover procedures, admission procedures and telephone calls. Standards laid down in the Trust's Confidentiality policy (CO004) should be adhered to
- Private areas are available or created where care is delivered when required, including within a service user's own home (is all the previous relevant to community or does it need dividing up better)
- 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 (CL042) which states "Any physical health assessments involving a service user undressing and/or intimate examinations should be undertaken in the presence of a chaperone. This protects both the service user and the member of staff from inappropriate actions or allegations of inappropriate behaviours or actions.
- Gender religious and cultural sensitivities should be considered when undertaking a physical examination.
- 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 (CL004) has been reviewed and updated
- 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**

Healthcare professionals must proceed in accordance with the Mental Capacity Act 2005 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 (CL002).

## **9. EQUALITY IMPACT ANALYSIS**

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

## **10. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT**

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

## **11. INFORMATION GOVERNANCE ASSESSMENT**

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

## **12. SAFEGUARDING**

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

## **13. MONITORING**

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

Annual PLACE assessments are carried out on all inpatient areas. See TAD\_CO064\_01, 02 and 03 for further information around the assessment criteria used during this process.

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

## **14. REVIEW**

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

## 15. REFERENCES

Department of Health, 2010. *Delivering same-sex accommodation: self-declaration*. London: Department of Health. Available from [https://webarchive.nationalarchives.gov.uk/20100406183753/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_112180](https://webarchive.nationalarchives.gov.uk/20100406183753/http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_112180) [Accessed 7 March 2019]

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Equality Act 2010

Freedom of Information Act 2000

Human Rights Act 1998

Mental Capacity 2005