Clinical Policy

Privacy and Dignity for Inpatients, Day Cases and Outpatients

<table>
<thead>
<tr>
<th>Date Approved by:</th>
<th>Version</th>
<th>Issue Date</th>
<th>Review Date</th>
<th>Executive Lead</th>
<th>Information Asset Owner</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Services Clinical Practice Group / Chief Operation officer – Clinical Services</td>
<td>Three</td>
<td>May 2013</td>
<td>May 2013</td>
<td>Executive Director of Nursing &amp; Patient Safety</td>
<td>Head of Nursing</td>
<td>Matron Team – acute services</td>
</tr>
<tr>
<td>Clinical Policy and Practice Assurance Meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure/Policy Number</th>
<th>CP0008.V3.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure/Policy type</td>
<td>Clinical Policy</td>
</tr>
</tbody>
</table>

Date Equality impact assessment completed: August 2012  Outcome: Low

CQC Outcome: 1, 2, 4, 7, 21
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Policy Statement</td>
<td>3</td>
</tr>
<tr>
<td>3.0 Equality and Diversity / Human Rights Statement</td>
<td>4</td>
</tr>
<tr>
<td>4.0 General Principles</td>
<td>4</td>
</tr>
<tr>
<td>5.0 Management of inpatient accommodation</td>
<td>5</td>
</tr>
<tr>
<td>6.0 Management of day care, outpatient and theatre recovery facilities</td>
<td>7</td>
</tr>
<tr>
<td>7.0 Management of Transgender / Gender variant patients</td>
<td>8</td>
</tr>
<tr>
<td>8.0 Assessment and Intervention for Privacy</td>
<td>8</td>
</tr>
<tr>
<td>9.0 Assessment and Intervention for Dignity</td>
<td>9</td>
</tr>
<tr>
<td>10. Training</td>
<td>10</td>
</tr>
<tr>
<td>11. Privacy and Dignity – Monitoring Systems</td>
<td>11</td>
</tr>
<tr>
<td>References</td>
<td>11</td>
</tr>
<tr>
<td>Appendix 1: Same sex accommodation breach report / Root cause analysis action plan</td>
<td>13</td>
</tr>
<tr>
<td>Staff signing sheet</td>
<td>15</td>
</tr>
</tbody>
</table>
POLICY ON PRIVACY & DIGNITY

1. Introduction

The importance of caring for patient with dignity and respect, whilst maintaining their privacy is central to care delivery, wherever this may be provided.

Privacy is identified as freedom from intrusion and dignity being worthy of respect (Department of Health, 2010).

Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by: the physical environment; organisational culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

When dignity is present people feel in control, valued, confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value. The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignified care should continue after death. (RCN 2008)

This policy incorporates many of the recommendations from the Department of Health document, Essence of Care (2010) and it should be adhered to by all staff employed by the Trust who are in contact with patients throughout the patient journey.

2. Policy statement

This policy is based on the belief that all patients should be treated with respect and dignity in an environment which maintains personal privacy and protects modesty. This includes the right to be cared for in single sex accommodation.

All staff will embrace the 10 core principles that comprise the Dignity Challenge (Department of Health, 2007), namely:

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 peoples’ right to privacy
7. Ensure people feel able to complain without fear of retribution
8. Engage 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

3. Equality and Diversity and Human Rights statement

The Trust is committed to promoting human rights and providing equality of opportunity; not only in our employment practices but also in the way we provide services. The Trust also values and respects the diversity of our employees and the communities we serve. In applying this policy, the Trust will have due regard for the need to:

- Promote human rights
- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups
- Consider providing more favourable treatment for people with disabilities

This policy aims to be accessible to everyone regardless of age, disability (physical, mental health or learning disability), gender (including transgender) race, sexual orientation, religion or belief or any other factor which may result in unfair treatment or inequalities in health or employment.

4. General principles

4.1. This policy should be accessed / available by all staff (including volunteers, contractors and students) providing care for patients, and read in conjunction with other relevant Trust policies such as:

Consent to Treatment Policy, Safeguarding Adults / Children Policies, Clinical Record Keeping Policy and Chaperoning Policy.

4.2. At all times, staff will treat patients, their relatives or carers, in a manner that makes them feel that they are valued and respected.

4.3. Patients will receive care in an environment that actively encompasses their individual values, beliefs and personal relationships.

4.4. The personal space of patients and their relatives will be respected at all times and likewise staff may ask patients and their relatives to grant them the same courtesy.
4.5. Communication with patients will take place in a manner that respects their individual knowledge, abilities and preferences.

4.6. Patients will be cared for in an environment that actively promotes their privacy.

4.7. Information about their diagnosis and care will be shared with patients in the first instance and their relatives where the patient agrees or is unable, by virtue of their physical or mental illness, to make a reasoned and informed decision.

4.8. Identified rooms will be available for patients and their relatives to spend time away from other patients and for private interviews between staff and patients.

4.9. All staff employed by the Trust who are in contact with patients, are encouraged to respect patient’s privacy and dignity at all times particularly when discussing sensitive issues.

4.10 Privacy and dignity should be considered by managers of all clinical services, including those offering day care / outpatient care. This should include the following:

- Ensuring consultation rooms afford patients’ privacy & dignity, including use of modesty gowns etc
- Ensuring, wherever possible, clinics involving procedures of a sensitive nature are managed to maintain privacy & dignity (consideration should be given to single sex clinics)

5. Management of inpatient accommodation

5.1. The requirement for same sex accommodation applies to all in patient areas. The Trust has an established system in place to ensure that staff working in wards would never care for male & female inpatients within the same bay. There is an established zero tolerance culture in the organisation regarding mixed sex accommodation.

5.2 In inpatient areas nursing staff have implemented ward zoning to ensure males are cared for at one end of the ward and female patients at the other end. The use of curtains around the bed, at bay windows, closing of bay / sideroom doors provides additional privacy & dignity.

5.3 Patients are able to access toilet, bathing and shower facilities without the need to enter a bed area of patients of the opposite sex. Toilets, assisted toilets and assisted showers are available at each end of the ward, to support ward zoning. This includes the appropriate use of signage. The nurse in charge is responsible for ensuring the signage is correct for each shift.

5.4 The nurse in charge of each shift is responsible for ensuring this policy is implemented throughout the shift.
5.5 Toilets, bathrooms and shower rooms are checked on a regular basis for cleanliness by the domestic assistant allocated to that area. However, during an infection outbreak this may need to change to designate specific toilet facilities for a specific patient.

5.6 Patients are provided with the “Privacy & Dignity Matters” & “Ward Visiting” leaflets at pre assessment for elective care and in the Emergency Assessment Unit for emergency care which explains how the Trust maintains the privacy and dignity of patients. Written information is available at the bedside and on the Trust Internet site.

5.7 It is however recognised that there are occasions where patients may be cared for in a mixed sex bay within the Intensive Therapy Unit (ITU) / High Dependency Unit (HDU), due to the specialised nature of this environment, and clinical need taking priority. There is a high level of nursing observation and support required in this environment and this ensures that the patients privacy & dignity is maintained.

5.8 In the ITU/HDU there may be times when a patients condition has improved and they now require level 1 ward care but there may be a delay in locating a bed on a base ward. This may mean that the patient will have their ongoing care needs met within the 4 bedded mixed sex bay in the unit. In such circumstances the following process will be undertaken:

- the ITU nurse will contact the Patient Flow Coordinator to inform them that a level 1 patient requires transfer, and is currently being cared for in the 4 bedded bay with mixed sex patients
- the ITU nurse will complete the patient transfer proforma, which includes bed location and time of request
- the Patient Flow Coordinator will expedite the transfer of the patient to a base ward
- the patient will have their privacy and dignity maintained by using curtains to screen from other patients
- the nurse to patient ratio will remain unchanged
- if it is anticipated there may be delays in transferring the level 1 patient to a base ward due to bed capacity demands then the patient will be transferred to a sideroom in ITU, if available
- if the level 1 patient has to remain in the mixed sex bay in ITU for longer than 4 hours – when deemed ready for transfer, this will be escalated to the Matron / Clinical Business Manager (or senior nurse / site manager out of hours)
- if the level 1 patient has to remain in the mixed sex bay for longer than 6 hours this will be considered a breach
- if a breach occurs this will be reported to the Divisional Director via the Clinical Business Manager / Senior Nurse (Site Manager) out of hours and a root cause analysis be undertaken
- this breach will be considered by the Divisional Director for Planned Care and reported to Commissioners and the Board if this is required
- at all times due consideration should be made to patients’ privacy and dignity and confidentiality should be assured. Greater protection should be offered where patients are unable to protect their modesty e.g. sedated / semi conscious patient

5.9 Where breaches of same sex accommodation occur the appropriate breach documentation should be completed and forwarded to the Divisional Director – Planned Care to ensure this is reviewed and reported to Commissioners / Board, if this is required.

5.10 Within the hospice inpatient setting single rooms are provided.

5.11 It is recognised that Primrose Hill Hospital cares for patients in single or double siderooms and due to the dependency of the patients ward and toilet zoning does not apply.

5.12 On the Children’s ward / Special Care baby Unit it is usual practice that we care for children of similar ages rather than have a “boys area” and “girls area”. Information regarding a child’s preference is considered when they are admitted to hospital and their views are recorded on the assessment documentation for children age 11 years and above.

5.13 In the Children’s ward toilets are not designated as same sex, however they should only accommodate one patient at a time and can be locked by the patient (with a staff override facility).

5.14 There may be circumstances where a joint admission of couples or family groups would mean that through personal choice of the individuals shared sleeping accommodation was acceptable.

6. Management of day care, outpatient and theatre recovery facilities

6.1 It is recognised that patients attending the Trust for day care should also have their privacy and dignity needs met.

6.2 Within the day surgery unit zoning is in operation, in line with inpatient areas

6.3 Within the endoscopy unit there are separate recovery facilities for male and female patients

6.4 Within the outpatient setting there are consultation rooms with appropriate screening when physical examinations are required

6.5 Within the radiology unit there are individual changing rooms, which link directly to x-ray rooms. Where invasive bowel procedures are undertaken toilets are located in this vacinity.

6.6 Within the theatre recovery area it is recognised that patients of the opposite sex may be cared for in this facility, however curtains will be used to maintain privacy and dignity and one to one nurse to patient ratio will be maintained at all times.
7. Management of transgender / gender variant patients

7.1 It is important that transgender / gender variant people do not experience discrimination in the clinical setting. Healthcare professionals should use names, titles and wherever possible hospital accommodation that the individuals concerned regard as appropriate. This will usually be consistent with their dress and presentation.

7.2 Discussions with the patient to determine where the most appropriate accommodation should be accessed must take place in a discreet manner until an agreement is reached. It may be that compromise will be necessary on both sides. A side ward may be utilised in order to maintain the patient’s privacy and dignity.

7.3 No non-essential disclosure of a person’s transgender / gender variant status or history should occur.

7.4 Gender variant children and young people should be offered the same respect for their self defined gender as adults, regardless of their genital sex. Although, within children’s wards segregation is not a requirement and therefore there will be no need to treat young people any differently. However, if segregation is deemed necessary then it should be in accordance with the dress, preferred name and / or stated gender identity of the child or young person. If the parents view differs from the child’s, where possible the child’s preference should prevail.

8. Assessment and intervention for privacy

8.1 Curtains/doors will be closed during all examinations and procedures, including curtains/blinds to windows and doors. In the absence of blinds, opaque glass should be utilized.

8.2 All curtains will be of the correct size for the space they are used in, to ensure privacy is maintained.

8.3 When curtains/doors are closed staff will 'knock' and gain permission before entering. Signs are recommended to remind staff and other visitors to request permission before entering. Pegs or clips may be used to secure curtains.

8.4 No visitor may visit a patient without that patient's explicit agreement. There should be no more than 2 – 3 visitors per patient at any one time to avoid intrusion from neighbouring patients or visitors.

8.5 ‘Vacant’ and ‘Engaged’ signs will be available outside every toilet and bathroom to indicate occupancy.

8.6 Patients will be assisted to use the toilet, rather than use a commode or bedpan wherever possible. If a patient is required to use a commode or
bedpan visitors should be requested to leave the bay to afford the patient some privacy.

8.7. Patients will always be adequately dressed or covered prior to leaving a clinical area for any reason, so that their privacy is maintained and they are warm and comfortable.

8.8. Patients incapable of helping themselves will never be left without a covering to maintain their decency, even during bed bathing and changing of linen/night attire.

8.9. Every effort will be made to ensure that patients who continually expose themselves are shielded from the view of other patients and visitors on the ward. Providing pyjamas for female patients, in an attempt to maintain dignity should be considered. Similarly patients who are lucid, but expose themselves need to be made aware of other patient’s privacy and dignity, and asked to cover themselves.

8.10. Patients, where appropriate, who are incapable of helping themselves will be assisted to put on spectacles, insert hearing aids and dentures.

8.11 Staff should avoid displaying patients’ personal information at the bed head, such as the patient’s address or unnecessary information regarding the patient’s condition. However it is recognised that on occasions this information may be required for maintaining and promoting patient safety.

8.12 If photographs / digital images are taken e.g. images of pressure ulcers, it is important to ensure, where possible, that privacy & dignity is maintained such as covering the patient with a towel or drape.

9. Assessment and intervention for dignity

9.1. Customer Care principles will be applied to all interactions with patients.

9.2. When discussing a patient within hearing of another patient or visitor staff will speak in a manner so that they cannot be overheard.

9.3. Staff will not discuss their personal lives over a patient to the exclusion of that patient from the conversation.

9.4. Patients may read their own care plans, but visitors may only read them at the discretion of the patient. Where care plans or charts are placed outside of single rooms, for Infection Control reasons, they must have a “Confidential Information” cover over them. In areas where care plans are not kept at the bedside staff should inform patients that they may read their own care plans should they wish.

9.5. Facilities are available to translate/interpret for patients who are unable to hear fully or who cannot communicate in English and should be accessed for this group of patients. Written information can be available in large print,
different languages or Braille. Staff should contact the Customer Services Department for this service.

9.6. Those patients with limited knowledge and understanding will have their diagnosis, care and treatment explained to them in a manner that they are able to understand and that does not demean them.

9.7. Patients will have the opportunity to discuss their care/condition with either the Nurse or Midwife in charge, or the named Nurse/Midwife, on at least a daily basis.

9.8 Patients who have previously been nursed on a mattress on the floor (due to their high risk of falls / causing harm to themselves) should be cared for on a specialist ultralow bed. These can be accessed via Ward 19 / Ward 20. Deans Wing. Ultralow beds are also available at Palmer Community Hospital and Primrose Hill Hospital. If ultralow beds are not available there is a process in place to hire this equipment.

9.9 Staff should be respectful of each patient's individual needs including religious and cultural beliefs. Information is available to all staff via the intranet site "Information for all – caring for patients, relatives and visitors.

9.10. Staff should take the time to establish how each patient would like to be addressed. It is wrong to assume that every patient will want to be called by his or her first name.

10. Training

Privacy and dignity training is embedded in a number of Trust training interventions:

- Trust induction programme
- Local induction programmes
- Preceptorship programme
- Customer care training
- Privacy and Dignity Champion events

11. Privacy and dignity of patients – monitoring systems

11.1 It is the responsibility of Ward / Department Managers to ensure their staff are made aware of, and comply with this policy. This will be monitored by them informally through observation of care delivery and prompt feedback to staff.

11.2 The extramed Patient Tracking system will enable real time monitoring of compliance with same sex sleeping accommodation.

11.3 An annual patient satisfaction survey will be undertaken to review aspects of Essential Care. This will include questions relating to elements within this policy.
11.4 The annual integrated audit programme will review privacy and dignity. This will be led by Clinical Audit Department, with Ward / Department Managers and Matrons developing action plans in light of results.

11.5 The Trust will take part in the National Inpatient Survey, Outpatient Survey & Emergency Care Survey. This will provide patient and carer feedback to inform care delivery across the Trust.

11.6 The Trust undertakes a programme of Patient Environment Action Team (PEAT) inspections.

11.7 Root Cause Analysis, development and monitoring of an action plan following breaches.

References


Department of Health (2007) Privacy & Dignity – A Report by the Chief Nursing Officer into mixed sex accommodation in hospitals

Department of Health (2008) Transgender wellbeing and health care


Health Professions Council (2008) Standards of conduct, performance and ethics


Nursing and Midwifery Council (2008) The code: Standards of conduct, performance and ethics for nurses and midwives

Nursing and Midwifery Council (2009) Guidance for the care of older people

Royal College of Nursing (2008) Dignity at the heart of everything we do
Appendix 1: Same sex accommodation (SSA) Breach Report

<table>
<thead>
<tr>
<th>Hospital number</th>
<th>Directorate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Number</td>
<td>Ward</td>
</tr>
<tr>
<td>Name</td>
<td>Speciality</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of SSA Breach (tick)</th>
<th>Sleeping accommodation</th>
<th>Sanitary accommodation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Breach:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brief details:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please include:</td>
</tr>
<tr>
<td>Who was consulted / breach escalated to</td>
</tr>
<tr>
<td>How the decision was reached</td>
</tr>
<tr>
<td>When will the decision be reviewed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Further information:</th>
<th>Number of patients affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason: (insert reason from list below)</td>
<td>Other reason:</td>
</tr>
</tbody>
</table>

1. In the event of a category 1 patient being cared for in ITU / HDU in a mixed sex bay
2. On the joint admission of couples or family groups
3. Other

Please complete for each occasion a breach occurs and email this form to the Divisional Director – Planned Care
SSA Root Cause Analysis Action Plan

<table>
<thead>
<tr>
<th>Root cause</th>
<th>Recommendations to address root cause</th>
<th>Action to achieve recommendations (individual, team, directorate, organisation)</th>
<th>Person responsible</th>
<th>By when</th>
<th>Evidence completion of</th>
<th>Sign off</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Person completing form: [ ]
Designation: [ ]
Date: [ ]

When completed please discuss with Clinical Business Manager and then submit to the Divisional Director (Planned Care)
Privacy and Dignity for Inpatients, Day Cases and Outpatients

This sheet should be used to record the names of staff members, and that they have read and understood the above policy document.

<table>
<thead>
<tr>
<th>Name (please print)</th>
<th>Job Title</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>