



Please Note: This policy is currently under review and is still fit for purpose.

Privacy and Dignity Policy

This procedural document supersedes: PAT/PA 28 v.1 - Privacy and Dignity Policy



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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Richard Dickinson – Deputy Director of Quality and Governance
Date written/revised:	April 2015
Approved by:	Richard Parker – Director of Nursing, Midwifery and Quality
Date of approval:	8 April 2015
Date issued:	15 April 2015
Next review date:	April 2016 – Extended to December 2022
Target audience:	All clinical services

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
2	15 April 2015	<p>Removed extensive sections on mixed sex accommodation and guidance as now covered in an operational policy.</p> <p>Reformatted to template updates and added:</p> <ul style="list-style-type: none"> • Definitions • EIA • Links to other policies • Monitoring requirements • Training <p>Edited: Introduction and purpose.</p>	R Dickinson – DDQG
1	December 2009	New policy	Matron J Blockley

Privacy and Dignity Policy

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1. INTRODUCTION

The Trust has a responsibility to provide an environment that promotes the privacy and dignity of patients and maintains their modesty.

Staff have a duty to treat adult patients, children and young people, relatives and carers with respect and dignity at all times and to ensure that modesty of patients is preserved.

The Department of Health has set the NHS clear objectives to work towards the elimination of mixed sex accommodation. The Patient Led Assessment of the Care Environment (PLACE) monitors the Trust compliance with mixed sex accommodation standard as does the national inpatient survey, the Care Quality Commission (CQC) and Monitor.

Performance is monitored against this standard through contracts with Clinical Commissioning Groups.

2. PURPOSE OF THE POLICY

This policy identifies best practice in the care of the adult patient and includes guidance on the care of children and young people.

3. ELIMINATION OF MIXED-SEX ACCOMODATION

CORP/COMM 18 – Eliminating Mixed Sex Accommodation (EMSA) Operational Policy specifically supports the Trusts approach to single-sex accommodation.

Men and women should not share sleeping environments, where beds are next to one another. Men and women should not have to pass through the opposite sex environments to access bathing and toilet facilities. There are no exemptions from the need to provide high standards of privacy and dignity. The Trust provides a statement that they commit to men and women not being cared for in the same room, nor use mixed bathing and toilet facilities. These presumptions are intended to protect patients from unwanted exposure, including overlooking and overhearing. Decisions should be based on specific clinical needs for each individual patient, not the constraints of the environment, or the convenience of staff. The areas of exemptions are detailed in section 4.

Any episodes of a breach, or a suspected breach of single sex accommodation must be reported using the Trust Incident Reporting System.

Unconverted nightingale wards must accommodate either men or women, but not both.

Partitions separating men and women must be robust enough to prevent casual overlooking and overhearing.

Separate, clearly labelled, male and female toilets and washing facilities (other than assisted or accessible facilities) must be available within the ward or department, unless in a single room with en-suite facilities.

Toilet and washing facilities must be located within or close to the patient's bay or rooms, to enable to reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite sex.

Where patients pass near to areas occupied by members of the opposite sex, adequate screening such as opaque glazing or blinds at windows and doors must be used.

4. WHERE THE USE OF MIXED SEX ACCOMMODATION IS ACCEPTED

In areas where it is accepted that there will be patients of mixed sex, their privacy and dignity must be protected by the use of adequate partitions or screens. These areas are:

- Critical Care Environments
- Paediatric Wards where young children should be offered a choice
- Circumstances where a family are admitted together and share the same bay exclusively.
- Maternity services, where male partners may be present.
- Theatre recovery areas.
- When patients remain fully dressed for treatment, such as renal dialysis or chemotherapy.

Further guidance can be found in CORP/COMM 18 – Eliminating Mixed Sex Accommodation (EMSA) Operational Policy.

5. GENERAL PRINCIPLES FOR MAINTAINING PRIVACY AND DIGNITY

Windows must have curtains or blinds and these must be used appropriately to promote patient's privacy and dignity.

Staff must take responsibility for ensuring that when clinical discussions are taking place in a clinical setting all measures are taken to ensure patient confidentiality. For example, ward rounds and handover of care.

Toilets and washing facilities must be fitted with internal privacy curtains where necessary.

Toilets and bathroom doors must be lockable from the inside, and be accessible to staff in the event of an emergency.

Where assisted bathrooms remain unisex, appropriate facilities are provided to uphold the privacy and dignity of all patients who use them, with appropriate signage.

6. PRIVACY

Where possible, patients must be encouraged to receive visitors in day rooms or other communal areas.

Patients must be given privacy during treatment consultation and when receiving personnel care.

Staff must:

- Take responsibility to ensure that discretion is used when discussing patients in a clinical setting to ensure patient confidentiality.
- Follow Trust policy, PAT/PA 2 – Consent to Examination or Treatment Policy when carrying out a physical examination.
- Ensure that patients do not intrude upon other patients particularly in sleeping accommodation, toilets and bathrooms.
- Seek permission when entering a room or going behind closed bed curtains.
- Maintain patient confidentiality by ensuring that visitors or patients do not take inappropriate photographs on mobile phone, video cameras and cameras.
- Ensure that conversations about treatment, diagnosis, patient care or the breaking of bad news must take place, where possible, in a private room available in each ward area.

Curtains must be fitted around each bed area and must fully close. They should be long enough and thick enough to ensure privacy.

The space between beds must conform to NHS Building Notes and, where possible, there must be enough space between beds to allow patients and their visitors to talk without intrusion from neighbouring patients.

Private spaces must be made available for use by patients to talk to staff or visitors.

Toilet and washing facilities must uphold the privacy and dignity of patients who are disabled.

7. DIGNITY

Staff must ensure that patients remain properly clothed and covered at all times, including leaving the department for procedures and investigations.

Clear information must be provided for patients, relatives and carers on the arrangements made and the standards they must expect to ensure their privacy and dignity is maintained. This must include who to contact if necessary to raise queries or concerns.

Effective nurse calls systems must be available and accessible to patients and be effectively maintained.

Staff must be aware of patients' cultural, spiritual or religious beliefs and ensure that they are respected by appropriate assessment and referral to Chaplaincy.

Gowns and nightwear must be designed to prevent patients and others from embarrassment.

Staff must assist patients when needed in all activities of daily living in a respectful and caring manner.

Patient and public areas must be consistently clean, be well maintained and in a good state of repair.

8. DUTIES AND RESPONSIBILITIES

It is the responsibility of the Ward Manager to ensure that all staff have access to the Trust policy.

Staff must comply with the standards of their governing body. For example: the Nursing and Midwifery Council guidance "Care and respect every time".

The Board will review and amend policies on mixed sex accommodation in light of experience, incidents and changes to service.

The Trust will consider the elimination of mixed sex accommodation in any refurbishment or new build capital development schemes.

9. TRAINING AND EDUCATION

The line manager for clinical wards and departments will provide training to support and promote the protection of privacy and dignity as part of local induction.

10. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Any occurrence of mixed sex accommodation in an area outside of the limited exclusions should be reported as an incident, which will be monitored.	Incident report reviews through Risk Management Team	Monthly	Exception report to Director of Nursing, Midwifery and Quality
An annual declaration is made on the Elimination of Mixed Sex Accommodation.	Director of Nursing, Midwifery and Quality	Annual	Trust Board meeting agenda and minutes
Patient experience contacts and surveys which illustrate potential	PET	Quarterly	Quarterly patient experience report to the Board.

breach of compliance or evidence of practice failures			
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11. DEFINITIONS

Single Sex Accommodation - Where sleeping environments are not shared with members of the opposite sex. This extends to the crossing through an environment of the opposite sex to use bathroom facilities.

Privacy - A state where one is not observed by other people.

Dignity - The way people feel, think and behave to show worth or value to others and themselves, essentially being respectful of others.

12. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

13. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PA 2 - Consent to Examination or Treatment Policy

CORP/COMM 18 - Eliminating Mixed Sex Accommodation (EMSA) Operational Policy.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	CSU/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Patient Privacy and Dignity	Directorate of Nursing Services	R Dickinson	Existing Policy	30 March 2015
1) Who is responsible for this policy? Director of Nursing, Midwifery and Quality				
2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes?				
3) Are there any associated objectives? Legislation, targets national expectation, standards				
4) What factors contribute or detract from achieving intended outcomes? – potential conflicts of priorities for clinical urgency, bed availability when under pressure.				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: Yes, but only to support patients gender as part of national standards.				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – Monitoring processes are in place. 				
6) Is there any scope for new measures which would promote equality? [any actions to be taken] If any non-compliance, then actions would be taken locally.				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	N			
b) Disability	N			
c) Gender	N			
d) Gender Reassignment	N			
e) Marriage/Civil Partnership	N			
f) Maternity/Pregnancy	N			
g) Race	N			
h) Religion/Belief	N			
i) Sexual Orientation	N			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: April 2016				
Checked by: Richard Parker		Date: 30 March 2015		