



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

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Title: Providing and Maintaining Privacy and Dignity to Patients	Version Number: 5	
	Status: Ratified	
Target Audience: Trust Wide	Divisional and Department: Clinical Governance Directorate	
Author / Originator and Job Title: Andrew Heath, Lead in Patient Experience and Engagement	Risk Assessment: Not Applicable	
Replaces: Version 4, Providing and Maintaining Privacy and Dignity to Patients, CORP/POL/002	Description of amendments: Updated throughout	
Validated (Technical Approval) by: Patient Experience Policy validation Meeting	Validation Date: 29/03/2018	Which Principles of the NHS Constitution Apply? 1 - 4
Ratified (Management Approval) by: Patient, Carer Experience and Involvement Committee	Ratified Date: 24/04/2018	Is this available on Royal Marsden? No
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<i>Review dates and version numbers may alter if any significant changes are made</i>		

Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.

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1 PURPOSE

The aim of this policy is to ensure that all patients receiving care within Blackpool, Teaching Hospitals NHS Foundation Trust will feel that they are treated with respect, and that their right to privacy and dignity is upheld and actively promoted.

2 TARGET AUDIENCE

This policy applies to all staff within Blackpool Teaching Hospitals NHS Foundation Trust, including staff from all professional groups, agencies, contractors, volunteers and all students during their placements.

“The NHS belongs to the people; it touches our lives at the times of basic human need, when care and compassion are what matters most” NHS Constitution.

3 POLICY

3.1 Attitudes and behaviour

It is an expectation that all staff will ensure:

- That they are recognisable by giving their name and wearing/showing an identification badge. Staff will introduce themselves on initial contact including phone conversations, stating their name and role.
- That they address patients by the name and title of their choice and this is documented in the patients’ medical records.
- That they greet patients and their carers without undue delay when they first arrive in the relevant area.
- You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged. They always adopt a non-judgemental demeanour during discussions with patients and their carers. You must not discriminate in any way against those in your care, (NMC 2015,) You must treat patients as individuals and respect their dignity and privacy (GMC 2013). Good attitudes and behaviour are promoted, considering non-verbal behaviour and body language and the needs of minority groups.
- That patients are not caused any unnecessary distress by other patients on the ward or in the clinical area.
- The principles of the Mental Capacity Act will be upheld for patients who do not have the capacity to make an informed choice.

3.2 Privacy, Dignity and Modesty

It is an expectation that all staff will ensure:

- Patients will have their privacy, dignity and modesty respected in all interactions, including visiting times.

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- Patients will be cared for in a clean and safe environment. Curtains (window, bed, cubicle and shower) and screens must be fit for purpose. The ward or service manager is responsible for ensuring these are maintained in good condition and regularly cleaned in patient areas.
- Hospital gowns should only be worn when patients are going to theatre or for investigations and should be secured to prevent inappropriate exposure.
- Patients who are discharged via patient transport or transferred to other areas across the Trust should have their privacy and dignity protected at all times by ensuring they are suitably covered in blankets or dressed appropriately at all times. Wherever possible this should be their own clothing and footwear.
- Particular care should be given to the dignity of confused patients, ensuring the use of appropriate and safe footwear, that underwear, pyjama trousers and night clothes are secured properly and that patients own clothes are encouraged to be worn whenever possible.
- Curtains are used appropriately to provide patients with privacy when they wish, such as at night or during recovery from sedation unless this interferes with patient safety by compromising patient observation and monitoring. Staff should request permission before entering a curtained area or closed door.
- Commodes or bed pans are used only if the patient cannot be assisted to the toilet. If a commode or bedpan needs to be used consideration should be given to proactively offering these before mealtimes. All patients who need assistance are to be offered the opportunity to wash their hands after using the toilet, commode or bed pan and before mealtimes.
- If patients require assistance with their dietary intake it may be appropriate for curtains to be drawn to maintain the patient's dignity throughout mealtimes.
- Any plans for structural changes, temporary ward use or new builds will include plans to maintain privacy and dignity and will adhere to same sex accommodation requirements.
- All toilet facilities, in adult areas will be designated male or female. Different genders must not be cared for in the same bay or same open ward area, unless it is in the overall best interest of all patients concerned (see CORP/PROC/426).
- When visiting people in their homes, be respectful that it is their home and ensure that care therapy or treatment will be delivered in an area that is private and acceptable to them, giving consideration to other family members/carers being present.

3.3 Chaperoning

It is an expectation that all staff will ensure:

- If they have not obtained specific permission to be present during an examination they should not assume they have the right to be present (refer to CORP/PROC/140).

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- The patient must be asked if he/she has a preference of gender for a member of staff carrying out a specific intimate procedure and every effort is made to arrange this, taking into account the availability of appropriately skilled staff available. If this is not possible a chaperone must be available.
- An explanation is given to the patient and carer before any procedures are carried out, especially intimate procedures and the patient's agreement is obtained and documented (see CORP/PROC/102).
- Patients are informed before the procedure that they may have a chaperone if they wish. The offer of a chaperone is then documented in the medical notes along with the response and subsequent action (whether or not the examination continued).
- If a student (from any discipline) is undertaking the chaperoning role, they need to be made fully aware of what this entails and why they are being asked to undertake this role. In relation to medical students, further information is available re: guidance to doctors on intimate examinations and chaperones on the following website:
http://www.gmc-uk.org/guidance/current/library/maintaining_boundaries.asp

3.4 Communication

It is an expectation that staff will ensure: -

- Patients and carers are included in conversations about their clinical care and discharge. Particular care should be taken to ensure effective communication takes place with older and vulnerable people with communication difficulties.
- When a patient has communication or cognitive difficulties a Carers hospital passport should be used, to ensure these patients and concerns of carers are documented and addressed.
- Patients are advised of the name of the person in charge of the service / ward and information on how to contact them is clearly displayed in every clinical area along with information on how to raise a concern or a formal complaint.
- If Visitor / Relative rooms are available, these are used as much as possible for breaking bad news and sensitive conversations. Auditory privacy must also be considered for private conversations with patients and carers at the bedside, with efforts taken wherever possible so they cannot be overheard.
- Not to have personal conversations with each other in front of a patient that does not include the patient.
- That sensitive or inappropriate discussions about patients cannot be overheard, this includes in public areas such as in lifts and corridors where conversations may be overheard.
- If visiting patients in their home ensure you turn mobile phones off during their treatment and care.
- To explain medical terminology and procedures in a way that patients and their carers can understand so they know what to expect, including any potential pain or discomfort, which maybe experienced.

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- To ensure sufficient time is available so patients and carers can ask questions and communicate their needs and preferences.
- To inform patients when a service is not available, providing an explanation for the reason why and ensure understanding has taken place. Redirect them to an alternative service if appropriate.
- That all patients who do not have English as their first language or have hearing difficulties are offered access to an interpreter or a sign language service prior to receiving care or if an emergency as soon as possible (CORP/PROC/022).

3.5 Consent / confidentiality

It is an expectation that staff will ensure: -

- They adhere to national legislation relating to confidentiality - General Data Protection Regulation (GDPR), NHS Confidentiality: Code of Conduct 2013.
- They adhere to the relevant professional codes of conduct in dealing with patient information.
- To provide an area where discussions can take place regarding diagnosis and/or treatment, free from intrusion of visitors and other patients.
- To provide a confidential service to all patients.
- If a patient needs non-emergency serious medical treatment, lacks capacity and has no one, other than paid carers, to look after them, an Independent Mental Capacity Advocate should be instructed.
- Children under the age of 16 are not deemed to be automatically legally competent to give consent unless they have sufficient understanding and intelligence to understand fully what is proposed.
- For children under the age of 16 parental consent should be sought from the person with parental responsibility and this should be established by nursing staff at pre-assessment or admission to the ward.

3.6 Care and Treatment

It is an expectation that staff will: -

- Maintain privacy for patients to undress and dress for intimate examinations or treatments.
- Ensure privacy and dignity is respected at all times, providing appropriate cover to ensure patients comfort and reduce embarrassment.
- Ensure all patients are cared for in areas that are compliant with the mixed sex accommodation procedure (see CORP/PROC/426).
- Ensure that a patient who has undergone, or who is undergoing a gender re-assignment is placed in an area to meet their individual requirements (see CORP/GUID/308).

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- Ensure that the views and feelings of the individual patient are taken into consideration when placing a patient who is undergoing a gender re-assignment. (see CORP/GUID/308).
- Ensure that specific cultural, religious and ethnic beliefs and needs are documented in the medical records. Staff respect the individual patient's cultural, religious and ethnic beliefs and make arrangements as required in relation to diet, worship and care of the dying.
- Ensure the patient's lockable cabinet and bedside table are clean and within reach.
- The patient's call bell is always within reach and should be answered within a timely manner.
- Ensure to identify together with patients and carers the special needs of patients with physical impairment or learning disabilities and developing and implementing an appropriate plan of care.

3.7 Respect for the Individual and Cultural Diversity

It is an expectation that staff will: -

- Treat all patients fairly on the basis of need and not discriminated against on the basis of age, sex, race religion, disability or sexual orientation.
- Treat all patients in a manner, which respects their religious beliefs, culture, gender, sexual orientation or ability.
- Ensure that all patients' cultural and religious needs will be valued and met where possible. (See CORP/GUID/027).
- Treat patients who are transitioning or have transitioned equally and with respect based an understanding of the gender issues they have or are facing, being sure to accommodate their choice to be cared for appropriate for the gender they describe and present as. (See CORP/GUID/308).

3.8 Accountability

The Trust and its staff are accountable for ensuring that the interests and dignity of patients, clients and their carers are promoted and protected. This is irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs.

All staff are accountable for ensuring that patients understand procedures, treatments and planned care.

Implementation of the principles outlined within this policy will be monitored through a range of activity such as the CQC National Survey Programme, local surveys, patient stories, PLACE audits, incident monitoring etc.

The monitoring of this policy will rest with the Equality and Diversity Committee and all of its respective governance structures.

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4 ATTACHMENTS	
Appendix Number	Title
Appendix 1	Equality Impact Assessment

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)	
Electronic Database for Procedural Documents	
Held by Procedural Document and Leaflet Coordinator	

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	24/04/2018
2	Wards, Departments and Services	24/04/2018

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/GUID/004	Patients with Impaired Vision http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-004.doc
CORP/GUID/009	Patients with Substance Misuse Problems or Addictions http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-009.docx
CORP/GUID/027	Religious and Cultural Beliefs http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-027.docx
CORP/GUID/308	Care of Transgender Patients http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-308.docx
CORP/POL/064	Data Protection Act http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-064.docx
CORP/POL/107	Confidentiality Code of Conduct http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-107.docx
CORP/PROC/022	Interpretation and Translation Procedure http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-022.docx
CORP/PROC/102	Consent To Examination Or Treatment http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-102.docx
CORP/PROC/140	Chaperones Accompanying Patients During An Intimate Procedure / Treatment http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-140.docx
CORP/PROC/426	Eliminating Mixed Sex Accommodation http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-426.docx
CORP/STRAT/001	Equality, Diversity and Human Rights Strategy http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-STRAT-001.docx

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8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References In Full	
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Nursing & Midwifery Council (2014) <i>The Code for Nurses and Midwives</i> , London http://www.nmc.org.uk/standards/code/ . Last Accessed: 24/05/2018	
Royal College of Nursing (2008) Defining Dignity – Challenges & opportunities for Nursing, RCN London	
General Medical Council (2013) <i>Good medical practice</i> , London http://www.gmc-uk.org/guidance/	
The General Data Protection Regulation (GDPR) http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=OJ:L:2016:119:FULL&from=EN Last accessed 25/04/18	

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
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Name	Designation	Date Response Received
Marie Thompson	Director of Nursing and Quality / Chair of Equality and Diversity Committee	
Simone Anderton	Deputy Director of Nursing and Quality	
	Patient Experience Policy Validation Meeting	
	Patient Carer, Experience and Involvement Committee	

10 DEFINITIONS / GLOSSARY OF TERMS	
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11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
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Issued By	Andrew Heath	Checked By	Simone Anderton
Job Title	Lead in Patient Experience & Engagement	Job Title	Deputy Director of Nursing
Date	29/03/2018	Date	24/04/2018

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APPENDIX 1: EQUALITY IMPACT ASSESSMENT FORM					
Department	Clinical Governance	Service or Policy	CORP/POL/002	Date Completed:	September 2014
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	See purpose				
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	No				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No				
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No				
How does the service, leaflet or policy/ development promote equality and diversity?	No				
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	No				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	No				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	No				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	No				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	No				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	No				
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No				
Does the policy/development promote access to services and facilities for any group in particular?	No				

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APPENDIX 1: EQUALITY IMPACT ASSESSMENT FORM				
Does the service, leaflet or policy/development impact on the environment	No			
<ul style="list-style-type: none"> • During development • At implementation? 				
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Paul Jebb	Date Signed:		23/09/2014
Signature of Author:				
Name of Lead Person:		Date Signed:		
Signature of Lead Person:				
Name of Manager:		Date Signed:		
Signature of Manager				

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