Policy No. 004
Template Ver: Dec 2018

Privacy and Dignity Policy	
Originated by: Date Ratified: Ratified by:	Kathryn Davies, Lead Nurse Inpatient Unit 08/2007 Senior Staff
Revised by: Kirsty Smith, Senior Sister; Niamh Eve, Hospice Matron; Becky Rix, Clinical Nurse Manager; Michaela Sen, Quality Improvement and Patient Safety Matron Revision No. 004 Date: 04/2022 Ratified by: Clinical Policies and Procedures Review Group Date ratified: 05/05/2022	
Date of next review: 01/05/2025	
Document Owner:	HODs

Revision Summary

- 04/2022 Routine review and update.

Revision History

- 12/2018 Routine review, clarification that patients should be enabled to self-medicate if they meet the criteria. No other content changes. Transferred to latest policy template and relevant wording changed to reflect new branding.
- 04/2016 References to new legislation added; Remit broadened from IPU to all St Helena care settings; Definitions added; Title modified to reflect customary NHS usage.
- 04/2015 Reviewed by Becky Evans, Clinical Nurse Manager (not ratified).

Policy Statement

What is this policy intended to achieve?

The service that St Helena provides aims to treat every patient, relative, and any other individual involved in their care with privacy, dignity, autonomy, and ensures that freedom from intrusion is a fundamental aspect of their care.

We will treat visitors to the hospice, staff and volunteers, with the same dignity and respect as our patients.

To whom does this policy apply?

All staff and volunteers.

Who should read this policy?

All staff and volunteers.

Definitions & Terminology

Patient should be taken to mean anyone who uses our services.

The following definitions are taken from *Essence of Care*, p. 7 (Department of Health, Crown Copyright 2010).

Privacy is 'freedom from unauthorised intrusion'.

Dignity is the 'quality of being worthy of respect'.

Respect is 'regard for the feelings and rights of others'.

The following requirements for maintaining privacy and dignity in care are adapted from the optimum benchmarks proposed in Essence of Care (2010).

Attitudes and Behaviours

- Patients and families must be made to feel, at all times, that they are respected as individuals. So far as is practicable, the care environment should be organised, and care resourced, to promote this.
- Patients should experience care in a setting that actively promotes respect for diversity, individual values, beliefs, and personal relationships. Staff should treat

patients in a non-judgemental manner and advocate for them so we can support their individual values.

Personal World and Personal Identity

- Individual needs and choices should be established and continuously reviewed.
- For inpatients, menu options should reflect, so far as is reasonably practicable, individual cultural, religious, and ethical preferences, as well as nutritional needs.

Personal Boundaries and Space

- Patients should determine their own boundaries for psychological, physical, social, and spiritual contact.
- The acceptability of personal contact (touch) should be continually assessed.
- Patients' personal space should be respected and protected.
- There should be procedures in place to minimise disturbing or interrupting patients; e.g. knocking before entering a room and home visit planning.
- People on IPU should not have to share sleeping accommodation with others of the opposite sex, and do have access to segregated bathroom and toilet facilities
- Clinical risks should be assessed with due regard to privacy, dignity, and respect.
- So far as is reasonably practicable, adequate privacy should be maintained even when the presence of others is required or unavoidable.
- Patients should be enabled to self-medicate if they meet the criteria (as per Self-administration of Medicines Procedure [112])
- Consent will be obtained prior to any personal care..
- The privacy and dignity of service users should be a fundamental consideration for all construction or development projects, including new buildings.
- The right to privacy and dignity should be balanced against the need for vulnerable people to not be isolated or put at risk. If conflicts arise, they should be risk-assessed. Post Covid-19, all patients are admitted into isolation as per St Helena's Covid-19 Policy [150].

Communicating with Staff and Patients

- Staff should always introduce themselves on first meeting.
- All patient facing staff will wear a “Hello my name is …” badge.
- Patients should be treated respectfully by including them in discussions when you are present.
- Patients should be asked what they like to be called.
- Changes to care, such as to medication, should be explained clearly, as often as the patient requires.
- Communication with the patient should take place in a manner that respects their individuality.
- Information should be adapted, so far as is practicable, to meet the needs of the individual
- Relevant communication regarding the patient’s condition or treatment should be recorded on SystmOne
- Particular care should be taken to ensure privacy when using interpreters, and ensure that the interpreter is from a professional organisation. St Helena has an account with TheBigWord.

Confidentiality of Patient Information

- Communication with patients should conform to the Caldicott principles, the Data Protection Act (2018), and all St Helena Confidentiality and Information Governance policies and procedures.

Privacy, Dignity and Modesty

- Each person's privacy must be maintained at all times including when they are asleep, unconscious, lack capacity or have died
- Privacy should be effectively maintained in all care settings; e.g. by using curtains, screens, blankets, appropriate clothing, and appropriate positioning of the patient.

- Care should be delivered in such a way as to ensure that people do not feel embarrassed, humiliated, or exposed.
- Direct access to bathrooms and toilets from bedroom areas is provided.
- Patients have access to their own clothing, and if this has not been provided we will provide clothing.
- Patients have the opportunity to hold private telephone conversations.
- Patients' modesty should be preserved when moving from the ward area to other care settings; e.g. the bathroom, to the mortuary, to the day services, or discharge home.
- Patients and their families/carers should be made aware of, and have reasonable access to, safe, private spaces, e.g. the Multi-faith Room, the Lounge, private room, or garden.

Associated Policies and Procedures

- Confidentiality Policy [042]
- Information Governance Policy and Procedure [900]
- Records Management Policy [105]
- Covid-19 Policy [150]
- Consent Policy [134]
- Specialist Assessment, Intervention and Care Policy and Procedure [026]
- Mental Capacity Policy and Procedure [088]
- Care Pre and Post Death Policy and Procedure [100]
- Chaperone Policy and Procedure [035]

Compliance with Statutory Requirements

- European Convention on Human Rights - Article 8 (1998) https://www.liberty-human-rights.org.uk/human-rights/what-are-human-rights/human-rights-act/article-8-right-private-and-family-life

- National Service Framework for Older People (2001) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf
- Essence of Care, Department of Health (2010) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216691/dh_119978.pdf
- The NHS Constitution for England (2015) https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england
- Regulation 10: Dignity and respect. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 10 CQC

Responsibilities/Accountabilities

Title	Accountability
Chief Executive Officer	Ultimate responsibility.
Head of Departments	First line responsibility.

Staff Training Requirements

All nursing staff, as part of their competencies, have learning in theory and practice on maintaining privacy and dignity for patients in their care.

All staff must complete the online training for Equality and Diversity, and Protecting Personal Information.

The use of clinical and/or managerial supervision, performance reviews and appraisals offer opportunities to reflect on this aspect of care.

Monitoring (Including Audit) and Frequency of Review

This policy will be reviewed every three years or sooner if substantial changes to legislation occur. We will consult service users about their opinion of our respect for their privacy and dignity using existing patient experience mechanisms (such as the Service User Group Survey, and via iWantGreatCare) and other means as required.

Data Protection

Does this Policy require sign off from the Data Protection Officer?	No

References:

- European Convention on Human Rights- Article 8 (1998) available from https://www.liberty-human-rights.org.uk/human-rights/what-are-human-rights/human-rights-act/article-8-right-private-and-family-life (accessed 17/05/2016)
- National Service Framework for Older People (2001) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf (accessed 17/05/2016)
- Essence of Care (2010) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216691/dh_119978.pdf (accessed 17/05/2016)
- Principles for the NHS (2015) https://www.gov.uk/government/publications/thenhs-constitution-for-england/the-nhs-constitution-for-england (accessed 17/05/2016)

Equality Impact Assessment Initial Screening Tool

Document Reviewer(s):	Clinical Policies and Procedures Review Group	Date Assessment Completed:	05/05/2022

Assessment of possible adverse impact against any minority group			
Could the document have a significant negative impact on equality in relation to each area below?	Response		If yes, please state why, and the evidence used in your assessment
	Yes	No	
1. Age		X	
2. Sex		X	
3. Disability		X	
4. Race or Ethnicity?		X	
5. Religion and Belief?		X	
6. Sexual Orientation?		X	
7. Pregnancy and Maternity?		X	
8. Gender Reassignment?		X	
9. Marriage and Civil Partnership?		X	

- You need to ask yourself:
- Will the document create any problems or barriers to any community or group?
- Will any group be excluded because of this document?
- If the answer to either of these questions is yes, you must complete a full Equality Impact Assessment.

Assessment of positive impact			
Could the document have a significant positive impact by reducing inequalities that already exist?	Response		If yes, please state why, and the evidence used in your assessment
	Yes	No	
1. Promote equal opportunities	X		'Individual needs and choices should be established and continuously reviewed.'

2. Eliminate discrimination	X		'Patients should experience care in a setting that actively promotes respect for diversity, individual values, beliefs, and personal relationships. Views based on stereotypes or prejudices should be challenged.'
3. Eliminate harassment		X	
4. Promote positive attitudes towards disabled people	X		'Treating every patient with dignity and respect must be inherent in every action we take.'
5. Encourage participation by disabled people	X		'Patients should be enabled to self-medicate.' 'Information should be adapted, so far as is practicable, to meet the needs of individual patients.'
6. Consider more favourable treatment of disabled people		X	
7. Promote and protect human rights	X		'Patients should have access to their own clothing where possible.' 'Care should be delivered in such a way as to ensure that people do not feel embarrassed, humiliated, or exposed.'

On the basis of the information/evidence/consideration so far, do you believe that the document will have a positive or negative adverse impact on equality?

Positive	Please rate (delete as applicable) the level of impact					Negative
HIGH						

Is a full equality impact assessment required? No