**Patient / Client Privacy and Dignity Policy**

**DOCUMENTATION CONTROL**

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<td>Approving Body</td>
<td>Trust Board</td>
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**Consultation undertaken**

Directors’ Group, Clinical Directors, N&M Strategy Group, Clinical Leads, Matrons, Head of Midwifery. Clinical Risk Committee. Assistant Director Learning and Organisational Development, Information Governance, Head of Equality and Diversity, Safe Guarding Matron, Associate Director of Assurance, Estates and Facilities, Patient Partnership Group

<p>| Date of Completion of Equality Impact Assessment | 5 July 2012 |
| Date of Completion of We are here for you Assessment | 5 July 2012 |
| Date of Environmental Impact Assessment (if applicable) | Not applicable |
| Target audience | All Clinical Staff Estates and Facilities Staff |</p>
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<tr>
<td>Lead Director</td>
<td>Director of Nursing and Deputy Chief Executive</td>
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<tr>
<td>Author / Lead Manager</td>
<td>Maria Bentley (Clinical Lead) and Sue Haines (Assistant Director Nursing)</td>
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| Further Guidance/Information | Maria Bentley Ext 64127  
Sue Haines Ext 56629 |
## CONTENTS

<table>
<thead>
<tr>
<th>Paragraph</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Policy Statement</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Principles</td>
<td>6</td>
</tr>
<tr>
<td>4.</td>
<td>Scope</td>
<td>7</td>
</tr>
<tr>
<td>5.</td>
<td>Aims and Objectives</td>
<td>8</td>
</tr>
<tr>
<td>6.</td>
<td>Accountability and responsibilities</td>
<td>9</td>
</tr>
<tr>
<td>7.</td>
<td>Training</td>
<td>10</td>
</tr>
<tr>
<td>8.</td>
<td>Privacy and Dignity – Standards of Practice</td>
<td>10</td>
</tr>
<tr>
<td>9.</td>
<td>Attitudes and Behaviours</td>
<td>10</td>
</tr>
<tr>
<td>10.</td>
<td>Personal Boundaries and Space</td>
<td>11</td>
</tr>
<tr>
<td>11.</td>
<td>Communicating with Staff and Patients</td>
<td>12</td>
</tr>
<tr>
<td>12.</td>
<td>Privacy of Patient/Client Information</td>
<td>13</td>
</tr>
<tr>
<td>13.</td>
<td>Privacy, Dignity and Modesty</td>
<td>14</td>
</tr>
<tr>
<td>14.</td>
<td>Use of a Chaperone: principles for Practice</td>
<td>15</td>
</tr>
<tr>
<td>15.</td>
<td>Equality and Diversity</td>
<td>16</td>
</tr>
<tr>
<td>16.</td>
<td>Monitoring</td>
<td>17</td>
</tr>
<tr>
<td>17.</td>
<td>References</td>
<td>18</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Equality Impact Assessment (and toolkit) – includes Frequently Asked Questions</td>
<td>20</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>We Are Here for Assessment</td>
<td>23</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Certification Of Employee Awareness</td>
<td>26</td>
</tr>
</tbody>
</table>
1. Policy Statement

The aim of this policy is to ensure that:

1.1 Patients experience care in an environment that actively encompasses respect for individual values, beliefs, cultural needs and personal relationships.

1.2 Patients feel that they matter and do not experience negative or offensive attitudes or behaviour.

1.3 Appropriate staff attitudes and behaviour reflect the Trust values and behaviours including consideration of non-verbal behaviour and body language. This ensures delivery of ‘Always’ events for dignity in care. ‘Always treat those in your care as they wish to be treated – with respect, dignity and courtesy’. (Commission on Dignity in Care, 2012)

2. Introduction

2.1 All staff at Nottingham University Hospitals have a crucial role to play in creating an environment in which human rights are respected. A fundamental aspect of human rights is an individual’s right to humane and dignified treatment.

‘Human rights belong to everyone. They are the basic rights we all have simply because we are human, regardless of who we are, where we live or what we do.

Human rights represent all the things that are important to us as human beings, such as being able to choose how to live our life and being treated with dignity and respect. Human rights are based on a number of core values, including:

- Fairness
- Respect
- Equality
- Dignity
- Autonomy’

(Department of Health, 2008)

2.2 Privacy and dignity is embedded in the care delivered to patients, as well as in the environment in which that care is
delivered. Responsibility for protecting and promoting privacy and dignity does not lie with one individual or group, but with all staff at every level.

2.3 **Equality Statement**
All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social & employment status, HIV status, or gender re-assignment.

2.4 The Care Quality Commission set essential standards of quality and safety that focus on expected patient outcomes and all health care providers are required by law to meet these standards (CQC, March 2010). Outcome 1 (Regulation 17) of these standards requires the Trust and all staff working within it to, as far as reasonably practicable, make suitable arrangements to ensure and promote the dignity privacy and independence of patients using NUH services by:

- Placing the needs, wishes, preferences and decisions of patients at the centre of assessment, planning and delivery of care, treatment and support
- Ensuring that the environment allows privacy in which the intimate care, treatment and support needs of patients are met
- Having clear procedures followed in practice, monitored and reviewed, that ensure staff understand the concepts of privacy and dignity, independence and human rights and how they should be applied to patients
- Ensuring the need to maintain confidentiality or disclose information is taken account of in the assessment of the individual circumstances
- Actively listening to and involving patients, or others acting on their behalf, in decision making

2.5 Staff should deal sensitively with the varied circumstances in which a patient’s privacy and dignity may be infringed, and must always be aware of actual and potential clinical risks as they implement the responsibilities for privacy and dignity described in this policy.
2.6 Particular care to protect privacy is required for children, young people and vulnerable people of any age who may have been previously subject to abuse, including sexual violence. Being separated from patients of the different gender is an important component of privacy and dignity. The Trust’s requires its managers to ensure that bays are same-gender and that there are segregated washing and toilet facilities: See DoH Information Standards Mixed Sex Accommodation

2.7 All clinical consultations, examinations and investigations are potentially distressing. Patients can find examinations, investigations or photography involving the breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as ‘intimate examinations’). Consultations involving dimmed lights, the need for patients to undress, or longer periods of examination may also make a patient feel particularly vulnerable.

2.8 A chaperone may act as a safeguard for all parties (patient and practitioner) where the patient may feel vulnerable, and is a witness to continuing consent to the procedure. Guidance on when to use Chaperones can be found in Section 9

3. Principles

3.1 This policy focuses on the Privacy and Dignity, and Care Environment, Essence of Care Benchmarks and describes the Trust’s standards for good practice including, the same sex accommodation standards, the Trust values and behaviours and its observation of equality and diversity and human rights in health care.

3.2 Essence of Care Benchmarks

Essence of Care was launched in 2001 by the Government as a strategy to improve the quality of fundamental aspects of patient care. It uses a process of benchmarking; where indicators for best practice are identified and performance measured against these. The benchmarks include ‘Privacy and Dignity’ and the ‘Care Environment’. Good practice is celebrated and shared, whilst action plans are developed to remedy practices that need improving. NUH have developed an annual benchmarking programme to ensure a consistent
approach across the Trust. The same benchmark is scored and action plans developed Trust wide within a two month time frame. Sharing and comparing of the scores and actions are encouraged within areas, specialties and directorates. All scores and actions are fed back to the Trust board (via the Essence of Care Steering Group). Further information can be found on the Trust intranet site; http://nuhnet/operations_nursing_midwifery_service_improvement/essenceofcare/Pages/Home.aspx

3.3 We are here for you Standard Mission Statement

This Trust is committed to providing the highest quality of care to our patients, so we can pledge to them that ‘we are here for you’. This Trust supports a patient centred culture of continuous improvement delivered by our staff.

3.4 Values and Behaviours

The Trust established the Values and Behaviours (V&B) programme to enable Nottingham University Hospitals to continue to improve patient safety, outcomes and experiences. The set of twelve agreed values and behaviours explicitly describe to employees the required way of working and behaving, both to patients and each other, which would enable patients to have clear expectations as to their experience of our services. Further information can be found on the Trust intranet site: http://nuhnet/wearehereforyou/Pages/default.aspx

4. Scope

4.1. This policy covers privacy and dignity management issues for Nottingham University Hospitals NHS Trust and supports the Trust V&B. This includes:-

♦ Patients, relatives and carers
♦ Employees
♦ Volunteers
♦ Agency / locum/bank staff
♦ Contractors whilst working on trust premises
♦ The policy should be read in conjunction with the NUH Equality and Diversity Policy and associated scheme.
4.2 This policy will apply to all patients and staff including those who identify themselves under the protected characteristics of; disability (mental, sensory and physical including learning disability), sex (gender & gender assignment), age, race or ethnicity, religion or belief, sexual orientation, marriage or civil partnership, pregnancy or maternity.

5. Aims/Objectives

5.1. At all times, staff will treat patients, their relatives, partners and carers, in a manner that makes them feel that they are valued and respected as identified in the Trusts V&B

5.2. Patients will receive care in a manner which recognises their individual values, beliefs and personal relationships. The personal space of patients and their relatives will be respected at all time. Staff may ask patients and their relatives to grant them the same courtesy.

5.3. Communication with patients will be in a manner that respects their individual knowledge, abilities and preferences.

5.4 Patients will be cared for in an environment that actively promotes their privacy, and protects their dignity, especially when they are unable to do this for themselves.

5.5 Information about their diagnosis and care should be shared only with the patient themselves (adults) or with those with parental responsibility (children). A judgement will need to be made in relation to young people (refer to NUH Consent to Treatment Policy). A patient must formally agree to information about their diagnosis and care being shared with any other person.

5.6. Where a patient is unable, by virtue of their physical illness or mental capacity, to retain information and is thereby unable to make an informed decision about their care and treatment, a formal mental capacity assessment must be undertaken and recorded in the patient’s medical records (pro-forma is an appendix to the NUH Mental Capacity Act Policy, downloadable from the safeguarding vulnerable adults intranet site). The staff member must act in the patient’s best interest, as described in the NUH Mental
Capacity Act Policy, and complete a best interest’s checklist (which should be recorded in the patient’s medical records).

5.7. Staff must also be cognisant with the new ‘deprivation of liberty’ safeguards code of practice.

5.8. Wherever possible the Trust must provide suitable rooms (in care settings) for patients, carers and relatives to discuss their concerns with each other or with staff in private.

5.9. All staff employed by the Trust who are in contact with patients should respect an individual patient’s privacy and dignity at all times. However, when dealing with emergency situations, privacy and dignity may need to be compromised in the initial stages of care.

5.10 Staff will provide opportunities for patients and the wider community to ensure patient and public opinion is heard, feedback is acted on and lessons learnt around privacy and dignity issues. This will be done by engaging with a variety of groups including Foundation Trust members, Patient Partnership Group, Readers Panel, Young Peoples Forum and working closely with LINks (Local Involvement Forum) and other patient support groups as well as attending local community events and residents forums.

5.11 Staff will use a variety of mechanisms to involve patients and public around privacy and dignity issues including surveys, observations of care, focus groups, and one to one interviews. The Trust will gain an understanding about how patients, relatives and carers view our services through the 4C’s processes (Complaints, Concerns, Comments, Compliments) and PALS)

6. Accountability and Responsibilities

6.1. The Chief Executive, on behalf of the Trust Board, must ensure that responsibility for ensuring the privacy and dignity of patients is delegated to Heads of Service and Clinical Leads.

6.2. Line managers are responsible for monitoring their areas in relation to privacy and dignity issue, both those
environmental aspects and those a raising out of the delivery of care by NUH staff.

6.3 Every member of staff has a duty to ensure that the privacy and dignity of all patients and carers is respected as identified in the Trusts V&B.

7. Training

Staff will receive instruction and information regarding privacy and dignity from a number of sources:

- NUH Policies and Procedures Manuals on Induction
- Their Line Manager
- Equality & Diversity training on induction
- Essence of Care benchmarking and scoring process, and implementation of action plans.
- Values and behaviours ‘we are here for you’ training

8. Privacy and Dignity – Standards of Practice

The twelve underpinning behavioural standards are fundamental to ensuring patient and client privacy and dignity. Every member of staff has a responsibility to consistently ensure that patients feel cared for, safe and confident in their treatments. These twelve standards are an integrate part of staff appraisals, reviews and feedback. [http://nuhnet/wearehereforyou/Pages/default.aspx](http://nuhnet/wearehereforyou/Pages/default.aspx)

8.1 Attitudes and Behaviour (see Trust V&B for additional specific do’s and don’ts)

- Staff should ensure that each patient feels that they matter and does not experience negative or offensive attitudes or behaviour.

- Staff should ensure that sensitive attitudes and behaviour are promoted, including consideration of their non-verbal behaviour and body language.

- Staff should ensure that each patient experiences care in an environment that actively encompasses respect for their individual values, beliefs and personal relationships.
Each patient’s needs are ascertained, documented, and appropriately reviewed.

♦ Staff will ensure patients and their partners in same-sex relationships are treated with the same level of courtesy, dignity and respect as patients and their partners of the opposite sex.

♦ Staff will ensure that patients are always adequately dressed or covered, within a clinical area and prior to leaving a clinical area for any reason, so that their privacy is maintained and they are warm and comfortable.

♦ Staff will ensure that patients unable to help themselves are never left without a covering to maintain their decency (especially during bed bathing and changing of bed linen/night attire).

♦ Staff will make every effort to ensure that any patient who leaves themselves exposed (advertently or inadvertently) is shielded from the view of others.

♦ Patients who are dependent will be offered assistance to (e.g.) put on appropriate clothing or spectacles, and to insert hearing aids and dentures as required.

8.2 **Personal Boundaries and Space**

♦ Staff will be mindful of and protect each patient’s personal space

♦ The name by which each patient wishes to be called should be sensitively determined, recorded and communicated to others in the care team. (The default form of address should be Mr or Mrs or Ms Smith).

♦ Staff will establish with each patient the acceptability of personal contact (touch) and the preferred personal space and boundaries and communicate this to others in the care team.

♦ Staff will respect and protect each patient’s personal space (e.g. by knocking or making their presence known
before entering the clinical area or by respecting dignity signs when bedside curtains are drawn).

- In clinical areas signs should clearly indicate designated male or female toilet and washing facilities.

- Whenever possible staff will promote patient dignity when others are required or request to be present (e.g., medical, nursing, or other students) by seeking the patient’s permission in advance.

- Staff will ensure that they include the patient in all conversations held in front of them especially during personal care, intimate procedures, and ward rounds.

- Staff will ensure that unnecessary, intrusive noise is minimised in patient areas at all times (including conversations between staff). E.g., This includes reducing noise at night where staff can act to minimise avoidable excess noise such as through wearing shoes with soft soles as per Trust policy, turning down phone volumes, minimising unnecessary movement of other items such as trolleys/storage boxes and minimising unnecessary lighting to create a calmer, more restful sleep environment.

8.3 Communicating with Staff and Patients

- Staff will communicate with, and about, patients in a manner that respects their individuality as identified in the Trusts V&B

- Staff will listen to patients and ensure their views and needs are recorded and taken into account as identified in the Trusts V&B

- Staff will communicate ‘with’ not ‘at’ patients’ relatives and carers, at a pace which is individualised to each individual. Staff must check each individual’s understanding, and should always be ready to alter the pace or level of communication, or to repeat or explain information in a different way to ensure understanding as identified in the Trusts V&B
- Interpreting services should be used wherever required. Only in exceptional circumstances should family members be asked to interpret. Further information regarding access to interpreters can be obtained via the Trust intranet site.

- The clarity of written information/leaflets given should be checked with patient representatives and approved by the NUH Communications Team. Written information should be available in easy read, large print, different languages, recorded or Braille formats.

- All important communications should be recorded in the patient’s notes, including a summary of the communication, who was present, and any outstanding actions.

8.4 Privacy of Patient / Client Information

- It is permissible to share patient information with staff involved in providing appropriate clinical care. However, these staff must all have a legitimate relationship with the patient. Sharing of patient information for non-care purposes usually requires explicit patient consent.

- Consent should be sought when special measures are required to overcome communication barriers (e.g. use of interpreters).

- In providing care staff must at all times be sensitive to the need for the confidentiality of patient information. Staff should not discuss any patient or visitor within the hearing of another patient or visitor. This is particularly important where sensitive information is being discussed.

- Precautions should be taken to prevent information being inappropriately shared, such as by overheard telephone conversations or written notes (e.g. personal notebooks or scraps of paper) or overlooked computer screens.

- Staff must treat all written patient information as confidential, and ensure its security at all times and appropriate (confidential) disposal. This includes information that may be temporary, such as clinic/ward
patient lists. All handover sheets containing any patient information must be watermarked as ‘Confidential’ or have a clear header/footer marked as ‘Confidential’

♦ Patient information must not be stored on the c:\ drives of PCs and laptops. All electronically held patient information must be stored in secure systems or in secure shared areas, where access is restricted to authorised staff. All USB data sticks/memory sticks will automatically prompt for encryption to be applied once plugged into NUH Trust computers and this should be done especially where it stores patient information. No unencrypted patient-identifiable information should be e-mailed outside the Trust

♦ Patients ‘at a glance boards’ should be used in accordance with the standardised Horizon guidance. Patients must be informed (via leaflets, posters) of the use of these boards.

♦ Staff should not use mobile phones in clinical areas unless under the strict provisions of the Use of Mobile Phones (and other mobile communication devices) on NUH Premises Policy

♦ Staff should ensure that patients and visitors use mobile phones in a manner which protects the privacy of other patients and visitors (especially phones with cameras that have picture and/or video features),

♦ Patients may read their own care plans, but relatives, carers (& other visitors) may only read them at the discretion of the patient. Where the patient is not able to consent, no such individual should be permitted to examine the care plan or case record.

8.5 Privacy, Dignity and Modesty

♦ In providing care staff actively promote patient privacy and dignity, and protect patient modesty.

♦ Staff protect patients from unwanted public view (including that of clinicians) by effective use of curtains, screens, blankets, etc.
Patients should have access to their own clothes whenever possible and if their clinical condition permits, and should be helped to dress if necessary.

Staff will, wherever practicable, make arrangements for patients to have private telephone conversations.

NUH staff should be easily identified by patients by the use of name badges and uniforms. Badges must be easily visible.

Staff should routinely ask patients if they wish a chaperone for any intimate procedures (see Section 9).

Staff should ensure that the personal space of vulnerable adult patients (especially those who do not have the mental capacity to express their views) remain appropriate (e.g. are not treated in a patronising way, as if they were a small child).

All patients and their relatives/carers should be made aware by staff of how to access a safe, quiet, private space on hospital premises.

9. **Use of a Chaperone: Principles for Practice**

9.1 All patients, regardless of age, gender, ethnicity, sexual orientation or mental status, have the right to privacy and dignity. They have the right to request a chaperone.

9.2 It is good practice to offer a chaperone, or (with the patients consent), the presence of a friend or relative, when any examination involving the breasts or genital area is performed, regardless of the gender of the patient or professional. Staff must be mindful that even though patient consent is given the use of a friend or relative may risk an inadvertent breach of patient confidentiality, prevent the disclosure of sensitive relevant information by the patient, or put staff at risk of allegations of assault or abuse.

9.3 A chaperone should act as an advocate for the patient, and may assist in explanation of the procedure. During the examination a chaperone will safeguard against unnecessary
discomfort, pain, humiliation or intimidation. The offer of a chaperone should be made alongside a full explanation of the procedure. A check should be made to ensure that the information is understood. The name of the chaperone should be documented in the medical, nursing or midwifery records.

Where intimate procedures or examinations are required staff should ensure that they are aware of any relevant patient-held cultural or religious beliefs, which prohibit such examinations being done by a member of the opposite sex.

9.4 If a chaperone is not available the patient should be offered postponement of the examination until one is available (if such a delay is clinically inadvisable this should be explained to the patient, who may chose to proceed without a chaperone). If the patient agrees or requests to undergo an examination without a chaperone being present or requests a postponement, this should be respected and clearly documented in the medical records.

9.5 Where a chaperone is available but the patient requests that no chaperone is present, best practice is to ensure that another professional is within earshot (e.g. standing outside the door or curtains).

9.6 For some nursing and midwifery procedures it is unrealistic to offer a chaperone on every occasion (e.g. assistance with bathing/hygiene). In these circumstances staff should obtain prior patient consent (which may be verbal), and should undertake the care in a sensitive and respectful manner.

9.7 Health professionals should consider being accompanied by a chaperone when undertaking intimate examinations and procedures to avoid misunderstandings and the potential for allegations of assault or abuse.

10. Equality and Diversity
The Trust has set itself a straightforward and demanding purpose – to be the best. The Board is clear that being the best involves ensuring that we provide services which respond to the differing needs and experiences of the diverse communities we serve. Our Trust Values – We are here for you are central to this endeavor to be the best.
10.1 Equality and human rights for the Trust means that all staff, patients and carers, and stakeholders:
   - Are committed to equality of opportunity, treatment and behaviour
   - Have equal access to services
   - Have their needs considered as we develop services
   - Have equal access to employment, promotion, and development

10.2 The Trust will ensure that barriers to access of services and employment are identified and removed, and that no person is treated more or less favourably on the grounds of their race or, ethnic group, religion or belief, impairment, age, gender, gender assignment, sexual orientation, marital status including civil partnership or disability including learning disabilities and any other mental health status.

10.3 Staff will work with patients and their families in ways which, wherever possible, take into account that they may have different attitudes, values and beliefs about health and healthcare. Where it is not possible to take this into account, clear information and explanations will be given.

10.4 Auxiliary aids to promote effective communication and services (such as the use of appropriate interpreters and communication aids) will be provided where these will facilitate access to services.

11. Monitoring

11.1 Adherence to this policy will be audited on a regular basis through the Essence of Care Privacy and Dignity benchmark, Care Environment benchmarks and the Nursing Dashboard.

11.2 Patients' views on privacy and dignity will be sought when conducting patient satisfaction surveys such as through the productive ward programme.
12. References


Consent to examination or treatment policy NUH (2010)

Department of Health (2003) Patient Dignity & Privacy – Intimate examinations. Chief Medical Officer letter from Dr Liam Donaldson, Jan 2003,


Trust Policy and Procedure 2007
Deprivation of Liberty Safeguards – Multi-Agency Policy and Procedure 2009

Dignity at work policy NUH (2011)


Equal opportunities policy NUH (2010)

Single Equality Delivery Scheme (2011-2016)


General Medical Council (2001). Intimate examinations. London: GMC


Appendix 1:

Equality Impact Assessment Report Outline

1. Name of Policy or Service
   **Patient / Client Privacy and Dignity Policy**

2. Name of Responsible Manager
   Jenny Leggott
   Director of Nursing

3. Name of person completing assessment
   Sue Haines
   Assistant Director of Nursing

4. Date EIA Completed
   5 July 2012

5. Description and Aims of Policy/Service (including relevance to equalities)

The aim of this policy is to ensure that:

♦ Patients experience care in an environment that actively encompasses respect for individual values, beliefs, cultural needs and personal relationships.

♦ Patients feel that they matter and do not experience negative or offensive attitudes or behaviour.

♦ Appropriate staff attitudes and behaviour reflect the Trust values and behaviours including consideration of non-verbal behaviour and body language. **This ensures delivery of ‘Always’ events for dignity in care. ‘Always treat those in your care as they wish to be treated – with respect, dignity and courtesy’.** (Commission on Dignity in Care, 2012)

6. Brief Summary of Research and Relevant Data
   CQC Essential Standards, Commission on Dignity in Care 2012

7. Methods and Outcome of Consultation
There has been consultation with Directors’ Group, N&M Strategy Group, Clinical Leads, Matrons, Head of Midwifery, Assistant Director Learning and Organisational Development, Information Governance, Head of Equality and Diversity, Safe Guarding Matron, Associate Director of Assurance, Estates and Facilities, Patient Partnership Group

8. Results of Initial Screening or Full Equality Impact Assessment:

<table>
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9. Decisions and/or Recommendations (including supporting rationale) partnership working and its assurance framework

From the initial screening there are eight strands of equality that are relevant to the policy. However, neither of the findings in the initial assessment requires NUH to carry out a full impact assessment.

The policy is designed to ensure that all patients and clients in the care of Nottingham University Hospitals NHS Trust receive safe, dignified care regardless of their actual or perceived race, religion, sexual orientation, Age, gender, disability, social status and will not infringe upon their basic human rights. The policy supports to protect the privacy, dignity and wellbeing of all patients and clients through working practices in NUH, practices.

NUH has clearly identified its responsibilities in relation to privacy and dignity and will work in a positive manner to ensure that all staff are aware of the policy and all relevant documents are reviewed.
10. Equality Action Plan (if required)
   N/A

11. Monitoring and Review Arrangements (including date of next full review) July 2015

Screening Grid

The policy is designed to ensure that all patients and clients in the care of Nottingham University Hospitals NHS Trust receive safe, dignified care

<table>
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<tr>
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<td>Race</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Religion or Belief</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Social Deprivation</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Dignity and Human Rights</td>
<td>y</td>
<td></td>
</tr>
<tr>
<td>Working Patterns</td>
<td>n</td>
<td>NA</td>
</tr>
</tbody>
</table>

Reasons for Assessment

See above section 9
Appendix 2:

**We Are Here For You Policy and Trust-wide Procedure Compliance Toolkit**

The We Are Here For You service standards have been developed together with more than 1,000 staff and patients. They can help us to be more consistent in what we do and say to help people to feel cared for, safe and confident in their treatment. The standards apply to how we behave not only with patients and visitors, but with all of our colleagues too.

They apply to all of us, every day, in everything that we do. Therefore, their inclusion in Policies and Trust-wide Procedures is essential to embed them in our organization.

This toolkit has been designed for Policy Owners to assess the compliance of their Policy or Trust-wide Procedure in light of the We Are Here For You values. It is now mandatory for all Policies and Trust-wide Procedures to incorporate the We Are Here For You Values and undergo this compliance assessment.

Please complete the grid below to assess your Policy or Trust-wide Procedure. The toolkit will then advise Policy-owners on the steps they need to take to become We Are Here For You compliant.

To what extent is your Policy or Trust-wide Procedure affected by the following We Are Here For You values?

Please rate each value from 1 – 3 (1 being not at all, 2 being affected and 3 being very affected)

<table>
<thead>
<tr>
<th>1. Helpful and Kind</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of us keep our ‘eyes open’ for (and don’t ‘avoid’) people who need help; we take ownership of delivering the help and can be relied on.</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Vigilant (patients are safe)</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every one of us is vigilant across all</td>
<td>3</td>
</tr>
</tbody>
</table>
aspects of safety, practices hand hygiene and demonstrates attention to detail for a clean and tidy environment everywhere.

### 3. On Stage (patients *feel safe*)

We imagine anywhere that patients could see or hear us as a ‘stage’. Whenever we are ‘on stage’ we look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe, and are never unduly worried.

### 4. Speak Up (patients *stay safe*)

We are confident to speak up if colleagues don’t meet these standards, we are appreciative when they do, and are open to ‘positive challenge’ by colleagues.

### 5. Informative

We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues.

### 6. Timely

We appreciate that other people’s time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital.

### 7. Compassionate
We understand the important role that patients’ and family’s feelings play in helping them feel better. We are considerate of patients’ pain, and compassionate, gentle and reassuring with patients and colleagues.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8. Accountable</strong></td>
<td></td>
</tr>
<tr>
<td>Take responsibility for our own actions and results</td>
<td>3</td>
</tr>
<tr>
<td><strong>9. Best Use of Time and Resources</strong></td>
<td></td>
</tr>
<tr>
<td>Simplify processes and eliminate waste, while improving quality</td>
<td>2</td>
</tr>
<tr>
<td><strong>10. Improve</strong></td>
<td></td>
</tr>
<tr>
<td>Our best gets better. Working in teams to innovate and to solve patient frustrations</td>
<td>3</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>34</td>
</tr>
</tbody>
</table>
CERTIFICATION OF EMPLOYEE AWARENESS

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Patient / Client Privacy and Dignity Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version (number)</td>
<td>2</td>
</tr>
<tr>
<td>Version (date)</td>
<td>26 July 2012</td>
</tr>
</tbody>
</table>

I hereby certify that I have:

- Identified (by reference to the document control sheet of the above policy/ procedure) the staff groups within my area of responsibility to whom this policy / procedure applies.
- Made arrangements to ensure that such members of staff have the opportunity to be aware of the existence of this document and have the means to access, read and understand it.

<table>
<thead>
<tr>
<th>Signature</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Print name</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Directorate/ Department</td>
<td></td>
</tr>
</tbody>
</table>

The manager completing this certification should retain it for audit and/or other purposes for a period of six years (even if subsequent versions of the document are implemented). The suggested level of certification is;

- Clinical directorates - general manager
- Non clinical directorates - deputy director or equivalent.

The manager may, at their discretion, also require that subordinate levels of their directorate / department utilize this form in a similar way, but this would always be an additional (not replacement) action.