Policy: P20
Privacy & Dignity Policy
(Includes same sex accommodation)

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<tr>
<th>Version:</th>
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<tr>
<td>Ratified by:</td>
<td>Trust wide Clinical Governance Group</td>
</tr>
<tr>
<td>Date ratified:</td>
<td>1st October 2018</td>
</tr>
<tr>
<td>Title of originator/author:</td>
<td>Deputy Director of Nursing</td>
</tr>
<tr>
<td>Title of responsible Director:</td>
<td>Director of Nursing and Patient Experience</td>
</tr>
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| Key Stakeholders: | Head of Quality, Access & Urgent Care
                      Head of Nursing, Local Services |
| Date issued: | 2nd November 2018 |
| Review date: | October 2020 |
| Target audience: | All staff trust-wide |
| Disclosure Status: | B: Can be disclosed to patients and the public |

**EIA / Sustainability**

- [ ] P20 EIA Privacy & Dignity-Same Sex Aco

**Other Related Procedure or Documents:**
- Safeguarding Children (C18)
- Safeguarding Adult and Reporting procedure (S28)
- Therapeutic Engagement and Supportive Observation (O1)
- Transgender; How to care for the needs of our patients (T7)
- Professional Code of Conduct
<table>
<thead>
<tr>
<th>Equality &amp; Diversity Statement</th>
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<tr>
<td>The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all relevant policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed.</td>
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<tr>
<th>Sustainable Development Statement</th>
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<tr>
<td>The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All relevant policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed.</td>
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## P20 - Privacy and Dignity - Same sex accommodation

### Version Control Sheet

<table>
<thead>
<tr>
<th>Version</th>
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<th>Status</th>
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<td>P20/0.1</td>
<td>June 2011</td>
<td>Deputy Director of Nursing</td>
<td>New Policy. Policy under consultation ending 15&lt;sup&gt;th&lt;/sup&gt; July 2011</td>
<td>Present to 23&lt;sup&gt;rd&lt;/sup&gt; June Policy Review Group for approval to proceed to consultation – approved for consultation.</td>
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<td>P20/01</td>
<td>Aug 2011</td>
<td>Deputy Director of Nursing</td>
<td>Policy Issued.</td>
<td>Service User comments received and incorporated – present to 25&lt;sup&gt;th&lt;/sup&gt; Aug Policy Review Group for approval – approved.</td>
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<td>July 2014</td>
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<td>Deputy Director of Nursing</td>
<td>Policy issued</td>
<td>Consultation ended. Ratified at October Clinical Governance Group meeting.</td>
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1.0 Flowchart

The Trust will work with all staff to assure the service users and the public of the highest standards and a continuing commitment to improvement with regard to privacy and dignity. Arrangements will include:

Regular monitoring of incidents and feedback to the Trust-wide Service User & Carer Experience (SUCE) Committee.

Feedback will be sought from service users with regard to their experiences of privacy and dignity within the Trust this will be measured against the best practice guidelines/standards contained within this policy. The policy will be updated as necessary as a result of that feedback.

The Trust will audit agreed standards for privacy and dignity on a regular basis and report back accordingly.

The Trust will use information gained from the Care Quality Commission, Patient Led Assessment of the Care Environment (PLACE), Mental Health Act visits and all national patient surveys to improve the Standard of its care.
2.0 Introduction

2.1 The Trust has a duty to deliver a service in an environment which promotes the privacy and dignity of patients. All staff are expected to treat service users, relatives, carers and visitors with respect and dignity and ensure the privacy of service users is maintained at all times.

2.2 The purpose of this policy is to describe best practice and are developed in line with the Trust Quality Priorities and outline the Trust’s arrangements for achieving compliance with the Department of Health same sex accommodation requirements as stated in Eliminating Mixed Sex Accommodation guidance PL/CNO/2010/3.


The promotion of privacy and dignity in all aspects of care is fundamental to achieving same sex accommodation requirements.

2.2 The policy informs all Trust staff of their roles and responsibilities in relation to maintaining privacy and dignity and by doing so complying with same sex accommodation guidance. Including the process for monitoring compliance with the contents of this policy is highlighted.

2.3 As well as ensuring that staff understand their role this policy aims to help service users and their families and carers to understand what they can expect from individuals, and the service, with regard to their privacy and dignity.

2.4 Privacy and dignity is an essential component and a high priority for providing care and not an additional to the service provision.

3.0 Scope of policy

3.1 This policy applies to all Trust employees who are in direct contact with services users, carers and the public. It is expected that staff understand and demonstrate behaviours and attitudes that promote and provide service users with respect.

3.2 The Trust works in line with the Essence of Care (DH 2010) benchmarks for Respect and Dignity to deliver a high quality service:

- People’s experience
- Diversity and individual needs
- Effectiveness
- Consent and confidentiality
- People, carer and community member’s participation
- Leadership
- Education and Training
• Documentation
• Service Delivery
• Safety
• Safeguarding

3.3 The Trust is obligated to prevent discrimination by ensuring care delivered respects the dignity of service users, relatives, carers and visitors under the Equality Act 2010 and the Human Rights Act 1998

4.0 Definitions

4.1 Privacy
“Freedom from intrusion and embarrassment and relates to all information and practice that is personal or sensitive in nature to an individual. Privacy is a key principle, which underpins human dignity and remains a basic human right and the reasonable expectation of every person.”

Human Right Act, 1998

4.2 Dignity
“A state, quality or manner worthy of esteem or respect; and (by extension) self – respect. Dignity in care, therefore, means the kind of care, in any setting, which supports and promotes, and does not undermine, a person’s self-resect regardless of any difference.”

(Social Care Institute for Excellence, 2007)

4.3 Respect
Demonstrating due regard for the feelings, wishes and rights of others.

4.4 Same Sex Accommodation
- Same sex wards
- Single rooms with same sex toilet and washing facilities
- Same sex accommodation on mixed wards – rooms which accommodate either men or women not both and have same sex toilet and washing facilities

4.5 Maintaining Privacy and Dignity

Dignity Factors (SCIE 2010)

<table>
<thead>
<tr>
<th>Communication</th>
<th>Speaking respectfully and listening</th>
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<tr>
<td>Choice &amp; Control</td>
<td>Enabling choice of care delivery</td>
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<tr>
<td>Eating and Nutritional Care</td>
<td>Providing choice of meals and support with eating</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>Enabling maintenance of service users usual standards</td>
</tr>
<tr>
<td>Practical Assistance</td>
<td>Enabling maintenance of independence</td>
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<td>Privacy</td>
<td>Respecting personal space and confidentiality of personal information</td>
</tr>
<tr>
<td>Social Inclusion</td>
<td>Supporting contact with family and friends’ and enabling participation social activities</td>
</tr>
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</table>
Stand up for Dignity (SCEIE 2010)

<table>
<thead>
<tr>
<th>Whistleblowing</th>
<th>Encouraging staff to raise concerns about poor practice or abuse within the organisation without fear of reprisals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td>Encouraging an open and responsive approach to enable people to raise concerns</td>
</tr>
<tr>
<td>Abuse</td>
<td>Immediate action if abuse is suspected</td>
</tr>
<tr>
<td>Legislation</td>
<td>Supporting people’s rights to Dignity and Respect</td>
</tr>
<tr>
<td>The Dignity Challenge</td>
<td>Promoting standards people expect supporting dignity</td>
</tr>
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</table>

5.0 Duties

5.1 The Trust Board has overall responsibility for compliance to Same Sex Accommodation requirements, and are required to monitor Trust performance and provide a ‘declaration of compliance’ on the Trust website.

5.2 Executive Director of Nursing & Patient Experience will ensure that:

- Privacy and dignity training will be delivered to all clinical staff at Trust induction.
- Ensure this policy and standards are monitored and best practice achieved.

5.3 The Trust Privacy and Dignity/SSA lead is the Deputy Director of Nursing, Corporate, who is responsible for leading on matters relating to privacy and dignity in the Trust.

5.4 Director of Estates has responsibility for ensuring that the building design is functional and supports compliance with same sex accommodation guidelines. Compliance with same sex guidelines must be taken in to consideration in any future estates and buildings programs (Appendix 2) and advice and support should be obtained from the Trusts DSSA/Privacy & Dignity Lead on all projects.

5.5 Clinical Directors are responsible for ensuring there is local compliance with the guidelines and on a monthly basis to report SSA compliance to the Trust Privacy and Dignity/SSA lead. Failure to comply with the policy is reported using the Incident Reporting System (IR1).

5.6 The complaints team and PALs will record any communication from service users who report an infringement of their privacy and dignity.

5.7 Ward Managers and clinical leaders must;

- Ensure all staff to receive clinical supervision, which includes an annual performance review to ensure this policy is understood and complied with.
- Ensure individuals within the team understand their roles and responsibilities with regard to privacy and dignity.
- Understand and implement specific privacy and dignity activity relevant to their service.
- To ensure staff have the tools, resources and skills to promote and deliver services which respect privacy and dignity
- To adhere and be compliant with Same Sex Accommodation requirements

5.8 All Trust staff are responsible for providing service users and their carers with dignity and respect at all times.

- To comply with the Professional Codes of Practice of their governing bodies e.g. Royal College of Psychiatrists, Nursing and Midwifery Council, General Social Care Council
- To understand and practice within the Trust’s policy framework
- To uphold the duty of care and practice within the legislative framework
- Any breach of this policy may result in the implementing of the Trust Disciplinary Policy (D4)

5.8.1 Attitudes and Behaviors

- Staff to ensure all service users feel they matter and do not experience negative attitudes and or language and behavior
- Staff to ensure they remain courteous at all times
- Staff to ensure they attend to service users requests/call bells promptly, if this is not possible an apology and assurance that they will as soon as possible
- Staff must not use mobile phones for personal use whilst on duty, work phones to be turned to silent or off when meeting with service users and or carers’ and relatives.
- Staff must wear ID badges unless this is deemed inappropriate
- All staff to attend and keep their mandatory training in respect of equality and diversity up-to-date
- Transgender service users and staff to be treated with respect and professionalism

5.9 The Trust wide SUCE Committee will receive quarterly reports on privacy and dignity including compliance to SSA. (See Appendix 1)

5.10 The monthly reporting of SSA is required by each Service Line to the Trust SSA lead.

6.0 Systems & recording

6.1 There are no exceptions for the need to provide high standards of privacy and dignity at all times. In the event of a mixed sex occurrence this is considered a serious untoward incident and should be escalated using the Trust Incident reporting policy.

Where recorded: Trust incident reporting system
Recorded by who: Nurse In Charge
When recorded: Within 24hrs
7.0 Same sex guidance

7.1 The NHS has set out its commitment to privacy and dignity in a number of critical policy initiatives. The NHS Constitution states clearly that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, talks of the need to organize care around the individual, ‘not just clinically but in terms of dignity and respect’. And the Chief Nursing Officer’s report on privacy and dignity (2007) identifies same-sex accommodation as a ‘visible affirmation’ of the NHS’s commitment to privacy and dignity.

7.2 Providing service users with same-sex accommodation is important both in terms of the dignity of service users and in feeling safe on the ward. As stated in the NHS Constitution “every service user has the right to high-quality care that is safe, effective and respects their privacy and dignity”.

7.3 The NHS Operating Framework 2010/11 requires NHS providers to have robust plans in place for continued delivery of Same Sex Accommodation (SSA) or face possible financial penalties. It is for this reason that the Department of Health introduced a process to report mixed sex breaches and annual Same Sex compliance reporting via the Trust internet. Requirements to achieve Same Sex accommodation details can be found on Department of Health Website, Eliminating Mixed Sex Accommodation in Hospitals (2009).

7.4 West London Mental health NHS Trust is committed to ensuring the privacy and dignity of all service users and carers irrespective of the setting. The requirement for same sex accommodation applies to all inpatient areas. The Trust has an established system in place to ensure this is not breached.

7.5 Dignity, privacy and safety are particularly key in the effective treatment and care of mental health and disability service users because:

- feeling safe is crucial to the care and therapy provided
- service users generally spend longer in hospital than those in acute general settings
- therapy and care is less likely to be delivered at the bedside, so communal areas assume greater importance
- male and female service users may have more diverse and specific therapeutic needs.

7.6 In mental health care dignity, privacy and safety are intrinsic to effective treatment and care for mental health service users. So same-sex accommodation takes on even greater significance.
8.0 Transgender service users – Please refer in detail to Policy: T7 - Transgender: How to care for the needs of our patients.

8.1 Transgender service users must not experience discrimination within the clinical setting. Staff must use names, titles and hospital accommodation that the service user regards as appropriate.

8.2 Staff must discuss discreetly with the service user the most appropriate accommodation and reach an agreement.

8.3 No non-essential disclosure of the service user’s transgender status or history should occur.

9.0 Same sex accommodation compliance


9.2 Same-sex accommodation means patients and service users share sleeping accommodation, bathroom and toilet facilities only with people of the same-sex. It applies to all areas of hospitals and mental health units.

It is delivered by:

- same-sex wards (i.e. the whole ward is occupied by either men or women but not both)
- single (bed)rooms with adjacent same-sex toilet and washing facilities (preferably en-suite)
- same-sex bed bays or (bed)rooms, with designated same-sex toilet and washing facilities, preferably within or adjacent to the bay or room.

9.3 Service users should not need to pass through accommodation or toilet/washing facilities used by the opposite sex to gain access to their own facilities. These requirements apply to organisations providing NHS funded care whether in the acute or mental health and learning disability sectors.

10. Improving service user experience

10.1 Service users’ views of how safe they feel, or whether they have been treated with dignity and respect for their own privacy, are especially important considerations in mental health. Both male and female service users – women and young people in particular – may be very vulnerable during their period of inpatient care. Some users will have histories of sexual abuse, disinhibition or offending. For their own sense of security, all users and their families should expect to have a single bedroom or share a bed bay with members of the same sex. They should not share
with members of the opposite sex. Toilet and washing facilities are to be similarly segregated. Where there are shared bays, ideally the partitions between the beds should not be curtains. See Appendix 4 Privacy and Dignity Standards.

11. Dignity in care

11.1 The Social Care Institute for Excellence published ‘Dignity in Care’ (Nov 2006) which sets a Dignity Challenge, with a series of seven ‘dignity tests’, which is a clear statement of what people can expect from a service that respects dignity.

The document covers all care provided in any setting (hospital, residential, day care and in people’s own homes) making it very relevant to the Trust where it should be used to benchmark privacy and dignity activity. See Appendix 5

Further information: www.dignityincare.org.uk

12. Legal framework

a. The Trust is committed to ensuring that the application and administration of the legislative framework under which it works promotes the privacy and dignity of service user, their family and carers.


12.2.1 There are sixteen basic human rights in the Human Rights Act. They don’t only affect matters of life and death like freedom from torture and killing; they also affect people’s rights in everyday life: what they can say and do: their beliefs and their right to a fair trial.

The Trust has an obligation to act in accordance with the Convention rights, and therefore staff must understand human rights and take them into account in their day to day work. This is the case whether delivering services directly to the public or devising new policies or procedures.

Further information: http://www.dca.gov.uk/

12.3 Mental Health Act 1983

12.3.1 The Mental Health Act 1983 Code of Practice (2008) sets out the guiding principles which underpin the administration of the Act which state that people should:

- receive recognition for their basic human rights under the European Convention of Human Rights;

- be given respect for their qualities, abilities and diverse backgrounds as individuals and be assured that account will be taken of their age, gender, sexual orientation, social, ethnic, cultural and religious background, but that general assumptions will not be made on the basis of any one of these characteristics;
• have their needs taken fully into account, though it is recognised that, within available resources, it may not always be practicable to meet them in full;

• be given any necessary treatment or care in the least controlled and segregated facilities compatible with ensuring their own health or safety or the safety of other people;

• be treated and cared for in such a way as to promote to the greatest practicable degree their self determination and personal responsibility, consistent with their own needs and wishes;

Further information: www.hyperguide.co.uk/mha/overview.htm

12.4 Mental Capacity Act 2005

12.4.1 The Code of Practice states that the Act provides a framework for acting and making decisions on behalf of individuals who lack the mental capacity. In a day-to-day context, mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat, whether to go to the doctor when feeling ill. In a legal context, it refers to a person’s ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Act’s starting point is to confirm in legislation the assumption that adults have full legal capacity to make their own decisions unless it is shown that they do not.

The Act is intended to assist and support people who might lack capacity and to discourage those who care for them from being overly restrictive or controlling. It also aims to provide an appropriate balance between an individual’s right to autonomy and self-determination with the right to safeguards and protection from harm where that person lacks capacity to make decisions to protect him or herself.

Further information: http://www.dca.gov.uk/menincap/legis.htm

13. Training

13.1 The Trust does not provide specific training on privacy and dignity. However the following training sessions include reference to privacy and dignity

• Equality and Diversity Awareness Training

14. Monitoring compliance and effectiveness

14.1 The Trust will work with all staff to assure the service users and the public of the highest standards and a continuing commitment to improvement with regard to privacy and dignity. Arrangements will include:

14.2 Regular monitoring of incidents and feedback to the Trust wide SUCE Committee on any issues involving privacy and dignity or same sex accommodation.
14.3 Feedback will be sought from service users with regard to their experiences of privacy and dignity within the Trust this will be measured against the best practice guidelines/standards contained within this policy. The policy will be updated as necessary as a result of that feedback.

14.4 The Trust will use information gained from the Care Quality Commission, PLACE, Mental Health Act visits and all national patient surveys to improve the standard of its care.

14.5 Actions plans developed will be led by the Clinical Directors and implemented by all staff involved in patient care and treatment.

15. Fraud statement
N/A

16. References
16.1 Department of Health (2010) Essence of Care 2010

17. Supporting documents
Essence of care 2010
Dignity in Care Factsheet (SCIE 2010)

18. Glossary of terms / acronyms

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<th>SUCE</th>
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<td>Health and Social Care</td>
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<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>SSA</td>
<td>Same Sex Accommodation</td>
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<tr>
<td>DSSA</td>
<td>Delivering Same Sex Accommodation</td>
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Appendix 2 – Guidance on same sex accommodation for mental Health Services
Appendix 3 – Privacy & Dignity
Appendix 4 – Privacy & Dignity Standards
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Appendix 6 – Monitoring Template
APPENDIX 1

Definitions for delivering same sex accommodation

Same-sex accommodation means patients and service users share sleeping accommodation, bathroom and toilet facilities only with people of the same-sex. It applies to all areas of hospitals and mental health units.

It is delivered by:
- same-sex wards (i.e. the whole ward is occupied by either men or women but not both)
- single (bed)rooms with adjacent same-sex toilet and washing facilities (preferably en-suite)
- same-sex bed bays or (bed)rooms, with designated same-sex toilet and washing facilities, preferably within or adjacent to the bay or room.

Service users should not need to pass through accommodation or toilet/washing facilities used by the opposite sex to gain access to their own facilities. These requirements apply to organisations providing NHS funded care whether in the acute or mental health and learning disability sectors.

Chief Nursing Officer's professional letter

Detailed same-sex accommodation standards are set out in the Chief Nursing Officer’s professional letter to Trusts in May 2009. These include standards for treating patients in an emergency, in care/surgery? treatment and critical care, and for children and adolescents, trans-gendered and gender variant people.

Chief nursing officer letters

Mental health and learning disability services

Additional responsibilities are required for mental health and learning disability services.

Organisations are required to provide women-only lounges in new and refurbished buildings.

Compliance with national requirements for same-sex accommodation provision

There are four key areas which need to be considered in relation to delivering same-sex accommodation. These are estates, systems and processes, staff culture and patient experience.

Further details are available in the Department’s letter outlining the declaration process for all providers of NHS funded care.

View the letter.

Frequently asked questions

Frequently asked questions

Mental Health and Learning Disabilities (44.37 KB)

If you are a patient or service user, please click here.
Good Practice

Safety, privacy and dignity in mental health units

Guidance on mixed sex accommodation for mental health services

Appendix 3

Click on link for full report

Privacy & Dignity Standards

PRIVACY & DIGNITY

PRIVACY: Freedom from intrusion

DIGNITY: Being worthy of respect

1. Attitudes and behaviours
2. Personal identity, boundaries and space
3. Privacy, Dignity and Modesty
4. Availability of a safe area for complete privacy

1. Attitudes and Behaviours

Standard

I can expect to feel that I matter all of the time.

To do this we will:

- Ensure that everyone is treated as an individual in a polite and friendly manner.
- Listen and respond to your needs in a respectful and timely manner.
- Verbal and non-verbal behaviour will be respectful and appropriate at all times.
- Value you and your relatives’ and carers views as partners in care.
- Not discriminate against anyone regardless of race, sex, gender, religion, sexuality or any other individual preference.
- Ensure that you are not interrupted when speaking with and interacting with staff.
- Give you the time to speak and we will listen.
- Provide you access to fresh air.
2. Personality identity boundaries and space

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<thead>
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<th>Standard</th>
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<tr>
<td>I can expect my personal space, individual values, beliefs and personal relationships to be respected and promoted by staff.</td>
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</table>

To do this we will:

- Ensure staff are committed to finding out who you are and what is important to you in a sensitive way.
- Be non-judgemental.
- Create and maintain an environment that respects you as an individual.
- Ensure boundaries are professional, clear and consistent.

3. Privacy, Dignity and Modesty

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<th>Standard</th>
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<tr>
<td>Your care will actively promote your privacy and dignity and protect your modesty.</td>
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To do this we will:

- Ensure that you always have access to individual space.
- Protect your modesty during all physical interventions.
- Always treat you in a dignified way.
- Provide single sex facilities and a gender specific communal area will be available.
- Engagement and observation is undertaken sensitively but always ensuring your safety.
4. Availability of safe areas for complete privacy.

**Standard**

Patients and their visitors will have access to an area that safely provides privacy as and when required.

To do this we will:

- Ensure that you are aware of the availability of a ‘quiet’ and or private space and how this is achieved
- Ensure that all of your care and treatment activities take place in a private setting.
- Ensure that you have access to make a private telephone call.
- Ensure that your child visits take place in a safe and private area.
- Clinical risk will be handled in relation to complete privacy.

These Standards have been amended from Dh Essence of Care privacy and Dignity Standards.

Agreed at Trust Service User Forum.
Appendix 5

Dignity in Care

The Social Care Institute for Excellence published ‘Dignity in Care’ (Nov 2006)

The seven ‘dignity tests’ are:

1. **Have a zero tolerance of all forms of abuse**

   By this we mean: Respect for dignity is seen as important by everyone in the organisation, from the leadership downwards. Care and support is provided in a safe environment, free from abuse. It is recognition that abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism.

   **Dignity tests:**
   - Is valuing people as individuals central to our philosophy of care?
   - Do our policies uphold dignity and encourage vigilance to prevent abuse?
   - Do we have in place a whistle blowing policy that enables staff to report abuse confidentially?
   - Have the requisite Criminal Records Bureau and Protection of Vulnerable Adults List checks been conducted on all staff?

2. **Support people with the same respect you would want for yourself or a member of your family**

   By this we mean: People should be cared for in a courteous and considerate manner, ensuring time is taken to get to know people. People receiving services are helped to participate as partners in decision-making about the care and support they receive. People are encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services.

   **Dignity tests:**
   - Are we polite and courteous even when under pressure?
   - Is our culture about caring for people and supporting them rather than being about ‘doing tasks’?
   - Do our policies and practices emphasise that we should always try to see things from the perspective of the person receiving services?
   - Do we ensure people receiving services are not left in pain or feeling isolated or alone

3. ** Treat each person as an individual by offering a personalised service**

   By this we mean: The attitude and behaviour of managers and staff help to preserve the individual’s identity and individuality. Services are not standardised but are personalised and tailored to each individual. Staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed.

   **Dignity tests:**
   - Do our policies and practices promote care and support for the whole person?
   - Do our policies and practices respect beliefs and values important to the person receiving services?
   - Do our care and support consider individual physical, cultural, spiritual, psychological and social needs and preferences?
   - Do our policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights?
4. **Enable people to maintain the maximum possible level of independence, choice and control**

By this we mean: People receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their personal care. Care and support are negotiated and agreed with people receiving services as partners. People receiving services have the maximum possible choice and control over the services they receive.

**Dignity tests:**
- Do we ensure staff deliver care and support at the pace of the individual?
- Do we avoid making unwarranted assumptions about what people want or what is good for them?
- Do individual risk assessments promote choice in a way that is not risk-averse?
- Do we provide people receiving services the opportunity to influence decisions regarding our policies and practices?

5. **Listen and support people to express their needs and wants**

By this we mean: Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment. Openness and participation are encouraged. For those with communication difficulties or cognitive impairment, adequate support and advocacy are supplied.

**Dignity tests:**
- Do all of us truly listen with an open mind to people receiving services?
- Are people receiving services enabled and supported to express their needs and preferences in a way that makes them feel valued?
- Do all staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss?
- Do we ensure that information is accessible, understandable and culturally appropriate?

6. **Respect people’s right to privacy**

By this we mean: Personal space is available and accessible when needed. Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners are fully respected. People are not made to feel embarrassed when receiving care and support.

7. **Ensure people feel able to complain without fear of retribution**

By this we mean: People have access to the information and advice they need. Staff support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate. Concerns and complaints are respected and answered in a timely manner.

**Dignity tests:**
- Do we have a culture where we all learn from mistakes and are not blamed?
- Are complaints policies and procedures user-friendly and accessible?
- Are complaints dealt with early, and in a way that ensures progress is fully communicated?
- Are people, their relatives and carers reassured that nothing bad will happen to them if they do complain?
- Is there evidence of audit, action and feedback from complaints?
## APPENDIX 6

### MONITORING TEMPLATE

**POLICY / PROCEDURE:** P20 Privacy and Dignity - Same Sex Accommodation

<table>
<thead>
<tr>
<th>Minimum Requirement to be Monitored</th>
<th>Where described in policy</th>
<th>WHO (which staff / team / dept)</th>
<th>HOW MONITORED (Audit / process report / scorecard)</th>
<th>HOW MANY RECORDS (No of records / % records)</th>
<th>FREQUENCY (monthly)</th>
<th>REVIEW GROUP (which meeting / committee)</th>
<th>OUTCOME OF REVIEW / ACTION TAKEN (Action plan / escalate to higher meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same sex Accommodation</td>
<td>Point 6.0 Systems and Recording</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>