

PRIVACY, DIGNITY AND RESPECT POLICY

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DOCUMENT CONTROL

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1. INTRODUCTION

- 1.1 The Trust recognises the diverse nature of the communities in Somerset and of the patients and carers who use its services.
- 1.2 The Trust is committed to providing high quality, individualised care to patients and their carers at all times. This document provides guidance and procedures on respecting privacy and dignity at all times and for ensuring patients and carers are treated with courtesy and respect.
- 1.3 This policy is designed to ensure all Trust staff maintain the privacy and dignity of patients within their care at all times, including the provision of single sex accommodation. It applies to patients in whatever environment they are receiving their healthcare, as hospital inpatients, outpatients or within the community. It applies to all staff groups including doctors, nurses, therapists, support staff and housekeeping staff.
- 1.4 The Trust acknowledges and is committed to meeting its obligations under the NHS Constitution. Section 2a of the NHS Constitution states:

You have the right to be treated with dignity and respect, in accordance with your human rights.

- 1.5 Essence of Care, launched in 2001 and updated in 2010 , highlights privacy and dignity as crucial to the quality of a patient's care experience. The benchmarking quality tool produced by the Department of Health in 2003 identifies seven factors beneficial to patients in achieving patient focused outcomes. In November 2006 the Department of Health launched the campaign "Dignity in Care" again raising the profile and inspiring staff to take action. The publication of 'Six Lives: the provision of public services to people with learning disabilities' in 2009 also highlighted the critical nature of privacy and dignity to all patients.
- 1.6 Since the publication of the *Modernising Mental Health Services: Safe, sound and supportive* (Department of Health 1998) Strategy, there has been a continued emphasis on all aspects of safety, privacy and dignity. Subsequent policy and guidance have stipulated the Trust should provide services which ensure safety, privacy and dignity and which are sensitive to gender and ethnicity.
- 1.7 The Care Quality Commission requires the Trust to ensure its staff treat patients, carers and relatives with dignity and respect at every stage of their care and treatment, and, where relevant, identify, and take preventive and corrective actions where there are issues and risks with dignity and respect.
- 1.8 The Commission further requires the Trust to meet the needs and rights of different patient groups with regard to dignity including by

acting in accordance with the Human Rights Act 1998 and the general and specific duties imposed on public bodies in relation to the protected characteristics defined by the Equality Act 2010.

- 1.9 The Trust attaches the highest importance to ensuring a culture, which recognises diversity and values privacy, dignity, courtesy and respect across the organisation.
- 1.10 This document takes into account national targets and guidelines including:
- The NHS Constitution;
 - Making a Difference;
 - NHS Estates Patient Environment Action Team;
 - Valuing People Now: a new three year strategy for people with learning disabilities;
 - Delivering Single Sex Accommodation;
 - South West Hospital Standards in Dementia Care;
 - Equality Act 2010;
 - Essence of Care Report 2010
 - Independent Commission on dignity for older People -Delivering Dignity 2012
 - National Institute for Health and Care Excellence – Service User experience in adult mental health QS14 – Dec 2011
 - National Institute for Health and Clinical Excellence- Patient experience in adult NHS Services QS15 – February 2012
- 1.11 This Policy has been developed in accordance with views from patients and carers taken from the annual NHS Patient Survey and Trust patient satisfaction surveys.

2. PURPOSE AND SCOPE OF POLICY

- 2.1 To make sure all Trust members of staff understand their roles and responsibilities in ensuring patients, carers and colleagues are treated in a way which ensures their privacy, dignity and safety and with courtesy and respect.
- 2.2 To help patients and their carers and families to understand what they can expect from Trust services and individual members of staff.
- 2.3 This policy is aimed at promoting effective and safe services, which address the needs of people who use the Trust's services - and may be vulnerable - their families and carers, and the promotion of privacy and dignity.
- 2.4 This policy seeks:

- To provide a framework for ensuring safety, privacy and dignity in all the Trust's clinical areas, and care groups;
 - To ensure appropriate action is taken, in addition to the Trust's Single Equality Strategy, to provide gender and culturally sensitive services;
 - To integrate issues pertinent to safety, privacy and dignity into Trust monitoring and governance;
 - To assist in safeguarding the principles for safe, sound and supportive services in relation to the management of beds.
- 2.5 This document covers all Trust services provided in any setting (hospital, community, day care and in people's own homes) enabling the Trust to monitor its privacy and dignity activity.

3. ROLES AND RESPONSIBILITIES

- 3.1 The responsibility for ensuring and respecting privacy and dignity does not lie with any one individual or group but with all Trust staff at every level of the organisation. As well as this general responsibility, there are specific duties and roles.
- 3.2 The **Trust Chief Executive** has the overall accountability for ensuring the Trust treats its patients, carers and members of staff in a manner which ensures their safety, privacy and dignity and which treats them at all times with courtesy and respect.
- 3.3 **The Trust Executive Lead** is responsible for promoting, leading and championing this agenda. The Director will ensure measurable standards are met and the Trust Board is fully briefed and kept informed about the Trust's work in this respect.
- 3.4 **Trust Managers** will ensure individuals within their teams and wards understand their roles and responsibilities and understand and implement specific activity relevant within their area of responsibility. They will ensure staff have the necessary tools, resources and skills to promote and deliver this agenda and will performance monitor their teams' activity.
- 3.5 **All Trust members of staff** must understand and practice within this Trust policy framework. They must uphold the duty of care and practice within the legislative framework placed upon the Trust. They must comply with professional codes of practice of their governing, professional bodies.

4. EXPLANATION OF TERMS USED

- 4.1 **Dignity** refers to 'being worthy of respect'.

- 4.2 **Intimate care** is defined as the care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body, (although other body parts may also be classified as intimate in patient/patients of diverse cultures).
- 4.3 **Modesty** refers to 'not being embarrassed'.
- 4.4 **Personal space** refers to the patient's own set boundaries for psychological physical, emotional and spiritual contact
- 4.5 **Person centred care** ensures an individualised care plan is developed which recognises the importance of a patient's own experience, e.g. health, employment, housing, income, personal and family relationships, treatment and care options, being listened to, heard and taken into account when developing packages of care.
- 4.6 **Privacy** refers to 'freedom from intrusion'
- 4.7 **Single sex accommodation** within the Trust is defined as separate single ensuite bedrooms or single-sex bays with separate bathroom and toilet facilities for men and women close to bedroom areas, providing safe facilities for those experiencing mental health problems. Patients may have to cross a ward corridor to reach their bathroom but will not have to walk through opposite sex areas. Any potential breaches need to be discussed at senior management level and also reported to Somerset Clinical Commissioning Group.

5. GENERAL PRINCIPLES

- 5.1 Trust managers have a responsibility to ensure regular assessments of the environment in relation to safety, privacy and dignity issues are carried out.
- 5.2 Patients, carers, visitors and contractors will be informed of the consequences of any untoward behaviour for which they are responsible and they will be provided with written guidance.
- 5.3 Incidents relating to privacy and dignity, unacceptable behaviour, physical and non-physical assaults, racial or sexual harassment, bullying or theft must be reported using the Trust's incident reporting processes.
- 5.4 Patient information within Mental Health inpatient areas, which sets out the 'house rules' which have been negotiated jointly by staff and patients and which cover issues such as the management of noise from televisions and radios and how disputes over such matters are to be resolved.
- 5.5 The management of aggression and violence, seclusion, and increased observation must take account of the safety, privacy and dignity of

patients, and their gender and cultural background. The Trust policies related to these issues should be read in conjunction with this document.

- 5.6 Staff training and development relevant to this policy must be identified, through the supervision and personal development planning process, and staff enabled to attend relevant training sessions.

6. DIGNITY IN CARE

- 6.1 This policy supports the 'Dignity in Care' (The Social Care Institute for Excellence, Nov 2006) campaign supported by the Department of Health which requires the Trust to adopt and implement its Dignity Challenge. The Challenge sets out a series of seven 'dignity tests' as a clear statement of what people can expect from a service which respects dignity.

Further information can be obtained at: www.dignityincare.org.uk.

7. THE SEVEN DIGNITY TESTS

7.1 Have a zero tolerance of all forms of abuse

Everyone in the Trust sees respect for dignity as important, from the Trust Board downwards. Care and support is provided in a safe environment, free from abuse. There is recognition abuse can take many forms including physical, psychological, emotional, financial and sexual, and extend to neglect or ageism.

Dignity tests:

- Valuing people as individuals is central to the Trust philosophy of care;
- Trust policies uphold dignity and encourage vigilance to prevent abuse;
- The Trust has a whistle blowing policy to enable staff to report abuse confidentially;
- The Trust has the requisite Criminal Records Bureau and Protection of Vulnerable Adults checks conducted on all staff.

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

The Trust will care for people 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, Trust staff and other information and support services.

Dignity tests:

- Trust staff are polite and courteous even when under pressure;

- The Trust has a culture about caring for people and supporting them rather than being about 'doing tasks';
- Trust policies and practices emphasise seeing things from the perspective of the person receiving services;
- The Trust ensures people receiving services are not left in pain or feeling isolated or alone.

7.3 Treat each person as an individual by offering a personalised service

The attitude and behaviour of Trust 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:

- Trust policies and practices promote care and support for the whole person;
- Trust policies and practices respect beliefs and values important to the person receiving services;
- Trust care and support consider individual physical, cultural, spiritual, psychological and social needs and preferences;
- Trust policies and practices challenge discrimination, promote equality, respect individual needs, preferences and choices, and protect human rights.

7.4 Enable people to maintain the maximum possible level of independence, choice and control

People receiving Trust 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:

- The Trust ensures staff deliver care and support at the pace of the individual;
- The Trust avoids making unwarranted assumptions about what people want or what is good for them.
- Individual risk assessments promote choice in a way that is not risk-averse;
- The Trust provides people receiving services the opportunity to influence decisions regarding policies and practices.

7.5 Listen and support people to express their needs and wants

Provide information in a way which 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:

- Trust staff listen with an open mind to people receiving services;
- People receiving services are enabled and supported to express their needs and preferences in a way which makes them feel valued;
- All staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as dementia or sensory loss;
- The Trust ensures information is accessible, understandable and culturally appropriate.

7.6 Respect people's right to privacy

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.

Dignity tests:

- The Trust has quiet areas or rooms that are available and easily accessible to provide privacy;
- Staff actively promote individual confidentiality, privacy and protection of modesty;
- Staff avoid assuming they can intrude without permission into someone's personal space, even if they are the care giver;
- People receiving services decide when they want 'quiet time' and when they want to interact;
- The right to privacy includes non-physical privacy such as the right to ensure personal correspondence is kept private.

7.7 Ensure people feel able to complain without fear of retribution

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:

- The Trust has a culture where we all learn from mistakes and are not blamed;

- Complaints policies and procedures are user-friendly and accessible;
- Complaints are dealt with early and in a way which ensures progress is fully communicated;
- People, their relatives and carers are reassured nothing bad will happen to them if they do complain;
- There is evidence of audit, action and feedback from complaints.

8. LEGAL FRAMEWORK

8.1 The Trust recognises its legal responsibilities and is committed to ensuring the application and administration of the legislative framework under which it works to promote the privacy and dignity of its patients, their families and carers.

8.2 Human Rights Act 1998

The Director of Governance is the Trust Lead for Human Rights. The Trust has a Human Rights Policy in place and it can be found at http://www.sompar.nhs.uk/content/94698/94702/Human_Rights_Policy_v2.July_2013.pdf.

Human Rights issues are included in the Trust's Impact Assessment process which assesses all its policies, services, procedures, programmes and developments for their effect and impact on the diverse needs in Somerset.

The Trust Impact Assessment Process can be found at:

http://www.sompar.nhs.uk/content/94698/94702/Equality_Impact_Assessment_Policy_v3.July_2013.pdf

The Human Rights Act 1998 came into effect on 2nd October 2000 and has the effect of incorporating the European Convention on Human Rights into English law. Under the Act, all public authorities in England and Wales have a responsibility to act in a way which does not breach the human rights of individuals

The Trust has an obligation to act in accordance with the Convention rights, and therefore its staff must understand human rights and take them into account in their day-to-day work.

8.3 Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York, and was opened for signature on 30 March 2007. The Convention achieved the highest number of signatories in history to a UN Convention on its opening day. It is the first comprehensive human rights treaty of the 21st century and is the first human rights convention to be open for signature by regional integration organizations. The Convention entered into force on 03 May 2008.

The Convention marks a "paradigm shift" in attitudes and approaches to persons with disabilities. It takes to a new height the movement from viewing persons with disabilities as "objects" of charity, medical treatment and social protection towards viewing persons with disabilities as "subjects" with rights, who are capable of claiming those rights and making decisions for their lives based on their free and informed consent as well as being active members of society.

The Convention is intended as a human rights instrument with an explicit, social development dimension. It adopts a broad categorization of persons with disabilities and reaffirms that all persons with all types of disabilities must enjoy all human rights and fundamental freedoms. It clarifies and qualifies how all categories of rights apply to persons with disabilities and identifies areas where adaptations have to be made for persons with disabilities to effectively exercise their rights and areas where their rights have been violated, and where protection of rights must be reinforced.

8.4 Mental Health Act 2007

The Mental Health Act 2007 Code of Practice (2015) sets out the guiding principles which underpin the administration of the Act. One of the principles states that Patients, their families and carers should be treated with respect and dignity and listened to by professionals:

- Practitioners performing functions under the Act should respect the rights and dignity of patients and their carers, while also ensuring their safety and that of others.
- People taking decisions under the Act must recognise and respect the diverse needs, values and circumstances of each patient, including their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and culture. There must be no unlawful discrimination.

An overview of the main provisions of the Act can be found at:

http://www.sompar.nhs.uk/content/26210/84314/Guide_to_the_MHA_August_2010.pdf

8.5 NHS and Community Care Act 1990

The integration of mental health social care responsibilities (s.31 Health Act 1999) introduced a broader application of the Act within the Trust. The Act states an assessment must be carried out for anyone who appears to need a community care service because, in the Trusts case, they are suffering from mental health problems and the assessment should take into account:

- The wishes of the person being assessed;
- Whether the person has any particular mental health needs;
- Whether the person has any particular health or housing needs;
- What sources of help the person has access to, such as carers, family or nearby friends, and their willingness to continue providing care;

- What needs these people who provide care may have.

Whilst individual patients do not have absolute legal rights or entitlements to services, a person's privacy and dignity must form part of the assessment process which leads to an understanding of an individual's needs.

8.6 Legislative Framework

The Trust ensures it meets its legal obligations to require and encourage fairness towards patients and their carers through its administration of:

- The Human Rights Act 1998;
- The Mental Capacity Act 2005;
- The Equality Act 2010.

For further information please see: <http://www.opsi.gov.uk/legislation/>.

8.7 Additional Legislation plus any additional or relevant new legislation coming into force from time to time, which place a legal duty on the Trust

The Trust ensures the privacy and dignity of patients, their families and carers in meeting its legal duties under the following, but not exhaustive list of, Acts including any amended, additional or new legislation in the future:

- Access to Health Records Act 1990;
- Carers and Disabled Children Act 2000;
- The Carers (Equal Opportunities) Act 2004;
- Children Act 1989;
- Data Protection Act 1998;
- Freedom of Information Act 2000;
- Health and Safety at Work Act 1974;
- Health and Social Care Act 2001;
- Health Complaints Procedure Act 1985;
- National Assistance Act 1948;
- NHS Act 1977;
- Protection of Children Act 1999.

Further information: <http://www.opsi.gov.uk/legislation/>.

9. TRUST POLICY FRAMEWORK

9.1 Equality Impact Assessment Policy

The aim of the policy is to provide a framework for the development of high quality Trust documents, services, processes and programmes to facilitate the delivery of a consistently high standard of care to patients.

The process requires:

- An assessment of Human Rights compliance;
- Impact Assessment on equalities legislation;
- Equality assessment to ensure persons within the protected rights groups identified by the Equality Act 2010 are not discriminated against.

For further Information please see:

http://www.sompar.nhs.uk/content/94698/94702/Equality_Impact_Assessment_Policy_v3.July_2013.pdf

9.2 Safeguarding Adults at Risk Policy and Process

Somerset Partnership NHS Foundation Trust is committed to supporting the following values, which are intrinsic to the Somerset Safeguarding Adults Policy. The Trust and its members will respect the rights and wishes of the vulnerable adult and act in the individual's best interest to ensure appropriate protection. The Trust acknowledges every one has a right to be protected against all types of abuse, to dignity, privacy and independence, whilst taking into consideration, the diverse nature of communities in Somerset, their social, cultural and individual needs. The Trust strives to embed within the organisation 'To do nothing is not an option'.

This policy reinforces the importance of cross agency working for all adults over the age of 18 years residing in Somerset, to arrive at the best possible outcomes for safeguarding vulnerable people.

The Policy's primary aim is to protect adults who are vulnerable from abuse and to promote their safety. It ensures inter-agency procedures are used to deal quickly and efficiently with incidents of abuse and to respond effectively and sensitively to these concerns. Such decisions are complex, and highlight the balance that has to be achieved, between the rights of people to make their own decisions and the point at which society has a duty to intervene.

For further information please see:

http://www.sompar.nhs.uk/content/94698/94730/Safeguarding_Adults_at_Risk_Policy_v4_Oct_2014.pdf

9.3 Safeguarding Children – Child Protection Policy

Somerset Partnership NHS Foundation Trust has, alongside other health and social care organisations across the South West, signed up to the South West Child Protection Procedures, which are available at <http://www.swcpp.org.uk/>. These have been drawn up in accordance with DfES (Working Together to Safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children, 2006) and Department of Health guidance, and are updated regularly as appropriate.

For further information please see:

http://www.sompar.nhs.uk/content/94698/94730/Child_Protection_Policy_v5.Aug_2013.pdf

9.4 End of Life Policy

The Trust recognises the need to support standards and deliver high quality care to patients who have an advanced life limiting illness in the community or in hospital and provide support to their carers. With this in mind, the Trust has developed an End of Life Policy to ensure patients receive high quality care, which respects and maintains their dignity.

http://www.sompar.nhs.uk/content/94698/94726/End_of_Life_Care_Policy_v3.Jun_15.pdf

9.5 Advanced Statements

There is a distinction between an advance statement, which is a statement of treatment preference, and an advance decision, which is a refusal of treatment. The former has no statutory force but should be taken into account when determining what treatment is in the patient's best interests, while the latter has statutory force and must be respected.

An 'advance decision' only applies to healthcare matters and can be made by anyone with capacity to make the decisions covered by the 'advance decision' if they are aged 18 or over. Healthcare professionals must follow an 'advance decision' if it is valid and applies to the particular circumstances. It can only be a refusal of medical treatment. An advance decision cannot insist on a particular form of treatment, nor can it cover basic or essential care aimed at keeping them comfortable – e.g. oral nutrition/hydration, warmth, shelter or actions to keep them clean and free from distress.

Healthcare professionals must take all practical and appropriate steps to determine whether an 'advance decision' exists. The actions taken and the time spent will vary according to the seriousness of the proposed treatment.

For further information please see:

http://www.sompar.nhs.uk/content/94698/94726/Consent_Capacity_to_Consent_to_Treatment_-_MH_v4.Nov_2012.pdf

9.6 Consent and Capacity to Consent to Treatment

Valid patient consent is central in all forms of health and social care. There are numerous circumstances where consent must be formally obtained before any care or treatment can be given, and there are circumstances where the patient is unable to provide consent because they lack the capacity to do so.

The policy and guidance has been written to take account of developments in common law, new legislation and guidance relevant to capacity and consent, and clarification in the interpretation of Part IV of the MHA 1983. It provides a means whereby practitioners can ensure they are adhering to notions of best practice in relation to capacity and consent.

For further information please see:

http://www.sompar.nhs.uk/content/94698/94726/Consent_Capacity_to_Consent_to_Treatment_-_MH_v4.Nov_2012.pdf

9.7 Confidentiality and Data Protection Policy

The Trust is committed to ensuring it complies with the six Caldicott principles that organisations should use when reviewing its use of service user information

- Justify the purpose;
- Do not use personally identifiable information unless it is absolutely necessary;
- Use the minimum personally identifiable information;
- Access to personally identifiable information should be on a strict need to know basis;
- Everyone should be aware of their responsibilities;
- Understand and comply with the law.

This policy sets out the issues staff need to be aware of when using patient, staff or other confidential information within the Partnership Trust. The contents of this document apply to everyone working for, or on behalf of, the Partnership Trust, whether in a paid or voluntary capacity. This includes contractors, employees of partner agencies, patients who may be involved in working groups etc.

10. COMMUNICATION

- 10.1 Communication between staff and patients must take place in a manner which respects their individuality. Professional translation and interpretation must be available and accessible to all through the Trust's contracted provider. Records concerning quality and content of interpretation will be maintained where interpreters are used. Individuals with learning disabilities may require additional support advice and information about their care. Somerset Advocacy Services can be accessed via the Patient Advisory and Liaison Service.
- 10.2 The way the patient's wishes to be addressed will be identified on admission to the Trust by the healthcare professional leading the care and documented in the care plan or clinical notes. The use of endearments will be avoided, for example 'dear', 'darling', 'poppet' and 'sweetheart'. This will apply to all patient groups, regardless of where they receive their treatment.

- 10.3 When appropriate verbal communication between members of staff and patients will be conducted in private. This also applies to telephone conversations where the staff member ensures that they are not overheard by anyone not needing to know.
- 10.4 Patients will be communicated with at a pace and level commensurate with their level of understanding. Where necessary information will be adapted to meet the needs of individual patients.
- 10.5 Staff must use appropriate non-verbal communication to ensure the patient understands the communication and that they feel valued.
- 10.6 Staff who are required to communicate with patients or the general public will receive appropriate training in telephone manner, managing complaints and, where appropriate, breaking bad news.

11. COMMUNITY SERVICE STANDARDS

- 11.1 Patients receiving their treatment in a community setting are normally seen in their own home. In these circumstances the member of staff delivering the service must remain aware of the patient's privacy and dignity in respect of, for example other family members/carers being present, the treatment taking place in the most suitable room and with the patient's consent.

12. OUTPATIENT SERVICE STANDARDS

- 12.1 Patients attending for outpatient appointments / treatments will receive their treatment in an appropriate environment with privacy available for consultation and treatment. Where the treatment takes place in a group situation this will take account of individual dignity and choice.

13. INPATIENT SERVICE STANDARDS

- 13.1 The Trust is committed to the Department of Health objectives which aim to eliminate mixed-sex accommodation in all its inpatient wards.
- 13.2 The objectives are:
- To ensure appropriate organisational arrangements are in place to secure good standards of privacy and dignity for hospital patients;
 - To achieve the Patient's Charter standard for segregated washing and toilet facilities across the NHS;
 - To provide safe facilities for patients in hospitals who have mental health problems which safeguard their privacy and dignity.
- 13.3 However, privacy and dignity is about far more than the segregation of men and women. As much emphasis should be placed on the care delivered within the environment as on the environment itself.

13.4 The Trust recognises the enhanced importance for ensuring the privacy, dignity and safety of patients on its inpatient wards. To achieve these aims, it has set out the following standards:

- There will be designated inpatient accommodation areas for female and male patients;
- A risk assessment will be carried out – with the necessary cultural sensitivity - either immediately before or on admission, in order to identify patients who are vulnerable to sexual exploitation or who may have a history of sexual abuse, or a history as a perpetrator of sexual abuse or exploitation;
- People should have access to same sex members of staff, where possible
- There will be appropriate levels of nighttime observation to ensure all patients are helped to feel safe;
- Where the need for personal searches arises, for example, patients suspected of having illicit drugs alcohol or weapons, the Trust policy on this issue must be followed and a member of the same sex must carry out such searches, with a second person, who is also of the same gender, acting as a witness. In circumstances where this cannot be achieved at least one person of the same gender must be present;
- Where physical interventions are used in the management of violence or aggression a member of staff of the same gender will be present as soon as possible;
- Staff carrying out physical examinations and/or providing personal care will either be of the same sex or there will be a same sex chaperone present, where possible. Consent will be obtained when this cannot be achieved. When a person lacks capacity a care plan, informed by completion of the appropriate Mental Capacity Act assessment, detailing the nature of the physical or personal care will be drawn up. Personal preferences, cultural needs and the concerns of families and carers should be taken into account. Women from some cultural and religious backgrounds will require a female member of staff only examines or physically cares for them;
- Intimate examinations/treatment such as examination / treatment of breasts, genitalia or rectum can be stressful and embarrassing for patients. When undertaking intimate care or treatment, in what ever setting, clinical staff should follow guidance issued by Sir Liam Donaldson¹:
 - Explain why the treatment is necessary;
 - Explain what will be involved;

¹ Letter from Sir Liam Donaldson, Chief Medical Officer regarding Patient Dignity and Privacy – Intimate Examinations dated 13 January 2003

- Obtain permission before the examination (see consent policy);
 - Keep discussion relevant and avoid unnecessary personal comments;
 - Give the patient privacy to undress and dress;
 - Use drapes to maintain the patient's dignity;
 - Do not assist in removing the patient's clothing unless it has been confirmed assistance is required;
 - Anaesthetised patients should give written consent prior to anaesthesia if intimate examinations are planned whilst they are under anaesthetic;
 - Specific regard should be given to the needs of complex patients such as those with learning disabilities.
- Whenever possible same sex members of staff will be allocated to patients when subject to increased observation, and whilst dressing, using the toilet or bathing only a staff member of the same sex will be present;
 - Consideration should be given to service user gender choice when allocating the named nurse or care coordinator;
 - In-patients must be able to choose to get dressed and have access to their own clothes whilst in hospital;
 - Patients should be able to store their personal belongings safely and securely and in a way which does not compromise their privacy and dignity;
 - Patients will, whenever possible and if they so wish have access to a doctor of the same gender for their physical health care needs;
 - No patient specific information is to be written above the patient's bed. For example it would be a breach of confidentiality to write 'walks with two staff'.
 - Where possible, patients will have access to same sex lounge areas.
 - Female and male patients will have the opportunity to attend appropriate same gender therapy groups and social activities;
 - Patients will, when risk assessment suggests this is safe and practicable, have keys to their own their rooms and lockers, with staff holding a master key to ensure safety;
 - Separate male and female washing facilities are essential to patient privacy and dignity and the toilet and bathing areas will be clearly labelled in a way that can be understood by all patients;
 - Sanitary items will be made available for women patients and women should not be expected to approach a male member of staff to request such items;

- Arrangements, as far as it is practicable, will be in place to ensure privacy for patients when making or receiving telephone calls;
- Strategies should be in place to prevent disturbing in-patients, for example knocking or calling before entry;
- Access to a private space will be made available for visits from family and friends and consideration must be made for the provision of a safe, child friendly, visiting area;
- The use of blinds, curtains and/or other methods where appropriate such as one-way glass, should be considered to maintain patient privacy when windows may be overlooked by public/communal areas.
- All patients will, if possible, receive information prior to admission about the type of accommodation to which they will be admitted and this will be available in formats appropriate to their needs;
- Patients will be informed about factors which may have an impact upon their safety, privacy and dignity, for example, sleeping arrangements, personal hygiene facilities, opportunities for prayer and worship and the availability of special dietary requirements;
- Staff will be aware of, and work with, the Seven Elements of the Dignity Challenge, which provide indicators of high quality services that respect people's dignity.

13.5 Patients in opposite gender accommodation

- No patient, admitted in an emergency, will be placed in an area designated for the opposite gender – except as a last resort and then only when safety, risks, staffing levels and gender mix have been assessed;
- No patient will be placed in an area designated for the opposite sex without a full risk assessment having taken place;
- No patient at risk of abusing others, or of being abused by others, will be placed in an area designated for members of the opposite sex – unless clinical need or risks dictate such practice;
- Patients, for whom admission is planned, will be given advance notice when there is a high possibility of being placed in an area designated for the opposite sex;
- Should a patient be distressed at the prospect of being placed in an area designated for the opposite sex then alternatives will be explored. The availability of another female/male bed will be explored within the ward and elsewhere within the Trust's services. Consideration will be given to the management and use of leave beds;
- If it is necessary to place a male patient in a female area, or vice versa, the room nearest to the nurses' station or office will be

used for this purpose and the need for increased observation assessed;

- Male and female patients may have to cross ward corridors to access their separate toilets and bathrooms but will not have to walk through opposite sex only areas;
- Incidents when patients are placed in areas designated for the opposite sex will be reported using the Trust's incident reporting processes.

13.6 Transgendered Patients

The Trust acknowledges transgender people may be particularly sensitive to issues of gender differentiation and respect, and may be vulnerable to abuse, exploitation and intimidation whilst in hospital. Risk assessments and care plans will acknowledge and manage increased risk and staff will be aware that special considerations and treatment specific to gender transition may apply. Transgender people who hold a Gender Recognition Certificate (Gender Recognition Act 2004) will be treated as their acquired gender for all purposes regardless of physical characteristics and all sections of this policy will apply. Transgender people who have not yet received legal recognition under the Gender Recognition Act (2004) will be treated as members of their acquired gender regardless of physical characteristics and all sections of this policy will apply. Transgender women will be respected as women and accommodated and treated accordingly. Wherever possible, transgender people will be provided with single room, en-suite, accommodation out of respect for the dignity of transgender patients and other patients, equally. Staff will maintain the confidentiality and dignity of transgender people, as per Section 22 of the Gender Recognition Act (2004).

13.7 Placing patients on other wards

The demand for, and management of, Trust inpatient beds may occasionally result in patients being requested to sleep on a different ward or clinical area from the one in which they are usually accommodated. When this is the case the standards and good practice guidance, above, will still be adhered to. Arrangements must also be made for the safe and accessible storage of personal belongings and valuables on each ward or clinical area occupied by the patient. Staff will ensure the patient is treated with dignity, respect and courtesy during the transfer to the other ward and should adhere to the Trust policy on escorting patients in this respect.

14. OLDER PEOPLE

- 14.1 The above Trust standards will also be considered in relation to older people. Older people, especially women, might find mixed sex accommodation less acceptable than younger people. Older people may be more sensitive to sharing their living space with members of the opposite sex and less willing to complain. Older people who are mentally and physically frail are more likely to require assistance with

intimate personal and physical care and there should be sufficient staff of appropriate gender in place to address this.

- 14.2 To find out about this, it is necessary to discover in detail how each individual lives, day-by-day, hour-by-hour and Dementia Care Mapping may be used in this respect. In addition, the Trust uses other audit methods, including regular ward privacy and dignity audits.
- 14.3 Patients known to have Dementia should not be moved between wards unless required for their care and treatment.

15. LEARNING DISABILITIES

- 15.1 The above Trust standards will also be considered in relation to people with learning disabilities. Attention will be given to the increased vulnerability of people with complex needs and profound and multiple disabilities and steps taken to ensure their safety, privacy and dignity needs are met. Staff should find ways of communicating effectively with people who may find written and spoken language problematic and the assistance of an advocate may be appropriate. People with learning disabilities may require assistance with intimate personal and physical care and there should be sufficient staff of appropriate gender in place to address this. Issues relating to safety, privacy and dignity should be addressed in individual care plans.

16. CHILDREN AND YOUNG PEOPLE

- 16.1 The Children Act (1989) requires consideration of the welfare of the child to be paramount. Particular attention must be given to the potential for increased vulnerability when, in exceptional circumstances, a young person is admitted to an adult inpatient mental health ward. The above Trust standards will be fully considered in relation to young people - and Trust protocols for the admission of 16 and 17 year olds to adult acute mental health inpatient units followed (please refer to the Admitting Young People Under 18 to Adult Mental Health Wards Policy). In addition the following points will apply to young people.
- 16.2 Arrangements for those under sixteen years must be made with Trust Child and Adolescent Mental Health Services (CAMHS).
- 16.3 A young person will only be admitted to a Trust adult inpatient ward in an emergency and when all alternative options have been thoroughly explored and exhausted. If such an admission takes place it will be reported as a Serious Untoward Incident (SUI).
- 16.4 The management of a young person with mental health problems requires specialist skills and knowledge. The care of any young person admitted to a Trust adult inpatient ward will be supported by staff from

the CAMHS and the care plan developed jointly by adult inpatient and CAMHS staff.

- 16.5 The young person must be accommodated in same sex accommodation.
- 16.6 The young person must be placed in the room nearest to the nurses' station or office.
- 16.7 All young people must be closely observed whilst in the adult inpatient ward.

17. YOUNGER PEOPLE WITH COGNITIVE IMPAIRMENT OR DEMENTIA

- 17.1 The above Trust standards will also be considered in relation to younger people with cognitive impairment or dementia. Younger people with, for example, early onset Huntington's or Alzheimer's disease are often admitted to adult inpatient wards, which may be appropriate for their age, but may be challenging environments in which to provide their support, protection and care needs. Their confusion or cognitive impairment may make them especially vulnerable to abuse. Staff should be sensitive to the fact that people with these particular health problems must be treated with the same courtesy, respect and dignity the Trust expects to be afforded to all its patients and patients. They must be provided with the care necessary to safeguard their privacy, dignity and risk of harm.

18. ENVIRONMENT

- 18.1 The Trust is committed to improving the cleanliness of its inpatient and community facilities. The Patient-Led Assessments of the Care Environment (**PLACE**) programme monitors this work and the Trust is committed to continue to work to drive up standards.
- 18.2 The Trust has agreed to integrate the privacy and dignity audit checklist into its formal PLACE audits. The audit has three objectives:
- To ensure appropriate Trust arrangements are in place to secure good standards of privacy and dignity for inpatients;
 - To achieve the Patients' Charter standard for segregated washing and toilet facilities;
 - To provide safe facilities for patients in hospitals who are mentally ill which safeguard their privacy and dignity.

19. TRAINING REQUIREMENTS

- 19.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

20. EQUALITY IMPACT ASSESSMENT

20.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Document Lead (author) who will then actively respond to the enquiry.

21. MONITORING COMPLIANCE AND EFFECTIVENESS

21.1 The Trust will publish as necessary separate action planning documents to ensure compliance with the standards identified in this policy.

22. COUNTER FRAUD

22.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

23. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

23.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

23.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

- 23.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

24. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

24.1 References

Department of Health (1997) Patient's Charter;
Modernisation Agency (2003) Essence of Care Patient Focus;
Benchmarks for Clinical Governance F S Taylor & Co;
Department of Health 2006 Dignity in Care;
The Human Rights Act 1998;
GMC 2001 Guidance on intimate Examinations;
NMC 2001 Caring for Older People – A Nursing Priority;
Sir Liam Donaldson Letter dated 13 January 2003;
Six Lives: the provision of public services to people with learning disabilities;
South West Hospital Standards in Dementia Care;
Essence of Care report 2010.

National Institute for Health and Care Excellence – Service user experience in adult mental health QS14 – December 2011

National Institute for Health and Care Excellence – Patient experience in adult NHS services QS15 – February 2012

The mental Health Act 1983: Code of Practice (2015)
<https://www.gov.uk/government/news/new-mental-health-act-code-of-practice>

24.2 Cross reference to other procedural documents

Admissions, Transfer and Discharge (CH) Policy
Admitting Young People Under 18 to Adult Mental Health Wards Policy
Being Open and Duty of Candour Policy
Confidentiality and Data Protection Policy
Consent and Capacity to Consent to Treatment Policy and Guidance.
Learning Development and Mandatory Training Policy
Record Keeping and Records Management Policy
Risk Management Policy and Procedure
Staff Mandatory Training Matrix (Training Needs Analysis)

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.