Lincolnshire Partnership NHS
NHS Foundation Trust

OPR01

Lincolnshire Partnership NHS Foundation Trust

Privacy and Dignity Policy

DOCUMENT VERSION CONTROL	
Document Type and Title:	**Privacy and Dignity (Policy)**
Authorised Document Folder:	**Operational**
New or Replacing:	**Replacing**
Document Reference:	**OPR01**
Version No:	**3**
Date Policy First Written:	**April 2001**
Date Policy First Implemented:	**April 2001**
Date Policy Last Reviewed and Updated:	**February 2009**
Implementation Date:	**January 2010**
Author:	**Audrey Whelan**
Approving Body:	**Clinical Governance Committee**
Approval Date:	**September 2009**
Ratifying Body:	**Audit and Assurance Committee**
Ratified Date:	
Committee, Group or Individual Monitoring the Document	**Clinical Governance Committee**
Review Date:	**January 2011**

Contents

1. Introduction

1.1 In "Modernising Mental Health Services", the Government outlined its vision for safe, sound and supportive mental health services for working age adults. As part of the strategy to provide safe services, NHS Trusts need to ensure that all patients are protected from physical, psychological or sexual harm exploitation and abuse, while they are being treated in mental health facilities, and to recognise that the needs of male and female patients may be different.

1.2 Following the inclusion in the NHS Plan (DOH 2000), privacy and dignity remain a high priority for patients and health care providers. Surveys indicate that patient satisfaction with care is linked with dignity and respect (DOH2001/02 inpatient survey); therefore this should be an integral part of the delivery of patient-centred care. The Trust is committed to ensuring that the application and administration of the legislative framework under which it works promotes the safety, privacy and dignity of service users, their families and carers.

1.3 The legal frameworks which underpin the concepts of safety, privacy and dignity are;

- Human Rights Act 1998,
- Mental Health Act 2007
- Mental Capacity Act 2005
- NHS and Community Care Act 1990

2. Purpose

2.1 The purpose of this policy is to provide clarity on how the Trust will ensure that the safety, privacy and dignity of services users are promoted in accordance with HSC 1998/143 guidance.

2.2 Respecting and enabling an individual's right to privacy and dignity is an essential part of professional practice and accepted as a right by patients and carers. This policy is devised to ensure all patients receiving care within Lincolnshire Partnership NHS Foundation Trust (LPFT) have their rights to privacy and dignity actively respected. This will be promoted at all times by staff, irrespective of role or purpose, and within resources available.

2.3 The Trust is committed to providing a therapeutic environment that addresses the holistic needs of all service users.

3. Duties

3.1 Duties of key stakeholders are outlined below with in the Trust:

Director of Nursing & Strategy	The Director of Nursing and Strategy has Trust-wide responsibility for safety, privacy and dignity. To lead, promote and champion the safety, privacy and dignity agenda, To ensure that measurable standards are met, To ensure the Trust Board is fully briefed on safety, privacy and dignity activity within the Trust.

General Managers	As above plus, To understand, promote and implement the safety, privacy and dignity agenda as it relates to their areas of responsibility. Review performance on this agenda.
Team Leaders	As above plus, To ensure individuals within the team understand their roles and responsibilities with regard to safety, privacy and dignity. To understand and implement specific safety, privacy, and dignity activity relevant to their service, To ensure staff have the tools, resources and skills to promote and deliver services which respect safety, privacy and dignity Performance monitor and action team activity.
All Staff	To comply with the Professional Codes of Practice of their governing bodies, To understand and practice within the Trusts' policy framework, To, uphold the duty of care and practice within the legislative framework.

4. Definitions

4.1 **SAFETY** can be defined as, “the condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological, educational or other types or consequences of failure, damage, error, accidents, harm or any other event.”

4.2 **PRIVACY** can be defined as “freedom from intrusion and embarrassment.” DIGNITY can be defined as “being worthy of respect, being of equal value and worth irrespective if differences of age, race, culture, gender, sexual orientation and social background”.

5. Core Policy

5.1 All in-patient areas that are required to comply with safety, dignity and privacy guidance are required by the Trust to develop local guidelines. These guidelines will need to address local issues but must also comply with the requirements of the guidance. Therefore they will need to comply with the following requirements:

OBSERVATION LEVELS/SERVICE LAYOUT

5.2 Particular attention needs to be given to the layout of the service area when determining required levels of observation. Levels of observation are particularly pertinent when people are at their most vulnerable for example, during periods of sleep; washing and bathing, going to the toilet or sitting alone in a quiet area (see Observation policy OPR05).

On admission each service user’s assessment of needs, supervision, security and support will include whether or not there is a history of abuse, needs in terms of relationships and personal choice as to whether there is a wish to mix socially with men and women (see OPR20)

VULNERABLE ADULTS

5.3 The needs of and risks to vulnerable men (as well as women) are recognised and recorded (OPR02 Safeguarding Vulnerable Adults procedure)

ALLOCATION OF KEY WORKER

5.4 Service users are offered a choice in allocation of a key worker, where possible offering a choice of sex of key worker but also considering ethnicity, age and professional issues.

INTIMATE SEARCHES

5.5 Where it is necessary a member of staff of the same sex should carry out intimate searches with a second person acting as witness. The service user’s agreement should, where possible, be sought for the person carrying out this task (chapter 16 of the Mental Health Act Code of Practice, 2008) (see Search Policy OPR11)

STAFF PROVIDING SUPERVISION

5.6 Linked to the management of aggression and seclusion, account should be taken of the dignity of the patient in respect of clothing, observation and gender of staff providing supervision (chapter 15 of the Mental Health Act Code of Practice, 2008)

PHYSICAL /SEXUAL ABUSE OF PATIENTS, STAFF OR VISITORS

5.7 Speedy and robust arrangements should be in place in place to deal effectively with staff, visitors or service users who sexually or physically abuse or harass patients, staff or visitors (see Violence and Abuse policy OPR29)

WOMEN'S SAFETY AND DIGNITY

5.8 The ward manager of each of the respective wards should consider designating a member of staff to ensure women's safety and dignity on a daily basis.

SHIFT PLANNING CONSIDERATIONS

5.9 Shift planning on the wards should give consideration to environmental checks including safety and gender issues.

CONSIDERATIONS WHEN USING PHYSICAL INTERVENTION

5.10 Consideration should be given to having a member of the same sex present where the service user requires physical intervention. For women, it is essential that a member of the same sex is present. Consideration should also be given to the gender make up of the team when restraining women.

NIGHT TIME OBSERVATIONS

5.11 Night time observation should pay particular attention to the needs of women assessed as vulnerable to sexual exploitation by men and vulnerable men offering them extra supervision (see Observation policy OPR/05)

5.12 A copy of all local guidelines will be held centrally and located with the register.

6. Dignity in Care

The Social Care Institute for Excellence published “Dignity in Care”(Nov 2006) which sets a ‘Dignity Challenge’ with a series of 7 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, making it very relevant to the Trust where it should be used to benchmark safety, privacy and dignity.

6.1 **The 7 Dignity Tests:**

1. Have a zero tolerance of all forms of abuse,
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service,
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people’s right to privacy
7. Ensure people feel able to complain without fear of retribution **(**see **Appendix 1** for enhanced guidance**)**

7. Implications of Employment Appeals Tribunal (June 2006)

The Employment Appeals Tribunal 2006 has held the view that the practice of requiring a chaperone to be present when male nurses perform intimate procedures on female patients was discriminatory against male nurses, as the same requirement was not applicable to female nurses.

It is agreed good practice that male nurses will be chaperoned.

To facilitate this process, patients should be consulted by adopting a practice of asking each patient, male or female, if they would like a chaperone during an intimate examination.

Responsibility remains with the male staff to raise the issue with their line manager, if concerned.

8. Confidentiality

8.1 It is an expectation that staff will;

- Adhere to national legislation relating to confidentiality- Data Protection Act 1998 N.H.S Confidentiality: Code of Conduct 2003.
- Adhere to their professional codes of conduct in dealing with patient information.
- Within Trust premises provide an appropriate area where discussions can take place regarding diagnosis and/or treatment free from intrusion of visitors and other patients.
- In all settings provide and be seen to provide, a confidential service to all patients.

9. Consultation, Approval and Ratification

9.1 The policy will be consulted upon in line with COR11.

9.2 The policy author will maintain a record of feedback from consultation and make any required amendments to the policy before it is submitted for approval

9.3 The policy will be approved and ratified in line with COR11.

10. Review and Revision Arrangements including Version Control

10.1 The policy will be reviewed annually or sooner if there are required changes.

10.2 Corporate and Legal Services will maintain a version control sheet as per COR11.

11. Dissemination and Implementation of Policy

11.1 The policy will be disseminated in line with COR11

11.2 The policy will be implemented through the induction course for new starters (both corporate & local induction). A patient friendly format of the document will be produced for the use of patients and families.

12. Policy Control including Archiving Arrangements

12.1 Corporate & legal Services will retain a copy of each policy for a minimum of 10 years in line with the recommendations contained within 'Records Management NHS Code of Practice' (2006).

13. Monitoring Compliance with and Effectiveness of Policy

Systems	**Monitoring and/or Audit**				
Criteria	Measurables	Lead Officer	Frequency	Reporting to	Action Plan/Monitoring
System in place to ensure safety, privacy and dignity for LPFT service users.	Facilities available in each unit for separate male/female ; Sleeping areas, Washing areas, Sitting rooms.	Matron for in-patient areas. Lead persons in each department across the Trust to be identified.	Annually	P.E.A.G. (patient environment action group), which then feeds into external PEAT reports	Divisional management teams to take ownership of the process of compliance.
	Number of incidents reported in Patient survey results	Service Lead	Annually	Service specific	Divisional managers/team leaders
	Number of Incidents/complaints or claims arising relating to privacy.	Incidents/ Complaints / Claims Managers	Fortnightly	Risk Review Group	Divisional managers/team leaders
	Number of training sessions provided for staff and number of attendees.	Training department.	6 monthly	Service Lead	Training Department
	Use of CCTV	Service Lead	When incident occurs	Risk review group	Divisional managers/team leaders
	Number of times safety, privacy and dignity issues picked up by the Care Quality Commission	Ward Managers/ Corporate & Legal Services Officer	As per CQC visits	MHA/MCA Executive Committee & MHA Managers Committee	MHA/MCA Executive Committee and Divisional Managers
	Audit of care pathways - variance reporting	Audit department	Quarterly	Service lead	Divisional managers/team leaders

14. References

HSC 1998/143 and Safety, Privacy and Dignity in Mental Health Units Good Practice Document

Observation Policy OPR05

Violence and Abuse Policy OPR29

Search policy OPR11

Safeguarding Vulnerable Adults Procedure OPR02

15. Associated Documentation

Appendix 1 - Dignity in Care - 7 Dignity Steps

APPENDIX 1

DIGNITY IN CARE, 7 DIGNITY STEPS

1. Have a zero tolerance of all forms of abuse

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 recognised that abuse can take many forms including, physical, psychological, 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 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 given 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. Staffs takes 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 practices support 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 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 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.

Dignity Tests

- Do we have quiet areas or rooms that are available and easily accessible to
- provide privacy?

- Do staff actively promote individual confidentiality, privacy and protection
- of modesty?

- Do we avoid assuming that we can intrude without permission into
- someone's personal space, even if we are the care giver?

- Can people receiving services decide when they want 'quiet time' and when
- they want to interact?

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 supports 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?

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GENERIC EQUALITY IMPACT ASSESSMENT TEMPLATE

INITIAL EQUALITY IMPACT ASSESSMENT

STAGE 1 - Screening to establish if the proposed function has any relevance to any equality issue and/or minority group			
Directorate:	**Function to be Assessed:**	**Existing or New Function:**	**Assessment Date:**
1. Briefly describe the aims, objectives and purpose of the function:	Safety, privacy and dignity policy for LPFT, to ensure compliance with the recommendations of the "dignity in care "2006 document.		
2. Who is intended to benefit from this function, and in what way?	All service users of the LPFT services:		
3. What outcomes are wanted from this function?	To maintain a high level of safety, privacy and dignity during a service users' involvement with Trust services.		
4. What factors/forces could/ contribute/ detract from these outcomes?	None compliance with the policy .Lack of understanding from staff within the Trust on their responsibilities towards achieving the outcomes within the policy.		
5. Who are the main stakeholders in relation to the function?	Service users, carers, staff.		
6. Who implements the function, and who is responsible?	All team leaders, heads of departments , and all staff of LPFT are responsible for maintaining compliance with the recommendations contained within the policy		
7. Are there concerns that the function has a differential impact on the following groups and what existing evidence (either presumed or otherwise) do you have for this?			

Race	**Y**	**N**	NO
Disability	**Y**	**N**	NO:
Age	**Y**	**N**	NO
Gender	**Y**	**N**	NO
Religion or Belief	**Y**	**N**	NO
Sexuality	**Y**	**N**	NO

If the answer to question 7 is 'YES', a partial EIA must be completed. Should the function proceed to a partial impact assessment?	**Y**	**N**

If no, please state date of next review: Jan 2011 Date on which partial impact assessment to be completed by:

I understand the Impact assessment of this function is a statutory obligation and that, as owners of this function, we take responsibility for the completion and quality of this process.

Signed
(Assessor).....Date.....03/12/08.....
..

Print Name.....AUDREY WHELAN.....

Signed (Section Head).....Date.....

Print Name.....