



InHealth	Title:	Privacy & Dignity of Patients Policy
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InHealth

Policy for the Privacy & Dignity of Patients

CONTROLLED DOCUMENT



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Introduction

The issue of dignity features prominently in the new framework for health and social care services. The department of Health's Green Paper '*Independence, Well-being and Choice*(2005) and subsequent White Paper *Our Health, Our Care, Our Say* (2006) are set around seven key outcomes identified by people who use the services, one of which is dignity and respect.

The Department of Health's '*Essence of Care 2003*' DOH Modernising Agency' offers a series of benchmarks for practice on privacy and dignity, to ensure patients benefit from the care that is focused upon respect for the individual.

Factors that have been held responsible for the absence of dignity in care include bureaucracy, staff shortages, poor management and lack of leadership, absence of appropriate training and induction coupled with difficulties in recruitment and retention. There are also wider social issues including discrimination.

There are seven key areas to be considered to ensure patient privacy and dignity:

1. Attitudes and behaviours
2. Personal world and identity
3. Personal boundaries and space
4. Communication between staff, patients, carers and clients
5. Privacy of patient-confidentiality of patient information
6. Privacy, dignity and modesty
7. Availability of an area for complete privacy where possible

All InHealth staff are committed to maintaining the patient's dignity, privacy and confidentiality and will seek to reduce any anxiety or discomfort.

Policy Statement

InHealth staff will endeavour to ensure that patient's privacy and dignity is maintained at all times. We will do this by:

- Having a clear policy and procedure covering patient privacy and dignity.
- Providing appropriate training for staff on issues relating to patient care, privacy and dignity.



- Acknowledging each patient as an individual with unique physical, physiological and social needs.
- Taking all reasonable steps to ensure the health, safety and welfare of any patient in contact with InHealth.
- Maintaining the patient's dignity, privacy and confidentiality and seeking to reduce any anxiety or discomfort."

General Principles

Staff are trained to communicate effectively with patients, enabling them to quickly identify any issues that patients may have regarding their care. These issues include the need for staff to respect their privacy and dignity.

Patients are actively encouraged to communicate their needs before, during and after their appointment/procedure via discussion with their healthcare worker, by the use of a patient satisfaction survey and by the complaints policy.

Each manager is responsible for consistently monitoring the environment, reviewing the patient satisfaction survey results, dealing with complaints efficiently and effectively and sharing outcomes.

Respectful attitudes and behaviours are promoted to ensure patients and their carers/relatives do not experience offensive and negative attitudes or behaviours.

Following the National Minimum Standards, Independent Health Care and Care Standards Act 2000 patients are provided with clear patient information which describes how to raise concerns and to whom.

Standards and guidelines relating to privacy and dignity will be monitored and reported through the audit process, the competency assessment process, the incident reporting process and or, the complaints procedure and will be reviewed by the clinical governance group.

Any highlighted deficiencies in practice policy non adherence to policy and procedure will be addressed and learning outcomes shared with the appropriate staff Relevant issues will be escalated to the Senior Management team.

Where the service is provided through a host hospital, a close working relationship will be maintained, to ensure a seamless service for the patient.



General Standards

Factor	Benchmark of Best Practice	InHealth Diagnostic & Imaging General Standards
1. Attitudes and behaviours	<i>Patients feel that they matter all of the time.</i>	<ul style="list-style-type: none"> • Each patient is treated as an individual with unique physical, psychological and social needs • Respectful attitudes and behaviour are promoted, including consideration of non-verbal behaviour and body language.
2. Personal world and identity	<i>Patients experience care in an environment that actively encompasses individual values, beliefs and personal relationships.</i>	<ul style="list-style-type: none"> • Stereotypical views are challenged and the valuing of diversities is demonstrated. • Individual needs and choices are ascertained and continuously reviewed. • Where children are cared for facilities are provided to cater for their needs. Refer to local 'Care for Young People Policies'. • Our units comply with the Disability Discrimination Act wherever feasible. Where sites do not comply the patient information leaflet advises and every effort will be made to cater for their needs
3. Personal boundaries and space	<i>Patients personal space is actively promoted by all staff.</i>	<ul style="list-style-type: none"> • The name the service user wants to be called is agreed, documented and used. • The acceptability of personal contact (touch) is identified with individual service users. • Personal and private space is respected and protected for individuals and privacy is effectively maintained
4. Communication between staff, patients, carers and clients	<i>Communication between staff and Patients takes place in a manner that respects their individuality.</i>	<ul style="list-style-type: none"> • Access to translation and interpretation services is available on request where possible. • Information is adapted to meet the needs of individual patients where identified for example Braille and large print patient information leaflets are available on request. • Patient information is available via the Marketing Department in a number of languages pertinent to local demographics. • Children's patient information leaflets are produced specifically designed for a child to understand and relate to. • All Information is factual in plain language with no jargon or abbreviations and given at the required level of understanding. • Special needs of the patient are made clear during the referral of the patient either via the referral form or direct from the referring clinician or patient/carer.
5. Privacy of patient-confidentiality of patient information	<i>Patient information is shared to enable care, and with consent.</i>	<ul style="list-style-type: none"> • Staff are trained in informed consent as part of their mandatory training and at induction. • Informed consent is sought when required and where appropriate using trained interpreters. • Precautions are taken to prevent information being shared inappropriately. • The Caldicott principles, Consent Policy and information security policies will be adhered to at all times.
6. Privacy, dignity and modesty	<i>Patients care actively promotes their privacy and dignity, and protects their modesty.</i>	<ul style="list-style-type: none"> • Female patients have the opportunity to request a chaperone prior to booking their appointment. Consent should be obtained when this cannot be achieved or the appointment is rebooked. • Patients are protected from unwanted public view whenever appropriate. • Patients should be encouraged to raise concerns about privacy and dignity to staff. • When a person lacks capacity, a care plan detailing the nature of the care should be drawn up for



		<p>all those requiring intimate personal care. Personal preferences, cultural needs and the concerns of carers should be taken into account.</p> <p>(Ward areas only)</p> <ul style="list-style-type: none">• Curtains can be drawn between patients if required.• Modesty is maintained for those moving between differing care environments.• Wherever possible patients should be cared for in single sex wards.• The toilet and bathing areas should be clearly labelled in a way that can be understood by all patients and those with visual or cognitive impairment.
7. Availability of an area for complete privacy where possible	<i>Patients or carers can access an area which safely provides privacy.</i>	<ul style="list-style-type: none">• A private area is created or made available where possible for discussions and/or changing facilities.• Children are seen either in a separate waiting area or booked at the end/beginning of a day where possible.

Other related documents;

HR Policy – Confidentiality
Consent Policy
Audit Policy and Healthcare Quality Audit Tool
Competency Assessment Policy
Caldicott Guidelines
IT Security Policy
Local Policy – Handling and Storage of Records Policy
Local Policy – Care of Young People Policy

Compliance and Effectiveness of the Policy

The effectiveness of this policy will be routinely monitored through:

- Regular Healthcare Quality Audits which incorporate patient privacy and dignity.
- Review of complaints at clinical governance meetings
- Annual review of policies and procedures
- Modality specific competency assessment programmes

References

Essence of Care Guidance and Benchmarks April 2003, Modernisation Agency.
http://www.cgsupport.nhs.uk/PDFs/articles/Essence_of_Care_2003.pdf

Human Rights Act 1998 (1998) The Stationery Office: London
<http://www.hmso.gov.uk/acts/acts1998/19980042.htm>

Nursing and Midwifery Council Code of professional conduct for the nurse, midwife and health visitor (2008) <http://www.nmc.uk.org>

Department of Health (1999) Caldicott guardians Department of Health: London (Health Service Circular: HSC 1999/012).

Data Protection Act 1988

Disability Discrimination Act 1995