

Privacy Dignity and Respect Policy	
Summary statement: How does the document support patient care?	This policy provides guidance for staff on the aspects of patient care and service provision which may affect privacy, dignity and respect for patients and patient supporters.
Staff / stakeholders involved in development: <i>Job titles only</i>	<i>Hospital Nurse Director Heads of Nursing Divisional Lead Nurses Matrons.</i>
Division:	Corporate Division
Department:	Nursing
Responsible Person:	Chief Nurse
Authors:	
For use by:	All staff
Purpose:	<i>Guidance for the care and management of all our patients in UHSussex in protecting and providing Privacy and Dignity at all times and ensuring all patients are protected by the correct effective use of Chaperones throughout UHSussex.</i>
This document supports: <i>Standards and legislation</i>	Care Quality Commission Regulation
Key related documents:	Care Quality Commission (2015) The fundamental standards Mental Capacity Act UHSC036 Policy for Provision of Same Sex Accommodation
Approved by: Divisional Governance / Management Group	Nursing and Midwifery Board
Approval Date:	November 2023
Ratified by Board of Directors / Committee of the Board of Directors	Trust Management Committee
Ratification Date:	November 2023
Review Date:	November 2026
If you require this document in another format such as Braille, large print, audio or another language, please contact the Trust's communication Team.	
Reference Number:	UHSC037

Version	Date	Author	Status	Comment
1.0	November 2023		LIVE	Updated to include both WSHT & BSUH Trusts and to include respect and remove chaperone and mixed sex accommodation which are covered in independent policies
2.0				

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1. Introduction

- 1.1. UHSussex Hospitals NHS Foundation Trust's vision commits to putting the patient at the heart of everything we do and is guided by core principles and values which aim to ensure we always provide high quality care to all patients. This policy aims to provide clear guidance for staff on the aspects of patient care and service provision which may affect privacy and dignity, for inpatients, outpatients as well as carers.
- 1.2. The following national policies and guidance have shaped this policy.
- NHS Constitution for England (2019)
'We value every person whether patient, their families or carers, or staff –as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities, and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.'
 - Dignity in Care (2013)
 - Eliminating Mixed Sex Accommodation (DoH 2010a)
 - Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts (Tadd et. al. 2011)
 - Patient experience in adult NHS services: improving the experience of care for people using adult NHS services (NICE CG138 2012)
 - Fundamental Standards Care Quality Commission (CQC)
 - 2020: A care system fit for patients (Patients Association 2015)
 - Delivering Dignity (Commission on Dignity in Care 2012)
 - Equality Act (DoH 2010b)
 - General Medical Council (2016) Good Medical Practice: Guidance for Doctors London. Available on publications@gmc-uk.org
 - Nursing & Midwifery Council (2015) The code; Standards of conduct, performance, and ethics for nurses & midwives London available at www.nmc-uk.org
 - Royal College of Nursing (2016) Chaperoning; The role of the nurse and the rights of patients London Available at www.rcn.org.uk

2. Purpose

- 2.1. The purpose of this policy is:
- To provide staff with information on the best practice guidelines with regards to preserving patients' privacy, dignity, and modesty.
 - To ensure staff are aware that promoting privacy, dignity and protecting patient's modesty is the responsibility of all staff groups within the organisation.
 - To ensure as a Trust we comply with all the Care Quality Commission privacy and dignity outcome measures in the Quality and Safety Standards.
 - This policy provides the standards of privacy and dignity that patients should expect from staff and other patients whilst at University Hospitals Sussex NHS Foundation trust.
 - The Trust will ensure compliance with the relevant Care Quality Commission fundamental standards and will have evidence available to support this.
 - This version supersedes any previous versions of this document.

3. Definitions

- 3.1 Adult patients refer to any service user aged 18 years or above who has been assessed as having capacity to consent (refer Trust Policy Mental Capacity Act). For consent, it also refers to any service user aged 16 or 17 unless they are assessed as lacking capacity to give or withhold consent (i.e assessed as lacking capacity to give or withhold consent (i.e assessed as not Gillick competent Any service user under 16 who is assessed to be Gillick or Fraser competent by a registered practitioner. Intimate examinations & procedures refer to any examination of the breasts, genitalia or rectum. Such procedures may include proctoscopy, rectal examination, breast biopsy & cervical smear.

4. Dignity

- 4.1 Dignity is concerned with how people feel, think, and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

5. Privacy

- 5.1 Privacy can be defined as the right to space to yourself and the right to confidentiality and discretion.

6. Chaperone

- 6.1 The use of a chaperone is intended to protect both the patient from risk of abuse and the practitioner from allegations of abuse. The chaperone plays an important role in supporting and comforting the patient, reducing anxiety and stress (RCN 2016). This refers to the UHSx staff member who agrees to support the patient during the intimate examination or procedure.
- 6.2 The chaperone must be a member of the healthcare team who has been trained to fulfil the role. This maybe a registered healthcare or an unregistered member of staff. An interpreter, who maybe supporting the patient at this time, cannot perform the function of chaperone.

7. Patient Supporter

- 7.1. Any family member or friend who has been nominated by the patient to sit with them to support and comfort them during the intimate examination or procedure. The patient supporter may also be a representative accompanying the patient from their residential care or nursing home. Along with the patient, this person must be asked if they wish to be the chaperone in this situation. The patient supporter will be given a copy of Standards for the Practice of Chaperoning during Intimate Examinations & Procedures (Appendix 1), so they understand what is required of them in the role.
- 7.2. This policy acts the Trust delivering the Dignity Challenge: 10 Point Dignity Challenge:
- Have a zero tolerance of all forms of abuse.
 - Support people with the same respect you would want for yourself or a member of your family.
 - Treat each person as an individual by offering a personalised service.

- Enable people to maintain the maximum possible level of independence, choice, and control.
- Listen and support people to express their needs and wants.
- Respect people's right to privacy
- Ensure people feel able to complain without fear of retribution.
- Engage with family members and carers as care partners.
- Assist people to maintain confidence and a positive self-esteem.
- Act to alleviate people's loneliness and isolation.
- Single Sex Sleeping Accommodation for adults (SSSA)
- To provide both privacy and dignity for individuals the Trust is required to ensure single sex sleeping accommodation (SSSA). SSSA requires two things:
 - Male and female patients must not be cared for in the same bay or open ward area.
 - Toilets and bathrooms must be designated for either male or female use. Single Sex Standards (2009) & Delivering Same Sex Accommodation (DH 2009 2010)
 - Appropriate signage must be installed to be able to use these facilities flexibly according to the number of male and female patients on the ward.
 - How this is to be accomplished within the limitations of a busy service whilst taking account of patients' changing clinical needs will be discussed in Section 5.
- Transgender people should be given the freedom and respect to express their gender identity. Staff should adhere to the '10 tips for improving services for Tran's people' Appendix 3.
- Further guidance for making the service inclusive and welcoming for Tran's people on can be found at <https://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-right>

When providing assistance with care needs staff must ensure they check consent before continuing with each stage of care and should speak in quiet tones to try to minimise embarrassment to the patient.

7.3. Clothing

- Where possible the patient should be encouraged to wear their own clothes. If this is not possible then nightwear should be selected to meet individual need and to protect modesty.
- Gowns should not be used as easy option over pyjamas, nightdresses.
- Staff will ensure patients are wearing appropriate clothing and will use blankets to ensure patients are appropriately covered while in bed, at bedside, in clinics and on transfers to other hospitals and departments.

7.4. Continence

- All toilet facilities, in adult areas will be either male or female if there are multiple toilets, if there is only one toilet it will be made either male or female depending on the patient using the facility. Engaged /Vacant signs should be used.
- Staff must ensure they maintain the privacy of dependant patients using toilet/bathroom facilities. A patient should only be offered a commode/bedpan if it is not possible for them to be assisted to the bathroom.

- Staff should offer toilet/commodes proactively to avoid mealtimes.
- Urinals should not be stored on tables/lockers.
- Curtains must be drawn before catheter bags are emptied.
- Patients must be supplied with continence products to meet their individual needs; these All patients must be offered the opportunity to wash their hands after using the toilet, commode, bedpan and also prior to mealtimes.

7.5. Personal care /examinations

- Where possible patients should be encouraged to carry out personal care needs independently.
- Staff should ask the patient to remove the minimum clothing necessary and must ensure they are ready to carry out the procedure before they ask the patient to undress.
- Where possible patients should be able to express preference for gender of person providing personal care and a chaperone must be offered during examinations and procedures (see Chaperone policy).

7.6. Curtains

- Privacy curtains must be the correct length, no more than 30cm from the bottom of curtain to ground, and thickness to maintain privacy.
- Facilities and estates teams are responsible for ensuring that correctly sized curtains are used in each area.
- Staff must ensure that curtains are closed properly where patients are expected to undress, have procedures, receive treatment and care.
- The ward/unit manager is responsible for ensuring that curtains are fit for purpose, are maintained in good condition and regularly cleaned.
- Should not be stored in public view.

8. Responsibilities, Accountabilities and Duties

8.1. Chief Executive and Trust Board

The Chief Executive and Trust Management Board have overall responsibility for ensuring that the Trust has the necessary arrangements in place to enable the effective implementation of this policy.

8.2. Patient Experience Panel

The Patient Experience Panel will have overall responsibility for monitoring the policy. The annual work plan will incorporate various aspects of this policy and the panel will receive an update on progress against delivering the single sex sleeping accommodation (SSSA) agenda.

8.3. Chief Nurse

The Chief Nurse has Trust Board level responsibility for the quality of patient care and is responsible for ensuring that systems and processes are in place.

The Chief Nurse is responsible for ensuring that the monthly collation of data in respect of how SSSA has been managed in the Trust is reported to The Quality Monitoring Project Lead

at NHS Sussex.

8.4. Deputy Chief Nurse for Patient Experience

The Deputy Chief Nurse for Patient Experience chairs the Trust Patient Experience Panel.

8.5. Directors

Directors are responsible for ensuring this policy is communicated and adhered to by staff members in their directorate, including those who work for contracted services.

8.6. Divisional/Directorate Lead Nurses/ Matrons

Division & Directorate Lead Nurses/Matrons have overall responsibility for ensuring high standards of privacy and dignity in their clinical areas and for monitoring. Matrons are responsible for delivering single sex sleeping accommodation in their clinical areas.

8.7. Clinical Operations Team

The Clinical Operations Team, using the Site Management Team, will be responsible for appropriate patient allocation and ensuring that patients are admitted to areas appropriate for their gender. This is particularly important in times of peak demand when extra capacity areas may be open.

The Clinical Site Team are responsible for conducting a snapshot survey every night to monitor whether there have been breaches of single sex sleeping accommodation standards.

8.8. Ward Managers/Team Leaders

Ward Managers and Team Leaders are responsible for supporting their staff in delivering high standards of privacy and dignity, and for ensuring staff are aware of this policy.

Ward Managers and Team Leaders are responsible for ensuring each clinical area has designated Older People/Dementia and Dignity Champion. Ward Managers and Team Leaders are responsible for ensuring staff are aware of the available training opportunities and supporting them to participate.

8.9. Nurses, Midwives and Health Professionals

Nurses, Midwives and Health Professionals including all healthcare support staff and students are responsible for ensuring that the privacy and dignity of individual patients and clients is maintained, and for raising concerns with ward managers and/or matrons when standards cannot be adhered to. The Clinical Site Teams can be accessed twenty-four hours a day as a point of contact.

9. Policy

9.1. Communication

9.1.1. The patient is asked for their preferred name in pre-assessment, on admission or at their outpatient appointment and is addressed accordingly. Their preferred name is clearly documented as part of the admission process.

9.1.2. Staff introduce themselves to patients and wear a visible identification badge. (<http://hellomynameis.org.uk/>)

- 9.1.3. Staff will not have personal conversations with each other in front of a patient that does not include the patient.
- 9.1.4. Staff will not use mobile phones or devices in front of a patient unless accessing healthcare information. An explanation should be given to the patient.
- 9.1.5. Patients are at the centre of care. They are to be included in discussions and planning of their clinical care and about their discharge from hospital.
- 9.1.6. Particular care should be taken to ensure effective communication with older people and those with communication difficulties.
- 9.1.7. Communication tools for people with a learning disability are available on all wards in the Learning Disability Resource Pack and the Hospital Communication Book, copies of which can be found in all wards in the Equality and Diversity Communication Boxes. The Learning Disability Liaison Team can be contacted for advice via the UHS Trust Intranet <https://nww.bsuh.nhs.uk/clinical/teams-and-departments/learning-disability-liaison-team/>. Further information about available communication tools can be found at <https://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-rights>. All adult wards and departments will have an Older People/Dementia & Dignity Champion. When a patient has communication or cognitive difficulties, a Hospital Passport or the Alzheimer's Society document 'This Is Me' should be used. This will give information about the patient which they may be unable to give themselves. This ensures that the concerns of patients and carers are documented and addressed. Carers are involved, when appropriate, in discussions about clinical care, the admission process and discharge planning. Carers should be encouraged to complete the above tools which will enable them to give information about the patient to the hospital staff. Further details are available at <http://nww.bsuh.nhs.uk/clinical/teams-and-departments/dementia-care>
- 9.1.8. The Learning Disability Assessment Scale DISDAT (Disability Distress Assessment Tool) is available in Trust policy 'Caring for Adult Patients with a Learning Disability in an Acute Hospital' & Intranet <https://nww.bsuh.nhs.uk/clinical/teams-and-departments/learning-disability-liaison-team>
- 9.1.9. If patients have formal carers, they should be allowed access (day and night) to the ward to continue to provide that care if it continues to be appropriate. This should be discussed, agreed, and documented in the nursing/midwifery records.
- 9.1.10. All staff and visitors will be acknowledged upon entering the clinical area. Staff will identify themselves (title and surname) and venue when they are answering the telephone, in line with good customer service practice.
- 9.1.11. If they wish, patients are introduced to other patients within their immediate environment and to the facilities of the ward. This should usually be done within 24 hours of admission. The Trust information booklet is available for every patient.
- 9.1.12. All patients must have a call bell within easy reach which must be answered within 3 minutes. When patients have limited mobility or dexterity, then staff should attempt to make reasonable adjustments to ensure the patient is able to call for attention when necessary.
- 9.1.13. The patient has access to the Visitors' Code leaflet and the Same Sex Accommodation leaflet.
- 9.1.14. Patients are advised of the name of the person in charge of the ward. Information on how to contact a Matron is clearly displayed. The photo board on entry to clinical

areas clearly display pictures & details of the Ward Manager and Matron.

- 9.1.15. Information on how to raise concern or a formal complaint is available in every clinical area.
- 9.1.16. Information on the Patient Advisory and Liaison Service (PALS) is clearly displayed.
- 9.1.17. Patients can access spiritual care via the Trust Chaplaincy Team. Further details are available at <https://nww.bsuh.nhs.uk/clinical/teams-and-departments/chaplaincy-spiritual-care-and-bereavement-services>
- 9.1.18. When patients have a visual impairment; it is possible to obtain audio/Braille transcriptions or written information in larger print. Clinical staff who need access to this type of communication aid should contact the Equality and Human Rights team for further details.
- 9.1.19. The need for auditory privacy is important and staff should ensure that private or sensitive conversations with patients wherever possible cannot be overheard. In addition, staff must ensure that sensitive or inappropriate discussions about patients are not conducted in public areas such as in lifts and corridors where people may listen in to these conversations. Telephones should be left on “mute” when there is a need to leave the nurses’ station to complete an enquiry, for example.
- 9.1.20. All inpatient areas should have access to portable ‘Echo Minitch’ listening devices for the use of patients who have difficulty hearing. These can be obtained on loan from the Audiology departments on our Sites.
- 9.1.21. Designated quiet rooms are used as much as possible for breaking bad news and sensitive conversations.
- 9.1.22. Staff explain medical terminology and procedures in a way that patients and their carers can understand. Patients are encouraged to ask questions and are made aware of to whom they may address their queries.
- 9.1.23. Understanding is checked to ensure the patient is aware of what they may have agreed to.
- 9.1.24. All patients who do not have English as their first language are offered a face-to-face or telephone interpreter or written translations. Details of how to access all available interpreting services can be found at <https://nww.bsuh.nhs.uk/working-here/equality-diversity-and-human-rights/communications-support-and-translation-services>
- 9.1.25. Staff must be aware of how to contact sign language/dual sensory loss interpreters for people with visual and/or hearing impairment. Information can be found at <https://nww.bsuh.nhs.uk/working-here/equality-diversity-and-human-rights/communications-support-and-translation-services/>

9.2. Physical Privacy

- 9.2.1. Staff will foster a peaceful environment whenever possible.
- 9.2.2. Every effort is made to ensure physical privacy for patients.
- 9.2.3. Curtains and screens are fit for purpose. The Housekeeping team are responsible for ensuring these are maintained in good condition and regularly cleaned in line

with the trust policy.

- 9.2.4. Curtains are used appropriately to provide patients with privacy when they wish, such as at night, unless this interferes with patient safety by compromising patient assessment and monitoring.
- 9.2.5. Staff request permission before entering a curtained area or closed door.
- 9.2.6. Patients are suitably covered or always dressed, in their own clothes or night clothes if possible. Care should be given to the dignity of confused patients, ensuring the use of underwear, pyjama trousers and night clothes that secure properly. Hospital gowns should only be worn when going to theatre or for investigations and they must be secured to prevent inappropriate exposure.
- 9.2.7. At discharge, all patients should be dressed in their own clothes. In exceptional circumstances when this is not possible, the reason must be documented.
- 9.2.8. Commodes or bed pans are used only if the patient cannot be assisted to the toilet. If a commode or bedpan needs to be used, consideration should be given to proactively offering these before mealtimes.
- 9.2.9. In adult areas, all toilet and bathroom facilities will be designated either male or female. (For consideration of the needs of Trans people see Section 3.4.4 above).
- 9.2.10. Urinals must be disposed of after use and not left on the patient's bed table or on a windowsill.
- 9.2.11. The nurse is responsible for ensuring the privacy of dependent patients using the toilet or bathroom facilities.
- 9.2.12. All patients are offered the opportunity to wash their hands after using the toilet, commode or bed pan and before meals.
- 9.2.13. Bathrooms must be available for patient use and not used for storage.
- 9.2.14. All teams should limit the number of staff present to a minimum during physical examinations on a ward round. Patients should be given enough notice to prepare themselves for a ward round wherever possible. Patients may request to be seen away from the formal ward round if they wish. Interpreters must be used for patients who have differing communications needs as discussed above (Section 9.1.24 and 9.1.25).
- 9.2.15. Patient permission should be obtained before, and health professional student is involved in patient care and/or ward rounds.
- 9.2.16. Any plans for structural changes, temporary ward use or new builds will include plans to maintain privacy and dignity and deliver single sex sleeping accommodation.

10. Privacy: Confidentiality (please refer to confidentiality policy)

10.1 "People will experience care that maintains their confidentiality".

- Staff are aware of the Caldicott recommendations and how these may impact in the clinical area.
- Staff will only share information that a patient discloses with staff who are directly involved in their care. Patient consent should always be sought.

- Staff will obtain the patients consent before disclosing information to family and friends.
- Where possible the staff will ask the patient to identify the key person that the patient wishes to liaise with the clinical staff and this should be recorded in the clinical notes.
- Staff must not hold conversations about patients in public areas and must consider when holding conversations in the clinical area that they may be overheard.
- Written information e.g.: handover sheets must be disposed of in the confidential waste bin at the end of each shift. Care must be taken during the day to keep this information safe within the clinical area and when leaving the area.
- Computer screens must be positioned so that they cannot be overlooked and care should be taken to log out after use.
- Staff should monitor the use of mobile devices/cameras in the clinical environment and ensure patient privacy is maintained.
- Medical notes must be kept securely in all departments and must not be left unattended.
- Patient information will be transported in envelopes or transit bags so that this cannot be read or divulged during transfer or transportation.

11. Consent

- 11.1. Under the Mental Capacity Act (2005), there is a presumption of capacity unless proven otherwise i.e., patients have the right to make their own decisions. If a patient needs serious non-emergency medical treatment but lacks capacity and has no one other than paid carers to look after them, an Independent Mental Capacity Advocate should be instructed. Further advice and information can be found at <https://www.bsuh.nhs.uk/clinical/teams-and-departments/safeguarding-patients/>
- 11.2. Children under the age of 16 are not deemed automatically to be legally competent to give consent unless they have sufficient understanding and intelligence to understand fully what is proposed i.e., the Gillick/Fraser competence (Wheeler 2006; British Medical Association 2001). Any health care practitioner can decide whether this child has the maturity and intelligence to fully understand the nature of the treatment, the options, the risks involved and the benefits.
- 11.3. Consent for children under 16 should otherwise be sought from the person with parental responsibility and this should be established by nursing staff at preassessment or on admission to the ward.
- 11.4. For care delivered to children and young people outside the our dedicated Childrens areas the Clinical Site Managers are the point of contact and will assist in directing to a suitably qualified paediatric nurse or doctor for advice.

12. Chaperoning

- 12.1. Staff should refer to the Trust Chaperoning Policy and Standards for Good Practice when carrying out an intimate examination on an adult patient.
- 12.2. Staff should refer to the Trust Staff should refer to the Trust Chaperone Policy for Children and Young People when carrying out an intimate examination on a paediatric patient.
- 12.3. Staff acting as chaperones should have completed the chaperoning self-learning tool which is available with the Chaperoning Policy.

- 12.4. The patient must be asked if they have a preference of gender for a member of staff to carry out specific intimate procedures. Every effort is made to arrange this, considering the availability of appropriately skilled staff. If this is not possible, a chaperone must be made available.
- 12.5. An explanation is given to the patient before any procedures are carried out, especially intimate procedures, and the patient's agreement is obtained and documented.
- 12.6. Patients are informed before the procedure that they may have a chaperone if they wish. The offer of a chaperone is then documented in the medical notes along with the response and subsequent action (i.e., whether or not the examination continued).
- 12.7. Staff who have not obtained specific permission to be present during an examination should not assume they have the right to be present.
- 12.8. Wherever possible patients are supported to carry out their own personal care and such clinical care as is appropriate (this includes children and young adults).

13. Training Implications

- 13.1 Registered nurses and other health professionals will be deemed fit to carry out the activities outlined above as privacy and dignity is fundamental to all pre-registration education.
- 13.2 Non-registered healthcare workers will have been given adequate instruction during their induction process and any orientation to the ward or department.
- 13.3 Employees of external contractors who deliver services in the Trust are required to receive specific training from the contractor in respect of privacy and dignity. The external contractors are expected to maintain an electronic database of all training given. External contractors are required to provide reports about delivery of training to their staff to the Associate Director of Facilities at monthly review meetings.

14. Monitoring Arrangements

Measurable Policy Objective	Monitoring / Audit Method	Frequency	Responsibility for performing monitoring	Where is monitoring reported and which groups / committees will be responsible for progressing and reviewing action plans
Patients are treated with respect to their Privacy and Dignity	a) Matrons' ward rounds	Ad hoc	Matrons	Reported PIM
	b) Clinical shifts undertaken by senior nurses	Weekly	Senior Nurses	Reported at NMB
	c) Spot Check Audit of Privacy and Dignity Policy (see Appendix 2)	Ad hoc	Matrons	Reported at Divisional Performance Review and to Patient Experience Panel
	d) "Real-time" patient feedback from Patient Voice Questionnaire and	Ad hoc	Patient Experience Panel	Patient Experience Panel

	FFT			
	e) Annual Patient Survey	Annual		Patient Experience Panel
2) Patients feel they are being treated with respect and dignity	Complaints analysis	Ongoing	Divisional Management Teams and External Contactors delivering services	Complaints Team report to the Patient Experience Panel

15. Due Regard Assessment Screening

As an NHS organisation, BSUH is under a statutory duty to set out arrangements to assess and consult on whether this policy and function impacts on equality.

This policy does not discriminate against any groups on the basis of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age, disability, gender identity, marriage/civil partnership status, pregnancy and maternity.

16. Links to other Trust policies

Consent to Examination or Treatment Policy Chaperoning Policy and Standards for Good Practice Chaperone Policy for Children and Young People

Caring for Adult Patients with a Learning Disability in an Acute Hospital

Supporting staff and patients' language and communication needs policy

17. Associated documentation

Mental Capacity Act

Communication tools

<https://nww.bsuh.nhs.uk/working-here/equality-diversity-and-human-rights/>

Hello my name is...

<http://hellomynameis.org.uk/>

Patient information leaflets

<https://nww.bsuh.nhs.uk/patients-and-visitors/patient-information/patient-information-leaflets/search-for-a-leaflet/>

This is me...

<https://www.alzheimers.org.uk/thisisme>

18. References

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Social Care Institute for Excellence (2013) Dignity in Care [On line] Available at <http://www.scie.org.uk/publications/guides/guide15/>

Tadd W. et. al. (2011) Dignity in Practice: An exploration of the care of older adults in acute NHS Trusts London, Department of Health. [On line] Available at http://www.bgs.org.uk/pdf/cms/reference/Tadd_Dignity_in_Practice.pdf

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Appendix 1 Due Regard Assessment Tool

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Age	No	No evidence to suggest there is a negative impact.
	• Disability	No	There is no evidence of a negative impact.
	• Gender	No	
	• Gender identity	No	There is no evidence to suggest a negative impact.
	• Marriage and civil partnership	No	There is no evidence to suggest a negative impact.
	• Pregnancy and maternity	No	There is no evidence to suggest a negative impact.
	• Race	No	There is no evidence to suggest a negative impact.
	• Religion or belief	Yes	There is no evidence to suggest a negative impact.
	• Sexual orientation, including lesbian, gay and bisexual people	No	There is no evidence to suggest a negative impact.
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	There is no evidence to suggest a negative impact.
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?	N/A	

8.	Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)	Yes	
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If you have identified a potential discriminatory impact of this policy, please refer it to **[Insert Name]**, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact uhsussex.equality@nhs.net (01273 664685).

Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TMB approval.

	Dissemination Plan	Comments
1.	Identify:	
	Which members of staff or staff groups will be affected by this policy?	
	How will you confirm that they have received the policy and understood its implications?	
	How have you linked the dissemination of the policy with induction training, continuous professional development and clinical supervision as appropriate?	
2.	How and where will staff access the document (at operational level)?	

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the policy or related documents from circulation?		
4.	Have you ensured staff are aware the document is logged on the organisation's register?		

Appendix 2 Spot Check Audit of Privacy and Dignity Policy

This audit tool is intended to be a quick means by which the ward manager or matron can establish all that they have the structural elements of the Privacy and Dignity Policy in place.

An action plan needs to be drawn up with the ward manager for all questions that the answer is 'no'.

If there are any queries concerning the tool, any of the requirements in it or about developing an action plan, please contact your matron or Directorate Lead Nurse.

	Y/N/A	Comments
Do carers have access to communication aids?		
Do patients have access to Visitor Code leaflet?		
Is the name photo of ward manager/matron displayed?		
Is the photo of the dignity or Older Peoples Champion and Dignity displayed (if appropriate)?		
Do Staff know how to access listening devices?		
Is there a designated quiet room?		
Are patients suitably dressed to preserve dignity?		
Are bathrooms used for storage?		
Do bathrooms/toilets have male/female signs?		
Do patients have access to the Same Sex Accommodation leaflet?		
If patients are in a mixed gender bay – has this been explained and documented?		
Does the ward hold a register of people who have undertaken the chaperoning self-assessment?		
Is religion documented in nursing notes (look at 5 sets)?		

Are notes kept securely?		
Can telephone conversations be overheard by patients?		
Can computer screens be overseen from beds?		
Are records at the end of the patients' beds marked Confidential?		
Are all staff aware of how to access interpreters?		

Appendix 3 10 Tips for Improving Services for Trans People

1. Always respect a trans persons chosen pronoun

This may be in the form of “he” or “she”, but might also include gender neutral pronouns such as “he” or “they”. Do not worry if you make a mistake when referring to someone, it happens and can be rectified by an apology and a commitment to try harder to get it right. Using correct pronouns promotes a professional atmosphere of respect and understanding.

2. Welcome trans people by promoting your services and displaying trans positive material in your department/ward

There are a range of LGBT newspapers, internet sites and magazines you can promote your services in, and you can also display LGBT or trans specific literature and posters to help demonstrate you are trans-friendly. Think about using gender neutral signs for toilets.

3. Treat trans individuals with dignity and respect

You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to trans people as you would any other patient or service user. Don't make assumptions about people by their appearance.

4. If you are unsure about a person's gender identity, or how they wish to be addressed, ask

If you let the person know that you are only trying to be respectful, your question will usually be appreciated. For instance, you can ask, “What are your preferred pronouns?” or “What name would you like to be called?” In order to facilitate a good provider-patient relationship, it is important not to make assumptions about the identity, beliefs, concerns, or sexual orientation of transgender and gender non-conforming patients.

5. Establish an effective policy for addressing discriminatory comments and behaviour in your department

Ensure staff are fully aware of their obligations and procedures as stated in the Equality, Diversity and Human Rights and Dignity at Work policies, and that they are up to date with any training that is being offered.

6. Remember to keep the focus on care rather than indulging in questions out of curiosity

In most healthcare situations, people's assigned sex at birth is irrelevant, although there are a few exceptions. Asking inappropriate questions about a person's assignment at birth is invasive and potentially very hurtful. You do not need to know what a person's primary or secondary characteristics are in order to place them in the appropriate area in your ward, for example. If you are not sure, ask the person themselves and respect their choices.

7. Remember that the presence of a trans person in your ward/department is not always a “training opportunity” for other staff

Many trans people have had hospital staff call in others to observe their bodies and the interactions between a patient and healthcare provider, often out of an impulse

to train junior staff. However, like in other situations where a patient has a rare or unusual finding, asking a patient's permission is a necessary first step before inviting in a colleague or trainee. Many transgender patients wish to maintain control over who sees them unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful, competent health care.

8. It is inappropriate to ask trans patients about their genitals if it is unrelated to their care

A person's genital status - whether one has had any lower surgery or not—does not determine that person's gender identity for the purposes of social behaviour, service provision, or legal status. Remember that trans people might be very highly sensitive about that area of their body. Trans women may not want to use a bottle and trans men might not want to use a slipper pan for example.

9. Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for care

Just as you would not needlessly disclose a person's HIV status, a person's gender identity is not an item for gossip. Having it known that one is trans can result in ridicule and possible violence towards that individual. If disclosure is relevant to care, use discretion and inform the patient whenever possible.

10. Become knowledgeable about trans healthcare issues

Get training, stay up to date on trans issues, and know where to access resources.

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