

Dignity in Care Policy

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Referenced Documents

Healthcare for All 2008
Essence of Care Patient Focussed Benchmarks for Clinical Governance (NHS Modernisation Agency 2003)
Codes of Conduct for Nursing Midwives & Healthcare Professionals
National Patient Survey 2009
National Service Framework (NSF) for Older People 2001, NSF for Children Services 2004
Dignity in Care 2006
National Dementia Strategy 2010
Human Rights in Healthcare 2008
Delivering Same Sex Accommodation (DSSA) 2009
United Lincolnshire Hospitals NHS Trust (ULHT) Nursing, Midwifery & Allied Health Professionals Strategy 2010
Performance Plus - Behaviour Frameworks
Patient Experience, Customer Care Strategy 2009

Deprivation of Liberty Safeguards
Carers at the Heart of 21st Century Families & Communities – HM Gov 2008
The NHS Constitution 2009
ULHT Strategic Document 2010
Liberating the NHS 2010
End of Life Strategy 2008 DH
The Single Equality Scheme 2007-2010 DH
ULHT Patient Experience and Customer Care Strategy 2009-2012

Relevant Legislation

Health & Safety at Work Act 1974, Equality Act 2006
Mental Capacity Act 2005, Race Relations (Amendment) Act 2000
Human Rights Act 1998, Disability Discrimination (Amendment) Act 2005

Relevant Standards

National Health Service Litigation Authority (NHSLA) Standards
Care Quality Commission (CQC) Essential Standards – Outcome 1

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Other relevant policies; Chaperone Policy, Mental Capacity Act, Deprivation of Safeguards Procedure, and the Consent Policy are available via the Trust intranet.

1. Aim, Objective and Definition

1.1 Aim

To ensure patients, relatives/carers are always treated with dignity, respect and compassion and to put high quality patient experience and care as the primary focus.

1.2 Objective

The objective of this policy is to provide a framework and standards for improving the patient's experience in all areas within the Trust. The Trust is committed to providing high quality safe care to patients at all times. The National and Trust Strategy sets out goals, values and behaviours. This states clearly that every employee will uphold the values and behaviours of the Trust. These include:

- To put the patient and the public at the very heart of everything we do.
- We will treat patients, colleagues and visitors with respect, dignity and compassion

1.3 Definition:

"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.

In care situations, dignity may be promoted or diminished by: the physical environment; organisation culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out.

When dignity is present people feel in control, valued and confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort. They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed.

Dignity applies equally to those who have capacity¹ and to those who lack it. Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value.

¹ A definition of 'capacity' can be found under section 24 of the Trust's **Patient Experience and Customer Care Strategy, 2009-2012**

The nursing team should, therefore, treat all people in all settings and of any health status with dignity, and dignified care should continue after death.” Royal College of Nursing (RCN), 2008

Although this definition is from the Royal College of Nursing it is applicable for use by **all staff**.

2. Roles and Responsibilities

- 2.1 The Chief Executive
Has overall responsibility to ensure that the privacy and dignity of all patients, relatives/carers is maintained.
- 2.2 Every Member of Staff
Has a duty to ensure that the dignity of all patients, relatives/carers is maintained and to challenge poor practice. Staff members will treat each other with dignity and respect.
- 2.3. Each Manager
Is responsible for constantly monitoring the environment in which patients are cared for and to ensure that dignity is maintained and monitored for all.

3. Patient Experience, Engagement and Customer Care

- 3.1 The Trust has Dignity in Care Pledges to provide a publicised commitment to patient, relatives and carers regarding dignity and do not assume, but actively engage and ask patients what they require in terms of a dignified experience.
The Dignity in Care Pledges can be located on the Trust’s website, please click on the link below:
http://www.ulh.nhs.uk/for_patients/dignity_in_care/pledges.asp
- 3.2 For potential staff, understanding of dignity and compassion in practice need to be questioned at the recruitment stage prior to employment.
- 3.3 A positive experience will be the aim and focus for all staff in delivery and support of patient care. The Trust’s Patient Experience and Customer Care Strategy 2009-2012, guides staff in many aspects to ensure all those who use our services receive a service that meets, or exceeds, their physical and emotional needs and expectations.
Please follow the link to access the Trust’s Patient Experience and Customer Care Strategy 2009-2012:
http://www.ulh.nhs.uk/foundation_trust/documents/ULHT_Patient_Experience_Strategy.pdf

- 3.4 The Trust will regularly monitor the patient experience and seek user views on a variety of issues, on service development or changes and take action on the feedback provided and publish what we have done as a result of listening to the users of our service.
- 3.5 Staff will not assume but actively engage and ask patients what they want in terms of experience where appropriate.
- 3.6 Human Rights Statement
The Human Rights Act (2000) aims to encourage fairness, respect, equality, dignity and autonomy for all. These principles are fundamental to living full lives with dignity and respect. It is the responsibility of United Lincolnshire Hospitals NHS Trust to respect these rights, when delivering care, making decisions or developing or reviewing policy.

Dignity is a human right. The Dignity in Care policy aims to ensure that we always deliver person centred care, therefore treating everyone as individuals with individual choices for their care.

4. Education and Training

- 4.1 The Trust's Patient Well-Being Champion programme provides the organisation with an effective and structured training and education programme to equip and enable staff to meet and address fundamental aspects of Dignity in Care. This programme is designed to fully support the outcome measures as established in the Dignity in Care Pledges.
- 4.2 The Trust will offer Essential Skills training to identify key areas where the quality of care is integral to improving the patient experience. This programme is designed to fully support the outcome measures as established in the Dignity in Care Policy.
- 4.3 The focus of these programmes is upon a diverse range of potentially vulnerable service users. They expect and should receive equitable compassion, dignity and respect throughout their care journey. The Essential Skills programme will provide the organisation with an effective and structured training and educational programme to equip and enable staff to meet and address fundamental aspects of Dignity in Care and is supported by the Patient Well Being Programme.

5. Service Provision and Building Design

- 5.1 The Dignity Challenge, from Dignity in Care 2006 is a clear statement of what people can expect from a service that respects dignity. It is backed up by a series of 'dignity tests' that can be used by providers to determine how services are performing.

- 5.2 All services provided by the Trust, and future service provision, must be tested and meet the Dignity Challenge as set out below:

The Dignity Challenge:

High quality care services that respect people's dignity should:

1. have a zero tolerance of all forms of abuse.
 2. support people with the same respect that 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.
 8. engage with family members and carers as care partners.
 9. assist people to maintain confidence and a positive self-esteem.
 10. act to alleviate people's loneliness and isolation.
- 5.3 When planning services, gender variability must be taken into account, as well as demand and capacity data analysis, pathway planning and service provision.
- 5.4 When rebuilding or refurbishing, the Trust will consider providing high numbers of single rooms and small bays and will avoid the open wards of the past. There must be adequate space around bed areas with the aim of increased bed spacing where possible. Wards and departments should provide quiet rooms for confidential discussions. Locks will be provided on bathroom doors (that can be overridden in emergencies). Overlapping curtains will allow staff in and out easily around bed areas. Ward layouts should minimise any risk of overlooking or over hearing from members of the opposite gender.
- 5.5 The Trust will consider the use of single sex wards where possible, particularly where there are a number of wards in a speciality. Good segregation needs to be supported by a good physical environment. In particular, this includes high standards of hygiene. A clean environment is seen as an indicator for good general care. It immediately reassures patients and the public that other aspects of care will also be taken seriously. Good food and other non clinical aspects of care also have a similar positive affect.
- 5.6 The Trust will carefully consider the guidance offered in Health Building Notes to ensure the new facilities are designed to be sensitive to the needs of patient dignity and respect. Any new design shall be carefully

considered by members of a project team which shall not only include user groups representing clinicians and other NHS staff but also groups representing public and patient focussed groups. Larger projects shall be supported by public reference groups which include patient representatives and meet frequently to ensure the views of all are heard and acted upon.

- 5.7 The larger refurbishment or new build project will be encouraged to engage the support of a Design Champion who typically should be an executive or non executive member of the Trust Board. This role is to ensure all refurbishments and new buildings are completed to a very high quality, patient focussed environment with good working conditions for staff and buildings that make a positive contribution to the community.
- 5.8 Architecture affects everyone, every hour of the day and the appearance of the environment is important. The Achieving Excellence Design Evaluation Tool Kit (AEDET) will be employed by the Trust to ensure all designs are evaluated and rated excellent in so far as it is reasonably practicable to do so.

6. Delivering Same Gender Accommodation

(This is referred to nationally and known as 'Same Sex Accommodation'; however our local consultation with service users has requested this be referred to as 'same gender' as the issue is to do with gender. The definitions given are national hence the referral to same sex).

- 6.1 Same gender accommodation will be the norm. Good segregation has single gender bays/ sleeping areas, separate toilets and bathrooms that can be reached without having to pass close to opposite gender areas.

Definitions

- Same-sex accommodation is where male and female patients sleep in separate areas and have access to toilet and washing facilities used only by their own sex.
- Same-sex accommodation can be provided both in single sex and mixed sex wards.
- In a same-sex ward, the ward is occupied solely by either men or women and has its own dedicated toilet and washing facilities.
- In mixed sex-wards, same sex accommodation can be provided either as single rooms with same-sex toilet and washing facilities (preferably en-suite); and multi-bed bays or rooms occupied solely by either men or women with their own same-sex toilet and washing facilities.

- A bay is a sleeping area which is fully enclosed on three sides with solid walls (not curtains – they offer little privacy and do not provide a safe and secure environment). A fourth side may be open or partially closed. The fourth side might need to open for patient safety reasons, but the open fourth side should not face onto a bay occupied by members of the opposite sex.
- Patients should not need to pass through mixed communal areas or sleeping areas, toilet or washing facilities used by the opposite sex to get to their own. The only exception is fully dressed patients placed in day areas who need to access toilet facilities.

6.2 Clinical Justification for Mixing

No ward or department is exempt from the need to protect patients' privacy and dignity. All areas should make vigorous attempts to segregate men and women. However there may be some situations e.g. Critical Care areas where the patient's clinical condition is the priority and in these circumstances it is permissible to mix the genders until the patient's clinical condition improves to allow transfer.

6.3 When Mixing Occurs

All occurrences of mixing, whether clinically justified or not must be reported through the incident reporting process for recording. Staff will explain and apologise for every episode of mixing, ensure greater staff presence, reinforce high standards of respect, e.g. by not entering closed curtains. Staff must take all steps to rectify the situation as soon as possible. In an area where mixing has occurred each patient in the area affected must be considered and reported as a breach to this policy.

- 6.4 Each incident of mixing will be investigated by the directorate to establish the root cause and action must be taken to rectify the situation to prevent a recurrence. Monthly reports analysing the mixing will be produced and considered through Directorate Meetings and Trust Performance Reviews so assurance can be obtained that everything possible is being done to avoid this situation. The Trust Board will be kept informed of compliance.
- 6.5 The Trust will report all breaches monthly to the Primary Care Trust using the 'Same Sex Accommodation Breach Reporting Proforma'.
- 6.6 Staff must be aware that certain patient groups find mixed gender accommodation particularly difficult, according to recent patient surveys and must pay particular attention to their needs e.g. older women.
- 6.7 The National Service Framework for Children notes segregation by age is more important than gender. Children must be treated in accommodation that meets their needs for privacy and is appropriate to their age and development.

- 6.8 Transgender patients should be cared for in the type of ward of their choice i.e. if a patient lives and presents as a woman, they should be cared for in a female ward and visa versa. There may be the need for additional privacy if the patient has the genitalia of the opposite gender, e.g. use of a side room or sensitive use of bedside screening.

7. Care Provision

- 7.1 Staff will introduce themselves on initial contact with patients and relatives, including telephone conversations, by stating their name and role. Staff will wear and display photo-identification badges at all times.
- 7.2 Staff will ask each patient how they wish to be addressed, e.g. Mrs/ Mr and avoid lapsing into over familiarity, using colloquial titles such as duck, dear or love unless this is acceptable to, and agreed by the patient first.
- 7.3 Staff will always aim to communicate with patients in a manner which respects their individuality and needs, taking their view and needs into account. Staff will be aware of their body language and eye contact when communicating with patients and the public so their contact is involving and supportive. For example, standing at the foot of a patients bed with folded arms and the avoidance of eye contact, may lead a patient to feel that an interaction was impersonal and / or intimidating.
- 7.4 Whilst with patients, staff will make the patient their total focus. For example, staff will not engage in personal conversations or activities that exclude patients, such as texting, answering mobile phones (cf. ULHT Telecommunications Policy) or speaking to a colleague about personal or private issues.
- 7.5 Staff will ensure that a patient who does not speak or understand English has access to interpreter services within a reasonable time scale. A reasonable time scale is deemed to be within three hours in an emergency situation, and within 24 hours in a non-emergency.
- 7.6 Staff will only share information that a patient discloses with staff who are directly involved with the patient's care and with the patient's verbal consent.
- 7.7 Staff should be aware of and alert to anyone who may overhear staff conversations. Staff will not discuss clinical information about a patient in public areas, e.g. corridors, staff restaurant and outside of the organisation. Precaution must be taken to prevent information being shared inappropriately, e.g. computer screens being viewed and white boards being read.

- 7.8 Procedures will be in place for sharing or receiving patient information e.g. handover procedures, consultant and or teaching rounds, admission procedures, telephone calls, calling patients in outpatient clinics and breaking significant news.
- 7.9 Care
Staff will always aim to consider a patient's needs holistically including physical, social, spiritual and psychological needs.
- 7.10 Information will be available to help staff understand and meet cultural requirements for dress/ undress, hygiene and spiritual needs and requirements, e.g. modesty, dietary, hygiene, religious practice, age and gender concerns – for further information see hyperlink to Chaplaincy.
<http://intranet/subsites/chaplaincy/>
- 7.11 Staff will deal with a patient's request for assistance promptly to determine the need to prioritise care and attention accordingly and provide an explanation to the patient for delays.
- 7.12 Staff will respect a patient's personal space and property and be aware of cultural differences and boundaries for contact. Whilst in hospital a patient's bed space and locker is their personal area and permission should be sought before entering.
- 7.13 Where appropriate staff will knock before entering a patient's room or ask permission before entering behind curtains and wait for a reply before opening the curtains. Standard Trust 'Do Not Enter' signs will be used.
- 7.14 Staff will discuss with a patient whether they have any objection to healthcare staff professionals not directly involved in their care being present at ward rounds, outpatient consultations etc prior to these events occurring so that the patient has the opportunity to refuse. Patients should not have to wait in a consulting room for prolonged periods of time alone, either before or during a consultation.
- 7.15 Where patients are required to undress, staff will close curtains or doors fully and position screens correctly. Patients will not be asked to remove more clothing than is necessary and, following an examination, patients should have the opportunity to redress before the consultation continues.
- 7.16 Staff will check with a patient that they give permission to be washed/ examined, particularly by a person of the opposite gender, and respect their wishes as far as possible. Staff will comply with the Chaperone policy and give patients a choice of who is present during examinations and treatment.

- 7.17 Patients will be encouraged to dress in their own clothing during the day and encouraged to wear their own night attire to sleep in. When this is not appropriate or possible, patients should have access to hospital clothing that protects their modesty and is acceptable to them. Patients who are being transported around the hospital or being discharged from hospital will be adequately covered if unable to be dressed. Patients will not be exposed in an embarrassing manner.
- 7.18 Patients will be actively supported in making dignified and practical choices about using toilet facilities, moving patients into toilet facilities rather than using a commode at the bedside.
- 7.19 Staff will protect the dignity, particularly modesty, of very ill or confused patients who may act inappropriately and present challenging behaviour whilst the root cause of the problem is ascertained and treated.
- 7.20 Meal times on wards are 'protected' and free from all unnecessary activities to enable patients to eat meals without interruption and enable the ward staff to assist patients who need help.
- 7.21 When a patient has died, the body will be treated with the same dignity and respect as when they were alive. Relatives/Carers will be treated with particular sensitivity and compassion at this time.
- 7.22 Staff will respect a patient's need for rest and sleep. Staff will carry out their duties calmly and quietly. Staff will ensure that they wear rubber soled shoes to reduce avoidable noise at night. Staff will promote a restful environment at night by ensuring noise is kept at a minimum. Staff will ensure main ward lighting is lowered during night hours. Use of night lights and individual bedside lights will be promoted. Staff will ensure that unless there is a clinical need patients will not be transferred to other wards during the night.
- 7.23 People Who Do Not Have Capacity
Staff will consider users of our service who do not have capacity to make decisions. Staff will comply with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. All interventions will always be in the patient's best interests, from the patient's viewpoint, taking into consideration the patient's views when they had capacity where possible. All treatments and care should be the least restrictive for the patient.
- 7.24 Social Networking Sites
Staff will not make reference to any aspect of work within ULHT on Social Networking Sites. The taking and sharing of images relating to patients for non professional/clinical purposes are not permitted.

8. Advocacy and Advice

- 8.1 Healthcare staff will be advocates for patients in their care. However patients, relatives and carers have the right to independent advocacy if necessary. Advocacy and advice services for patients are available through the following:
- 8.2 ULHT Customer Care Team
- 8.3 Total Voice Lincolnshire (Voiceability)
- 8.4 Independent Mental Capacity Advocacy service - IMCAS
- 8.5 Independent Complaints Advisory Service –ICAS
- 8.6 Lincolnshire Carers' Partnership (for advice)

9. Monitoring

- 9.1 The implementation of the Dignity Pledges as a philosophy of care will assist the monitoring of the policy and intent.
- 9.2 Monitoring compliance with the policy should be undertaken on a regular basis and be reported by Directorate and Corporate teams using the following data and tools:

- Essence of Care benchmarking
- The Patient's Survey
- The Staff Survey
- Complaint's information
- Incident reports
- Patient Experience reports
- Dignity Pledges

10. Glossary

- Advocates (8.1): those who act on behalf of others
- Autonomy (3.7): the right to manage one's own life and affairs
- Holistically (7.10): seeing and treating the person as a whole
- Patient Well-Being
Champion (4.1): a staff member who has undertaken further training in their clinical area and taken on a champion role to improve the quality of care and patient experience