

C8: Policy: Privacy and Dignity

Document Summary Table	
Person Responsible for Policy:	Clinical Services Manager
Date of Approval:	15/03/2023
Next Review Date:	31/03/2025
Ratified by:	Hospice Governance Group

AIMS OF THE POLICY

To promote privacy and dignity for people, which enables individuals to feel in control, valued, confident, comfortable and able to make their own decisions.

SCOPE

This Policy applies to all people who access Blythe House Hospicecare and Helen's Trust services i.e. All Staff (including Bank Staff, Students and Sessional Workers), Patients, General Public, Visitors, Contractors, Volunteers, Retail Staff, Retail Customers

THE POLICY

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.' (RCN 2008)

Privacy is the right that someone has to keep their personal life or personal information secret or known only to a small group of people (Cambridge Dictionary)

Privacy & Dignity in Treatment & Care

Blythe House Hospicecare and Helen's Trust supports the 6Cs and embeds them into practice:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment (Compassion in Practice, Department of Health, 2012)

The treatment and care provided at Blythe House Hospicecare and Helen's Trust is person-centred and holistic, and takes account of the uniqueness of each person.

People will be treated with respect, kindness, compassion, courtesy, honesty and understanding.

Respect, dignity, compassion and care are at the core of how people are treated. All staff and volunteers have a duty to ensure that the privacy and dignity of every person is respected.

People have a right to privacy and to be cared for in a dignified way, which encompasses freedom from unauthorised intrusion and relates to all information and practice that is personal or sensitive to an individual.

Every manager is responsible for consistently monitoring the environment with regard to privacy and dignity issues.

Attitudes and Behaviours

Respectful attitudes and behaviour towards people are promoted and expected, including consideration of non-verbal behaviour and body language to prevent people experiencing offensive or negative attitudes and behaviours.

Unacceptable or inappropriate attitudes or behaviour will be addressed promptly with individual members of staff.

Personal Identity

People can expect to experience care in an environment that actively encompasses individual values, beliefs and personal relationships.

Stereotypical views are challenged and the valuing of diversity is demonstrated.

Individual needs and choices are ascertained and continually reviewed.

Personal Boundaries and Space

People's personal space is respected and actively observed by staff and volunteers.

The patient's preferred name is ascertained, used and documented in the multidisciplinary notes and on the electronic database.

Measures are in place and promoted to prevent staff or volunteers disturbing or interrupting people e.g. knocking before entering; use of "Do Not Disturb" signs.

Personal and private space is respected and protected for individuals.

Communication

Communication takes place in a manner that respects individuality.

All information provided is factual, in plain language with no jargon or abbreviations and given at the required level of understanding.

Information is adapted to meet the needs of individual people.

An interpreter will be made available if necessary and the person consents to this.

Communication aids are made available e.g. hearing induction loop.

Relevant communication exchanges are recorded, if the person gives consent.

At the recruitment stage and prior to employment, an understanding of dignity and compassion in practice needs to be established with potential employees.

Employees have access to support through clinical supervision and training to enhance their communication skills.

Privacy and Confidentiality of Personal Information

Information is shared, with consent, to enable care to be provided safely and effectively.

Informed consent is sought when sharing information with members of the multidisciplinary team or with other agencies.

Precautions are taken to prevent information being shared inappropriately.

The confidentiality policy is adhered to.

Privacy, Dignity and Modesty

Every person will have their privacy, dignity and independence respected.

Care actively promotes privacy and dignity, and protects people's modesty.

People are protected from unwanted public view whenever necessary through the use of private areas, blinds, screens and covers.

Areas are available for people to have private conversations.

People are encouraged and offered opportunities to raise concerns about privacy and dignity. Suggestion cards, real time feedback and the use of outcome scores (POS) allow people to raise concerns in addition to daily contact and communication with hospice staff and volunteers.

People must give consent prior to undergoing consultations, examinations, procedures, treatments and care, in accordance with the Consent Policy.

People are offered a chaperone or invited to have a relative or friend present with them during any examination or procedure. Their personal preference should be documented in their clinical record.

RELEVANT LEGISLATION, GUIDANCE AND REFERENCES

References

- Department of Health, Social Care Institute For Excellence, Care Services Improvement Partnership. (2006) Dignity in Care Practice Guide, London: DH.
- Her Majesty's Stationery Office (2005), Mental Capacity Act, London: HMSO.

- Royal College of Nursing (2008) Defending dignity, challenges and opportunities for nursing, London, RCN.
- Department of Health (2012) Compassion in Practice NHS Commissioning Board. London

This policy should be read in conjunction with the following Blythe House Hospicecare and Helen's Trust policies:

- C4: Consent to Care and Treatment Policy
- C6: Mental Capacity Act (2005), Deprivation of Liberty, and Best Interests Policy
- C22: End of Life Care Policy
- C24: Chaperoning Policy

MAPPING TO RELEVANT REGULATORY BODY

NMC
CQC
BACP

VERSION HISTORY

Version	Approved by	Revision date	Description of change	Author
1		01/2016	Newly Created	JD
2		02.2019	Reviewed	JD
3		02.2021	Reviewed	JD
4		02.2022	Reviewed	JD
5	Hospice Governance Group	03/2023	Revised	CW

APPENDICES

N/A