



**Best Practice Guidelines
Privacy, Dignity and Respect within
NHS Highland**

Warning – Document uncontrolled when printed

Policy Reference: 008 / 250810	Date of Issue: August 2010
Prepared by: Bruna Nelson Christina Mackenzie, Charge Nurse Conrad Mackinnon, Staff Nurse Donald Mackintosh, Sapphire Epilepsy Nurse Specialist Jennifer Lobban, Project Manager/Clinical Faciliator Iain Macritchie, Rehabilitation Co-ordinator	Date of Review: August 2012
Lead Reviewer: Heidi May, Board Nursing Director	
Authorised by: Nursing Midwifery and AHP Policies, Procedures and Guidelines Group	Version 1.8

Distribution			
<ul style="list-style-type: none"> All employees of NHS Highland 			
Method			
CD Rom	E-mail X	Paper X	Intranet X

CONTENTS

1.	INTRODUCTION.....	3
2.	SCOPE.....	4
3.	PRIVACY, DIGNITY AND RESPECT.....	5
4.	STANDARDS OF PRACTICE.....	5
5.	ATTITUDES AND BEHAVIOURS.....	6
6.	COMMUNICATION.....	8
7.	TRAINING AND AWARENESS.....	9
8.	IMPLEMENTATION	9
9.	MAINTAINING	9
10.	CROSS REFERENCE.....	9
11.	EQUALITY AND DIVERSITY.....	9
12.	KSF.....	11
13.	REFERENCES AND BIBLIOGRAPHY.....	11-14

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 2	Date of Review: June 2012

1 INTRODUCTION

The aim of these guidelines is to provide NHS Highland staff with guidance and expected standards of practice in the promotion of **privacy, dignity and respect**, which affects all healthcare users. NHS Highland is committed to providing high quality care to all healthcare users at all times. Responsibility for protecting healthcare users' **privacy, dignity and respect** does not lie with one individual or group but with all NHS Highland staff at every level.

NHS Highland is eager to ensure that all healthcare users will feel that they are treated with dignity and respect, and that their right to **privacy, dignity and respect** is upheld and actively promoted at all times.

Privacy, dignity and respect are a high priority on quality improvement agendas. E.g. NHS Highland HEAT Targets.

Respecting privacy and dignity is not an addition to care provision, but an integral part of high-quality care.

For the purpose of these guidelines:

Privacy refers to, *“freedom from intrusion and embarrassment and relates to all information and practice that is personal or sensitive in nature to an individual. Privacy is a key principle, which underpins human dignity, and remains a basic human right and the reasonable expectation of every person.”* Human Rights Act, 1998

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, being of equal value and worth irrespective of differences such as age, race, culture, gender, sexual orientation, social background, health or marital status, disability, religion or political conviction.”* NHS Highland Policy – Dignity at Work

Respect, *“is positive regard shown to a person as a human being as an individual, by others, and demonstrated as courtesy, good communication, taking time and equal access.”* NHS Highland Spiritual Care Policy, 2009

Following the inclusion in Better Health, Better Care Action Plan (Scottish Government, 2007) and results from several surveys e.g. (Picker Institute, 2007), **privacy, dignity and respect** are high priorities for healthcare users and healthcare providers. These surveys indicate that satisfaction with care is inextricably linked with **privacy, dignity and respect**; therefore these should be an integral part of the delivery of individualised care.

Privacy, dignity and respect are built into the care delivered as well as the environment in which it is delivered. Staff should deal sensitively with the various circumstances in which **privacy, dignity and respect** may be infringed. However, in all areas of this policy, clinical emergency should be given priority.

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 3	Date of Review: June 2012

2. GUIDELINE SCOPE

These guidelines were devised to ensure all healthcare users receiving care within NHS Highland have their rights to **privacy, dignity and respect** acknowledged. These will be promoted at all times by all staff irrespective of role and purpose and within the resources available.

Current equality legislation places the responsibility on the organisation to prevent discrimination and harassment and show how it is ensuring equitable services. Providing care that ensures the dignity of healthcare service users, respects the diversity of the population and the individual needs of these users is how NHS Highland shows it is meeting its requirements.

The **privacy, dignity and respect** guidelines clearly relate to the ways in which healthcare users and their carers are to be treated while being cared for by NHS Highland. The scope of the behaviours and values outlined in this policy is by no means to be confined simply to the healthcare users and carers. It is recognised that, as healthcare workers, all NHS Highland staff should display values and behaviours which promote **privacy, dignity and respect** to each other, and throughout the organisation.

Privacy and Dignity Working Group

- *Bruna Nelson, Day Hospice Team Leader, Highland Hospice, Inverness
- *Christina Mackenzie, Charge Nurse, Emergency Department, Raigmore Hospital
- *Conrad Mackinnon, Nurse Team Leader, Torvean Ward, New Craigs Hospital
- *Donald Mackintosh, Sapphire Epilepsy Nurse Specialist, Adult Learning Disabilities, New Craigs Hospital
- Jennifer Lobban, Project Manager/Clinical Facilitator, Leading Better Care/Releasing Time to Care
- Iain Macritchie, Senior Hospital Chaplain/Rehabilitation Coordinator, NHS Highland

*Cohort 6 Leadership at the Point of Care 2008

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 4	Date of Review: June 2012

3 PRIVACY, DIGNITY AND RESPECT

Aims / Objectives

- 3.1 These guidelines are to be applied to all healthcare users in order to meet individual need by recognising and preventing barriers to care. These barriers can be related to stereotyping and stigma associated with age, ethnicity, disability, faith, sexual orientation and gender.
- 3.2 All NHS Highland staff should, at all times, treat healthcare users, their relatives and/or carers in a manner that makes them feel valued and respected and act in a way that maintains their **privacy, dignity and respect**.
- 3.3 All healthcare users should receive care in a manner which recognises their individual values, beliefs and personal relationships. The personal space of healthcare users, their relatives and/or carers should be respected at all times and likewise NHS Highland staff should expect healthcare users, their relatives and/or carers to grant them the same courtesy.
- 3.4 All healthcare users should be cared for in an environment that actively promotes their **privacy, dignity and respect**.
- 3.5 All healthcare users' information is confidential. Specifically all information about diagnosis and care will, in the first instance, be discussed with the healthcare user and/or or their legal guardian as privately as possible. This information will only be shared with others following the agreement of the healthcare user. However, while it is important that a healthcare users' right to confidentiality is respected, it is also important to ensure that this does not result in a failure to provide healthcare users with the appropriate care.
NHS Spiritual Care Policy, September 2009
Human Rights Act 1998 Ref: Dignity and Autonomy in Care
NHS Interpretation and Translation Guidance, 2009 Ref: Roles and Responsibilities When Working with Interpreters
Data Protection Act 1998 Ref: Access, Use and Handling of Patient Data
- 3.6 Within care settings, private and accessible rooms should be available for healthcare users, their relatives and/or carers to discuss their concerns with each other or NHS Highland staff. When the care setting is in the healthcare users' own home the selection of a suitable room will be negotiated between the practitioner and healthcare user, taking into consideration **privacy, dignity and respect**.

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 5	Date of Review: June 2012

4. Environment

- 4.1 Healthcare users care should not just maintain the **privacy, dignity and respect** of individuals but actively promote privacy and dignity issues locally, according to each unique area of practice.
- 4.2 NHS Highland staff should care for individuals in a smoke free, clean, safe, accessible and welcoming environment that actively promotes and maintains individuals' rights.
NHSH Smoking Policy
NHSH Infection Control Policy
NHSH Health and Safety Policy
NHSH Hand Hygiene Policy
- 4.3 Personal space should be respected and protected. Disturbances and interruptions to healthcare users should be minimised.
- 4.4 NHS Highland staff should inform all healthcare users about the Mobile Phone Policy relevant to the area of practice. In particular the use of photographing and making video recordings when using mobile phones in hospital.
NHSH Mobile Phone Policy
- 4.5 NHS Highland staff should avoid displaying healthcare users' personal information in public areas, unless this information is required for maintaining and promoting the healthcare users' safety. The use of clear and appropriate information on records and in the bed area should be used to ensure staffs are aware of any impairment a healthcare user may have and adjust care and support accordingly. E.g. sensory, mobility, language and communication
NHSH Confidentiality Policy
NHSH Data Protection Policy
- 4.6 The **privacy, dignity and respect** of healthcare users should be maintained at all times, through the effective use of private spaces, curtains, screens, blankets and appropriate clothing.
RCN Defending Dignity Policy 2009
NHSH Hand Hygiene Policy
- 4.7 Consideration should be made to minimise offensive odours and unsightly stains, through the prompt cleaning of soiled areas and the prompt removal of used commodes, urinals, bedpans etc.
NHSH Infection Control Policy
NHSH Health and Safety Policy
NHSH Hand Hygiene Policy
- 4.8 Healthcare users must clean their hands after using bedpans, commodes, urinals and toilets to protect not only themselves but others.
NHSH Infection Control Policy
NHSH Hand Hygiene Policy

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 6	Date of Review: June 2012

- 4.9 Healthcare users should be given access to a choice of appropriate and nutritious foods, e.g. ethnic/religious choices, vegetarian/vegan and age appropriate. Support should also be provided when assessed as appropriate to ensure that food can be consumed.
 NHSH Food, Fluid and Nutrition Policy
 Religion and Belief Matters Booklet
 Race Relations Amendment Act 2000
 Disability Discrimination Act 2005
 Clinical Quality Indicator Food, Fluid and Nutrition
- 4.10 NHS Highland staff should attempt to ensure that all healthcare users have protected mealtimes, free from ward rounds, investigations, phone calls, noise and visitors. There will be genuine exceptions to this and these will be managed at the discretion of the person in charge of the clinical area but not to the detriment of the healthcare user.
 NHSH Visiting Hours Policy
 NHSH Food, Fluid and Nutrition Policy
 Clinical Quality Indicator Food, Fluid and Nutrition

5 ATTITUDES AND BEHAVIOURS

- 5.1 NHS Highland staff are personally accountable for ensuring that they promote and protect healthcare users' well-being, Staff should also recognise and prevent any barriers to access and support because of stereotyping, or stigma associated with age, ethnicity, disability, faith, sexual orientation and gender.
 Disability Equality Duty 2005
 Race Equality Duty 2000
 Gender Equality Duty 2006
 Equality Act 2006
- 5.2 NHS Highland staff should ensure that healthcare users feel valued and do not experience any negative or offensive behaviour. NHS Highland should ensure that they are positively promoting equality and diversity.
 Disability Equality Duty 2005
 Race Equality Duty 2000
 Gender Equality Duty 2006
 Equality Act 2006
- 5.3 The preferred name which the healthcare user wishes to be known should be determined, recorded and used.
- 5.4 NHS Highland staff should be easily identified by healthcare users by the use of nationally agreed uniform policies and NHS Highland name badges.
 NHSH Uniform Policy

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 7	Date of Review: June 2012

- 5.5 NHS Highland staff should be aware of the possible negative effect of non-verbal communication/body language and gestures.
- 5.6 NHS Highland staff should be aware of the needs of healthcare users for whom English is not their first language.
NHS Translation Services
- 5.7 Healthcare users' physical, psychological, emotional and spiritual needs should be determined and regularly reviewed.
World Health Organisation 1998 Statement
NHS Spiritual Care Policy 2009
- 5.8 Healthcare users should never be left without clothing or a covering when bed bathing to maintain their **privacy, dignity and respect**. Ensuring appropriate and correct use of screening.
- 5.9 NHS Highland staff should ensure that all healthcare users are able to dress and undress in privacy.
- 5.10 Healthcare users should always be adequately dressed or covered prior to leaving the clinical area for any reason, so that their **privacy, dignity and respect** are maintained.
- 5.11 NHS Highland staff should encourage healthcare users, who are able to do so, to bath, shower and toilet themselves, with minimal supervision, unless a risk has been identified.
- 5.12 Where a need is identified, healthcare users should be offered appropriate assistance with e.g. spectacles, prosthetics, hearing aids, dentures etc.
- 5.13 NHS Highland staff should be aware of healthcare users' sensitivities with regard to personal contact/touch and personal boundaries. In particular, these issues might arise as a result of gender, culture and ethnicity.
Religion and Belief Matters Booklet
Chaplaincy Guidelines (2009)
Gender Equality Duty 2006
- 5.14 Requests by healthcare users and carers, to be treated by a specific member of staff will be considered, according to availability of staff and/or resources.
Gender Equality Duty 2006
Spiritual Care Matters 2009
- 5.15 NHS Highland staff who visit healthcare users in their own homes should act as guests, ensuring that entering the property and using the facilities are with the permission of the healthcare users and or carers.
NHS Lone Worker Policy
NHS Health and Safety Policy

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 8	Date of Review: June 2012

6 COMMUNICATION

- 6.1 NHS Highland staff should introduce themselves on initial contact with healthcare users and/or carers, stating their names and roles.
- 6.2 All communication between NHS Highland staff and healthcare users should be in a manner that displays respect for their individuality.
- 6.3 The clarity of any written information or leaflets should follow guidelines set by the Policy on Management of Policies and Procedures.
Communications and Engagement Planning
- 6.4 NHS Highland staff should ensure that they are aware of the communication needs of healthcare users and are able to ensure that any communication is understood by the healthcare user.
NHS Communications Policy
NHS Consent Policy
NHS Accessibility Guidance
- 6.5 Clear explanation should be given to the healthcare users by the appropriate staff member, before any action or procedure is commenced, and informed consent obtained, as appropriate.
NHS Consent Policy
- 6.6 NHS Highland staff should restrict conversations involving patient information, to areas where others cannot hear.
NHS Confidentiality Policy
NHS Data Protection Act 1998
- 6.7 NHS Highland staff should also restrict conversations involving their own personal information to non-clinical areas.
- 6.8 Any written information regarding healthcare users (e.g. patient notes) should be treated with privacy and respect, with high regard to confidentiality, and security of information
NHS Confidentiality Policy
NHS Data Protection Act 1998
- 6.9 NHS Highland staff should clearly identify themselves and/or make their presence known before entering screened areas or rooms.
- 6.10 NHS Highland staff working in the community should clearly identify themselves and their roles, before entering the healthcare users' home.
- 6.11 Where formal interpretation services are required, the NHS Highland has a legal responsibility to provide interpretation where required or requested by the healthcare user. Professional interpreters should be used at all times.
NHS Interpretation and Translation Guidance

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 9	Date of Review: June 2012

7 TRAINING AND AWARENESS

What about training and awareness?

E.g. The NHS Highland Board is responsible for ensuring that NHS Highland staff receive the following in order to support the delivery of these guidelines. It is the responsibility of managers to ensure that their staff have access to the following:

- Induction Programme
- Clinical Governance
- Equality and Diversity Awareness Sessions
- Health and Safety Training
- RCN Dignity Campaign

8 IMPLEMENTATION OF THE GUIDELINES

1. The Chief Executive is responsible for ensuring that Corporate Support is made available to assist in the implementation of these guidelines.
2. All NHS Highland staff are accountable for their behaviours and have a individual responsibility for the implementation of these guidelines.
3. It is the responsibility of all NHS Highland staff to ensure that the core principles of these guidelines are implemented and embedded within their working environment.

9 MAINTAINING THE POLICY

The maintaining of these guidelines will rest with the Clinical Governance Team, and all of its respective governance.

10 CROSS REFERENCE

The references link the NHS Highland Intranet
<http://intranet.nhsh.scot.nhs.uk/Pages/Default.aspx>

11 EQUALITY AND DIVERSITY

Impact assessed the Equality and Diversity. Recommended changes have been made to this document.

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 10	Date of Review: June 2012

12 KSF

Links to KSF
Core 1 Communication
Core 2 Person and People Development
Core 5 Quality
Core 6 Equality & Diversity
HWB5
HWB6

13 REFERENCES AND BIBLIOGRAPHY

BAILLIE, L. (2007) The impact of urological conditions on patients' dignity. *International Journal of Urological Nursing*. **1**(1), pp.27-35.

BALLINGER, C. (2006) Demonstrating Rigour and Quality? *In: Finlay, L. and Ballinger, C. (Eds.) Qualitative Research for Allied Health Professionals: Challenging Choices*. London: John Wiley & Sons Ltd., pp.235-246.

CALNAN, M.; WOOLHEAD, G. and DIEPPE, P. (2005) Views on dignity in providing health care for older people. *Nursing Times*. **101**(33), pp.38-41.

CAMPBELL, A.V. (2005) Core values in healthcare or why the patient isn't an afterthought. *Quality in Ageing*. **6**(1), pp.6-9.

COVENTRY, M.L. (2006) Care with Dignity: A Concept Analysis. *Journal of Gerontological Nursing*. **32**(5), pp.42-48.

GREAT BRITAIN (1998), *Human Rights Act c. 42*. London: HMSO.

Harnessing the Nursing, Midwifery and AHP Professionals' Contribution to Implementing Delivering for Health in Scotland (2006), Scottish Government, Edinburgh

INTERNATIONAL COUNCIL OF NURSES (2001a) Nurses and Human Rights:

International Council of Nurses position statement. *Nursing Ethics*. **8**(3), pp. 272-273.

INTERNATIONAL COUNCIL OF NURSES (2001b) The ICN Code of Ethics for Nurses. *Nursing Ethics*. **8**(4), pp.375-379.

JACOBSON, N. (2007) Dignity and health: A review. *Social Science and Medicine*. **64**(2), pp.292-302.

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 11	Date of Review: June 2012

KASS, L.R. (2002) *Life, Liberty and the Defence of Dignity: the challenge for Bioethics*. San Francisco: Encounter Books.

KELLY, A (2006) *Patient/Client Privacy & Dignity Policy*. Eastleigh and Test Valley South Primary Care Trust. NHS England, New Forest

KOLNAI, A. (1995) Dignity. In: Dillon, R.S. (Ed.) *Dignity, character, and self-respect*. New York: Routledge, pp.53-75.

KNOTT, P (2005) *Privacy & Dignity Policy for Patient Care*. Guilford and Waverly Primary Care Trust, NHS England

MATITI, M. R. (2002) *Patient dignity in nursing: a phenomenological study*. Unpublished thesis. University of Huddersfield School of Education and Professional Development.

MATITI, M. and COTREL-GIBBONS, L. (2006) Patient Dignity - Promoting Good Practice Project. In: Shaw, T. and Sanders, K. (Eds.) *Foundation of Nursing Studies Dissemination Series*. 3(5), pp. 1-4.

MCINTYRE, L and WOODRUFF, N (2006) *Addenbrooke's Standards for Privacy & Dignity*. Cambridge University Hospitals NHS Foundation Trust, NHS England

MENCAP.(March,2007) *Death by Indifference*. Mencap, London

NHS Education for Scotland (2008) *Education and Development Framework for Senior Charge Nurses*. Edinburgh: NES.

Nursing & Midwifery Council (2008), *The Code*, London. www.nmc-uk.org

NÅDEN, D. and ERIKSSON, K. (2004) Understanding the importance of values and moral attitudes in nursing care in preserving human dignity. *Nursing Science Quarterly*. 17(1), pp.86-91.

PICKER INSTITUTE (2007) www.pickerinstitute.org/surveys

REDMAN, B.A. and FRY, S.T. (2003) Ethics and human rights issues experienced by nurses in leadership roles. *Nursing Leadership Forum*. 7(4), pp.150-156.

REED, P.; SMITH, P.; FLETCHER, M. and BRADDING, A. (2003) Promoting the dignity of the child in hospital. *Nursing Ethics*. 10(1) pp. 67-76.

ROACH, M.S. (2002) *Caring, the human mode of being: a blueprint for the health professions*. 2nd revised Ed. Ottawa: CHA Press.

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 12	Date of Review: June 2012

ROYAL COLLEGE of NURSING. (2004) *Research ethics: RCN guidance for nurses*. London: RCN.

ROYAL COLLEGE OF NURSING. (2005a) *Informed consent in health and social care research*. London: RCN.

ROYAL COLLEGE OF NURSING. (2005b) *Guidance for mentors of student nurses and midwives: an RCN toolkit*. London: RCN.

ROYAL COLLEGE OF NURSING. (2008) *"Dignity at the heart of everything we do"* London ,RCN

ROYAL COLLEGE OF NURSING. (2008) *Defending Dignity-Challenges and opportunities for nursing*. London, RCN

SCOTTISH EXECUTIVE (2006) *Delivering Care, Enabling Health*. Edinburgh: Scottish Executive. Access at:
<http://www.scotland.gov.uk/Publications/2006/10/23103937/0>

SCOTTISH GOVERNMENT (2007) *Better Health, Better Care: action plan*. Edinburgh: Scottish Government.
Access at: <http://www.scotland.gov.uk/Publications/2007/12/11103453/0>

SCOTTISH GOVERNMENT (2008) *Leading Better Care*. Edinburgh, Scottish Government. Access at: <http://www.scotland.gov.uk/Publications/2008>

UNITED NATIONS (1948) *Universal declaration of Human Rights*. Available from
<http://www.un.org> Accessed 2nd December 2008.

WILSON, D. (2006) Giving patients a choice of what to wear in hospital. *Nursing Times*. **102**(20), pp.29-31.

WOOGARA, J. (2005a) Patients' rights to privacy and dignity in the NHS. *Nursing Standard*. **19**(18), pp.33-37.

WOOGARA, J. (2005b) Patients' Privacy of the Person and Human Rights. *Nursing Ethics*. **12**(3), pp.273-287.

WRIGHT, M. (2006) Real patient privacy requires simple considerations. *Nursing Times*. **102**(44), p.13.

www.dignitycare.co.uk

www.nhshealthquality.org

<http://intranet.nhsh.scot.nhs.uk> /privacy and dignity

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 13	Date of Review: June 2012

Warning – Document uncontrolled when printed	
Guidelines and Best Practice Privacy, Dignity and Respect for NHS Highland	Date of Issue: August 2010
Page: 14	Date of Review: June 2012