# Dignity and Respect Charter for patients

## Version 6.0

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>To advise and inform hospital staff of the right for all patients, their families and carers, to be treated with honesty, privacy and dignity at all times.</th>
</tr>
</thead>
<tbody>
<tr>
<td>For use by:</td>
<td>All hospital staff</td>
</tr>
<tr>
<td>This document supersedes:</td>
<td>Dignity and Respect Charter For Patients V 5.0</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Patient and Carer Experience Group</td>
</tr>
<tr>
<td>Approval date:</td>
<td>28 August 2015</td>
</tr>
<tr>
<td>Ratified by</td>
<td>Healthcare Governance Committee</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>September 2015</td>
</tr>
<tr>
<td>Implementation date:</td>
<td>September 2015</td>
</tr>
<tr>
<td>Review date</td>
<td>September 2018</td>
</tr>
<tr>
<td>In case of queries contact: Responsible Officer</td>
<td>Dominic Mundy, Patient Experience Manager</td>
</tr>
<tr>
<td>Directorate and Department</td>
<td>Nursing and Quality – Patient Experience</td>
</tr>
<tr>
<td>Archive Date ie date document no longer in force</td>
<td>To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.</td>
</tr>
<tr>
<td>Date document to be destroyed: ie 10 years after archive date</td>
<td>To be inserted Information Governance Department when this document superseded</td>
</tr>
</tbody>
</table>
## Version and document control:

<table>
<thead>
<tr>
<th>Version number</th>
<th>Date of issue</th>
<th>Change Description*</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>March 2009</td>
<td>Following Review process via Patient Experience Group (PEG)</td>
<td>S Higson, J Sadler</td>
</tr>
<tr>
<td>2.1</td>
<td>May 2009</td>
<td>Review</td>
<td>S Higson, J Sadler</td>
</tr>
<tr>
<td>2.2</td>
<td>May 2009</td>
<td>Clarity to Sections 4 &amp; 6</td>
<td>S Higson, J Sadler</td>
</tr>
<tr>
<td>3.0</td>
<td>June 2009</td>
<td>Ratified</td>
<td>Nursing &amp; Quality Governance Group</td>
</tr>
<tr>
<td>4.0</td>
<td>June 2009</td>
<td>DSSA incorporated in consultation with: Head Matrons DSSA, Head Matron Child Health Name Nurse Safeguarding Children Associate Director of Nursing, Patient Experience</td>
<td>J Sadler, S Higson, C Driver &amp; K Wolfe</td>
</tr>
<tr>
<td>4.1</td>
<td>April 2011</td>
<td>Information on maintaining dignity during patient transfers/discharge incorporated</td>
<td>J Sadler, S Higson</td>
</tr>
<tr>
<td>5.0</td>
<td>October 2012</td>
<td>Transferred to correct format and approved at Patient Experience Group</td>
<td>J Sadler, S Higson</td>
</tr>
<tr>
<td>6.0</td>
<td>August 2015</td>
<td>Transferred to correct format and approved at Patient and Carer Experience Group</td>
<td>D Mundy</td>
</tr>
</tbody>
</table>

### This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

Hospital documents may be disclosed as required by the Freedom of Information Act 2000.

### Sharing this document with third parties

As part of the hospital’s networking arrangements and sharing best practice, the hospital supports the practice of sharing documents with other organisations. However, where the hospital holds copyright to a document, the document or part thereof so shared must not be used by any third party for its own commercial gain unless this hospital has given its express permission and is entitled to charge a fee.

Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for hospital-wide issues) or Directorate/Departmental Management Team (for Directorate or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Patient Experience Lead.
CONTENTS

SECTION 1 - INTRODUCTION ................................................................. Page No
1.1 Policy Statement and Rationale ................................................. 4
1.2 Key Principles ........................................................................... 4
1.3 Definitions ................................................................................. 4

SECTION 2 - DUTIES AND RESPONSIBILITIES.............................. 5
2.1 Chief Executive .......................................................................... 5
2.2 Director of Nursing and Quality .................................................. 5
2.3 Patient Experience Team ............................................................. 5
2.4 Divisional leads ........................................................................ 5
2.5 Matrons, Ward Sisters/Charge Nurse, Consultants .................. 5
2.6 All Employees/Volunteers .......................................................... 5
2.7 Students on Placement in the Trust ............................................ 5
2.8 Bank/Locum Staff .................................................................... 5
2.9 Other organisations contracted to provide services ................. 5
2.10 Patient and Carer Experience Group ........................................ 6
2.11 Healthcare Governance Committee .......................................... 6

SECTION 3 - DIGNITY AND RESPECT CHARTER FOR PATIENTS Error! Bookmark not defined.
3.1 Key related Trust documents ..................................................... 6
3.2 Patients will be involved in decisions about their treatment and care 6
3.6 Children and Young People ....................................................... 8
3.7 Raising Concerns .................................................................... 9
3.7.1 Patients ............................................................................... 9
3.7.2 Staff ................................................................................. 10

SECTION 4 - TRAINING AND EDUCATION ...................................... 10

SECTION 5 - DEVELOPMENT AND IMPLEMENTATION INCLUDING Error! Bookmark not defined.
DISSEMINATION ............................................................................ 10

SECTION 6 - MONITORING COMPLIANCE AND EFFECTIVENESSError! Bookm:

SECTION 7 - CONTROL OF DOCUMENTS INCLUDING ARCHIVING Error! Bookmark not defined.
ARRANGEMENTS .......................................................................... 11

SECTION 8 - SUPPORTING COMPLIANCE AND REFERENCESError! Bookm:
SECTION 1 - INTRODUCTION

1.1 Policy Statement and Rationale
The Ipswich Hospital NHS Trust is committed to ensuring that all staff at The Ipswich Hospital NHS Trust recognise, respect and respond to the right for all patients, their families and carers, visitors and members of the public to be treated with privacy and dignity.

The Trust expects all staff to follow these principles at all times within their everyday working environment.

This Charter should be used in conjunction when compiling:

- All Trust policies, procedures and guidelines, demonstrating consideration for dignity and respect issues.
- This will be clarified by all Responsible Officers via the ‘guideline registration document’.

1.2 Key Principles
- All patients will be treated as individuals and holistically with appropriate consideration of and respect for their background.
- Patients will be involved in decisions about their treatment and care.
- The patient’s privacy will be maintained as much as their treatment/condition and/or procedure and/or environment allow.
- The physical environment supports patient privacy and dignity by providing accommodation in same sex wards or bays with the exception being only those circumstances where the patient requires specialist acute clinical monitoring/equipment.
- All staff are aware of and comply with the DH (Nov 2003) Confidentiality: NHS Code of Practice.
- The Trust is committed to providing services that are non-discriminatory and ensure equitable provision for all regardless of age, race, gender, gender reassignment, ethnicity, disability, religion and sexual orientation (this list is not exhaustive).

1.3 Definitions

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
</tr>
<tr>
<td>IHNHST</td>
<td>Ipswich Hospital NHS Trust</td>
</tr>
<tr>
<td>PCEG</td>
<td>Patient and Carer Experience Group</td>
</tr>
<tr>
<td>IHUG</td>
<td>Ipswich Hospital User Group</td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
</tr>
<tr>
<td>EMSA</td>
<td>Eliminating Mixed Sex Accommodation</td>
</tr>
<tr>
<td>PDR</td>
<td>Personal Development Review</td>
</tr>
</tbody>
</table>
SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 **Chief Executive**
The Chief Executive is the Accountable Officer of the Trust for all matters relating to the service provided by the hospital and as such has overall accountability and responsibility for ensuring the Trust meets its statutory and legal requirements and adheres to guidance issued by the Department of Health.

2.2 **Director of Nursing and Quality**
The Director of Nursing and Quality is accountable to the Chief Executive and has delegated responsibility for Quality and Patient Experience.

2.3 **Patient Experience Team**
The Patient Experience Team has delegated responsibility from the Director of Nursing & Quality for measuring and reporting on the patient experience and compliance with this guideline. The Patient Experience Team will ensure this policy is monitored by PCEG. The Patient Experience Team will be the ‘Responsible Officer’ for this guideline.

2.4 **Divisional leads**
All Divisional Leads are responsible for ensuring that all staff within their areas of practice work within the scope of hospital policies and guidelines and have a responsibility to ensure their staff are aware of and understand this guideline and their responsibility for applying it into their practice. Staff should have access to any specific training in regard to dignity and respect.

2.5 **Matrons and Ward Sisters/Charge Nurses, Consultants**
Matrons, Ward Sisters/Charge Nurses and Consultants have a responsibility to ensure that all their staff are aware of and comply with the guideline and that any failures to comply with the guideline are managed and appropriate action is taken as to ensure future compliance. The Matrons and Ward Sisters/Charge Nurses and Consultants are responsible for leadership and must lead by example in all matters relating to Privacy & Dignity.

2.6 **All Employees/Volunteers**
All members of staff have an individual responsibility and accountability in the provision of a service that ensures patients are treated in such a way to maintain their Privacy & Dignity. All members of staff must adhere to this guideline and all relating documents. If failures to comply with this guideline are identified, they must be managed appropriately.

2.7 **Students on Placement in the Trust**
Students who are on placement in the IHNHST work either directly or indirectly supervised. The students’ trainer, mentor/associate mentor will assess the student’s competency in applying this guideline to their practice.

2.8 **Bank/Locum Staff**
All staff working for the Trust are expected to work within the Trust policies and guidelines and are accountable and responsible for their practice.

2.9 **Other organisations contracted to provide services**
All staff working within the Trust are expected to work within the Trust policies and guidelines and are accountable and responsible for their practice.

2.10 **Patient and Carer Experience Group**
Will approve this policy.

2.11 **Healthcare Governance Committee**
Will be notified of the approval of this policy.
SECTION 3 – DIGNITY AND RESPECT CHARTER FOR PATIENTS

3.1 Key related Trust documents

- Confidentiality Policy
- Equality Policies and Schemes
- Values and Behaviours
- Guidelines Following Death
- Interpreters Policy
- Chaperone Policy
- Consent to Examination and Treatment Policy
- Delivering Same Sex Accommodation guidance
- Spiritual Care Policy

An Equality Impact Assessment has been completed. This document is compliant.

3.2 Patients will be involved in decisions about their treatment and care

- On admission the patient will be asked how they wish to be addressed. This will be documented in the patient’s notes and respected by all staff

- Throughout their stay patients will be provided with timely information (in a language and format they can understand) about their treatment, care and discharge with enough time given to allow for questions to be answered. A record of information given (verbally and/or written or other format) will be documented in the patient’s notes

- Patients will have the opportunity to have carers present at significant news consultations. These will be conducted in a sensitive manner by clinicians with relevant experience and appropriate training in advanced communication skills

- Staff must seek and obtain informed consent (verbal/written/implied) prior to examination or treatment. Patients have the right to refuse or withdraw their consent

- Permission must be sought from the patient before involving medical, Allied Health Professionals and/or students in any consultation care or treatment as part of clinical treatment and prior to taking part in any research (refer to Consent to Examination and Treatment Policy) and prior to referrals to other healthcare providers.

3.3 The patient’s privacy will be maintained as much as their treatment/condition and/or procedure and/or environment allow

- Modesty is promoted amongst patients so as to ensure that they are suitably covered up at all times to prevent embarrassment to themselves and others - all hospital gowns are designed to reduce the risk of embarrassment or exposure

- Full screening curtains are provided around bed areas and all staff should consider drawn curtains to mean ‘Do Not Enter’ unless required to do so for
clinical reasons. ‘Do Not Enter’ signs are available for use with the curtains as well as for side room doors

- The Trust makes every reasonable effort to accommodate requests for chaperones from patients and staff alike. (see Chaperone Policy)

- All patients admitted for emergency care will be informed on admission if any area they may access includes a mixed sex environment and the rationale for this. Elective care patients will be informed prior to admission. The patient’s preferences will be considered in conjunction with clinical need

- Any patient who is accommodated in a mixed sex environment due to clinical need, will receive a written explanation for this and will be transferred to a same sex area as soon as their clinical condition allows

- All patients, soon after their admission, and if their condition allows, will be shown the same sex toilet and washing facilities on the ward

- All toilets and bathrooms can be locked by the patient, although there is a system in place in the event of an emergency so that staff can gain access

- Patients utilising bedside commodes will, wherever possible, be wheeled to the toilet facility

- If a patient is facing the end stages of life, every possible effort will be made to ensure that the patient is nursed and cared for in an appropriate environment thus allowing comfort, privacy and dignity for the patient, relatives and those close to the patient

- Family members will be informed of the death of a relative in a sensitive manner with consideration given for ensuring confidentiality and privacy. (refer to Guidelines Following Death)

- Patients will not normally be discharged in hospital gowns/scrubs. There are some clinical exceptions ie inter-hospital transfers when travelling by ambulance. Patients (or their carer/relative) will be asked to bring in a set of ‘discharge clothing’ which will be kept specifically for use at discharge

- Where this is not possible the hospital will aim to provide suitable clothing to maintain dignity

- Where the patient does not want to change out of hospital gown/scrubs this will be noted.

3.4 **All staff are aware of and comply with the DH (Nov 2003) Confidentiality: NHS Code of Practice**

- Staff handover, ward rounds and all discussions between staff, patients and visitors respect issues of a private and confidential nature - staff will maintain awareness of their working environment and act appropriately to protect patient privacy and confidentiality
• Information contained on pin-boards behind the patient’s bed ie Two Tick and other disability or health alert symbols/stickers/notices, is sensitively managed and permission must be sought from the patient before use

• Don’t forget - you are always ‘on show’ and whatever you are talking about (patients, personal information and Trust business) you have the potential to be overheard.

3.5 The Trust is committed to providing services that are non-discriminatory and ensure equitable provision for all, regardless of age, race, gender, gender-reassignment, ethnicity, disability, religion and sexual orientation (this list is not exhaustive)

• Patients who require special equipment and/or facilities to maintain their privacy and dignity, for whatever reason, will be provided with that equipment where available (refer to Interpreter’s Policy).

3.6 Children and Young People

• Treating children and young people with respect is laid out in standards 3.10 - 3.12 (p. 19) of the National Service Framework for Children, Young People and Maternity Services (DH 2004) and these have been produced below in italics and should be referred to where possible and used to facilitate and implement best practice

• Every effort should be made to respect a child's need for privacy; observe courtesies; explain what is going on; and ask permission, for example, for a student to observe. All hospital departments need to understand and provide for the young person’s changing needs as they grow up, for example, for increasing independence and privacy, and different styles of communication, peer support and leisure pursuits. This includes recognising that preparation for the move to adult services includes a gradual increase in the involvement of the young person in decision making, while helping the parent take a ‘back seat’

• In some circumstances, children and young people may ask to see a health care professional of the same sex, and hospitals should try to accommodate this. Moreover, in certain circumstances, such as those involving children who have been the victim of sexual abuse, the sex of the health care professional may be of considerable importance. More generally, a trusted adult or member of staff must be available when any child or young person is to be examined without their parent present

• Staff have a duty to understand and meet their legal responsibilities towards the children and young people they are caring for (DH Children Act 1989; DH Children Act 2004). This includes the legal and ethical position on real or potential conflicts between the interests of the child or young person and those of the parents. This is most often an issue in child protection, but can arise in other situations as well. It is to some extent a training issue, but may need access to expert legal advice in difficult cases. Statutory government
guidance makes clear that in the context of child protection, it is the child whose interests are paramount

- Children and young people will be cared for in an appropriate child friendly environment that reflects their needs. They will be cared for in a safe environment by appropriately trained staff in partnership with their parents or carers, embracing the philosophy of family-centred care. Parents are usually the experts on their child and this must be recognised in order to fulfill a respectful partnership with the sick child’s parents. Key elements of their care will include physical, social, emotional and spiritual care. Staff will use their expertise to inform and negotiate care with the child and parents ensuring information is given in a timely manner according to the developmental stage of the child and young person and checking for understanding

- There is a specific pathway and protocol in guidance with ‘Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children’ (DH2010) and The Children Act (DH 1989 & 2004).

3.7 Raising Concerns

3.7.1 Patients

- All patients will be encouraged and should be supported to raise any concerns they have with regard to dignity and respect. All staff members are expected to respond appropriately to concerns raised

- Act to rectify the problem if possible to do so immediately - be open and honest and respond ‘at the time’

- Involve senior staff appropriately to help with a speedy resolution

- Local resolution should be used to try and resolve issues raised in the first instance

- Explain the role of PALS and Complaints and provide details of how they can be contacted

- Patients will regularly be asked for feedback as part of patient experience surveys as to how well the hospital has done in meeting dignity and respect.

3.7.2 Staff

- Try to prevent a situation becoming a concern or complaint - be approachable, listen to your patients, be proactive and intervene early on to resolve or rectify the situation

- Be prepared to challenge colleagues about their behaviour - speak up for patients’ dignity and respect.
SECTION 4 – TRAINING AND EDUCATION

The Trust will support staff to promote dignity and respect through training and personal development opportunities and through the KSF and PDR system.

All staff are required to attend mandatory training in line with the mandatory training matrix:

- Data Protection and Information Sharing (Information Governance Team - annually)
- Equality & Diversity Awareness (triennial)

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

5.1 The following have been involved in the development of this guideline:

Director of Nursing and Quality
Heads of Nursing
Patient Experience Lead
Senior Nurse, Dementia Care & Adult Safeguarding
Matron leads for Eliminating Mixed Sex Accommodation
Patient and Carer Experience Group (clinical and non-clinical staff and patient representatives) for review and comment

This guideline will be made available on the hospital intranet. Staff will be informed via Broadcast updates.

The Trust will publicise the Charter to patients and visitors and it will be posted on the Trust’s website. A written copy can be obtained by contacting the Hospital Advice and Complaints Service.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

Patients’ perception of how their privacy and dignity is maintained will be monitored, in line with the Patient and Carer Experience Strategy, via:

- The Trust’s Quality Management system
- Electronic patient surveys and Your Views Matter comment cards; live reports available to Divisions via webpage; six monthly and annual reports by the Patient Experience Team to Trust Board, Patient and Carer Experience Group, Healthcare Governance Committee and Ipswich Hospital User Group
- Annual National Patient Survey - reported to Trust Board, Divisions, Patient and Carer Experience Group, Ipswich Hospital User Group, Healthcare Governance Committee.

SECTION 7 – CONTROL OF DOCUMENTS INCLUDING ARCHIVING ARRANGEMENTS –

7.1 Once ratified by the Healthcare Governance Committee the author will forward this guideline to the Information Governance Department for a document index
registration number to be assigned and for the guideline to be recorded onto the central hospital master index and central document library of current documentation

7.2 In order that this document adheres to the hospital’s Records Management Policy, the Responsible Officer will arrange for staff to be advised when this document is superseded and for arranging for this version to be removed from the hospital’s intranet. The Responsible Officer will also advise the Information Governance Department who will ensure that this document is removed from the current index and library, archived and retained for 10 years from the archive date.

SECTION 8 - SUPPORTING COMPLIANCE AND REFERENCES

This document supports the hospital’s compliance with:

- The requirements of Care Quality Commission. Outcome 1 Respecting and involving people who use the service and Outcome 4 Care and welfare of people who use service