

1 INTRODUCTION

These guidelines have been adapted from the respect and dignity benchmarks contained in the Essence of Care 2010 (DOH, 2010) and from the NHS University of Hospitals of Leicester document; 'Caring at its best, Our Promise to our Patients' (2007).

UHL believes that every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. This guideline sets out the standards of care dialysis patients within our care should expect to receive in regard to maintaining their dignity.

2 WHO THESE GUIDELINES APPLY TO

Clinical guidelines are 'guidelines' only. The interpretation and application of clinical guidelines will remain the responsibility of the individual practitioner. If in doubt consult a senior colleague or expert.

These guidelines are applicable to patients directly under the care of University Hospitals of Leicester NHS Trust. Local guidance (for example for the inpatient care of kidney patients not in a Leicester hospital) may also exist and take precedence. These guidelines are for all staff caring for UHL dialysis patients. Responsibility for protecting and promoting privacy and dignity does not lie with one individual or group, but with all staff at every level.

Staff should deal sensitively with the varied circumstances in which a patient's privacy and dignity may be infringed, and must always be aware of actual and potential clinical risks as they implement the responsibilities for privacy and dignity described in this guideline

3. STANDARDS

These expectations of best practice are taken from Essence of care 2010 benchmarks

- 1) Patients and carers feel that they matter all of the time
- 2) Patients experience care in an environment that encompasses their values, beliefs and personal relationships
- 3) Patients' personal space is protected by staff
- 4) Patient and carers experience effective communication with staff, which respects their individuality
- 5) Patients experience care that maintains their confidentiality
- 6) Patients' care ensures their privacy and dignity, and protects their modesty
- 7) Patients and carers can access an area that safely provides privacy

Standard 1; Patient and carers feel that they matter all of the time

- Patients feel that care is delivered at all times with compassion and empathy in a respectful and non-judgmental way
- Patients best interests are maintained where they lack the capacity to make particular decisions.
- Patients, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Patients and carers are provided with the knowledge, skills and support to best manage care. They should be given a detailed explanation of the choices of treatment available including home and unit therapies and should also have the opportunity to take part in self or shared care.
- Staff should adhere to the 'no decision about me, without me' principle in involving patients in decisions about their care.
- Staff should ensure that sensitive attitudes and behaviour are promoted, including consideration of their non-verbal behaviour and body language.
- Staff should ensure that each person experiences care in an environment that actively encompasses respect for their individual values, beliefs and personal relationships. Each person's needs are ascertained, documented, and appropriately reviewed.
- Patients who are dependent will be offered assistance to (e.g.) put on appropriate clothing or spectacles, and to insert hearing aids and dentures as required.
- Issues about attitude and behaviour are addressed with appropriate staff
- The name by which each patient wishes to be called should be sensitively determined, recorded and communicated to others in the care team and documented on the front of the nursing assessment sheet (the default form of address should be Mr. or Mrs. or Ms. Jones).
- Staff will ensure that all patients have access to a copy of the complaints procedure.

Standard 2: Patients experience care in an environment that encompasses their values, beliefs and personal relationships

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account during all stages of care.
- Stereotypical views are challenged if they occur
- Diversity is valued and specific and special needs are accommodated
- Patients' needs and preferences are ascertained and continuously reviewed

- Patients' personal relationships are respected

Standard 3: Patients' personal space is protected by staff

- Staff will respect and protect each patient's personal space (e.g. by knocking or making your presence known before entering the patient's space or by respecting dignity 'Do Not Enter' signs and red dignity pegs when bedside curtains are drawn).
- Red pegs and do not enter signs should be in place when curtains are closed.
- Staff will establish with each patient the acceptability of personal contact (touch) and the preferred personal space and boundaries and communicate this to all in the care team.
- Whenever possible staff will promote patient dignity when others are required or requested to be present (e.g. medical, nursing or other students) by seeking the patient's permission in advance.
- Staff will ensure that they include the patient in all conversations held in front of them especially during personal care, intimate procedures and medical reviews.
- Staff will ensure that unnecessary, intrusive noise are minimised in patient areas (including conversations between staff or bins clanging shut).
- Protected quiet times will be in place for nocturnal dialysis and these will be actively supported by staff.

Standard 4; Patient and carers experience effective communication with staff, which respects their individuality

- Staff will communicate with, and about patients and carers in a manner that respects their individuality.
- Staff will listen to patients and carers and ensure their views and needs are recorded and taken into account.
- Staff will communicate 'with' not 'at' patients' relatives and carers, at a pace which is individualised to each individual. Staff must check patient's understanding, and should always be ready to alter the pace or level of communication, or to repeat or explain information in a different way to ensure understanding.
- Appropriate written and verbal information will be provided for new patients explaining their treatment regimes. Wherever possible patients will be involved in negotiating care received (e.g. treatment days and times).
- Patients and carers are enabled to communicate effectively, for example, by the use of communication aids, or by the use of a competent translation and interpretation service which is available and accessible when required.
- All important communications should be recorded in the patient's medical or nursing notes as appropriate, including a summary of communication, who was present, and any outstanding actions.

Standard 5: Patients experience care that maintains their confidentiality

- In providing care, staff must at all times be sensitive to the need for the confidentiality of patient information. Every effort should be made not to discuss any patient or visitor within hearing distance of another patient or visitor. This is particularly important where sensitive information is being discussed.
- Precautions should be taken to prevent information be inappropriately shared, such as by overheard telephone conversations and written notes (e.g. personal notebooks or scraps of paper) or overlooked computer screens.
- Staff must treat all written patient information as confidential, and ensure its security at all times and appropriate (confidential) disposal.
- It is staff's responsibility to ensure that any electronically stored patient information (e.g. on USB data sticks and memory sticks) is security-protected (encrypted or secure-password-protected). No unprotected patient-identifiable information should be e-mailed out of the Trust internal email system unless it is essential information and is being sent from an nhs.net account to an nhs.net account.
- Staff should only discuss details of patients care with relatives if express consent has been given.
- Patients 'at a glance boards' should be used in accordance with standardised productive ward guidance.
- Explicit or expressed valid consent is sought from *people* when special measures are required to overcome communication difficulties, for example, when using competent interpreters

Standard 6: Patients' care ensures their privacy and dignity, and protects their modesty

- In providing care, staff should actively promote patient privacy and dignity, and protect patient modesty.
- Staff should protect patients from unwanted public view (including that of clinicians) and maintain their privacy by effective use of screens, curtains, blankets appropriate clothing and positioning of patients
- Staff will ensure that patients are always adequately dressed or covered, within a clinical area and prior to leaving a clinical area of any reason, so that their privacy is maintained and they are warm and comfortable
- Curtains (or full screens) must be drawn when dialysis is commenced or terminated on a patient with a femoral permcath or graft. Use of curtains must be offered to any patient with a permcath or vascath and must be used if the line cannot be accessed without disrupting outer clothing.
- Patients with femoral access must be fully covered with a blanket such that no body area is inappropriately exposed during dialysis.

- UHL staff should be easily identified by patients by the use of name badges and uniforms.
- Staff should routinely ask patients if they wish a chaperone for any intimate procedures.
- Staff should ensure that the personal space of vulnerable adult patients especially those who are not able to express competent views) remain appropriate
- Mixed sex dialysis units are considered acceptable and can be beneficial for established groups of dialysis patients unless dignity is compromised. As a result there is an expectation that all patients who attend for renal dialysis will be fully dressed
- No patient should be undressed (this includes wearing night attire or removing upper or lower body day clothes) within a mixed sex clinical area.

Standard 7: Patients and carers can access an area that safely provides privacy

- All patients must be provided with the nurse call bell.
- Many of the haemodialysis units have disabled toilet facilities which are mixed sex and entered from a main reception area. When a patient requires assistance the nurse should be vigilant in preventing other patients from being able to view the toilet.
- All patients should have access to a blanket to cover themselves when on dialysis.
- Inpatients should be fully clothed when attending for dialysis or should be treated in a side room or single sex bay, a breach of this should be reported using the Same sex accommodation breach template in the appendix, in line with the Trust Same-Sex Accommodation guidelines and reporting guideline available on Insite.
- Units providing nocturnal dialysis should provide single sex areas which are screened from each other, for example using separate bays or screens between male beds and female beds.
- If an unavoidable situation arises resulting in a patient attending the unit wearing nightwear and there is no ability to provide a side room or single sex bay then the screens/curtains will be closed during commencement and termination of dialysis and should remain in place as appropriate and as safety allows, if the screen/curtain cannot remain in place during dialysis the patient will be fully covered with a blanket during dialysis such that no body area is inappropriately exposed. This should be reported as a breach.
- Where same sex compliance is not possible, a full explanation will be given to the affected patients as appropriate and consent will be gained

Guidance for Reporting Breaches of Same Sex Compliance

In line with the national guidance it is considered that patients with long term conditions admitted frequently as a cohesive group (e.g. renal dialysis) may choose to be cared for together, as long as this

is the decision of the whole group and does not adversely affect the care of others. This is not acceptable where the only justification is frequent admission, and there is no recognisable group identity.

Renal Units under the jurisdiction of Leicester's Hospitals:

- Mixing is acceptable and can be beneficial for patients unless dignity is compromised (e.g. femoral lines) then an unjustified breach can be considered. Therefore as long as the above outlines standards within all Units are met any mixing of patients will not be considered a breach.
- If a patient in acutely unwell (as deemed by the Consultant Nephrologist) and mixing occurs in the outpatients dialysis units (and the patient is in nightwear) then a clinically justified breach will be reported.
- The agreed financial penalty will apply to all unjustified breaches of the same sex accommodation guidance.

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Same sex accommodation breach forms	Monitoring number of unjustified breaches	Suzi Glover	Monthly	

5. Supporting References (maximum of 3)

- Department of Health (2010) Essence of care. Benchmarks for Care Environment. www.gov.uk
- UHL (2014) Standards to optimise Patient Privacy & Dignity and promote compliance with the 'same sex' agenda across UHL outpatient Haemodialysis Units
- Department of Health (2012) Liberating the NHS: No Decision about me, without me.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216980/Liberating-the-NHS-No-decision-about-me-without-me-Government-response.pdf

6. Key Words

Privacy, Dignity, Haemodialysis.

CONTACT AND REVIEW DETAILS	
Guideline Lead: Suzi Glover Deputy Head of Nursing	Executive Lead Richard Baines
Details of Changes made during review: Updated to reflect the later Essence of Care version (2010), also to include nocturnal dialysis and to incorporate guidance from UHL Standards to optimise Patient Privacy & Dignity and promote compliance with the 'same sex' agenda across UHL out patient Haemodialysis Units (2014), the Same Sex Accommodation guidelines and reporting and Liberating the NHS (2012).	
Original Author: Mary Quashie Howard (2001)	

Appendix 1

Need to add in same sex reporting form but as it is a protected document I'm unsure how to.