

Privacy and Dignity Policy

This policy is to ensure that all staff understand their roles and responsibilities in ensuring that they promote the privacy and dignity of patients/service users and their families.

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Name of responsible Committee:	Patient and Carer Experience Group	
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Which Relevant CQC Fundamental Standards?		

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
2	09/11/15	Policy & references updated in line with national guidance
3	18/05/16	Changes following feedback through consultation to reflect community settings, children and learning disability service users
4	1/4/18	Changes following feedback through listening into action event and consultation

For further information contact:

Lead Nurses
Trust Lead Patient Experience & Improvement

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

Definitions that apply to this Policy

Privacy	'Freedom from intrusion and relates to all information, practice that is personal or sensitive in nature to an individual.'
Dignity	'Being worthy of respect'
Modesty	Not being embarrassed
Service User	Patient
Equality and Diversity	Equality and Diversity are not inter-changeable but inter-dependent. There can be no equality of opportunity if difference is not valued and harnessed and taken account of.
Protected Characteristics	This policy is intended to protect employees and service users from unfair treatment, regardless of their background. Our definition of 'protected characteristics' is based on those set out in the Equality Act 2010. The nine protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0. Purpose of the Policy

- 1.1 The purpose of this policy is to provide guidance to all LPT staff with regard to the importance that the Trust places upon the issues of privacy and dignity in the provision of care to our patients/clients and their relatives or carers, and to inform staff and patients/service users/relatives/carers of the standards of behaviour that are expected.
- 1.2 The policy will raise awareness to the principles of privacy, dignity and respect and enable staff to respond appropriately should they feel that the principles of the policy are being infringed.
- 1.3 This policy is designed to guide managers and employees on the LPT standards with regard to privacy and dignity. The policy is not exhaustive in defining acceptable and unacceptable standards and staff should be aware of risk assessment issues in adhering to the principles underpinning the policy. A sensible approach should be taken to ensure the spirit of the policy is applied

2.0. Summary and Key Points

- 2.1 This policy will support clinical staff in ensuring that the privacy and dignity needs of our patients/service users are considered and ensured creating an environment in which human rights are respected.
- 2.2 The policy uses the DH (Department of Health, 2007) 10 core principles that comprise the Dignity Challenge as a framework, namely:
 - Have a zero tolerance of all forms of abuse.
 - Support people with the same respect you would want for yourself or a member of your family.
 - Treat each person as an individual by offering a personalised service.
 - Enable people to maintain the maximum possible level of independence, choice and control.
 - Listen and support people to express their needs and wants.
 - Respect people's right to privacy.
 - Ensure people feel able to complain without fear of retribution.
 - Engage with family members and carers as care partners.
 - Assist people to maintain confidence and a positive self-esteem.
 - Act to alleviate people's loneliness and isolation.

3.0. Introduction

- 3.1 The Leicestershire Partnership NHS Trust (LPT) is committed to a person centred approach to care which respects privacy and dignity and the application, by the Trust of legislation, practice, policies and procedures which encourage and support this philosophy.
- 3.2 The Trust attaches the highest importance to ensure every patient receives high quality, compassionate care that is safe and effective, and which respects their privacy and dignity.
- 3.3 All staff working within LPT (including volunteers and contractors) must ensure that patients, relatives and carers are treated with dignity and respect at all times.
- 3.4 Staff are encouraged to challenge, or escalate concerns about colleagues' behaviour if it falls short of the Trust's high standards with regards to dignity, privacy and respect.
- 3.5 The Trust will be compliant with the commitment to eliminate mixed sex accommodation. This means that men and women do not have to sleep in the same room, nor use mixed bathing and WC facilities and in Mental Health Services a female only lounge is available. In doing this the Trust will deliver care with privacy and dignity in same sex accommodation.

4.0 Duties within the Organisation

- 4.1 **Levels of Responsibility**
The responsibility for protecting patient/service users' privacy and dignity does not lie with any one individual or group, but with all Trust staff, at every level of the organisation.
- 4.2 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 4.3 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 4.4 Responsibility of Service Directors and Heads of Service:
 - To lead, promote and champion the privacy and dignity agenda.
 - To ensure that measurable standards are met.
 - To ensure the Trust Board is fully briefed on privacy and dignity activity within the Trust.
 - To understand, promote and implement the privacy and dignity agenda as it relates to their service.
 - To review performance on this agenda

- To ensure relevant surveys and audit is carried out in the environments / areas they are responsible for and for the development of action plans to address areas of weakness.
- Locality Managers / Service Lead or their nominated deputy is responsible for the monitoring of their environments/areas in relation to privacy and dignity issues.

4.5 Responsibility of Managers and Team leaders:

- To ensure individuals within the team understand their roles and responsibilities with regard to privacy and dignity.
- To understand and implement specific privacy and dignity activity relevant to their service.
- To ensure staff have tools, resources and skills to promote and deliver services which respect privacy and dignity,
- To performance monitor and action team activity.
- Line Managers are responsible for the implementation of the policies standards within their environment/areas and that staff are aware of expected behaviour.
- Line Managers are responsible for the communication of policy breach to their respective managers and that where required an incident form is completed.

4.6 Responsibility of Staff

- To comply with the Professional Codes of Practice of their governing bodies e.g. Royal College of Psychiatrists, Nursing and Midwifery Council, General Social Care Council.
- To understand and practice within the Trusts policy framework
- To uphold the duty of care and practice within the legislative framework
- To understand and practice in accordance with the Trust values
- All staff are responsible for reporting all breaches of a patients privacy and dignity using the Trust incident report system
- Line Managers are responsible for ensuring the completion of audits and surveys within their environment/area, and that action plans are acted upon to address areas of weakness.

4.7 Clinical Staff

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given verbally and / or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a

disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following;

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

5.0 Best practice

5.1. Have a zero tolerance of all forms of abuse

Respect is seen as important by everyone in the organisation. Care and support is provided in a safe environment, free from abuse. It is recognised that abuse can take many forms including physical, psychological, emotional, financial and sexual and extend to neglect or ageism.

5.1.2 All staff value people, patients and carers as individuals

5.1.3 Trust policies uphold privacy and dignity and encourage vigilance to prevent abuse

5.1.4 Staff report abuse as per the adult and child safeguarding policies

5.1.5 Disclosure and Barring checks are conducted for all staff.

5.2 Support people with the same respect you would want for yourself or a member of your family

5.2.1 People should be cared for in a courteous and considerate manner, ensuring time is taken to get to know people. People receiving services are helped to participate as partners in decision-making about the care and support they receive. People are encouraged and supported to take responsibility for managing their care themselves in conjunction with, when needed, care staff and other information and support services.

5.2.2 All staff are polite and courteous, caring with compassion and integrity even when under pressure.

5.2.3 Staff should always try to see things from the perspective of the person receiving services.

5.2.4 People receiving services are not left in pain or feeling isolated or alone

5.3 Treat each person as an individual by offering person centred care

5.3.1 The attitude and behaviour of managers and staff help to preserve the individual's identity and individuality. Services are not standardised but are personalised and tailored to each individual. Members of staff take time to get to know the person receiving services and agree with them how formally or informally they would prefer to be addressed. Staff should introduce themselves to patients/service users using their own name.

5.3.2 It is expected that patients/service users will be asked how they would like to be addressed and addressed accordingly, ie their preferred name will be sought and they will be greeted in this way. This will be recorded in their patient record and communicated to the team. Staff must not assume it is acceptable to use a patient's given name, and, must only do so with the patients' agreement. Informal terms such as "love" or "dear" should not be used unless this is common parlance for the individual patient.

5.3.3 All requests for assistance will be responded to promptly and politely. Patient's preferences in relation to personal care should be ascertained before undertaking a procedure or any aspect of care and each patient should agree to a plan of care which reflects what is normal for them.

5.3.4 Care is prioritised to support the whole person

5.3.5 Individual, physical, cultural, spiritual, psychological and social needs and values are respected at all times.

5.3.6 All staff challenge discrimination, promote equality, respect individual needs, preferences and choices and protect human rights.

5.4 Enable people to maintain the maximum possible level of independence, choice and control

5.4.1 People receiving services are helped to make a positive contribution to daily life and to be involved in decisions about their care. Care and support are negotiated and agreed with people receiving services as partners including their families, parents and carers. All people including children and young people receiving services have the maximum possible choice and control over the services they receive.

5.4.2 Staff should ensure that families, carers and visitors are greeted and welcomed without delay.

- 5.4.3 Staff will deliver care and support at the pace of the individual need.
- 5.4.4 Individual risk assessments are carried out to promote choice in a way that is not risk averse.
- 5.4.5 People receiving services have the opportunity to influence decisions regarding our policies and practices.

5.5 Listen and support people to express their needs and wants

- 5.5.1 Provide information in a way that enables a person to reach agreement in care planning and exercise their rights to consent to care and treatment. Openness and participation are encouraged. For those with communication difficulties or cognitive impairment, adequate support and advocacy are supplied.
- 5.5.2 People receiving services are enabled and supported to express their needs and preferences in a way that makes them feel valued
- 5.5.3 Members of staff demonstrate effective interpersonal skills when communicating with people, particularly those who have specialist needs such as learning disabilities, dementia or sensory loss. People feel listened to and involved in the decisions about their care and treatment.
- 5.5.4 Staff will ensure reasonable adjustments are in place and available to ensure patient/service user communication can be as effective as possible. Staff have access to the Trust interpretation and translation services to ensure information is available in an accessible format including where necessary an alternatives language, large print. Format to be sorted

5.6 Respect people's right to privacy

Personal space is available and accessible when needed. Areas of sensitivity which relate to modesty, gender, culture or religion and basic manners are fully respected. People are not made to feel embarrassed when receiving care and support.

- 5.6.1 All in-patient areas have quiet areas or rooms that are available and easily accessible to provide privacy.
- 5.6.2 All members of staff actively promote individual confidentiality, privacy and protection of modesty.
- 5.6.3 People receiving services are able to decide when they want 'quiet time' and when they want to interact.

- 5.6.4 Patients' modesty will be maintained at all times when care/therapy is delivered, in whichever setting this is provided.
- 5.6.5 Staff will knock before entering a room – rooms will have signs indicating care is in progress .Reasonable adjustments will be made for hard of hearing, deaf or visually impaired patients.
- 5.6.6 When the bedside curtains are closed, because care is in progress, this should be highlighted by the use of a sign on the curtain. Staff should ask permission before entering the patients' bed space or cubicle.
- 5.6.7 Curtains, screens, gowns and bed linen should be used to achieve privacy.
- 5.6.8 Patients will have access to their own clothes at all times and staff will support them to dress, participate/provide personal hygiene as required to ensure patients are able to maintain their personal presentation.
- 5.6.9 Patients receiving care in their beds will have their modesty protected by the use of a sheet and blankets.
- 5.6.10 Patients will have their modesty protected on transfer from the hospital by the correct use of blankets etc. if they are unable to dress in their own clothes.
- 5.6.11 Staff providing care in a patient's own home will recognise and respect their property.

5.7 Ensure people feel able to complain without fear of retribution

- 5.7.1 People have access to the information and advice they need. Staff will support people to raise their concerns and complaints with the appropriate person. Opportunities are available to access an advocate. Concerns and complaints are respected and answered in a timely manner.
- 5.7.2 Complaints policies and procedures are user-friendly and accessible
- 5.7.3 Complaints and concerns will be dealt with early, and in a way that ensures progress is fully communicated.
- 5.7.4 People, their relatives and carers are reassured that nothing bad will happen to them if they do raise any concern.

5.7.5 There is evidence of learning and improvements following patient feedback, investigations from concerns, complaints and serious incidents.

5.8 Attitudes and Behaviour

5.8.1 Staff will introduce themselves to patients and their relatives and cares at their first contact.

5.8.2 Staff will ensure that patients feel that they matter and do not experience negativity or offensive attitudes or language or behaviour from staff.

5.8.3 Staff must be courteous at all times, especially at times where they are working under pressure. When in the patient's own home they will not answer phones unless in an emergency and give adequate time for the patient ensuring they feel that they matter.

5.8.4 Staff answering telephones will be polite and state their ward (if appropriate) name and designation.

5.8.5 Staff will ensure that nurse call bells or requests are met promptly. Where this is not possible, the patient should receive an apology and assurance that they will be attended to as soon as is possible.

5.8.6 Staff must not use their mobile phones for personal purposes whilst on duty. Work mobile phones should be switched off if possible when meeting with patients and relatives.

5.8.7 Staff must wear I.D. badges at all times, unless this is inappropriate due to patient/service user group.

5.8.8 All staff must attend mandatory equality and diversity training, which is incorporated into Core Mandatory Training

5.8.9 Staff should be aware of how body language may be interpreted by a patient or carer for example standing at the foot of a patient's bed, with arms folded and avoidance of eye contact, may lead a patient to feel that an interaction was impersonal and/or intimidating. Staff will be aware of the positive effects of smiling when speaking to people,

5.8.10 Transsexual people enjoy protection of discrimination law. It is therefore essential that privacy and dignity for this group of patients is treated with the utmost respect and professionalism.

5.8.11 Staff will offer a chaperone to patients and give them a choice as to who is present during examinations and treatments.

5.8.12 Where assistance with eating is required this should be provided discreetly to avoid embarrassment and loss of dignity. Adapted cutlery and crockery should be provided to enable people to feed themselves where appropriate.

5.9 Personal Boundaries and Space.

5.9.1 Patients will be given a choice whether or not to have students attending them.

5.9.2 Respecting patient's boundaries and space within their own home. Providing care in an agreed room as appropriate.

5.9.3 Wherever possible a choice of male/female staff will be available to meet cultural and individual needs and preferences.

5.9.4 Patients will be supported to ensure their privacy and dignity is maintained during physical examinations/interventions including seclusion.

5.10 Communication

5.10.1 Patients will be asked to provide feedback on their experience by 'the Friends and Family Test, Surveys and local forums. Consideration will be given to ensure these routes are in accessible format.

5.10.2 All patients will have access to interpretation services.

5.10.3 All patients who are unable to express their needs will have access to communication aids, age and ability appropriate aids.

5.10.4 Patient leaflets used will be reader friendly, easy read versions and agreed via the Trust 'Readers Panel'.

5.10.5 The patient's medical and nursing documentation will ensure that communication is maintained at all times between health care professionals.

5.10.6 In-patient care plans will only be kept at the bedside with the consent of the patient. If the patient is unable to make this decision their relatives/carers should be consulted. Patients will always be offered a copy of their care plan

5.10.7 Patient details will be kept in a secure room or trolley.

5.10.8 Staff telephone conversations will be made in a private area of the ward or department. Staff will be considerate to minimise disruption to people due to undue noise levels, especially on inpatient areas at night time.

5.10.9 Patient handover will be carried out in a separate area of the ward. Where walk round handovers take place no person identifiable information will be discussed. Copied of handover sheets that are not subject to document archiving required must be shredded prior to leaving the clinical setting.

5.10.10 All computers used in the clinical area will have timed screens.

5.11 Eliminating Mixed Sex Accommodation

5.11.1 Staff will deliver care in compliance with the Trust Policy 'Delivering same sex accommodation'. That policy has set out standards to maintain best practice for single sex accommodation compliant with NHS Single Sex Standards (2009a b) and the Delivering Same Sex Accommodation (DH 2009a b; 2010) and provide direction to staff to enable them to provide care and treatment in a way which treats service users with respect and maintains their right to privacy and dignity.

5.11.2 Managers and staff should be aware of all safety concerns, and alert to the possibility of assaults, not just to other residents but also to staff. This applies to hospitals and smaller residential community settings, as well as secure facilities and accommodation for people with learning disabilities. Patients may not feel safe mixing with others whose behaviour is disturbed or possibly violent or who have a history of abusing. Some patients may have been abused in the past and may have concerns about being situated in close proximity to the opposite sex.

5.11.3 Mixed sex accommodation can also be a matter of concern for patients in some ethnic minority groups, who may, in consequence, refuse admission to hospital on cultural and religious grounds. Managers and staff should also be aware of the possibility of assaults and abuse between patients of the same gender and policies should reflect this. The key to ensuring the safety of patients is to provide a safe and supportive environment and, the implementation of effective individual assessment and observation processes.

5.11.4 Breaches to mixed sex accommodation should be incident reported in accordance with the Delivering Single Sex Accommodation Policy.

6.0 Training needs

There is no specific training requirement identified within this policy, however staff are expected to display the Trust values, and these are embedded with the Trust Performance Review Processes.

Staff are encouraged to access resources including:-

LPT Patient Experience Film (2018)

Essence of Care Benchmarks for Respect and Dignity (2010)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216702/dh_119966.pdf

7.0 Monitoring Compliance and Effectiveness

Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Ensuring that the privacy and dignity needs of our patients/service users are considered and ensured during any contact(s) with our services.	Whole policy	Annual NHSII Privacy & Dignity Audit undertaken by Matrons	Patient & Carer Experience Group	Annually
		Incidents complaints and concerns	Service PSEG/ Service line governance arrangements. Corporate Patient and Carer Experience Group	Monthly
		Patient feedback – FFT and surveys including National mental Health patient surveys		
		Safeguard reports Complaints monitoring		

Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
		PLACE assessment		
All in-patients have protected meal times.	5.9.3	Protected Mealtime Audit	Service line governance Nutritional Steering Group	Monthly Annual

8.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Fundamental Standards: Person centred Care	You must have care or treatment that is tailored to you and meets your needs and preferences.
Fundamental Standard: Dignity and respect	You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure: You have privacy when you need and want it. Everybody is treated as equals. You're given any support you need to help you remain independent and involved in your local community.
Fundamental Standard: Consent	You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.

<p>Fundamental Standard: Safeguarding from abuse</p>	<p>You must not suffer any form of abuse or improper treatment while receiving care. This includes: Neglect Degrading treatment Unnecessary or disproportionate restraint Inappropriate limits on your freedom.</p>
<p>Fundamental Standard: Complaints</p>	<p>You must be able to complain about your care and treatment. The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.</p>
<p>Fundamental Standard: Duty of Candour</p>	<p>The provider of your care must be open and transparent with you about your care and treatment. Should something go wrong, they must tell you what has happened, provide support and apologise.</p>

9.0 References and Bibliography

This policy was drafted with reference to the following:

- NHS Institute for Innovation and Improvement Privacy and Dignity: The elimination of mixed sex accommodation, Good Practice Guidance and Self –Assessment Checklist
- Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)
- Care and Compassion, Department Of Health (2011)
- The Essence of Care, Department of Health (2010)
- Eliminating Mixed Sex Accommodation DOH November 2010
- The Same Sex Accommodation: Your Privacy, Our Responsibility campaign, Department of Health (2009)

- High Quality Care for All, Lord Darzi, Department of Health (2008)
- NMC Guidelines for Chaperoning, NMC (2008) London
- Maintaining Boundaries, General Medical Council (2006) London
- Gender Recognition Act 2004
- <http://www.justice.gov.uk>
- <http://www.dca.gov.uk/menincap/legis.htm>
- <http://www.opsi.gov.uk> and <http://www.direct.gov.uk>

This Policy needs to be taken into consideration with:

Care Program Approach Policy

The Prevention and Management of Violence and Aggression Policy

Delivering Single Sex Accommodation Policy

Vulnerable Adults Protection Policy

Safeguarding Children and Young People Policy

Chaperone Policy

Complaints Policy

Clinical Supervision Policy

End of Life Care Policy

Consent to Examination or Treatment Policy

Public Interest Disclosure (Whistle Blowing) Policy

Infection Prevention and Control Policies

Sharing Personal Data with Other Agencies

Training Needs Analysis

Training Required	YES	NO ✓
Training topic:		
Type of training: (see study leave policy)	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role specific <input type="checkbox"/> Personal development	
Division(s) to which the training is applicable:	<input type="checkbox"/> Adult Mental Health & Learning Disability Services <input type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services	
Staff groups who require the training:	<i>Please specify...</i>	
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	<input type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify)	
How is this training going to be monitored?		

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	✓
Respond to different needs of different sectors of the population	✓
Work continuously to improve quality services and to minimise errors	✓
Support and value its staff	✓
Work together with others to ensure a seamless service for patients	✓
Help keep people healthy and work to reduce health inequalities	✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	✓

Key individuals involved in developing previous versions of this the document

Name	Designation
Linda Bull	Matron
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Nicola Rhodes	Team Leader Child & Family Support Service
Emma Wallis	Lead Nurse

Circulated to the following individuals for comment

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Joanne Wilson	Lead Nurse
Tracey Yole	Lead Nurse
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Alison O'Donnell	Interim Head of Learning & Development
Debbie Whight	Matron
Jane Martin	Matron
Emma Dawson	Transition Lead

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:		Privacy & Dignity Policy	
Completed by:		Lynne Birchall	
Job title:		Patient Experience & Improvement Lead	Date 14/3/2018
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			No
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust