**APPENDICES**

**APPENDIX 1. Stakeholders contacted for a response to this report**

North Bristol Trust

University Hospitals Bristol and Weston

Integrated Care System BNSSG

System Quality Group Chair BNSSG

Age UK Bristol

The Pocklington Trust

Bristol Deaf Partnership

Caafi Health/ Malcolm X Elders

ORGANISATIONS HEALTHWATCH ENGAGED WITH DURING THE PROJECT

* Bristol Alzheimer’s Society
* Bristol Black Carers
* Bristol Deaf Partnership
* Bristol Dementia Alliance
* Bristol Eye Hospital
* Bristol Macular Society
* Bristol Older People’s Forum
* Bristol Royal Infirmary
* Bristol Sight Loss Council
* Bristol Somali Association
* Bristol Somali Forum
* Caafi Health
* Dhek Bhal
* Malcolm X Elders Group
* Somali Resource Centre
* Southmead Hospital

**APPENDIX 2.**

**Demographic data for Bristol**

27.7% of people in Bristol are over 50 years old (125,700 people), {17.2% of people are over 60 (78,300 people), 9.17% of people are over 70 (41,700 people) and 3.8% of people are over 80 (17,386 people)}.

6.6% (7,935 people) of people aged over 50 are from BME backgrounds. 4,121 people in Bristol are living with dementia, of whom 3,000 have received a formal diagnosis. 78% of these are aged 80 and over.

<http://agefriendlybristol.org.uk/userfiles/files/Age%20Friendly%20Bristol%20Strategy%20Final.pdf>

**Sensory impairment**

5,370 people aged 65 and over in Bristol were predicted to have had a moderate or severe visual impairment. In addition, 1,845 people aged 75 and over were predicted to have registrable eye conditions. In terms of hearing impairment 65,791 adults in Bristol have some form of hearing loss, of whom 63% (41,525 people) are aged 65 and over. A further 6,400 were predicted to have severe hearing loss. This represents 16% and 1.7% of the adult population accordingly. (JSNA Health and Wellbeing Profile 2020/21, BNSSG CCG)

**APPENDIX 3**

**National guidelines on dignity in hospital care**

**National policy**

The 2008 Health and Social Care Act (see Appendix 4) includes Dignity and Respect as a key part of the act, emphasising the need for staff to treat patients with ‘dignity and respect at all times’. It emphasises the need for patients to have privacy, appropriate and accessible communication between staff and patients, and to respect patients’ care choices. It states ‘All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard’; and,

‘Staff must make sure that people have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations’.

In looking at national policy NICE guidelines emphasise ‘the need for staff to provide individualised care for patients, taking into account the requirements of the [Equality Act 2010](https://www.gov.uk/guidance/equality-act-2010-guidance)and make sure services are equally accessible to, and supportive of, all people using adult NHS services’. NICE guidelines (February 2012) include the following in relation to dignity in care:

**Respect for the patient**

`1.2.1 All staff involved in providing NHS services (including chaplains, domestic staff, porters, receptionists and volunteers) should:

treat patients with respect, kindness, dignity, compassion, understanding, courtesy and honesty

respect the patient's right to confidentiality

not discuss the patient in their presence without involving them in the discussion’.

`1.2.2 Introduce students and anyone not directly involved in the delivery of care before consultations or meetings begin, and let the patient decide if they want them to stay’.

NICE Guidelines

<https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance#essential-requirements-of-care> (February 2012, updated June 2021)

**APPENDIX 4**

SUMMARY OF OUR LITERATURE REVIEW

The study found fourteen relevant articles which identified four overall themes and 10 subthemes as impacting on patient dignity. Overall themes included autonomy, healthcare delivery factors, organisational factors and the meaning of dignity, whilst subthemes include dependence/independence, choice, staff attitudes, communication, privacy, structure of services, staff shortages, physical environment, respect and person-centred care. (***[Ekpenyong](https://journals.sagepub.com/doi/full/10.1177/1744987121997890%22%20%5Ct%20%22_blank), 2021***)

Recent systematic reviews of literature on older people’s perceptions of dignity in hospital care have examined these in context of nursing professionals’ perceptions of dignity in care. A review published in 2021 states ‘Patients have a right to be treated with dignity. However, reports have continually identified concerns regarding the quality of care and dignity in hospitals. Undignified care can have an unfavourable impact on a patient’s care journey. The aim of this systematic review was to explore dignity as perceived by patients and nurses within hospital and community environments’.

Another systematic literature review identified 14 qualitative studies (Šaňáková, 2018). Four main themes of dignity from nurses’ perspectives were synthesised: *seeing the patient as a unique person, communication and privacy, involving the patient, and working culture and environment.* From the patients’ perspective six main themes were synthesised: *autonomy and control, privacy, relationships, care and comfort, communication and identity*. It has been suggested that the more dependent a patient, the more vulnerable they are to a loss of dignity, whilst independence was viewed as a protector of dignity. (Moen and Naden, 2015), (Baillie, 2009) and (Matiti and Trorey 2005).

Qualitative research conducted in three hospitals in England in 2008 identified six key themes that contribute to the preservation of patient dignity – privacy; confidentiality; communication and the need for information; choice, control and involvement in care; respect and decency and forms of address. Patients provided details of their expectations with respect to these factors. (Matiti and Trorey, 2008).

Patients that were interviewed as part of Healthwatch Bristol’s Dignity in Hospital Care project revealed very similar themes to those identified above.

**APPENDIX 5.**

**The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 includes Dignity and Respect as Regulation 10:**

1. When people receive care and treatment, all staff must treat them with dignity and respect at all times. This includes staff treating them in a caring and compassionate way.
2. All communication with people using services must be respectful. This includes using or facilitating the most suitable means of communication and respecting a person’s right to engage or not to engage in communication. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Guidance for providers on meeting the regulations 35
3. Staff must respect people’s personal preferences, lifestyle and care choices
4. When providing intimate or personal care, provider must make every reasonable effort to make sure that they respect people’s preferences about who delivers their care and treatment, such as requesting staff of a specified gender.
5. People using the service should be addressed in the way they prefer.
6. People using the service must not be neglected or left in undignified situation
7. All reasonable efforts should be made to make sure that discussions about care treatment and support only take place where they cannot be overheard.
8. Staff must make sure that people have privacy when they receive treatment and that they are supported to wash, bath, use the toilet and hold private conversations.

**APPENDIX 6.**

**Focus group participant information sheet**



**Dignity in Hospital Care Project**

Participant information sheet

The aim of the focus group discussion is to encourage participants aged 55 years and over to think about what dignity means to them as a concept, as people with lived experience of inpatient hospital care. We would like to hear your feedback on inpatient hospital care at a Bristol hospital, anytime in the past 2 years.

Your participation will involve joining a focus group virtually via Zoom on Thursday the 3rd of March 2022 from 2:00-3.30pm, co-facilitated by Anna King and Julie Bird of Healthwatch Bristol.

Following on from the focus group discussion, Anna King would like to phone you at a later date to follow up and hold a short 25-minute telephone interview.

Your feedback is very important to us; patient feedback plays a vital role in the process of trying to improve hospital services for. We would like to thank you for agreeing to participate in this Zoom focus group - we hope you enjoy it.

To acknowledge your input into our discussion and your time, we would like to give each of you a £20.00 high street shopping voucher. This will be sent to you in the post after the focus group and telephone interview.

If you have any questions about the project, please contact Anna King, Project Officer, Healthwatch Bristol, at Anna@healthwatchbristol.co.uk

**Focus group participant consent form**



**Dignity in Hospital Care Project**

**Informed consent form**

Thank you for agreeing to participate in a focus group discussion on the 3rd of March 2022 organised by Healthwatch Bristol. The focus group will last 1.5 hours, and we will be taking notes and audio recording the session. **All the data collected is confidential and the results will be fully anonymised.** The aims of the project will be explained to you and you will have an opportunity to ask questions about the project.

**Consent forms**

**Consent form for the use of your data**

Please tick all appropriate boxes

|  |  |  |
| --- | --- | --- |
|   | **Yes**  | **No**  |
| I confirm that I have read and understood the participant information sheet for the project and have had the opportunity to ask questions.  |   |   |
| I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason. |   |   |
| I understand that all the information I provide will be treated in confidence and will be anonymised in any published reports. |   |   |
| I understand that I also have the right to change my mind about participating in the project for a short period after the project has concluded (within one week). |   |   |
| I agree to notes being taken/audio recording about what I am saying as part of the project. |  |  |
| I agree to take part in the Dignity in Hospital project. |  |  |
| I agree to be contacted by the Project Officer, Anna King, by telephone after the focus group to follow up on my comments. |  |  |
| I understand that any personal information that can identify me, such as my name or where I live, will not be shared beyond the project team. |   |   |
| I give permission for the information that I provide to be archived and re-used.  |   |   |
| Name of Participant [IN CAPITALS]  Signature of Participant Email of ParticipantTelephone number of ParticipantName of Project Officer [to be filled in by Project Officer]I confirm that all the information relating to this research was provided prior to consent  Signature of Project Officer Date  |

**Focus group questions**

1. What does Dignity mean to you?
2. What does dignified care in hospital care mean to you?
3. Please give some examples of Dignity in hospital care?
4. Please give some examples of what you may think of as undignified care? Please give 1-2 examples
5. Do you have any suggestions for improvements?

**Telephone interview questions**

Age, Gender, Hospital, date

* + - 1. Which hospital were you in?
			2. When were you in hospital?
			3. What period were you in hospital – days – 1-2 weeks?
			4. What was your experience of hospital care during this time?
			5. What does dignified care mean to you?
			6. Can you give examples of dignified care that you have received?

**APPENDIX 7: Staff Survey (Microsoft Forms)**

 

**Dignity in Hospital Care Project**

Hospital:

Date:

Staff role: (optional)

1. Are you aware of any of the key policies on Dignity in hospital care at this hospital? Please include titles of documents and/or link to website:
2. Are you aware of any changes in policies affecting Dignity in hospital care - recent changes? Could you briefly describe these.
3. Do you run any staff training on Dignity in hospital care of patients? Is the training ongoing and does it get updated – for example, 6 monthly or yearly?
4. Please list the top 3 things that the Covid pandemic has affected on Dignity in care for older people in hospital.
	1. ……………………………………………………………………………………….
	2. ……………………………………………………………………………………….
	3. ………………………………………………………………………………………

1. How has Covid19 affected care delivery for older people and what have you learned to take forward for the future?
2. What do you think are the key issues around improving and integrating Dignity for older patients in care at this hospital?
3. Could you give any examples of good practice on dignity in hospital care relating to older patients in your hospital?

Thanks very much for your time and participation. All information you’ve provided will remain confidential and anonymized in any written reports. 18.02.22

**APPENDIX 8: Example of hospital trust dignity policies**

<https://www.ulh.nhs.uk/content/uploads/2015/06/dignity-in-care-policy.pdf>

Dignity in Care Policy United Lincolnshire Hospitals 2013

Aim, Objective and Definition

* 1. Aim

To ensure patients, relatives/carers are always treated with dignity, respect and compassion and to put high quality patient experience and care as the primary focus.

* 1. Objective

The objective of this policy is to provide a framework and standards for improving the patient’s experience in all areas within the Trust. The Trust is committed to providing high quality safe care to patients at all times. The National and Trust Strategy sets out goals, values and behaviours. This states clearly that every employee will uphold the values and behaviours of the Trust. These include:

 · To put the patient and the public at the very heart of everything we do.

 · We will treat patients, colleagues and visitors with respect, dignity and compassion

* 1. Definition: “Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals. In care situations, dignity may be promoted or diminished by:

- the physical environment; organisation culture; by the attitudes and behaviour of the nursing team and others and by the way in which care activities are carried out. *When dignity is present people feel in control, valued and confident, comfortable and able to make decisions for themselves. When dignity is absent people feel devalued, lacking control and comfort.* They may lack confidence and be unable to make decisions for themselves. They may feel humiliated, embarrassed or ashamed. *Dignity applies equally to those who have capacity and to those who lack it.* Everyone has equal worth as human beings and must be treated as if they are able to feel, think and behave in relation to their own worth or value. A definition of ‘capacity’ can be found under section 24 of the Trust’s Patient Experience and Customer Care Strategy, 2009-2012 Policy no ULH P&D 01 – Version

Project references:

Age UK report ‘Delivering Dignity – Securing dignity in care for older people in hospitals and care homes (2012) <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/delivering_dignity.pdf>

Baille, L. Patient dignity in an acute hospital setting: a case study.

2009 Jan;46(1):23-36.

doi: 10.1016/j.ijnurstu.2008.08.003. Epub 2008 Sep 14.

CQC Guidance for Providers on meeting the Regulations. Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 (part 3) February 2015.

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-10-dignity-respect>

Dignity Campaign (online)

<https://www.dignityincare.org.uk/About/The_10_Point_Dignity_Challenge/>

<https://www.dignityincare.org.uk/Resources/Useful_resources_for_Dignity_Champions/> (2006)

Mandu Stephen Ekpenyong, Mathew Nyashanu, Chioma Ossey-Nweze, Laura Serrant Exploring the perceptions of dignity among patients and nurses in hospital and community settings: an integrative review.Journal of Research in Nursing, November 2021 <https://doi.org/10.1177/1744987121997890>

Matiti, M. and Cotrel-Gibbons, L. (2006) Patient Dignity – Promoting Good Practice Project. *In* Shaw, T. and Sander, K. (Eds). *Foundation of Nursing Studies Dissemination Series 2006.* Vol. 3 No.5 <https://www.fons.org/Resources/Documents/DissSeriesVol3No5.pdf>

Matiti, R and Trorey, G.M. 2008 Patients’ expectations of the maintenance of their dignity. *Journal of Clinical Nursing, Vol 17, Issue 20. Pp 2709*-2717.

<https://doi.org/10.1111/j.1365-2702.2008.02365.x>

Moen, E.K and Naden, D. Intensive care patients’ perceptions of how their dignity is maintained: a phenomenological study. *Intensive and Critical Care Nursing. Volume 31, Issue 5. October 2015, pp 285-293.*

NHS Adult Inpatient Survey 2020 Benchmark Report United Hospitals Bristol and Weston NHS Foundation Trust. NHS CQC IPSOS MORI

Appendix B – 2020 National Adult Inpatient Benchmarking Report UHBW. NHS, CQC, IPSOS/MORI. United Hospitals Bristol and Weston NHS Foundation Trust

NICE Guidelines: <https://www.nice.org.uk/guidance/cg138/chapter/1-Guidance#essential-requirements-of-care> (February 2012, updated June 2021)

North Bristol Trust – Dignity policy:

[https://www.nbt.nhs.uk/patients-carers/coming-hospital/privacy-dignity#](https://www.nbt.nhs.uk/patients-carers/coming-hospital/privacy-dignity) (accessed March 2022)

[North Bristol NHS Trust Quality Account 2020/21](https://www.nbt.nhs.uk/sites/default/files/document/North%20Bristol%20NHS%20Trust%20Quality%20Account%202020-21.pdf)

<https://www.nbt.nhs.uk/sites/default/files/document/North%20Bristol%20NHS%20Trust%20Quality%20Account%202020-21.pdf>

Šárka Šaňáková, Juraj Čáp Dignity from the nurses’ and older patients’ perspective: A qualitative literature revie, February 22, 2018 Research Article Find in PubMed <https://doi.org/10.1177/0969733017747960It>

SCIE Report Dignity in Care (2006) <https://www.scie.org.uk/dignity/care>

(Accessed February 2022)

UHBW Trust Bristol Quality Account 2020/21

<https://www.uhbw.nhs.uk/assets/1/uhbw_quality_account_2020-21_-_final_post-board.pdf>