



Standards of behaviour



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Our appearance and our manner affect how we are viewed by patients, visitors and our colleagues. These standards of behaviour provide clear and transparent expectations of how we will behave at work.

Appearance and identity badges

As a member of staff you are the face of our organisation. How we present ourselves has an impact on the impressions we make, so:

- ◆ Wear your identity badge at all times
- ◆ Follow the uniform policy. It applies to all staff, clinical and non-clinical both patient facing and non-patient facing

Behaviour in public areas

Hospital corridors are the main route through the hospitals. We expect our staff to:

- ◆ Give priority to patients, visitors and staff who have patients or equipment with them. Be prepared to let them pass and hold doors open for them
- ◆ Offer to help people who look lost or confused
- ◆ Do not walk along corridors eating or with your head down using your mobile phone
- ◆ Walk on the left. If you are in a group do not take up the full width of the corridor
- ◆ Step to one side if stopping to talk to colleagues

'I bumped into a nurse that had looked after my wife the previous day. Her kindness and caring compassion were honest and obvious and calmed me immensely.'
- A patient's relative



Communicating with patients and visitors

Treat others as you would like a friend or relative of yours to be treated:

- ◆ Acknowledge patients and visitors by making eye contact with them
- ◆ Greet patients and visitors in a way that is appropriate on their arrival (e.g. outpatients) or your arrival to them (e.g. wards)
- ◆ Introduce yourself with '*Hello, my name is...*' and explain your role in their care
- ◆ Conversations that can be overheard should be appropriate
- ◆ Avoid talking about issues that may be unsuitable (e.g. colleagues, pay and conditions, social excesses) and absolutely no swearing
- ◆ Speak English in clinical and waiting areas, unless you have a shared language with the patient
- ◆ Always help patients to maintain their dignity in wards and elsewhere in the hospital
- ◆ If someone is distressed consider checking on them, or check with a colleague who works in that area
- ◆ When there is a distressed or confused patient reassure other patients and visitors that they are being cared for appropriately
- ◆ As far as possible make it clear:
 - * that you have washed your hands/put fresh gloves on
 - * why you are referring to a computer screen
 - * that you have read their notes but want to hear things from the patient
 - * why you are referring to notes by the bedside



Answering telephones

How we answer the phone creates an important first impression, ignoring a ringing phone is ignoring the person on the other end.

Make sure you:

- ◆ Know how to answer the call (section A below)
- ◆ Know how to help (section B)
- ◆ Know how the telephone functions (section C)

A. Answering the call

- As a team member, take responsibility to answer the phone, do not leave it to someone else
- Aim to answer the phone within five rings
- When answering the phone follow these three steps:
 1. **Greeting** – good morning, good afternoon, good evening
 2. **Place** – the ward/ work area
 3. **Name** – your full name (unless forename only is agreed)
- Be polite, friendly and smile – this affects the tone of your voice
- Listen
- Consider how you can actually help (see point B below)

'When my partner called, someone on the phone was only talking, not listening at all; not helpful.'
- Next of kin



B. Helping the caller

- Think about how you can help:
 - * Either: Take a message to pass on - include your name, time, date and message; ensure it is delivered to the individual by their preferred method – paper, email, book, other
 - * Or: Transfer the call to the correct person/area
- Take responsibility for the call and conclude the conversation: tell the caller what you are going to do. Repeat your name if necessary.
- Could you use Cerner to assist in locating a patient?
- Do not commit to call back times, or make promises that cannot be seen through
- Know what you can/ cannot say (specifically on wards)

C. Knowing how the telephone works

- Familiarise yourself with how to use the handsets in your work area—check with colleagues or contact estates and facilities
- Ensure you know how the contact portal and switchboard work



Use of mobile phones

Be mindful of how using mobile phones looks to other people

- ◆ Do not use your mobile phone if you are clinically supporting a patient that is being moved
- ◆ If you are using a mobile phone in front of a patient for clinical reasons (e.g. resps, guidance etc.) explain this to the patient first
- ◆ If you use a mobile for work-related conversations be sure that you do not compromise patient confidentiality (see 'Having confidential conversations').
- ◆ If you have to take a non-work call during work time, apologise, move away from work areas and keep it as short as possible
- ◆ Wherever possible, avoid using your mobile phone in work areas (including corridors)

Behaviour in wards

Anyone in uniform or wearing an identity badge is perceived by patients and visitors as someone who may be able to help them, so you should...

- ◆ Acknowledge visitors to ward areas by making eye contact and greeting them
- ◆ Introduce yourself and offer to help
- ◆ If it is not possible to help the visitor, find someone who can and let the visitor know that there will be someone with them shortly
- ◆ Engage with people in a positive and friendly way

'My short stay...was made as pleasurable as possible due to the professional, friendly and positive attitude of all staff from cleaners to ward manager.'

- An inpatient



Having confidential conversations

Confidentiality of patient information is central to the trust our patients have in us. When talking...

With patients and visitors

- ◆ Be sure to respect their privacy, talking in a private area if this seems appropriate
- ◆ Ask for the patient's permission to have other staff present (e.g. during ward rounds) and introduce them

With colleagues

- ◆ Avoid having patient related conversations in public places. Wherever possible hold conversations (both face-to-face and over the phone) where you can't be overheard
- ◆ Only use a patient's name when necessary and never identify a patient by name within listening distance of other patients, visitors or colleagues not involved in the conversation
- ◆ Minimise the possibility of being overheard



Night time working

Remember that your working hours are our patients' sleeping hours

- ◆ Wear soft soled shoes
- ◆ Speak quietly to patients and colleagues and on entering a ward or department
- ◆ Plan activity to ensure minimal disturbance
- ◆ Use dimmed lighting or 'spotlighting' when carrying out activities in patient areas
- ◆ Keep non-essential conversations to a minimum
- ◆ Continue to observe telephone answering etiquette
- ◆ Remember that your actions may have extra impact at night
- ◆ Our standards of behaviour are as important at night as they are for daytime

'Some night shift staff turn the light off at a reasonable time (say 10pm), but some leave it on fully until 12am or later with no explanation or reason. Sleeping is difficult enough with all the noise at night, but having the lights fully on makes it much worse.'
- an inpatient

Interacting with colleagues

We depend on all the different roles that exist within the Trust and contribute to the services we deliver

Regardless of job role, always treat others as you would want to be treated yourself.



Meetings and training etiquette

The effectiveness of any meeting or training session is underpinned by individual behaviour

- ◆ It is important that meetings and training sessions run to time and are attended by the correct people who are well prepared
- ◆ Ensure that you arrive on time or send apologies in advance if you will be late or cannot attend
- ◆ If appropriate, send a deputy to meetings who can report back
- ◆ Give those speaking the respect they deserve and avoid using mobile technology to carry out activities that are not essential to the meeting/training
- ◆ Allow people to finish what they have to say before sharing your point of view
- ◆ Meet deadlines to follow up actions, supply information or provide updates. If this is not possible ensure the meeting or trainer is aware in advance
- ◆ Make sure you are familiar with any information or papers that have been sent in advance to support your understanding



'The nurse on duty that night was very patient and went out of his way to cheer up (my son).'
- parent



Our standards of behaviour

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“ The doctor who discussed the procedure, then performed it, introduced himself, shook my hand and was extremely personable. He allayed my fears just by his demeanour - I was very impressed. ”

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