DGN-SOP-002: Dignity and communication training for staff

Standard operating procedure (SOP) · DGN-SOP-002 · Version 0.1 · Draft for local review

Supports: 49.5

At a glance

- Every member of staff who has contact with patients completes dignity and communication training at induction and every two years.
- The training is practical: it uses real scenarios, feedback and observation, not only a slide presentation.
- Staff are observed in practice, and any gap is followed up with support.
- Each person's training is recorded and reported to the service manager.
- Stop and act if: a member of staff is not trained or assessed as competent, or a patient complains about dignity or communication.

1. Purpose

To make sure every member of staff is trained to treat patients with dignity and to communicate with them, their families and each other respectfully, in line with the facility's dignity and respect policy (49.5).

2. Scope

Item	Coverage
Applies to	All clinical and non-clinical staff who have contact with patients or families, including agency staff, students and volunteers
Training	Induction training, the scheduled refresher, and the observation and feedback that follow

3. Definitions

Term	Meaning in this SOP
Dignity	Treating each person as a whole, with respect for their privacy, identity, choices, culture and beliefs, including when they are vulnerable or in pain
Communication skills	The ability to listen, explain in plain language, check understanding, respond to distress and use an interpreter where needed
Observed practice	A structured observation of a staff member's care and communication, scored against a checklist, and followed by feedback

4. Background

Patients often describe their care in terms of how they were spoken to and how they were treated, not in terms of clinical outcome. Most loss of dignity comes from routine moments: being left exposed, being spoken over, being given no explanation, or being treated as a task. These moments are changed by practice, not by knowledge alone.

5. Responsibilities

Role	Responsibility
Service manager	Plans the training, makes sure every member of staff is booked, and reviews completion each quarter
Training lead	Designs and delivers the training, with patients or carers where possible, and keeps the assessment tools up to date
Line manager	Carries out observed practice, gives feedback and agrees support plans
Each member of staff	Completes the training on time and applies it in practice
Chief executive or medical director	Approves the policy and the training standard, and receives audit results

6. Training content

1. Dignity: privacy and modesty during examinations, washing and transfers; respect for religious, cultural and personal needs; and the principles of the facility's dignity policy.
2. Communication: listening, explaining in plain language, checking understanding, and responding to distress, anger and grief.

3. Using an interpreter and communication aids, including how to work with an interpreter in the room.
4. Speaking about patients with respect, including at handover, in the corridor and in written records.
5. Recognising and reporting behaviour that undermines dignity, and what to do when a colleague does not meet the standard.

7. Procedure

7.1 Training

1. Complete the induction training within the first month of employment, before working unsupervised where the role allows.
2. Complete a refresher every two years, with a scenario-based practical session.
3. Record each attendance on the training matrix (WRK-REG-001).

7.2 Observed practice

1. Each staff member is observed at least once a year, using the dignity and communication checklist, in a real care episode with the patient's agreement.
2. Give feedback within one week, with one strength and one area for improvement.
3. Agree a support plan for any gap, with a follow-up observation within three months.

7.3 Patient and family feedback

1. Use patient feedback and complaints about dignity and communication to plan the next training round.
2. Share the themes with the staff team each quarter.

8. Decision points

Situation	Action
Member of staff does not attend training	Line manager books a place within four weeks. Non-attendance after that is escalated to the service manager
Observed practice shows a serious gap	Stop the practice with the patient's safety in mind, and agree immediate support with the line manager that day
Patient complains about a member of staff	Follow the complaints procedure and check the staff member's training record and last observation

9. Escalation

- Repeated gaps in dignity or communication across a team: the service manager reviews the team's training and practice the same month.
- Concern about a staff member's conduct: follow the facility's staff conduct procedure and inform the line manager the same day.

10. Monitoring

Measure	Target
Staff trained in induction and refresher on time	100 percent
Staff observed in practice in the last 12 months	At least 90 percent
Observed practice scores at or above the agreed standard	At least 85 percent
Patient complaints about dignity or communication, reviewed each quarter	All reviewed within 30 days

11. Records

- Training matrix entry for each member of staff (WRK-REG-001).
- Observed practice checklist with feedback and support plan.
- Patient feedback summary.
- Complaint records and outcomes.

12. Related documents

Code	Document
DGN-POL-001	Dignity and respect in every interaction
DGN-FRM-001	Dignity observation and report record
WRK-REG-001	Training matrix register
HSP-SOP-002	Spiritual, cultural and psychological needs

13. Evidence

This SOP is based on the reference sources listed below and on the requirement of criterion 49.5 of the ASF standards. The training content and checklist must be reviewed against the

facility's dignity policy at each review.

E-learning for this document

- No course linked yet. Request a dignity and communication course from the academy (see the Standard 49 request list).

References

1. NHS England. Dignity Challenge (2008). Check the current NHS dignity guidance before publication.
2. Facility dignity and respect policy (to be inserted by the facility at adoption).

Change history

Version	Date	Change
0.1	2026-10-26	First draft for review. Not yet approved by the ASF Expert Committee.

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