

ACTION PLAN FOR DELIVERING SAME SEX ACCOMMODATION PHASE 2

27TH NOVEMEBR 2009 PROGRESS REPORT

1. Introduction

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. The current intensive drive within the Trust to eradicate mixed sex accommodation has been recognised as being crucial to improving the patients' experience.

A two-pronged approach has been adopted within the Trust to ensure that by December 2009 the organisation will provide same sex accommodation across all clinical areas. However it is recognised that there are some exceptional circumstances, where providing fast effective care for the patient may take priority over ensuring same-sex accommodation.

The Department of Health (DH) in May 2009 produced further detailed definitions, which cover patients admitted in an emergency, those undergoing day treatment and those in critical care environments. Separate definitions have also been included for children, young people and transgender people.

2 Trust Mechanisms to Ensure Continued DSSA Compliance

In order to meet the Strategic Health Authority's deadline of December 2009, the Trust has adopted a two-phase delivering same sex implementation programme. **Most recent updates on progress are highlighted in bold for clarity**

2.1 Generic Action Plan - Phase 1 & 2

ISSUE	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	COMMENTS
Principle 1: Board of Directors Actively Support Patients' Privacy and Dignity						
To ensure Board and Committee members are fully informed of the privacy and dignity same sex accommodation initiative.	To include updates/information on same sex accommodation in regular Board meetings.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Director of Nursing	Ongoing	The Board members are fully informed of progress in delivering same sex accommodation.	Privacy & dignity papers are presented at all Public Board meetings. Board Paper presented 19th November 2009 Highlighting risks to compliance by December 2009
To include same sex awareness in current training.	Training on induction and clinical updates to include P&D and same sex accommodation.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Deputy Director of Nursing Head of Practice & Innovation	Ongoing - 2009/10	All staff in the Trust to ensure good practice with regard to privacy and dignity - same sex accommodation.	Features on Agenda for Matron & Nursing & Midwifery Strategy Meetings. Presentation acute medicine clinical governance session 20th November 2009. Band 5 and 6 Development programme

ISSUE	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	COMMENTS
Privacy and dignity policy needs strengthening in regard to same sex accommodation.	Policy to be strengthened and ratified. Compliance against policy measured by: Weekly and monthly same sex accommodation audits. 'Mystery Shopper audits'.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Corporate Nursing Team Heads of Nursing	Completed	The policy will be ratified following agreed process and embedded throughout the organisation.	Delivering same sex accommodation policy produced & circulated Trust wide. Reviewed yearly. Weekly and monthly audits support 100% compliance in phase 1 areas- decision to monitor monthly and reconsider if best practice not sustained
Reporting process.	Monthly reports to PCT	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Director of Nursing	Monthly	PCT aware of progress and to monitor performance.	Timely reports completed and e-mailed to PCT.
Principle 2: The Physical Environment Actively Supports Patients' Privacy and Dignity						
Estates Plan to map work at Trust.	Review activity forecast and ensures progress against plan, minimising effect on service.	Director of Strategy & Infrastructure	Project Manager, Watford Health Campus	Phase 2 - 31/12/09	Works programme to be implemented to meet requirements.	Progress documented in monthly reports and discussed at DSSA project group
Building works.	Construction of new facilities.	Director of Strategy & Infrastructure	Project Manager, Watford Health Campus	Phase 1 - Complete Phase 2 - 31/12/09	The Trust will be compliant with delivering same sex accommodation.	Phase 1 completed on 26/06/09.
Signage to ensure privacy and dignity and adherence to same sex areas.	Clearly identifiable signs on wards, bays, all bathroom facilities and where required to ensure same sex compliance.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Project Manager, Watford Health Campus Head of Practice & Innovation	Completed	Patients, staff, visitors will be aware of the gender assignment of each area and facilities.	Signs detailing accommodation arrangements (<i>Your Privacy, Our Responsibility</i> strap line) outside ward entrances
Principle 3: Individual Staff Actions Actively Support Privacy and Dignity						
Incidents of breaches of privacy and dignity/ same sex accommodation guidance.	Develop process and define breach and reporting mechanism.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Head of Practice & Innovation	Completed	Knowledge of same sex accommodation breaches and process to investigate and action trends.	Delivering same sex accommodation breach form Incident form completed and reported on Datix – quarterly report Now monthly

ISSUE	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	COMMENTS
Capacity challenges and associated decision making on patient placement.	Robust Bed Management Policy, which is zero tolerant of DSSA, breaches and reflects escalation requirements in response to exceptional circumstances.	Director of Delivery	Emergency Service Business Manager	September 2009	Revised Bed Management Policy in place and implemented Trust wide	Principals of delivering dignified care within same sex environment broadly circulated and discussed at several forums. Linking with Capacity Management Team to promote same sex accommodation placements. Delivering same sex accommodation policy in place.
Lack of awareness of Privacy and Dignity/ same sex accommodation standard.	Information campaign. Awareness sessions in team meetings. SSA being discussed upon admission Patient leaflet - include SSA information to all admission letters. Patient leaflet at all bedsides. Posters at key ward locations. Ward entry displays, depicting and describing same sex accommodation and how the ward achieves it. EoE poster campaign	Director of Nursing / Interim cover Director of Strategy & Infrastructure Director for Partnerships Director of Corporate Affairs	Head of Patient Services	December 2009	Patients, carers and visitors are aware of privacy and dignity/ same sex accommodation standard.	Communication Strategy implemented for Phase 1 work programme. DSSA information to be included in all admission correspondence. localised version of the EoE poster campaign. Currently revising Communication Strategy for Phase 2

ISSUE	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	COMMENTS
Audit against Privacy and Dignity same sex accommodation guidelines.	Repeat audit and develop further actions/improvements.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Head of Patient Services Head of Practice & Innovation	Ongoing throughout 2009/2010	Assurance of compliance and ongoing standards.	Audits undertaken include: Bi-annual Privacy & Dignity Self-Assessments & Delivery Plans following phase 2 completion December 2009 Monthly DSSA audits Patient Surveys - Local (4 times a year) and National. Patient Experience Trackers. 48 hr Discharge Calls. Bi monthly patient survey until April 2010 undertaken by patient panel
Patient/carer/visitor complaints.	Analysis and prompt action in relation to any Privacy and Dignity same sex accommodation issues.	Director of Nursing / Interim cover Director of Strategy & Infrastructure	Heads of Nursing Head of Practice & Innovation	Ongoing throughout 2009/2010	Triangulated feed back with questionnaires, and audit on patient experience in regards to Privacy and Dignity same sex accommodation and changing practice.	Formal/Informal complaints reviewed by Director of Nursing & Heads of Nursing Results of Survey's reviewed at all relevant Trust groups. Complaints relevant to privacy and dignity issues included in privacy & dignity Board paper

3.1 Phase 1 Programme

A dedicated weekly delivering same sex accommodation 'Task and Finish' Project Group, chaired by the Director of Nursing was established to monitor and ensure that the work programme was completed by 30th June 2009. The programme completed on 26th June 2009. 27 clinical areas are now fully compliant.

3.2 Phase 2 Programme

The Director of Nursing established a Phase Two Project Group in order to review how the areas, which will be non-compliant, can work towards eliminating mixed sex accommodation against recent Department of Health guidance. This phase will focus strongly on service redesign, innovative ways of working and sustainable change. **The following areas as part of Phase 2 initiatives are now deemed compliant; Discharge Lounge, Surgical Admission Lounge, Urgent Care Centre, Minor Injuries Unit, Cardiac Catheter Lab, Endoscopy Unit WGH and Intensive Care Unit.**

4. Areas of Outstanding DSSA Issues (Phase 2)

Clinical areas NOT Compliant 30 th November 2009
Accident & Emergency Department, WGH
Coronary Care Unit, WGH
Endoscopy Unit, HHGH
Day Surgery Units, SACH & WGH
High Dependency Unit - Aldenham and Stroke Unit
Imaging Departments HHGH/WGH /SACH

AAU level one (short stay acute assessment and care area) strives to maintain same sex bays with dedicated toilet and washing facilities. However, there are some exceptional circumstances (such as where the patients' needs require specialised or urgent care), where providing fast effective care for the patient may take priority over ensuring same-sex accommodation. The decision to mix sex is always the exception rather than usual practice. These decisions to mix sex are reported and discussed at phase 2-project board meeting.

A decision regarding capital funding to deliver the plan is to be confirmed. Serious concern is however flagged around the ability of the Trust, without external support, to fund further capital works from an already over-subscribed capital programme. As was reported to the PCT during the visit on 27th October the Trust has a substantially challenging capital programme given the decision to provide DSSA Phase 1 funding as revenue and a DoH decision to withdraw a previous grant for a major Decontamination project. A progress report for each individual scheme to deliver compliance is outlined below.

Clinical Area	Principals (DH 2009)	Progress November 2009	Lead
<u>ICU / HDU WGH</u>	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient whilst in critical care environments. However, their clinical needs will take priority. ▪ Decisions should be reviewed as the patient's clinical condition improves. ▪ The risks of clinical deterioration associated with moving patients within Critical Care environments to facilitate segregation must be assessed. ▪ Where mixing does occur, there should be high enough levels of staffing that each patient can have their modesty constantly maintained by nursing staff. ▪ Where possible (for instance for planned post-operative care) patient preference should be sought, recorded and where possible respected. Ideally, this should be in conjunction with relatives or loved one. 	<ul style="list-style-type: none"> ▪ Disposable curtains in all of ICU. Staff using Do Not Disturb signs in use ▪ HDU/ Ward patients partitions being used where necessary ▪ Matron leading on dignity gowns for Trust ▪ Relatives' information booklet completed- needs to be reviewed by patient panels etc - underway ▪ Signs up in all relative rooms explaining that ICU is a mixed sex area and if concerned to speak to senior staff or Matron ▪ Issues of privacy and Dignity discussed at staff meetings. Staff asked to talk to patients and relatives and document in care plans issues or discussions ▪ Patients' beds in main ITU can be turned around to face out of the window, not each other ▪ Review conducted of all patient-to-patient sight lines. No cross viewing possible due to nature of room layouts <p style="text-align: center;">AREA NOW COMPLIANT</p>	Sarah Lafbery Matron
<u>A&E WGH</u>	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient, not the constraints of the environment, or convenience of staff. ▪ Greater segregation should be provided where patients' modesty may be compromised (e.g. when wearing hospital gowns/nightwear, or where the body (other than the extremities) is exposed). ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Resus area exempt from SSA, however, patient's privacy and dignity needs are assessed on an individual basis ▪ Assessment of area was undertaken 14th July 2009 and repeated again this month. Brian Hargreaves to produce tender estimate for works by mid October ▪ Plans put forward and agreed by users ▪ Seeking capital funds to implement. Anticipate spend of around £150k ▪ Matron linking with dignity gown work ▪ A&E Team advise that works at this time will compromise A&E performance. Investigation of "pod" toilets underway to minimise working time and construction impacts. ▪ Alternate location for 2 wet-rooms identified. Subject to funding, can be completed before end March 2010. ▪ Need PCT confirmation that revised designs achieve compliance/ demonstrate maximised effort to achieve compliance. 	Lorraine McCusker Matron

Clinical Area	Principals (DH 2009)	Progress November 2009	Lead
<u>A&E WGH</u> <u>(CONT'D)</u>	<ul style="list-style-type: none"> ▪ It should be demonstrably possible for the large majority of emergency patients to have their clinical needs met within segregated accommodation. ▪ Recognition is given that in some emergencies, mixing of sexes may be justified. 		
Urgent Care Centre HHGH Minor Injuries Unit	<ul style="list-style-type: none"> ▪ Decisions should be based on the needs of each individual patient, not the constraints of the environment or the convenience of staff. 	<ul style="list-style-type: none"> ▪ Patients to be examined, assessed, treated in separate cubicles/bays ▪ Day treatment area - some segregation. Designated same sex toilet facilities ▪ Assessment was undertaken 16th July 2009 <p>AREA NOW COMPLIANT</p>	Beryl Appleby Matron
<u>Endoscopy HHGH</u>	<ul style="list-style-type: none"> ▪ Segregation should be the norm. ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Day treatment area - some segregation ▪ Designated same sex toilet facilities ▪ Assessment of area was undertaken 16th July 2009 ▪ Design proposals made and principles agreed with Endoscopy lead. Designs to be signed off by users ▪ Anticipated capital cost of £75k, being firmed up ▪ Works tender for Endoscopy Decontam issued 13th November. DSSA Works to be instructed as a variation to Decontam project. 	Chris Metcalf Senior Nurse
<u>Endoscopy WGH</u>	<ul style="list-style-type: none"> ▪ Segregation should be the norm. ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Day treatment area - some segregation exception acute 3 trolley space ▪ Designated same sex toilet facilities ▪ Segregated waiting area ▪ A privacy and dignity self-assessment has been undertaken ▪ Design team review has been undertaken. Anticipate only very minor works ▪ Area visited by PCT on 27th October – No negative feedback. <p>AREA NOW COMPLIANT</p>	Chris Metcalf Senior Nurse
Day Surgery WGH & SACH	<ul style="list-style-type: none"> ▪ Segregation should be the norm. ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Assessment undertaken with design team, divisional manager and Head of Practice and Innovation- awaiting design solutions and castings ▪ Explored same sex days- very challenging as need to change consultant job plans and theatre templates and nature of patient activity is that some female work always has to happen each day ▪ Beckett ward cannot convert to DSU due to high inpatient occupancy ▪ Patients grouped in day surgery area by sex rather than consultant /theatre lists- as of 1st August 2009 ▪ Assessment of WGH was undertaken 14th July 2009 	Paula King Matron Nichola Sharpe Matron

Clinical Area	Principals (DH 2009)	Progress November 2009	Lead
Day Surgery WGH & SACH (Cont'd)		<ul style="list-style-type: none"> ▪ Design proposals made, but substantial impact on unit during works resulting in inability to achieve targets and displacement of activity to other units. Substantial costs identified, circa £1m for full scheme ▪ Additional visit conducted and anticipate simpler and less costly solution to be identified ▪ Brian Hargreaves to produce tender estimate for works by mid October ▪ Estimated £500k cost for enlarged scheme. ▪ Expectation is that DSSA Agenda at SACH can largely be delivered by installation of an additional 1 or 2 toilets. While issues would remain with overall day surgery facility, it is believed the P&D agenda could be delivered in an acceptable fashion. ▪ Day Surgery project across 2 sites being undertaken to resize and make facilities appropriate. Longer timescale. Other initiatives to be implemented in short term to ensure Patients' P&D is maintained. ▪ Need PCT sign-off to these approaches before implementation. 	
Coronary Care Unit WGH	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient and their clinical needs will take priority. ▪ Decisions should be reviewed as the patient's clinical condition improves. ▪ The risks of clinical deterioration associated with moving patients within acute care environment to facilitate segregation must be assessed. 	<ul style="list-style-type: none"> ▪ All patients to be informed on admission re same sex accommodation and information sheet given ▪ Explore use of rigid screens ensuring visibility of acute patients ▪ Scoping exercise 6 units- none were able to produce plans for compliance or were developing any strategies at present ▪ Further assessment of area was undertaken 20th August 2009. Brian Hargreaves to produce tender estimate for works by mid October ▪ Solution identified, but being tested further with clinical leads ▪ Senior Sister established more male than female patients admitted following scoping exercise ▪ Senior Sister reported more success with same sex based. However remains challenging ▪ Scope of works is to install 1 additional wet-room and ensure all beds in unit capable of supporting a monitored patient. This allows flexibility in acuity pattern while maintaining gender separation. ▪ Works scope being finalised. 	Moira Gallagher Matron/ Imtiaz Begum
Respiratory High Dependency Unit Aldenham Ward WGH	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient and their clinical needs will take priority ▪ Decisions should be reviewed as the patient's clinical condition improves. ▪ The risks of clinical deterioration associated with moving patients within acute care environment to facilitate segregation must be assessed. 	<ul style="list-style-type: none"> ▪ Rigid screens ordered to maintain privacy ▪ Need to reduce 6 pts to 4 – now main priority as not achieved to date ▪ As soon as patient stabilised and no longer needs advanced respiratory support, patient is moved to a single sex bay ▪ Explanation and consent gained from every patient in bay ▪ Information sheet and sign informs of accommodation arrangements ▪ Breaches to best practice reported and mitigating actions outlined ▪ Alternate proposal made regarding relocation of NIV patients to facilitate 2 supported beds in each of 2 bays, rather than the current 4 beds in 1 bay. Investigating further with clinical staff. ▪ Investigation of option continues along with Estates staff REF gas capacities etc. 	Moira Gallagher

Clinical Area	Principals (DH 2009)	Progress November 2009	Lead
Stroke High Dependency Unit WGH	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient and their clinical needs will take priority. ▪ Decisions should be reviewed as the patient's clinical condition improves. ▪ The risks of clinical deterioration associated with moving patients to facilitate segregation must be assessed. 	<ul style="list-style-type: none"> ▪ Patients nursed in single sex bays non acute area - patient transferred to SS bays once stable ▪ Place ladies opposite each other in HDU area ▪ Link with ICU and Radiology dignity gowns ▪ Culture strongly evident of mixing sexes by exception linked to clinical need rather than the norm ▪ Proposal is to ensure all beds capable of supporting a monitored patient. Enables flexible acuity pattern while maintaining gender separation. ▪ Works scope being finalised 	Fiona Mitchell
Surgical Admission Lounge	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient, not the constraints of the environment, or convenience of staff. 	<ul style="list-style-type: none"> ▪ Patients admitted on day of surgery- transferred to theatre from SAL ▪ Partition between 2 bays designated to single sex and designated toilets ▪ Patients change into gowns just before transfer to theatre. ▪ Matron explains same sex bays - accommodation arrangements as part of welcome presentation each morning. <p style="text-align: center;">AREA NOW COMPLIANT</p>	Karen Bowler
Discharge Lounge	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient, not the constraints of the environment, or convenience of staff. ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Designated male/ female toilet facilities ▪ Screened bed area in lounge if required ▪ Opaque covering glass entrance to unit ▪ Task group reviewing admission protocols to DL which will include the need for patients to be clothed prior to transfer to DL ▪ Designated same sex toilets ▪ Professional development nurse undertaken an observation of care to identify a key issues – with recommendations <p style="text-align: center;">AREA NOW COMPLIANT</p>	Joe Persaud Carolyn Morrice
Imaging Departments	<ul style="list-style-type: none"> ▪ Decision should be based on the needs of the individual patient, not the constraints of the environment, or convenience of staff. ▪ Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). 	<ul style="list-style-type: none"> ▪ Have asked ICU if Radiology can participate in gown pilot ▪ DSSA assessments of all 3 imaging departments now conducted ▪ SD to investigate scope for male/female barium enema sessions ▪ SD to investigate all instances where gowned patients mix with radiology ▪ Designated changing areas ▪ Designated female / male toilets ▪ Design proposals for compliance at SACH and HHGH now complete and awaiting user approval. HHGH only requires minor amends. SACH more substantial; but relatively simple improvements. ▪ WGH needs a further design team visit, as no fully acceptable design solution was possible ▪ New MRI unit (not yet open) made compliant by installation of additional IT points to create flexibility in usage of rooms and implementation of management protocol 	Sue Daniels Radiology Manager

Other Privacy & Dignity Issues	Guiding Principles	Progress November 2009	Lead
Dignity Gowns Curtains Bed Management Policy	<ul style="list-style-type: none"> • WHHT Trust DSSA Policy 2009 • WHHT Trust Best Practice Standards for Privacy & Dignity 	<ul style="list-style-type: none"> • Ongoing efforts to identify most appropriate dignity gown for use across the Trust. Core Focus Group are progressing this • Interim Director of Nursing is working with Design Council at National level. Will seek to obtain pilot site status for WHHT and secure engagement of WHHT in design process. • This will prolong delivery of a new gown/ pyjamas, but will deliver a nationally recognised and approved solution • Fit for purpose curtains to maximise patients' privacy – Surgical division invested in disposable curtain and new tracking system. Medical division made use of additional curtains redundant through move of services. • Use signs on curtains to encourage courtesy and introduction by staff. • Bed Management policy being updated to reflect DSSA Agenda and physical constraints on site. 	Sarah Lafbery Divisional Matrons Anne Gibson/ Carolyn Morrice

5. Additional Areas

5.1 Theatre Recovery Unit

Whilst male and female Recovery Units are not required, some degree of segregation remains the ideal. High levels of observation and nursing attendance should mean that all patients can have their modesty preserved whilst unconscious.

5.2 Paediatrics Units

It is recognised that for many children and young people, clinical need, age and stage of development may take precedence over gender considerations and mixes of sexes is reasonable and may be preferred. Washing and toilet facilities need not be designated as same-sex as long as they accommodate only one patient at a time, and can be locked by the patient (with an external override for emergency use only).

Decisions on same-sex accommodation should be based on the clinical, psychological and social needs of the child. Where appropriate the wishes of the parents should be considered, but in the case of young people their preference should prevail.

Reference:

Department of Health. *Eliminating Mixed Sex Accommodation* (May, 2009). DH, London

Kyle McClelland

Project Director

Carolyn Morrice

Head of Practice and Innovation