

DRAFT DELIVERY PLAN FOR DELIVERING SAME SEX ACCOMMODATION (DSSA)- SUSTAINING COMPLIANCE – PHASE3

1. Introduction

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. A three-phased approach has been adopted within the Trust to ensure that the organisation is providing same sex accommodation across all in patient clinical areas from April 1st 2010. The Organisation is now deemed compliant, 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.

2. Trust Mechanisms to Ensure Continued DSSA Compliance

Phase Three DSSA will focus on sustaining best practice.

REQUIREMENT	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	POSITION UPDATE
Principle 1: Patient experience						
There is an ongoing process in place to continue to measure patient experience of Same Sex Accommodation (SSA)	<ul style="list-style-type: none"> Quarterly reports offering assurance on compliance to the Board Bi monthly patient surveys Monthly Same sex accommodation audit all in patient areas Declaration on website 	Director of Nursing	Matron's for each area + Each ward has a Privacy & Dignity Champion	31 st Mar '10	The Board members are fully informed of any occurrences of mixing, challenges to best practice in delivering same sex accommodation and assured of sustained compliance. The Board demonstrates a commitment to ongoing delivery of SSA	Achieved and Ongoing
The intent to deliver care with privacy and dignity within which DSSA is an integral component is clearly articulated	Articulated within strategic goals, business and delivery plans. This action plan features on Trust website	Director of Nursing	Head of Practice Development	31 st Mar '10	DSSA is a key organisational priority	Achieved and Ongoing
Monitor complaints relating to privacy and	Analysis and prompt action in relation to any Privacy and	Director of Nursing	Divisional Senior Nurses/ Head of Practice &	31 st Mar '10	Improved patient experience	Achieved and Ongoing

REQUIREMENT	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	POSITION UPDATE
dignity issues.	Dignity same sex accommodation issues.		Innovation Head of Patient Services			
Effective Communication	<ul style="list-style-type: none"> SSA discussed upon admission Same Sex Washing and toilet facilities clearly labeled Signs detailing accommodation arrangements (<i>Your Privacy, Our Responsibility</i> strap line) outside in patient clinical area entrances 	Director of Nursing	Divisional Matrons	April 2010	Patients feel well informed about same sex accommodation facilities	Achieved and Ongoing
Principle 2: The Physical Environment Actively Supports Patients' Privacy and Dignity						
Delivery of SSA is assured in planning of any new or refurbished capital development schemes	Consultation on SSA requirements on the construction of any new facilities.	Director of Strategy & Infrastructure	Design Team & Capital Planning Leads	June 2009	The Trust will be compliant with delivering same sex accommodation.	Achieved and ongoing
Adequate signage to ensure privacy and dignity and adherence to same sex areas.	Signs detailing accommodation arrangements (<i>Your Privacy, Our Responsibility</i> strap line) outside in patient clinical area entrances	Director of Nursing	Divisional Matrons/ Design Team/ Capital Planning	June 2009	Patients, staff, visitors will be aware of the gender assignment of each area and facilities.	Achieved and ongoing
Explore new ways of promoting dignified care through the environment	The Trust is working to participate with the Design Council's "Designing Dignity In" initiative. We are exploring the potential to benefit from a pilot scheme for a clinical installation of their "wet room" pod.	Director of Strategy & Infrastructure	Associate Director of Hotel Services	October 2010	Pilot scheme to further enhance P&D in Letchmore Ward(infection control ward).	Exploratory

REQUIREMENT	ACTION	LEAD EXECUTIVE	OPERATION LEAD	DEADLINE	EXPECTED IMPACT/OUTCOME	POSITION UPDATE
Principle 3: Individual Staff Actions Actively Support Privacy and Dignity- Culture and Processes						
Reporting of Incidents of decision to mix sex when not clinically justified	Sustain a robust reporting mechanism. Root cause analysis undertaken for mixing which is not clinically justified.	Director of Nursing	To be confirmed ? Divisional Matrons	31 st Mar '10	Best practice sustained Remedial action taken to prevent reoccurrence	Pending agreement of reporting protocols with PCT
Operational challenges and associated decision making on patient placement.	Robust Bed Management Policy, which is zero tolerant non clinically justified decisions to mix and reflects escalation requirements in response to exceptional circumstances. Same Sex Accommodation Policy to support best practice against DH guidelines	Director of Delivery	Emergency Service Business Manager Head of Practice and Innovation Business Manager	31 st Mar '10	Compliance against policy measured by: <ul style="list-style-type: none"> • Monthly same sex accommodation audits. • Recording and reporting of incidences of non clinical decisions to mix • Bi monthly patient surveys • 48 Hour discharge calls • National in patient Surveys 	Achieved. Continuous improvement being sought
To include same sex awareness in current training	Training on induction and clinical updates to include P&D and same sex accommodation. Band 5 and 6 nurse development courses Leadership academy multiprofessional development programmes Link with University pre registration students and Allied Health Professionals Present at Clinical Governance Sessions	Director of Nursing HR/ Training Dept	Head of Practice & Innovation	31 st Mar '10	Raised awareness and understanding	Ongoing

3. Mitigating Actions High Intensity Clinical Areas

The Trust has agreed with its commissioner that all standard in-patient ward areas are now compliant with the Department's Same Sex Accommodation guidance. It is agreed that there are occasional operational pressures, which mean that breaches could occur, but these are very much the exception rather than the rule. The Trust has taken further steps to address the High Intensity Clinical Areas to ensure patients privacy and dignity is maintained. This has been achieved in the manner described in the table overleaf:

Area	Concern	Mitigation	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 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 Monitoring delayed transfers of care which may impact on patient experience 	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 Greater protection should be provided where patients are unable to preserve their own modesty (for example when semi-conscious or sedated). Recognition is given that in some emergencies, mixing of sexes may be justified. 	<ul style="list-style-type: none"> Resus area exempt from SSA, however, patient's privacy and dignity needs are assessed on an individual basis Matron linking with dignity gown work 2 wet-rooms for Department to facilitate same sex toilet and washing facilities. PCT confirmation that revised designs achieve compliance New Curtain track system to promote privacy 	Lorraine McCusker Matron

Area	Concern	Mitigation	Lead
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 Use of rigid screens ensuring visibility of acute patients All beds in unit will be capable of supporting a monitored patient by 1st April 2010. This allows flexibility in acuity pattern while maintaining gender separation. 	Moir Gallagher Matron/ Imtiaz Begum
Respiratory High Dependency Unit Aldenharn 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 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 Additional gas and vacuum capacity installed to ward bays, allowing patient management by gender. Works completed. 	Moir Gallagher
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 All beds capable of supporting a monitored patient. Enables flexible acuity pattern while maintaining gender separation. 	Tricia Botten Matron

4. Additional Areas

4.1 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.

4.2 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.

4.3 Day Surgery Unit, St Albans

The Day Surgery Unit at St Albans will benefit from the installation of a further toilet facility and the creation of "dwarf walls" to provide visual screening (while maintaining staff ability to monitor) for patients on either side of the existing facility. In addition, the Trust is relocating its Ophthalmology receipting, waiting and recovery areas up to Beckett Ward (alongside the current Ophthalmology clinic space). This releases an area for the 3rd stage recovery where patients are fully clothed, but will be mixed by gender. A further "dwarf wall" will be installed to again provide visual screening, of gowned patient areas, while maintaining the staff ability to monitor the area.

References

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

Department of Health, *Delivering Same Sex Accommodation DSSA Provider DSSA Self Declaration Checklist* (February 2010)

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March 2010