Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th March 2010

TITLE	**Single Sex Compliance Declaration**
EXECUTIVE SUMMARY	Ashford & St Peter's Hospitals NHS Trust has undertaken a significant programme of work including Estates, Patient Experience, Systems and Process and Staff Culture and Education in order to enable the provision of single sex accommodation for all inpatients as standard.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Sufficient progress has now been made to support the virtual elimination of mixed sex inpatient accommodation. The 2010/2011 Operating Framework requires acute Trusts to have published a declaration proclaiming the virtual elimination of mixed sex accommodation. Primary Care Trusts are to report by exception those providers who are not able to deliver this commitment to patients and have contractual rights to withhold funds as a result.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Patient feedback is the main arbiter of success and the use of patient level feedback and audit is central to the declaration of compliance and the on going performance management approach from the PCT and the SHA.
EQUALITY AND DIVERSITY ISSUES	Single Sex accommodation is an important issue in terms of the Trust meeting the needs of its diverse population.
LEGAL ISSUES	None identified
The Trust Board is asked to:	The purpose of this paper is to ask the Board to support the Trust's declaration of compliance with the virtual elimination of mixed sex accommodation.
Submitted by:	Valerie Howell, Chief Operating Officer
Date:	18th March 2010
Decision:	For Approving

TRUST BOARD
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Single Sex Compliance Declaration

1 . Executive Summary

Ashford & St Peter's Hospitals NHS Trust commenced a programme of capital works supported by the Department of Health, Privacy and Dignity Fund to enable and support the provision of single sex accommodation for inpatient areas. This capital project will complete in October 2010. However sufficient progress has been made to support the virtual elimination of mixed sex inpatient accommodation. In addition to this programme of capital work the Trust has also undertaken a significant programme of work around

- Breach reporting and escalation
- Capacity planning for emergency and elective work
- Patient and staff information
- Process and systems to support the emergency flow

The 2010/2011 Operating Framework requires acute Trusts to have published a declaration proclaiming the virtual elimination of mixed sex accommodation. Primary Care Trusts are to report by exception those providers who are not able to deliver this commitment to patients and have contractual rights to withhold funds as a result.

Patient feedback is the main arbiter of success and the use of patient level feedback and audit is central to the declaration of compliance and the on going performance management approach from the PCT and the SHA.

The purpose of this paper is to ask the Board to support the Trust's declaration of compliance with the virtual elimination of mixed sex accommodation.

1. Definitions

Single Sex accommodation can be described as:

- Same sex wards (i.e. the whole ward is occupied by either men or women but not both)
- Single rooms with adjacent same sex toilet and washing facilities (preferably en suite)
- Same-sex bays or rooms with designated same-sex toilet and washing facilities, preferably within or adjacent to the bay or room

Patients should not need to pass through accommodation or toilet/washing facilities used by the opposite sex to gain access to their own facilities.

There is an allowance for clinical exceptions which include critical care or assessment environments however Trusts are still expected to report these breaches (although they are exempt from financial sanction) and where possible to take a pragmatic approach to minimise the impact on patients.

2. Compliance

All NHS Trusts were required by 15th March 2010 to declare compliance based on the outcome of a self assessment and the production of a delivery plan.

Part of the requirement for compliance includes the public declaration on the Trust website that mixed sex accommodation has been virtually eliminated. Ashford & St Peter's Hospitals NHS Trust have made this declaration of compliance.

The formal declaration is attached for information as Appendix 1.

3. Assurance

Self assessment, monitoring and performance is based on delivery in four key areas:

- Patient Experience
- Estates
- Systems and Processes
- Staff Culture

The Trust has produced evidence to support compliance (appendix 2) and on going monitoring. The evidence to support compliance was reviewed by a panel consisting of executive leads for nursing, operations and the Chief Executive.

The Trust has produced a Delivery Plan (appendix 3) to demonstrate that there is a robust process in place to make improvements and demonstrate how and when actions will be taken to continue to deliver improvements in the delivery of single sex accommodation during 2010/2011.

4. On-going monitoring and reporting

The Trust reports performance to the PCT and through them to the SHA on single sex accommodation compliance through weekly reports. These reports record at a patient level any breaches to the single sex accommodation commitment both for the patient being placed in a mixed sex environment and the existing occupants of the bay who will be affected.

Any breach is subject to senior management escalation in and out of hours with a focus on ensuring that the single sex environment is restored as soon as possible for all affected patients. A full root cause analysis, validation and performance process is in place.

The PCT are yet to agree the contracting model for sanctions should any breach occur but this is expected to be confirmed during April 2010.

This paper recommends quarterly reports on compliance to the Board and breach reports by exception should they occur.

5. Conclusion

The Trust has made strong progress on eliminating mixed sex accommodation and has established systems, process, education and training to enable single sex accommodation Ashford & St Peter's Hospitals NHS Trust

Action required
The Board is asked to support the Trust's declaration of compliance.

Submitted by: Valerie Howell, Chief Operating Officer
Date: 18th March 2010

Web site Declaration (15th March 2010)

At Ashford and St. Peter's Hospitals NHS Trust, we are proud to confirm that mixed sex accommodation has been virtually eliminated in both our hospitals. Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We are committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to confirm that mixed sex accommodation has been virtually eliminated in our Trust. Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close by. Sharing with members of the opposite sex will only happen based on clinical need, such as critical care areas.

Further Article (March 5th 2010)

Maintaining privacy and dignity for our patients is a key priority and over the past year we have invested over £1.6 million to improve the 'patient experience' on our wards.

One of our most important actions has been to ensure that men and women staying in our hospitals do not have to share their accommodation with patients of the opposite sex. Being comfortable in your surroundings is a key part of maintaining dignity and our Trust Board is fully committed to eradicating mixed sex accommodation.

Maintaining your privacy and dignity during your stay in hospital is a key priority for us.

Over the last year we have carried out one of the most far-reaching ward improvement programmes ever undertaken by Ashford and St Peter's to help address this. To date we have refurbished nine wards across the Trust, including all four wards at Ashford Hospital, to ensure they comply with the single sex agenda as well as meeting the very latest standards on hygiene and cleanliness.

In January 2009, the Secretary of State for Health announced an intensive drive to all but eliminate mixed sex accommodation in hospitals and local Strategic Health Authorities and Primary Care Trusts offered their support to providers to help them achieve this. The Department of Health has also established a 'Taskforce' to guide this and help support local work. Trusts and other providers

are now required to fill in a 'declaration of compliance' by the end of March 2010, stating whether or not they are able to declare the virtual elimination of mixed sex accommodation and its continued delivery. This will be a major performance target for organisations, and we will be obliged – quite rightly - to publish our declaration.

The work we have undertaken means that the majority of our patients can now be accommodated in single sex bays, with dedicated bathroom and toilet facilities. Arranging patient's accommodation in this way (using single sex bays rather than single sex wards) means we can still provide the specialist clinical care patients need.

Of course we have always tried to ensure patients are accommodated in bays of the same sex, but this work – which has included building work, refurbishments and introducing additional bathroom and toilet facilities – will make this much easier and we are confident we will have eliminated mixed sex accommodation in all but the most difficult of circumstances by April of this year (2010).

Of course there are some areas and occasions where this isn't possible and a patient's clinical need overrides their need for single sex accommodation, such as in our intensive care and high dependency units. In these circumstances our staff work hard to ensure that patients, while they are receiving what is often life-saving treatment, are put at their ease and maintain their dignity as much as possible.

If it is absolutely impossible to provide separate accommodation in rare and extenuating circumstances, then our staff will be expected to rectify the situation as soon as possible, whilst safeguarding the individuals' dignity and keeping the patient informed about why this has happened and what we are doing to address it and how long this will take. These situations are taken very seriously and each case is reviewed to ensure we learn from the experience. From March 2010, every breach of our 'single sex standard' will be reported to the Trust board and investigated.

Our target is to ensure no patients are accommodated in mixed sex bays (apart from these exceptions) after 1st April 2010, and if we fail to meet this target then commissioners – in our case this is predominantly NHS Surrey – will not pay us for the care of these patients. It's that important, to us and to the Department of Health that we work hard to get this right.

Appendix 2

DELIVERING SAME SEX ACCOMMODATION DELIVERY PLAN

MARCH 2010

Issue	Action	Time Scale	Accountability	Status
Patient Experience:				
1. Continued measurement of patient's experience.	To complete the March patient experience survey on DSSA as required by the Department of Health. Roll out the PDA Picker Audit Trust wide ly audit of patient perception 6 monthly postal audit	March 2010 April 2010 onwards June 2010	Chief Nurse Chief Nurse	On Track On Track
2. Tracking of DSSA issues through other mechanisms and processes.	To ensure a specific review of DSSA related issues at: Complaints monitoring group (quarterly) through PALS reports to Trust Board Breach review at Directorate monthly performance reports including patient impact assessment	April 2010 onwards	Chief Nurse	On Track
3. Website Content	To update the Trust's website, ensuring public understanding and the Trust's commitment to DSSA and it's action plan.	5 March 2010	Head of Communications	Completed
Estates:				
4. Monitoring of compliance with DSSA .	To undertake the March Ward Estate Survey, identifying any further actions required by 31/3/10.	5 March 2010	Head of Capital Projects/Head of Nursing	Completed
5. Full delivery of the Trust's Bed Remodelling Programme.	To complete the Trust's Bed Remodelling Programme, ensuring full delivery of DSSA by 31/3/10 Inclusive of works to DSU and endoscopy	31 March 2010	Head of Capital Projects	On Track

6. Interim moves to Single Sex Wards	To move the outstanding medical wards to designated single sex wards in order to ensure full compliance with DSSA whilst longer-term building works are completed. To move angio recovery area to ward area by 31.05.10	31 March 2010 31.05.10	Head of Nursing Deputy Chief Operating Officer	On Track
7. Ongoing Performance Management	To continue to monitor compliance and reinforce importance via: Executive Team weekly walkabouts. Monthly Chief Executive and Chief Nurse Walkabouts. Non Executive Director Walkabouts Weekly Matron's feedback meetings.	1/3/2010	Chief Nurse	On Track
Systems and Processes: 8. Performance Management: External	To complete weekly performance reports for the PCT and SHA, ensuring all reporting is in line with national guidance and reflects benchmarked good practice. To agree data set with PCT with the support of the SHA to ensure consistency in acute provider reporting	From 5/3/2010 10.03.10	Chief Operating Officer Deputy Chief Operating Officer	
9. Performance Management: Internal	To introduce a revised daily breach reporting system which matches bench marked good practice and is in line with national guidance. Ensure DSSA is essential element of daily capacity planning and escalation meetings Daily escalation of Root Cause Analysis forms to	From 5/3/2010	Chief Operating Officer/Head of Nursing	

	DCOO/DCN Ensure escalation policy covers ALL inpatient areas inclusive of Trust 'escalation' capacity.			
10. Breach Analysis	To review performance by Directorate at monthly performance meetings. To introduce a root cause analysis process for every breach.	March 2010	Chief Operating Officer/Head of Nursing	
11. Escalation	To revise the Trust's escalation policies, ensuring escalation to the highest level of any risk to delivery of DSSA or potential breach.	1/3/2010	Deputy Chief Operating Officer	
Staff Culture: 12. Website and Public Commitment	To revise the content of the Trust's website, ensuring the Trust's Commitment to DSSA.	4/3/2010	Head of Communications	
13. Induction and Training.	To revise the Trust Induction Programme from April 2010 to reinforce importance of DSSA to all staff. Promoting a zero tolerance to MSA Clinical area 'Road Show' to visit all ward areas and illustrate importance of Privacy and Dignity Agenda with a particular focus on single sex environments SHA and Department of Health educational material including DVDs will be included in staff meetings. Key capacity and clinical site managers have already completed this training.	1/4/2010 22/03/10 15/03/10	Education, Training and Development Manager Deputy Chief Nurse Deputy Chief Nurse	

Delivering Same Sex Accommodation Provider DSSA Self Declaration Checklist

Declaration	**PATIENT EXPERIENCE EVIDENCE**	**Evidence**
Patient experience of SSA has been measured on three separate occasions to demonstrate progress and submitted to SHA	1. Two quarterly audits complete and sent to PCT. Final audit due by 31.03.10 2. Picker hand-held audit 3. Postal audits	Folder 1.3 Appendix page 6 Folder 1.4
There is an on-going process in place to continue to measure patient experience of SSA with reports to be submitted to the Board	1. Clinical audit to perform qly reports starting June 10. To be reported via Clinical Effectiveness Report	Folder 1.5
There is a process to track other mechanisms for determining patient experience of DSSA e.g via patient complaints, PALs	1. Qly reports to Complaints Monitoring Group highlighting any single sex issues from both Complaints Dept and PALS	Folder 1.6 Appendix page 7
Information leaflets for patients on DSSA are available and used by staff in discussions	1. Information leaflets and posters for patients on single sex refurbishments 2. Communication to staff via matron's and sister's meetings 3. Updated posters being developed	Folder 1.7
Declaration	**ESTATES EVIDENCE**	**Evidence**
P&D fund allocation spent and projects completed	Monthly reports submitted to PCT on progress of refurbishment and capital spend	Folder 2.1
Estate able to support virtual elimination of MSA	Estates survey complete demonstrating 100% compliance by 31 March 2010	Folder 2.2
Delivery of SSA is assured in planning	Statement supporting this is written into Trust's draft Single Sex	Folder 2.3

of any new or refurbished capital development schemes	Accommodation Policy	
Declaration	**SYSTEMS AND PROCESSES EVIDENCE**	**Evidence**
Assurance to the Board and monthly PCT reporting including a system of tracking all occurrences of mixing, whether clinically justified or not.	1. Escalation procedure in practice 2. New PCT template in use from 01 March 2010 3. Historical reporting using IPL system from August 2009 4. Nursing quality indicators reporting	Folder 3.1 Folder 3.2 Folder 3.3 Appendix I page 5 & 6 Folder 3.4
Where there are rare occasions for non clinical reasons, a process exists to investigate, take prompt action and remedial action as required to prevent future occurrence.	1. Prompt or remedial action taken as a result of the escalation process (3.1) plus at daily Capacity meetings. 2. Root cause analysis conducted for every breach and information collated and fed to GMs for onward discussion at monthly performance meetings.	Folder 3.5 Folder 3.6
Relevant Trust policies refer to requirement to DSSA and P&D	1. Trust P&D policy being developed with single sex accommodation policy (in draft format 2.3) as an integral part	
The Trust can demonstrate the virtual elimination of MSA in: Wards, Assessment Units and Day Facilities	1. Refurbishment programme running to schedule to ensure all areas will be physically compliant by 31 March 2010 2. Day Surgery Unit – Delivery plan to refurbish to enable full compliance with single sex accommodation 3. Cardiac angiography – Delivery plan to move recovery bays to an area of full single sex accommodation compliance 4. Assessment units – delivery plan to ensure patients that are not in their immediate assessment or observation phase are moved into a single sex area 5. Endoscopy – delivery plan of refurbishments to ensure compliance	Folder 3.7 Folder 3.8 Folder 3.9 Folder 3.10 Folder 3.11

	with both JAG and single sex accommodation. Endoscopy also in discussion to introduce single-gendered lists prior to the completion of the physical works. This to be agreed with Dr Peter Finch at a meeting on Friday 12 March 2010 6. Weekly reports demonstrate virtual elimination	Folder 3.12
Declaration	**STAFF CULTURE EVIDENCE**	
The Board demonstrates a commitment to on-going delivery of SSA	1. Stated in Bed Planning meeting minutes 2. Recognised by SHA post SHA/PCT site visit 3. Declared non-compliance for 08/09 CQC declaration with delivery plan (refurbishment works) in place for March 2010. This plan has been delivered (Project plan 3.7) 4. Priority for Trust to measure patient experience around single sex as; Included as question on the Picker hand-held audit tool (1.4) Included in 6 mthly postal survey (1.2)	Folder 4.1 Folder 4.2
The Trust has articulated its intent to deliver care with P&D within which DSSA is an integral component.	1. P&D staff training programme 2. P&D Peer review conducted in November 2008. Action plan pulled together post this event to address single sex issues ***3. Follow-on peer review planned for March 2010***	Folder 4.3 Folder 4.4
The Trust considers that delivering SSA should be the norm.	1. Written in guidance to SSM on-call Message to capacity team and CSNP that breach of single sex policy will be considered a serious incident	Folder 4.5 Folder 4.6
If mixing does occur, staff attempt to rectify the situation as soon as possible, whilst safeguarding the individuals dignity and keeping the patient informed about; why the	1. Written in guidance to SSM on-call (4.5) 2. Email from Head of Capacity regarding dealing with a breach situation	Folder 4.6 Folder 4.7

situation occurred and what is being done to address it.		