

Privacy and Dignity Report:

Commissioning Delivering Same Sex Accommodation (DSSA) Achievement Process and Ongoing Monitoring Report

Inpatient Accommodation for NHS Bedfordshire Commissioned Services

Authors

Clare Saunders, Quality Monitoring Manager
Michelle Millard, Quality Facilitator
Emily McNelly, Quality Facilitator

Date

25 January 2010

Contents

1. Introduction	4
2. Aims & Objectives.....	4
3. Methodology	4
4. Trusts Visited and Findings	5
5. Training and Policies	7
6. Patient Experience Metrics	8
7. Publicity	8
8. Good Practice	9
9. Challenges.....	10
10. Board Assurance and Compliance Declaration	11
11. NHS Bedfordshire Ongoing Monitoring	12
12. Conclusions	12

1. Introduction

- 1.1 This report follows previous Phase 1 (buildings) delivering same sex accommodation (DSSA) reports dated March, May and June 2009 and incorporates both Department of Health (DH) funded and non-funded schemes.
- 1.2 Commissioners have been asked to report on the compliance of their providers in respect of Phase 2 DSSA (hearts and minds). To ensure that privacy and dignity principles in relation to DSSA are firmly embedded within organisational daily routines and practice, Phase 2 encompasses in addition to building compliance, policies; procedures; training; staff knowledge; staff attitude; communications strategy; Board awareness; Board assurance; patient expectations; and patient experience.

2. Aims & Objectives

- 2.1 Revisit all NHS Bedfordshire's provider units - both organisations that received DH DSSA bid money to achieve compliance with same sex accommodation guidance, and those that had to finance improvements themselves.
- 2.2 Report on level of compliance of all units, including where necessary, an Action Plan to bring about compliance with same sex accommodation guidance by 31 December 2009 in respect of all inpatient units.
- 2.3 Outline NHS Bedfordshire's plan for ongoing monitoring of compliance and improving standards.

3. Methodology

- 3.1 Visits were undertaken by NHS Bedfordshire staff (Quality Monitoring Manager or Quality Facilitator). A designated NHS Bedfordshire Board Member (Brian Rolfe, Non-Executive Director) attended some visits to provide independent scrutiny.
- 3.2 All assessments undertaken were based on the guidance in HSC 1998/143 and where applicable, superseded by the additional guidance, Gateway Reference 12610.
- 3.3 NHS Bedfordshire revisited all provider inpatient areas at least twice as a planned and unannounced visit was arranged for each unit / hospital. Planned visits were arranged with each area and we were escorted during each visit by a Trust representative.
- 3.4 A privacy and dignity audit tool adapted from the NHS Institute was used on each visit for robustness and consistency and included a section for recording areas of good practice observed.
- 3.5 Unit / hospital compliance findings, comments and outstanding actions were discussed and agreed with a Trust senior manager at the end of each visit, recorded on a 'Visit Signoff Sheet' and signed by NHS Bedfordshire staff, the Board representative (when present) and Trust representative.

- 3.6 Where areas of non-compliance were found (for example lack of training, policies, privacy windows, DSSA posters or signage, etc.), this was discussed with the Trust representative and a realistic date for rectifying the same agreed. These areas were then reassessed during an unannounced visit.
- 3.7 Areas with no outstanding actions were still revisited to ensure ongoing compliance.
- 3.8 A Same Sex Accommodation Exception form was developed by NHS Bedfordshire and circulated to Providers for recording instances of non-compliance in respect of same sex accommodation for patients. Providers feed this information up to their Trust Boards and to date, no such incidents have been reported.
- 3.9 Providers' progress was monitored against Action Plans produced in the initial and supplementary reports of March, May and June 2009 and regularly updated thereafter, fortnightly since October 2009. Updated Action Plans were sent to the East of England Strategic Health Authority (EoE SHA) and posted on Provider websites. NHS Bedfordshire regularly checked Provider websites to ensure current versions were available to the public. All Action Plans were completed by 17 December 2009.
- 3.10 Patient satisfaction data was also used to inform Provider actions to be undertaken, to achieve the required standards.
- 3.11 Further frequent visits (either specifically DSSA / Privacy and Dignity focused or as part of other meetings) will be arranged to ensure ongoing compliance.

4. Trusts Visited and Findings

4.1 Bedford Hospital NHS Trust (BHT)

- 4.1.1 Bedford Hospital received £490,000 DSSA bid money. This was to achieve compliance with same sex accommodation guidance on Whitbread Ward, Reginald Hart Ward, Shuttleworth Ward, Shand Ward, Howard Ward, Coronary Care, Victoria Ward, Acute Admissions Unit, Clinical Decision Unit in A&E, Harpur Ward, Pilgrim Ward, Elizabeth Ward, and toilet signage throughout all inpatient areas.
- 4.1.2 Bedford Hospital was deemed fully compliant on 9 December 2009.

4.1.3 A photograph depicting clear signage is attached below.



Photograph taken during planned visit to Godber Ward at Bedford Hospital on 3 November 2009. From left to right: Brian Rolfe – Non Executive Director (NHS Bedfordshire); Denise Flisher – Matron; Deborah Marrs – Deputy Director of Nursing and Patient Services; Colin Ovington – Director of Nursing and Patient Services; Clare Saunders – Quality Monitoring Manager (NHS Bedfordshire); Sheila Hartnett – Matron; and Emily McNelly – Quality Facilitator (NHS Bedfordshire).

4.2 Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust (BLPT)

4.2.1 BLPT received DSSA bid money of £1,300,000. This was to achieve compliance with same sex accommodation guidance in The Willows, The Coppice, Townsend Court, Fountains Court, Whichellos Wharf, 105 London Road, Oakley Court and in Weller Wing: Keats, Chaucer and Milton wards and the Assessment Unit.

4.2.2 BLPT was deemed fully compliant on 15 December 2009.

4.2.3 Photographs are attached below.



Changing signage (male to female) for added flexibility when allocating rooms.



Clear female only and male only signage at Townsend Court; and clear way finding signage at Oakley Court.

4.3 **Bedfordshire Community Health Services (BCHS)**

4.3.1 BCHS did not apply for DSSA bid money as the Biggleswade Hospital works necessary to achieve compliance with same sex accommodation guidance could not be completed by June 2009.

4.3.2 Following completion of building works on 11 December 2009 which created a new physiotherapy gymnasium with separate access to and from the male and female wings, staff room, laundry room and medications room, Lindsell and Whitbread wards were visited and assessed for compliance. BCHS was deemed fully compliant on 16 December 2009.

4.3.3 Photographs are attached below.



The first photograph was taken at the entrance corridor to the new modular building – the male wing is to the left, female wing to the right. The second picture shows the right hand corridor outside the modular building which leads to the female ward. Both male and female patients now have separate access to the new group physiotherapy room / kitchen.



Photograph of new Group Physiotherapy Room / Kitchen taken during the unannounced visit to Biggleswade Hospital on 16 December 2009.

5. **Training and Policies**

5.1 **Training**

Each Provider completed privacy and dignity training for qualified members of staff within all units and wards by 15 December 2009 and have a rolling training programme to ensure new staff are fully briefed and that updating of DSSA / privacy and dignity principles is ongoing and includes being a regular agenda item at each organisation's communication meetings, and incorporated within their communications strategy processes.

5.2 **Policies**

5.2.1 **NHS Bedfordshire**

NHSB's Commissioning DSSA Guidance Policy will be included in our requirements for the commissioning of services from April 2010.

5.2.2 Bedford Hospital NHS Trust

Bedford Hospital's Delivering Same Sex Accommodation Policy was ratified by the 'Improving the Patient Experience Committee' in December 2009.

5.2.3 Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust

BLPT's Gender, Privacy and Dignity Policy was revised and signed off in November 2008 in line with the Mental Health Act changes and was checked by their CEO in November 2009 to ensure compliance with recent guidelines.

5.2.4 Bedfordshire Community Health Services

BCHS Privacy and Dignity Policy was approved at BCBS Governance and Clinical Quality Committee on 18 November 2009, was ratified by NHS Bedfordshire's Integrated Governance Committee on 16 December 2009 and will be taken to the NHS Bedfordshire Board on 27 January 2010.

6. Patient Experience Metrics

In October 2009 Providers were asked to submit the results of three DSSA surveys no later than March 2010 which would then be analysed by the DH to provide a local and national picture. Our three Providers have each submitted their first metrics and all submission dates are itemised below: -

6.1 Bedfordshire Community Health Services

- 4 December 2009
- 22 January 2010
- 19 March 2010

6.2 Bedford Hospital

- 16 December 2009
- 31 January 2010
- 28 February 2010

6.3 Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust

- 11 December 2009
- 11 February 2010
- 31 March 2010.

7. Publicity

All units / wards produce information packs for service users and relatives which include same sex accommodation and privacy and dignity information. Below are some other examples of publicity in this area.

7.1 BLPT – 'Staff Matters' Newsletter Extract

7.2 BLPT – 'You Matter' Service Users Newsletter Extract

7.3 BHT Pulse Newsletter – July 2009

- 7.4 BHT Members' Matters Newsletter – Summer 2009
- 7.5 BHT Presentation to DH Communications Working Group – October 2009
- 7.6 BCCHS Newsletter and Website Article re Biggleswade Hospital – September 2009.

8. Good Practice

Several and varied aspects of good practice were observed during visits including:-

- 8.1 Designated quiet room created for patients and visitors (BCCHS – Biggleswade Hospital)
- 8.2 Red peg system in use ('Stop, Wait, Ask') to enhance privacy and dignity (BCCHS – Biggleswade Hospital & The Archer Unit)
- 8.3 In addition to curtains screening off each bed within bays, there are curtains at the end of each bay to screen off the entire bay (BCCHS – The Archer Unit)
- 8.4 ExtraMed system allows ward to plan admissions waiting in A&E by gender (BHT - Howard, Shand, AAU & CCU Wards)
- 8.5 In the Recovery area it was observed that a male patient in a gown had another gown in place as a dressing gown to maintain privacy and dignity - no patient could overlook another (BHT – Endoscopy Department)
- 8.6 When questioned, a new to ward student nurse was able to show a clear understanding of DSSA principles with good overall awareness; compassion was clearly shown around the wider privacy and dignity agenda (BHT – Victoria Ward)
- 8.7 Single sex poster alerting patients and visitors that Godber is a female only ward (BHT – Godber Ward)
- 8.8 Swipe card system ensuring no service user access to areas of the opposite gender (BLPT – 105 London Road)
- 8.9 Protected mealtimes (BLPT – 105 London Road, Fountains Court, Oakley Court; BCCHS – Biggleswade Hospital)
- 8.10 Signs on bedroom doors requesting: "Please ask permission before entering" protecting service users privacy and dignity (BLPT – 105 London Road, Oakley Court; BCCHS – The Archer Unit)
- 8.11 Despite being an open planned unit, same sex areas for service users maintained by staff who were commended by CEO letter for their hard work around the SSA agenda (BLPT – Cedar House)
- 8.12 Signage in male and female areas explaining that occasionally members of the opposite gender will need to access their area (BLPT – Fountains Court; The Coppice)
- 8.13 Care Plan for wandering patients (BLPT – Fountains Court)

- 8.14 When a male service user tried to enter the female area of the unit, staff expertly and gently guided him away from the area which caused the service user to become angry. Staff explained to the male service user why he was not allowed to enter that area and calmed the patient (BLPT – Limetrees)
- 8.15 Staff are encouraged to eat their meals with Service Users which assists with dignity (e.g. when being observed) and also for their self-worth (BLPT – Oakley Court)
- 8.16 Twice monthly managers' clinics are held for family and carers – advertised on notice boards throughout the unit and included in information packs (BLPT – Oakley Court)
- 8.17 All rooms are ensuite and the unit's gender separation configuration allows for maximum flexibility (BLPT – Oakley Court Acute)
- 8.18 Comprehensive Information Pack for Service Users and relatives or carers (BLPT – Oakley Court, Oakley Court Acute & Limetrees)
- 8.19 Clear signage displayed on laundry room door that patients must be accompanied by a member of staff at all times (BLPT – Townsend Court)
- 8.20 Patient observations and dispensing of medication is carried out on a 1:1 basis in clinic rooms to further enhance privacy and dignity (BLPT – Townsend Court)
- 8.21 During the visit a male patient had a female visitor and to prevent mixing the visit was allowed to take place in the escalation room (BLPT – Keats Ward/Weller Wing)
- 8.22 A therapy room within the female area had an entrance on the other side of the room allowing male clients to access the therapy room without having to walk through the female area. There is no visibility through the door into the female area (BLPT – Keats Ward/Weller Wing)
- 8.23 On two occasions service users were observed smoking in the car park and were advised by staff that it was not permitted to smoke on Trust property and shown where they could smoke, i.e. off site (BLPT – Whichellos Wharf).

9. Challenges

9.1 BLPT – Robin Pinto Unit

This unit was not compliant on the planned visit (10 November 2009) or on the first unannounced visit (25 November 2009), therefore a second unarranged visit (third visit overall) was carried out on 4 December 2009 to ensure DSSA compliance in respect of signage, privacy and dignity opaque glass, training and display of DSSA / privacy and dignity posters throughout the unit. The unit is now compliant.

9.2 BCHS – Biggleswade Hospital

Extensive works were required to create a new physiotherapy room with separate access from the male and female wings within a short timeframe. This was necessary to prevent male patients from walking through the female sleeping area in order to access physiotherapy services. Several stumbling blocks occurred

including insufficient contractors applying to undertake the work, resulting in retendering and additional time delays. Further contractual process delays occurred but building works finally commenced on 2 November 2009 and the modular building and all ancillary works were completed on 11 December 2009. Additional improvements and the development of a more permanent building are already being considered.

9.3 **BHT – Bedford Hospital**

A decamp ward was created to facilitate building works to be carried out on various wards (see 4.1.1 above). This meant that the full programme of works could not be completed by the end of June 2009, but Bedford Hospital was compliant on the deadline date as there were no patients on the wards concerned.

10. Board Assurance and Compliance Declaration

10.1 **Board Assurance**

NHS Bedfordshire's Board and all Provider Boards were kept fully informed of the DSSA agenda and developments and were involved in providing assurance in respect of DSSA compliance as outlined below.

10.1.1 **NHS Bedfordshire:** At its meeting on 25 November 2009 the NHSB Trust Board was requested to authorise the Chair to signoff DSSA compliance on its behalf following completion of visits – planned and unplanned. Signoff was achieved on Thursday 17 December 2009.

10.1.2 **Bedfordshire Community Health Services:** Following completion of outstanding capital works at Biggleswade Hospital, the BCHS Committee signed off DSSA compliance on 17 December 2009.

10.1.3 **Bedford Hospital:** The BHT Trust Board approved an Assurance Paper at their meeting on 25 November 2009.

10.1.4 **Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust:** BLPT requested DSSA signoff from their Board on 2 December 2009.

10.2 **Board Compliance Declaration**

10.2.1 Further to the above Board assurances received, and following completion of all visits, NHS Bedfordshire submitted a full Declaration of Compliance on 17 December 2009 to the EoE SHA and DSSA Assurance Visit Summary.

10.2.2 This declaration will be taken to the next NHSB Trust Board meeting on 27 January 2010.

10.2.3 Approval of the final national DSSA declaration will take place at the Board meeting on 24 March 2010.

11. NHS Bedfordshire Ongoing Monitoring

- 11.1 Monitoring will continue by NHS Bedfordshire Quality Team members physically visiting the site to ensure continued compliance; assisting with embedding DSSA principles within the organisation's culture; and ongoing improvement with privacy and dignity issues.
- 11.2 When visiting Provider organisations for other reasons, DSSA / privacy and dignity issues will also be monitored.
- 11.3 Provider patient experience survey results will also be utilised to inform this agenda in terms of actions or improvements required and monitored.
- 11.4 Reporting will be through our current Quality monitoring processes where evidenced reports are submitted and meetings held quarterly. In addition, internal informal meetings are held with Providers whereby more regular interim updates and support will be provided.
- 11.5 The Same Sex Accommodation Exception form provides an additional method of ongoing monitoring. It was piloted September 2009 to December 2009 and will be used until 31 March 2010 without contractual consequences. Thereafter, from 1 April 2010, the Same Sex Accommodation Exception form will be a requirement of and set within Provider contracts and as such, breaches will be subject to usual contract penalty implications.
- 11.6 In 2010/11 NHS Bedfordshire will be assessing DSSA / privacy and dignity compliance for NHS beds in independent organisations (e.g. nursing homes) and where necessary, working to improve these areas.
- 11.7 NHS Bedfordshire is developing a process to ensure that any breaches or decisions to mix are investigated at the appropriate level, any actions assessed for efficacy and implemented to prevent reoccurrence.
- 11.8 Our plan for comprehensive monitoring is as outlined above and by application of our Assurance Process Flowchart to ensure improvements and prevent reoccurrences.

12. Conclusions

- 12.1 This agenda was tremendously challenging but our Providers have worked extremely hard and collaboratively with us to achieve full DSSA compliance and we are very grateful to them for this.
- 12.2 Brian Rolfe, independent Non Executive Board Director, who accompanied NHS Bedfordshire staff on some planned and unannounced visits summarised his experiences as follows: -

“I found the process very informative. I was impressed by the commitment of all staff to meet and maintain the requirements for DSSA. A great deal of work has clearly been done to the physical infrastructure - sometimes in very difficult circumstances. While it was vital that this work was done, I believe the professional and helpful attitude of the staff will ensure that this important issue remains a priority. The relationship between the commissioners and providers appeared positive and constructive throughout and I am sure that this helped to deliver a successful conclusion.”

- 12.3 Various mechanisms are in place as described in Section 11 above for continued monitoring and progressing of privacy and dignity / DSSA issues.
- 12.4 NHS Bedfordshire looks forward to working with the EoE SHA on Phase 3 DSSA including DH signoff at the end of March 2010; refining the Same Sex Accommodation Exception tool, reporting and monitoring processes; contributing to the EoE Good Practice Portfolio.