

Trust Board

TB2008.60

From: Mrs Elaine Strachan-Hall, Director of Nursing & Clinical Leadership
Date: July 2008
Subject: **Separate gender accommodation**
For: **Information**

Synopsis

A report to the Board was made in July 2007 on progress made with separate gender accommodation. This included reference to action plans produced by the Trust with the Strategic Health Authority and the Healthcare Commission.

Significant progress has been made to further improve both the provision and management of separate gender accommodation. This subsequently contributed to the Trust declaring compliance to the Healthcare Commission for 2007/08 at the year end.

Work will continue to further improve the provision of separate gender accommodation and greater emphasis will be placed on internal monitoring arrangements.

Financial, legal and risk impact

The risk of not continuing to deliver further improvements will potentially impact on the Healthcare Commission core standard.

Separate Gender Accommodation

Introduction

1. The Board received a paper in July 2007 on progress towards improving privacy and dignity and reducing mixed gender accommodation. Reference was made to the action plans following the Healthcare Commission visit in March 2007 to review Core Standard 20b. At the time of this visit it was also known that a follow up visit to review progress against the action plan would take place in October.

Progress to date

At the beginning of July 2008, a review of the remaining separate gender accommodation across the Trust identified the position as follows:

Year	Number of Mixed Gender Wards	A	B	C	D
2008	34	29	2	3	0
2007	36	27	5	3	1
2006	41	23	11	5	2
2005	50	28	13	7	2
2004	50	25	15	7	3

Key:

A = Male or female bays only

B= Sometimes - male and female patients are some times accommodated in the same bay

C = Frequently - male and female patients are frequently accommodated in the same bay

D = Most of the time - male and female patients are for most of the time accommodated in the same bay

2. As well as taking forward the specific actions within the plan a number of other initiatives were also implemented between July and October to further improve compliance of mixed gender accommodation. These included:
 - 2.1 Updating the Trust operational policy on Privacy & Dignity which was issued in October following feedback from the Hospital Ethics Committee. The policy was extended to include areas which had previously been exempt for national reporting purposes. These include high dependency and day case areas and children's services.
 - 2.2 Issuing a check list to Matrons to use as a monitoring tool against the policy and identifying actions to further improve compliance.
 - 2.3 Ward areas displaying information about single gender accommodation and the actions which would be taken when mixed gender bays occurred.

- 2.4 Challenging the culture of assumption in that patients will say they are not comfortable being in a mixed gender area. By nursing staff actively seeking views from patients and acting upon the feedback.
- 2.5 Joint working with the Infection Control Team and Operational Managers to look at ways of managing bed capacity and patient flow as well as achieving operational imperatives such as separate gender accommodation, infection control, end of life care, the four hour target and clinical acuity of patient care needs.
3. In August the medical wards on the John Radcliffe site were reconfigured. This created male and female medical wards and one ward which remained mixed gender however due to its geography the ward was managed as separate male and female areas.
4. The Healthcare Commission undertook their return visit in October and acknowledged the work which had been undertaken to improve privacy and dignity, including the management of separate gender accommodation.
5. As part of the audit activity for 2007/08 for the Nursing & Midwifery directorate CEAC were asked to undertake an audit of the Privacy & Dignity policy. The audit was undertaken over a two month period with the initial results and an action plan produced in September.
6. A follow up audit was subsequently undertaken in March 2008 which demonstrated progress on the action plan and further assurance about the management of separate accommodation.
7. Both the initial audit and follow up audits from CEAC were reported to the Audit Committee who reviewed the outcomes and were able to see progress had been made throughout the year. Recommendations were made by the committee to ensure the improvements were sustained.
8. The ORH completed the PCT year end audit during March on all aspects of mixed gender accommodation and privacy and dignity. The audit identified areas for action mainly around the physical environment which was congruent with previous action plans and dependant upon the opening of new builds and refurbished areas.
9. PEAT inspections undertaken during March also indicated good progress on matters of privacy and dignity and separate gender accommodation. For those areas not covered by the inspection a further spot check was undertaken. Where mixed accommodation was identified a small percentage also had mixed bays. These related to single specialty areas or where the patient dependency was high and required close observation. In all areas where mixed bays occurred, plans were in place to address matters.
10. The Healthcare Commission declaration for 2007/08 declared the plans delivered during the year resulted in compliance with the standard at the year end.

Developing further Improvement

11. The impact of actions taken to improve separate gender accommodation has shown an improvement as reflected in the inpatient survey and monitored by South Central SHA. During 2006 the percentage of patients reporting sharing accommodation on first

admission was 37% and for 2007 this was 30%. For patients sharing bathroom accommodation this was reported as 51% in 2006 and 39% for 2007.

12. These results will be further improved during 2008 as the geratology beds and cancer centre are opened during the autumn.
13. A review of partitions in bays and wards generally to reduce incidences of overlooking will be undertaken and an option appraisal produced by November 2008.
14. Monitoring of arrangements for managing separate accommodation will continue through monthly exception reports from ward areas. The information obtained will be used to identify causes for breaches, overall trends and local action taken to respond to situations. This will also inform any changes which may be required to wider organisational processes.

Recommendation

15. The Board is asked to note the continued progress made in relation to separate gender accommodation and support the actions identified.

Michael Fanning
Deputy Director of Nursing & Clinical Leadership