

Board of Directors Meeting: Thursday 26 March 2009

BD2009.29

Subject	Privacy and dignity, and single-gender accommodation			
Purpose of paper	To brief the Board on emerging guidance.			
Board Lead(s)	Mrs Elaine Strachan-Hall, Director of Nursing and Clinical Leadership			
Background papers (if any)	Eliminate Mixed Sex Accommodation: Hirst Proposal for funding			
Action/decision required	None: for information			
Key purpose	Strategy	Assurance	<u>Policy</u>	Performance
Strategic Goal(s)	SG1: To be hospitals of choice			
Strategic Objective(s)	SO7: To improve the overall patient experience by offering excellent customer care.			
Links to: Board Assurance Framework/ Trust Key Risks/Annual Health Check element(s)	Standards for Better Health C13a: Privacy and Dignity C20b: Care environment privacy & confidentiality Trust key risk: RR1 and RR6 Board Assurance Framework: 7.1			
Also considered by	-			
Resource and financial impact	The currently bid totals £2.5m, before revenue consequences and impairment are calculated			
Consideration of risk legal/equality/diversity/engagement issues	The financial risks of non-achievement have not been quantified.			
Acronyms and abbreviations used	EMSA: Eliminating Mixed Sex Accommodation			
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Privacy and Dignity and Separate Gender Accommodation

Introduction

- 1 The Board received a paper in July 2008 on progress towards improving privacy and dignity and reducing mixed gender accommodation. Since then additional single sex accommodation has been commissioned on Level 4 of the John Radcliffe and in the cancer centre on the Churchill site.
- 2 In February 2009, the Secretary of State announced financial penalties for hospitals where patients are treated in mixed sex accommodation – unless it can be clinically justified. Also announced was £100m of ring fenced Privacy and Dignity funding to make swift adjustments to hospital accommodation.
- 3 This announcement included an expanded definition which includes the move toward identifying individual patient circumstances and emphasising that no blanket exemptions exist. This paper gives greater detail on the emerging guidance and the bid submitted to the Privacy and Dignity Fund.

Interpretation of the emerging guidance:

Definitions

- 4 Existing definitions in respect of the environment are still relevant, and are included below. However, these have expanded to move towards a definition based on individual patient experience, rather than buildings.

What is meant by appropriate segregation?

- 5 It is not acceptable for people to share sleeping accommodation unless it can be clinically justified for each patient. Some of the circumstances in which this might apply are as follows:
 - Patient needs very high-tech care, with one-to-one nursing (eg ICU, HDU)
 - Patient needs very specialised care, where one nurse might be caring for a small number of patients and cannot safely leave the room other than for very short periods (eg immediately following major surgery)
 - Patient needs very urgent care (eg rapid admission following a heart attack)
- 6 Inevitably, this is a fine judgement that needs to be made on an individual basis. For instance, in a four-bed bay, it means that mixing must be justifiable for all patients, not just one. It is also a judgement that needs to be revisited regularly – for example, in the very early stages following a stroke, when the patient has reduced consciousness and needs regular observation, then mixing might be justifiable. However, in the later stages of recovery, when the patient is receiving rehabilitation (or palliative care), then we would expect greater segregation.

Assessing the accommodation

- 7 Men and women should not normally have to share sleeping accommodation or toilet facilities. Irrespective of where patients are, staff should always take the utmost care to respect their privacy and dignity.

8 Single-sex accommodation can be provided in:

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

9 In addition, it is advised that patients should not need to pass through opposite sex accommodation or toilet and washing facilities to access their own.

What happens when mixing is unavoidable?

10 When mixing men and women is unavoidable, every reasonable effort should be made to rectify the situation as soon as possible. Until that time, staff may need to take extra care to safeguard privacy, particularly in sleeping and sanitary areas.

11 In all instances where mixing of men and women is unavoidable, the patient, their relatives and carers, should be informed of why the situation has occurred, what is being done to address it, who is dealing with it and some indication as to when it may be resolved.

12 Mixing of the sexes can often be avoided, can usually be reduced, and can always be managed better. There can be no excuse for doing nothing.

13 There are no exceptions to delivering high standards of privacy and dignity. The exceptions established under: '*Mixed-sex accommodation Health Service Circular*' 1998/143 were reporting exceptions only and no longer apply.

Recent Actions

14 Following the invitation to bid against the Privacy and Dignity fund we considered all of our inpatient accommodation against the criteria above and the assessment is attached at appendix 1.

15 The recommendations for estates work are included in this Appendix and are primarily based on additional washing and toilet facilities, since in our older wards they are separated by a corridor. These current unisex facilities can be changed from male to female by a sliding door sign.

16 The bid also included an action plan on improving privacy and dignity by introducing further single sex wards ie Trauma and general medicine.

Recommendation

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