

Privacy and Dignity

Eliminating Mixed Sex Accommodation (EMSA)

1. Background and Introduction

- 1.1 The Operating Framework 2009/10 states that PCTs are expected to work with their local providers to deliver substantial and meaningful reductions in the numbers of patients who report that they share sleeping or sanitary accommodation with members of the opposite sex.
- 1.2 NHS Sheffield is committed to working with its partners including Yorkshire and Humber Strategic Health Authority (SHA) and our provider organisations to ensure patients and the public have their privacy and dignity respected and particularly whilst in hospital through the elimination of mixed sex accommodation.
- 1.3 This action plan details how we will work with our partners to demonstrate an improvement in facilities and improved patient experience and confirms the further actions we will be taking in the coming months.
- 1.4 In addition, in conjunction with our provider organisations we have developed an action plan, which articulates the expected visible impact both following the completion of projects funded by the DH EMSA programme and more general plans around privacy and dignity, including the elimination of mixed sex accommodation.
- 1.5 This paper and the attached action plan provides information to NHS Yorkshire and Humber on
 - Current local performance for mixed sex accommodation
 - Investment to date
 - Current priorities, key milestones and identified leads
 - Monitoring/reporting frameworks

2. Progress to Date

- 2.1 NHS Sheffield sought assurance from our providers re their compliance with the Department of Health (DH) definition detailed in the letter from Y & H SHA of February 2009.
- 2.2 Where our providers were not compliant with the definition they were encouraged to bid for monies from the DH EMSA programme.

2.3 Sheffield Children's Hospital NHS Foundation Trust (SCHFT)

SCHFT declared compliance with the definition and felt no issues needed to be addressed and therefore did not bid for monies from the DH EMSA programme.

2.4 Sheffield Health and Social Care Foundation NHS Trust (SHSCFT)

SHSCFT identified the need to engage with service users and carers on improving the quality of clinical environments in relation to patient physical and psychological safety.

SHSCFT has developed a tool around 'sexual safety' which is employed within clinical supervision. The trust bid for monies to create two half time posts (one staff member and one service user) to develop innovative methods for the involvement and engagement of Service Users and Carers in all issues relating to Mixed Sex Accommodation, privacy dignity, and sexual vulnerability. The post holders will extend the use of the 'tool' and develop innovative methods for acknowledging responding to the real and perceived threats experienced by service users.

SHSCFT secured £44k from the DH EMSA programme.

2.5 Sheffield Teaching Hospitals NHS Foundation Trust (STHFT)

STHFT identified two wards to be non-compliant with the definition – Vickers 2 and 3. These wards provide renal inpatient facilities and are housed on nightingale wards.

STHFT explored a number of options to overcome their non-compliance and ultimately decided to bid for monies from the DH EMSA programme to refurbish two wards to provide single sex inpatient facilities. This will be achieved by increasing the number of side rooms, toilets and bathroom facilities.

STHFT secured £1.5m from the DH EMSA programme.

- 2.6 NHS Sheffield were advised that both bids had been successful via the letter from Y & H SHA on 7 April 2009. We have since continued to work with our providers to develop more detailed action plans and performance manage our providers.

3. Future Action

- 3.1 We will continue to work with our provider organisations on their implementation of their action plans both related to the DH EMSA programme monies and more general action plans that support a whole systems approach to the elimination of mixed sex accommodation.

3.2 Contracts

NHS Sheffield will maximise the use of the contract to achieve improvements in 2009/10 and as per contracts will retain the option to apply sanctions to providers who do not report their performance in a timely manner.

3.3 Monitoring and Reporting

NHS Sheffield intends to monitor the elimination of mixed sex accommodation through the monthly clinical quality review meetings as outlined in schedule 3 of the new national contract. As minimum organisations will be expected to

- Report on mixed sex accommodation by service area on a quarterly basis
- Report on National and local in-patient survey results
- Agree local action-plans to improve patient experience
- Report on PALS and complaints data, identifying any trends and patterns that relate to privacy and dignity on a quarterly basis
- Formerly report breaches of the mixed sex accommodation criteria

4. Summary

- 4.1 NHS Sheffield with its providers has undertaken a baseline assessment to determine current position in relation to the definition of mixed sex accommodation.
- 4.2 With our providers we have developed an action plan to eliminate mixed sex accommodation that demonstrates the greatest return for planned investment.
- 4.3 NHS Yorkshire and Humber is asked to note the progress to date and proposed future plans.

Paper and action plan produced by:

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On behalf of:

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Date:

30 July 2009

Privacy and Dignity – Eliminating Mixed Sex Accommodation (EMSA)

Action Plan from NHS Sheffield 30 July 2009

	Action	Comments	Timescales	RAG Rating
Monitoring and assurance	1. Providers to have in place action plans to improve patient experience. Action plans to refer to both DH EMSA funded projects and actions that support a whole systems approach to the elimination of mixed sex accommodation	<p>STHFT have provided an updated action plan specifically related to refurbishment projects</p> <p>Action plan yet to be provided by SCH</p> <p>SHSCFT have developed an action plan specifically related to their project funded from the DH EMSA monies. Further information is required around other activity related to EMSA</p> <p>Action plan yet to be provided by Sheffield PCT (Provider Services)</p>	By 31 August 2009	Amber
	2. Receive assurance from private providers re their compliance with DH definition of EMSA	<p>Assurance received from both BMI Thornbury Hospital & The Claremont Hospital that both are compliant with the DH definition</p> <p>Declaration by St Luke's Hospice that not fully compliant, action plan developed to achieve compliance – to be monitored during quality monitoring</p>	By 31 August 2009	Green

		meetings		
	3. Receive assurance from providers on mixed sex accommodation by service area on a quarterly basis	To be actioned through clinical quality review meetings	By 31 March 2010	Amber
	4. Providers to report on National and local in-patient survey results	To be actioned through clinical quality review meetings	By 31 March 2010	Amber
	5. Providers to report on PALS and complaints data, identifying any trends and patterns that relate to privacy and dignity on a quarterly basis	To be actioned through clinical quality review meetings	By 31 March 2010	Green
	6. Providers to formerly report breeches of the mixed sex accommodation criteria	To be actioned through clinical quality review meetings	By 31 March 2010	Amber
	7. Providers action plans available on inter/intranet	STHFT website updated with revised action plan specifically related to refurbishment projects SCH website to be updated when action plan produced	By 31 August 2009	Amber

Communication and reporting		<p>SHSCFT website updated with action plan specifically related to their project funded from the DH EMSA monies. Website to be further updated with action plan around other activity related to EMSA, once produced</p> <p>NHS Sheffield/Sheffield PCT website to be further updated when action plan produced by Sheffield PCT (Provider Services)</p>		
	8. Internal reporting to NHS Sheffield Trust Board (at a minimum quarterly)	Monthly performance reports and quarterly clinical dashboard reports will be provided to NHS Sheffield Trust Board	By 31 March 2010	Green
	9. Share local good practice stories	Local good practice stories shared with the SHA and where possible reported in local media	By 31 March 2010	Amber