

# North Tees & Hartlepool NHS Foundation Trust

Action Plan for: Mixed Sex Accommodation 2008

Updated May 2009

Updated May 2011

Updated December 2011

Updated March 2012

Updated March 2013

Updated July 2014

Updated July 2015

Updated April 2016

Clinical Audit	<input type="checkbox"/>	Discharge Audit	<input type="checkbox"/>	Essence of care	<input type="checkbox"/>	Complaints	<input type="checkbox"/>	Claims	<input type="checkbox"/>	Control of Infection	<input type="checkbox"/>	Research Project	<input type="checkbox"/>	Untoward Incidents	<input type="checkbox"/>	HCR Audit	<input type="checkbox"/>	Patient Survey Audit	<input checked="" type="checkbox"/>
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## Directorate: Nursing and Patient Safety

Recommendation / Factor / Issue	Agreed Actions / Current Achievement Towards Best Practice	Action / Barriers which Prevent Achievement of Best Practice	Changes Required to Improve Practice	Progress Report	Person Responsible	Timescale	Review Date
<b>1 Patient perception of mixed sex wards</b>	Section available within the coming into hospital booklet	All patients may not read the coming into hospital booklet	Individual letter to every patient will be provided and left on the over bed table, explaining rationale for mixed sex accommodation and who to contact if they have problems	Letter composed by Director of Nursing & Patient Safety, and will be co-signed by her and the relevant SCN for the area	D of N and SCN / Matron for area	w/c 1 <sup>st</sup> June 2009	Completed
<b>2 Alleged poor signage in clinical areas denoting male / female toilet and washing facilities</b>	Review all signage on toilet and wash room doors and replace as appropriate	Signs may not be of correct standard	Replace signs as needed  Consider use of easy read pictorial signs	Signs replaced  Pictorial signs provided on toilets and bathrooms	Peter Mitchell	w/c 1 <sup>st</sup> June 2009	Completed
<b>3 Dignity champions to be clearly identified</b>	Senior clinical matrons have responsibility for specific clinical areas	Job description to be amended as required	Amended JD in 2008 via PDR / Appraisal		SCN & DoN	Immediate and on-going	Completed

	written into job description Need to consider Non-Exec Director designated as Trust overall Dignity Champion	NED identified		NED lead is Mrs Rita Taylor	Director of Nursing to advise Board	June 2009 Board Meeting	Completed
	Executive lead to be identified	Executive lead now identified		Mrs Sue Smith – DoN & Patient Safety	Director of Nursing to advise Board	June 2009 Board Meeting	Completed
<b>4 Need to increase Trust total capacity for single rooms and side rooms with en-suite facilities</b>	Increase in single room accommodation with existing new EAU facility x8	Single room accommodation limited expansion in main tower block areas	Increase capacity by an additional x8 beds by reconfiguring the Elderly care facility on the UHNT site	Increase of x8  Further increase of x8 achieved by August 2008	Estates Department and Directorate Management Team	Completed  August 2008	Completed
<b>5 Consideration of use of existing bed areas to increase segregation between male and female patients</b>	Male bed area may be adjacent or beside a female bed area due to the configuration of the nursing teams	Patients in one room may believe as they are next to a room with patients of the opposite sex they are being cared for in a mixed sex ward or they are sharing facilities with the opposite sex	To debate further segregation of patients with senior nurse managers		Deputy Director of Nursing and SCN / M's	July 2009	Completed
<b>6 Design of current hospital accommodation / configuration does not lend itself readily to segregation of male and female on acute ward areas</b>		New hospital design to accommodate all single room occupancy	Momentum team		Momentum project team and operational teams	2015	Discontinued Action
<b>7 CNO briefing PL / CNO / 2009 / 02 makes significant new recommendations</b>	Senior Clinical Management Teams to be fully briefed of the implications of the new guidance		Change to existing working practices to be promoted		Barbara Carr Cath Siddle Peter Mitchell Ann Johnson	June 2009	Completed

<b>8</b> <b>Review of Privacy and Dignity</b> <b>Essence of Care Element</b>	Review of E of C within existing timescale of plan	Directorate scores to be added to action plan	Trust wide score to be added to quality dashboard	Integrated into High Impact Action Groups, monitored via Nursing and Midwifery Board	Sue Smith / Barbara Carr	December 2011	Completed
<b>9</b> <b>Curtain closures within ward areas to be reviewed</b>	Closure of curtains surrounding bed areas to be reviewed and a Velcro fastener to be considered to aid with P&D	Laundry provision from an external supplier	All areas are provided with curtains which meet specification and are fit for purpose	The use of Velcro was not deemed to be an option due to potential damage to other fabrics in wash cycle	Sue Shannon		Completed
<b>10</b> <b>Patient hospital gowns to be reviewed</b>	Existing gowns do not always securely fasten at the rear	Review of existing provision from Sunlight Laundry to be considered	Revised gowns provided by Sunlight during 2011	Laundry provision now reviewed regularly	Sue Shannon		Completed
<b>11</b> <b>Patient experience champions to be identified within existing workforce</b>	Patients within the acute hospital may not be fully cognisant of the CNO / DH guidance	Appointment of patient experience champions	Staff to be recruited from existing workforce	Ward Matrons identified as champions, key result areas now within job descriptions	Barbara Carr	1 <sup>st</sup> June 2009	Completed
<b>12</b> <b>Critical Care L2 and L3 Units</b>	Compliance with DNO guidance required	Speed of discharge on occasions identified as possible risk	When L3 patients are stepped down to L2 the patient flow team are alerted to ensure base ward bed is identified in case of rapid discharge	NIC of Critical Care in liaison with Patient Flow Team	Tess Moore / Barbara Carr	On-going	Reviewed at monthly compliance meetings
<b>13</b> <b>Compliance reporting onto DH system</b>	Monthly MDT meeting chaired by AD for Nursing reviews previous month compliance	Electronic boards track patient flow	Staff must ensure correct demographics are entered onto the electronic record boards	SCM from every area to provide a variance report at each monthly meeting	SCM from all areas	Monthly meetings held	Reviewed first Monday of each month