


**Delivering Same-Sex Accommodation
Provider DSSA Self Declaration Checklist 2011**

		Evidence Required	RFH evidence available/RAG Position March 2011	
Patient Experience				2 0 1 1
1	Patient experience of SSA has been measured on three separate occasions to demonstrate progress and submitted to SHA as requested	Submitted information to SHAs/PCTs	Submitted: <ul style="list-style-type: none"> ▪ Patient experience of DSSA is measured monthly using Customer Research Technology (CRT) and the reports presented in the assurance framework document 	
2	There is an on-going process in place to continue to measure patient experience of SSA with reports to be submitted to the Board	Results of patient experience surveys	<ul style="list-style-type: none"> ▪ Patient experience information is collected and reported monthly using CRT and reported via the User Experience Committee (UEC): <ul style="list-style-type: none"> ○ 16th March 2010 ○ 16th June 2010 ○ 22nd September 2010 ○ 6th January 2011 ▪ National patient survey information is collected annually 	
		Timescales for improvement	<ul style="list-style-type: none"> ▪ Annual national patient survey ▪ CRT information is collated and reported monthly for division and quarterly to the board via UEC ▪ Issues highlighted from patient experience feedback will be actioned appropriately 	
		Reports to the Board	<ul style="list-style-type: none"> ▪ Quarterly patient experience survey reports (from CRT data) implemented in 2010 and presented to User Experience Committee (Board sub group) ▪ All breaches are reported monthly to the Trust Executive Committee 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies ▪ Confidentiality and customer care requirements are in all staff job descriptions 	


			<ul style="list-style-type: none"> ▪ Dialysis patient experiences collected through CRT 	
3	There is a process to track other mechanisms for determining patient experience of DSSA, e.g. through patient complaints/comments, PALs, LinKs	Operational plans	<ul style="list-style-type: none"> ▪ User comment cards ▪ Ward comment books ▪ CRT free text option ▪ PALS and complaints processes in place, patient experiences are used to create organisational learning/memory 	
		Reports to the Board	<ul style="list-style-type: none"> ▪ Quarterly patient experience survey reports (from CRT data) implemented in 2010 and presented to User Experience Committee (Board sub group) ▪ All breaches are reported monthly to the Trust Executive Committee 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies 	
4	Information leaflets for patients on DSSA are available and used by staff in discussions.	Patient experience surveys	<ul style="list-style-type: none"> ▪ Patient experience CRT information available ▪ CRT information is collated and reported monthly for divisions to enable implementation of any actions necessary 	
		Leaflets/posters	<ul style="list-style-type: none"> ▪ Dignity week posters 2010 ▪ Red peg –dignity week event Feb 2010 ▪ Ward posters developed 2011 ▪ DSSA toolkit delivered to all matrons and departments ▪ Specific DSSA leaflet in development to be put on trust extranet site ▪ Download the Royal Free In-patient Leaflet (PDF 435KB) ▪ Download the Royal Free Bedside Guide (PDF 4.1MB) ▪ Bedside guide review in progress to ensure current for review in 2010 to ensure information is current 	

		Communication to patients	<ul style="list-style-type: none"> ▪ Plasma screen information ▪ Freepress publications ▪ Extranet information ▪ Bedside booklet (see above) ▪ DSSA declaration on external intranet site April 2010 ▪ In-patient leaflet (see above) ▪ Launch of dignity gowns ▪ Launch of red pegs ▪ Dignity week information staff 2010 ▪ Ward posters developed 2011 ▪ Strategy in development to ensure sustainability of information provided ▪ Development of posters to explain DSSA to patients & visitors
Estates			
5	P&D fund allocation spent and projects completed	Report to SHA & PCTs	<ul style="list-style-type: none"> ▪ Completion report submitted to NHS London July 2009 ▪ 8 East refurbishment completed- nothing outstanding
6	Estates able to support virtual elimination of MSA	Estates Survey	<ul style="list-style-type: none"> ▪ NHS London ward survey June 2009 ▪ NHS London privacy and dignity environmental audit completed January 2010 ▪ Estates and facilities strategy underpins planned refurbishment works to enhance patient privacy and dignity ▪ Nursing directorate walk rounds and checks on DSSA
7	Delivery of SSA is assured in planning of any new or refurbished capital development schemes	Trust DSSA Policy	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Estates and facilities strategy underpins planned refurbishment works to enhance patient privacy and dignity
		Reports to the Board	<ul style="list-style-type: none"> ▪ Quarterly patient experience survey reports (from CRT data) implemented in 2010 and presented to User experience Committee (board sub group) ▪ All breaches are reported monthly to the Trust Executive Committee
		Delivery Plan	<ul style="list-style-type: none"> ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies ▪ Works recently completed for total segregation of high dependency bays and provision of en-suite washing and toilet facilities on 11 West; 11 South due to complete in next few months

			<ul style="list-style-type: none"> ▪ Works for total segregation of high dependency bays and provision of en-suite washing and toilet facilities for legacy ward 11 South in progress ▪ Enhanced privacy and dignity work planned for neonatal unit currently in progress ▪ Enhanced privacy and dignity work planned for ITU4 planned and due to start summer 2011 ▪ Outstanding works for total segregation of high dependency bays in remaining legacy wards: 7 East; 7 South; 6 East (timescale for completion awaited from estates and facilities); however these legacy wards still offer same-sex accommodation and have gender assigned washing and toilet facilities: Legacy wards have also been reviewed by NHS London on a previous visit 	
Systems & Processes				
8	Assurance to the Board and monthly PCT reporting including a system of tracking all occurrences of mixing, whether clinically justified or not.	Reports to the Board	<ul style="list-style-type: none"> ▪ Quarterly patient experience survey reports (from CRT data) implemented in 2010 and presented to User Experience Committee (Board sub group) ▪ All breaches are reported monthly to the Trust Executive Committee 	
		Included in dashboard	<ul style="list-style-type: none"> ▪ The Tri-daily operational bed meeting is led by the director of operations; DSSA issues are raised and recorded in this meeting ▪ A breach report form is completed ▪ Breaches are then escalated to the trusts operations board and monthly to the trust executive ▪ Data is extracted and reported to UNIFY and published nationally 	
		Policy/procedure in place	<ul style="list-style-type: none"> ▪ SSA policy updated Feb 2010 ▪ Privacy and dignity policy ▪ Mental capacity act policy ▪ Chaperoning policy ▪ Safeguarding adults/children policy ▪ Estates and facilities strategy 	
		Providers report	<ul style="list-style-type: none"> ▪ Reported to PCTs from reporting mechanisms detailed above 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan 	

			<ul style="list-style-type: none"> ▪ Expectations of staff are detailed in policies ▪ Confidentiality and customer care requirements are in all staff job descriptions ▪ Board to ward walk rounds ▪ Auditing to monitor compliance of sleeping arrangements, bathroom arrangements and overlooking via spot checks performed by the nursing directorate
9	Where there are rare occurrences for non-clinical reasons, a process exists to investigate reason, take prompt action and take remedial actions as required to prevent future occurrence	Process e.g. MSA, Root Cause Analysis in place, used by staff	<ul style="list-style-type: none"> ▪ The Tri-daily operational bed meeting is led by the director of operations; DSSA issues are raised and recorded in this meeting ▪ A breach report form is completed ▪ Breaches are then escalated to the trusts operations board and monthly to the trust executive ▪ Data is extracted and reported to UNIFY and published nationally
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies and job descriptions
10	Relevant Trust policies refer to requirement to DSSA and privacy and dignity	Policies	<ul style="list-style-type: none"> ▪ DSSA policy 2010 updated and launched March 2010 (replacing 2008 policy) ▪ Escalation pathway ▪ Privacy and dignity policy ▪ Mental capacity act policy ▪ Chaperoning policy ▪ Safeguarding adults/children policy
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan including: <ul style="list-style-type: none"> ○ Implementation of listed policies ○ Improved better fitting curtains ○ Introduction of red pegs/think before you enter signs ○ Introduction of dignity gowns ○ Single sex bays with ensuite toilet and washing facilities ○ The trust also has a high percentage of side rooms ○ Use of complaints and feedback to develop and improve services ○ Review and gender assignment of all ward washing and

			<ul style="list-style-type: none"> toilet signage o Expectations of staff are detailed in policies o Confidentiality and customer care requirements are in all staff job descriptions o Nursing strategy launched February 2011 to enhance the patient experience 	
11	The Trust can demonstrate the virtual elimination of MSA in: Wards Assessment Units Day facilities Patients do not share sleeping accommodation or toilet facilities with members of opposite sex	Reports showing virtually no occurrences in these areas	<ul style="list-style-type: none"> ▪ The Tri-daily operational bed meeting is led by the director of operations; DSSA issues are raised and recorded in this meeting ▪ A breach report form is completed ▪ Breaches are then escalated to the trusts operations board and monthly to the trust executive ▪ Data is extracted and reported to UNIFY and published nationally 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Estates and facilities strategy ▪ Expectations of staff are detailed in policies ▪ All inpatient areas have gender designated washing and toilet facilities including wards awaiting refurbishment 	
Staff Culture				
12	The Board demonstrates a commitment to on-going delivery of SSA	Stated in Board reports	<ul style="list-style-type: none"> ▪ Quarterly patient experience survey reports (from CRT data) implemented in 2010 and presented to User Experience Committee (Board sub group) ▪ All breaches are reported monthly to the Trust Executive Committee 	
		Declaration on website	<ul style="list-style-type: none"> ▪ In place for 2010; 2011 declaration pending approval 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies ▪ Estates and facilities strategy 	
13	The Trust has articulated its intent to deliver care with privacy and dignity within which delivering same sex accommodation is an integral component	Articulated within strategic goals, business plan, on website	<ul style="list-style-type: none"> ▪ Included in the corporate operational objectives 2010/11 ▪ Strategy for nurses and midwives launched February 2011 includes enhancing the patient experience 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ DSSA policy 2010 ▪ Sustainability and improvement action plan ▪ Expectations of staff are detailed in policies 	

		Included in staff induction training	<ul style="list-style-type: none"> ▪ Dignity session included on Nursing & Midwifery orientation programme ▪ SSA accommodation included in N&M orientation ▪ Added to Trust induction day from April 2010 	
14	The Trust believes that delivering SSA should be the norm. Mixing will only occur by exception for reasons of clinical justification or patient choice	Evidence of language that mix sex accommodation is the rare exception and not a normal occurrence	<ul style="list-style-type: none"> ▪ Patient bed side booklet ▪ In patient leaflet ▪ Declaration on website (2011 declaration to be approved) ▪ DSSA policy 2010 	
		Delivery Plan	<ul style="list-style-type: none"> ▪ Declaration on trust website ▪ Patient bedside booklet ▪ DSSA policy 2010 ▪ Escalation policy ▪ Bed meeting reporting mechanism for breaches as previously detailed 	
15	If mixing does occur, staff attempt to rectify the situation as soon as possible, whilst safeguarding the individuals dignity and keeping the patient informed about; why the situation occurred and what is being done to address it (with indication of timescales)	Rectification actions and good communication around same sex occurrences are demonstrated in local feedback mechanisms (e.g. RCA, discharge questionnaires).	<ul style="list-style-type: none"> ▪ Escalation policy ▪ Clinical justification pathway ▪ The Tri-daily operational bed meeting is led by the director of operations as previously detailed ▪ Monthly reporting via the Directorate Performance review meetings ▪ Guidance for staff available on trust website ▪ Leaflets distributed to staff during 2009 and 2010 dignity week events 	
		Paragraph on remedial action included in policy	<ul style="list-style-type: none"> ▪ Sections on escalation and breach reporting in 2010 DSSA policy 	

Key:

	Action complete on going monitoring
	Action in progress and likely to complete by next quarter
	Action under development/timeline to be confirmed