

Single Gender Accommodation for Older Adults

Situation

- 1.1** Following the SGA (Single Gender Accommodation) paper presented to Trust Board in September 21, the Board were asked to pause the implementation of Single Gender Accommodation in Older Adult Services, and consider an alternative configuration. The previously agreed configuration indicated insufficient capacity to manage the gender split, specifically for female functional patients. As a result the clinical and operational team requested an alternative configuration be considered that continues to deliver single gender, single function, however allows for a functional and organic ward in each care hub in the South Division.
- 1.2** The following paper sets out the new proposed ward configuration in Older Adult Services.
- 1.3** Bury Council Health Scrutiny Committee has asked to note this update from Pennine Care NHS Foundation Trust on the implementation of Singular Gender Wards for Older People. This builds on the update to the joint health overview and health scrutiny panel from Clare Parker, Executive Director Of Nursing, Professional Leadership & Quality Governance.

Background

The NHS Operating Framework confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.

Following an extensive programme of work, all Adult Inpatients wards across Pennine Care had successfully completed the transition to Single Gender Wards by January 2021.

The next phase of the reconfiguration will focus on ensuring compliance for the Older Adult wards across Pennine Care. A full review of the learning from the Adult Ward transition has been carried out and the learning will be taken forward into the Older Adult transition, especially recognising the importance of staff buy-in, effective gatekeeping processes and efficient flow through the wards.

An earlier proposal of the configuration was done, however, this highlighted insufficient capacity to manage our largest co-hort of patients, Female Functional. Following the agreement to pause the implementation, further detailed analysis has been carried out. This proposal has been developed by looking at the profile of historical demand for beds, against bed availability.

The Older People's Delivery Group is responsible for overseeing the transition to Single Gender Accommodation for Older Adult Wards. A workshop has taken place to engage the MDT staff; ward managers, service managers and medics and Paul Lumsden and Sian Schofield has visited all the wards the week commencing 14/3/2022. All staff were supportive of the below recommended approach to establishing single gender accommodation in old age wards. There is a task and finish group reporting to the older adult delivery group.

Assessment

Current Ward Configuration and Proposed Configuration

Current Ward Configuration

Location	Ward name	Bed number	Gender		Functionality	
			Male	Female	Organic	Functional
Bury	Ramsbottom	10				
Oldham	Rowan	12				
Oldham	Cedars	10				
Tameside	Hague	14				
Tameside	Summers	11				
Rochdale	Beech	16				
Stockport	Davenport	20				

Stockport	Rosewood	10				
-----------	----------	----	--	--	--	--

There is also Saffron ward – which is the Delirium ward at Stockport which has 23 beds and is mixed gender.

Proposed Configuration:

Location	Ward name	Bed number	Gender		Functionality	
			Male	Female	Organic	Functional
Bury	Ramsbottom	10				
Oldham	Rowan	12				
Oldham	Cedars	10				
Tameside	Hague	14				
Tameside	Summers	11				
Rochdale	Beech	16				
Stockport	Davenport	20				
Stockport	Rosewood	10				

Single gender accommodation: our plans

Updated March 2022

Bury – Fairfield General Hospital

Ramsbottom ward (older people):

- Women with organic
- 10 beds

Heywood, Middleton and Rochdale – Birch Hill Hospital

Beech ward (older people):

- Women with functional conditions
- 16 beds

Oldham – The Royal Oldham Hospital

Rowan ward (older people):

- Men with functional conditions
- 12 beds

Cedars ward (older people):

- Men with organic conditions
- 10 beds

Stockport – Stepping Hill Hospital

Davenport ward (older people):

- Women with functional conditions-
- 20 beds

Rosewood ward (older people):

- Females with organic conditions -
- 10 beds



Tameside and Glossop – Tameside General Hospital

Hague ward (older people)

- Men with functional conditions
- 14 beds

Summers ward (older people)

- Men with organic conditions
- 11 beds

Note: Davenport is the largest ward and the aim will be to reduce the bed base

Note: The function of the ward (organic/functional) have been kept the same as current -no change to staff roles

The total number of beds have not changed

The bed numbers are to meet the current and historical bed number requirements.

The ward functionality has not changed and therefore staff job roles and expertise does not change.

Benefit/ Risk Analysis

The analysis has identified a number of benefits and risks to the new proposed configuration:

Benefits

- Improved safety, privacy and dignity for patients
- Specialist staff skills (dementia and functional illness) are retained
- Functional and Organic Wards in each site (apart from Bury and HMR due to single ward sites)
- Improved utilisation of spaces on the wards for gender specific and functionality specific ward activities – single gender lounges no longer required.
- Reduced 1:1 observations due to wards being single gender.

Risks

- Increase in out of borough placements
- Delayed discharges – due to inter-borough discharge planning / care home assessments and local authorities not having patients locally.
- Loss of flexibility with bed base
- Staff apprehension regarding the change process
- Challenges with S17 leave and graded discharge process for patients and carers
- Visiting for family / carers

Risk Mitigation

- Review patient flow, gatekeeping and Home Intervention Teams.
- Reason to Reside governance structures with discharge coordinators at each borough
- Consultation with CCGs and Local Authorities prior to implementation.
- Keeping ward functions the same (Functional / Organic) should mitigate staff concerns – achieved in this proposal

- Task and finish groups and the staff engagement session has mitigated risks around staff apprehension.
- Estates – Safety Alarms
- Review transport arrangements
- Engage voluntary sector to support patient and carer transport.
- PMVA training to be uplifted – this is also due to rising complexity and fitness of patients who are above 65 years.
- Safer staffing review
- We have evaluated in-patient numbers over the last 2 years to establish adequate capacity.

Implementation Plan

A phased implementation plan is outlined below.

No.	Milestone	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
1 Pre-Implementation							
1.1	Board Agreement						
1.2	Consultation and engagement with ward staff through a series of workshops						
1.3	Consultation with Patients and Carers						
1.4	Information Sharing with Community MH Services						
1.5	External communication with CCG's and LA's - External Stakeholder workshop						
1.6	Establish Effective Gatekeeping Processes						
1.7	Estates - Safety Alarms (Male Organic)						
1.8	Inpatient Staffing Review						
2 Implementation							
2.1	Patient admission and transfer process – information for ongoing in-patients regarding change of ward and Responsible Clinician						
2.2	Transition to the proposed ward configuration						
2.3	Inpatient Staffing Review Continued						
2.4	HTT / CMHT Review, identify gaps in provision						
2.5	Investment Proposals Developed						
3 Post Implementation - Outcome Monitoring							
3.1	Patient Satisfaction						
3.2	Staff Satisfaction						
3.3	Ongoing monitoring of SGA compliance						
3.4	Ongoing monitoring of Gatekeeping compliance						
3.5	Ongoing Monitoring of Out of Area Placements for Functional Patients						
3.6	Length Of Stay						
3.7	Readmission Rates						
3.8	DTOC Rates						
3.9	72 Hour Follow Up Standards						
3.1	Monitoring of Diagnosis on Functional and Organic Wards						

Recommendations

- Agree the move to the described bed configuration for Older Adults Wards
- Agree to the Implementation Plan

The ask from the Executive Directors are asked to consider the information provided and agree to the following recommendations:

- The proposed ward configuration for Older Adults
- The proposed Implementation Plan
- Bury Council Health Scrutiny to note progress