



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority Review of Mixed Gender Accommodation in Hospitals

Southern Health and Social Care Trust

August 2012

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Introduction

1.1 The Regulation and Quality Improvement Authority (RQIA)

The Regulation and Quality Improvement Authority (RQIA) was established in 2005 under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA is the independent body responsible for monitoring and inspecting the quality and availability of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

RQIA has a key role in assuring the quality of services provided by the health and social care board, trusts and agencies. This activity is undertaken through specific reviews of clinical and social care governance arrangements within these bodies, as set out in RQIA's Three Year Review Programme 2009-12.

RQIA's Corporate Strategy 2009-12 identifies four core activities which are integral to how RQIA undertakes all aspects of its work. These are: improving care; informing the population; safeguarding rights; and influencing policy.

This review has been undertaken under article 35(1) (b) of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

1.2 Context for the Review

All health and social care organisations operate within the principles which underpin the Quality Standards for Health and Social Care¹ (DHSSPS). These principles are outlined in the standards and further reinforced in the Patient and Client Experience Standards² under the heading of respect, attitude, behaviour, communication and dignity.

The Department of Health (DoH) (England) defines single sex accommodation as separate sleeping areas for men and women, segregated bathroom and toilet facilities for men and women and, in those trusts providing mental health services, safe facilities for the mentally ill. Single sex accommodation can be provided in single sex wards or combinations of single rooms and single sex bays in mixed wards

Mixed sex accommodation³ is where men and women have to share sleeping accommodation, toilets or washing facilities.

The DoH highlight that men and women should have access to separate toilet and washing facilities, ideally within or next to their ward, bay or room. Patients should

¹ Quality Standards for Health and Social Care (DHSSPS)

² Patient and Client Experience Standards: Improving the Patient Client Experience (DHSSPS)

³ Mixed Sex Accommodation in hospitals is where patients of the opposite sex have to share sleeping accommodation, toilets and washing facilities (DoH)

not need to go through sleeping areas or toilet and washing facilities used by the opposite sex to access their own.

This applies to all areas of hospitals, including admissions wards and critical care areas; such as intensive care units and high dependency units. In exceptional circumstances, it may be necessary to accommodate men and women together, where the need for highly specialised or urgent care takes clinical priority. In these circumstances, staff must act in the interests of all the patients involved, and patients should be moved to same sex accommodation as soon as possible. Until this happens, staff should take practical steps to protect patients' privacy and dignity, for example by providing clear information and making sure that private conversations cannot be overheard.

The NHS Constitution states that all patients should feel that their privacy and dignity are respected during their time in hospital. Same sex accommodation is "a visible affirmation" of this commitment.

Privacy⁴ is an important influence on patients' overall perception of the quality of care they receive. The issues involved go beyond the physical environment into bed management and management of patient flow, organisation of admissions and elective treatment, and the expectation of all staff that patients will have their privacy and dignity protected.

Mixed gender ward accommodation is a recognised concern for some patients for personal and cultural reasons.

The Race Relations Amendment Act (2000) the Human Rights Act (1998) and principles from the United Nations and the recent Health Select Committee on Human Rights have all raised the need to consider equal and fair treatment as a matter of dignity and human rights.

This review has been undertaken as a baseline assessment to examine the processes put in place by HSC trusts in relation to the management of care in mixed gender accommodation. Currently there are no equivalent standards in Northern Ireland to those in England. The DoH has clearly articulated in its policy, zero tolerance in respect of care in mixed gender accommodation.

In Northern Ireland the DHSSPS has a specific policy aim to provide single rooms for all patients in new acute hospitals and major hospital refurbishments, which will facilitate greater privacy and dignity for patients in those facilities.

A letter⁵ was circulated to the Health and Social Care Board (HSC Board), Public Health Agency (PHA) and Health and Social Care trusts (HSCT) by the Chief Nursing Officer (CNO) entitled 'Privacy and dignity - mixed gender accommodation in hospitals: 21 May 2009. This letter stated that ... "Mixed gender accommodation has been identified by patients and relatives/carers as having a significant impact on

⁴ Privacy and Dignity report (1997). Privacy and Dignity-a report by the Chief Nursing Officer into mixed sex accommodation in hospitals. (DoH)

⁵ Privacy and Dignity-Mixed sex inpatient accommodation in hospitals, from the Chief Nursing Officer, Professor Martin Bradley, 21May 2009 (DHSSPS)

maintaining privacy and dignity whilst in hospital. There should be a presumption therefore that men and women will not be required to sleep in the same area, nor use mixed bathing and WC facilities. Patients wish to be protected from unwanted exposure, including casual overlooking and overhearing.”

No further guidance or policy statements have been issued by the DHSSPS in respect of the issue.

As a result, trusts have been required to consider the issue using the patient experience standards and have also had to develop local policies and reporting mechanisms to record occurrences when they happen. During the course of the review it was highlighted by the Public Health Agency that they had issued further guidance to all trusts in respect of mixed gender accommodation, however all trusts reported in advance of the review that this guidance had not been received.

1.3 Terms of Reference

- To profile the occurrences of the use of mixed gender accommodation in adult acute, general, hospital settings in Northern Ireland and the management of risk associated with care in such circumstances.
- To look at the volume and nature of complaints made over a three year period relating to the care of individuals in mixed gender acute adult ward accommodation
- To determine if the trusts have a policy in respect of mixed gender accommodation and assess any human rights implications for the provision of services
- To assess the implementation and impact of the Patient and Client Experience Standards (DHSSPS 2008) in relation to mixed gender accommodation, and other relevant DHSSPS policy and guidance.
- To report on the findings and make recommendations on how the service user experience for mixed gender accommodation can be improved.

1.4 The Review Team

RQIA established an independent review team, to carry out this review. The membership is as follows:

Phelim Quinn,	- Director of Regulation and Nursing, RQIA
Hilary Brownlee	- Independent Reviewer
Margaret Keating	- RQIA Inspector
Sheelagh O'Connor	- RQIA Inspector

Supported by:

Mary McClean	- Project Manager, RQIA
Patricia Corrigan	- Project Administrator

1.5 Methodology

The review process had four key phases:

1. Completion of a self- assessment questionnaire relating to the structures, policies and processes in place to ensure that privacy, dignity and respect are afforded to all patients in mixed gender accommodation in adult acute, general hospital settings. This assessment was made against the Patient and Client Experience standards and actions as listed in 'Privacy and dignity - mixed sex accommodation in hospitals (CNO 5/2009). The criteria used in this self- assessment were developed by RQIA. A profile of occurrences of mixed gender accommodation was included at this stage.
2. Inspection by the review team of randomly selected hospital wards, using a specially adapted data collection tool to measure the extent to which the trust actively supports good practice principles of privacy, dignity and respect for all patients who are cared for in mixed gender accommodation.
3. A discussion session with members of trust's senior management team to assess the commitment by the Southern Health Social Care Trust (SHSCT) to minimising the use of mixed gender accommodation. This discussion enabled the review team to make an assessment of the relevant governance arrangements within the trust in respect of the management of care in mixed gender accommodation.
4. Reporting and publication of the findings of the review.

Definitions:

For the purpose of this review RQIA uses the following definitions:

Mixed Gender accommodation: is where patients of the opposite gender have to share sleeping accommodation, toilets or washing facilities.

Room: a single or multi-bedded sleeping area, which is fully enclosed with solid walls and door.

Bay: a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. The fourth side may be open or partially enclosed. The use of curtains alone between bays is not acceptable, as they offer little visual privacy and no auditory privacy.

Adjacent: where bath/shower rooms and toilets are not provided as en-suite facilities, these should be located as close to the bay or room as possible and clearly designated as either male or female facilities. Patients should not have to walk through areas occupied by the opposite sex to reach the facilities.

This data collection tool was developed by RQIA from the following audit tools:

- 'Privacy and Dignity: The elimination of mixed sex accommodation Good Practice Guidance and Self-Assessment Checklist' (NHS Institute for Innovation and Improvement).
- Privacy and Dignity Audit Tool (2009) NHS South Tyneside NHS Foundation Trust.

The inspections were, to some extent unannounced, as hospital personnel were not given prior knowledge of which wards would be visited by reviewers. The inspection involved observation of practice, talking to staff and patients and/or, reviewing documentary evidence.

The Southern Health and Social Care Trust

Within the SHSCT area there are acute inpatient facilities at Craigavon Area Hospital and Daisy Hill Hospital.

Over the past year the SHSCT reported that the number of acute emergency admissions has continued to increase from 23,440 in 2009/10 to 23,586 in 2010/11.

Table 1: Number of Hospital Admissions within the SHSCT

	2009/10	2010/11	% increase
SHSCT	23,440	23,586	0.6

It was reported that all patients are admitted into single gender bays within mixed gender wards. Senior members of staff work hard to ensure that as patient mix changes in wards, gender specific bays are identified and toilets allocated for different genders. It was reported that due to the age and design of the estate, washing facilities are limited but staff are committed to ensuring that all patients are treated courteously, with dignity and privacy respected in single gender accommodation.

Section 2: Findings of the Review Team

2.1 Findings of the Inspection of Wards in Craigavon Area Hospital and Daisy Hill Hospital

The review team carried out inspections of four randomly selected hospital wards in Craigavon Hospital (CAH) and Daisy Hill Hospital (DHH) using a specially adapted data collection tool to measure the physical ward environments and individual ward practices against good practice principles of privacy and dignity for all patients who are cared for in mixed gender accommodation.

Definitions:

For the purpose of this review RQIA uses the following definition:

Mixed Gender accommodation: in hospitals is where patients of the opposite sex have to share sleeping accommodation, toilets or washing facilities.

Room: a single or multi-bedded sleeping area, which is fully enclosed with solid walls and door.

Bay: a single or multi-bedded sleeping area which is fully enclosed on three sides with solid walls. The fourth side may be open or partially enclosed. The use of curtains alone between bays is not acceptable, as they offer little visual privacy and no auditory privacy.

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2. Privacy and Dignity Audit Tool (2009) NHS South Tyneside NHS Foundation Trust.

The inspections were, to some extent unannounced, as hospital personnel were not given prior knowledge of which wards would be visited by reviewers and involved observation of practice, talking to staff and patients and/or, documentary evidence.

Table 2 shows the results of the findings of the inspection of the following three wards in hospitals within the SHSCT area:

Craigavon Area Hospital (CAH) 1 North
1 South
4 North

Daisy Hill Hospital (DHH) Stroke Rehabilitation Unit

Standard: The physical environment actively supports patients' privacy and dignity.

Table 2: Results from inspection of wards visited in SHSCT

	1 North (CAH)	1 South (CAH)	4 North (CAH)	Stroke Rehab (DHH)
Criteria (at the time of review)				
1. Patients are cared for in single gender bays	Yes	Yes	Yes	Yes
Comment: Patients in all wards reviewed are accommodated in single gender bays within mixed gender wards.				
2. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing	Yes	Yes	Yes	Yes
Comment: Additional screens are available in all areas and are used if required.				
3. Staff knock/request permission before entering a bed area if curtains are closed	Yes	Yes	Yes	Yes
4. The ward is managed with a male and female sections, male and female toilets and washing facilities (other than assisted or accessible facilities)	Yes	Yes	Yes	Yes
Comment: There is good signage in all wards to indicate male and female toilets and showers.				
5. There is a private room or spaces available for use by patients to talk to staff or visitors	Yes	Yes	Yes	No
Comment: In the Stroke Rehabilitation Unit in DHH the sister's office is made available for use of patients who are mobile. The previous day room is now being used a store room. In Ward 1 South CAH there is a relatives' room for patients use.				
6. Curtains are long enough, thick enough, and full enough to be drawn fully around the bed area	Yes	No	Yes	Yes

Comment: There were a few bed curtains in Ward 1 South, CAH that were not long enough to ensure complete privacy for the patients in those beds.				
7. Where patients pass near to areas occupied by members of the opposite gender, adequate screening such as opaque glazing or blind/curtains at windows and doors are used	Yes	Yes	No	No
Comment: In the Stroke Rehab Unit, DHH and Ward 4 North, CAH the toilet and shower rooms are located across the ward corridor adjacent to the bay – these are relatively public areas.				
8. All patients are adequately dressed and/or covered	Yes	Yes	Yes	Yes
9. Separate treatment area(s) are available, for care to be provided away from the bedside	No	No	No	No
Comment: In all wards visited on this occasion all treatment and care is provided at patients' bedsides. There are no treatment rooms in any of the wards visited.				
10. Patients do not have more than 2 visitors at their bed area at any same time	Yes	Yes	Yes	N/A
Comment: A notice stating that the number of visitors per patient is restricted to two is posted in the CAH wards that were reviewed. In the Stroke Rehabilitation Unit DHH there is no restriction on the number of visitors - there is a poster indicating visiting times.				
11. There is a vacant/engaged sign on all toilet doors	Yes	Yes	Yes	Yes
12. The shower rooms have a vacant/engaged sign	Yes	Yes	Yes	Yes
13. The bathroom has an engaged/vacant sign	Yes	Yes	Yes	N/A
Comment: There is no bathroom in the Stroke Unit. DHH.				
14. Toilet and washing facilities are located within, or close to the patient's room or bay.	Yes	No	No	No
Comment: In 4 North and 1 South, CAH toilets/shower rooms are located close to bays however; patients must cross a relatively public corridor to get to toilets/washing facilities.				
15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender	Yes	Yes	Yes	Yes

Comment: In all wards visited the ward layouts are interchangeable. Toilet and washing facilities are re-designated in accordance with the gender profile of patients in the bays.				
16. Toilets and washing facilities are fitted with internal privacy curtains where necessary	No	No	No	Yes
Comment: In the Stroke Rehabilitation Unit, DHH there are privacy curtains in the shower rooms but not in the male toilet on the day of the visit. There is no privacy curtain in the male toilet in 4 North, CAH (a section of this room was being used for storage).				
17. Toilets and bathroom doors are lockable from the inside, and are accessible to staff in the event of an emergency	Yes	Yes	Yes	Yes
18. Toilets/bathrooms/showers have nurse call systems that are accessible to patients and in good working order	Yes	Yes	No	Yes
Comment: In ward 4 North, CAH there is no call bell in one male toilet. The call bell in the shower room was tied up at the time of the review.				
19. Where assisted bathrooms and/or showers are used by both men and women, appropriate facilities are provided to uphold the privacy and dignity of all patients who use them	Yes	Yes	Yes	Yes

2.2 Overall Comments on the Inspections of the Wards:

There were no instances of patients being accommodated in any of the four wards that were reviewed on this occasion. Due to the age and design of the estate, there were a few instances where toileting/washing facilities are limited but members of staff are committed to ensuring the provision of privacy and dignity for patients when using these facilities. It was reported by trust management and all staff within the clinical areas that there have been no occasions where patients have been accommodated in mixed gender accommodation in these wards. It was notable that management and staff stated that a culture of care within the trust had developed that had zero tolerance in respect of occurrences of mixed gender accommodation. This culture had developed locally and prevailed in spite of the increasing pressures experienced through emergency admissions and increased patient throughput as a result of departmental targets.

2.3 Discussions with Clinical Staff

Reviewers spoke with various grades of clinical nursing staff and posed the questions are set out in the audit tool.

Clinical grades of nursing staff who participated in these discussions:

The responses to these questions as follows:

Question 1

Do you know of a trust policy for the care of patients in mixed gender accommodation? Where to access it? What is included as a definition for mixed gender accommodation?

Reviewers' findings:

All members of staff interviewed by reviewers were aware of the trust's policies, protocols and guidelines on mixed gender accommodation. It was reported that these policies are accessible on each trust's intranet site and in the policy folders that were in each of the wards. It was evident that the documents had been recently reviewed and that there had been an increased emphasis on the issues relating to mixed gender accommodation.

It was reported by the senior nurse in Ward 4 North that a patient is not admitted to the ward from A&E if single gender accommodation cannot be provided.

The staff interviewed were able to provide standard definitions of mixed gender accommodation in line with the definition used by RQIA for this review.

Question 2

Does the trust/ward have a policy and procedure in respect of vulnerable adults?

Reviewers' findings:

All members of staff provided correct definitions of the term 'vulnerable adult.' In all wards visited there is a policy in respect of vulnerable adults. This policy has not been invoked in any of the areas visited. Staff training in vulnerable adults procedures is offered to all staff - this has been taken up by the majority of staff who spoke with reviewers. The review team were of the view that such training should be emphasised further in the induction of all new staff working on wards and as part of on-going mandatory training.

Question 3

What are the key considerations if a female or male patient were being admitted into a mixed gender ward?

Reviewers' findings:

All members of staff who spoke with reviewers were clear that patients would not be admitted to a ward if single gender accommodation could not be provided. It was reported that any incidence where care in single sex bays cannot be achieved this would be highlighted and actions taken deal with the situation, this included an assessment of risk in respect of the movement of patients and risk in respect of potential spread of infection. Ward staff described how these issues would be discussed at staff safety briefings and handover reports any outstanding issues are resolved.

All members of staff who spoke with reviewers demonstrated total awareness of the need to ensure that privacy, dignity and respect is maintained and maximised for all patients in their care.

Question 4

What training and/or induction on mixed gender accommodation on how to manage care and treatment in relation to mixed gender wards have you received?

Reviewers' findings:

Due to the fact that patients are not accommodated in mixed gender bays there is no specific training and/or induction on managing care and treatment in relation to mixed gender wards in the SHSCT. It was reported that there are teaching sessions on Patient Experience standards and policy updates arranged at ward level usually during staff meetings.

Question 5

How would you prevent or improve current patient placements within the ward to maintain segregation of men and women?

Reviewers' findings:

This is not an issue at present in the SHSCT.

Question 6

What issues/experiences have you encountered on the ward in relation to the care of patients in mixed gender accommodation?

Reviewers' findings

This is not an issue at present in the SHSCT. Members of staff reported concern that, in the future, there may be instances when mixed gender accommodation must be provided because of 'bed pressures.' It was reported that any incidences where single sex bays cannot be achieved would be risk assessed, highlighted and the actions required to mitigate any associated risks would be documented.

Questions 7 and 9 relate to complaints procedures therefore the findings are grouped together

Question 7:

What happens if patients express a concern about being placed in a mixed gender ward or bay?

Question 9:

What processes are in place at ward level for patients who wish to make a complaint regarding their care in mixed gender accommodation?

Reviewers' findings:

The senior nurse in Ward 1 North, Craigavon Area Hospital spoke of instance when patients are not happy being in close proximity of the opposite gender (for example - the next bay). Any such issue is dealt with sympathetically by nursing staff. Members of staff were all very clear about the administering the complaints procedure, should a patient wish to make a formal complaint about any aspect of care.

Question 8

How are patient needs met in relation to ensuring privacy, dignity and respect (in relation to mixed gender accommodation)?

Reviewers' findings:

All members of staff spoke of the need for patients to have access to segregated toilets and washing facilities which are clearly signposted. In some instances in both hospitals there are limited toileting/washing facilities. The need to ensure privacy through the use of additional screens or area dividers, using discretion when giving personal care at the bedside or when discussing sensitive information were given as key privacy considerations. Close observation and ensuring patients are wearing appropriate clothing were given as key actions to be taken to ensure privacy and dignity in any situation regardless of the gender mix.

Question 10 (a)

What processes are in place for documenting incidences in relation to the care of patients in mixed gender accommodation at ward level?

Question 10 (b)

How is this information relayed to management within the trust?

There have been no incidences where patients have been accommodated in mixed gender accommodation. Members of staff who spoke with reviewers were aware of the reporting and recording arrangements if single sex bays cannot be achieved as

outlined in the guidelines in trust policy on Admission of Patients to a Mixed Sex Ward/Bay.

Although the trust was able to state verbally that there are no incidents of mixed gender accommodation, this would need to be validated by the further implementation of the draft audit proforma and tracking system outlined within the trust's policy.

2.4 What arrangements are in Place to Manage Mixed Gender Care in the SHSCT?

The findings in this section of the report are based on discussions with members of trust senior management team and the evidence submitted along with completed self assessment questionnaires of the structures, processes and training in place to meet the Standards for improving the Patient and Client Experience (DHSSPS 2008) and the minimisation of mixed gender accommodation.

There is no specific regional policy for the care of individuals in mixed gender accommodation. The review team felt that in the absence of such a policy, no specific regional goals had been set on the minimisation or elimination of mixed gender care. It was notable that the PHA had cited the dissemination of further guidelines in respect of care in mixed gender accommodation in 2010, however, the trust reported that the guidance had not been received.

In the absence of any regional policy or guidance in respect of mixed gender accommodation the SHSCT developed a Policy on the Admission of Patients to a Mixed Sex Ward/Bay which was reviewed in February 2011. The policy document has been made accessible to staff across the trust's intranet site and in hard copy. Staff indicated to the review team that these documents are held in clinical areas across the trust. These policy documents provide guidance for staff when single gender bays cannot be provided and refers to actions to be taken within individual ward areas at that time. It was evident during the review that since the implementation and dissemination of the trust policy, there has been a heightened awareness of the need to ensure privacy and dignity for patients in mixed gender accommodation and the need to minimise their occurrence.

The trust states and it is evident from this review that no patient has been accommodated in mixed gender accommodation across the wards in Craigavon Area Hospital and Daisy Hill Hospital.

Ward staff who spoke with reviewers were very clear that patients are not admitted to a ward if single gender accommodation cannot be provided. The trust has developed guidance for staff on the admission of patients to mixed sex bays which includes the completion of a mixed sex accommodation audit proforma which the ward manager is required to provide information on the gender accommodation within ward and bays. This audit proforma was in draft at the time of the review, therefore no analysis has been carried out to date.

The trust reports that a patient care survey in the acute wards had been carried out recently. This survey posed specific questions about mixed gender accommodation.

Patients' perceptions of mixed gender accommodation were of mixed gender wards as opposed to mixed gender bays, therefore the questionnaire was revised and analysis of the findings was not available at the time of review.

The trust spoke of their awareness that excessive movement of patients makes surveillance of HCAI more complex and can increase the risk of transmission of infection. The establishment of a strategy to balance the movement of patients to accommodate single gender accommodation with the reduction of the spread of infections is being considered. Infection prevention and control teams are being asked to advise bed managers on appropriate policies to optimise single gender accommodation and minimise risk of infection.

The SHSCT reported having no complaints on their DATIX system in relation to mixed gender accommodation.

The trust reported that all new future builds or major reconstruction will give full consideration to the provision of single sex accommodation.

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Section 3: Conclusions and Recommendation

3.1 Conclusions

Mixed gender accommodation is not an issue across the SHSCT. There is clear evidence that there is a real commitment from all grades of staff not to introduce the concept of mixed gender accommodation.

Members of staff are culturally opposed to the provision of care within mixed gender accommodation; however they are working within environmental constraints that have been highlighted in Section 2 of this report.

The trust has developed a local policy on the admission of patients to a mixed gender ward/bay in the absence of any regional policy or guidance in respect of mixed gender accommodation. Reviewers suggest that there is a need to prioritise the development of a definitive regional policy statement and a commissioning standard that relates to patient experience to ensure harmonization of policy and standards across all trusts.

There is clear evidence that the increased emphasis on mixed gender issues by senior managers across the SHSCT and the implementation and dissemination of policy has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers. The trust has a policy on admission of patients to a mixed sex ward/ bay which states that an IR1 form needs to be completed on each occasion that a patient is placed on a mixed sex ward. All IR1 forms are routinely reviewed by a clinical team on a weekly/fortnightly basis, in that speciality, in addition to review of significant incidences and trends at Directorate Governance for a every month.

The SHSCT is currently rolling out an acute inpatient satisfaction survey relating to mixed gender accommodation. The final analysis has not been completed.

The senior management team spoke of the challenges in achieving a reduction in occurrences of mixed gender accommodation in a hospital that is 25 years old with 100 per cent bed occupancy.

The establishment of a strategy to balance the movement of patients to accommodate single gender accommodation with the reduction of the spread of infections is being considered. It was reported that infection prevention and control teams and bed managers are developing appropriate polices to optimise single gender accommodation and minimise risk of infection.

The use of side wards for Infection control and the need for ensuring that those patients who require close observation to be accommodated close to nurses' stations were also highlighted as challenges in providing single gender accommodation.

It was clear from speaking to senior managers in the trust that managing and minimising the occurrences care in mixed gender accommodation created increased patient movement and that such movement created increased risk of spread of infection.

3.2 Recommendation

- The trust should continue to work to improve the patient environment by reviewing current patient facilities taking into consideration patient gender, privacy and dignity

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