



The **Regulation** and
Quality Improvement
Authority

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

Belfast Health and Social Care Trust

August 2012

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Section 1: 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 PHA 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 of the structures, policies and processes in place to ensure that privacy, dignity and respect is 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 BHSCT to minimising the use of mixed gender accommodation. The 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: in hospitals 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 gender 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. Inspections involved observation of practice, talking to staff and patients and/or, documentary evidence.

The Belfast Health and Social Care Trust

Within the BHSCT area there are acute inpatient facilities at the Belfast City Hospital, Mater Hospital and the Royal Victoria Hospital.

In the year preceding the review the BHSCT reported that the number of acute emergency admissions has continued to increase in all hospitals apart from the Belfast City Hospital as shown in the table below.

Table 1: Number of Hospital Admissions to BHSCT 2009-2011

Hospital	2009/10	2010/11	% change
Belfast City Hospital	10,324	10,260	(-) 0.6
Cancer Centre (BCH)	455	482	5.9
Children’s Hospital	3,166	3,236	2.2
Mater Hospital	7,644	8,077	5.6
Royal Victoria Hospital	13,245	14,384	8.6

It was reported by the trust that due to the unpredictable nature of unscheduled care for patients, there are occasions when very ill patients must be admitted on an urgent basis requiring a bay to become mixed sex. It was reported that senior staff aim to transfer such patients to a single sex bay within 24 hours if at all possible.

Section 2: Findings of the Review Team

2.1 Findings of the Inspection of Wards in the Belfast City Hospital, Mater Hospital and Royal Victoria Hospital

The review team carried out inspections of seven randomly selected hospital wards in the Belfast City Hospital, Mater Hospital and the Royal Victoria Hospital using an 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.

Table 2 shows the results of the findings of the inspection of the following seven wards in hospitals within the BHSC area:

Belfast City Hospital (BCH)	5 North (Medical Admissions) 8 South (Respiratory Medicine) Level 7 (Stroke Rehabilitation)
Mater Hospital (MIH)	Ward E Ward F
Royal Victoria Hospital (RVH)	Ward 2F (Medical Assessment Unit) Ward 7C (Stroke Unit)

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

Table 2: Findings from the Inspection of Wards in BHSC

	5 North (BCH)	8 South (BCH)	Level 7 (BCH)	Ward E (MIH)	Ward F (MIH)	MAU (RVH)	7C (RVH)
Criteria (at the time of review)							
1. Patients are cared for in single gender bays	No	Yes	No	Yes	Yes	No	No
Comment: There is flexible use of single gender bays in the MIH depending on the patient population. A four bedded bay in 5 North, BCH provides mixed gender accommodation for patients who have cardiac monitors in situ. In MAU, RVH there were 4 male patients and 2 female patients in one bay. In another bay there were 5 female patients and 1 male patient. These bays are adjacent to the nurses' station. In Ward 7C, RVH there were 3 male patients and 1 female patient in one bay (cardiac monitors in place) and 3 male patients and 3 female patients in another bay.							
2. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing	Yes	Yes	Yes	Yes	Yes	Yes	Yes

3. Staff knock/request permission before entering a bed area if curtains are closed	Not observed	Not observed	Not observed	Yes	Yes	Yes	Not observed
Comment:							
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	No	No	Yes	Yes	No	No
Comment: The washing and toileting facilities in the central area of 8 South, BCH are mixed gender. In Level 7, BCH the toileting and washing facilities are mixed gender within bays. In MAU and 7C, RVH the washing and toileting facilities are unigender. It was reported that the designation is flexible depending on the patient population of the bays.							
5. There is a private room or spaces available for use by patients to talk to staff or visitors	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment: In 8 South, BCH a day room and the ward manager's office are offered to patients for private meetings. In MAU, RVH the ward manager's office is offered to patients for private meetings.							
6. Curtains are long enough, thick enough, and full enough to be drawn fully around the bed area	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Comment: In one instance in Ward F, MIH the privacy curtain was very short which and could result in the patient who occupied a low bed to be observed.							
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	Yes	Yes	Yes	No	No

Comment: In MAU, RVH patients are in full view of patients of the opposite gender as they make their way to toileting and washing facilities. In 7C, RVH this only occurs in bays where these facilities are unigender.							
8. All patients are adequately dressed and/or covered	Yes						
9. Separate treatment area(s) are available, for care to be provided away from the bedside	No	Yes	No	No	No	No	No
Comment: All treatments and patient care is provided at bedsides in both wards in MIH in 5 North, Level 7 in BCH and in both wards in RVH. In 8 South, BCH it was reported that 90 per cent of treatments are carried out in a treatment room							
10. Patients do not have more than 2 visitors at their bed area at any same time	Yes						
Comment: A notice stating that the number of visitors per patient is restricted to two is posted at the entrance to all wards visited by reviewers.							
11. There is a vacant/engaged sign on all toilet doors	Yes						
Comment:							
12. The shower rooms have a vacant/engaged sign	Yes						
Comment: There is only one shower room for all patients in 5 North, BCH.							
13. The bathroom has an engaged/vacant sign	Yes	Yes	Yes	N/A	N/A	Yes	Yes
Comment: There are shower rooms in Ward F, MIH. The bathroom in the corridor in ward E, MIH is locked at all times and cannot be accessed by staff or patients							
14. Toilet and washing facilities are located within, or close to the patient's room or bay.	Yes	No	No	Yes	Yes	No	No
Comment: In 8 South and Level 7 in BCH, MAU and 7C in RVH, patients may be required to pass by open bays where patients of the opposite gender are cared for, to get to toileting facilities that are not located close to the patient's bed. The location of side wards in the BCH is a particular challenge in this respect.							

15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender	Yes	No	No	Yes	Yes	No	No
Comment: As above							
16. Toilets and washing facilities are fitted with internal privacy curtains where necessary	Yes	No	Yes	Yes	Yes	No	No
Comment: There is no privacy curtain in the shower room that opens on the ward back corridor in 8 South, BCH and MAU, RVH. Patients could be easily viewed by others when members of staff enter to give assistance.							
17. Toilets and bathroom doors are lockable from the inside, and are accessible to staff in the event of an emergency	Yes						
Comment:							
18. Toilets/ bathrooms/showers have nurse call systems that are accessible to patients and in good working order	Yes						
Comment:							
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	No	Yes	N/A	N/A	No	Yes
Comment: In 8 South back corridor, BCH and MAU, RVH there are no privacy curtains in the shower rooms. Patient using these showers would be clearly visible from the corridor when the door is open.							

2.2 Overall Comments on the Inspections of the Wards

Of the seven wards visited there were four instances (two in Royal Victoria Hospital and two in Belfast City Hospital) where mixed gender accommodation was being provided. This was being appropriately managed with good support from the senior nursing staff and good liaison with the patient flow manager. There were two instances in which patients who required cardiac monitors were being cared for in mixed gender bays.

The clinical environment in the Mater Hospital is of a high standard and is designed with consideration given to the provision of privacy and dignity for patients within single gender accommodation. There were no patients in mixed gender accommodation at the time of this review.

The physical environment in Belfast City Hospital and Royal Victoria Hospital is a challenge to ensuring privacy and dignity for patients when mixed gender accommodation is being provided. This was further reinforced by trust management in their discussion with the review team.

Patients who were being accommodated in mixed gender bays in 5 North, Belfast City Hospital reported satisfaction with the privacy and dignity aspects of care provided by staff in the ward. They reported that they had been consulted prior to admission to the mixed gender bays and were very satisfied with all aspects of care. They spoke of their preference to be in single gender bays but fully understood the clinical need for the accommodation provided.

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.

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 who spoke with reviewers were aware of the trust's policies, protocols and guidelines on mixed gender accommodation. These policies are accessible on the trust intranet and in a policy folder in each of the wards visited by reviewers. It was evident that the policies have recently been reviewed (February 2011) and that there has been an increased emphasis on the issues relating to mixed gender accommodation. All members of staff who spoke with reviewers gave 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 which has not been invoked over the past year. The majority members of staff who spoke with reviewers have undertaken mandatory training in respect of vulnerable adults procedures. The review team were of the view that training in the protection of vulnerable adults should be undertaken by all members of staff on an on-going mandatory basis and should be emphasised further in the induction of all newly appointed clinical staff.

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 gave good accounts of the key considerations if a female or male patient was admitted into a mixed gender bay in the ward. It was evident that they were clear that mixed gender accommodation. Members of staff in the wards in the Royal Victoria Hospital and Belfast City Hospital spoke of the pressures from the accident and emergency (A&E) department to admit patients to mixed gender bays. They were very clear about the processes in place for members of staff in A&E to inform a patient before his/her admission to a mixed gender bay and this is recorded in the patient's case notes. It was evident that the patient flow department (department which manages bed availability) and the wards do not always work closely to ensure this is carried out.

There were reported instances where patients had arrived in wards without being made aware that they were being accommodated in mixed gender bays. It was evident that ward staff are aware of the need to reassure the patient and relatives/carers that the situation is being kept under review and when facilities are available the patient will be moved to single gender accommodation.

The occurrences of mixed gender accommodation are not recorded in the wards in Royal Victoria Hospital and Belfast City Hospital that were reviewed on this occasion. Reviewers were advised that as situations change on an hourly basis it would be extremely difficult to keep up to date records in the ward of patient flow activity.

They all spoke of their determination to make patients' stay in mixed gender accommodation as short as possible.

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:

No specific training and/or induction on managing care and treatment in relation to mixed gender wards has been offered by the trust to the members of staff who spoke with reviewers.

Managers in the BHSCT reported that this topic has been included during informal teaching sessions and policy updates that are arranged at ward level usually during staff meetings.

Members of staff in the wards inspected in Belfast City Hospital and Royal Victoria Hospital spoke about having undertaken an informal induction programme which included reference to the management of patients who are admitted to mixed gender accommodation.

Question 5

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

Reviewers' findings:

Members of staff across all hospital wards that were reviewed hospitals spoke of moving patients' beds within the wards to maintain segregation of men and women. The implications for infection prevention and control was seen by members of staff as a major issue in relation to this action. Staff also described the need to re designate toilets for use by males or females depending on the location of patients within the wards.

Question 6

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

Reviewers' findings:

Members of staff in the wards in Belfast City Hospital and Royal Victoria Hospital reported that patients have rarely voiced concern about mixed gender accommodation and have always been happy with having to wait until alternative accommodation is provided. It was reported that where a patient remains in mixed gender accommodation longer than 48 hours, this would be recorded as a serious incident and a serious incident form (IR1) would be completed.

Members of staff in the Mater Hospital reported that there have not been any specific incidents relating to mixed gender accommodation however there was an awareness

that patients are not always comfortable when they are required to share a mixed gender bay and that they may require a lot of reassurance that members of staff are close by at all times. It was reported that admission of a patient to a mixed gender bay would prompt the recording as a serious incident and completion of a serious incident (IR1) form. This shows inconsistency between the Belfast City Hospital, Royal Victoria Hospital and Mater Hospital when completing IRI forms. Members of staff reported that there are instances when mixed gender accommodation must be provided because of 'bed pressures'.

In a few instances it was reported that patients are so relieved that they have a bed in a ward that they do not object to mixed gender accommodation.

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:

When questioned about action taken when patients express a concern about being placed in a mixed gender ward or bay, members of staff reported that ward managers and bed managers work together to find single gender accommodation for the patient. Members of staff across all hospital wards that were reviewed were very clear about the administering the complaints procedure, should a patient wish to make a formal complaint about mixed gender accommodation. In most instances staff seemed unaware that there had been any formal complaints made in respect of the issue.

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 hospital staff across the trust spoke of the need for patients to have access to segregated toilets and washing facilities which are clearly signposted. In a number of instances in the Belfast City Hospital and Royal Victoria Hospital clinical environments do not make this easy to achieve.

The review team noted that in Mater Hospital these issues were dealt with through the design and location of toilets, clinical and treatment rooms.

Members of staff in the Belfast City Hospital felt that they were disadvantaged in not having a room to talk with patients in private. They felt that it is unpleasant for patients and their relatives to discuss aspects of care in a relatively public hospital ward bay.

Close observation and ensuring patients are wearing appropriate clothing were also given as key actions to be taken to ensure privacy and dignity in any mixed gender accommodation.

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?

Ward managers who spoke with reviewers reported that, at the time of the review, there was no trust process for recording/reporting occurrences when patients are accommodated in mixed gender bays. It was noted that there were local recording processes, which included recording in the patient's individual case notes and/or recording in a book that is retained in the ward manager's office and discussed during safety briefings at the change of shift.

2.4 What Arrangements are in Place to Manage Mixed Gender Care in the BHSCT?

The finding in this section of the report are based on discussions with members of the 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 BHSCT have developed two policies that include sections on single gender accommodation.

- Acute Patient Flow Policy
- Patient Privacy and Dignity

These policies were reviewed in February 2011 and have been made accessible to all staff on the trust intranet site and in hard copy in ward. Staff indicated to the

review team that these documents are held in clinical areas across the trust. The policies state the trust's position in respect of providing single gender accommodation with the exception of ICU/high risk and observation areas. It was evident from this review that since the implementation and dissemination of these policies 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 occurrences of mixed gender accommodation.

The BHSCT states that a mixed gender area is only created in exceptional circumstances and is something every effort is made to avoid. Reviewers found during visits to medical admissions wards that mixed gender accommodation is provided as a daily occurrence in the Belfast City Hospital and Royal Victoria Hospital.

The review team noted that a number of medical assessment units in the trust had been developed in recent years to assist with performance in respect of waiting and treatment times in emergency departments.

The trust reports that there is a process whereby the Patient Flow Manager informs the A&E if a patient is to be placed in mixed sex accommodation and consent obtained from the patient by that department. Relatives are also informed prior to the patient's transfer to mixed gender bay. Discussions with ward staff would indicate that this process is frequently adhered to and that there are very few occasions when patients are not aware that they will be accommodated in a mixed gender bay in the ward. It was reported that patients who have planned admissions would be informed of any requirement to be placed in a mixed gender bay by staff in the pre assessment clinics and by the nurse admitting the patient on the day of treatment. The trust states that this would be on very rare occasion, and patients may refuse and admission may be deferred until the next day/next available slot, if appropriate.

The trust reported that all patients have access to segregated toilets and washing facilities which are clearly signposted and that privacy is enhanced by additional privacy screens and area dividers.

There is no trust wide process for reporting or auditing occurrences when patients are accommodated in mixed gender areas. It was reported that a record is kept by the patient flow department of the occasions when mixed sex areas are created and the circumstance leading to the creation.

The trust reported that ward managers review current patient placements on a daily basis and, where possible, move patients within the area to maintain segregation of men and women into single sex bays or single room accommodation. There is a lack of information in occurrences in respect of this internal patient movement as clinical staff only record occurrences in individual patient's case notes.

The trust is currently in the process of undertaking patient experience initiatives that includes an acute inpatient satisfaction survey which relates to the Patient and Client Experience Standards. The questionnaire which addresses privacy and dignity, and

single sex accommodation has been piloted on acute medical and surgical wards, medical rehabilitation and mental health inpatient wards.

Due to the fact the single gender accommodation is a separate question the findings of the pilot cannot directly relate the feedback on privacy and dignity to single gender accommodation.

The single gender accommodation questions are as follows:

- Was your bed in an area where male and female patients were cared for beside each other?
- If yes, did staff give you the option to move to another part of the ward where male and female sleeping accommodation were not mixed?

The findings would indicate that in the Belfast City Hospital, patients were not always provided with opportunity to move to single gender accommodation.

The survey results were given as follows:

Table 3: Survey Results for Patient Experience within BHSCT

	Was your bed in an area where male and female patients were cared for beside each other?	If yes, did staff give you the option to move to another part of the ward where male and female sleeping accommodation were not mixed?
BCH 6 South	16%	50%
MIH B	33%	100%
RVH 7D	5%	100%
BCH 2 South	4%	50%
MIH D	0%	Not Applicable
RVH 6B	4%	Not answered

This questionnaire is currently being rolled out across the trust and analysis of findings has not been completed.

The BHSCT response to the request for Information on the volume and nature of complaints made to the trust in relation to mixed gender accommodation was that there was one incident of alleged sexual abuse that was managed through the, 'vulnerable adults' process and was escalated through the Serious Adverse Incident reporting system to the DHSSPS and the HSC Board.

The trust states that they were unable to provide specific information on complaints about mixed gender accommodation. It is reported that they use the DHSSPS CH8 coding to log complaints onto the DATIX database and that there is no specific code for 'mixed gender wards'. They reported that at this time they are unable to refine a computer search of all complaints.

Current and Future plans to Eradicate Prevent or Significantly Reduce Mixed Gender Accommodation

The trust reported that the following systems are in place to ensure that all development of future hospital facilities/wards plans are designed to provide single gender accommodation across its hospitals:

- All new buildings must have a minimum of 50 per cent single room accommodation which will allow staff greater flexibility to manage gender issues within wards.
- When designing new buildings the trust will endeavour to comply with the DHSSPS requirement for single room accommodation.
- Gender, privacy and dignity will be considered when planning the facilities fit for purpose.
- Mixed gender issues will be tied into the review of strategic services.

Section 3: Conclusions and Recommendations

3.1 Conclusions

The BHSCT senior management team spoke of the challenges in achieving a reduction in occurrences of mixed gender accommodation in the current hospitals that are at least 25 years old with 100 per cent bed occupancy. The use of side wards for infection control and the need to ensure that those patients who require close observation are accommodated close to nurses' stations were also highlighted as challenges in providing single gender accommodation.

As a result of the pressures cited, the review team felt that the HSC Board, when initiating improvement programmes related to improving performance targets or improving patient flow, the HSC Board and PHA should consider the potential for any unintended consequences on patient experience when the improvement initiative is being developed.

The trust has developed local policies for Acute Patient Flow and Patient Privacy and Dignity 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. It is vital that this standard takes account of the specific links to the relevant articles of the Human Rights Act and that there is a harmonised approach to mixed gender care across all trusts.

There is clear evidence that the increased emphasis on mixed gender issues by senior managers across the BHSCT and the implementation and dissemination of policies has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers. There is no trust wide standardised process for reporting or auditing occurrences when patients are accommodated in mixed gender accommodation. It is suggested that review of current practice in light of new policy requirements and an examination of the most effective system to ensure audit of incidences and reporting through the appropriate governance structures.

The review team were of the view that any regional policy or commissioning specification should ensure systematic and uniform reporting of all occurrences of mixed gender care. Regular audits of mixed gender care should be carried out with learning shared across the region.

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

There were inconsistent messages from members of staff across the trust in relation to the management of vulnerable adult issues. Not all members of staff appeared to be aware of the vulnerability of patients in hospital. The review team felt there was a requirement to ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable patients.

No specific training and/or induction on managing care and treatment in relation to mixed gender wards has been offered to the members of staff across the trust. The review team felt that training should be included as part of the dissemination of any local or regional strategy.

3.2 Recommendations

- The trust should ensure that robust policy on the support for privacy, dignity and respect for patients in mixed gender accommodation in hospitals is fully implemented across the trust, and priority given to regular audit with feedback on any issues arising out of the audit across all ward areas.
- Training in the managing of care and treatment in relation to mixed gender wards should be included as part of the dissemination of any local or regional strategy and offered to members of staff across the trust.
- The trust should develop standardised document procedures for recording occurrences, incidents, complaints and concerns relating to patient experience of the support for privacy, dignity and respect in mixed gender accommodation.
- The trust should review arrangements for ensuring that lessons learnt from incidents/complaints/concerns relating to patient experience of the support for privacy, dignity and respect in mixed gender accommodation are disseminated to all staff, and that the implementation of any changes to policy or practice are monitored.
- The trust should ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable patients.
- The trust should ensure that there are documented procedures in place for tracking internal patient movement in respect of mixed gender accommodation.
- The trust should continue to work to improve the patient environment by reviewing current patient facilities and implementing the trust new build strategy to comply with the DHSSPS requirements for single room accommodation and to take into consideration patient gender, privacy and dignity.



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