The Regulation and Quality Improvement Authority

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

Overview Report

August 2012

informing and improving health and social care
www.rqia.org.uk

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 (the 2003 Order).

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 (HSC) Board, HSC trusts and agencies. This activity is undertaken through governance and thematic reviews, 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 2003 Order.

Contents

Executive Summary

This review was commissioned by the Department of Health, Social Services and Public Safety (DHSSPS). It has been undertaken as a baseline assessment to examine the processes put in place by health and social care (HSC) trusts in relation to the management of care in mixed gender accommodation.

The Department of Health (DH) in England has clearly articulated in its policy, zero tolerance in respect of care in mixed gender accommodation. Currently there is no equivalent approach in Northern Ireland.

All health and social care (HSC) trusts have developed local protocols/policies for the admission of patients to mixed gender bays. This has been done in the absence of any regional policy or guidance in respect of mixed gender accommodation.

During this review it was noted that there were occurrences of care in mixed gender accommodation in the Belfast Health and Social Care Trust (Belfast Trust) (Royal Victoria Hospital and Belfast City Hospital), Northern Health and Social Care Trust (Northern Trust) (Causeway Hospital, Coleraine) and the South Eastern Health and Social Care Trust (South Eastern Trust) (Ulster Hospital, Dundonald), where mixed gender accommodation was being provided in the wards visited by reviewers.

It was notable at the time of the review visits (September 2011) that there were no current or historical occurrences of patients being cared for in mixed gender accommodation in any of the hospital wards in the Southern Health and Social Care Trust (Southern Trust) or in the Western Health and Social Care Trust (Western Trust).

In the majority of circumstances where mixed gender accommodation was being provided, it was being appropriately managed. There was clear evidence of good support from the senior nursing staff and good liaison with the patient flow managers in the Belfast and Northern trusts. Senior managers in the South Eastern Trust stated that they were doing all within their power to manage mixed gender occurrences to ensure the privacy and dignity of patients. However, occurrences were not always resolved within reasonable timescales; patients were not being transferred into uni-gender accommodation within 24 hours, in line with locally developed trust policies.

Patients who spoke with reviewers reported that they had been consulted prior to admission to the mixed gender bays and were, in the main, satisfied with their care. They spoke of their preference to be in single gender bays, but appeared to accept the reasons provided to them by staff for their admission to mixed gender accommodation.

Members of staff across all hospital wards were very clear about administering the complaints procedure, should a patient wish to make a formal complaint about their care in mixed gender accommodation.

The Belfast Trust was unable to provide specific information on complaints about mixed gender accommodation. This was as a result of coding anomalies in their complaints database.

The Northern Trust reported that since 2007 nine complaints were recorded in respect of patients having to be accommodated in mixed gender bays. The South Eastern Trust recorded a total of six complaints within the same timeframe.

The Southern and Western trusts reported having no complaints recorded (on DATIX, the complaints and incidents database used by all HSC trusts) in relation to mixed gender accommodation.

A number of trust specific recommendations are made within individual trust reports. These reports are available on RQIA's website at www.rqia.org.uk.

Within this overview report, RQIA makes the following regional recommendations:

- The DHSSPS, in conjunction with the Health and Social Care Board (HSC Board) and Public Health Agency (PHA) should prioritise the development of a definitive regional policy statement on care in mixed gender accommodation. This policy statement should take account of the specific links to the relevant articles of The Human Rights Act (1998).

- The HSC Board and PHA should ensure that any regional policy or commissioning specification should ensure systematic and uniform reporting of all occurrences of mixed gender care across all clinical areas. Regular audits of mixed gender care should be carried out, with learning shared across the region.

- The HSC Board and PHA, when initiating improvement programmes related to improving performance targets or improving patient flow, should consider the potential for any unintended consequences on patient experience.

- All trusts should ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable adults as part of induction and mandatory training.

Section 1 Introduction

1.1 Context for the Review

All HSC organisations operate within the principles which underpin the Quality Standards for Health and Social Care (DHSSPS, March 2006). These principles are further reinforced in the Patient and Client Experience Standards: Improving the Patient Client Experience (DHSSPS, 2008) under the heading of respect; attitude; behaviour; communication and dignity.

The DH 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[1].

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

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 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 these facilities.

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

The DH highlights 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 not need to enter or pass 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

[1] http://www.dh.gov.uk/en/MediaCentre/Pressreleases/DH_118639

practical steps to protect patients' privacy and dignity by providing clear information and making sure that privacy is not being compromised when personal care is being provided and ensuring 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.

Privacy[2] is an important influence on patients' overall perceptions of the quality of care they receive. The issues involved go beyond the physical environment. Other issues impacting on the perceptions of the quality of care include the management of patient flow, the 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 House of Commons 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 to provide a baseline assessment of the processes put in place by HSC trusts in relation to the management of care in mixed gender accommodation.

The DH has clearly articulated a policy of zero tolerance in respect of care in mixed gender accommodation. Currently there are no regional standards or policy statements in Northern Ireland similar to those developed in England by the DH.

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. This means that in all new hospitals ward, accommodation is designed to provide single rooms with ensuite facilities.

A letter circulated to the HSC Board, PHA and HSC trusts by the Chief Nursing Officer (CNO): Privacy and Dignity - Mixed Gender Accommodation in Hospitals (21 May 2009) stated that:

"Mixed gender accommodation has been identified by patients and relatives/carers as having a significant impact on 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, or use mixed

[2] Privacy and Dignity report (1997). Privacy and Dignity-a report by the Chief Nursing Officer into mixed sex accommodation in hospitals. (DH)

bathing and WC facilities. Patients wish to be protected from unwanted exposure, including casual overlooking and overhearing."

No further guidance or policy statements in respect of care in mixed gender accommodation have been issued by the DHSSPS. As a result, HSC trusts have been required to consider using the patient experience standards and have also had to develop local policies and reporting mechanisms to record occurrences of care in mixed gender accommodation. During the course of the review the PHA indicated that it had issued further guidance to all trusts in respect of mixed gender accommodation; the five trusts visited by the review team reported that this guidance had not been received. The PHA was unable to provide evidence that the guidance had been issued.

1.2 Terms of Reference

1. 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.

2. To look at the volume and nature of complaints over a three-year period made relating to the care of individuals in mixed gender acute adult ward accommodation.

3. 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.

4. To assess the implementation and impact of the Patient and Client Experience Standards (DHSSPS, 2008[3]) in relation to mixed gender accommodation and other relevant DHSSPS policy and guidance.

5. To report on the findings and make recommendations on how the service user experience for mixed gender accommodation can be improved.

[3] Patient and Client Experience Standards: Improving the Patient Client Experience (DHSSPS) 2008

1.3 The Review Team

RQIA established an inspection team which included a range of experienced inspectors employed by RQIA.

Membership of the team was as follows:

Hilary Brownlee	-	Independent Reviewer
Phelim Quinn	-	Director of Regulation and Nursing, RQIA
Margaret Keating	-	RQIA Inspector
Sheelagh O'Connor	-	RQIA Inspector
Mary McClean	-	Project Manager
Patricia Corrigan	-	Project Administrator

1.4 Methodology

The review process had four key phases:

1. Completion by each HSC trust 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 the Chief Nursing Officer's (CNO) letter (5/2009) Privacy and Dignity - Mixed Gender Accommodation in Hospitals. The criteria used in this self-assessment were developed by RQIA. A profile of occurrences of mixed gender accommodation was requested from each trust.

2. Inspection of randomly selected hospital wards in five HSC trusts. RQIA developed a specially adapted data collection tool to measure the extent to which each trust actively supports good practice principles of privacy, dignity and respect for all patients cared for in mixed gender accommodation.

3. Direct engagement with trust senior management teams to assess the trusts' commitment to minimising the use of mixed gender accommodation. The discussion enabled the review team to make an assessment of the relevant governance arrangements in respect of the management of care in mixed gender accommodation.

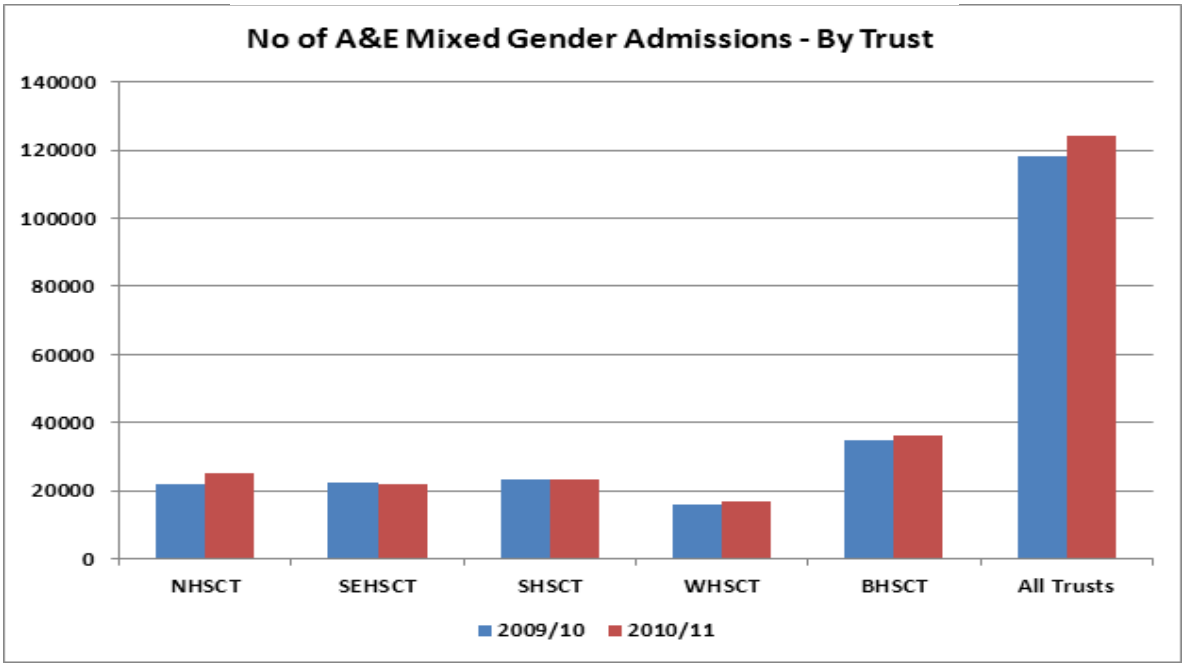
4. Reporting and publication of the review findings.

Section 2 Findings of the Review Team

Arrangements in Place for Mixed Gender Accommodation

All trusts reported that the number of emergency admissions to their hospitals has increased between 2009-10 and 2010-11. The bar chart below indicates the patterns of admissions based on the information supplied to the review team by each of the trusts.

Chart 1: Emergency Hospital Admissions by HSC Trust: 2009-10 and 2010-11



This reported increase in emergency admissions has resulted in urgent medical care taking precedence over gender segregation in the Belfast, Northern and South Eastern trusts. As a result of the reported increased pressure in respect of emergency admissions, the review team noted the development of a range of performance initiatives. These included the introduction of medical and surgical assessment units with high patient turnover, developed to assist more effective throughput of patients. It was evident that the impact of increased patient flow through these and other acute wards had an impact on privacy, dignity and other aspects of patient experience. This impact was evident in three of the five trusts reviewed. These initiatives have a heavy emphasis on patient flow, but appear not to take account of pressures on staff to accept admissions into mixed gender bays.

Inspection of Wards across All Trusts

The hospital wards visited during the course of this review are shown in Appendix 1.

The inspections were unannounced, with hospital personnel not given prior knowledge of which wards would be visited by reviewers. The inspections involved observation of practice, talking to staff and patients and accessing relevant documentary evidence.

The data collection tool was developed by RQIA from the following audit tools used elsewhere in the United Kingdom:

- Privacy and Dignity: The elimination of Mixed Gender Accommodation Good Practice Guidance and Self-Assessment Checklist (NHS Institute for Innovation and Improvement)[4]

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

The data collection tool was adapted by RQIA from these audit tools. It was used to assess the extent to which the physical ward environments and individual ward practices actively supported patients' privacy. The assessment was carried out through observation or by asking questions to members of ward staff.

The criteria used to facilitate this assessment were as follows:

1. Patients are cared for in single gender bays.

2. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing.

3. Staff knock/request permission before entering a bed area if curtains are closed.

4. The ward is managed with male and female sections, male and female toilets and washing facilities (other than assisted or accessible facilities).

5. There is a private room or spaces available for use by patients to talk to staff or visitors.

6. Curtains are long enough, thick enough, and full enough to be drawn fully around the bed area.

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.

8. All patients are adequately dressed and/or covered.

[4] http://www.institute.nhs.uk/quality_and_value/introduction/privacy_and_dignity.html

9. Separate treatment area(s) is/are available, for care to be provided away from the bedside.

10. Patients do not have more than two visitors at their bed area at any same time.

11. There is a vacant/engaged sign on all toilet doors.

12. The shower rooms have an engaged/vacant sign.

13. The bathroom has an engaged/vacant sign.

14. Toilet and washing facilities are located within, or close to the patient's room or bay.

15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender.

16. Toilets and washing facilities are fitted with internal privacy curtains where necessary.

17. Toilets and bathroom doors are lockable from the inside, and are accessible to staff in the event of an emergency.

18. Toilets/bathrooms/showers have nurse call systems that are accessible to patients and in good working order.

19. Where assisted bathrooms and/or showers remain uni-gender, appropriate facilities are provided to uphold the privacy and dignity of all patients who use them.

2.1 Findings of the Inspections of Hospital Wards

Instances of Mixed Gender Accommodation

Instances of mixed gender accommodation were observed in the Belfast Trust (Royal Victoria and Belfast City Hospitals), Northern Trust (Causeway Hospital) and South Eastern Trust (Ulster Hospital). At the time of the review, within these trusts there were no occurrences of mixed gender care in the Mater Infirmorum, Lagan Valley, Downe or Antrim Area hospitals.

In the Southern or Western trusts it was reported that there were no current or historical instances of patients being accommodated in mixed gender accommodation. Due to the age and design of the estate in hospitals in these trusts, access to toileting/washing facilities is limited. However, members of staff demonstrated a commitment to ensuring the provision of privacy and dignity for patients when using toileting and washing facilities.

It was reported by both the Southern and Western trusts' management and clinical staff that patients are not accommodated in mixed gender bays in any

of their wards. In these trusts a culture of care had developed that had a zero tolerance of mixed gender accommodation. This culture had developed locally and has prevailed during increasing pressures experienced through emergency admissions and increased patient throughput, as a result of departmental targets.

Management of Care in Mixed Gender Accommodation

In the Belfast and Northern trusts the review team considered that mixed gender accommodation was being appropriately managed, with support from the senior nursing staff and liaison with the patient flow manager.

Senior managers in the South Eastern Trust were doing all within their power to manage mixed gender occurrences. However, the review team noted that occurrences were not always being managed within reasonable timescales, and patients were not being transferred into uni-gender accommodation within a 24 hour timeframe. Trust management asserted that this was as a result of increasing pressure on admission through their emergency department and restrictions in the older ward environments.

Clinical Environment where Mixed Gender Accommodation is Provided

Southern and Western Trusts

Within the Southern and Western trusts there is a commitment from all staff to maintain a culture of zero tolerance in respect of mixed gender accommodation.

Belfast Trust

The physical environment in the Royal Victoria and Belfast City hospitals is a challenge to ensuring privacy and dignity for patients when mixed gender accommodation is being provided. This was confirmed by the trust's senior managers in their discussions with the review team.

The clinical environment in the Mater Infirmorum Hospital is of a high standard. It 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 in this hospital at the time of this review. Staff stated that the occurrences of mixed gender accommodation are rare.

Northern Trust

The clinical environments in the medical assessment unit (MAU) at the Causeway Hospital and Ward A1 in Antrim Area Hospital are flexible to provide privacy, dignity and respect for patients who may be accommodated in mixed gender accommodation. The physical environment of Ward B1 in Antrim is a major 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.

South Eastern Trust

The physical environment in the Lagan Valley and Ulster hospitals does not facilitate privacy and dignity for patients in mixed gender accommodation. The clinical environment in Downe 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. It was reported that there have been no occasions where patients have been accommodated in mixed gender accommodation at this hospital.

Patient Experience

Patients who spoke with reviewers reported that they had been consulted prior to admission to mixed gender bays and were, in the main, satisfied with all aspects of care. They spoke of their preference to be in single gender bays but accepted the rationale in respect of their care being provided in mixed gender accommodation.

2.2 Discussions with Clinical Staff

Reviewers spoke with various grades of nursing and other care staff in all the wards visited and posed the following questions as set out in the audit tool.

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?

Staff in all five trusts were aware of their own 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 in each of the wards. It was evident that the documents had recently been reviewed and that there had been an increased emphasis on the issues relating to mixed gender accommodation. 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?

Staff from each trust provided correct definitions of the term vulnerable adult. In all wards visited there were policies in place in respect of vulnerable adults, none of which needed to be utilised in the year preceding the review. Reviewers noted that staff in the Ulster and Antrim hospitals displayed

inconsistent knowledge about the management of vulnerable adult issues. Staff training in vulnerable adult procedures is offered to all staff in the Belfast, Southern and Western trusts. The majority of staff who spoke with reviewers had accessed training although this had not been taken up by all members of staff in the Western trust who spoke with reviewers. The review team would recommend that such training be emphasised further in the induction of all new staff working on wards, and as part of ongoing mandatory training.

Question 3

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

In the Western and Southern trusts staff were clear that patients would not be admitted until arrangements could be made to provide single gender accommodation. It was reported that any incidence where care in single sex bays cannot be achieved, would be highlighted and actions taken to address the situation. This included an assessment of risks in respect of the movement of patients and potential spread of infection. Ward staff described how these issues would be discussed at staff safety briefings and handover reports, where any outstanding issues are resolved.

Staff interviewed across all five trusts provided good accounts of the key considerations if a patient were to be admitted into a mixed gender bay.. It was evident that all members of staff were clear that care in mixed gender accommodation should only be provided in emergency situations.

Staff in the Belfast, Northern and South Eastern trusts cited patient flow pressures from the emergency departments resulting in care in mixed gender accommodation on a daily basis. It was further reported that the provision of care in mixed gender accommodation is used as a temporary measure. Clinical staff work closely with patient flow departments to provide single gender accommodation as soon as possible. It was noted that wards in the Royal Victoria and Belfast City hospitals were not recording occurrences of care in mixed gender accommodation. Staff stated that the circumstances of individual patients could change on an hourly basis. They noted that this made it difficult to keep up-to-date records of patient flow activity, and mixed gender occurrences. The absence of a specific complaints code in respect of complaints about mixed gender care needs to be considered within the trust's governance arrangements, with a view to ensuring that all instances of mixed gender care are appropriately captured.

Reviewers were advised that there are processes in place in all trusts for emergency department staff to inform a patient before admission to a mixed gender bay, and this discussion is recorded in the patient's case notes. However, it was evident that there were occasions when this was not carried out. In the Ulster Hospital it was reported that there had been a number of times when patients had arrived in wards unaware that they would be cared for in a mixed gender bay.

It was evident that ward staff across all trusts are aware of the need to reassure patients and relatives that the situation is kept under continuing review. Staff across all trusts spoke of their determination and commitment to make all patients' stays in mixed gender accommodation as short as possible. When facilities are available the patient is moved to single gender accommodation. Staff also demonstrated an awareness of the need to ensure that privacy, dignity and respect are maintained and maximised for all patients in their care.

Question 4

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

No specific training and/or induction on managing care and treatment in relation to mixed gender wards had been offered by the Belfast, Northern or South Eastern trusts to the members of staff who spoke with reviewers.

Managers in the Belfast Trust reported that this topic had been included during informal teaching sessions and policy updates arranged at ward level, usually during staff meetings.

Members of ward staff inspected in the Belfast and South Eastern trusts spoke about having undertaken an informal induction programme, which included reference to the management of patients who are admitted to mixed gender accommodation.

A training pack has been developed and used in the Northern Trust at the Causeway Hospital.

There is no specific training and/or induction on managing care and treatment in relation to mixed gender wards in the Southern and Western trusts, as patients are not accommodated in mixed gender bays. The Southern Trust provides teaching sessions on patient experience standards and policy updates arranged at ward level, usually during staff meetings. The Western Trust reported that induction training includes a section on the trust's zero tolerance of mixed gender accommodation.

Question 5

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

Staff across all trusts spoke of moving patients' beds within the wards to maintain segregation of men and women. The implications for infection prevention and control were seen by staff as a major issue in relation to this action. Staff also described the need to redesignate toilets for use by males or females, depending on the location of patients within the wards. It was notable that in the Ulster Hospital the availability of toilets and shower rooms

in some of the wards is extremely limited, meaning that they are designated as for use by both male and female patients.

Question 6

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

Staff in the Belfast City and Royal Victoria hospitals reported that patients have rarely voiced concerns about care in mixed gender accommodation. They noted that patients have always been accepting of the need to wait until a bed in an appropriate ward is provided. The Belfast Trust stated that where a patient remains in mixed gender accommodation for longer than 48 hours, this would be recorded as a serious incident. In this instance a serious incident form (IR1) would be completed.

In the South Eastern Trust staff reported that patients are often dissatisfied with being accommodated in a mixed gender bay, but are content to wait until alternative accommodation is provided. A staff member reported that elderly women are often uncomfortable when they are required to share a mixed gender bay. They often require reassurance that staff are close by at all times. One staff member reported that both staff and patients are resigned to having mixed gender accommodation because of bed pressures.

Staff in the Northern Trust also reported that patients are often not happy with being accommodated in a mixed gender bay, but are content to wait until alternative accommodation is provided. It was reported that when patients under 18 years are admitted to mixed gender accommodation, these admissions would be managed and recorded as a serious incidents.

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?

When patients expressed concern, hospital staff reported that the ward and bed managers would work together to find suitable single gender accommodation. Staff across all hospital wards were clear about administering the complaints procedure, should a patient wish to make a formal complaint about this matter.

It was reported that in the Ulster Hospital an incident form is completed when a patient expresses concern about being accommodated in a mixed gender bay. 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)?

Hospital staff across all trusts spoke of the need for patients to have access to segregated toilets and washing facilities, which are clearly signposted. In a number of instances the clinical environments do not make this easy to achieve. Key privacy considerations included: the use of additional screens or area dividers; avoidance of giving personal care at the bedside; and using discretion when discussing sensitive information. The review team noted that in newer facilitates, such as the Downe, Causeway and Mater hospitals these issues were dealt with through the design and location of toilets, clinical and treatment rooms.

Members of staff at the Belfast City Hospital indicated that they were disadvantaged in not having a room to talk privately with patients. They stated that it is unacceptable for patients and their relatives to have no alternative to discussing sensitive aspects of care in a relatively pubic hospital ward bay.

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

Question10 (a)

What processes are in place for documenting occurrences 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?

In hospitals within the Southern and Western trusts there have been no occurrences where patients have been accommodated in mixed gender accommodation. Members of staff indicated they were aware of the reporting and recording arrangements if single sex bays cannot be achieved, as outlined in the trust's guidelines on mixed gender accommodation. While these trusts stated that there are no occurrences of mixed gender accommodation, and advised that this will be validated by the further implementation of the draft audit pro forma and tracking system outlined within the trusts' policies.

Ward managers in the Belfast and South Eastern trusts reported that there was no formal process for recording/reporting accommodation in mixed gender bays. It was noted that there were local recording processes. These included: recording in the patient's individual case notes; and/or recording in a book retained in the ward manager's office and discussed during safety briefings at the change of shift.

In the Northern Trust staff referred to the completion of a declaration form which records: the time when the mixed gender accommodation is provided; why segregation was not achieved; and the actions taken in relation to this. The declaration form is completed/reviewed at every handover by the nurse in charge, until the situation is resolved. It was notable that in the ward with most occurrences of mixed gender accommodation, there was a lack of clarity on reporting occurrences in line with the trust's procedure. This issue was raised with the trust at the feedback session on the day of the review visit.

2.3 Arrangements in Place to Manage Mixed Gender Care

The findings in this section are based on discussions with members of the trusts' senior management teams. Evidence submitted in the self-assessment questionnaires is also included. This refers to 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.

Policy/Procedure for Mixed Gender Accommodation

There is no regional policy for the care of individuals in mixed gender accommodation. The review team considered 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, all trusts reported that guidance had not been received. The PHA was unable to provide evidence of the dissemination of this guidance.

In the absence of any regional policy or guidance in respect of mixed gender accommodation, all trusts have developed local protocols; policies; and guidance documents for circumstances when patients are admitted to mixed gender accommodation. These had all been reviewed in 2011. The documents have been made accessible to staff across all trusts on intranet sites and in hard copy. Staff indicated that these documents are held in clinical areas across the trusts. These policy documents provide guidance for staff when single gender bays cannot be provided. They also refer to actions to be taken within individual ward areas in such circumstances. It was evident that since the implementation and dissemination of the trusts' individual policies, there has been a heightened awareness of the need to ensure privacy and dignity for patients and the need to minimise the occurrence of care being provided in mixed gender accommodation.

Provision of Mixed Gender Accommodation

All trusts state that mixed gender accommodation is only used when there are no beds available in single gender accommodation, which would result in a patient having to remain in the emergency departments as a delayed admission. This occurs more frequently in medical assessment units (MAUs). The review team noted that a number of the MAUs had been developed in recent years to assist with waiting and treatment times for emergency admissions performance.

The South Eastern Trust reported that all patients have access to segregated toilets and washing facilities. The trust reported that these are clearly signposted and privacy is enhanced by additional privacy screens and area dividers. However, it was notable that there were significant limitations in toilet and showering facilities in a number of the older wards at the Ulster Hospital. Staff and management at the Ulster Hospital stated that the planned hospital renovation to take place in the next two years should address these issues in a number of wards.

Reporting and Auditing of Mixed Gender Accommodation

In the Northern Trust a declaration form is required to be completed for each occurrence of mixed gender accommodation in each clinical area. This form contains information about the situation as it arises, the reason why segregation was not achieved, and any actions taken. The declaration form must be completed and reviewed at every handover by the nurse in charge until the matter is resolved. The lead nurse for the clinical area is required to collate and audit the information provided on a monthly basis. The trust reported that ward managers review current patient placements on a daily basis. Where possible, they move patients within the ward area to maintain segregation of men and women into single sex bays or single room accommodation.

Senior managers in the South Eastern Trust advised that the patient flow manager informs the emergency department if a patient is to be placed in mixed gender accommodation. Consent is obtained from the patient by a member of nursing staff in the emergency departments. They also stated that relatives are informed prior to the transfer of a patient to a mixed gender bay. Discussions with ward staff indicated that this process is not always adhered to and that there are communication issues with emergency department, patient flow and ward staff. It was reported that patients undergoing a planned admission would be informed of the requirement to be placed in a mixed gender bay when staff confirm bed availability. The trust states that such mixed gender occurrences are rare. Patients may refuse an admission which may be deferred until the next day or next available slot, if appropriate.

In the South Eastern Trust, when patients are accommodated in mixed gender areas, there is no trust wide process for reporting or auditing these occurrences. The trust reports that a review of current practice will take

account of new policy requirements and will ensure an effective audit of incidences and reporting, through the appropriate governance structures.

It was evident that all patients were being accommodated in single gender accommodation across the wards visited in the Southern and Western trust hospitals. All ward staff were clear that patients are not admitted to a ward if single gender accommodation cannot be provided.

Patient Information on Mixed Gender Accommodation

All trusts had information leaflets available for patients/relatives. Some of these were at the pilot stage of development. These leaflets explained layout of wards and the potential for the occurrence of care in mixed gender accommodation.

The Northern Trust has a user feedback policy and procedure. It has recently produced a leaflet entitled Tell Me What You Think, which provides an opportunity for feedback from patients and relatives. This leaflet is accompanied by a poster, displayed on ward notice boards.

Patient Experience Relating to Mixed Gender Accommodation

At the time of the review the South Eastern Trust was in the process of undertaking an inpatient satisfaction survey relating to mixed gender wards in acute care settings. The survey related to sleeping accommodation in mixed gender wards, however, it did not refer to bathroom or dining facilities. Patients were asked if they had been offered an option to move to another part of the ward. This questionnaire was being rolled out across the trust and analysis of findings had not been completed at the time of the review.

The Southern and Western trusts reported that patient care surveys in acute wards had been carried out recently. These surveys posed specific questions about mixed gender accommodation. Patients' perceptions were of mixed gender wards, as opposed to mixed gender bays, therefore the questionnaires were revised. Analysis of the findings was not available at the time of review.

The Belfast Trust was in the process of undertaking patient experience initiatives, including an acute inpatient satisfaction survey which relates to the Patient and Client Experience Standards. The questionnaire, which addresses privacy and dignity, and single gender accommodation, has been piloted on a number of wards. These include acute medical and surgical wards, medical rehabilitation and mental health inpatient wards.

Infection Prevention and Control

Senior managers in the Southern Trust spoke of their awareness that excessive movement of patients makes surveillance of healthcare associated infections more complex, and can increase the risk of the transmission of infection. The establishment of a strategy to balance the movement of patients to single gender accommodation with the reduction of the spread of

infection 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 the risk of infection.

Volume and Nature of Complaints in Relation to Mixed Gender Accommodation

The Belfast Trust's response to the request for information on the volume and nature of complaints in relation to mixed gender accommodation was that there was one reported serious adverse incident. This was managed through the protocol for the protection of vulnerable adults. This was escalated through the serious adverse incident reporting system to the DHSSPS and the HSC Board. The trust stated that it was unable to provide specific information on complaints about mixed gender accommodation. It is reported that they use the agreed DHSSPS coding to log complaints onto DATIX, the complaints and incidents database used by all HSC trusts. There is no specific code for mixed gender occurrences in any of the trusts. They reported that at the time of the review they had been unable to refine a computer search of all complaints.

The Northern Trust reported that since 2007 a total of nine complaints were recorded in respect of patients having to be accommodated in mixed gender bays. The South Eastern Trust recorded a total of six complaints within the same timeframe. None of these complaints were considered to have met the definition for consideration through the protocol for the protection of vulnerable adults, nor were they escalated through the SAI process to DHSSPS and the HSC Board.

The Southern and Western trusts reported having no complaints on their DATIX system in relation to mixed gender accommodation.

Section 3 Conclusions and Recommendations

3.1 Conclusions

In making its conclusions, the review team considered the outcomes of its inspections under each of the terms of reference.

1. **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.**

Mixed gender accommodation did not occur across the hospitals within the Southern and Western trusts. Members of staff in both these trusts have demonstrated a strong commitment to ensuring care is not provided within Mixed Gender Accommodation; however they are working within environmental constraints that have been highlighted in section two of this report.

Within the other three trusts, staff confirmed that occurrences of the use of mixed gender accommodation continued on a regular basis. In the main, the reasons for the continuation of these circumstances were cited as limitations in physical layouts of older wards and facilities, and increased pressure from their respective emergency departments. These issues were particularly acute in the Ulster Hospital (South Eastern Trust).

Senior management teams spoke of the particular challenge in achieving a reduction in occurrences of mixed gender accommodation in older hospitals with full bed occupancy. The use of side wards for infection control and the need to ensure that patients who require close observation are accommodated nearest the nurses' stations were also highlighted as challenges in providing single gender accommodation.

2. **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.**

Within the Belfast and South Eastern trusts there are no standardised processes for reporting or auditing occurrences when patients are accommodated in mixed gender accommodation.

Within the Northern Trust, there was little evidence of feedback on completed audit forms, with no audit recording being carried out in Ward B1 in Antrim Area Hospital. The audit of compliance with policy and feedback on any issues arising across all ward areas should be developed and strengthened.

The Western Trust Governance Committee has set up a process for monthly reporting and auditing occurrences when patients are accommodated in mixed gender accommodation, with general managers and lead nurses having responsibility for monitoring and taking appropriate action in line with the trust's guidance.

3. Trusts' policies in respect of mixed gender accommodation and their impact on human rights implications for the provision of services

All trusts have developed local protocols/policies for the admission of patients to mixed gender bays, in the absence of any regional policy or guidance in respect of mixed gender accommodation. Since the announcement of the review, there was clear evidence that there was an increased emphasis on mixed gender care by senior managers and staff across all trusts.

The implementation and dissemination of policies has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers.

There were inconsistent responses from members of staff in the Northern and South Eastern trusts in relation to the management of vulnerable adult issues. Staff did not appear to be aware of the key indicators of patients' vulnerability whilst in hospital, or the recognition of safeguarding issues and how these should be managed. The review team considered 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.

4. 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.

The review team would recommend that DHSSPS develop a definitive regional policy statement detailing DHSSPS's position on the use of mixed gender accommodation. The HSC Board should incorporate a commissioning specification into its commissioning plan that would reinforce DHSSPS's patient experience standards. It is vital that this standard takes account of the specific links to the relevant articles of The Human Rights Act (1998) and that a standard approach to mixed gender care is taken across all trusts.

It was clear from speaking to senior managers within the trusts that managing and minimising the occurrences of care being delivered in mixed gender accommodation was essential, as patient movement created an increased risk of the spread of infection. Trusts with limited access to single or side room accommodation were prioritising these rooms for the management of patients with healthcare acquired infections.

The Southern and Western trusts referenced the establishment of strategies to balance the movement of patients to single gender accommodation with the reduction of the spread of healthcare acquired infections. These considerations were being discussed with infection prevention and control teams and bed managers in the respective trusts.

5. **Report on the findings and make recommendations on how the service user experience for mixed gender accommodation can be improved.**

As a result of the pressures cited, the review team believe that when initiating programmes related to improving performance targets or improving patient flow, the HSC Board and PHA should consider the potential for any unintended consequences, such as increased occurrence of care in mixed gender accommodation, on patient experience.

Reviewers suggest that there is a need to prioritise the development of a definitive regional policy statement detailing the DHSSPS's position on the use of mixed gender accommodation.

The review team recommends 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 Belfast, South Eastern, Southern and Western trusts are currently rolling out an acute inpatient satisfaction survey relating to mixed gender accommodation. The final analysis had not been completed at the time of the review. The review team would welcome the publication of the findings of the surveys, once completed.

The Northern Trust, in conjunction with the PHA, had undertaken a patient/carer experience survey, based on the patient experience standards. An action plan to address the issues raised in this survey is being developed by the User Feedback Committee, on behalf of the trust board. This committee also seeks to encourage and facilitate service user feedback.

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 majority of trusts. Although in the Western Trust it was reported that induction training programmes include a section on the trust's zero tolerance of mixed gender accommodation. The review team considered that training should be included as part of the dissemination of any local or regional strategy.

3.2 Summary of Recommendations

The RQIA makes the following regional overall recommendations:

Regional Recommendations:

- The DHSSPS, in conjunction with the HSC Board and PHA should prioritise the development of a definitive regional policy statement on care in mixed gender accommodation. This policy statement should take account of the specific links to the relevant articles of The Human Rights Act (1998).

- The PHA and HSC Board should ensure that any regional policy or commissioning specification should ensure systematic and uniform reporting of all occurrences of mixed gender care across all clinical areas. Regular audits of mixed gender care should be carried out, with learning shared across the region.

- The PHA and HSC Board, when initiating improvement programmes related to improving performance targets or improving patient flow, should consider the potential for any unintended consequences on patient experience.

- All trusts should ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable adults as part of induction and mandatory training.

RQIA makes the following additional specific recommendations to trusts:

Recommendations for Belfast Health and Social Care Trust:

- 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 learned 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.

Recommendations for Northern Health and Social Care Trust

- 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 ensure that there are documented procedures in place for reporting of occurrences, incidents, complaints, 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 learned 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 continue to work to improve the patient environment by reviewing current patient facilities taking into consideration patient gender, privacy and dignity.

Recommendations for South Eastern Health and Social Care Trust:

- The trust should ensure that a robust policy on the support for privacy, dignity and respect for patients in mixed gender accommodation in hospitals is fully implemented, and priority given to regular audit, with feedback on any issue 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 ensure that there are documented procedures in place for reporting occurrences, incidents, complaints, concerns relating to patient experience regarding the support for privacy, dignity and respect in mixed gender accommodation.

- The trust should review arrangements for ensuring that lessons learned from incidents/complaints/concerns relating to patient experience regarding 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.

- The trust should work to ensure good communication between the patient flow department and admitting ward staff.

Recommendations for Southern Health and Social Care Trust:

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

Recommendations for Western Health and Social Care Trust:

No recommendations.

Appendix 1: Hospital Wards Visited by the Review Team

Hospital	Ward
Belfast Heath and Social Care Trust	
Belfast City Hospital (BCH), Belfast	5 North (Medical Admissions) 8 South (Respiratory Medicine) Level 7 (Stroke Rehabilitation)
Mater Infirmorum Hospital (MIH), Belfast	Ward E Ward F
Royal Victoria Hospital (RVH), Belfast	Ward 2F (Medical Assessment Unit) Ward 7C (Stroke Unit)
Northern Health and Social Care Trust	
Antrim Area Hospital (AAH), Antrim	Ward A1(Stroke ward) Ward B1(Medical Assessment Unit)
Causeway Hospital (CH), Coleraine	Medical Assessment Unit
South Eastern Health and Social Care Trust	
Downe Hospital (DH), Downpatrick	Ward 1
Lagan Valley Hospital (LVH), Lisburn	Medical Assessment Unit Ward 1B
Ulster Hospital (UHD), Dundonald	Ward 15 Medical Assessment Unit Ward 18 Orthopaedic ward
Southern Health and Social Care Trust	
Craigavon Area Hospital (CAH), Craigavon	Ward 1 North Ward 1 South Ward 4 North
Daisy Hill Hospital (DHH), Newry	Stroke Rehabilitation Unit
Western Health and Social Care Trust	
Altnagelvin Hospital (ALT), Londonderry	Ward 18 (Orthopaedic) Ward 41 (Medical Assessment Unit)
Erne Hospital (EH), Enniskillen	Medical and Surgical Assessment Unit

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