The Regulation and Quality Improvement Authority

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

Northern Health and Social Care Trust

August 2012

informing and improving health and social care
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Contents

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 organisation operate within the principles which underpin the Quality Standards for Health and Social Care[1] (DHSSPS). These principles are outlined in the standards and further reinforced in the Patient and Client Experience Standards[2] 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 accommodation[3] 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.

Privacy[4] 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 letter[5] 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, 21 May 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 NHSCT 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 definition:

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 and involved observation of practice, talking to staff and patients and/or documentary evidence. It should be noted that when a medical assessment unit (MAU) operated within a hospital it was afforded priority for the inspection as the PHA had indicated that this was the clinical area most prone to mixed gender accommodation.

The Northern Health and Social Care Trust (NHSCT)

Within the NHSCT area there are two acute inpatient facilities at Antrim Area Hospital and Causeway Hospital, Coleraine.

Over the past year, the NHSCT reported that the number of acute emergency admissions continues to increase. At Antrim Area Hospital the number of emergency admissions increased from 15,749 in 2009-10 to 18,952 in 2010-11. In Causeway Hospital emergency admissions increased from 6,071 in 2009-10 to 6,300 in 2010-11.

Table 1: Number of Hospital Admissions in NHSCT

Hospital	2009/10	2010/11	% increase
Antrim Area	15,749	18,952	20.3
Causeway	6,071	6,300	3.8

This reported increase in emergency admissions has led to decisions being made on a daily basis where urgent medical care has to take precedence over complete gender segregation. It was reported that patients are not sent away because the "right gender" bed was not immediately available. It was reported that senior staff work hard to ensure that where patients are placed in mixed gender accommodation this arrangement is reviewed on a daily basis and, where possible, patients are

moved within the area to maintain segregation of men and women e.g. single gender bays/rooms.

Section 2: Findings of the Review Team

2.1 Findings of the Inspection of Wards in Antrim Area Hospital and Causeway Hospital

The review team carried out inspections of three randomly selected hospital wards in Antrim Area Hospital and Causeway Hospital. A specially adapted data collection tool was used 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.

The table below shows the results of the findings of the inspection of the following three wards in hospitals within the NHSCT area:

Causeway Hospital (CH)	Medical Assessment Unit
Antrim Area Hospital (AAH)	Ward A1 (Stroke ward)
	Ward B1 (Medical Assessment Unit (MAU))

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

Table 2: Results from Audit Tool Findings at NHSCT

	Causeway Hospital	**AAH**	
Criteria (at the time of review)	MAU	A1	B1
1. Patients are cared for in single gender bays	No	Yes	Yes
Comment: At the time of review one male patient was being cared for in a bay with three female patients in Causeway Hospital. No mixed gender accommodation was being provided in A1 and B1 wards, AAH at the time of the review.			
2. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing.	Yes	Yes	Yes
Comment: Glass partitions in B1, AAH do not prevent patients being viewed by others who pass by.			
3. Staff knock/request permission before entering a bed area if curtains are closed	Not observed	Not observed	No
Comment: In B1 in AAH a member of catering staff was observed entering a side ward without knocking prior to entering the room.			
4. The ward is managed with male and female sections, male and female toilets and washing facilities (other than assisted or accessible facilities)	Yes	Yes	Yes
Comment: The nurse in charge in MAU in Causeway gave a good account of the arrangements in place for managing mixed gender accommodation when it is required. In A1, AAH it was evident that the environment was flexible to allow for managing mixed gender			

accommodation when required.			
5. There is a private room or spaces available for use by patients to talk to staff or visitors	Yes	Yes	Yes
Comment: In B1, AAH it was reported that patients are offered the use of the patients' day room for private meetings. In A1, AAH it was reported that either Sister's office or an easily accessible annex within the ward are offered to patients, however privacy cannot be guaranteed in the absence of a door.			
6. Curtains are long enough, thick enough, and full enough to be drawn fully around the bed area	Yes	Yes	Yes
7. Where patients pass near to areas occupied by members of the opposite gender, adequate screening such as opaque glazing or blind/curtains at windows and doors are used	Yes	Yes	No
Comment: Reviewers noted that, in B1, AAH, male patients are required to pass by an open bay where female patients are cared for, to get to the shower/bathroom.			
8. All patients are adequately dressed and/or covered	Yes	Yes	Yes
Comment:			
9. Separate treatment area(s) are available, for care to be provided away from the bedside	Yes	No	No
Comment: All treatments are carried out at the bedside in A1 and B1, AAH. There is a clinical room in both wards that may be used to carry out clinical treatments and procedures; however, most treatments are carried out at the bedside. A treatment room is available in MAU in Causeway Hospital for carrying out treatments			
10. Patients do not have more than two visitors at their bed area at any same time	No visitors present at the time of review		
Comment: A notice stating that the number of visitors per patient is restricted to two is posted at the entrance to all wards reviewed on this occasion.			
11. There is a vacant/engaged sign on all toilet doors	Yes	Yes	Yes
Comment: In A1, AAH the key/lock colour of the engaged/vacant sign is not highly visible.			
12. The shower rooms have a vacant/engaged sign	Yes	Yes	Yes
Comment: In A1, AAH the key/lock colour of the engaged/vacant sign is not highly visible.			
13. The bathroom has an engaged/vacant sign	N/A	Yes	Yes
Comment: There are no bathrooms in the MAU in Causeway Hospital. Shower facilities are			

combined with toilet facilities. In A1, AAH the key/lock colour of the engaged/vacant sign is not highly visible.			
14. Toilet and washing facilities are located within, or close to the patient's room or bay.	Yes	Yes	No
Comment: In B1, AAH there is one toilet adjacent to the bays. The shower/bathroom is on the side of the ward where female patients are cared for. Male patients are required to pass this bay when making their way to the shower/ bathroom. In A1, AAH all toilet/washing facilities are situated in bays.			
15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender	Yes	Yes	No
Comment: As above			
16. Toilets and washing facilities are fitted with internal privacy curtains where necessary	Yes	No	No
Comment: Privacy curtains are provided in two toilet/shower rooms in the MAU in Causeway Hospital. There were no internal privacy curtains in the bathroom in B1, and the toilet in A1, AAH on the day of the review. 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	Yes	Yes
Comment:			
18. Toilets/bathrooms/showers have nurse call systems that are accessible to patients and in good working order	Yes	Yes	Yes
Comment: In B1, AAH the call system in the shower area could not be reached by reviewers. The noise level of the call system was 'faint.'			
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	N/A	No
Comment: In B1, AAH there was no privacy curtain in the bathroom.			

2.2 Overall Comments on the Inspections of the Wards

Of the three areas visited there was one instance in MAU in Causeway Hospital where mixed gender accommodation was being provided. This was being appropriately managed with good support from the clinical lead nurse and good liaison with the patient flow manager.

The clinical environments in MAU in Causeway and 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 B1 in Antrim Area Hospital 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.

2.3 Discussions with Clinical Staff

Reviewers spoke with various grades of clinical nursing staff and posed the questions as 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 interviewed by reviewers were aware of the trust's policies, protocols and guidelines on mixed gender accommodation. It was reported that these policies are accessible on the trust's intranet site and in the policy folders that were in each of the wards. It was evident that the documents had been recently 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?

Reviewers' findings:

All members of staff provided correct definitions of the term 'vulnerable adult' however reviewers noted that some staff displayed an inconsistent knowledge about the management of vulnerable adult issues in Antrim Area Hospital. There was a lack of awareness of the vulnerability of adults in hospital settings. 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 gave good accounts of the key considerations if a female or male patient was admitted into a mixed gender bay in the ward. They spoke of the processes in place 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 and the wards work closely to ensure this is carried out. It was evident that all members of staff are aware of the need to reassure the patient and relatives/carers that the situation is kept under review and, when facilities are available the patient is moved to single gender accommodation.

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 to the members of staff in Antrim Area Hospital who spoke with reviewers. A training pack has been developed and used in Causeway Hospital.

Question 5

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

Reviewers' findings:

The majority of members of staff spoke of moving patients' beds within the wards to maintain segregation of men and women, however, this may have infection prevention and control implications. 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 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. In one instance a member of staff was on duty when an 'abusive incident' occurred. This was managed and recorded as a serious incident. A member of staff reported that elderly women are often uncomfortable when they are required to share a mixed gender bay and they require a lot of reassurance that members of staff are close by at all times. One member of staff reported that staff and patients are resigned to having mixed gender accommodation because of 'bed pressures.'

In a few instances it was reported that generally patients 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 in MAU in Causeway Hospital reported that the ward manager and the patient flow manager work together to find single gender accommodation for the patient. Members of staff were all very clear about administering the complaints procedure, should a patient wish to make a formal complaint about mixed gender accommodation. Members of staff who spoke with reviewers 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 staff spoke of the need for patients to have access to segregated toilets and washing facilities which are clearly signposted. The need to ensure privacy through the use of additional screens or area dividers, avoidance of giving personal care at the bedside and using discretion when discussing sensitive information were all given as key privacy considerations. 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. The review team noted that in Causeway Hospital these issues were dealt with through the design and location of toilets, clinical and treatment rooms.

Question10 (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 referred to the completion of a declaration form which includes the recording of the time when the mixed gender accommodation is provided in the ward, 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 were most occurrences of care in mixed gender accommodation happened, 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 initial feedback session.

2. 4 What Arrangements are in Place to Manage Mixed Gender Care in the NHSCT?

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 NHSCT has a protocol for the admission of patients in mixed gender bays in place which was reviewed in March 2011. (This policy is accessible to staff on the trust intranet site and in hard copy in ward managers' offices throughout the trust). The protocol provides guidance for staff when single gender bays cannot be provided and refers to actions to be taken within individual ward areas at that time. It was evident from this review that since the implementation and dissemination of the trust policy there has been a heightened awareness of the need to ensure privacy and dignity for patients in mixed gender accommodation and the need to minimise occurrences of mixed gender accommodation

The trust states that mixed gender accommodation is only used when there are no available beds to facilitate single gender accommodation which would result in a patient having to remain in the Accident and Emergency (A&E) Department as a delayed admission. This occurs more frequently in Medical Assessment Units.

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.

When patients are accommodated in mixed gender areas, a declaration form is required to be completed for each occurrence in each clinical area. This form requires information to be provided on when the situation arises, the reason why segregation was not achieved and any actions taken. The declaration form must be completed/reviewed if necessary at every handover by the nurse in charge. The lead nurse for the clinical area is required to collate and audit the information provided on the declaration forms each month. The issue was raised by reviewers that there was a lack of awareness of the trust's reporting procedures when mixed gender accommodation was required, in the ward were most occurrences of care in mixed gender accommodation happened.

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 gender bays or single room accommodation.

The trust protocol for the admission of patients in mixed sex bays emphasises that patients and relatives must be informed prior to admission to a mixed gender area. It is reported that an information leaflet for patients/relatives is currently being piloted across the trust. This leaflet explains the layout of wards and the potential for the occurrence of care in mixed gender accommodation.

The trust has in place a User Feedback Policy and Procedure and has recently produced a leaflet entitled 'Tell Me What You Think' which provides feedback from patients and relatives. This leaflet is accompanied by a poster that is displayed on the ward notice boards.

The trust described leadership walk rounds by directors and assistant directors that are coordinated on a monthly basis through the Governance Department as an opportunity for clinical staff to discuss patient safety issues/concerns within their area, that includes mixed gender issues.

Information was provided to this review on all complaints from patients in relation to the care provided in mixed gender accommodation since 2007. During this period a total of nine complaints were recorded in respect of patients having to be accommodated in mixed gender bays. None of these complaints were considered by the trust to require to be managed through the vulnerable adults process nor escalated through the Serious Adverse Incidents (SAI) process to DHSSPS and the HSC Board.

The trust reported that systems are in place to ensure that all development of future hospital facilities/wards plans have been designed for the provision of single gender accommodation across its hospitals.

Section 3: Conclusions and Recommendation

3.1 Conclusions

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

There is clear evidence that the increased emphasis on mixed gender issues by senior managers across the NHSCT and the implementation and dissemination of policy has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers. It is suggested that audit of compliance with policy and feedback on any issues arising across all ward areas is developed and strengthened across the trust. There was little evidence of feedback on completed audit forms with no audit recording being carried out in B1 in Antrim Area Hospital.

The NHSCT has undertaken a patient/carer experience survey based on the patient experience standards in conjunction with the PHA. An action plan to address the issues raised in this survey report 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.

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

Members of staff did not appear to be aware of the key indicators of patients' vulnerability whilst in hospital, the recognition of safeguarding issues or how these issues should be managed. 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 in Antrim Area Hospital. A training pack has been developed and used in Causeway Hospital. 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 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 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 continue to work to improve the patient environment by reviewing current patient facilities taking into consideration patient gender, privacy and dignity.

The **Regulation** and **Quality Improvement** Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel: (028) 9051 7500
Fax: (028) 9051 7501
Email: info@rqia.org.uk
Web: www.rqia.org.uk