The Regulation and Quality Improvement Authority

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

South Eastern 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 organisations 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)8, 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 relating to the structures, policies and processes in place to ensure that privacy, dignity and respect are afforded to all patients in mixed gender accommodation in adult acute, general hospital settings. This assessment was made against the Patient and Client Experience standards and actions as listed in 'Privacy and dignity - mixed sex accommodation in hospitals (CNO 5/2009). The criteria used in this self- assessment were developed by RQIA. A profile of occurrences of mixed gender accommodation was included at this stage.

2. Inspection by the review team of randomly selected hospital wards, using a specially adapted data collection tool to measure the extent to which the trust actively supports good practice principles of privacy, dignity and respect for all patients who are cared for in mixed gender accommodation.

3. A discussion session with members of trust's senior management team to assess the commitment by the South Eastern Health Social Care Trust (SEHSCT) to minimising the use of mixed gender accommodation. This discussion enabled the review team to make an assessment of the relevant governance arrangements within the trust in respect of the management of care in mixed gender accommodation.

4. Reporting and publication of the findings of the review.

Definitions:

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

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

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

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

Adjacent: where bath/shower rooms and toilets are not provided as en-suite facilities, these should be located as close to the bay or room as possible and clearly designated as either male or female facilities. Patients should not have to walk through areas occupied by the opposite 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. The inspection involved observation of practice, talking to staff and patients and/or, reviewing documentary evidence.

The South Eastern Health and Social Care Trust (SEHSCT)

Over the past year, the SEHSCT reported that the number of acute emergency admissions has continued to increase. As shown in table 1, at the Ulster Hospital, the number of emergency admissions increased from 17,806 in 2009-10 to 18,592 in 2010-11.

Table 1: Number of Hospital Admissions within the SEHSCT

Hospital	2009/10	2010/11	% change
Downe Hospital	3,373	2,888	(-)14.3
Lagan Valley Hospital	3,752	3,766	(+) 0.37
Ulster Hospital	1,7806	18,592	(+) 4.4
Bangor	131	67	(-) 2.3
Newtownards	86	46	(-) 46.5
Total	25,148	25,359	(+)0.83

This reported increase in emergency admissions in the Ulster Hospital, Dundonald (UHD) and Lagan Valley Hospital (LVH) has led to decisions being made on a daily basis in these hospitals where clinical/safety, observation or bed pressures must take precedence over complete gender segregation.

As a result of increasing pressure in respect of emergency admissions, the review team noted the impact of a range of performance initiatives on issues of privacy and dignity and other aspects of patient experience. These included the proliferation of medical assessment units with high patient turnover, developed to assist more effective throughput of patients. This impact was evident in the SEHSCT. These initiatives have a heavy emphasis on patient flow, but appear not to take account of pressure on staff to accept admissions into mixed gender bays.

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 all efforts are made to ensure that patients are transferred into single sex bays at the earliest opportunity.

Section 2: Findings of the Review Team

2.1 Findings of the Inspection of Wards in Ulster Hospital, Downe Hospital and Lagan Valley Hospital

The review team carried out inspections of five randomly selected hospital wards. These were in the Ulster Hospital, Downe Hospital and Lagan Valley Hospital, using a specially adapted data collection tool to measure the physical ward environment and individual ward practices against good practice principles of privacy and dignity. It should be noted that when a medical assessment unit (MAU) operated within a hospital, this was given priority for the inspection, as the PHA had indicated that this was the clinical area most prone to mixed gender accommodation occurrences.

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

Downe Hospital (DH)	Ward 1
Lagan Valley Hospital (LVH)	Medical Assessment Unit (MAU) Ward 1B
Ulster Hospital, Dundonald (UHD)	Ward 15 Medical Assessment Unit (MAU) Ward 18 Orthopaedics

Standard: The Physical Environment Actively Supports Patients' Privacy and Dignity.

Table 2: Findings from Inspection of Wards Visited in SEHSCT

	Downe	LVH MAU	LVH Ward 1B	UHD Ward 15 (MAU)	UHD Ward 18
Criteria (at the time of review)					
1. Patients are cared for in single gender bays	Yes	Yes	Yes	No	No
Comment: Single gender bays have always be used in the Downe Hospital since it opened in 2009. In Ward 15, UHD there were two male patients and two female patients in one bay. In another bay there were five female patients and one male patient. In Ward 18 there was one male patient in a bay with three female patients.					
2. Partitions separating men and women are robust enough to prevent casual overlooking and overhearing	Yes	No	Yes	No	Yes
Comment In LVH the male and female bays overlooked each other.					
3. Staff knock/request permission before entering a	Not observed				

bed area if curtains are closed					
Comment:					
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	Yes	No
Comment: The toilet facilities in Wards 15 and 18 UHD are limited, in Ward 18 there are two unigender toilets (the signs above the doors indicate that these are male toilets however they are used by both male and female patients). There are no nurse call systems in the one female toilet and a shower room in Ward 18.					
5. There is a private room or space available for use by patients to talk to staff or visitors	Yes	Yes	Yes	Yes	Yes
Comment: In LVH there are two rooms in each ward (one of which is an office or a staff room) that are available for visitors and patients to talk in private. In Wards 15 and 18, UHD it was reported that a quiet room and the ward managers' offices are offered to patients for private meetings.					
6. Curtains are long enough, thick enough, and full enough to be drawn fully around the bed area	No	Yes	Yes	No	Yes
Comment: In the Downe Hospital and in Ward 15 UHD, bed curtains are short and could result in patients who occupy low beds to be observed.					
7. Where patients pass near to areas occupied by members of the opposite gender, adequate screening such as opaque glazing or blind/curtains at windows and doors are used	N/A	No	No	Yes	No
Comment: Reviewers noted that, in both wards in LVH and Ward 18 in UHD patients are required to pass by an open bay where patients of the opposite gender are cared for, to get to the shower/bathroom.					
8. All patients are adequately dressed and/or covered	Yes	Yes	No	Yes	Yes
Comment: A female patient in Ward 1B, LVH did not have adequate covering for her legs - a male visitor was present in the bay.					
9. Separate treatment area(s) are available, for care	Yes	No	No	No	No

to be provided away from the bedside					
Comment: In the Downe Hospital there are separate treatment and clinical rooms. All treatments are carried out at the bedside in both wards in LVH and in Ward 15 UHD.					
10. Patients do not have more than two visitors at their bed area at any same time	No visitors present	Yes	Yes	Yes	Yes
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	Yes	Yes
Comment:					
12. The shower rooms have a vacant/engaged sign	Yes	Yes	Yes	Yes	No
Comment: There is only one shower room in each of Wards 15 and 18, UHD. The shower room in Ward 18 UHD does not have a nurse call bell or vacant/engaged sign on the door.					
13. The bathroom has an engaged/vacant sign	Yes	Yes	Yes	Yes	No
Comment: There is no bathroom in Ward 18. UHD.					
14. Toilet and washing facilities are located within, or close to the patient's room or bay.	Yes	No	No	No	No
Comment: In both wards in LVH, patients are required to pass by an open bay where patients of the opposite gender are cared for, to get to the shower/bathroom. In Wards 15 and 18, UHD the toilet and washing facilities are located on a side corridor – not visible from the nurses' station.					
15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender	Yes	No	Yes	No	No
Comment: As above					
16. Toilets and washing facilities are fitted with internal privacy curtains where necessary	No	No	No	Yes	No
Comment: 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	Yes	Yes
Comment:					
18. Toilets/bathrooms/showers have nurse call systems that are accessible to patients and in good working order	Yes	Yes	Yes	Yes	No
Comment: There is no nurse call system in the shower room in Ward 18, UHD					
19. Where assisted bathrooms and/or showers are used by both men and women, appropriate facilities are provided to uphold the privacy and dignity of all patients who use them	Yes	No	No	No	No
Comment: In LVH, MAU and 1B there are no privacy curtains in the bathrooms. In wards 15 and 18, UHD the toilet doors open out into the ward. In ward 15, UHD the assisted toilet is located opposite the reception area. A patient using this toilet would be clearly visible from the corridor when the door is open. At the time of the review there was a queue of patients waiting outside this toilet door.					

2.2 Overall Comments on the Inspections of the Wards

Of the five areas visited there were two instances in Ulster Hospital where mixed gender accommodation was being provided. Senior managers stated that they 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; patients were not being transferred into unigender accommodation within a 24hour 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

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 in the Downe Hospital.

Senior managers in the SEHSCT stated that they were doing all within their power to manage mixed gender occurrences; however the review team noted that the physical environment in Lagan Valley Hospital and Ulster 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 set out in the audit tool.

The responses to these questions were as follows:

Question 1

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

Reviewers' findings:

All members of staff who spoke with reviewers were aware of the trust's policies, protocols and guidelines on mixed gender accommodation. 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.' In all wards visited there is a policy in respect of vulnerable adults which has not been implemented. Not all members of staff have undertaken training in respect of vulnerable adults procedures and in a few instances members of staff were not aware of the policy. There was a general 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. Members of staff in the wards in Ulster Hospital spoke of the pressures from the accident and emergency (A&E) department to admit patients to mixed gender bays. They were very clear about the processes in place for members of staff in A&E to inform a patient before his/her admission to a mixed gender bay and this is recorded in the patient's case notes. It was evident that the patient flow department (department which manages bed availability) and the wards do not always work closely to ensure this is carried out.

There were reported instances where patients had arrived in wards without being made aware that they were being accommodated in mixed gender bays. It was evident that ward staff are aware of the need to reassure the patient and relatives/carers that the situation is being kept under review and when facilities are available the patient will be moved to single gender accommodation. Members of staff in Ulster Hospital spoke of measures that are taken to ensure that the use of the shower is staggered between male and female patients. All members of staff who spoke with reviewers demonstrated total awareness of the need to ensure that privacy, dignity and respect is maintained and maximised for all patients in their care.

Question 4

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

Reviewers' findings:

No specific training and/or induction on managing care and treatment in relation to mixed gender wards has been offered by the trust to the members of staff who spoke with reviewers. A few members of staff spoke about having undertaken an informal induction programme which included reference to the management of patients who are admitted into mixed gender accommodation.

Members of staff in Ward 18, MAU, Lagan Valley Hospital and the Downe Hospital spoke of teaching sessions and policy updates that are arranged at ward level, usually during staff meetings.

Question 5

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

Reviewers' findings:

Members of staff who spoke with reviewers referred to the moving of patients' beds within wards to maintain segregation of men and women. The implications for infection prevention and control was seen by members of staff as a major issue in relation to this action. Members of staff in Ward 18, Ulster Hospital reported that

some elderly patients are assessed as high risk of falling and for that reason it is imperative that they are accommodated in beds close to the nurses' station in mixed gender accommodation.

Staff also described the need to re-designate 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 number of toilets and shower rooms in some of the wards was extremely limited which resulted in these rooms being designated for use by both genders at all times.

This is not an issue in the Downe Hospital.

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. It was reported that where patients who are under 18 years are admitted to mixed gender accommodation, this would be managed and recorded as a serious incident.

It was reported that on occasions, nursing staff are required to monitor some patients who would wander into ward areas where opposite gender patients are being cared for. It was reported that sometimes patients are uncomfortable when they are required to share a mixed gender bay. Members of staff reported that there are instances when mixed gender accommodation must be provided because of 'bed pressures'.

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

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

Question 7:

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

Question 9:

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

Reviewers' findings:

When questioned about action taken when patients express a concern about being placed in a mixed gender ward or bay, members of staff in MAU in Lagan Valley Hospital reported that the ward manager and the bed manager work together to find single gender accommodation for the patient. Members of staff were all very clear about the complaints procedure, should a patient wish to make a formal complaint about mixed gender accommodation. A number of staff across the trust reported that 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)?

Reviewers' findings:

All members of staff spoke of the need for patients to have access to segregated toilets and washing facilities which are clearly signposted. In some instances in Ulster Hospital the clinical environment does not make this easy to achieve. 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 newer facilitates in the Downe 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 reported that, at the time of the review, there was no trust process for recording/reporting occurrences when patients are accommodated in mixed gender bays. It was noted that there were local recording processes, which included recording in the patient's individual case notes and/or recording in a book that is retained in the ward manager's office and discussed during safety briefings at the change of shift.

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

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

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

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

The trust stated 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 Emergency Departments as a delayed admission. This occurs more frequently in Medical Assessment Units. The review team noted that a number of the medical assessment units in the trust had been developed in recent years to assist with performance in respect of waiting and treatment times in emergency departments.

The trust 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. However as stated above it was notable that there were significant limitations in toilet and showering facilities in a number of the older wards in the Ulster Hospital. Staff and management in Ulster Hospital stated that these issues should be addressed for a number of wards during the planned hospital renovation.

It was reported by senior managers in the SEHSCT that there is a process whereby the Patient Flow Manager informs the A&E department if a patient is to be placed in mixed gender accommodation and consent is obtained from the patient by a member of nursing staff in A&E. They also stated that relatives were informed prior to transfer to mixed gender bay. Discussions with ward staff would indicate that this process is not always adhered to and that there are communication issues with A&E,

patient flow and ward staff. It was reported that planned admissions would be informed of the requirement to be placed in a mixed gender bay when they ring to confirm bed availability. The trust states that this would be on very rare occasion, and patients may refuse and admission may be deferred until the next day/next available slot if appropriate.

When patients are accommodated in mixed gender areas in SEHSCT, there is no trust wide process for reporting or auditing these occurrences. The trust reports that a review of current practice in light of new policy requirements and an examination of the most effective system to ensure audit of incidences and reporting through the appropriate governance structures is being considered.

The trust reported that ward managers review current patient placements on a daily basis and, where possible, move patients within the area to maintain segregation of men and women into single sex bays or single room accommodation.

The trust policy for the Provision of Patient/Client Single Sex Accommodation emphasises that patients and relatives must be informed prior to admission to a mixed gender area. It is reported that the trust admission leaflet makes reference to the possibility of being nursed in a mixed gender bay and outlines the arrangements in place for managing this.

At the time of the review the SEHSCT trust was in the process of undertaking an inpatient satisfaction survey relating to mixed gender wards in its acute care settings. The questions posed in the survey relate to sleeping accommodation in mixed gender wards and did not relate to bathroom or dining facilities. A further question sought to find out if the option to move to another part of the ward had been offered to the patient. This questionnaire was being rolled out across the trust and analysis of findings has not been completed at the time of the review.

Information was provided to this review by the trust on all complaints from patients in relation to the care provided in mixed gender accommodation since 2007 (See table 3). During this period a total of six complaints were recorded. The trust did not consider that any of these complaints required to be managed through the vulnerable adults process or escalated through the Serious Adverse Incidents (SAI) process to DHSSPS and the HSC Board.

Table 3: Complaints Reported in Mixed Gender Accommodation Since 2007 Within the SEHSCT

Nature of Complaint	Date of Complaint
Concerns about mixed sex ward, issues regarding dignity	26/06/2007
Dissatisfaction about being a patient on a mixed sex ward	24/08/2007
Felt mixed sex ward undignified	13/05/2008
Unhappy to be placed in a mixed sex ward	05/06/2008
Worried about mixed sex ward	19/05/2010
Only woman on a male ward	27/09/2010

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

- All new future builds or major reconstruction will have single sex accommodation.

- Phase A of the Ulster Hospital development of the critical care complex has been designed to ensure that privacy and dignity of patients is maintained.

- Phase B of the Ulster Hospital has fully implemented the DoH policy in relation to the provision of single gender rooms. The business case has been approved in 2010 and at present it is at the detailed design stage. The new generic ward block will comprise 288 beds with 100 per cent single gender accommodation with full ensuite facilities.

- The new Downe build design considered the provision of single gender accommodation and maintenance of privacy and dignity. There have been no occasions where patients have been nursed in mixed gender accommodation in the Downe Hospital.

Section 3: Conclusions and Recommendations

3.1 Conclusions

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

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

The trust has developed a local policy for the Provision of Patient/Client Single Sex Accommodation 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 detailing the Department's position on the use of mixed gender accommodation and a commissioning specification that relates to the DHSSPS patient experience standards. It is vital that this standard takes account of the specific links to the relevant articles of The Human Rights Act and that there is a harmonised approach to mixed gender care across all trusts.

There is clear evidence that the increased emphasis on mixed gender issues by senior managers across the SEHSCT and the implementation and dissemination of policy has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers. There is no trust wide standardised process for reporting or auditing occurrences when patients are accommodated in mixed gender accommodation. It is suggested that a review of current practice should be considered in light of new policy requirements and an examination of the most effective system to ensure audit of incidences and reporting through the appropriate governance structures. The review team were of the view that any regional policy or commissioning specification should ensure systematic and uniform reporting of all occurrences of mixed gender care. Regular audits of mixed gender care should be carried out with learning shared across the region.

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

It was clear from speaking to senior managers in the trust that managing and minimising the occurrences of care in mixed gender accommodation created increased patient movement and that such movement created increased risk of spread of infection. The limited single or side room accommodation is being prioritised for the management of patients with healthcare acquired infection.

There were inconsistent messages from members of staff across the trust in relation to the management of vulnerable adult issues. Not all members of staff appeared to

be aware of the vulnerability of patients in hospital. The review team felt there was a requirement to ensure that all ward based staff are appropriately trained in the recognition and escalation of safeguarding concerns in respect of vulnerable patients.

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

3.2 Recommendations

- The trust should ensure that 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 learnt 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.

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