



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

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

Western Health and Social Care Trust

August 2012

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## **Introduction**

### **1.1 The Regulation and Quality Improvement Authority (RQIA)**

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

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

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

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

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

### **1.2 Context for the Review**

All health and social care organisations operate within the principles which underpin the Quality Standards for Health and Social Care<sup>1</sup> (DHSSPS). These principles are outlined in the standards and further reinforced in the Patient and Client Experience Standards<sup>2</sup> 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<sup>3</sup> 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

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<sup>1</sup> Quality Standards for Health and Social Care (DHSSPS)

<sup>2</sup> Patient and Client Experience Standards: Improving the Patient Client Experience (DHSSPS)

<sup>3</sup> 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<sup>4</sup> 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)<sup>8</sup>, 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<sup>5</sup> 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

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

<sup>5</sup> 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 Western Health and Social Care Trust (WHSCT) 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 sex have to share sleeping accommodation, toilets or washing facilities.

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

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

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

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

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

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

### **The Western Health and Social Care Trust (WHST)**

Within the WHST area there are acute inpatient facilities at Altnagelvin Hospital and the Erne Hospital.

Over the past year the WHST reported that the number of acute emergency admissions has continued to increase from 15,844 in 2009/10 to 16,831 in 2010/11.

**Table 1: Number of Hospital Admissions in WHST**

	<b>2009/10</b>	<b>2010/11</b>	<b>% increase</b>
Altnagelvin Hospital	11,381	11,996	5.4
Erne Hospital	4,463	4,835	8.3

It was reported that all patients are admitted into single gender bays within mixed gender wards. The WHST has adopted a 'zero tolerance' to any mixed gender accommodation.

It was reported by the trust that the number of single wards is limited in some wards in the Erne Hospital. A concerted effort by the Infection Prevention Control team and the ward staff has seen a significant reduction in the number of occasions when mixed gender accommodation for patients is used.

Since October 2010 there have been no reported instances of mixed gender accommodation in Altnagelvin Hospital. It was further reported that the recent appointment of a bed flow co-ordinator has served to reinforce the practice of single sex accommodation.

It was reported that there is limited capacity of single rooms in the Medical and Surgical Assessment Unit (MSAU) Erne Hospital and with the volume of patients for assessment, a mixed gender bay is sometimes required. However, placement of patients in a mixed gender bay is monitored on a daily basis and every effort is made to provide single gender accommodation. Washing and WC facilities within MSAU are segregated. It was reported that the new South Wing of Altnagelvin Hospital has significantly increased single room capacity and the multi patient single gender bays have their own en suite facilities.





<b>Comment:</b> There is good signage in all wards to indicate male and female toilets and showers. In Ward 8, Altnagelvin, the toilets and washing facilities are unigender.			
5. There is a private room or spaces available for use by patients to talk to staff or visitors	No	Yes	Yes
<b>Comment:</b> In Ward 8, Altnagelvin, the sister's office is made available for use of patients who are mobile.			
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
<b>Comment:</b> In the MSAU, Erne Hospital, patients are required to pass by other patients in open bays on their way to toileting and washing facilities.			
8. All patients are adequately dressed and/or covered	Yes	Yes	Yes
9. Separate treatment area(s) are available, for care to be provided away from the bedside	Yes	Yes	No
<b>Comment:</b> In MSAU, Erne Hospital all treatment and care is provided at patients' bedsides.			
10. Patients do not have more than two visitors at their bed area at any same time	Yes	Yes	Yes
<b>Comment:</b> Information leaflets that are given to all patients request that the number of visitors should be kept to a minimum and that it is not advisable to have young children visit.			
11. There is a vacant/engaged sign on all toilet doors	Yes	Yes	Yes
12. The shower rooms have a vacant/engaged sign	Yes	Yes	Yes
13. The bathroom has an engaged/vacant sign	Yes	Yes	N/A
<b>Comment:</b> There is no bathroom in the MSAU, Erne Hospital.			
14. Toilet and washing facilities are located within, or close to the patient's room or bay.	Yes	No	No
<b>Comment:</b> In MSAU, Erne Hospital the toilets/shower rooms are located at one end of the ward patients therefore must pass other patients in open bays to get to these facilities. In Ward 8 Altnagelvin, there are a limited number of toilets/shower rooms that are			

adjacent to the bays. At busy times these facilities are used by patients from any part of the ward.			
15. Patients can reach toilets and washing facilities without the need to pass through areas occupied by members of the opposite gender	Yes	Yes	Yes
<b>Comment:</b> See above comment in respect of Ward 8, Altnagelvin.			
16. Toilets and washing facilities are fitted with internal privacy curtains where necessary	No	No	Yes
<b>Comment:</b> In ward 41 and Ward 8, Altnagelvin Hospital the shower area is fitted with internal privacy curtains but no privacy curtain is fitted in the toilet. The toilet doors open out on to the ward corridor.			
17. Toilets and bathroom doors are lockable from the inside, and are accessible to staff in the event of an emergency.	Yes	Yes	Yes
18. Toilets/bathrooms/showers have nurse call systems that are accessible to patients and in good working order.	Yes	Yes	Yes
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.	No	Yes	Yes
<b>Comment:</b> In Ward 8, Altnagelvin Hospital toilet doors open out on to the ward corridor.			

## 2.2 Overall Comments on the Inspections of the Wards

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

## 2.3 Discussions with Clinical Staff

Reviewers spoke with various grades of clinical nursing staff and posed the questions 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 each trust's intranet site and in the policy folders that were in each of the wards. It was evident that the documents had been recently reviewed and that there had been an increased emphasis on the issues relating to mixed gender accommodation.

All members of staff gave standard definitions of mixed gender accommodation, in line with definition used by RQIA for this review.

### *Question 2*

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

Reviewers' findings

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

### *Question 3*

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

Reviewers' findings:

All members of staff who spoke with reviewers were clear that patients would not be admitted to a ward if single gender accommodation could not be provided. It was reported that any incidence where care in single sex bays cannot be achieved this would be highlighted and actions taken deal with the situation, this included an

assessment of risk in respect of the movement of patients and risk in respect of potential spread of infection. Ward staff described how these issues would be discussed at staff safety briefings and handover reports any outstanding issues are resolved.

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

#### *Question 4*

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

Reviewers' findings:

Due to the fact that patients are not accommodated in mixed gender bays there is no specific training and/or induction on managing care and treatment in relation to mixed gender wards. It was reported that induction training programmes include a section on the trust's 'zero tolerance' of mixed gender accommodation.

#### *Question 5*

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

Reviewers' findings:

This is not an issue at present in the WHSCT.

#### *Question 6*

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

Reviewers' findings:

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

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

#### *Question 7:*

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

*Question 9:*

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

Reviewers' findings

As there have been no incidences of mixed gender accommodation, there have been no complaints from patients regarding this aspect of care. All members of staff who spoke with reviewers reported that they deal sympathetically with any issues raised by patients. Members of staff were all very clear about the administering the complaints procedure, should a patient wish to make a formal complaint about any aspect of care.

*Question 8:*

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

Reviewers' findings

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

*Question 10 (a)*

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

*Question 10 (b)*

*How is this information relayed to management within the trust?*

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

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

## **2.4 What Arrangements are in Place to Manage Mixed Gender Care in the WHSCT?**

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 WHSCT has developed a guidance document on Mixed Sex Accommodation. 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. This policy document 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 during the review that since the implementation and dissemination of the trust policy, there has been a heightened awareness of the need to ensure privacy and dignity for patients in mixed gender accommodation.

It is evident from this review that there has been a culture change across the WHSCT whereby mixed gender accommodation for patients has been eliminated. This was reiterated by ward staff who were very clear that no patients have been accommodated in mixed gender accommodation for the past eight months.

The trust guidance for staff on the admission of patients to mixed sex bays includes the completion of a mixed sex accommodation audit proforma which in the ward manager is required to provide information on the gender accommodation within ward and bays. This audit proforma was in draft at the time of the review, therefore no analysis has been carried out to date.

The trust reports that a patient satisfaction survey had been carried out in January 2011. This survey posed specific questions about mixed gender accommodation. Patients' perceptions of mixed gender accommodation were of mixed gender wards as opposed to mixed gender bays, therefore the questionnaire was revised and analysis of the findings was not available at the time of review.

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

The trust reported that the refurbishment plan for the Tower Block in Altnagelvin should realise a major increase of single rooms and en suite facilities for the provision of same sex multi patient bays.

It was also reported that the new South West Hospital will have 100 per cent single rooms and the new South Wing of Altnagelvin hospital has significantly increased single room capacity and the multi patient single sex bays have their own en suite facilities.



## **Section 3: Conclusions and Recommendations**

### **3.1 Conclusions**

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

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

The trust has developed local guidance on Mixed Gender 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 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 WHSCT and the implementation and dissemination of policy has resulted in a greater awareness by members of staff in the clinical areas visited by reviewers. The trust's 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 guidance.

The WHSCT is continuing to roll out an acute inpatient satisfaction survey relating to the Patient and Client Experience.

The establishment of a strategy to balance the movement of patients to accommodate single gender accommodation with the reduction of the spread of infections is being considered with infection prevention and control teams and bed managers, to optimise single gender accommodation and minimise risk of infection.

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

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

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

### **3.2 Recommendations**

No recommendations



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