

**TRUST POLICY & PROCEDURES REGARDING VISITING OF PATIENTS**

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## 1. Introduction

The Care Quality Commission (CQC) have developed a new Regulation (9A), which ensures that people in hospitals have the right to receive visitors under all circumstances as follows;

"Everyone should work on the assumption that in-person visiting and accompaniment to appointments are possible. Providers must put in place any measures or precautions necessary and proportionate to ensure that visiting and accompaniment can continue to happen safely. These must be the least restrictive options and must be decided with the person using the service, and their family, friends or advocates where appropriate. The provider must help people to understand their options and make informed decisions, making reasonable adjustments where necessary. The provider, in partnership with people involved in the decision, should regularly review any precautions that have been implemented and should remove them as soon as possible. It is important that information is communicated clearly to the person using the service and those restricted from visiting throughout the process."

This policy supports our trust and staff to remove blanket restrictions and limitations on visiting which are seen as incompatible with person centred care, recognising that flexibility is needed to enable people to visit their loved ones at convenient time for them. The policy is designed to facilitate change in favour of a more flexible approach and extended visiting times for the benefit of our patients and their families / carers. However, it is acknowledged that ongoing dialogue and communication between staff and visitors is required and clinical staff should use their professional judgement when applying discretion and flexibility to meet visitor / relatives and patient need.

To support staff and visitors "Our Visitor's Charter" (Appendix A) will be promoted across the trust using all forms of available communication. This Charter which has also been developed following good practice nationally and details expectations from staff and the public and stands as a code of expected behaviours.

## 2. Scope of this document

This policy applies to all staff and volunteers involved in patient care, improving patient and carer experience and applies to all inpatient areas across the Trust.

## 3. Definitions

**Protected Mealtimes:** A scheme to allow patients to eat their meals without disruption from hospital activities/interventions. It is not intended that this approach will lead to the exclusion of visitors unless the patient asks to be able to have no interruption at mealtimes. Family support for the patient at mealtimes can have a significant beneficial impact on nutrition and hydration as well as the social aspect of eating together with family / friends or carers and we actively encourage family and carers to support with eating and drinking during these times.

**Visiting:** To come and see someone in hospital with view to providing emotional and psychological support. Visitors will also be able to participate in care delivery where appropriate.

**Vulnerable People:** Vulnerable people are defined as people with needs for care and support to access health care effectively. This can be due to physical disability, mental or psychological health issues, sensory impairment, cognitive impairment, age or frailty for example. Reasonable adjustments should always be made for vulnerable people as out-patients or in-patients.

**Johns Campaign;** allows open visiting for carers so they can provide the care and support their loved one needs, whenever they need it. Open visiting is available for main carers. This means spending time with their loved one at the bedside at any time of day, not just during designated visiting hours, and supporting staff with the care of that patient. One carer may sleep during the night at the bedside or, on Royal Derby Hospital (RDH) site, in the carer’s room, known as John’s Room, if it is available.

#### 4. Roles and responsibilities

Trust Board	Has overall responsibility for ensuring compliance with the requirements of this Policy.
Executive Chief Nurse	Has delegated authority from the Trust Board
Divisional Nurse Directors	Are operationally responsible for ensuring that this policy is embedded across the divisions.
Matrons	Are responsible for ensuring that the requirements and standards of this policy are effectively managed within their Departments and that staff are aware of and implement them.
Infection Prevention and Control Team	Are responsible for working with ward teams to promote visiting where safe to do so and advise teams in line with infection control measures to temporarily suspend visiting if necessary.
Senior Sister / Charge Nurse	Are responsible for ensuring that the requirements and standards within this policy are effectively managed within their clinical areas.
The Patient Advice and Liaison Service (PALS) and Complaints Team	Will provide support, advice and guidance to patients/visitors/public who contact them in relation to services provided by the Trust as well as signposting to external sources of support and advice. They will facilitate the speedy resolution of concerns raised by carers by listening, providing information, liaising, and negotiating with staff colleagues. Will identify trends from complaints where complaints are

	raised for visiting, when requested, reports identifying any visiting issues arising from complaints.
All Clinical Staff	Are responsible for following the procedures and guidance in this policy to ensure that carers are identified, informed, involved and supported.
All staff	It is the responsibility of all staff to support and promote person centred patient care and the implementation of Visiting times. However, the senior sister / charge nurse are required to ensure that the policy related to their specific service area is implemented and that relatives and patients are informed of the flexible visiting time arrangements. Wherever possible this discussion should be had with the patient and their carer during the admission process.

## 5. Visiting Times

**5.1** The Trust intranet will be used to inform carers and visitors of visiting times and arrangements. Additionally, information should be clearly displayed at the entrance to every unit / ward and leaflets should be available to all visitors and patients.

**All general wards: Open visiting arrangements will be between 8.00am and 8.00pm hours.** This will be across the 7-day week.

(This does not apply to areas which already have open 24 hr visiting and visiting hours in those areas should **not** be reduced to comply with this policy.)

### 5.2 Day case surgery / Elective admission lounge exception.

Due to extremely limited space in these areas, and the need to prepare patients for theatre in a timely manner, access is not generally possible for family / carers to accompany the patient but will be facilitated for those accompanying patients with vulnerability issues (eg sensory impairment, Learning Disability, neurodiversity, dementia and other cognitive impairment or mental health (this is not an exhaustive list)) on a case-by-case basis in line with the legal requirement to make reasonable adjustments.

### 5.3 Visiting in Maternity Services

**Labour ward / Birth Centre** at the Queens Hospital Burton (QHB) or RDH sites; Women and birthing people can have two support people 24 hours a day. Siblings of the baby are welcome to visit at any time.

**Postnatal wards;** Partners or 1 birthing support person are welcome to stay 24 hours a day following the birth of baby. Siblings of the baby are welcome to visit at any time.

Visiting for others is from 8am-8pm and includes up to two people per bed (excluding partners/birthing support person).

#### **5.4 Paediatrics**

**Children's Emergency Departments & Paediatric assessment Unit:** Due to extremely limited space in these areas it is requested that the child should be brought and accompanied by one parent / carer only. This will obviously depend on individual circumstances and can be discussed with the Nurse in Charge. It is requested that siblings are not brought to the departments as visitors but, in extraordinary circumstances, this can also be discussed with the Nurse in Charge.

**Neonatal Intensive Care & Neonatal Unit:** Parents and grandparents of the infant can visit at any time, 24 hours a day as can siblings. For any other visitor, visiting is restricted to 3pm-8pm but if reasonable adjustment is required, please discuss with Nurse in Charge.

**Paediatric Critical Care Unit:** Two parents may attend at any time. Siblings visiting must be discussed with the Nurse in Charge.

For **all other in-patient wards**; 2 parents / carers may visit at any time and 1 parent may stay overnight. Please discuss visiting by siblings with the Nurse in Charge.

**Outpatients;** 2 parents / carers may attend with the child or young person.

### **6. Considerations regarding hospital functioning and effective, efficient care delivery**

While we specify visiting times, ward staff will ensure that visiting arrangements are agreed in line with patient's specific needs and will ensure compassionate visiting remains a priority.

Staff should inform both patients and their relatives that where possible, healthcare staff will work around the visiting time; when this is not possible and patients require care, treatments or examinations during visiting time, which may interrupt their visiting, visitors should be advised of this beforehand where possible.

Visitors should also be informed that during visiting times, they may be asked to leave the room or ward if staff need to attend to the patient or carry out cleaning duties. This is detailed in the Visiting Charter at Appendix 1.

Staff should also inform visitors that to maintain patient confidentiality, visitors in proximity to patients being discussed in the ward round may be asked to leave the bedside / area. However, family members of the patient under discussion will be allowed to remain if the patient wishes them to remain.

There may also be times where patients are required to leave the ward to go for tests or investigations. Staff should advise visitors that where possible they will be given notice of this, however there may be occasion when visitors attend and patients are not on the ward.

Information about canteens/cafeterias/vending machines should be made available for visitors to minimise any inconvenience if they must wait a while before being able to return to the ward.

Staff should not exclude visitors from assisting at mealtimes as this can, at the least, support the social interaction element of eating meals. It is important to encourage relatives and carers to continue to be involved in the mealtime experience of the patient. This is particularly the case where the patient requires assistance or encouragement at mealtimes and this is part of the patient's existing or future mealtime experience.

If a patient does not require assistance, staff should be guided by the patient as to whether it is appropriate to protect mealtimes so that the patient has an environment that supports them to get the most nutrition and benefit from the food provided.

## **7. General visitor guidelines**

**7.1** Staff must ensure that there are only 2 visitors per patient at any given time. Visitors may need to be reminded politely of the Visitor's Charter and provided with information about canteens and cafeterias. This is to support staff as well as patients in our hospitals.

**7.2** It is recognised however that there are occasions when the number of visitors may exceed two per bed and when visitors may wish to stay for longer periods than outlined within the policy, including overnight. Examples of this would be when the patient is at the end of life, or patients with cognition problems who are agitated overnight. In situations where more than two visitors are allowed per patient this must be agreed by the Nurse in charge and be communicated across the team so that all staff members are reacting appropriately and consistently.

### **7.3 John's Campaign**

It should be noted that as a trust we support John's Campaign. This means that we support the right of carers to stay with people with dementia. Further details are available in the trust's Carers Policy and by speaking with our Dementia Team.

### **7.4 Staff availability during visiting times**

It is important that staff are available to speak with relatives during visiting times. If the shift hand over occurs during visiting time it is important to identify a member of staff who will be available to speak with relatives if requested.

### **7.5 Infant, Children and Young People visiting Patients.**

Only the children or grandchildren of the patient will be allowed to visit. Visiting of other infants, children and young people is at the discretion of the Nurse in Charge. All children must always remain under direct supervision from family members. However, it is recognised that children might be in the position of being a young carer for a relative. In these circumstances they may visit unsupervised and stay for the length of normal visiting. The Visitor's Charter advises visitors to talk to the nurse in charge before bringing children in to visit.

## 7.6 Infection Prevention and Control

Infection prevention and control in hospitals is of the highest importance. To help stop the spread of infection all patients, visitors and staff entering or leaving the ward must use the hand hygiene gel available in dispensers. Visitors must utilise chairs provided and not sit on beds. Visitors should be advised that they should contact the person in charge before visiting if they are unsure of the infectious status of the person they are visiting within a hospital setting. They should also be informed of appropriate infection control precautions, including PPE and hand hygiene, to be carried out when visiting.

Visitors should have access to the preventing and control infections information leaflet, available via the QR code in the Visiting Charter (See Appendix 1).

Staff should advise all visitors that they should not visit if they have signs of a cough, cold or diarrhoea / vomiting or have been in contact with an infectious disease, e.g. chicken pox. They should be advised to contact NHS Direct or their GP for advice.

## 7.7 Seasonal / religious celebrations

Flexibility with regard to visiting outside of visiting hours will be ensured at times of seasonal or specific religious celebratory events.

## 7.8 Living with Covid-19

This policy aligns to the recommendations made in Living with COVID-19 - Visiting healthcare inpatient settings: principles (NHS England, 2022)

## 8. Exceptions to open visiting or visiting at all.

Examples of permissible exceptions to visiting are as follows;

### 8.1 If the patient does not wish to receive a visitor.

A patient may not wish to receive a visitor due to feeling unwell or through personal choice and it is up to health and care providers to ensure that the person's wishes are respected by staff and potential visitors.

If a person lacks capacity to decide about receiving particular visitors, the visit should still be enabled **unless** this is **not** in the person's best interests. In this situation, a best interest decision should be made and recorded in line with the best interest checklist in section 4 of the Mental Capacity Act 2005 by considering all relevant circumstances, including the person's wishes and feelings, beliefs and values, the views of their family, and what the person would have wanted if they had the capacity to make the decision themselves. In these circumstances it is recommended that an Independent Mental Capacity Advocate (IMCA) is involved in the best interest process.

### 8.2 If a visitor is confirmed to have an infectious disease or is confirmed to be a contact of someone who has an infectious disease.

Visitors may be suffering from or carrying an infectious disease that would pose a threat to individuals in the hospital. This is because some people receiving care are likely to have a higher risk of developing a severe illness from infectious diseases, and these settings tend to be enclosed settings where infection may spread quickly. A visitor may



be denied access to a hospital if they pose a known and immediate risk of spreading an infection which would pose a risk to the health and safety of individuals within the care setting or hospital.

**8.3** If the person being visited has an infectious disease or there is an outbreak in the hospital.

If a care home resident is recently admitted into hospital, or a hospital patient has an infectious disease where there is a risk of transmission, this may put those who visit them at risk of contracting that disease, as well as spreading it to the wider community, potentially posing a significant public health risk. There may be circumstances where the hospital may wish to consider some limited restrictions on visiting / suspending visiting as an outbreak management control measure if there is continued transmission of infection. In this situation staff should be able to explain the reasons for any visiting restrictions, ensuring that these are proportionate to the risks and that they have considered ways to maintain visiting, such as ensuring that a minimum of one visitor is still allowed using appropriate PPE measures.

**8.4** If a visitor is a risk to the physical and/or mental health and wellbeing of patients and/or staff.

Examples of this could include a visitor who:

- Has been physically or verbally abusive to staff, or vulnerable people.
- We are aware that the person poses a sexual or violent risk to others, including staff
- Where there is a multi-agency plan detailing that the particular visitor should not have contact with the patient
- Has stolen or damaged property or been financially abusive to a patient or vulnerable person.
- Is behaving erratically or is under the influence of alcohol or drugs.
- Is supplying a patient with drugs.
- Is a visitor refusing to follow infection prevention and control processes put in place by the health or care setting such as practicing hand hygiene or wearing appropriate PPE.

**8.5** If a patient's treatment plan does not include visiting, to aid their recovery.

In some circumstances a patient's treatment plan may include not having visitors for a short amount of time, for example in a rehabilitation facility, as visitors may put their recovery at risk. In this situation the restrictions should be proportionate to the risk posed to the patient by receiving visitors and the approach should be reviewed on a daily basis.

**8.6** If a visitor is requesting to visit at a time outside standard, reasonable, visiting hours (such as late at night or early in the morning)

An individual who has a particular shift pattern for example, may wish to visit someone at a time which does not fit standard, reasonable, visiting hours. This may be disruptive to the person receiving the visit, or to other patients. The length of a visit may also be taken

into consideration. Staff would need to be able to demonstrate what made a certain time unacceptable, for example if it interfered with their ability to provide necessary care or was disruptive to other patients.

**8.7** If there is an unforeseen emergency occurring in the hospital and visiting cannot be safely accommodated.

There may be times where it is unsuitable for anyone, including visitors, to go to certain parts of a hospital or an unforeseen circumstance or emergency requires closure of a hospital. These could include, but are not limited to, a fire being identified and dealt with, an ongoing medical emergency, a patient behaving violently or police involvement.

**8.8** For those detained under the Mental Health Act (MHA), chapter 11 of the MHA 1983 code of practice sets out statutory guidance on visiting patients in hospital and circumstances where it may be necessary to consider the exclusion of visitors. All patients detained under the Mental Health Act 1983 have a right to maintain contact with family and friends and to be visited, subject to carefully limited exceptions. The act gives certain people the right to visit patients in private and hospital managers have the right, under certain circumstances to restrict or refuse visitors, or require them to leave.

Decisions to admit or exclude individuals who wish to visit patients detained under the MHA must be made in accordance with the direction of the Responsible Clinician / Mental Health Team.

## 9. Monitoring

Monitoring Requirement:	Monitored within the Patient Experience Group
Monitoring Method:	Quarterly Audit PALS Total no. of PALS concerns relating to visiting Quarterly Patient Audit Complaints Total no. of complaints relating to visiting
Reports Prepared by:	Lead for PALs & Complaints
Report presented to:	PEG
Frequency of Report	Quarterly



# University Hospitals of Derby and Burton

NHS Foundation Trust

## Visitors Charter



Our priority is caring for our patients and we understand how important visits from family members, carers, and friends can be in their recovery.



We have developed this Charter to help us work together to make sure the patient gets the best possible care and experience at all times.

### Communication



Our promise to you	Your promise to us
<p>We will be polite and courteous to our patients and their visitors at all times.</p>	<p>We ask that you are polite and respectful towards our staff, visitors and patients. Will not tolerate abuse or harassment of our staff. Anyone displaying aggressive, abusive or racist behaviour will be asked to leave the clinical area / ward and in some circumstances, visiting access to that individual may be withdrawn.</p>

<p><b>Environment</b></p> 	<p>We will do our best to create a calm and peaceful environment to enable patients to get ample rest.</p> <p>We will respect the time between patients and visitors and will only interrupt if necessary.</p>	<p>Please adhere to the visitor numbers and visiting times allowed in each clinical area/ ward – this may vary from one area to another based on local risk assessment.</p> <p>Please check the University Hospitals of Derby and Burton NHS Foundation Trust website for latest visiting restrictions.</p> <p>Please keep phones on silent and keep noise to a reasonable level.</p> <p>Please understand that from time-to-time you may be asked to briefly leave the ward or area for us to perform essential care and interventions and if a ward round, or patient handover (7am and 7pm) is taking place, you may be asked to leave the bay temporarily to maintain patient confidentiality.</p>
<p><b>Carers</b></p> 	<p>We will support patient's carers or relatives to be involved in care and decision making with consent of the patient.</p> <p>John's campaign supports carers of patients with dementia and can be adopted for patients at the end of life or with any disabilities - please ask the nursing staff if you would like more information.</p>	<p>Please let nursing staff know if you wish to be involved in supporting us to care for your relative/-friend, we welcome your input.</p>

<p>Nutrition</p> 	<p>We will protect mealtimes by restricting non-urgent activities until mealtime has finished. We will encourage our patients to eat and drink well and offer our support where needed and support you to enjoy mealtimes with them or support you to help them to eat and drink well and safely.</p>	<p>Please let us know if the patient has any special dietary requirements, allergies or preferences we may not be aware of.</p>
<p>Concerns and compliments</p> 	<p>We will listen to any concerns our patients have and act accordingly - we want to get things right for all of our patients at the time of the concerns arising.</p>	<p>If you have any questions, worries, concerns or compliments please talk to the nurse in charge – we welcome your feedback. If your concerns are not resolved with the Nurse in Charge, please ask for the Matron's contact details and discuss your concerns with them.</p>

Infection control



We will do all that we can to protect patients from infection; on occasions this may result in restricting visiting or moving patients to an allocated side room. We will follow infection prevention and control procedures including cleaning our hands in-between patient contact.

If you are unwell especially if you have diarrhoea, vomiting or flu like symptoms - do not visit until you have been clear of symptoms for 48 hours. If you are unsure, please call the ward before you visit.

For advice and updates regarding visiting restrictions please see the Trust website before visiting. Like staff, we ask that you clean your hands on entering and leaving the ward. Alcohol hand sanitiser dispensers are available near entry and exit points.

To access the preventing and control infections information leaflet, please scan code below:

