Visiting Policy

Department / Service:	All
Originator:	Anna Sterckx Head of Patient, Carer and Public Engagement
Accountable Director:	Chief Nursing Officer
Approved by:	Trust Management Executive
Date of Approval:	21st September 2022
Review Date: **This is the most current document and should be used until a revised version is in place**	21st September 2025
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Clinical and Medical
Target staff categories	All Staff

Key Amendments

Date	Amendment	Approved By
12th April 2019	Policy creation	Anna Sterckx
August 2020	Policy Update for Worcestershire Acute Hospitals NHS Trust v1	
April 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
July 2022	Document review and Update in line with National Guidance	TME

Policy Overview:
Worcestershire Acute Hospitals Trust is fully committed to implementing a person-centered approach to the design and delivery of health care for patients and their families, carers and friends, who access our services. The trust believes that responding to the needs of our patients, carers and visitors will further enhance the development of a person-centered healthcare service. Our staff are committed to responding to the needs and expectations of patients and they understand the invaluable role that a patients' family, carer, relatives and friends can make in a patients' recovery. These individuals and groups know the patient best and can help to reassure patients in times of uncertainty, anxiety and/or vulnerability. Feedback from patients, carers and their families during public consultations on "Quality Priorities" in 2018, told us that traditional and fixed visiting hours "contribute to additional stress" and do not support modern lifestyles.

Positive feedback from a staff survey includes a recognition that relaxing visiting hours supports patient experience, bringing comfort, less stress, numerous staff benefits and improving visitor work-life balance. Concerns have been addressed in Our Visitor's Charter and accompanying policy.

The public shared that relaxing the visiting times would improve the service particularly with modern living and working practices and travel, allowing them to visit their loved ones not only in a way that was convenient for them but in turn they felt would benefit the patient in hospital.

Open visiting hours is one way that as a trust we can recognize the important role that relatives, loved ones, friends and carers play in supporting patients in their recovery.

Contents page:

1. Introduction

This policy supports our ability to be a responsive service and well led. It is our ambition to create a culture of learning, openness and transparency and this policy will further support our trust to drive forward with key quality improvements.

This policy reflects modern living and is in direct response to national good practice as well as public and staff feedback in Worcestershire. This policy supports our trust to remove blanket restrictions on visiting which are seen as incompatible with person centred care and also supports necessary restrictions so that patients' interests are protected.

This policy supports the principles of the NHS Constitution that "NHS Services must reflect, and should be co-ordinated around and tailored to, the needs and preferences of patients, their families and their carers" (Department of Health, 2015). This provides the trust with a service that is person centred as opposed to provider centered.

As a trust putting patients first, means that we can be responsive to choice, preference and convenience.

As a trust we have received feedback through our PALS and Complaints services that the variety of visiting times and practices that historically existed across our acute hospitals can be confusing for patients and visitors. It is therefore recognised that flexibility is needed to enable people to visit loved ones at convenient time for them.

Many hospitals across the country now operate a relaxed or open visiting policy. Pilots and research has demonstrated that patients feel more relaxed, reassured and that allowing an enabling family members to come and go at various times can promote rest because there is no urgency for the patient to be awake at specific times for visitation.

This policy has been created following a consultation process with staff and engagement with the public via open conversations and facilitated focus groups.

To support staff and visitors "Our Visitor's Charter" will be promoted across the trust using all forms of available communication. This Charter which has also been developed following good practice nationally and with the direct input of staff and the public details expectations from staff and the public and stands as a code of expected behaviours. This Charter covers core areas including but not exhaustive of cleanliness, exceptions, noise and fosters open communication. The Charter addresses key concerns as raised by staff and the public.

2. Scope of this document

This policy applies to all Trust staff and volunteers involved in patient care and improving patient and carer experience.

This policy applies to all acute adult inpatient areas across WAHT.

The policy is designed to move away from the traditional scheduled and restricted visiting arrangements in favour of a more flexible approach and extended visiting times.

It is acknowledged that ongoing dialogue and communication between staff and visitors is required. Clinical staff should use their professional judgement when applying discretion and flexibility to meet visitor / relatives and patient need.

3. Definitions

Exemptions: Free from obligation, i.e. ward areas and circumstances to which this policy does not apply

Open and relaxed: Allowing access, not closed, responsive to change, less rigid

Protected Mealtimes: A scheme to allow patients to eat their meals without disruption from hospital activities/interventions and enable staff to focus on providing assistance to those patients unable to eat independently. Family support for eating to be encouraged where required.
Carers are encouraged 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.

4. Roles and responsibilities

WAHT has a duty to identify, inform, involve and support carers as detailed in this policy in line with the legislative requirements and best practice guidance contained in Section 9.

The **Trust Board** has overall responsibility for ensuring compliance with the requirements of this Policy.

The **Chief Nursing Officer** has delegated authority.

The **Divisional Directors of Nursing** are operationally responsible for ensuring that this policy is rolled out divisionally.

The **Lead Nurse for Patient Experience** Leads with the Trust visiting policy reviewing visiting feedback and any improvements to services as a result of this.

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 Control Teams 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.

Sisters / Charge Nurses 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)** 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.

The **Patient Services/Complaints Team** 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 Ward Sister and Lead 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.

The WAHT website https://www.worcsacute.nhs.uk/ will be used to inform carers and visitors of visiting times and arrangements. The website is an efficient way to update the public.

Posters should be clearly displayed at the entrance to every unit / ward. Leaflets should be available to all visitors and patients.

Communication tools (A4 posters and smaller posters as handouts) can be ordered through Xerox: WR5482
Orders can be made via the online system: https://cmswebshop.corp.xerox.com/nhsw
Contact details: 01905 794168 or email wah-tr.printroom@nhs.net

5. Visiting Times

Relaxed visiting promotes an environment in which the patient establishes visiting parameters that best suit individual circumstances. The ultimate goal is to meet the psychological and emotional needs of the patient and those who comprise the patient's support system through flexible visiting. A visitor is defined as anyone who the patient determines is significant to their well-being and whose presence would enhance their time in hospital.

Open visiting arrangements will be between:
10:00 and 22.00 hours

This flexible visiting arrangement will be across the entire 7-day week.

While we specify open 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.

6. Exemptions

• This policy applies to all adult inpatient areas.
• Wards identified as an outbreak (ie Covid) may temporarily suspend visiting.
• Policies relating to visiting Paediatrics and Maternity can be found independently of this policy.
• Critical care and high dependency units retain visiting hour restrictions in the interest of patient safety and recovery. This will be visible on Our Visitor's Charter.

7. Implementation/Policy Compliance

7.1 Awareness

Our Visitor's Charter should be displayed (see Appendix 1) at the entrance to the clinical area. Our Charter is available to place adjacent to the ward visiting sign. It is important that this is explained clearly to the patient and their relatives, ideally on admission. Information relating to visiting is available on Trust website.

The visiting time offers flexibility for relatives and patients. It is of importance to explain clearly that visiting is open between the set hours and that there is no obligation to stay for the full duration of the visiting time. However, person–centered health care recognizes the important role caregivers and families / friends play in the lives of patients and staff should discuss with family / friends and caregivers the role they would like to play in helping to provide care to their relative whilst in the hospital. Some may see hospitalisation as a respite of sorts from their daily responsibilities, while others want to retain an active role.

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. Staff should also inform visitors that in order to maintain patient confidentiality visitors will also be asked to leave during medical ward rounds. There may also be times where patients are required to leave the ward to go for tests or scans. 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 have to wait a while before being able to return to the ward.

7.2 Mealtimes

Staff should **not** exclude visitors from assisting. 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 meal time 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.

7.3 Number of Visitors

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.

7.4 Special Considerations

It is recognised 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.

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 or Patient Experience Lead Nurse.

7.5 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. This member of staff should be from the shift going off duty.

7.6 Infant, Children and Young People visiting

Only the children or grandchildren of the patient will be allowed to visit. Visiting of infants, children and young people is at the discretion of the Nurse in Charge. All children must remain under direct supervision from family members at all times. 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. It is encouraged that staff refer to the Carer's Policy for further guidance on Young Carers. The Visitor's Charter advises visitors to talk to the nurse in charge before bringing children in to visit.

7.7 Infection Control

Infection 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.

NB 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.

7.8 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. Monitoring

This policy will be monitored through Patient, Carer & Public Engagement Steering Group, which is a sub-group of the Clinical Governance Committee. This policy will be revised formally at the agreed review date.

Table for reporting and monitoring:

Audit	PALS	Total no. of PALS concerns relating to visiting	Quarterly	Patient, Carer & Public Engagement Steering Group
Audit	Complaints	Total no. of complaints relating to visiting	Quarterly	Patient, Carer & Public Engagement Steering Group

9. Policy Approval

This policy will be reviewed and feedback received through the following:
- JNCC
- Patient, Carer & Public Engagement Steering Group
- Senior Nurses
- CGG for first level approval
- TME for final approval

Appendix 1 – Our Visitors Charter

Our Visitors' Charter

We have a policy of 'open visiting' on our wards from 10am to 10pm*.
We recognise the important role that relatives, loved ones, friends and carers play in supporting patients in their recovery. We have developed this Charter to ensure that open visiting is beneficial to everyone.

You can expect our staff to:

- Be polite to everyone
- Avoid making unnecessary noise
- Welcome all visitors when this is in the patient's best interests
- Keep each patient's next-of-kin / named contact well informed (with the patient's permission)
- Put patient care first, which might mean sometimes asking visitors to leave
- Talk to visitors about how to make the most of their time on the ward
- Ensure patients have the opportunity to rest and recover
- Offer advice on how best to support the patient, and help visitors when asked
- Speak to visitors about the issues that can arise when children visit
- Listen to visitors' comments and feedback
- Protect patients and visitors from infections and diseases

We ask you to:

- Be polite to everyone
- Keep noise levels low and speak quietly
- Let staff know when you intend to visit, and for how long
- Remember that staff may need permission from the patient to share information
- Don't distract staff doing important work, such as giving out medicine
- Agree visiting times with other family and friends, so that patients do not have more than two visitors at a time
- Take breaks away from the bedside to allow the patient to rest
- Support the patient, and feel confident to ask staff for help with this
- Talk to the nurse in charge before bringing children to visit
- Tell us what you think about the care the patient is receiving
- Follow hygiene rules and stay away if unwell

*Our critical care and high dependency units retain visiting hour restrictions in the interest of patient safety and recovery.

Working together in partnership with you
#togetherwearepatientexperience

WR5482 | April 2019

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author, and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy / guidance affect one group less or more favourably than another on the basis of:**		
	Age	No	
	Disability	No	
	Gender reassignment	No	
	Marriage and civil partnership		
	Pregnancy and maternity	No	This policy sits outside maternity.
	Race	No	
	Religion or belief	No	
	Sex	No	
	Sexual orientation	No	
2.	**Is there any evidence that some groups are affected differently?**	Yes	There is a separate policy for carers and for patients in end of life care.
3.	**If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?**	N/A	
4.	**Is the impact of the policy / guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy / guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	**Yes/No**
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval