

POLICY NAME:	In-patient / Departmental Visiting Policy	
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VERSION NUMBER:	2	
APPROVING COMMITTEE:	Nursing Midwifery Allied Health Professional Body (NMAPH)	
DATE THIS VERSION APPROVED:	8 th September 2022	
RATIFYING COMMITTEE	Nursing Midwifery Allied Health Professional Leadership Team Meeting (NMALT)	
DATE THIS VERSION RATIFIED:	March 2021 – June 2022	
AUTHOR (S) (JOB TITLE)	Head of Patient Experience & Engagement	
DIVISION/DIRECTORATE:	Corporate	
LINKS TO ANY OTHER POLICIES/PROCEDURES:		
CONSULTED WITH:	Visiting Policy Task and Finish Group, Assistant Director Infection Prevention Control, Directors of Nursing Reps, Patient Representative, Facilities Managers, IG Representative, Patient Experience, and Engagement Group, Chief AHP, Deputy Chief Nurse, Associate Chief Nurse: Quality & Patient Experience	
DATES PREVIOUS VERSION(S) APPROVED	Version 1	March 2021
NEXT REVIEW DATE:	September 2024	
MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	Associate Chief Nurse: Quality & Patient Experience	

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1. INTRODUCTION

Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (therefore referred to as the Trust) visiting policy is designed to ensure safe and appropriate visiting arrangements that are conducive to the patient/service user (thereafter referred to as the patient) throughout the Trust including paediatrics maternity and neonatal.

The Trust recognises the positive effects and benefits which occur through visits from family members and friends to our patients.

2. POLICY STATEMENT

2.1 The policy gives staff the authority to manage inpatient visiting in a way that provides patients with appropriate access to their visitors while at the same time protecting:

- 2.1.1 Dignity and rest.
- 2.1.2 Privacy and confidentiality.
- 2.1.3 Infection prevention and control.
- 2.1.4 Security.
- 2.1.5 An effective healthcare setting.

2.2 In the event of an outbreak, we put the health and safety of our patients and staff first and may undertake the decision that it is necessary to restrict/cease visitors to the hospital sites to help prevent the spread of any infection. The Trust will follow national regional or local visiting guidance where appropriate.

3. RESPONSIBILITIES

3.1 Chief Nurse

The Chief Nurse has the overall responsibility of this policy throughout the Trust.

3.2 Associate Chief Nurse: Quality & Patient Experience Head of Patient Experience & Engagement:

The Associate Chief Nurse: Quality & Patient Experience and Head of Patient Experience & Engagement have delegated responsibilities for the policy and support the implementation of the policy and standing operating procedure or guidance relating to this policy throughout the Trust.

3.3 Divisional Directors of Nursing

Ensure that visiting times will be clearly displayed on entrance doors to wards/inpatient areas and should also be included in patient information and on the website.

3.4 Deputy Divisional Directors of Nursing and Matrons

- 3.4.1 Provide support to ward/departmental leaders in dealing with complex/difficult situations and individuals circumstances relating to visiting.
- 3.4.2 Ensure compliance with the policy through monitoring of documentation, development, and maintenance of standing operating procedures relating to this policy.

3.5 Ward/Departmental Leaders

- 3.5.1 Ensure that patients and visitors are aware of visiting times on admission.
- 3.5.2 Make judgements for exceptions to this policy for at their discretion taking individual situations/circumstances into consideration.
- 3.5.3 The Ward/Department Leader should seek the advice and support from the relevant specialist service if required, and/or refer to Trust

polices for guidance.

For out of hours advise, please contact the On -Call Manager

3.5.4 Ensure all staff are aware of and compliant with the visitor's policy.

This policy should form a part of the local induction programme for new starters.

Please see section 8, for the Trust's responsibility to the Human Rights Act

4. GENERAL PRINCIPLES FOR ALL INPATIENT VISITORS TO THE TRUST

4.1 Family and friends are encouraged to visit patients during ward visiting times after consultation with Ward staff.

4.2 Visiting times will be clearly displayed at entrances to the wards/departments: these should support and allow protected mealtimes for patients. Alternative arrangements to these times can be arranged with the ward Leader/nurse in charge in extenuating circumstances.

4.3 There are two visitors per patient permitted to visit at any one time.

4.4 Visitors are asked to wash their hands/use the hand gel/sanitiser on entering and leaving the ward.

4.5 Visitors are requested not to visit if they are feeling unwell or it is thought they pose an infection risk to others (see Section 5).

4.6 Visitors are requested not to sit on the patients' beds, as this poses an IP&C risk to both patients and visitor but are politely asked to use the chairs provided.

4.7 Children under the age of 16 years will not be permitted to visit wards unless accompanied by an adult.

4.8 Children under the age 16 always remain the responsibility of the accompanying adult. Children should be appropriately always supervised by an accompanying adult. Children are not permitted to run around the ward.

4.9 Older children who wish to visit independently will require agreement in advance with the ward Manager /nurse in charge.

4.10 Friends and relatives will be requested not to bring non-essential items/goods in e.g., unless agreed by the ward Manager/nurse in charge.

4.11 Visitors bringing food in for patients must ensure that it is clearly labelled with the patient's name and date and must be consumed on that day. Any food stored will be discarded at the end of evening meal service by the catering staff.

4.12 Visitors are not allowed to use the patients' toilets, to enter the ward kitchens or undesignated areas unless granted by ward staff.

4.13 For selected areas limited facilities may be available for relatives to stay overnight. Advice should be given by the ward staff.

4.14 The taking of pictures/filming of patients and staff on mobile phones/cameras/other devices is strictly prohibited

4.15 Mobile phones must be on silent/flight mode in all patient areas

4.16 The Trust will not condone, nor tolerate any aggressive, abusive, or violent behavior towards our employees by patients or visitors or colleagues.

4.17 Visitors may be asked to leave the ward during ward rounds unless they are directly involved in the care and/or planning of the patient's healthcare and /or discharge plans

4.18 The Trust encourages carers to be involved in providing care to a relative or friend whilst they are in hospital. Carers are encouraged to continue with their caring responsibilities whilst their relative/friend is in hospital, if they wish to do so. The Trust recognises and values the importance of maintaining the continuity of care and care giver whilst the patients is in hospital, to support their psychological wellbeing and routine of the individual patient. Staff should discuss individual requirements with patients and their relatives as soon as possible. The Trust supports the national "John's Campaign" and promotes open visiting for carers of patients living with dementia.

4.19 Where arrangements have been made with carers to support the patients personal care needs, supported mealtimes, staff will record this in the patient's health care records and include information in the handover meetings to avoid miscommunications and inconsistencies.

4.20 Patients and families should be made aware of the My Message To My Loved One by providing the following email address: MyMessageTo.MyLovedOne@wwl.nhs.uk The Patient Relations Team will print the message and deliver it to the ward, or do their best to find an alternative method to get the message delivered.

4.21 Our Chaplains are available to support all patients and their relatives during their stay in hospital. They offer pastoral, spiritual, emotional, and religious support to people of all religions, beliefs, and those of none. To contact a chaplain please ask a member of staff or phone 01942 822321/822314.

5 GENERAL PRINCIPLES FOR ALL DEPARTMENTS

5.1 One adult may accompany patients who attend the Emergency Village and Outpatient appointments. If clinically indicated and during end of life the Lead Nurse will use discretion in the Emergency Department

5.2 For children under the age of 16 there must be one parent / carer in attendance with the child. If clinically indicated additional attendees will be agreed following a risk assessment and the departmental leader will use their discretion.

6 INFECTION PREVENTION AND CONTROL

6.1 In order to help Trust staff minimise the risks of healthcare associated infections visitors are asked not to attend if: -

6.2 They are feeling unwell, including experiencing symptoms such as a persistent dry cough, or increased temperature

They or any close family member or contact have flu like symptoms.

They are currently or have suffered with diarrhoea and or vomiting in the past 48 hours.

They have been in contact with anyone with flu like symptoms within the past 72 hours

They have an existing medical condition that puts them at risk of infection,

for example, those who are immunocompromised because of a condition or treatment

6.3 Good standards of hand washing are essential throughout the Trust for staff, patients, and visitors to reduce the risk of infections and cross contamination. Visitors will be expected to apply hand sanitiser on entry and exit to the hospital, and when entering and exiting clinical areas.

6.4 Restrictions to visiting may be put in place at any time based upon the guidance and recommendations of the Infection Prevention and Control Team.

6.5 If a patient is being cared for in a single room or bay, visitors must check with staff before entering that it is safe to do so and follow all given instructions. Visitors should follow guidance on wearing personal protective clothing as advised by staff.

6.6 During an outbreak situation it may also be advisable to further restrict visiting to all clinical areas. This will serve to minimise the risk of spreading infection. The additional restrictions will be communicated throughout an outbreak as per Trust guidance. The patient will be informed of the visiting restrictions by the ward staff.

6.7 In the event of a pandemic/epidemic it may be advised to restrict visiting to all inpatient/clinical areas. The restrictions will be communicated to staff and visitors by the infection control team/senior nursing teams and External Communications and PR Team. The Trust will follow national, regional, local and UKHSA visiting guidance.

6.8 Visitors will be expected to wear a fluid repellent face mask unless they are exempt. (e.g., disposable, single use masks which are composed of 3 layers). Masks are available at all entrances to the hospitals and Outpatient buildings, and at Community Clinic reception areas.

7 EXCEPTIONAL CIRCUMSTANCES

7.1 The Ward Leader /nurse in charge will use their discretion when there are requests to visit patients during certain situations: -

7.1.1 End of Life care

7.1.2 Patient has individualised care needs e.g., cognitive impairment, learning disability

7.1.3 Where visitors have travelled long distances

7.1.4 Where communication cannot be maintained via a telephone for example in the event of hearing impairment where text or specially adopted phones are not possible

7.1.5 Where the patient has an informal carer at home and wishes for that support to continue within the hospital setting

7.1.6 Any circumstances that require special consideration

7.1.7 Where Interpreters are required to assist with a patient's communication needs

8 End of Life care

8.1.1 When a patient is declared at End of Life (EoL) or placed on the Individual Plan of Care (IPOC) their family will be contacted and visiting arrangements will be agreed by the Ward Staff.

8.1.2 Visiting should be at the discretion of the Nurse-in-Charge where death is imminent.

9 ACCESSING VISITING OUT OF HOURS

In emergency situations visitors requiring access to the hospital out of hours will be advised of how to access the hospital, by the Ward staff on duty and/or Senior Nurse on duty

10 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been considered in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

11 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

12 MONITORING AND REVIEW

This document will be reviewed every 3 years or as and when changes or legislation which affects the document are introduced.

13 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd. For more details, please contact the HR Department on 01942 77 3766 or email equalityanddiversity@wwl.nhs.uk

Appendix 1

References

Infection Prevention and Control Policy TW10-042 V9.1

Ward Kitchen Food Safety TW14—006 SOP 1

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

<p>For each of the protected characteristics listed answer the questions below using</p> <p>Y to indicate Yes and</p> <p>N to indicate No</p>	<p>Sex (male / female / transgender)</p>	<p>Age (18 years+)</p>	<p>Race / Ethnicity</p>	<p>Disability (hearing / visual / physical / learning disability / mental health)</p>	<p>Religion / Belief</p>	<p>Sexual Orientation (Gay/Lesbian/Bisexual)</p>	<p>Gender Re-Assignment</p>	<p>Marriage / Civil Partnership</p>	<p>Pregnancy & Maternity</p>	<p>Carers</p>	<p>Other Group</p>	<p>List Negative / Positive Impacts Below</p>
<p>Does the policy have the potential to affect individuals or communities differently in a negative way?</p>	n	n	n	n	n	n	n	n	n	n	n	
<p>Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.</p>	y	y	y	y	y	y	y	y	y	y	y	<p>Visitors/ Carers are encouraged to attend following agreement with the Ward staff for:</p> <p>End of Life care</p> <p>Patient has individualised care/support needs.</p> <p>Where visitors have travelled long distances.</p> <p>Where communication cannot be maintained via a telephone for example in the event of hearing impairment where text or specially adopted phones are not possible</p> <p>Where the patient has an informal carer at home and wishes for that support to continue within the hospital setting.</p> <p>Any circumstances that require special consideration.</p>

In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	n	n	n	n	n	n	n	n	n	n	n	If Yes: Please state how you are going to gather this information.
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Job Title	Head of Patient Experience & Engagement			Date	
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IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via

http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Appendix 3

POLICY MONITORING AND REVIEW ARRANGEMENTS

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
1	Visiting times are adhered to and visitors	Complaints	Head of Patient Experience & Engagement	Annual	PEIG	Yearly complaints report around visiting	Patient Relations Department
2	Patients have a positive patient experience	Survey	Head of Patient Experience & Engagement	Annual	PEIG	Yearly Survey	Head of Patient Experience & Engagement