The Newcastle upon Tyne Hospitals NHS Foundation Trust

Visitors Policy

<table>
<thead>
<tr>
<th>Version No.:</th>
<th>2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective From:</td>
<td>6 June 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>6 June 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>19 April 2016</td>
</tr>
<tr>
<td>Ratified By:</td>
<td>Nursing and Midwifery Executive Group</td>
</tr>
</tbody>
</table>

1 Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust cares for many patients, including the most vulnerable of individuals. The Trust must provide an appropriate environment for the delivery of high quality safe care, whilst continuously striving to minimise and reduce risk including that of Health Care Acquired Infections (HCAI). The Trust welcomes Visitors and Carers and recognises the importance of patients maintaining relationships with people who are significant to them. The Trust seeks to promote the emotional well-being of patients through access to visiting patterns which facilitate these relationships. This policy seeks to enable a positive patient experience whilst balancing needs for rest, good nutrition, and a safe clean environment.

2 Key Principles

It is recognised that if not well managed visiting can become tiring and disruptive for patients and their care and, therefore a number of key principles are agreed:

i. All Wards will clearly display visiting times at the entrance to the Ward which are in line with this policy.

ii. All Wards will take a flexible approach to visiting with some variation being at the discretion of the Nurse in Charge on an individual basis for those visitors who have long distances to travel, find it difficult to come in during designated visiting times, or where it is in the interest of patient care.

iii. To achieve consistency and equity of access across the patient pathway.

iv. To minimise risk and disruption to patients.

v. To ensure that the roles and responsibility of Carers are recognised and accommodated in the interest of patient care.

vi. To ensure disruption to other patients and visitors is kept to a minimum through the careful management of visiting arrangements at Ward level.

vii. Ensure communication support is provided for any detailed discussions.
3 Scope

This policy applies to all patients, relatives, partners, carers and their families and friends. The policy details arrangements to support specific patient needs in a safe, clean and comforting environment, and should be read in conjunction with the Celebrity Visitors Policy, and the Policy on Animals in Hospital which also provide advice re. Visiting Hospital Premises.

Visitors are asked to respect the following:
- Visiting times
- Infection Prevention and Control guidance
- Equality and diversity
- Privacy and dignity.
- Patient Mealtimes

4 Aims

The policy aims to maintain patient safety and well-being, and through visiting arrangements facilitate the continuity of relationships with people who are important to the patient.

5 Duties (Roles and responsibilities)

5.1 Trust Board

The Nursing and Patient Services Director is accountable to the Trust Board for ensuring Trust wide compliance with the policy.

5.2 Ward Sisters and Matrons

Ward Sisters and Matrons are responsible for ensuring policy implementation and compliance in their area(s) of responsibility.

5.3 All staff

All staff are responsible for complying with the policy.

6 Definitions

There are no terms which need to be defined in this policy.
7 Visiting Times

Visiting times are generally standardised to ensure consistency and to minimise confusion for patients and their visitors, most specifically when they are transferred between Wards.

Visiting access is restricted to allow patients time to receive treatment and care, to recover, rest and eat meals without interruption. Clinical interventions should be minimised as far as possible during visiting times. Visiting times must be displayed at ward entrances. In most areas these are:

- 2pm - 4pm Monday – Friday
- 6pm - 8pm Monday – Friday
- 2pm -8pm Saturday, Sunday and Bank Holidays

Staff need to consider the needs of all patients to maintain privacy and dignity, or ensure a positive mealtime experience, and it is acknowledged that this may be more challenging during weekend extended visiting times. Staff may need to request that visitors leave, or reduce visitor numbers, for short periods whilst delivering direct care, at mealtimes, or for cleaning to take place.

A Visitors Guide is available to help visitors understand the support we can offer and their responsibilities. See Appendix 1.

The Sister / Charge Nurse or Nurse in charge of the Ward has discretion in relation to varying these times and enabling visiting outside of the agreed times for individuals when circumstances dictate. In these circumstances the Nurse in Charge should consider both the needs of the patient, visitor and the ward. Any decisions to grant flexibility should be communicated to all staff and should be consistent in nature. This may relate to:

- A patient receiving palliative care and specific support and care is required.
- Specific circumstances to support a patient, e.g. a vulnerable patient, support with nutrition and meeting personal hygiene needs, as a reasonable adjustment for patient with for example a Learning Disability, Dementia or other special needs.
- Paediatric patients /Transitional Young Adults.
- Facilitating carers to continue to contribute to patient care, (see section 7.2).
7.1 Agreed Local Variations

i. Cherry Burn Unit
   - Visiting from 10am until 8pm all days

ii. Maternity patients
   - All maternity wards allow 3 visitors to a bed or cot.
   - Open visiting for partners throughout maternity and parents on NICU.
   - No children under the age of 16 are permitted in NICU or Maternity unless they are siblings.

iii. Critical Care patients:
   - Visitors permitted based on personal circumstances.
   - Visiting times should reflect the needs of the general patient group of each speciality.
   - Only 2 visitors are to visit the patient’s bed space at any one time.
   - Over stimulation and fatigue should be avoided. Some areas have designated rest periods which must be respected. It is the responsibility of the ward Sister/Charge Nurse via ward staff to communicate these times to visitors.
   - Visiting by children is at the discretion of the Nurse in Charge and decided on an individual basis

iv. Children
   - The Trust recognises the importance of parent/ carer and child relationships but in the interest of safety and infection control visiting by very young children (under 5) should be discussed with the Sister or Charge Nurse. Children must be supervised at all times.

v. Park Suite Open Visiting

7.2 Carers

Flexible visiting has been agreed for carers and young carers to facilitate meeting the needs of patients and carers. (See Working with Carers Guidance). There is a card within the Trust’s Carers Pack which will help facilitate flexible visiting arrangements. The Trust is a signatory to ‘John’s Campaign’ which is focused on ensuring that carers of people with dementia should be able to support their loved ones at whatever time is most helpful to the patient and whatever time is do-able for the carer, and this policy supports these principles. At ward level the nurse in charge of the ward can agree flexible arrangements and should ensure these are communicated to all staff to ensure consistency in approach. Arrangements should be discussed regularly to ensure they are meeting the needs of patients, carers and the ward.
7.3 Disabled Visitors or those with special needs

- Staff will discuss any access or communication needs with patients and visitors and find the best way to accommodate needs.
- Some visitors may need to restrict their visiting because they themselves are vulnerable to infection.

8 Infection Prevention and Control Guidance

In order to minimise the risk of HCAI, staff must ensure that:

- A maximum of 2 people visit at any one time, unless special permission is granted by the ward sister/charge nurse.
- Visitors must not visit if they have an infection e.g. cough, cold, unexplained rash, diarrhoea and/or vomiting. They must be symptom free for 48 hours prior to returning to the ward and must seek advice from the ward Sister/Charge Nurse if unsure.
- Visitors must clean their hands when entering and leaving an adult ward/unit. Alcohol gel or liquid soap and water can be used. Visitors should also be advised to wash hands with soap and water on leaving an isolation area.
- Visitors to any children’s ward/unit must wash their hands with soap and water on entry to and on leaving the ward/unit the ward. (Alcohol hand gel is not available because of the risk it poses to children if misused).
- Visitors must not sit / lie on the bed, they should use the chairs provided.
- Visitors should be discouraged from bringing high risk foods in to hospital; specific dietary requirements should be discussed with the ward Sister/Charge Nurse. See Ward Food Hygiene Policy.
- Visitors must not use the patients’ bathrooms and toilet facilities, unless they are carers with permission to do so.
- Toiletries, tissues, towels etc. must not be shared with other patients.
- Visitors should not touch wounds or medical devices.
- Due to risk of potential contamination in healthcare environment, visitors should be discouraged from attending to other patient’s needs.
- Visitors should avoid, where possible, visiting more than one patient in the hospital during the same visit. Moving from ward to ward can spread infection.
- Visitors may be asked to vacate a bay/room for a short period of time to enable cleaning in areas which have extended visiting times

Occasionally visiting may be further restricted due to an outbreak of infection. In the event of an outbreak, the ward Sister/Charge Nurse must ensure that this is clearly
conveyed by appropriate signage at the entrance of the ward and appropriate Infection Prevention and Control processes are in place for all visitors to follow.

Further visiting restrictions will be implemented for some infections and for post-transplant patient in critical care (Links in associated document section).

9 Privacy and Dignity

The provision of privacy and dignity for patients is an essential aspect of care and a very high priority for the Trust. Visitors must be asked to respect patients’ privacy and dignity at all times. Visitors should be asked to leave the room/bay when necessary.

10 Pets

In very exceptional circumstances pets may be allowed into the clinical area at the discretion of the Nursing in charge of the ward. Staff must refer to the Animals on Hospitals Premises policy and seek advice from the Infection Prevention and Control Team prior to this occurring.

11 Breast Feeding

Women may breast feed where they choose but if they would like a private space there may be a place in the department or alternatively there are breast feeding rooms in following areas:

Royal Victoria Infirmary
- Maternity – Ante Natal Clinic
- New Victoria wing, level 2 Claremont wing entrance
- New Victoria Wing, level one by the reception area

Freeman Hospital
- NCCC/Renal near reception

12 Training

Staff are required to familiarise themselves with this policy at service level induction. Education support is available to staff to help them understand and implement this policy via Clinical Educators.
13 Equality and Diversity

“The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.”

14 Monitoring compliance

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Views</td>
<td>Patient Satisfaction Survey</td>
<td>Matrons</td>
<td>Nursing and Midwifery Executive Group</td>
<td>Annually</td>
</tr>
<tr>
<td>Complaints</td>
<td>Review of complaints received to establish whether there are any trends/themes related to visiting</td>
<td>Matrons</td>
<td>Nursing and Midwifery Executive Group</td>
<td>Annually</td>
</tr>
<tr>
<td>Staff Views</td>
<td>Staff Survey</td>
<td>Matrons</td>
<td>Nursing and Midwifery Executive Group</td>
<td>Annually</td>
</tr>
</tbody>
</table>

15 Consultation and review

This policy has been reviewed by the Nursing and Midwifery Executive, Matrons, the Infection Control and Equality and Diversity Lead. Consultation has taken place at the Matrons Forum.

16 Implementation (including raising awareness)

A summary of the key changes will be notified to Matrons and disseminated through the Matrons Forum.
Awareness will be raised through the Trust Intranet.

17 Associated documentation

Ward Food Hygiene Policy
Viral Haemorrhagic Fever (VHF)/Ebola
Protected Mealtime Policy
Celebrity and VIP Visiting Policy
Working with Carers Guidance (in progress, to follow)
Appendix One

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Visitors Guide

The Trust is committed to creating a culture where all staff, patients and visitors are treated with dignity and respect. We recognise the importance of visiting family and friends while they are in hospital and welcome you to do so. We would like to highlight the following which will help us to make visiting the hospital better for everyone. In order to minimise risks to patients and ensure good patient care we may need to ask you to leave the patient areas during visiting times to enable essential activities to take place.

Thank you, Helen Lamont, Nursing and Patient Services Director

Please note

Visiting times on most wards are 2-4pm and 6-8pm Monday to Friday and 2-8pm Saturday and Sunday. We know there are occasions when people want to visit outside of these hours, please speak to the nurse in charge if you need to visit at other times.

Allocate one person to contact us for updates on your friend/relative. This helps us to dedicate more time to caring for patients.

If you wish to bring a child to visit, first please check with the Nurse in Charge as there are risks associated with children visiting. Children must be supervised at all times.

Respect the privacy and dignity of all patients – you may be asked to leave the ward if necessary, for example, if a patient needs attention or to enable cleaning.

Feel free to tell the staff about anything that may help us look after the patient, for example if they have any communication needs or individual concerns, or you are worried about them. We have a HELP protocol if you need to escalate concerns or feel you are not being heard.

Avoid using mobile phones in the clinical areas. If you use a phone, put your phone on silent mode and avoid loud conversations.

If you take photographs or make any recordings, you must not include any other patients or staff.

Staff giving direct care should be bare below the elbows having removed watches and stoned rings, it’s ok for you to remind staff of this if this is not the case.

Please Do

Wash or gel your hands when you enter and leave the ward. It’s Ok to ask a member of staff if they have cleaned their hands.

Discuss with the Nurse in Charge if you plan to bring in any food for the patient.

Let us know if you have a disability or specific need that we can help you with.

Let us know if you need breast feeding facilities.

Respect our values and behaviours and treat our staff with respect. We have a zero tolerance of violence and aggression.

Please Do Not

Visit if you have an infection e.g. cough, cold, rash, diarrhoea and/or vomiting. You must be symptom free for 48 hours before visiting.

Have more than two visitors maximum at any time. Stagger the visitors if possible to avoid overcrowding.

Sit or lie on the patient’s bed. Use the chairs provided and replace them after use.

Use the patients’ toilet. Public toilets are available throughout the hospital.

Touch wounds or medical equipment.

Use inappropriate language or behaviour which may cause offence or distress to others.

Wear heavily soiled or dusty clothing.

We welcome all feedback and use it to improve our patient experience “Take 2 Minutes to tell us what you think” fill in a card or email us on Patient.Relations@nuth.nhs.uk.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 09/05/2016

2. **Name of policy / strategy / service:**
   - Visitors Policy

3. **Name and designation of Author:**
   - Frances Blackburn; Head of Nursing, Freeman

4. **Names & Designations of those involved in the impact analysis screening process:**
   - Lucy Hall E&D Lead, Sue Cook Matron, Diane Henaghan; Matron

5. **Is this a:**
   - Policy  X  Strategy  □  Service  □
   - Is this:
     - New  □
     - Revised  X

   **Who is affected:**
   - Employees  X
   - Service Users  □
   - Wider Community  X

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*

   The policy aims to maintain patient safety and well-being, and through visiting arrangements facilitate the continuity of relationships with people who are important to the patient.
7. Does this policy, strategy, or service have any equality implications? Yes x  □    No □
   These have been addressed through the policy
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups related to this policy/service/strategy – please refer to the Equality Evidence (available via the intranet Click A-Z; E for Equality and Diversity. Summary on front page and more detailed information in resources section)</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance equal opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
</table>
| Race / Ethnic origin (including gypsies and travellers) | Provision of Interpreting service  
E&D Training for staff  
Links with 3rd sector organisations  
PALS service to support patients with any concerns | Lack of communication and cultural understanding can contribute to misunderstanding about visiting procedures.  
Communication support is highlighted in the policy | Staff awareness in relation to cultural issues may prevent tension arising in relation to visiting. |
| Sex (male/ female) | The policy includes information about maintaining privacy and dignity of patients. This is particularly relevant when visitors of the opposite sex are visiting a patient area.  
E&D Training for staff | No | No |
<p>| Religion and Belief | There may be religious issues in relation to visiting especially in relation to end of | No | Staff awareness in relation to religious needs may prevent |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Staff Support</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Care</td>
<td>This is considered in the policy. Chaplaincy is available to relatives/carers and visitors who would like spiritual support or are in distress. Chaplaincy can support staff in relation to information about religious needs. E&amp;D Training for staff</td>
<td></td>
<td>Tension arising in relation to visiting</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Stonewall Health Care Champion status E&amp;D Training for staff</td>
<td>Partners of LGB people are not always sure that they are welcome. <strong>Partners are referred to in the policy</strong></td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Open visiting on children’s areas. You’re Welcome Accreditation for children and young people’s services. Dementia friendly environments and training PALS service to support patients with any concerns E&amp;D Training for staff</td>
<td>Patients with Dementia and mental health needs may benefit from the continuity of family/carer support. <strong>Included in the policy</strong></td>
<td>Staff awareness in relation to the needs of patients with Dementia may prevent tension arising in relation to visiting</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Provision of BSL Signers and Deaf Blind Guides. LD Liaison Nurse The policy specifically includes consideration of patients with a Learning Disability Carers are considered within the scope of the policy PALS service to support patients with any concerns E&amp;D Training for staff</td>
<td>Lack of communication can contribute to misunderstanding about visiting procedures. <strong>Communication support is highlighted in the policy</strong> Some visitors may have specific access needs. <strong>Added to the policy</strong> Flexible visiting has been agreed for carers and added to the policy</td>
<td>Staff awareness of Working with Carers’ Guidance</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>PALS service to support patients with any concerns E&amp;D Training for staff</td>
<td>Partners of Trans people are not always sure that they are welcome.</td>
<td>No</td>
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<tr>
<td><strong>Marriage and Civil Partnership</strong></td>
<td>E&amp;D Training for staff</td>
<td>Partners of Trans people are not always sure that they are welcome. <strong>Partners have been added to the policy</strong></td>
<td>No</td>
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<tr>
<td><strong>Maternity / Pregnancy</strong></td>
<td>Birth partners are welcome to stay with a woman during labour. E&amp;D Training for staff</td>
<td>Policy refers to dads. <strong>Partners have been added to the policy</strong></td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Are there any gaps in the evidence outlined above. If ‘yes’ how will these be rectified ?**

   No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

   Do you require further engagement  
   **No**

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)**

   The right to a family life has been balanced with the rights of patients in respect of privacy and dignity
(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)