



Public – To be published on the Trust external website

Title: Visiting Policy (Inpatients)

Ref: CLIN-0056-v3.1

Status: Ratified

Document type: Policy

Contents

1	Introduction	3
2	Why we need this policy	3
2.1	Purpose	3
2.2	Objectives.....	3
3	Scope.....	4
3.1	Who this policy applies to	4
3.2	Roles and responsibilities.....	4
4	Policy.....	5
4.1	Family/friends visiting individual service users	5
4.1.1	Restriction or exclusion on clinical grounds	5
4.1.2	Exclusion of visitors.....	6
4.1.3	On arrival at the ward/department.....	6
4.1.4	Visits to secure units	6
4.2	Official visits to individual service users.....	7
4.3	Official visits to the ward/department.....	7
4.3.1	Planning the visit.....	7
4.3.2	During the visit	8
4.4	Visits for repair and maintenance	8
5	Following any visit	8
6	Managing multiple visits or longer-term relationships with official visitors	8
7	Definitions.....	9
8	Related documents	9
9	How this policy will be implemented	9
10	How this policy will be monitored.....	10
11	References	10
12	Document control (external).....	11
	Appendix 1 - Equality Analysis Screening Form	13
	Appendix 2 – Approval checklist.....	16

1 Introduction

Our sites can be visited for many reasons – to see family or friends, for maintenance work or official openings and other positive events which help us profile our services. Regardless of the purpose of the visit, we must continue to protect the safety and security, as well as the privacy and dignity, of service users, families, carers and staff.

This policy is critical to the delivery of Our Journey to Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals as follows:

This policy supports the trust to co- create a great experience for all patients, carers and families from its diverse population by supporting the safety, privacy and dignity of our patients whilst in our care.

This policy supports the trust to co-create a great experience for our colleagues by creating safe environments to work within.

This policy supports the trust to be a great partner by ensuring visiting is safe for carers and for patients' families.

2 Why we need this policy

We have a responsibility to maintain the safety, privacy and dignity of service users during visiting and ensure a safe environment for service users and visitors. We also recognise the need to ensure all such visits do not have a detrimental effect on our clinical care.

The 2015 *Lessons learnt* report included a requirement for all NHS trusts to ensure that they have policies in place for agreeing and managing all visits by celebrities, VIPs and other official visitors, and for this to apply without exception.

2.1 Purpose

This policy aims to ensure there is no risk to the safety and security of patients and staff arising from any visit to our premises by invited visitors such as families, friends, maintenance workers, solicitors, police, VIPs, celebrities or media representatives.

All official visits to the Trust must be approved and managed in accordance with this policy.

2.2 Objectives

- To maintain service users' safety, privacy and dignity during visiting.
- To ensure that approved official visitors are always accompanied throughout their visit to the Trust, especially where there is a possibility of contact with lone staff or vulnerable service users/visitors.

3 Scope

3.1 Who this policy applies to

This policy applies to:

- people visiting friends or family members in hospital;
- volunteers or contractors;
- official visits by solicitors or the police;
- official visits by VIPs, celebrities or media representatives.



The Trust's Forensic services have additional supporting operational policies for managing visitors and this policy should be read in conjunction with those documents as appropriate.

3.2 Roles and responsibilities

Role	Responsibility
Managing Director	<ul style="list-style-type: none"> • Ensuring that this policy is implemented
General Managers/Service Managers/Modern Matrons	<ul style="list-style-type: none"> • Ensuring staff are aware of this policy and that it is implemented in their areas. • Taking appropriate action if the policy has not been adhered to.
Head of Communications	<ul style="list-style-type: none"> • Maintaining the Trust register of approved official visitors. • Approving VIP visit requests, in consultation with the Executive Directors Meeting (ED). • Ensuring approved VIP visits are handled effectively and responsibly. • Briefing ED and other internal and external stakeholders, as appropriate, on approved VIP visits and their potential impact
Director of Nursing and Governance	<ul style="list-style-type: none"> • Provides advice on patient safety (relating to VIP visits)
All staff	<ul style="list-style-type: none"> • Complying with this policy

4 Policy



All wards and departments must clearly display their visiting times.

Visitors should be encouraged to read the Tees, Esk and Wear Valleys NHS Trust's information booklet.

For visits by children and young people (this refers to any person under the age of 18 years) refer to the Trust's Child Visiting Policy.

4.1 Family/friends visiting individual service users

Visiting times to wards and departments reflect the therapeutic needs of the individual service user. Sometimes individual circumstances will arise which make these times unsuitable. In these cases, visiting times may take place outside normal hours at the discretion of the nurse in charge.

Visits might sometimes be supervised. All parties concerned will be informed accordingly. These may include visits relating to children or visiting in secure facilities.

4.1.1 Restriction or exclusion on clinical grounds

From time to time, the patient's responsible clinician may decide, after assessment and discussion with the multi-disciplinary team, that some visits could be detrimental to the safety or wellbeing of the patient, the visitor, other patients or staff on the ward. In these circumstances, the responsible clinician may make special arrangements for the visit, impose reasonable conditions or, if necessary, exclude the visitor.

Due to our obligations to try and maintain face to face contact for individual patients and their families/carers, we would always attempt to ensure that least restrictive action / arrangement is taken to ensure that patients still get to have face to face visits albeit in a controlled, supervised etc. environment if needed.

In addition, where face to face options are not possible, other alternatives would be explored i.e., virtual, phone calls etc. to ensure that contact with families/carers was still maintained where appropriate and possible.

In any of these cases, the reasons for the restriction should be recorded and explained to the patient and the visitor, both verbally and in writing (subject to the normal considerations of patient confidentiality and accessibility of information). Wherever possible, 24-hour notice should be given of this decision.

A decision to exclude a visitor on the grounds of their behaviour should be fully documented and explained to the patient verbally and in writing. Where possible and appropriate, the reason for the decision should be communicated to the person being excluded (subject to the normal considerations of patient confidentiality and any overriding security concerns).

Wherever possible and/or appropriate, the patient and the patient's family should be consulted with and be part of the decision-making process with regards to any restrictions that need to be made.

4.1.2 Exclusion of visitors

It may sometimes be necessary to exclude visitors. This would normally be on the following grounds:

- There is national and/or local guidance in place which would deem visiting to be not appropriate, such as guidance during a pandemic.
- The clinical team deems the visit inappropriate. This should happen only after full discussion with the service user's multi-disciplinary team;
- The senior nurse in charge of the ward considers that the visit would be detrimental to the service user;
- Visitors display destructive/disruptive behaviour, unacceptable aggression;
- Visitors attempt to smuggle weapons, drugs or alcohol onto the unit;
- Visitors' safety will be compromised e.g. incitement to abscond, transfer of weapons;
- Service users have requested not to see them;
- Visitors are intoxicated;
- There are known risks with the visitor which could place the service user, or other inpatients/visitors at risk;
- If the visitor is thought to be under 18 years old, their age must be confirmed. If under 18 years old the child visiting policy must be followed. If staff consider the visitor to be under 18 years, they should not let the visit go ahead until the age of the visitor has been confirmed.
- That the number of visitors for each patient is in accordance with NHS best practice guidance. This recommends that the number of visitors for each patient at each visit is restricted, typically to no more than two people for one patient at any one time [www.nhs.uk]

Any exclusion should be documented in the service user's PARIS record. The service user and visitor should receive a full explanation of the decision, both verbally and in writing.

Article 8 of the Human Rights Act 1998 (the right to private life, family life, home and correspondence) places a duty on the Trust to support patients to maintain contact with their families. If this right is to be restricted for an individual patient it must be lawful (there must be a law that allows us to do so) and for a legitimate purpose (e.g. for the protection of the individual) and proportionate (the least restrictive option available).

4.1.3 On arrival at the ward/department

We ask visitors to report to a member of the ward staff and to adhere to all local guidelines during their visit.

4.1.4 Visits to secure units

Visits to the Trust's secure units have additional security implications for both visitors and service users. Visitors should abide by these local policies and protocols.

Visitors to secure units will be provided with alarms.

4.2 Official visits to individual service users

Except in special circumstances, official visits by solicitors, police etc. will be by appointment only and a risk assessment must be carried out.

All official visitors must produce a valid form of identification.

Service users should be allowed privacy during interviews with their official visitor.



If the nurse in charge considers the visitor to be at risk as a result of the risk assessment, it may be necessary to ensure that visitors are accompanied by a staff member throughout the duration of the visit.

Should this be declined, it should be reported and documented immediately.

All official visits to patients will be recorded on PARIS.

4.3 Official visits to the ward/department

4.3.1 Planning the visit

All requests from outside of the Trust for an approved visit must be made to the communications team (email tewv.enquiries@nhs.net).

Any member of staff/team or department wishing to arrange a visit must first contact the Trust's communications team to gain approval.

All affected service users will be informed of pending official visits and their views taken into consideration

Before granting approval, consideration will be given to:

- Service user and staff needs and interests, taking account of the capacity of service users to consent to the visit
- Assessment of any risks associated with the visit
- Timing
- Venue
- Clinical issues
- Conflicts of interest

The head of communications (or deputy) will discuss with the relevant ED member and approve or decline the request.

On approval, the communications team will work with the relevant clinical lead and/or director/Head of Service to make [arrangements for the visit](#) including mapping out the approved programme of events. This will include making sure the relevant consent for [photos and other person identifiable information](#) is obtained.

4.3.2 During the visit

On arrival, approved official visitors will be met by a nominated member of staff (e.g. manager, clinical lead, executive director, member of the communications team).



Approved official visitors must be accompanied at all times by a member of staff.

During the visit, the approved programme, agreed security arrangements and consent for person identifiable images and information should be strictly adhered to; all visitors must adhere to the appropriate ward protocols as directed by the clinical lead for that ward or location.

4.4 Visits for repair and maintenance

All work where possible should be arranged in advance with the Nurse in Charge to allow work to be done at the most suitable time for ward activities.

Maintenance workers must show identification to ward staff on arrival before admittance and should all be made aware of Trust expectations in relation to their duty to maintain confidentiality if they are exposed to (directly or indirectly) sensitive information.

Within patient areas, it may be necessary to chaperone maintenance workers or alter the observation status of individual service users.

Maintenance workers should be advised to bring the least number of tools required for carrying out the task.

The ward staff must ensure that the environment is safe and secure, for works to be completed, before and during any maintenance work is being carried out.

In the event of the work not being completed in one visit to the ward or area, it must be made safe to the satisfaction of the Nurse in Charge before the maintenance workers leave the area.

5 Following any visit

If a member of staff or visitor has witnessed inappropriate behaviour during a visit or wishes to raise a concern they should do so through the usual channels and/or in line with Trust safeguarding policies.

6 Managing multiple visits or longer-term relationships with official visitors

Where official visitors have a longer-term or ongoing relationship with the Trust, it will also be important to involve the human resources department to ascertain local appointment

processes and what checks might be required in line with any legal requirements, such as criminal record and barring checks through the Disclosure and Barring Service (DBS).

7 Definitions

Term	Definition
Approved official visitors	VIPs (e.g. members of parliament, members of the Royal family, other dignitaries), celebrities (e.g. famous/high profile people from TV, film or music) and media representatives (e.g. journalists, photographers and camera crews) who have been approved to be on hospital premises for an official purpose.

8 Related documents

[Consent for the use of service user and carer identifiable images and information in Trust promotional material or information procedure](#)

[Safeguarding adults policy](#)

[Safeguarding children policy](#)

Ridgeway Operational Policy for visitors

[Security procedure](#)

[Child visiting policy](#)

Management of Alcohol and Drug use by Service Users or Visitors on Trust Premises

Health and Safety Policy

Visitor Guidance Covid-19

9 How this policy will be implemented

- This policy will be published on the Trust's intranet and external website.
- Line managers will disseminate this policy to all Trust employees through a line management briefing.

10 How this policy will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Log of Approved Visitors/Visits	Monthly Written record Communications Team	Care Group Board
2	Complaints – in relation to visiting and/or restrictions	Monthly Written record Ward/Unit Managers	Care Group Governance Board

11 References

Lampard, K and Marsden, E. (2015) Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf

[MHA Code of Practice \(1983\) Department of Health, 2015](#)

<https://www.nhs.uk/nhs-services/hospitals/going-into-hospital/visiting-someone-in-hospital/>

[NHS England Accessible Information Standard](#)

12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	14 December 2022
Next review date	14 December 2025
This document replaces	CLIN-0056-v3 Visiting Policy (General)
This document was approved by	Executive Directors Meeting
This document was approved	14 December 2022
This document was ratified by	Executive Directors Meeting
This document was ratified	14 December 2022
An equality analysis was completed on this policy on	03 May 2022
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v3.1	14 Dec 2022	<p>Full review with minor amendments*:</p> <ul style="list-style-type: none"> • Transfer to new policy template • Added line at 4.1.2 re additional restrictions due to local/national guidance e.g. pandemic • Added information regarding least restrictive practices and offering options to face to face visits • Added reference at 8 re Visitor Guidance Covid-19 <p>Arising from discussion at Management Group on 21 September 2022 and further feedback:</p> <ul style="list-style-type: none"> • Change name of document to "Visiting Policy – Inpatients" • Throughout document – amended 'orally' to 'verbally' 	Ratified

		<ul style="list-style-type: none"> • Section 3.2 – updated job titles • Section 4.1.1 – added paragraph re least restrictions, virtual contact and consulting with patient and family/carers • Section 4.1.1 – added and accessibility of information • Section 4.1.2 Exclusion of visitors amended to reflect NHS best practice guidance • Section 4.1.2 – added both verbally and in writing • Section 4.4 Visits for repair and maintenance – minor wording amendment • Section 11 References added <ul style="list-style-type: none"> ○ Visiting best practice ○ NHS England Accessible Information Standard • Updated references to executive groups to reflect restructure <p>*submitted to Management Group on 21 September 2022</p>	
--	--	--	--

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Trustwide services - excluding Forensic services
Title	CLIN-0056-v3.1 Visiting Policy - Inpatients
Type	Policy
Geographical area covered	Full geographical area of Trust
Aims and objectives	This policy aims to ensure there is no risk to the safety and security of patients and staff arising from any visit to our premises by invited visitors such as families, friends, maintenance workers, solicitors, police, VIPs, celebrities or media representatives.
Start date of Equality Analysis Screening	29 April 2022
End date of Equality Analysis Screening	03 May 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Trust employees, patients, carers, contractors, volunteers and the organisation as a whole.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Veterans (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	<p>Where restrictions or exclusion on clinical grounds are required – We would always consider Article 8 of the Human Rights Act – ‘Right to respect for private and family life’ and the individual patient’s right to regular face to face contact with family. Assessments would be made on an individual basis and where it is possible / appropriate we would always attempt to explore and put in place the least restrictive action / arrangement to ensure that the patient can still maintain contact with family / partners they would like to see whilst also maintaining their safety and the safety of others.</p>
Describe any positive impacts	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Legislation, findings of investigations

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	No
If you answered Yes above, describe the engagement and involvement that has taken place	
If you answered No above, describe future plans that you may have to engage and involve people from different groups	We plan to work with the Trust's PPI Team going forward to allow for the policy to go through a period of consultation.

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	N/A	
	Are training needs included in the document?	N/A	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	