Policy:
NP 018 Visitors

Executive Director lead	Executive Director of Nursing and Professions
Author/Lead	Matron – Acute In-patient Services
Feedback on implementation to	Matron – Acute In-patient Services

Date of draft	June 2022
Consultation period	April 2022 – June 2022
Date of amendment	June 2022
Date of ratification	10 August 2022
Ratified by	QAC
Date of issue	August 2022
Date for review	June 2023

Target audience	All SHSCFT staff including staff seconded into or working in SHSCFT services, volunteers, Governors, and the Board of Directors

Policy version and advice on availability and storage

Version 2 – Amended June 2022 to include information relating to the Human Rights Act, Mental Health Act Code of Practice, Safeguarding amendments, reference to the Smoke Free Policy and a review of all local Standard Operating Procedures within the appendices. The appendix now includes a Standard Operating Procedure for visits to PICU – Endcliffe Ward.

Version 1.1 - Amended October 2018 to include the Standard Operating Procedure for VIP/Celebrity Visits to the Appendices and to change the Author/Lead from Eva Rix to Diane Barker.

Version 1 Previous policy date May 2016.

This policy is available on the Trust's intranet and website.

Contents:

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1. **Introduction**

1.1 This policy has been prepared following the recommendations from the Metropolitan Police Service investigation" Operation Yew Tree" (October 2012) and the subsequent Independent Oversight of NHS and Department of Health Investigations into matters related to Jimmy Savile (Kate Lampard June 2014 updated February 2015).

1.2 It is recognised that admission to hospital or a residential care facility is very stressful, and people can quickly feel isolated from their family and friends. Visiting people in hospital/residential care is an integral part of health and social care and can promote the service users' well-being. It is important that service users can maintain contact with family, friends, or anyone else they wish to see for the duration of their stay in hospital.

1.3 This policy does place a focus on visitors to the five specialist in-patient areas, acute services, dementia services, learning disabilities services, forensic services, rehabilitation services and the three nursing homes. This policy will apply wherever there are service users present e.g., Community Team bases, Trust headquarters, day services. Please note this list is not exhaustive.

1.4 Due to the complexity of services within inpatient areas of the Trust, visiting procedures may differ.

1.5 Will ensure that a Standard Operating Procedure (SOP) is in place which has a consistent approach across all areas. The SOP will meet the needs of the specific areas that reflect best practice, to promote the concept of patient and family-centered care and incorporate all relevant Infection Prevention and Control and Safeguarding principles to maintain the safety of service users.

1.6 It is not practical to have open access to inpatient areas as this will pose a security problem and could also be disruptive to other service users; however, visiting will be accommodated wherever possible if this meets the needs of the service user at that time.

1.7 Within the Mental Health (MH) and Learning Disability (LD) Services, legal requirements have to be met regarding service users, both informal and detained, being visited by children. This policy does not cover these requirements. Refer to the Trust's Visits by Children to Inpatient or Residential Care Settings Policy for further guidance.

1.8 Of the 16 Articles covered by the Human Rights Act, the most relevant to the visiting policy is Article 8, which is; Respect for private and family life, home and correspondence. Broadly, this can be defined as a person's right to autonomy. This is the right to have one's body and mind respected and the ability to make decisions and

choices for oneself and includes the right of a person to maintain relationships with others (friends, partners) and their ability to participate in their community as they define it. In conducting their relationships, a person has the right to do so without their interactions being interfered with or observed by state authorities and its agents (for example staff from SHSC). A person's right to family life relates not only to blood relatives and partners but also to chosen families. This right to conduct personal relationships is especially important in their home. A person's right to home life is defined as enjoying the right to live peacefully in their current home - which can include care homes and wards. People have the right to privacy in their correspondence (letters, phone calls, emails, social media etc.) without the state and its agents interfering or intercepting such correspondence. Thus, visits from and maintaining contact with family, friends, community, and support networks are protected by Article 8, and must be respected and protected by SHSC Trust staff.

Article 8 is a qualified right. This means that in some circumstances interferences and limitations to this right can be applied - so long as those limits are:

- Lawful: This means that there is a legal basis that enables the Trust to impose a limit /restriction on a person's Article 8 rights. For example, via the Mental Health Act or Mental Capacity Act.
- Justified: This means that there is a reason that justifies a restriction being imposed, such as security, public safety, to protect health or morals, to prevent disorder or crime, and /or to protect the rights and freedoms of other people. For example, to protect from the risk of infectious disease, or to protect against a risk to harm or exploitation from another.
- Proportionate: This means that there needs to be a reasonable link between the restriction applied and the justification for its imposition.
- Least restrictive. This means that any restriction imposed must be the absolute minimum possible, applied for the shortest duration possible.

Where human rights issues are engaged and restrictions imposed, the above should be considered in clinical documentation and /or care plans. Where restrictions are imposed patients and their networks should be consulted as much as possible about the restriction and the decision to impose restrictions discussed and explained to them by staff.

2. **Scope**

This policy is applicable in all inpatient and non-inpatient areas across Sheffield Health & Social Care Foundation Trust.
It is NOT applicable for Children Visiting Mental Health or Learning Disability in patient/residential areas (refer to 1.7).

3. **Purpose**

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3.1 Facilitate appropriate visiting arrangements for people in residential facilities enabling them to keep in contact with family and friends.

3.2 Enable staff to manage the ward or care environment and care safely and efficiently whilst balancing the therapeutic and social needs of service users and maintaining privacy and dignity.

3.3 Promote good Infection Prevention and Control practices.

3.4 Promote the 6 principles of Adult Safeguarding and ensure any visits by children and young people are in their best interests.

4. **Definitions**

There are no specific definitions within this section, any explanation is contained within the body of the policy.

5. **Duties**

5.1 **Board of Directors**
It is the responsibility of the Board of Directors to ensure policies and procedures are in place which meet local and national legislation and support best practice. The Executive Director with Lead responsibility for this policy is the Chief Operating Officer.

5.2 **Service Managers**

It is the responsibility of Service Managers and those in equivalent roles to:

5.2.1 Disseminate this policy to Ward Managers/Team Leaders

5.2.2 Oversee the implementation of the policy

5.2.3 Monitor compliance with the content of the policy

5.2.4 Ensure that all areas have a mechanism for logging entry and egress from services for all visitors

5.3 **Ward managers/nurse/person in charge**

The ward manager/nurse in charge is responsible for:

5.3.1 Staff in their areas being aware of the content of the policy.

5.3.2 Using their discretion, in the best interests of the service user for whom they are caring, in relation to visiting

5.3.3 Having information on visiting times

5.3.4 Maintaining a safe environment

5.3.5 Reporting any accident/incidents involving visitors

5.3.6 Completing any Incident Reporting Forms

5.3.7 Notifying the area's Senior Nurse in the specific area, at the earliest opportunity of any concerns relating to visiting or visitors

5.4 Staff working within Nursing Homes

Staff working within Nursing Homes will be responsible for:

5.4.1 Having an awareness of this policy and its content.

5.4.2 The implementation of this policy

5.4.3 Maintaining the privacy and dignity of service users

5.4.4 The health and safety of any visitors to the area

5.4.5 Reporting any incidents involving visitors to the ward manager/nurse (person) in charge

5.4.6 Ensuring that all visitors are informed of the need to log their own entry and egress to the service

5.5 All Staff

Must ensure that compliance with the Visitors' Policy and any associated local procedures. All incidents involving or observed by staff must be reported in accordance with the Incident Reporting Policy. Heads of Service (and equivalent) are responsible for ensuring that the necessary health and safety requirements are incorporated within the local visitors' guidelines and procedures. In addition, they are also responsible for monitoring of visitors in line with the Trust's policies and procedures.

All staff have a duty to protect, respect and fulfil the human rights of service users according to the Human Rights Act 1998 (HRA). Furthermore, all policy and practice must be compatible with the HRA.

6   Procedures

6.1. All health and social care professionals will treat visitors with courtesy and respect at all times. In return it is expected that staff and service users are treated with the same respect and courtesy by visitors.

6.2 Visiting arrangement information must be provided either on admission or as soon as is practical to the service user and any visitors. This information can be provided verbally and supported by signs and information leaflets/booklets.

6.3 If a visitor is presenting anti-social behaviour, creating a nuisance, or is verbally aggressive, the staff must consider asking them to leave to maintain the safety of the therapeutic environment of the unit.

6.4 Staff should consider at times of stress and concern; people exhibit frustrations in a number of ways. It may be beneficial to explore these concerns by talking privately, showing empathy, and considering allowing the visitor to remain if the service user would also benefit from a longer stay. Consider action to move the service user and visitors to another location where the behaviour can be managed and de-escalated.

6.5 However, if there are no clear reasons for the anti-social, nuisance or aggressive behaviour then the visitor must be asked to leave.

6.6 Refusal of access, and/or asking visitors to leave can occur in the following situations;

6.6.1 There are two principal grounds which could justify the restriction or exclusion of a visitor: clinical grounds and security grounds.

6.6.2 The decision to prohibit a visit by any person whom the patient has requested to visit or has agreed to see should be regarded as a serious interference with the rights of the patient and a blanket restriction may be considered a breach of their article 8 rights. There may be circumstances when a visitor has to be excluded, but these instances should be exceptional, and any decision should be taken only after other means to deal with the problem have been considered and (where appropriate) tried.

6.6.3 Any such decision should be fully documented and include the reasons for the exclusion, and it should be made available for independent scrutiny by the CQC or service commissioner and explained to the patient.

6.6.4 Hospital managers should review the effect on the patient of any decision to restrict visits. These policies should be risk-based and not impose blanket restrictions, e.g. no visitors for the first four weeks after admission.

Restriction or exclusion on clinical grounds

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

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Restriction or exclusion on security grounds

6.6.6   The behaviour of a particular visitor may be disruptive, or may have been disruptive in the past, to the degree that exclusion from the hospital is necessary as a last resort. Examples of such behaviour include:
• incitement to abscond
• smuggling of illicit drugs or alcohol into the hospital or unit
• transfer of potential weapons
• unacceptable aggression, and
• attempts by members of the media to gain unauthorised access.

6.6.7   A decision to exclude a visitor on the grounds of their behaviour should be fully documented and explained to the patient orally 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).

Monitoring by hospital managers

6.6.8   Hospital managers should regularly monitor the exclusion from the hospital of visitors to detained patients.

6.6.9   Restricting visitors to informal patients who lack capacity to decide whether to remain in hospital could amount to or contribute to an unlawful deprivation of liberty or a breach of the individual's human rights. It may indicate that a deprivation of liberty (DoL) authorisation or Court of Protection order under the deprivation of liberty safeguards of the Mental Capacity Act (MCA) may need to be sought, or formal admission under the Act.

6.7 All incidents of verbal abuse or physical violence directed towards staff by visitors is unacceptable and must be reported to the Police. Where it is considered that the physical security measures of the premises or procedural arrangements to address or mitigate the identified risks require review, staff should liaise with the Trust Security Officer for advice and support.

6.8 When asking someone to leave the Trust site, staff must;

6.8.1 Not place themselves at risk when asking a visitor to leave
6.8.2 Report the situation to the manager or on call manager
6.8.3 Ensure that staff are accompanied by another member of staff when approaching the visitor
6.8.4 Politely outline the behaviour which is not acceptable and ask the visitor to leave
6.8.5 Contact the police if the visitor's behaviour becomes hostile and aggressive
6.8.6 Not attempt to eject the aggressive visitor, once they refuse to leave

6.9 Once the visitor has left staff must:
6.9.1   Discuss the incident with the service user
6.9.2   Complete an incident form (including an incident form under the Incident type: Mental Health Legislation, Cause group: Other – MH Legislation, and Cause 1 – Visiting Refused/Restricted)
6.9.3   Inform their manager and the on-call manager if out of hours

6.9.4 Make an entry in the service user's notes

6.9.5 Discuss the management process for future visits at the next MDT, or sooner if required

6.10 If the unit/ward managers agree to restrict access for the visitor, this requires discussion with the Trust Local Security Management Service (LSMS). Currently this is the Trust Fire and Security Officer, to ensure that a suitable and legal process has been followed.

6.11 In cases where visitors may experience difficulty visiting within agreed visiting times, perhaps due to distance to travel to the unit, their individual requirements should be accommodated, where it is reasonably possible.

6.12   When a service user's condition or terminal illness gives rise for concern staff will use their discretion and be flexible with regard to visiting arrangements.

6.13 In some service areas e.g., inpatient units for people with dementia, it is recognised that family members and close friends are often closely and directly involved in the planning and delivery of care. When appropriate, flexible visiting arrangements will be agreed locally to support and encourage this involvement.

6.14 Areas to which visitors have access should be clearly sign posted, and access is at the discretion of the multi-disciplinary team. To allow for the privacy of other service users it is not desirable that visitors are given free access to any communal sleeping/bedroom areas.

6.15 Where the service user is in a single bedroom access to visitors will be at the discretion of the ward Multi-Disciplinary Team.

6.16 Under no circumstances is a visitor to have access to the area's clinical room.

6.17   It must be explained to visitors that the service user they are visiting must not be taken off the area/ward without discussion and agreement of staff.

6.18 Visiting celebrity/high profile person/fundraiser/member of parliament (MP) or local elected members.

6.18.1 Any celebrity/high profile person/fundraiser/MP or elected Member who requests to visit inpatient/residential areas will be directed by Trust staff to the Trusts Communications Department.

6.18.2   The Communication Department will organise and facilitate any appropriate visits in collaboration with the directorate concerned, having considered issues, regarding, respect, dignity and service user consent and the structure of the visit and any publicity arising out of the visit.

6.18.3   Celebrity/high profile/fundraising/MP or elected members and similar visitors will   be   accompanied   at   all   times   and   should   not   have   access   to

treatment/bathroom/bedroom areas or observe any intimate care.

6.18.4 Unexpected celebrity high profile/fundraising/MP or elected members and similar visitors who attend an area without prior arrangement and not in the capacity of visiting a specific service user as a friend or relative will not be granted access to any of the service user areas and will be advised that a visit must be officially organised via the Trust's Communications Department.

6.18.5 Visits should be arranged in line with 'purdah' Guidance (guidance on the conduct of civil servants in the pre-elections period).

6.19 Children Visiting (Please see the Trust's Visits by Children to Inpatient or Residential Care Settings Policy)

6.19.1 In areas where the visiting of children is supported:
- Children must be supervised at all times by the adult who accompanies them.
- Children will not be permitted into the patient's bedroom and designated child visiting locations, which are available on each service area, should be utilised.
- Staff reserve the right to ask that children be removed if they are found in bedroom spaces or clinical areas.
- Trust staff will not supervise children on behalf of the adults attending any Trust areas.

6.20 Volunteers

6.20.1 Please see the Trust's Volunteer Policy for further guidance.

6.21 Visiting pets and animals in Trust premises.

6.21.1 Domestic pet animals can enhance the quality of life for many people. However, animals can carry infections such as MRSA, psittacosis and Salmonella which can occasionally be transmitted to humans, particularly people who are immune-suppressed or who have other health problems. Some animals may also be difficult to control and may pose risks to patients due to their behaviour.

6.21.2 To minimise the risk to service users who are receiving care, domestic pets are not allowed on Trust premises. The definition of pets includes all warm and cold blooded species including dogs, cats, lizards, snakes, fish, birds and insects.

6.21.3 The only exceptions to this rule are guide dogs for the blind, hearing dogs for the deaf, dogs trained to help people with conditions such as epilepsy and autism, and dogs/cats which belong to the Pets as Therapy (PAT) scheme. These animals are not excluded from the Trust premises because they are recognised as providing substantial benefits to service users.

6.21.4 This guidance describes the infection control advice governing the visiting of

guide dogs for the blind, hearing dogs, dogs trained to help people with conditions such as epilepsy and autism and PAT animals.

6.22 Pets as Therapy (PAT) animals and Guide Dogs

6.22.1 All cats and dogs used by the PAT organisation will have a record detailing their vaccinations, visits to the vet and state of health. This helps to minimise the risk of the animal harbouring an infection which could be transmitted to service users. A copy of the animal's health record should be available on request. PAT animals are also temperament assessed, fully wormed, and covered by the PAT insurance scheme.

6.22.2 All visits must be pre-arranged with the area/unit/ward and any PAT animal visiting a clinical area should be accompanied at all times, by its registered owner. However, if the circumstances on the ward/unit/area have changed since the visit was arranged, the person in charge of the area will determine whether the PAT animal will be allowed into the area and whether any conditions or restrictions are necessary.

6.22.3 When a PAT animal, guide dog or assistance dog visits the Trust premises, the following procedures must be adhered to:

- The staff member arranging the visit must ensure that consideration is given to how the pet/assistance dog will access the ward/unit/area to ensure service user and public safety in general areas.

- Staff and service users must wash their hands before and after handling the animal.

- The animal must be properly supervised by its owner at all times.

- Staff must identify whether there are immuno-suppressed or otherwise vulnerable service users who may be put at risk from contact with the animal. If such a risk is identified the animal must be kept away from the service users at risk or even excluded from the area.

- The animal must be kept on a lead or otherwise suitably restrained and must not be allowed to wander freely around clinical areas or elsewhere on Trust premises.

- Animals must not be present whilst food is being served or eaten by service users.

- The staff member arranging the visit must ensure the hygiene of the area at all times.

- A suitable area must be identified for the animals toileting needs.

- Water should be provided for the animal's consumption.

6.23 Palliative care

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6.23.1 When service users are receiving palliative or end of life care, clinical staff may feel that it would be beneficial to a service user's psychological wellbeing if they were allowed access to their pet dog or cat. In these circumstances the area should contact the infection control team to agree the visit and any particular measures which may be required to ensure the safety of other service users.

6.23.2 Under no circumstances should any animal not exempt above be allowed access to any clinical or non-clinical areas managed by Sheffield Health & Social Care NHS Foundation Trust without prior consultation with the Director of Infection Prevention and Control or Deputy Chief Nurse.

6.24 Refreshments for Visitors

6.24.1 Ward areas do not routinely provide refreshments for visitors. However, if a visitor has travelled a long distance, has become upset during a visit or is visiting the ward due to more direct involvement in the care planning and delivery process, then it may be appropriate to provide the visitor with a drink on the ward (this is at the discretion of the staff on duty/ nurse-in-charge).

6.24.2 In accordance with Health and Safety guidance, visitors are not allowed access to the kitchen areas. Staff should inform visitors of the location of any cold or hot drinks machines and the location of any other facilities from where drinks can be purchased.

6.25 Visitors and smoking

6.25.1 SHSC is a smoke free site both within premises and within our external grounds. For the health and safety of our service users, visitors (including staff members) are not permitted to smoke in any of our buildings, ward garden areas, car parks or grounds. There are no areas where vaping (including e-cigarettes) by visitors is allowed.

6.25.2 We do not allow tobacco products or matches/lighters onto wards and ask that visitors do not bring these onto premises for people that they may be visiting. In the interest of safety staff may need to check items brought onto the ward before they are given to the person they are visiting.

6.25.3 We understand that smoking is an addiction, so we offer effective alternatives for patients to support and manage their cravings. This includes Nicotine Replacement Therapy, vaping products, and specialist support from our QUIT team.

6.25.4 Visitors must be informed that smoking is prohibited at all times whilst on Trust grounds / property. Visitors who do not comply with the smoke free restrictions should be kindly asked to leave the site.

6.26 Use of photographic equipment by visitors

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Visitors must be aware that cameras, including mobile phone cameras and camcorders must not be used by visitors on Trust premises. Please contact the corporate affairs team for further guidance on obtaining consent to take photos and or film.

6.27 Raising concerns/whistleblowing policy

6.27.1 Further information and resources available to assist in any internal/external communications can be found in the Trust's Whistleblowing and Allegations Against Staff Policy available on the Trust Website. This policy reinforces the Trust's stance in regard to dealing with and acting on concerns raised by staff which will be key to instilling confidence in staff, service users and the public that the Trust takes its responsibilities seriously.

6.28 Infection Prevention and Control Issues

6.28.1 It is important to minimise the risk of introducing infection into the ward areas as well as reducing the risks of visitors acquiring an infection.

6.28.2 The following guidance should be followed:

- If areas have alcohol hand gel dispensers at ward entrances, posters should be in place asking visitors to use them on entering and leaving the area and demonstrating the technique to be used

- In the event of an outbreak of diarrhoea and or vomiting on the area staff must advise visitors to clean their hands using soap and water instead of alcohol hand gel and consideration must be given to closing the area to visitors. The Infection Prevention and Control Team should be contacted for further advice and guidance.

- Visitors are requested not to sit on the beds, but use chairs provided

- Visitors must not use service user's toilets on the ward

- Visitors feeling unwell, or who have a cold or have had any diarrhea and/or vomiting within the previous 48 hours must refrain from visiting

- Visitors are not required to wear personal protective equipment (PPE) unless visitors are providing direct clinical care for relatives. For routine social contact PPE is not required.

- Visiting restrictions may be put in place for infection prevention and control purposes on the recommendation of the clinical team and/or the Infection Prevention and Control Team (IPCT).

- In the event that an outbreak of infection occurs, staff should refer to the Trust's Infection Control Policy.

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- In relation to Covid, national advice is that visiting in all inpatient areas should return to pre-pandemic levels.

6.29 Closure of wards

6.29.1 It is essential that prompt and effective measures are utilised in controlling the spread of infection between service users, visitors and staff.

6.29.2 Where a ward has an outbreak of infection the ward manager and the IPCT have the right to close the ward to all visitors in order to manage and control the outbreak effectively, with the aim of resolving the situation as quickly as possible.

6.29.3 The ward manager/nurse in charge will use their discretion where there are requests to visit service users during an outbreak, for example where service users are receiving terminal care, if the service user has special needs or where visitors have travelled long distances.

6.30 Protected Mealtimes

6.30.1 Mealtimes should be a relaxed and enjoyable occasion in an environment that encourages service users to eat an adequate diet to meet their needs. Protected mealtimes are promoted by the National Patient Safety Agency (NPSA 2007) and are assessed through Patient-Led Assessments of the Care Environment (PLACE).

6.30.2 All health inpatient and residential settings will operate protected mealtimes. This involves restricting visitors during mealtimes unless the visitors are present to assist with mealtimes. The focus is on providing uninterrupted time for service users to enjoy their meals. Signs will be displayed to indicate mealtimes and inform visitors of the policy.

6.30.3 Other social care and supported living environments will adhere to the core principles but staff may interpret the core principles locally to meet the needs of their service.

7   Dissemination, storage, and archiving

7.3 This policy will be available on the Trust intranet website in the policies section. An 'All SHSC' email alert will be sent to all staff to inform them that the policy is available on the Trust intranet. Clinical and Service Directors are responsible for ensuring that all their staff are aware of and know how to access all policies.

7.4 The Integrated Governance team will maintain an archive of previous versions of this policy, and make sure that the latest version is the one that is posted on the Trust

intranet.

7.5 Where paper policy files or archives are maintained within teams or services, it is the responsibility of the Team Manager to ensure that paper policy files are kept up to date and comprehensive, and that staff are made aware of new or revised policies. Older versions should be destroyed to avoid confusion. It is the responsibility of the team manager to make sure the latest version of a policy is available to all staff in the team.

8. Training and other resource implications

None identified during policy review

9. Audit, monitoring and review

9.1 The policy will be audited one year after implementation by the Senior Matron

9.2 Care Networks will monitor the implementation of the policy via their Senior Management Teams.

9.3 The policy will be reviewed in June 2023

10. Implementation Plan

10.1 Service Directors will lead the implementation and ongoing use of this policy, on behalf of the Executive Director of Nursing and Professions. The Safeguarding Assurance Committee will review implementation one year after implementation.

10.2 The policy will be issued via an all-staff email which will explain the key principles within the policy.

10.3 The Safeguarding Assurance Committee will review the implementation of the policy with an audit one year after its initial implementation

11. Links with other policies

South Yorkshire Safeguarding Adult Procedures available via the Trust intranet
SHSCFT Safeguarding Children Policy
SHSCFT Visits by Children to Inpatient or Residential Care Settings Policy.
SHSCFT Incident Reporting and Investigation Policy SHSCFT Nutritional Strategy
SHSCFT Infection Prevention and Control Policy SHSC Whistleblowing Policy
SHSCFT Security Policy

12. Contact Details

Title	Name	Phone	E mail
Head of Nursing	Emma Highfield	0114 2264816	Emma.highfield@shsc.nhs.uk
Matron	Naomi Hebblewhite	0114 2718046	Naomi.hebblewhite@shsc.nhs.uk
Human Rights Officer	Tallyn Gray	0114 2263666	Tallyn.gray@shsc.nhs.uk
Head of Infection Prevention Control	Angela Hendzell	0114	Angela.hendzell@shsc.nhs.uk
Head of Safeguarding	Hester Litten (Interim)	0114 2718418	Hester.litten@shsc.nhs.uk

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13. References

- Jimmy Savile Investigation: Broadmoor Hospital (Department of Health and West London Mental Health Service 2014 updated 2015)
- The report of the investigation into matters relating to Savile at Leeds Teaching Hospitals NHS Trust (2014)
- Department of Health Investigations into matters relating to Jimmy Savile - Kate Lampard 2014
- Department of Health Investigations into matters relating to Jimmy Savile Lessons learnt – Kate Lampard 2015
- Rotherham, Doncaster and South Humber NHS Foundations Trust – Visiting of service users on the in-patient areas policy 2015
- Patient Led Assessment of Care Environment (PLACE); Health and Social Care Information Centre NHS England (2013)
- National Patient Safety Agency (NPSA 2007)
- Health and Safety at Work Act 1974
- Health and Social Care Act (2008)
- Mental Health Act Code of Practice (2015)
- Guidance on the Conduct of Civil Servants in the Pre-Elections Period, Cabinet Office General Election Guidance 2015

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Appendix A Equality Impact Assessment Form

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date: Naomi Hebblewhite 20/06/22	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	**Potentially children are discriminated within this policy as they are not afforded the same visiting rights as adults.**		**A stand-alone policy for Children visiting our inpatient areas is signposted and noted within this policy.**
Disability	**No**		

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Gender Reassignment	No		
Pregnancy and Maternity	No		
Race	No		
Religion or Belief	No		
Sex	No		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by:
Naomi Hebblewhite - 20/06/22

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To be completed and attached to any procedural 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:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this procedural document,

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please refer it to Liz Johnson (Head of Patient Experience Inclusion) 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 Liz Johnson (Head of Patient Experience Inclusion and Diversity)

Appendix B Human Rights Act Assessment Checklist

13.1 Safeguarding adults
13.2To assist staff to safeguard the welfare of vulnerable adults who they come into contact with as part of their work.
13.3Vulnerable adults who staff come into contact with as part of their work.

Will the policy/decision engage anyone's Convention rights?

There is no need to with this checklist. However;
- Be alert to any possibility that your policy may discriminate against anyone in the exercise of the convention right.
- Legal advice may still be necessary - if any doubt contact your lawyer.
- Thing may change and you may need to reassess the situation.

Will the policy/decision result in the restriction of a right?

Is the right an absolute right?

Is the right a limited right?

The right is a qualified right??
- Is there a legal basis for the restriction? AND
- Does the restriction have a legitimate aim? AND
- Is the restriction necessary in a democratic society? AND
- Are you sure you are not using a sledgehammer to crack a nut?

Will the right be limited only to the extent set out in the relevant Article of the Convention?

Policy/decision *is* likely to be human rights compliant

Policy/decision **is not** likely to be human rights compliant

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Appendix C Development and Consultation Process

Sheffield Health and Social Care NHS Foundation Trust:

Safeguarding Lead

Human Rights Officer / Lead

Head of Mental Health Legislation

Infection Prevention & Control Lead

Nurse Consultant for Reducing Restrictive Practice / Steering Group

Comms Dept

Healthy Hospital and Community Programme Manager

Inpatient Matrons & Ward Managers

Fire & Local Security Management

Appendix D

Standard Operating Procedures (SOP) for Visitors to ACUTE In-Patient Areas.

SOP Number:	
SOP Version:	1
Effective Date:	**May 2022**
Review Date:	**May 2023**
Reference:	
Related Documents:	
Author:	**Lorraine Murphy & Jo Campbell**
Reviewer:	
Approved:	
Dissemination:	**The SOP is printed and displayed in folder accessible for all staff to view in the main office and on shared drive in an accessible folder.**

Definition:

A **Standard Operating Procedure (SOP)** is a set of step-by-step instructions compiled by a Team, Directorate, Trust to assist staff carry out routine tasks and procedures. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with policies, standards, regulations, and legal requirements.

Purpose and Objective:

To ensure the safety of service users, visitors and staff visiting acute in-patient areas.

To ensure all visitors are aware of any risks.

To ensure visitors are aware of any rules and regulations which they need to adhere to.

Scope:

All staff working in acute in-patient areas.

Areas covered:

- Maple, Stanage, DD2, DD1 and G1.

Step No	Responsibility	Action
1	Staff and visitors	• Visiting hours will be displayed in local areas and within the patient/carer handbook. Although these times may vary between services, they are usually between the hours of 4pm -8:30pm Monday to Friday and any time from 10am until 8:30pm at a weekend. Mealtimes must be respected which are between 12-12:30pm and 5-5:30pm. • On arrival to the ward visitors will be asked to sign into the visitor's book within the reception/lobby area and again to sign out on leaving the ward/unit. Hand gel will be available in the reception area for use. • Visitors must inform a member of the nursing team the name of the individual that they are here to visit so that they can determine if the

		patient wishes to receive the visit and if the visit is safe to proceed. • Visits will take place within the communal areas of the ward or within a designated visiting space such as the carers room. Visits in bedrooms will not be permitted unless reasons for this have been highlighted in advance and agreed by the MDT. • Visitors will be advised of prohibited items and will be asked not to bring these onto the ward. • Visitors will be advised of the smoke free policy and will be asked to comply during their visit. • Access may be denied to visitors if they present as intoxicated, if their conduct is considered inappropriate or if they fail to adhere to the rules as set out above. An explanation must be given if a visit is denied, and an incident form completed. • Children are not routinely permitted to visit the ward but in exceptional circumstances where children may be permitted this will be in line with the Visits by Children to Inpatient or Residential Care Settings Policy.
2	Visitors	Visitors must: • Sign in/out of the visitor's book • Use hand gel and adhere to current covid guidance as on Jarvis • Use designated visitor areas Visitors must not bring contraband items such as tobacco, smoking implements, illicit substances or any items which contravene individual care plans.

Monitoring and Audit:

Visitors Policy version 2 July 2022

This SOP will be audited by the author as part of the governance

Learning Disabilities Service

Assessment and Treatment Service – INPATIENT WARD

VISITORS

Patients' visitors who are visiting for the first time should be formally welcomed to the unit by a member of the care team. They should be given a copy of the unit's information booklet and any other relevant literature. Unit operational policies, ie rules, restrictions etc, should be explained.

In assessing how visits should be conducted, the shift manager will need to consider a range of issues including:

- times of day *(see notice displayed)*
- staff knowledge of patients/visitors
- particular risk identified
- patient activity on the unit
- patient's mental state and behaviour
- availability of private space/escorts

Visiting may take place in any area of the unit which is **identified as safe by the shift manager.**

Visitors who bring children (16years and under) to the unit will not be allowed into the main patient area. They must remain in the reception area or an area identified by the shift manager throughout the visit.

All carers/relatives should be made to feel welcome and given time to discuss any problems, concerns etc. They should also be offered a drink.

In exceptional circumstances, it may not be possible for any visitors to be allowed on the unit (in particular the main patient care area). This should be communicated to all visitors on their first visit.

The shift manager has the right to refuse admission to visitors. In these circumstances, the visitor should be given a polite explanation of the reason why entry has been refused. The shift manager <u>must</u> furnish a written report to the unit manager explaining the circumstances and why entry to the unit was denied.

Carers/relatives should also be seen by the shift manager and invited to attend the full review meetings, contributing to the planning of their relatives' care. Permission should be sought from the patient to discuss their care with relatives. If this permission is not given by the patient then these issues should be discussed with the multi disciplinary team.

Visiting – Forest Lodge

- Visits should be booked in advance wherever possible by arranging with the nursing staff of the ward to be visited.
- Unexpected visitors will only be admitted if it practicable to do so.
- Visitors need to show valid photo ID on every visit that shows their date of birth.
- A photocopy will be kept on the first visit
- Visitors will be received in reception by the receptionist or reception nurse and asked to sign the visitors' book.
- First visits will always be supervised. Subsequent visits will be supervised until discussed with clinical team.
- The gender of the supervisor required will be risk assessed.
- Formal visitors, such as solicitors, will be given an alarm and advised how to use it.
- The nurse in charge will be informed and will determine if the patient wishes to receive the visitor, where the visit will take place and the conditions under which the visitor will be able to access the ward or the recreation area.
- Visits in bedrooms will not be allowed unless agreed in advance by the MDT, subject to individual risk assessment.
- The nurse in charge will advise the visitor of any restrictions attached to the visit, such as time limit or that there should be no physical contact.
- Visits (booked or unexpected) will only proceed if it is safe to do so, i.e., taking into account: **clinical activity; sufficient staffing; knowledge of the patient/visitor; patient's mental state; space for the visit; time of day.**
- Access will be denied to intoxicated persons, or those whose conduct is inappropriate. An explanation must be given if a visit is denied, and an incident form completed.
- If the MDT bans a visitor on a permanent basis, the reasons must be explained in writing to both the visitor and the patient, and an incident form completed.
- Visitors will be advised of prohibited items and asked to either store such items in the lockers provided, or to remove them from the Unit.
- Bags and coats taken into areas where patients are present must be searched.
- Visitors will be escorted by a staff member when they are moving around the unit.
- All visits that take place in the recreation area must be supervised by staff.
- The necessity for supervision of a visit taking place on the ward will be determined by the MDT or nurse in charge, and an explanation given for the presence of staff.
- Visits by ex-patients must be approved beforehand by the MDT and suitable arrangements made. This is likely to mean the visit will be in the recreation area, but access to the ward by an ex-patient may be considered.

- All informal visitors should respect protected mealtimes. If the nurse in charge approves a visitor to be present at a mealtime, they must leave dining room area until the cutlery is accounted for.
- Formal visitors (solicitors, other professional etc.) may choose not to leave, but they must remain in the meeting room with their client or in the ward office if the client is in the dining room, until the cutlery is accounted for.
- Visits may be terminated at any time if it is not safe or practicable for them to continue, an explanation must be given to the visitor(s) and patient(s) and an incident form completed.
- Alarms must be returned at the end of the visit and visitors asked to sign out.

Reviewed March 18
Reviewed March 19

Forest Close Standard Operational Procedure- 9

Reviewed November 2021 – next review May 2022

Title	Visitors
Area Covered	All visitors including children
Core Principles/Purpose	To ensure the safety of all visitors to Forest Close and to ensure confidentiality to all services users.
Resources needed	Monitoring by Safety Monitor
Guideline for use	Visiting hours are 6-8pm Monday to Friday and 10am – 8pm Weekends. Letters sent to relatives/carers as part of the admission process. All visitors must report to the wards on arrival. Visitors must: • Sign in/out of the visitors room book • Hand gel and face masks provided • Be issued with a visitors badge and alarm by respective ward • Use designated visitor areas: - Visitor room in Core house (must be used when children visit). • Not enter the main bungalow patient areas (including patient's bedrooms) • Not bring banned items such as fire hazard material, lighters/matches, alcohol/illicit drugs inc legal highs, medication from home, weapons and sharps, illegal pornographic material, violent/racist

	material, rope, cigarettes/tobacco, plastic bags or cling film, laser pens, animals or any items which contravenes individual care plans. • Respect service users, staff and other visitors • Behave appropriately • Not display abusive behaviour either physical or verbal. Visitors may be asked to leave the site and may possibly be banned if the above is not adhered to.
Precautions	To be risk assessed prior to leaving alone To check leave restrictions prior to going to the Core House
Policy links	Visitors Visits by Children Safety Monitor SOP Restricted Items Safeguarding

Buckwood View - Standard Operating Procedures (SOP) for

Visitors/Contractors

SOP Number:	BWV24
SOP Version:	V1
Effective Date:	June 2018
Review Date:	34 February 2019
Reference:	BWV24
Related Documents:	Trust security policy
Author:	Diane M Staniforth
Reviewer:	Khatija Motara
Approved:	The SOP was approved by on 4/3/2019
Dissemination:	The SOP was communicated via policy manual

Definition:

To ensure the safety of service users, visitors and staff at Buckwood View
To ensure all visitors are aware of any risks
To ensure visitors are aware of any rules and regulations which they need to adhere to.

 Scope: - All staff at Buckwood View

Purpose and Objective:.

This is very important that staff adhere to the information below for the following reasons

- Fire regulations

- Knowing who is on and off site

- Keeping a log of when contractors have been to complete jobs etc. – this also has cost implications if Marie Hunter does not know if the contractor has been to view the job etc.

- All contractors should be asked for identification.

- All visitors / family members / contractors MUST sign in at Buckwood View regardless of whether there is anyone in the office or not.

- It is staff responsibility to always ask the visitor/ family member / contractor if they have signed in the main office during office hours. Staff should also notify the nurse of workmen on site. This is an essential part of our Fire Risk Assessment and for CQC compliance we need to record visitors to residents.

If no one is in the office or this is out of hours then the workman should sign in on the houses visited or working on. Please ask for a signing in book if yours is full.   These books can be asked for as part of any audit or inspection.

If the contractor has not signed in at the office please inform Marie Hunter of the work carried out at the earliest opportunity so all repair records can be completed.

Any paperwork signed regarding repairs should be passed to the office as these have to be tied up to the invoice received, staff should always sign this off also on the log of repairs for there each individual house

Monitoring and Audit:

- Supervision
- Training
- Visitors book

Standard Operating Procedures (SOP) for Visitors to PICU – Endcliffe Ward

SOP Number:	
SOP Version:	1
Effective Date:	**May 2022**
Review Date:	**May 2023**
Reference:	
Related Documents:	
Author:	**Lydia Tandy Ward Manager**
Reviewer:	
Approved:	
Dissemination:	**The SOP is printed and displayed in folder accessible for all staff to view in the main office and on shared drive in an accessible folder.**

Definition:

A **Standard Operating Procedure (SOP)**, is a set of step-by-step instructions compiled by a Team, Directorate, Trust to assist staff carry out routine tasks and procedures. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with policies, standards, regulations and legal requirements.

Purpose and Objective:.

To ensure the safety of service users, visitors and staff at Endcliffe Ward.

To ensure all visitors are aware of any risks.

To ensure visitors are aware of any rules and regulations which they need to adhere to.

Scope:

All staff working on Endcliffe Ward.

Areas covered:

- Endcliffe ward
- Visitors room
- Interview room
- Airlock entrance
- Visitors lockers

Step No	Responsibility	Action
1	Staff and visitors	• Visiting hours are; 10.30am (except Tuesday and Thursday when MDT takes place), 15:30, 17:30, 18:30. • Visiting is through agreed times/appointment only and should be arranged with a minimum of 24 hours' notice and is arranged with nursing staff in line with the above time slots. • Unexpected visitors will only be admitted if it practicable to do so.

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		• Visitors are not allowed on the main unit, but a dedicated visitor area is provided.
		• Visitors will be received in the airlock and asked to sign the visitors' book. They will then be asked to place any belongings not needed for the visit in a visitors locker.
		• First visits will always be supervised. Subsequent visits will be supervised until discussed with clinical team.
		• The gender of the supervisor required will be risk assessed.
		• Formal visitors, such as solicitors, will be given an alarm and advised how to use it. However shouldn't have access to the main unit in order to promote privacy and dignity of the other service users.
		• The nurse in charge will be informed and will determine if the patient wishes to receive the visitor, where the visit will take place and the conditions of the visit.
		• Visits in bedrooms and seclusion area will not be allowed unless agreed in advance by the MDT, subject to individual risk assessment.
		• The nurse in charge will advise the visitor of any restrictions attached to the visit, such as time limit or that there should be no physical contact.
		• It is to be noted that the visitor area has a CCTV but this is non recording and for the purpose of observation and the safety of patients, staff and visitors.
		• Visits (booked or unexpected) will only proceed if it is safe to do so, i.e. taking into account: **clinical activity; sufficient staffing; knowledge of the patient/visitor; patient's mental state; space for the visit; time of day.**
		• Access will be denied to intoxicated persons, or those whose conduct is inappropriate. An explanation must be given if a visit is denied and an incident form completed.
		• If the MDT bans a visitor on a permanent basis, the reasons must be explained in writing to both the visitor and the patient and an incident form completed.

		• Visitors will be advised of prohibited items and asked to either store such items in the lockers provided, or to remove them from the Unit. • Visits by ex-patients must be approved beforehand by the MDT and suitable arrangements made. • Children are not routinely permitted to visit the ward however in exceptional circumstances where children may be permitted this will be in line with the SHSC Children's Visiting policy. • All informal visitors should respect protected meal times, these are 12:00-12:30 and 17:00-17:30 If the nurse in charge approves a visitor to be present at a mealtime they must leave dining room area until the cutlery is accounted for.
2	Visitors	Visitors must: • Sign in/out of the visitor's book • Use hand gel and adhere to current covid guidance as on Jarvis • Be issued with an alarm (for healthcare professionals) • Use designated visitor areas – visitors room or interview room • Not be permitted into the main inpatient areas Not bring contraband items such as tobacco, smoking implements, illicit substances or any items which contravene individual care plans.

Monitoring and Audit:

This SOP will be audited by the author as part of the governance and reporting procedures