

# **Open Visiting Policy**

**V1.0**

**November 2018**

## **Summary.**

It is widely recognised that support from family and friends as well as carers, in the form of hospital visits, is an integral part of any patient's recovery.

In opening up visiting times we also need all visitors to be mindful that patients also need rest to help them get well as soon as possible. To help people understand our expectations guidance has been developed alongside this policy to support clinical teams in getting the balance right for their patients.

This policy forms part of our ambition to make the hospital more dementia friendly by giving relatives and carers the chance to spend more time with their loved one and have an active role in their care while they are in hospital.

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## 1. Introduction

1.1. The Royal Cornwall Hospital NHS Trust Open Visiting Policy has been developed to enhance the care we provide to our patients.

1.2. This policy describes the principles and guidance relating to our Open Visiting times for patients, carers, families, friends and to our staff

1.3. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy

This policy set out the way in which Open Visiting in Royal Cornwall Hospital NHS Trust operates.

## 3. Scope

3.1. The policy applies to all in-patient areas across the Royal Cornwall Hospital NHS Trust.

3.2. This policy applies to all in-patients and visitors (carers, family and friends).

3.3. Visiting outside open visiting times should be facilitated by the use of Carers Passport's where appropriate and at the discretion of the Nurse or midwife in charge of that inpatient area, where the patient best interest will always be put first.

3.4. Local guidance for visitors and staff outside the Open Visiting times may be available.

## 4. Definitions / Glossary

4.1. **Open Visiting** – at RCHT open visiting is between the times of 10am and 8 pm, seven days a week

4.2. **Visitors** – this includes recognised Carers (See RCHT Carers Policy) and family and friends of the inpatient.

## 5. Ownership and Responsibilities

### 5.1. *The Chief Executive and wider Trust Board*

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities. These responsibilities are delegated to an Executive Lead with supportive structure to ensure and assure standards and expectations are met. These are described below.

### 5.2. *Role of the Executive Lead - Chief Nurse*

The Chief Nurse is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to facilitate Open Visiting in the trust. The Executive Lead will report to Trust Board on progress as required.

### **5.3. Role of the Patient + Family Experience Team**

Reporting to the Chief Nurse the Trust's Patient + Family Experience Team will oversee the delivery of this policy and report on progress as requested.

### **5.4. Role of Divisional Management Teams**

Divisional Management Teams (Clinical Director(s), Associate Director and Associate Director of Nursing) are responsible for ensuring the operational delivery and compliance with this policy.

### **5.5. Role of Clinical Matrons, Ward and Unit Sisters and Charge Nurses (and other Departmental Leads of inpatient areas)**

Line-managers are responsible for the delivery of the policy in day-to-day practice. Ensuring clinical teams are aware the policy requirements and guidance available. They will be responsible to alerting the divisional management team to any risks or concerns over application of this policy.

### **5.6. Role of Individual Staff**

All staff members are responsible to ensure they support and comply with the policy.

### **5.7. Role of Visitors**

To accept the guidance provided and support our Open Visiting Policy in the spirit it is intended – to improve the care and treatment experience of our patients.

## **6. Standards and Practice**

The following guidance is in place to support adoption of this policy.

### **6.1. Overall Aim**

We aim to deliver the best possible care for our patients and we know carers, family and friends can play a key role in caring for and supporting their relative/friend during a hospital stay. 'Open visiting' is about what we aim to do for as many patients as possible, but please understand that there are certain wards, certain diagnoses and certain patients where our professional judgement may indicate that more privacy, more rest, or less visitors are needed. This would be an evaluation made by nursing and medical staff and should be respected for the well-being of the patient.

### **6.2. Guidance for adoption**

These simple guidelines will help us to ensure that the needs of every patient are met. We ask all visitors to work with us to make this a success for everyone.

### **6.3. For visitors**

Please inform a member of the nursing staff who you have come to visit when you arrive.

6.3.1. Ward rounds, a visit by a doctor to each patient in their care, can often be improved by having a key person (such as a carer or close family member) present who can be involved in discussions, give information and help the patient and their wider family understand what has been discussed.

6.3.2. If you would like the help your carer or close family member to get you ready for the day, with personal care for example, then please discuss this with the nursing staff to enable a visit in the morning.

6.3.3. If you are not planning to be involved in either of these, then visiting after 10am will reduce the likelihood of being asked to leave the bay whilst we attend to patients.

6.3.4. It's vital our staff are fully focused on their care and treatment duties, so we politely ask you not to interrupt them when they are in the middle of either ward or medicines rounds, or if they are attending other patients unless it is an emergency.

6.3.5. We start to settle patients for the night from 8pm – we ask you to respect the need for all our patients to sleep. We are unable to accommodate overnight visits unless the circumstances are exceptional, so if you wish to stay later than 8pm please discuss this with the nurse-in-charge. We may politely ask visitors to leave if our staff feel that it is in the best interests of the patients in the ward.

6.3.6. Days can feel very long when you are in hospital and it will help patients to recover if they remain active, both mentally and physically. Visitors can help in lots of different ways so when you come to visit please consider doing some of the following:

- Help with your relative/friend's daily routine like washing and dressing
- Eat together – bring your own sandwiches or get a takeaway from our restaurant or on-site shops
- Bring in games to play – cards, puzzles, board games
- Read books and newspapers together
- Discuss local and national news
- Go for a stroll around the hospital
- Sit outside together in one of our garden spaces

6.3.7. Rest during the day is important to a patient's recovery and some specialist wards provide intense therapy sessions which can be tiring, so allow the person you have come to see the opportunity to rest and check with them that you are not there for too long. Don't feel that you need to stay for extended periods of time; this can be tiring for both of you.

6.3.8. If you're visiting at mealtimes and your relative/friend needs help to eat, it would be helpful if you can assist them, if you felt you were able to. Patients often like this familiarity.

6.3.9. Do not come to visit if you are feeling unwell, for example with a cough or cold. If you have had diarrhoea or vomiting please allow 48 hours after your last episode before you visit again.

6.3.10. Please use alcohol rub or soap and water on your hands when you arrive and leave the ward and respect visiting restrictions that may need to be introduced for the purpose of infection control.

6.3.11. High standards of cleanliness are important so a domestic colleague may ask you to move to allow thorough cleaning around the

patient's bed. They will also alert you to any wet floors to ensure personal safety.

6.3.12. The confidentiality, privacy and dignity of all our patients must be respected so a member of staff may ask you to leave the bay for a short time. Unfortunately, not all wards have a relatives' room, so you may have to wait in a corridor.

6.3.13. Please also appreciate that providing you with patient information will always be subject to the patient giving consent.

6.3.14. Please use the chairs provided rather than sitting or lying on the bed.

6.3.15. Please speak to the nurse-in-charge if you are planning to bring children to visit this helps us to support both you and them.

6.3.16. Children need to be supervised at all times and must not be allowed to run around.

For the benefit of all our patients, please:

- Show the same respect and consideration to others that you would wish to see given to the person you are visiting.
- Limit visitors to no more than two people (including children) at a time.
- Keep noise levels as low as possible to avoid disturbing other patients who may be resting or sleeping when you are visiting.
- No one should visit if they are feeling unwell, for example with a cough or cold. If they have had diarrhoea or vomiting, please allow 48 hours after their last episode before they come to visit

#### **6.4. For patients**

You will need time to rest, so we suggest that you do not ask people to visit or stay for the whole day. It is okay to ask your visitors to leave if you want to rest or do not wish them to be present while you are receiving treatment or nursing care.

#### **6.5. For carers**

If you are the main carer for the person you are visiting please ask the Nurse-in-Charge about our Carer's Passport. This guidance is available in an information leaflet RCHT 1715

#### **6.6. Infection Prevention and Control**

Visitors must not come to the hospital if they have vomiting and/or diarrhoea, and until they have been symptom free for 48 hours. Or if they have coughs, colds or flu-like symptoms

6.6.1. All visitors should wash their hands/use the hand sanitizer/gels on entering and exiting the ward.

6.6.2. Restrictions to visiting may be put in place for infection prevention and control purposes on the recommendation of the Clinical or Infection Prevention and Control Team.

6.6.3. Visitors may seek advice of the nurse or midwife in charge of the ward if they have any concerns about Infection Control.

## 7. Dissemination and Implementation

7.1. This Policy will be cascaded via Divisional Management Teams to practice areas for implementation.

7.2. Implementation will be supported by corporate poster and signage indicating the Open Visiting Policy is in place to the patients, visitors and staff.

7.3. Guidance for Patient, visitors and staff is made available through an information leaflet – RCHT 1715

## 8. Monitoring compliance and effectiveness

Element to be monitored	Continued acceptability of the Open Visiting Policy will be evaluated at the policy's tri-annual review
Lead	Head of Patient + Family Experience
Tool	Staff and public engagement activities
Frequency	Each three years (tri-annually)
Reporting arrangements	Via Patient + Family Experience Group
Acting on recommendations and Lead(s)	Led by Patient + Family Experience Group
Change in practice and lessons to be shared	Led by Patient + Family Experience Group

## 9. Updating and Review

The policy will be kept under review by the author in line with Trust strategic and operational developments and clinical practice changes. The minimum review period will be in three years' time in line with Trust policy. Revision activity is recorded in the version control table at the beginning of this document.

## 10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

### 10.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Open Visiting Policy V1.0		
<b>Date Issued/Approved:</b>	27-07-2018		
<b>Date Valid From:</b>	November 2018		
<b>Date Valid To:</b>	November 2021		
<b>Directorate / Department responsible (author/owner):</b>	Frazer Underwood, Consultant Nurse / Associate Chief Nurse and Head of Patient + Family Experience Corporate Nursing Team		
<b>Contact details:</b>	01872 255043		
<b>Brief summary of contents</b>	Policy and guidance on delivering Open Visiting in the Trust for patients, visitors and staff.		
<b>Suggested Keywords:</b>	Open Visiting; Visiting; Visiting Times		
<b>Target Audience</b>	RCHT ✓	CFT	KCCG
<b>Executive Director responsible for Policy:</b>	Chief Nurse		
<b>Date revised:</b>	New Document		
<b>This document replaces (exact title of previous version):</b>	New Document		
<b>Approval route (names of committees)/consultation:</b>	Chief Nurse's Clinical Cabinet, Trust Management Committee, Trust Board		
<b>Divisional Manager confirming approval processes</b>	Frazer Underwood, Consultant Nurse / Associate Chief Nurse and Head of Patient + Family Experience		
<b>Name and Post Title of additional signatories</b>	Not Required		
<b>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</b>	{Original Copy Signed}		
	Kim O'Keefe		
<b>Signature of Executive Director giving approval</b>	{Original Copy Signed}		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓	Intranet Only
<b>Document Library Folder/Sub</b>	Clinical – Patient Experience		

<b>Folder</b>	
<b>Links to key external standards</b>	None
<b>Related Documents:</b>	None
<b>Training Need Identified?</b>	No

#### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
27 Jul 18	V1.0	Initial Issue	Frazer Underwood, Consultant Nurse / Associate Chief Nurse and Head of Patient + Family Experience

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**  
**This document is only valid on the day of printing**

#### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

## Appendix 2. Initial Equality Impact Assessment Form

Title Open Visiting Policy V1.0						
<b>Directorate and service area:</b> Corporate			<b>Is this a new or existing Policy?</b> New			
<b>Name of individual completing assessment:</b>  Frazer Underwood, Consultant Nurse / Associate Chief Nurse and Head of Patient + Family Experience			<b>Telephone:</b> 01872 255043			
1. <i>Policy Aim*</i>  <i>Who is the strategy / policy / proposal / service function aimed at?</i>		Policy and guidance on delivering Open Visiting in the Trust for patients, visitors and staff.				
2. <i>Policy Objectives*</i>		Standardise practice and enhance patient care experience.				
3. <i>Policy – intended Outcomes*</i>		Enhance patient care experience.				
4. <i>*How will you measure the outcome?</i>		Monitor patient experience feedback.				
5. Who is intended to benefit from the <i>policy?</i>		Patients, visitors and Staff				
6a Who did you consult with		Workforce	Patients	Local groups	External organisations	Other
		x	x	X	x	
b). Please identify the groups who have been consulted about this procedure.		<b>Please record specific names of groups</b> Healthwatch Cornwall led a public and staff engagement activity and made recommendations for adoption of the Open Visiting arrangements. Internal engagement actives sought staff feedback which informed implementation plans. South West Trusts who have adopted Open Visiting, were consulted with to share good practice.				
What was the outcome of the consultation?		As above – informed implementation plans.				

7. The Impact							
Please complete the following table. <b>If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.</b>							
Are there concerns that the policy <b>could</b> have differential impact on:							
Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
<b>Age</b>	<b>x</b>			As only two visitors are advised to visit each patient children may have restrictions to extended visiting hours. However, the ward environment is not an appropriate place for children to be for a long time (especially for adult wards).			
<b>Sex</b> (male, female, trans-gender / gender reassignment)		<b>x</b>		Parents may be restricted in accessing the policy due to childcare arrangements.			
<b>Race / Ethnic communities /groups</b>		<b>x</b>		The open access can be extended if this is necessary for care or faith reasons.			
<b>Disability -</b> Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		<b>x</b>		This policy benefits patients with a disability or health condition as carers are encouraged to maintain their support for consistency purposes and improved patient experience. Carers and other visitors can help the patient leave the ward for a change of scene, to dine or get fresh air.			
<b>Religion / other beliefs</b>		<b>x</b>		Carers will have more opportunity to support the patient with the faith needs by helping the patient attend the chapel or multi faith room in the hospital.			
<b>Marriage and Civil partnership</b>		<b>x</b>		This policy will not have an impact on marital status.			
<b>Pregnancy and maternity</b>		<b>x</b>		This policy will not have an impact on marital status.			
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		<b>x</b>		This policy will not have an impact on marital status.			
<p><b>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</b></p> <ul style="list-style-type: none"> <li>You have ticked "Yes" in any column above and</li> <li>No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>Major this relates to service redesign or development</li> </ul>							
8. Please indicate if a full equality analysis is recommended.				<b>Yes</b>		<b>No</b>	<b>x</b>
9. If you are <b>not</b> recommending a Full Impact assessment please explain why.							
Neutral impact identified.							

Signature of policy developer / lead manager / director		Date of completion and submission
Frazer Underwood		13-07-18
Names and signatures of members carrying out the Screening Assessment	1. Consultant Nurse / Associate Chief Nurse 2. Human Rights, Equality & Inclusion Lead	

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

**This EIA will not be uploaded to the Trust website without the signature of the Human Rights, Equality & Inclusion Lead.**

A summary of the results will be published on the Trust's web site.

Signed Frazer Underwood

Date 13-07-2018