

Visiting Policy

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Approved By:	Patient Experience Group
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Version History Log

Version	Date Published	Details of key changes
1.0	April 2023	New Document.

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Equality, Diversity and Inclusion

Corporate Policy Statement

The United Lincolnshire Hospitals NHS Trust is committed to promoting equality and diversity in all its activities to promote inclusive services, processes, practices and culture. This commitment is articulated in our equality objectives for 2022-2025 [Our equality objectives - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#)

This policy reflects the Trust vision, values and behaviours and supports employees in working for the benefit of patient care. It takes account of the provisions outlined in the Equality Act 2010 to ensure no individual receives less favourable treatment on the grounds of age, disability, sex, race, gender reassignment, sexual orientation, religion and belief, marriage/civil partnership and pregnancy/maternity.

Alongside being committed to a proactive delivery of the Equality Act 2010, the Trust proudly seeks to embody the duties of the Public Sector Equality Duty (2011) in all its activity by:

- 1) Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- 2) Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- 3) Fostering good relations between people who share a protected characteristic and those who do not.

We recognise high quality NHS patient care benefits by having a diverse community of staff who value one another and realise the contribution they can make to achieving excellence in rural healthcare.

Summary

This policy explains how visiting for patients is managed across United Lincolnshire Hospitals NHS Trust. Staff should ensure that they acquaint themselves with this policy and comply with it at all times.

1. Introduction

- 1.1. Visitors are an important part of patients' lives and in their care journey and are welcomed in across our hospitals. Visitors can help people recover faster, and also help reduce their anxiety and stress but we must welcome them safely.
- 1.2. Carers are seen as expert partners in care and are now being known as Care Partners. Their role and involvement in a patients care necessitates them being seen differently to traditional visitors.

2. Purpose

- 2.1. This policy sets out the arrangements and safeguards in place to welcome visitors and Care Partners.
- 2.2. The correct application of this policy will ensure our patients enjoy the company and support of visitors and Care Partners.

3. Context

- 3.1. Variation and inconstancy in visiting times and patient and visitor experience were highlighted following a Trustwide audit and both patients and visitors described confusion and inequity.
- 3.2. Alongside this, through ULHT involvement in national work to embrace carers as Care Partners there is an identified need to differentiate between Care Partners and more traditional visitors and to be clear about how we receive and support them during a patient's stay.
- 3.3. Whilst visitors and Care Partners will be welcomed the Trust has a duty to do so in a safe manner and to consider infection prevention and control, confidentiality and safety.

4. Objectives

- 4.1. This policy document aims to ensure consistency across the entire Trust in regard to how it supports visitors and Care Partners.

5. Scope

- 5.1. This policy applies to all patients admitted to the Trust and all operational staff within the Trust that have contact with patients, Care Partners and visitors.

6. Compliance

- 6.1. This policy complies with the standards and best practice evidence as listed in the Referenced Documents and Bibliography section.

7. Responsibilities

- 7.1. **The Director of Nursing** has overall responsibility for patient experience.
- 7.2. **The Head of Patient Experience** is responsible for seeking out staff, patient, visitor and Care Partner feedback and considering this in the implementation of this policy and any amendments needed as a result.
- 7.3. **Divisional Managers and Matrons** are responsible for monitoring overall compliance with this policy.
- 7.4. **All staff** e.g. Registered Nurses, Midwives and staff working in support roles e.g. Healthcare Support Workers, Assistant Practitioners, Allied Health Professionals and ward clerks are responsible for ensuring that visitors and Care Partners are welcomed in line with this policy. They are also responsible for making patients and their representatives aware of Trust policies and procedures with regard to patients' property.
- 7.5. **Ward staff** are responsible for:
 - 7.5.1. Ensuring that patients give consent to visitors coming to see them and to Care Partners being involved in their care.
 - 7.5.2. Ensuring the visitors and Care Partners are supported to visit safely.
 - 7.5.3. Ensuring the confidentiality, dignity and respect of all patients is maintained.

8. Definitions

For the purpose of this policy there are three different groups of people who may attend the hospital to see a patient:

- 8.1. A traditional **visitor** may be a family member, a friend or neighbour attending the hospital to pay a visit to a patient and will be welcomed to do so during the stated core visiting times.
- 8.2. A **Care Partner** is someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support and will be welcomed to be with the patient at any time.
- 8.3. Within paediatrics and maternity, **birth partners** and **parents or guardians** are considered in the same way as care partners.

9. Associated Documentation

- Care Partners Policy Version 2 2022 C–P–80 (Formerly ULH-NUR-CP)
- Project Salus; how we deliver care in a post-pandemic world.
- Isolations Precautions; information for patients and relatives.

10. Visiting Arrangements

Visitor	Care Partner
A family member, a friend or neighbour attending the hospital to pay a visit to a patient and will be welcomed to do so during the stated core visiting times .	Someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support and will be welcomed to be with the patient so at any time .

10.1. There are four specialty groups

Visiting Hours			
Adult Wards	Paediatrics and NNU	Maternity	ICU
14:00 – 20:00	14:00 – 20:00	14:00 – 20:00	<i>To be confirmed</i>
Care Partners			
Care partners anytime	Parents or guardians anytime	Labour ward partners anytime Ante & Post-natal partners 09:00 – 21:00	<i>To be confirmed</i>

10.2. A **Visitors Charter** has been developed (**Appendix 1**) that is displayed on our website and posters that considers infection, prevention and control precautions, what we expect from visitors and what visitors can expect from staff.

11. Care Partners

- 11.1. This Visiting Policy must be read in conjunction with the ULHT Care Partners Policy C–P–80 (Formerly ULH-NUR-CP)
- 11.2. United Lincolnshire Hospitals NHS Trust recognises and values the vital role that Carer Partners play in the health and well-being of the individuals they care for. The Trust is committed to working in partnership with care partners, patients and families and particularly building links with Carers Organisations such as

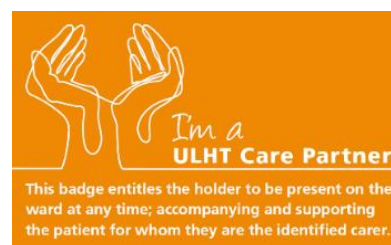
Carers First, Lincolnshire Carers and Young Carers Partnership and the County Carers Group for Learning Disabilities to ensure they are supported in the best possible way at all stages of their caring journey.

- 11.3. We view Carer Partners as expert partners in healthcare respecting and listening to their views. Longer-term care partners are likely to have valuable expertise and be skilled in caring for the patient and it is important that they are included and involved in the pathways of care.
- 11.4. Young Carers should be considered in the same way as adult Care Partners and will in most cases have a Lincolnshire County Council Young Carers Card such as shown below.



- 11.5. We recognise the cultural and religious diversity of our local community and acknowledge that our carers may have particular needs related to this in order to treat them equally.
- 11.6. We have identified 5 Care Partner Promises:

1. All care partners will be given information and support.
2. All care partners will be identified at point of contact.
3. All care partners will be treated as an equal and expert partner.
4. All care partners will be listened to.
5. Staff will understand the role of a care partner.



- 11.7. We aim to communicate effectively with care partners by providing support, information and advice. This is to ensure that carers have the relevant information required to plan effectively for their caring role.
- 11.8. Care Partners are welcomed to be on the ward and in our departments when and for how long they and the cared for person wishes.
- 11.9. A Care Partners Badge is to be provided that enables all staff on the ward to acknowledge and recognise their role and to involve and include them in discussions and decisions about care. All wards have a Care Partners pack with badges and information.
- 11.10. More information on Care Partners can be found here: [\(link to policy\)](#)

12. Infection Prevention and Control

- 12.1. Under Project Salus, there is a risk rating for every ward, bay and sideroom, which dictates the cleaning regimes required, IPC measures and the visiting precautions for that area. Each area is rated as Low, Medium or High risk. To find out more about these levels see our Salus pathways page here: [Salus \(sharepoint.com\)](#)
- 12.2. All inpatient areas now have signage on their doors (including bay and sideroom doors) which can display signage about the risk level of that area and as such Care Partners and Visitors are informed on arrival if not before.
- 12.3. Patients are cared for according to the universal IPC principles, and those of Barrier nursing, which we are all used to using before the COVID-19 Pandemic. This is met through a combined approach of single side rooms and closed off segregated bays. The correct level of PPE and ward cleaning procedures according to the patient needs will ensure the safety of staff, patients and visitors.
- 12.4. These principles should be used for ALL infectious conditions. We are using this approach in the same way for all infections such as Influenza and Norovirus. PPE requirements may be different according to the infection, but the principles are the same.
- 12.5. A **High Risk** classification does not mean visiting is not allowed; it does however mean that precautions must be taken:
 - 12.5.1. For **End of Life** Visiting **every effort** must be made to support a visit; indeed not supporting an End of Life visit should in itself be seen as exceptional. These decisions are therefore highly individual and must be considered on a case by case basis and the decision rests with the clinical teams.
 - 12.5.2. **Care Partners** will still be welcomed but must be instructed and supported on precautions and Personal Protective Equipment.
 - 12.5.3. **Visitors** will be discouraged from visiting other than for exceptional and compassionate reasons and at the discretion of the clinical team.
 - 12.5.4. **Virtual visiting** through FaceTime and Skype can be provided as well as Letters to a Loved One (details here: [Letters to Loved Ones - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#))

13. Children Visiting

- 13.1. NB see section 11.4 re: Young Carers.
- 13.2. Adults may instinctively want to protect their children by not talking about what has happened when someone they know has been admitted to hospital. It's normal to want to protect our children from sadness. Very young children will not be able to comprehend what has happened but will be sensitive to changes in the environment, whereas older children and teenagers will have a better understanding and may ask more direct questions.

- 13.3. Having a sick family member in hospital can be stressful for every family member, especially children, who may have many questions why their relative is missing from family life and for parents it is normal to want to protect children from sadness and worry and difficult to find the answers to many of their questions. But making illness and mortality invisible to them can have unexpected consequences in the long term
- 13.4. This policy takes an age risk based approach and has used this to develop guidance (**Appendix 2**) for families when considering whether to bring a child in to visit a relative.
- 13.5. **Age Related Considerations**
 - 13.5.1. **Infants:** Babies aged less than 1 year do not have a fully developed immune system and as such a visit should probably be actively discouraged other than in exceptional or compassionate situations.
 - 13.5.2. **Toddlers:** Young children aged less than 3 years will often want to see close relatives who are in hospital such as parents, siblings or grandparents. They will not be able to understand what is happening and they may find it a frightening and scary place. If you decide that they should visit, they should always be with an adult to make sure that they are kept safe and who can also explain, in very simple terms, what they see. The visit should be kept short and last only a few minutes.
 - 13.5.3. **Children aged 3–6 years:** Some children of this age benefit from visiting a sick relative, whereas others may find the experience upsetting. Parents should be advised to spend some time talking about what they will see before and during the visit. The child may wish to draw a picture for their relative that can be kept at their bedside. Children in this age group should always visit with an adult and the visits should be kept to a few minutes at a time as they may get upset, restless or distracted.
 - 13.5.4. **School-aged children:** Should be able to visit their sick relative. They need the situation explained to them and they should be encouraged to ask questions allowing for any misunderstandings to be cleared up before the visit. They should not be left by themselves and should keep their visit to a maximum of around 30 minutes.
 - 13.5.5. **Adolescents:** Should be able to visit their sick relative. Although they may fully understand the situation, it is important that they are supported by an adult and encouraged to ask questions to clarify any misunderstandings but they may still need some adult supervision.
- 13.6. **Key Safety considerations for parents to follow**
 - 13.6.1. Only bring children to visit immediate family members (e.g. parents, siblings or grandparents).

- 13.6.2. Do not bring in children who are unwell or have any signs of infections. Many patients in our hospitals are very susceptible to infection. Please do not put them at risk.
- 13.6.3. Please ensure that your child is supervised by an adult at all times.
- 13.6.4. Many wards have more than one patient in a room, please ensure they are considerate and keep noise levels to a minimum.
- 13.6.5. Our wards have lots of different equipment around and at the bedsides. Please do not allow small children to play with them.
- 13.6.6. We suggest that visits by children are kept to up to 30 minutes at a time. Any longer and they may become restless or bored.
- 13.6.7. Try to come with another person who will be able to be with your child after 30 minutes giving you more time with your relative.
- 13.6.8. Bring along some books, colouring in or handheld games consoles to keep children occupied.
- 13.6.9. Help us to maintain good infection control— when visiting always remove outside jackets, hands should be washed or hand gel used on entering and leaving the ward.
- 13.6.10. Do not allow your child to sit on the bed, but they will be able to hold hands or give their relative a cuddle.

14. Implementation, Monitoring and Review

- 14.1. This policy will be launched through sharing at key forums, internal communications, communication with partners and information on our website.

Monitoring Compliance

Minimum requirement to be monitored –monitoring against standards set out in policy	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit/ reporting	Responsible individuals/ group/ committee for review of results and determining actions required
Seeking feedback from visitors, patients and staff	Audit	Patient Experience Team	Annually	Patient Experience Group
Thematic reviews of complaints & PALs concerns	Existing SUPERB reports	Patient Experience Team	Quarterly	Patient Experience Group

Appendix 1 – Visiting Charter

<h1 style="margin: 0;">Visiting Charter</h1>		February 2023
What we expect from our visitors:	What you can expect from us:	
<ul style="list-style-type: none"> Be polite and courteous to staff, other patients and visitors. On arrival check with staff if it is ok to visit, the person you are visiting may be occupied in some way. Respect our visiting times and precautions. Have consideration for staff doing their job and for patients who need rest and privacy. Observe confidentiality – you may see or hear things of a private nature; you must not film or photograph other patients, visitors or staff. Be responsible for and in control of your children if they are visiting. Please see our guidance. Be responsible for the safety and security of your belongings. Remember that rest is important for you and the person you are visiting. Be respectful to other patients and keep noise levels to a minimum; please put your mobile phone on silent. 	<ul style="list-style-type: none"> We will ensure that the safety and care of our patients is our priority. We will make you feel welcome. We will wear our Trust photo identification badges visibly at all times. We will welcome any feedback you have about your hospital visit. We will ensure that masks and hand gel are accessible to you. We may ask you to leave the bedside for a short time whilst we deliver care or to protect confidentiality. We believe Mealtimes Matter and we will try to avoid care delivery at mealtimes so that patients can eat their meal in a quiet and relaxed atmosphere with minimal interruption. Visitors are welcome to assist the person they are visiting at mealtimes, with their agreement. Please speak to the nurse in charge before assisting. 	
Infection prevention and control.		
<ul style="list-style-type: none"> We ask you not to visit if you or any members of your household, have symptoms suggestive of COVID-19 or are unwell with other infections, for example Norovirus. If you do, you put the wellbeing of your loved one at risk and also threaten the health of other patients and our staff. If you are visiting a patient with an infection or a care area with infectious patients you will be made aware of any infection risks and offered appropriate personal protective equipment. 	<ul style="list-style-type: none"> Use hand gel when entering and leaving ward areas and wear a hospital provided mask at all times in clinical areas. Please help keep our hospital clean and inform staff of any cleaning concerns. We ask for only 2 people at the bedside at a time please though if there are particular circumstances the nurse in charge may be able to make an exception. 	

Aggression, violence and discrimination will not be tolerated.

We will protect our staff.

Thank you for your consideration and support

Appendix 2 – Guidance for Parents

Adults may instinctively want to protect children by not talking about what has happened when someone they know has been admitted to hospital. It's normal to want to protect our children from sadness. Very young children will not be able to comprehend what has happened but will be sensitive to changes in the environment, whereas older children and teenagers will have a better understanding and may ask more direct questions.

Making the decision to visit

- Visiting with a pre-school child should probably be actively discouraged other than in exceptional / compassionate situations as their immune systems are still in early development and the infection risk to them is greater than the risk to the patient.
- Having a sick family member in hospital can be stressful for every family member, especially children, who may have many questions why their relative is missing from family life and for parents it is normal to want to protect children from sadness and worry and difficult to find the answers to many of their questions. But making illness and mortality invisible to them can have unexpected consequences in the long term.
- Children over the age of four generally find visiting a sick relative helpful as it increases their understanding and involvement in their relative's illness and reduces their feelings of separation and fear. However the balance of risk to the child must be factored in and certainly if a child of any age is hesitant about visiting they should not be forced to do so.

Age related considerations

- **Infants:** Babies aged less than 1 year do not have a fully developed immune system and as such a visit should probably be actively discouraged other than in exceptional or compassionate situations.
- **Toddlers:** Young children aged less than 3 years will often want to see close relatives who are in hospital such as parents, siblings or grandparents. They will not be able to understand what is happening and they may find it a frightening and scary place. If you decide that they should visit, they should always be with an adult to make sure that they are kept safe and who can also explain, in very simple terms, what they see. The visit should be kept short and last only a few minutes.
- **Children aged 3–6 years:** Some children of this age benefit from visiting a sick relative, whereas others may find the experience upsetting. Parents should be advised to spend some time talking about what they will see before and during the visit. The child may wish to draw a picture for their relative that can be kept at their bedside. Children in this age group should always visit with an adult and the visits should be kept to a few minutes at a time as they may get upset, restless or distracted.
- **School-aged children:** Should be able to visit their sick relative. They need the situation explained to them and they should be encouraged to ask questions allowing for any misunderstandings to be cleared up before the visit. They should not be left by themselves and should keep their visit to a maximum of around 30 minutes.

- **Adolescents:** Should be able to visit their sick relative. Although they may fully understand the situation, it is important that they are supported by an adult and encouraged to ask questions to clarify any misunderstandings but they may still need some adult supervision.

Preparing for the visit

- Explain what the hospital and ward is like to the child so that they are prepared for the sight of machines and lots of noise.
- If the patient has any physical injuries such as swelling, scars or tubes attached to them, discuss this with your child first to help reduce shock or fear.
- Consider showing the child a photograph of their patient in hospital to prepare them for how they may look.
- Perhaps agree on a 'code word' or sign with the child in advance; this code word can then be used during the visit if at any point the child wishes to leave.
- Reassure the child that they can change their mind at any time. If they get to the hospital and change their mind, allow them to wait for a while. They may or may not decide to go in, but either way, support them with their decision.

When you visit with a child

If you do decide to bring your child to visit a relative we ask you please:

- Only bring children to visit immediate family members (e.g. parents, siblings or grandparents).
- Do not bring in children who are unwell or have any signs of infections. Many patients in our hospitals are very susceptible to infection. Please do not put them at risk.
- Do check that your children are up to date with their immunisations. If not, please don't bring them in.
- Please ensure that your child is supervised by an adult at all times.
- Many wards have more than one patient in a room, please ensure they are considerate and keep noise levels to a minimum.
- Our wards have lots of different equipment around and at the bedsides. Please do not allow small children to play with them.
- We suggest that visits by children are kept to up to 30 minutes at a time. Any longer and they may become restless or bored.
- Try to come with another person who will be able to be with your child after 30 minutes giving you more time with your relative.
- Bring along some books, colouring in or handheld games consoles to keep children occupied.
- Help us to maintain good infection control— when visiting always remove outside jackets, hands should be washed or hand gel used on entering and leaving the ward.
- Do not allow your child to sit on the bed, but they will be able to hold hands or give their relative a cuddle.

Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in ***italics***. Support can be found at <http://ulhintranet/equality-and-diversity>.

A. Service or Workforce Activity Details	
1. Description of activity	Introduction of a new Visiting Policy
2. Type of change	New
3. Form completed by	Jennie Negus. Head of Patient Experience
4. Date decision discussed & proposed	February 2023
5. Who is this likely to affect?	Service users <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Wider Community <input checked="" type="checkbox"/> If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
B. Equality Impact Assessment	
<p>Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, agricultural workers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.</p> <p>Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).</p>	
1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.	This will have a positive impact on most vulnerable groups as it clearly defines the role of Care Partners alongside more routine visitors thereby positively supporting those patients who need their carer whilst in hospital. The policy also supports a wide range of possibilities for partners and family relationships – this may particularly impact around gender reassignment and sexual orientation.
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	<ul style="list-style-type: none"> • Patient feedback through complaints, PALs and other sources. Audit of Visiting Dec – Jan 2023. • National direction and evidence.
C. Risks and Mitigations	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	<p>Age: There will be a positive impact on older patient groups as care partners will be able to be present as needed with no restrictions and friends and other members visit during core hours.</p> <p>Disability: for patients with Learning Disability & Autism, Mental Health, Sensory impairment, Cognitive difficulties & Physical disability this policy will provide a positive impact through welcoming care partners and visitors.</p> <p>Gender reassignment: there is a potential positive impact in light of supporting wider partners and relationships with the distinction between visitors and care partners.</p>

	<p>Sexual orientation: there is a potential positive impact in light of supporting wider partners and relationships with the distinction between visitors and care partners.</p> <p>Marriage / Civil Partnership: there is a neutral impact envisaged as a result of this policy.</p> <p>Pregnancy & Maternity: there is a neutral impact envisaged as a result of this policy.</p> <p>Race and Religion: there is a positive impact envisaged as the caring role with different communities are based very much on cultural values and beliefs and as such welcoming care partners and visitors will provide support.</p> <p>Whilst these detailed above are the protected characteristics as detailed within the Equality Act 2010 there are other considerations to be made relating to Health Inequalities including:</p> <ul style="list-style-type: none"> • Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment): there is a neutral impact envisaged as a result of this policy. • Vulnerable groups of society, or 'inclusion health' groups: e.g. migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers. Within Lincolnshire we have a high number of migrant workers and large traveller communities. There is a positive impact envisaged as a result of this policy as the setting out of care partner support may be welcomed within their community. • Geography: e.g. urban, rural: There is a known challenge in travelling across the county and visitors and care partners will not qualify for patient transport. However there is public transport, Call Connect services and capped charges in some areas. Posters and information about travel are being made available in main entrances and outpatient departments on all our sites.
<p>2. What data / information do you have to monitor the impact of the decision?</p>	<p>Seeking feedback from visitors, patients and staff through audits. Thematic reviews of complaints & PALs concerns through existing data reports</p>
<p>D. Decision/Accountable Persons</p>	
<p>1. Agreement to proceed proposed?</p>	<p>Yes</p>
<p>2. Any further actions required?</p>	<p>No</p>
<p>3. Name & job title accountable decision makers</p>	<p>Jennie Negus. Head of Patient Experience</p>
<p>4. Date of decision</p>	
<p>5. Date for review</p>	<p><i>Please note: the equality impact assessment is a 'live' document and must be reviewed regularly / when any significant change occurs.</i></p>

Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making

changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.

- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

Checklist

- Is the purpose of the policy change/decision clearly set out?
- Have those affected by the policy/decision been involved?
- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?

This form is based on a template produced by Cambridge University Hospitals NHS Trust and used with their kind permission. FINAL Trust Leadership Team approved for use 01.04.2021

Referenced Documents and Metadata

Bibliography

A literature search was undertaken originally in 2017 regarding open visiting. A further search has been done to locate articles from 2017 to 2022. The full search is available from: jennie.negus@ulh.nhs.uk, but we include references below:

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Other Documents

[NHS Constitution for England - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The NHS Constitution (July 2015) states:

- “The patient will be at the heart of everything the NHS does.”
- “It should support individuals to promote and manage their own health.”
- Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
- The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.”

<https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

NHS Patient Safety Strategy (July 2019) recognises the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients can have as partners in their own safety.

[Berwick review into patient safety - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

Berwick report: A promise to learn; a commitment to act (2013)

A review of patient safety in the NHS in England was undertaken in 2013 and resulted in a number of recommendations. Two of Don Berwick's 10 recommendations in August 2013 for patient safety were:

- Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.”
- All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.”

Metadata

- Children Visiting
- Visiting
- Visiting Arrangements
- Visiting Charter
- Visiting Guidance
- Visiting Times

Signature Sheet

Names of people consulted about this policy:

Name	Job title	Department

Author(s) confirm that they have collected all the signatures, as listed above, email Corporate Governance at corporate.policies@ulh.nhs.uk

YES / NO

Names of committees which have approved the policy	Approved on