

## GOP08 V1

# PARTNERS IN CARE – HOSPITAL VISITING POLICY

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## 1.0 Policy Statement

This policy sets out the approach of The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust to when visiting a bedded in-patient setting, supporting a welcoming, inclusive, and compassionate environment that promotes patient recovery, dignity, and well-being. It acknowledges the critical role that visitors play as partners in care, working alongside healthcare teams to enhance patient outcomes and overall experience.

### 1.1 Objectives:

- Ensure a safe, welcoming, and supportive environment for patients, visitors, and staff.
- Promote patient recovery and emotional well-being through active involvement of families, carers, and friends.
- Establish clear expectations for visitors to create a positive care environment.
- Support effective communication between patients, visitors, community, faith organisations and healthcare teams.
- Facilitate specialist visits, including those involving therapy animals, pastoral care, and rehabilitation support.
- Ensure compliance with national healthcare guidelines and infection prevention protocols.

### 1.2 Expected Outcomes:

- Improved patient recovery and satisfaction through active partnership with families and carers.
- Enhanced patient safety and infection control through clear visitor expectations and guidance.
- Positive patient, family, and carer experiences, contributing to overall care quality.
- Consistent and compassionate care in line with Trust values and regulatory standards.

## 2.0 Definitions

To ensure clarity and consistency in the application of this policy, the following terms are defined as follows:

- **Assistance Dog:** A highly trained dog that supports a person with a long-term medical condition or disability, providing essential tasks to improve their independence and quality of life.
- **Call for Concern:** A service that allows patients, families, and carers to escalate concerns about the care or condition of a patient directly to senior clinical staff.
- **Unpaid Carer:** An individual who provides unpaid support to a family member, friend, or neighbour who is unable to manage without this assistance due to illness, disability, mental health conditions, or age-related frailty.
- **Compassionate Visiting:** Visiting that occurs outside of standard hours due to specific patient needs, including end-of-life care or critical illness, often arranged with the Nurse / Midwife in Charge.

- **Community and Faith Organisation:** Independent, not-for-profit bodies rooted in a locality or belief system, operating for the benefit of the wider public, and often run by volunteers or trustees. This includes registered charities, community associations, faith groups and social enterprises.
- **End-of-Life Care:** Support provided to patients in the final phase of a life-limiting illness, ensuring comfort, dignity, and the best possible quality of life.
- **Family:** A group of individuals related by blood, marriage, civil partnership, or chosen connection who provide significant emotional and physical support to a patient.
- **Infection Prevention Measures:** Practices aimed at reducing the spread of infection within healthcare settings, including hand hygiene, personal protective equipment (PPE), and environmental cleaning.
- **It's OK to Ask** - a patient empowerment campaign launched by both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. Its primary goal is to encourage patients to actively engage in their healthcare by asking pertinent questions about their treatment and care plans.
- **Mealtime Mate:** A trained volunteer who provides support to patients during mealtimes, encouraging nutrition and hydration to aid recovery.
- **Pastoral Support:** Emotional and spiritual care provided to patients, families, and staff, often delivered by chaplains or trained volunteers.
- **Pets as Therapy (PAT):** A registered charity that provides therapeutic visits by specially trained animals to improve patient well-being and emotional health.
- **Quiet Protocol:** An initiative to reduce noise in clinical areas, promoting rest, recovery, and a calm environment for patients.
- **Specialist Visit:** A visit by a healthcare or support professional, such as a therapist, mental health practitioner, or chaplain, providing specific interventions to support patient recovery.
- **Visitor:** Any family member, carer, friend, or individual not employed by the Trust who provides emotional, physical, or practical support to a patient.
- **Ward Round:** A regular meeting where healthcare professionals discuss the care and treatment plans for patients, typically involving doctors, nurses, midwives and allied health professionals.

### 3.0 Accountabilities

The successful implementation of this policy relies on the collective responsibility of individuals, departments, and committees within the Trust:

- Chief Nurse – Overall accountability for ensuring compliance with this policy and supporting a positive patient experience.
- Divisional Directors of Nursing & Midwifery / Heads of Nursing & Midwifery – Responsible for ensuring the policy is implemented effectively within their areas, including staff training and awareness.
- Ward Managers and Nurse / Midwife in Charge – Day-to-day responsibility for managing visiting arrangements, supporting staff, and ensuring patient safety.
- Infection Prevention and Control Team – Provide guidance on infection prevention measures related to visiting, including animal visits.
- Associate Director Patient Experience – Support the ongoing review of this policy based on patient and visitor feedback.
- All Trust Staff – Expected to support the implementation of this policy, promoting a welcoming, safe, and compassionate care environment.

## 4.0 Policy Detail

### 4.1 Purpose

This policy sets out the Trust's approach to visiting, ensuring a welcoming and inclusive environment that supports patient recovery, dignity, and well-being while maintaining a safe and efficient healthcare setting. Visitors are recognised as partners in care, playing a vital role in supporting patients during their hospital stay.

### 4.2 Scope

This policy applies to all visitors to inpatient areas across the Trust and includes bedded units in community settings, including family members, carers, and friends. It also outlines expectations for staff in facilitating and managing visits. Visitors are encouraged to be active partners in care, working alongside healthcare teams to enhance patient well-being. The Trust recognises that individual circumstances may impact visiting arrangements, and decisions should consider patient preferences, safeguarding considerations, and the need to create a safe and respectful hospital environment. All decisions regarding visiting exceptions must be documented using the Visiting Decision Log. Staff must complete a Visiting Risk Assessment Tool to support safe and person-centred decision-making.

#### 4.3.1 Visiting Hours – Walsall Healthcare Trust (WHT)

General visiting hours are **11:00 am - 8:00 pm**.

Some departments (e.g., Maternity, ICU, Children's Wards) may have different visiting arrangements based on patient needs. Extended visiting outside these hours may be granted for compassionate or purposeful reasons and should be discussed with the Nurse / Midwife in Charge.

In-patient Wards 1-29	11-00am-8.00pm
Paediatric Wards – Assessment Unit and Ward 21	No restriction for parent/carer 10:00am-8.00pm for others – parent/carer plus two visitors at any one time
ICU	11-8 – quiet periods encouraged, flexible approach for visiting outside of these hours with prior agreement of NIC
Neonatal	<ul style="list-style-type: none"> <li>Both parents and caregivers have 24-hour access to the Neonatal Unit to attend to their baby. When parents and caregivers are unable to visit the unit to see their baby, they can enquire about their baby's care by telephone.</li> <li>Family, friends and named visitors can visit the Neonatal Unit, but please check with the Neonatal team about access and times for this. Please limit the number of visitors at the cot side to 2 people, 1 must be a parent. Other visitors can wait in the waiting area outside the unit and swap over to see the baby.</li> </ul>
Maternity Ward 24 and Ward 25	10.00am-8.30pm  Visiting restrictions – A birth partner plus one (excluding own children) are also permitted. Your own children are welcomed onto the ward, however all other children under the age of 12 years will not be given access.

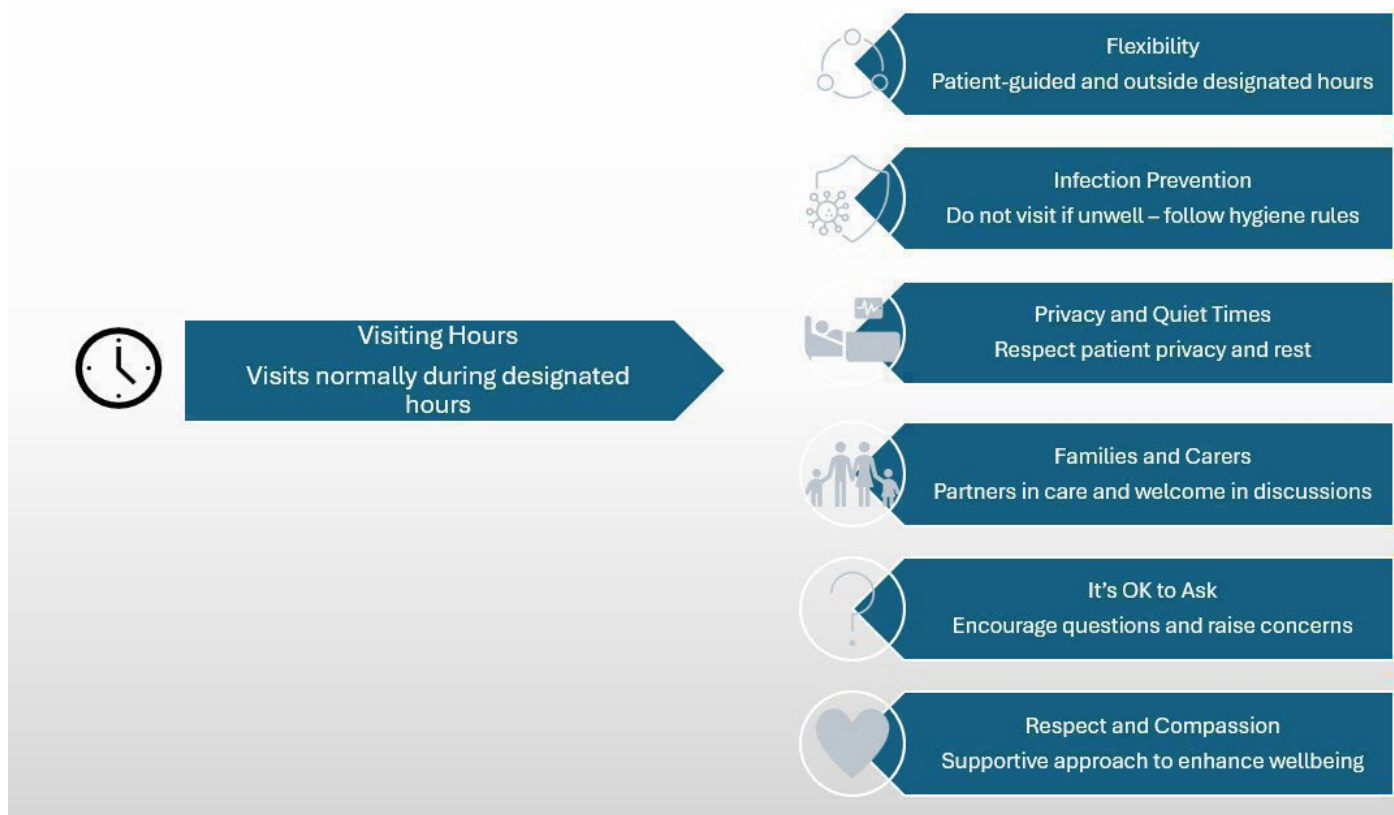
### 4.3.2 Visiting Hours – The Royal Wolverhampton Trust (RWT)

General visiting hours are **11:00 am - 8:00 pm**.

Some departments (e.g., Maternity, ICU, Children's Wards) may have different visiting arrangements based on patient needs. Extended visiting outside these hours may be granted for compassionate or purposeful reasons and should be discussed with the Nurse in Charge.

<b>In-patient Wards</b>	11-00am-8.00pm
<b>Paediatric Wards</b>	Open visiting for parents/main carers Only one parent/carer staying overnight Visiting for other family members, siblings etc 2.30-4pm and 6pm-8pm Only 2 people per bedspace (this can be flexible and can be discussed with the nurse in charge)
<b>ICU</b>	1-3pm 5-7pm. However, with flexibility around compassionate visiting.
<b>Neonatal</b>	Open Access – anytime, Parents  Siblings All other visitors – only 3 visitors at cot side
<b>Midwifery Led Unit</b>	Open access – 2 birth partners
<b>Maternity Ward and Transitional Care</b>	1000 – 2100 hours Partner or individual of choice  1300 – 1900 hours Siblings  1300 – 1900 hours  General visiting (2 to a bed)
<b>Antenatal Ward D9</b>	1000 – 2100 hours Partner or individual of choice  1300 – 1900 hours Siblings  1300 – 1900 hours General Visiting (2 to a bed)
<b>Delivery Suite</b>	Open Access 2 Birth Partners – no other visitors
<b>Willow Suite</b>	Open Access – all visitors
<b>Maternity Triage</b>	Open Access – 1 support partner
<b>Maternity Induction Unit</b>	1000 – 2200 1 Support partner 1000-1200 hours 1700-1900 – Own Children (accompanied by support partner please)

# Partners in Care – Hospital Visitor Guidance Policy



## 4.4 Visitor Expectations

Visitors play an essential role in patient recovery and well-being. To ensure a safe and comfortable environment for all, visitors are expected to:

- Adhere to designated visiting hours unless special arrangements have been made.
- Follow infection prevention measures, including hand hygiene.
- Avoid visiting if unwell (e.g., experiencing cold, flu, diarrhoea, or vomiting symptoms).
- Limit the number of visitors to two per bedside at a time.
- Keep noise levels low and respect patient privacy, following the Quiet Protocol.
- Follow any staff instructions as may be required regarding visiting protocols.
- Work collaboratively with staff as partners in care, contributing to the patient's recovery journey.
- Respect staff, patients, and other visitors by always maintaining appropriate behaviour.

## 4.5 Family and Carer Involvement

Families and carers are encouraged to be active partners in care, involved in discussions about treatment and discharge planning. Mealtime support is welcomed where appropriate, and 'Mealtime Mate' volunteers may be available to provide additional assistance. The Call for Concern service is available for visitors who wish to escalate concerns about patient care. Visitors are encouraged to communicate openly with staff and be involved in patient well-being as part of a collaborative care approach.



## 4.6 Special Considerations

- Children under 16 may visit in exceptional circumstances with prior approval from ward staff.
- Service animals are permitted in line with Trust policy.
- Flowers and gifts may be restricted in some wards for clinical reasons—visitors should check in advance.
- Safeguarding measures will be taken into consideration when allowing visits, ensuring patient safety and well-being.

## 4.7 Specialist Visits

- Pastoral and spiritual support visits are available from chaplaincy teams upon request.
- Psychological and mental health support may be arranged for patients requiring emotional support.
- Specialist rehabilitation visits, including therapy sessions, are encouraged to support patient recovery.
- Visits from support workers and other essential non-medical professionals should be coordinated with ward staff to ensure patient needs are met.

## 4.8 Animals and Pets

In line with the Trust's 'Animals and Pets in Healthcare and Community Settings' policy, animals may play a therapeutic role in patient care.

The following principles apply:

- Pets as Therapy (PAT) animals, guide dogs, and assistance dogs are welcome where appropriate, subject to infection control and risk assessments.
- Patient-owned pets may visit in exceptional circumstances, such as end-of-life care, with prior agreement from the clinical area.
- All animal visits must follow infection prevention guidelines, including hand hygiene and the restriction of animal access to sterile or food preparation areas.
- The temperament and health status of visiting animals must be confirmed by the handler, and animals must be appropriately supervised and always restrained.
- Visits involving animals should be carefully managed to avoid disruption to other patients, staff, and visitors.
- Further details are available in the full 'Animals and Pets in Healthcare and Community Settings' policy.

## 4.9 Communication and Support

- Visitors should direct any questions to the ward reception or clinical team.
- Information about visiting arrangements is available in the Visitors Guide and on the Trust website via <https://royalwolverhampton.nhs.uk/patients-and-visitors/visiting-a-patient/> & <https://www.walsallhealthcare.nhs.uk/patients-and-visitors/planning-your-visit/hospital/ward-visiting-times/>
- The “It’s OK to Ask” initiative supports open communication between patients, visitors, and staff.
- The Trust values visitors as partners in care, encouraging collaboration to provide the best patient experience.

The **"It's OK to Ask"** initiative is a patient empowerment campaign launched by both Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust. Its primary goal is to encourage patients to actively engage in their healthcare by asking pertinent questions about their treatment and care plans.

### **Key Objectives:**

The campaign centres around prompting patients to consider and ask three essential questions during their healthcare interactions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important I do this?

These questions are designed to foster open communication between patients and healthcare professionals, ensuring that patients have a clear understanding of their health conditions and the recommended treatments.

## **4.10 Privacy and Dignity During Ward Rounds**

- Visitors may be asked to step away from patient bedsides or leave the immediate area during ward rounds or medical discussions to protect patient privacy and dignity.
- Staff will aim to minimise any disruption and ensure visitors can return as soon as possible.

## **4.11 The Quiet Protocol**

To support a restful and healing environment, the Trust has introduced the Quiet Protocol, ensuring that patient areas remain calm and conducive to recovery during night hours. The Quiet Protocol is in effect from **11:00 pm to 6:00 am**, encouraging patients, staff, and visitors to be mindful of noise levels.

### **Preparing for The Quiet Protocol:**

- Wind down starts at 9:00 pm or 10:00 pm, allowing patients to prepare for a restful night.
- Use the last evening round as an opportunity to address any needs, such as pain relief, toileting, or additional pillows.
- Eye masks and ear plugs may be available upon request to reduce disturbance.

### **During The Quiet Protocol:**

- Take any phone calls away from the bedside to avoid disturbing others.
- Use headphones when listening to personal devices like radios or televisions.
- Open and close bedside cabinets gently.
- Speak softly if you need to communicate, respecting the rest of those around you.

By following **'The Quiet Protocol'**, we can create a more peaceful and restorative environment for all patients.



## 4.12 Keeping Everyone Safe and Well

Creating a safe, welcoming, and supportive environment is a shared responsibility. To help keep our patients, staff, and visitors healthy, we ask everyone to follow these simple steps:

- **Clean Hands** – Use the hand sanitiser provided at ward entrances and patient bedsides or wash your hands thoroughly with soap and water upon entering and leaving the ward. This is one of the most effective ways to prevent the spread of infection.
- **Be Mindful of Your Health** – If a visitor feels unwell or have symptoms like a cough, fever, diarrhoea, vomiting, or an unexplained rash, please avoid visiting until fully recovered. This helps protect vulnerable patients from infections like norovirus, COVID-19, and flu.
- **Respect Ward Restrictions** – During outbreaks or when visiting patients with compromised immunity, there may be additional measures in place to reduce the risk of spreading infection. Please follow any signs or instructions from staff.
- **Cover Coughs and Sneezes** – Use a tissue or your elbow to cover your mouth and nose, dispose of the tissue promptly, and clean your hands afterwards to reduce the spread of airborne germs.
- **Personal Space** – Be mindful of physical contact, particularly with patients who may have weakened immune systems or be at higher risk of infection.
- **Personal Protective Equipment (PPE)** – In some situations, you may be asked to wear a mask, gloves, or other protective equipment. Staff will guide you on when this is necessary and provide support if needed.

## 4.13 Safeguarding, Patient Consent and Recording of Visits

Patient safety and dignity are at the heart of all care practices. In line with our commitment to providing safe, compassionate care, we ensure that all visitors understand and respect the protocols surrounding patient consent and safeguarding.

- **Patient Consent:** Before any visit, patient consent is obtained where necessary, ensuring that patients can agree to visits in a way that aligns with their preferences and care needs. For patients who may lack capacity to give consent, such as those with cognitive impairments, we follow established procedures to secure consent through a legally authorised representative or family member.
- **Safeguarding Vulnerable Patients:** We have stringent safeguarding measures in place to protect patients, particularly those who may be vulnerable due to age, illness, or disability. Any visits that could potentially pose a risk to patient welfare are carefully assessed. All visitors are required to adhere to our safeguarding protocols, including the identification of any concerns or potential risks to patient safety during their visits this includes the photographing or recording of the patient, staff or are environment without seeking permission to do so.
- **Recording Visits:** In some instances, especially for patients who are unable to provide consent independently, or where there are specific concerns about the visit, a formal record of consent may be required. This documentation will ensure that all parties involved are clear on the nature and purpose of the visit, and that appropriate steps are taken to protect patient well-being.
- **Ensuring a Safe Environment for All:** We are committed to providing a supportive environment where patients and their families feel comfortable, confident, and safe. If you have any questions about our consent or safeguarding procedures, please speak to a member of our staff, who will be happy to provide guidance and support.

#### 4.14 Compassionate Visiting

The Trust recognises that some situations call for flexibility beyond standard visiting arrangements. **Compassionate Visiting** allows for exceptions to general visiting hours in circumstances where the presence of loved ones is essential to a patient's emotional well-being, recovery, or dignity.

##### Compassionate Visiting May Be Arranged For:

- **End-of-life care** – where time with loved ones is critical and continuous presence may be appropriate.
- **Patients with dementia or delirium** – where familiar faces reduce distress and support care.
- **Patients with learning disabilities or sensory impairments** – who benefit from known carers or advocates to support communication and comfort.
- **Patients in a mental health crisis** – where supportive visitors help with emotional stability.
- **Patients with extended hospital stays or experiencing distress** – especially those struggling with isolation or anxiety due to their admission.
- **Patients requiring rehabilitation support** – where recovery is improved with involvement from a partner or close family member.
- **Single parents or primary carers** – whose absence may negatively impact their mental well-being or recovery.

##### Arranging Compassionate Visits:

- These should be discussed with the **Nurse in Charge** or senior ward staff.
- Every effort will be made to accommodate these requests promptly and sensitively.
- Infection prevention, safeguarding, and patient preferences will be considered.

#### 4.15 Emergency Department and Outpatient Visiting

The Trust recognises the importance of compassionate support during Emergency Department (ED) visits and outpatient appointments. However, due to space constraints and the nature of these environments, a **balanced and proportionate approach** is required.

##### Outpatient Appointments

- Patients may bring **one person** to support them during their appointment, particularly if they:
  - Require assistance with communication, mobility, or cognitive needs.
  - Need emotional support or advocacy.
  - Are attending for a procedure or difficult news.

##### Emergency Department

- In the ED, one accompanying person is permitted unless clinical need or individual circumstances justify additional support (e.g. for children, vulnerable adults).
- During busy periods or where safety and privacy are affected, staff may ask visitors to temporarily wait outside the clinical area.
- Clinical staff will apply discretion and ensure support is offered appropriately and compassionately.

## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

## 6.0 Equality Impact Assessment

The Partners in Care approach, including extended and compassionate visiting, promotes equality of opportunity by recognising the diverse needs of patients, families, and carers. It aligns with the spirit of the Equality Act 2010 and CQC Regulation 9a, supporting flexible, person-centred visiting policies that enhance patient well-being and reduce barriers to care. This approach ensures that all visitors, regardless of their background or circumstances, can participate in the care and recovery of their loved ones.

## 7.0 Maintenance

This policy will be maintained by the Patient Experience Team, in collaboration with the Infection Prevention and Control Team and the Trust's Quality Committee. The policy will be reviewed and updated as required, based on feedback, legislative changes, and best practice guidelines. Recommendations for changes or amendments will be considered by the Trust's Policy Management Core Group (TPMCG) Walsall and Trust Policy Group (TPG) Wolverhampton. If no changes/amendments are required, this policy will be approved at this meeting.

## 8.0 Communication and Training

Communication and Training To ensure successful implementation and understanding of this policy, effective communication and training are essential. Key deliverables within this policy will be communicated through the following methods:

- Trust-wide staff bulletins, email updates, and intranet announcements.
- Departmental meetings, including ward huddles and team briefings.
- Inclusion in new staff induction programs and volunteer training.
- Regular updates to the Visitors Guide and Trust website.

## 9.0 Audit Process

- Complaints or concerns about visiting arrangements should be directed to the Nurse in Charge or Patient Experience Team.
- The Trust will regularly review visiting policies to ensure they align with patient feedback and national guidelines.
- This policy will be reviewed every 3 years or when significant changes in healthcare guidance occur.
- This policy supports the following strategic aims: **Excel in the Delivery of Care, Improve the Health of our Communities**

Criterion	Lead	Monitoring method	Frequency	Committee
At a minimum the Trust will regularly review visiting policies to ensure they align with patient feedback and national guidelines.	Associate Director Patient Voice (Experience)	Visitors Experience Survey	Annually	Patient Experience Group
Feedback – complaints & concerns, Mystery Patient and Friends and Family decision logs and incident reports	Head of Patient Voice	Data Analysis	Quarterly reports	Patient Experience Group and Quality Committee

## 10.0 References - Legal, professional or national guidelines

References To support the effective implementation of this policy and ensure consistency with wider Trust practices, the following documents should be considered in conjunction with this policy:

- CQC Regulation 9a – Flexible and Compassionate Visiting Policies in Healthcare Settings <https://www.cqc.org.uk/guidance-providers/regulations/regulation-9a-visiting-and-accompanying>
- Infection Prevention and Control Policies
- Animals and Pets in Healthcare and Community Settings Policy
- Safeguarding Policy
- End-of-Life Care Policy
- Data Protection and Confidentiality Policy
- Volunteer Management Policy
- Confidentiality Code of Conduct for staff



Whilst on your visit, you may be asked to step out during ward rounds or clinical care to protect patient privacy and confidentiality.

**Thank you for your understanding.**



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Whilst on your visit, you may be asked to step out during ward rounds or clinical care to protect patient privacy and confidentiality.



# Thank you for your understanding.



## Good night, sleep tight

### Sleep helps in healing

Sleep time should be quieter and restful for all. Help us with the **Quiet Protocol**.

Wind down starts 9pm-10pm.

Take the last evening round as an opportunity to prepare yourself for the night – consider pain relief, toileting needs or extra pillows.



The Quiet Protocol lasts from 11pm-6am.

Take any phone calls away from the bed

Open/close bedside cabinets gently

Use headphones when listening to your radio/tv

Speak softly if you need to avoid disturbing others

#### Working in partnership

The Royal Wolverhampton N-S Trust  
Walsall –ealthcare NHS Trust

## Interacting with our staff

Our staff are here to provide the best care possible. If you have questions or concerns, please approach a nurse or ward manager.

We encourage 'It's OK to Ask'. This is based on three questions you may wish to know about the care the patient is receiving. With appropriate consent, we are happy to address: 'What is the main problem?', 'What needs to be done?' and 'Why is this important?'.

Please maintain a positive and respectful attitude when interacting with staff. If you have any concerns, or compliments, about the care being delivered please firstly speak with the nurse-in-charge. You may also wish to contact the Patient Relations Team.

## Rest (visitors and patients)

There are a limited number of rest areas available for visitors in various locations throughout the hospital(s). Please utilise these spaces for your comfort. Visit our website for more information on facilities available.

Please be mindful patients will be resting, so please do not speak on mobile phones in a loud manner to help maintain a calm environment.



## Leaving hospital

If you have been issued a visitor pass, please return it at the ward reception desk as you leave.



## Support services

Our Trust offers various support services including chaplaincy services, family and carers support, and volunteer programmes. Feel free to ask the healthcare professionals about these resources during your visit.



We are committed to providing care in a compassionate and supportive environment, and we appreciate your cooperation in following these guidelines. Your presence and support are essential to the healing process, and we are here to assist you in any way possible.

## Working in partnership

The Royal Wolverhampton N-S Trust  
Walsall Healthcare NHS Trust

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# A guide for patients and visitors – our 'partners in care'

Being in hospital can be a worrying and anxious time for patients, and for their loved ones.

We recognise visitors as our 'partners in care' – playing a key role in the patient's recovery.

This guide is designed to help patients and visitors feel supported and informed throughout their stay.



Care Colleagues  
Collaboration Communities

## Welcome

When you arrive at hospital, you will be greeted by our friendly staff and volunteers. Feel free to ask any questions or ask for help, if you need it. We aim to provide a welcoming and comfortable atmosphere for all.



## Visiting hours

**Our visiting hours are between 11am and 8pm.** This allows patients to receive essential rest and care.



In special circumstances, exceptions may be made. Please discuss any requests with nursing staff or the unit manager.

## Being a partner in care



Visitors are an essential part of a patient's recovery. Your presence can provide emotional support and encouragement.

Kindly follow the Trust's guidelines (e.g. hand hygiene – see more information below) and be mindful of the patient's medical needs during your visit (i.e. supporting the healthcare professional to carry out their assessment(s)/deliver the necessary treatment).

Please be aware of the need to restrict visitor numbers to two people at the bedside at any one time to protect the privacy and dignity of other patients on the ward, and to allow adequate space between patients and visitors (to maintain a safe environment and prevent overcrowding).

## Checking in



Upon arrival, please check in at the ward information desk. Unpaid carers with a 'partner in care' agreement will be issued a visitor's pass and provided with any necessary instructions. An unpaid carer is anyone, including children and adults, who looks after a family member, partner, or friend who needs help because of their illness, frailty, disability, mental health problem or addiction and cannot cope without their support. The care they give is unpaid. This does not have to be the patient's next of kin.

Checking in helps ensure the safety and security of all patients.

## Hand hygiene



Good hand hygiene is essential to prevent the spread of infections. Please use the hand sanitisers provided, especially before and after visiting a patient. You are also encouraged to wash your hands using soap and water where a sink is available. You must not visit someone in hospital if you have a cough, cold, diarrhoea, vomiting or any other infectious condition.

## Privacy and confidentiality



Respect the patient's right to privacy. Always knock before entering a patient's room or check it is ok to enter if a curtain is pulled around the bed space.

You may be kindly asked to leave the ward during doctors' rounds to ensure other patients' confidentiality, or if our facilities staff need to clean around the bedspace.

Avoid discussing the patient's condition or medical history in public areas.

## Supportive meal times



We believe 'mealtimes matter' and will try to avoid carrying out assessments/delivering treatment at mealtimes so patients can eat their meal in a calm and relaxed environment.

Visitors are welcome to assist the person they are visiting at mealtimes, with their agreement. Please speak to the nurse in charge before assisting (ask for them at the ward reception desk).

There may be occasions when enhanced support is provided by our 'Mealtime Mate' volunteers, who are trained to support patients to be 'mealtime ready' and enjoy a comfortable mealtime experience.

## Comfort items



Feel free to bring comfort items for the patient such as books, magazines, or personal items such as toiletries, glasses, suitable clothing, and footwear. We are a smoke-free hospital, so cigarettes are not allowed within the hospital grounds.

While thoughtful gestures are appreciated, please check with the nursing staff for any restrictions on gifts or flowers.

Discuss any diet restrictions or food preferences with the patient and nursing staff before bringing any food or beverages to the ward.



## Feedback and complaints



We greatly value your feedback as it helps us enhance the care we deliver.

If you have a compliment, concern, or wish to make a formal complaint, please speak with a member of our team or contact the Patient Relations Team. Ask a staff member for contact details or visit the Trust's website.

Rest assured, your feedback will be treated confidentially and with care. For anonymous feedback, you can look for Mystery Patient posters displayed around the hospital, and you may also be invited to complete a 'Friends and Family' recommendation, which we strongly encourage.

## Going home



When it's time for you to leave the hospital, our team will provide you with detailed information about your aftercare, including medications, follow-up appointments, and any ongoing support you may need.

If you have any questions, please feel free to ask before you are discharged.

## Contact us



If you or your family members have any questions or need assistance during your stay, please do not hesitate to ask. We are here to help. In the first instance speak with the Nurse in Charge. If this does not resolve matters, please speak with the Patient Relations Team who can be contacted via the hospital switchboard.

We are here to support you every step of the way and wish you a comfortable and speedy recovery.

## Working in partnership

The Royal Wolverhampton N-S Trust  
Walsall Healthcare NHS Trust

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# Welcome Your wellbeing is our priority

Welcome to our Trust.

Our dedicated staff are committed to providing you with the highest quality of care in a compassionate and safe environment.

Being in hospital can be a worrying and anxious time for you, and for your loved ones, and we want to ensure your time with us is as comfortable as possible.



Care Colleagues  
Collaboration Communities



## Your healthcare team

During your stay, you will be cared for by a multidisciplinary team including doctors, nurses, therapists, healthcare assistants, and other professionals. Each staff member is here to support your recovery and wellbeing.



If you have any questions or concerns, please do not hesitate to speak with any member of the team.

## Your care

A personalised care plan will be created for you as you arrive. This plan will guide your treatment, medication, and care during your stay.



You will be regularly updated, and we encourage you to ask questions or share your preferences with us.

## Visiting information

- **Visiting hours:** 11am-8pm
- **Number of visitors:** Up to two visitors at a time
- **Quiet hours:** In some specialist areas of the hospital visiting periods are different to that of general wards. This is to allow rest periods to be observed. Please visit our website for details.



However, there is some flexibility around compassionate visiting in these areas.

If you wish to communicate with someone who cannot visit in person, we can support you to make a video call. Please speak to a member of staff for assistance.

## Mealtimes

Mealtimes are an important part of your recovery, and we offer a variety of meals that cater to different dietary needs and preferences.



Please ask a staff member if you need physical support with eating your meals. Dependent on availability, our 'Mealtime Mate' volunteers may assist.

Our meal service operates between the following times:

- **Breakfast:** 7.30am-8.30am
- **Lunch:** 12.30pm-1.30pm
- **Dinner:** 5.30pm-6.30pm.

If you have any dietary requirements, please inform a member of the nursing team.

## Medication and pain relief

Your healthcare team will manage your medication and pain relief during your stay.



If at any time you feel uncomfortable or in pain, let us know immediately and we will ensure that your needs are met as quickly as possible.

## Staying active

(Eat, Drink, Dress, Move to Improve)

We understand that staying active plays a key role in your recovery.



Our healthcare teams work together to support your rehabilitation. This means doctors, nurses, physiotherapists, occupational therapists and other specialists will help you regain strength, mobility, and independence.

We will create a personalised rehabilitation plan that suits your needs – introducing gentle physical activities that will aid your recovery. Whether it's walking with assistance, practising simple exercises in bed, or using help (e.g. walking frames), we encourage you to stay as active as you can, within your comfort level.

Staying active not only helps speed up recovery but also reduces the risk of complications such as muscle weakness, pressure sores, and blood clots. Our team will guide and support you every step of the way, ensuring that any activity is safe and effective.

## Infection prevention and control



Your safety is our priority. Please help us maintain a clean and safe environment by following these guidelines:

- Wash your hands regularly and use the hand sanitisers available
- Follow the advice given by staff regarding personal protective equipment (e.g. face masks) where necessary
- Let a staff member know if you feel unwell or notice any signs of infection.



### Visiting Risk Assessment Tool

This tool is designed to support safe and person-centred visiting decisions in care settings.

#### Assessment Criteria

<b>Patient Preferences:</b> Has the patient expressed preferences regarding visitors?	
<b>Infection Control:</b> Are there any infection risks that need to be considered?	
<b>Space Limitations:</b> Is the physical space suitable for safe visiting?	
<b>End-of-Life Status:</b> Is the patient receiving end-of-life care?	
<b>Safeguarding Concerns:</b> Are there any safeguarding issues related to visitors?	
<b>Communication Needs:</b> Does the patient require support to communicate effectively?	
<b>Mental Health or Cognitive Impairment:</b> Is accompaniment essential for wellbeing?	
<b>Legal or Advocacy Support:</b> Is the visitor acting in a legal or advocacy role?	
<b>Risk Rating</b>	Low / Medium / High – based on cumulative assessment.
<b>Decision</b>	Approved / Restricted / Deferred – with rationale
<b>Staff Completing Assessment</b>	
<b>Name, Role, Date</b>	

### Exceptional Visiting Decision Log Template

Use this log to document decisions regarding visiting and accompaniment requests outside standard visiting hours. The Trust recognises that some situations call for flexibility beyond standard visiting arrangements. **Compassionate Visiting** allows for exceptions to general visiting hours in circumstances where the presence of loved ones is essential to a patient's emotional well-being, recovery, or dignity.

#### Compassionate Visiting May Be Arranged For:

- **End-of-life care** – where time with loved ones is critical and continuous presence may be appropriate.
- **Patients with dementia or delirium** – where familiar faces reduce distress and support care.
- **Patients with learning disabilities or sensory impairments** – who benefit from known carers or advocates to support communication and comfort.
- **Patients in a mental health crisis** – where supportive visitors help with emotional stability.
- **Patients with extended hospital stays or experiencing distress** – especially those struggling with isolation or anxiety due to their admission.
- **Patients requiring rehabilitation support** – where recovery is improved with involvement from a partner or close family member.
- **Single parents or primary carers** – whose absence may negatively impact their mental well-being or recovery.

#### Arranging Compassionate Visits:

- These should be discussed with the **Nurse in Charge** or senior ward staff.
- Every effort will be made to accommodate these requests promptly and sensitively.
- Infection prevention, safeguarding, and patient preferences will be considered.

<b>1. Date of Request</b>	
<b>2. Patient Name / ID</b>	
<b>3. Visitor Name / Relationship</b>	
<b>4. Type of Visit (e.g. Routine, Compassionate, Purposeful)</b>	
<b>5. Decision Made (Approved / Restricted / Deferred)</b>	
<b>6. Rationale for Decision</b>	
<b>7. Staff Involved in Decision</b>	
<b>8. Review Date (if applicable)</b>	

### **Outpatient Accompanied Visit Risk Assessment – Departmental Overview**

This overarching departmental risk assessment supports safe and person-centred accompaniment of patients during outpatient appointments. It enables the application of a default 'plus one' control measure while allowing flexibility for special circumstances such as breaking bad news, diagnosis support, and patients with special needs.

### **Assessment Scope**

This assessment applies to all outpatient departments across the Trust. It is completed by departmental leads and reviewed annually or when significant changes occur in service delivery or physical layout.

### **Default Control Measure**

Patients may be accompanied by one supporter ('plus one') during outpatient appointments. This measure balances personal choice with space and safety considerations.

### **Exceptions to Control Measure**

Additional accompaniment may be permitted in the following circumstances:

- Breaking of bad news or complex diagnosis
- Patients with cognitive impairment, dementia, or learning disabilities
- Patients with communication barriers (e.g. language, sensory impairment)
- Mental health support needs
- Safeguarding concerns

### **Departmental Considerations**

Departments should assess the following factors when applying the control measure:

- Waiting area capacity and layout
- Infection prevention protocols
- Privacy and dignity requirements
- Staff availability to support accompanied visits

### **Review and Monitoring**

This assessment should be reviewed annually by the Patient Experience Team in collaboration with outpatient leads.

Feedback from staff and patients should inform updates. Any incidents or complaints related to accompaniment should be logged and reviewed.

### Partners in Care – accompanied visiting

Please complete the table below to record departmental assessment outcomes and control measures:

<b>Outpatient Accompanied Visit Risk Assessment – Departmental Overview</b>  This departmental risk assessment supports the default 'plus one' accompaniment policy in outpatient settings. It enables teams to apply proportionate control measures while recognising special circumstances such as communication needs, diagnosis support, safeguarding, and emotional wellbeing. This assessment is reviewed annually and overseen by the Patient Experience Team.	
<b>Department/Clinic</b>	
<b>Assessment Outcome</b>	
<b>Control Measures Applied</b>	
<b>Exceptions Noted</b>	
<b>Review Date</b>	

## Part A - Document Control

To be completed when submitted to the appropriate committee for consideration/ approval

<b>Policy number and Policy version:</b>  GOP08 V1	<b>Policy Title</b>  Partners in Care – Hospital Visiting Policy	<b>Status:</b>  Final		<b>Author:</b> Garry Perry Associate Director Patient Voice  <b>Chief Officer Sponsor:</b> Lisa Carroll, Chief Nursing Officer and DIPC  Debra Hickman Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	15 May 2025	Garry Perry	This is a new policy superseding all previous versions due to changes in regulatory requirements
<b>Intended Recipients:</b> All Trust Staff – Expected to support the implementation of this policy, promoting a welcoming, safe, and compassionate care environment.				
<b>Consultation Group / Role Titles and Date:</b> NMAAF and Senior Nurse leaders at both trusts .				
<b>Name and date of Trust level group where reviewed</b>		WHT Trust Policy Management Core Group. 8.9.2025 RWT Trust Policy Group Date 8.9.2025		
<b>Name and date of final approval committee</b>		WHT Trust Policy Management Core Group. 8.9.2025 RWT Trust Policy Group Date 8.9.2025		
<b>Date of Policy issue</b>		10.9.2025		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		8.9.2028 Every 3 years.		
<b>Training and Dissemination:</b> Implementation of new visiting hours already communicated internally to staff and externally to the public – now guides and leaflets are in place a toolkit approach to be made available including an online video for staff and patients				
<b>Publishing Requirements: Can this document be published on the Trust's public page:</b>  <b>Yes</b>  If yes you must ensure that you have read and have fully considered it meets the				



requirements outlined in sections 1.9, 3.7 and 3.9 of OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines, as well as considering any redactions that will be required prior to publication.	
<b>To be read in conjunction with:</b> <ul style="list-style-type: none"> <li>• CQC Regulation 9a – Flexible and Compassionate Visiting Policies in Healthcare Settings <a href="https://www.cqc.org.uk/guidance-providers/regulations/regulation-9a-visiting-and-accompanying">https://www.cqc.org.uk/guidance-providers/regulations/regulation-9a-visiting-and-accompanying</a></li> <li>• Infection Prevention and Control Policies</li> <li>• Animals and Pets in Healthcare and Community Settings Policy</li> <li>• Safeguarding Policy</li> <li>• End-of-Life Care Policy</li> <li>• Data Protection and Confidentiality Policy</li> <li>• Volunteer Management Policy</li> </ul>	
<b>Initial Equality Impact Assessment(all policies):</b> <b>Completed Yes Full Equality Impact assessment(as required):</b> <b>Completed NA</b> If you require this document in an alternative format e.g., larger print please contact Policy Administrator	
<b>Monitoring arrangements and Committee</b>	Patient Experience Annual monitoring and visitor survey report – escalations to Quality Committee as required
<b>Document summary/key issues covered.</b> This document sets out the Visitor Guidance Policy, designed to ensure a safe, respectful, and inclusive environment for patients, staff, and visitors. It outlines expectations around visiting hours, infection prevention, privacy, quiet times, and the role of families and carers as partners in care. The policy supports open communication through the “It’s OK to Ask” initiative, encouraging patients and their loved ones to ask questions and be actively involved in care. Staff are guided on how to manage visits appropriately, uphold safeguarding standards, and foster a compassionate culture where every visit contributes positively to patient wellbeing.	
<b>Key words for intranet searching purposes</b>	Visiting Policy
<b>High Risk Policy?</b> <b>Definition:</b> <ul style="list-style-type: none"> <li>• Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation.</li> <li>• References to individually identifiable cases.</li> <li>• References to commercially sensitive or confidential systems.</li> </ul> If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	<b>No</b>