Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

PATIENT VISITING POLICY

POLICY

Reference			
Approving Body	Nursing, Midwifery and Allied Health Professional Committee		
Date Approved	3rd December 2025		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	√		
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Consultation Undertaken	• Divisional Directors of Nursing • Documentation Group • End of Life Steering Group • Family Liaison Officer • Fire and Security Team • Head of Corporate Affairs • Head of Governance • Health and Safety Manager • Infection Prevention and Control Team • Legal Services • Matrons • Nursing, Midwifery and Allied Health Professional Committee • Patient Safety Partners • Patient Experience Committee via Corporate Matron • Safeguarding Team • Ward and Department Leaders • Head of Communications • Nursing, Midwifery and Allied Health Professional Committee		
	18/02/2025		
Date of Environmental Impact Assessment (if applicable)	18/02/2025		

Legal and/or Accreditation Implications	Patient Information. Health, safety and security of staff and patients regarding hospital visiting.
Target Audience	Trustwide
Review Date	December-2028
Sponsor (Position)	Chief Nurse
Author (Position & Name)	Practice Development Matron, Corporate Team
Lead Division/ Directorate	Corporate
Lead Specialty/ Service/ Department	Corporate Team and Patient Experience
Position of Person able to provide Further Guidance/Information	Practice Development Matron, Corporate Nursing

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
1. The Carers Strategy Our campaigns | Carers UK 2. Discharge Policy 3. Health and Safety Policy 4. Infection Prevention and Control and related clinical documents via Policies, Procedures & Guidelines 5. Management of unacceptable behaviours policy 6. Partners/Supporters Staying Overnight in Maternity 7. Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices - Care Quality Commission (cqc.org.uk) 8. SFH Incident Response Plan 9. Trust Security Policy 10. VIP Celebrity and Public Visitors Policy	Current versions and associated supplementary documents available from the Trust Intranet
Template control	June 2020

CONTENTS

APPENDICIES

1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) serves North Nottinghamshire and surrounding areas across its three sites and has a flexible capacity for inpatients to occupy beds at any one time. SFHFT also operates Emergency and Urgent Assessment Units 365 days per year. The Trusts' outpatient clinics also operate flexible hours to include evening and weekends at times.

The Trust recognises that being in hospital can be a worrying time for our patients so value the support and positive experience that visitors who attend the wards and departments to visit patients contributes.

As a busy acute Trust that must manage fluctuating capacity there is a need to ensure a consistent, supportive approach safely and sensitively to patient visiting across its three sites. This new policy will provide a framework for wards and departments to use in support of providing such an approach.

2.0 POLICY STATEMENT

The aim of this policy is to provide clarity around the processes and procedures concerned with visiting to inform and assist staff to manage and support the expectations and experience of patients and their visitors whilst using the Trust services, this is in keeping with existing Trust related policies procedures and guidelines and external standards outlined in the CQC Regulation 9A

Trustwide, all ward and departmental teams should use the policy as the basis for a consistent approach to organising its patient visiting and as a matter of course should refer to specific visiting arrangements for their ward or department within their operational policies.

3.0 DEFINITIONS/ ABBREVIATIONS

ACCU	Adult Critical Care Unit
Adult Inpatient Wards	Wards at Kings Mill Hospital (KMH),11,12,14 A&B, 21,22,23,24, 31, 32, 34, Short Stay Unit, 41,42,43,44, 51, Woodland Ward (52) Acute Stroke Rehabilitation Unit (53/54), Discharge Lounge. Wards at Mansfield Community Hospital (MCH) Chatsworth, Oakham and Lindhurst Wards at Newark (NWK) – Sconce and Castle
Day Case	Refers to Adult Surgical Day Case (KMH), Minster Ward (NWK) and Medical Day Case Units at Kings Mill and Newark Hospital Welcome Treatment Centre (KMH)
Infants Children/Young persons.	Ward 25 (including Paediatric high dependency unit) Childrens Assessment Unit (CAU)
Maternity	Sherwood Birthing Unit Acute Maternity Ward
NICU	Neonatal Intensive Care Unit

Outpatients	All clinics at KMH, MCH and Newark Hospitals. Including Clinic 11 and the Bramley Unit (NWK) for paediatrics
Trust/SFHFT	Sherwood Forest Hospitals NHS Foundation Trust – all 3 sites
Urgent and Emergency Care (non - overnight stay) ED/UCC/SDEC SSDEC	Refers to the Emergency Department (ED) at Kings Mill Hospital and the Urgent Treatment Centre (UTC) at Newark. Same Day Emergency Care (SDEC) for Medicine and the Surgical Same Day Emergency Care (SSDEC) Departments at Kings Mill Hospital Paediatric ED, Childrens Assessment Unit (CAU0 Gynaecology and Early Pregnancy Assessment Unit
Urgent and Emergency Care (overnight stay beds) Transitional Care beds	Emergency Assessment Unit, EAU (Medicine) and Surgical Assessment Unit, SAU (Surgery) Transitional Care.
Visitor/s	A person or persons who may or may not be related to the patient, that provides support or companionship for them. The patient should give permission and be comfortable with the visitor/s presence. Where the patient lacks capacity the Ward/Department should seek to ensure that all visitors, visit with the best interests of the patient at the forefront of their care.

4.0 ROLES AND RESPONSIBILITIES

Trust Executive Team are responsible for ensuring the wider organisational delivery and compliance with the policy content through the Divisional Directors of Nursing/ Heads of Service/ Clinical Chairs and Divisional General Managers.

Divisional Directors of Nursing/ Divisional Directors of service and Matrons are responsible for ensuring effective delivery and compliance with the policy through the ward and department leads at operational level. Including ensuring that visiting arrangements are clearly identified with operational policies for specific areas.

Ward and Department Leaders are responsible for supporting the ongoing implementation of the visiting policy in their clinical areas and will be key individuals in supporting a flexible approach to visiting when individual patients and their visitors require individualised arrangements to support a compassionate visiting availability. They will act as role models for team members to deliver this appropriately when deputising.

Infection Prevention and Control Team, Fire and Security Team, Health and Safety Manager
Will support the delivery of the policy by providing information, support, and advising on the management of risk, and the health, safety and security of patients, visitors and Trust employees.

Communications Team will support the policy ensuring that visiting arrangements and key related messages are conveyed to the public through printed materials to display in ward and department areas and through social media.

Patient Experience Team will support the delivery of the policy by providing an informative approach to delivering key messages around patient visiting and a responsive approach to any patient or visitor

feedback related to any comments, concerns or complaints around patient visiting arrangements. They will monitor and feedback to the service through the ward or department leads to ensure that positive and negative feedback is relayed through to the teams to ensure a quality service is maintained.

5.0 APPROVAL

Following consultation, final approval via the NMAHPC on behalf of the Chief Nurse

6.0. POLICY DOCUMENT

Supporting patients and their visitors is challenging in busy environments, Staff should strive to advocate for all patients at all times in decisions made around flexible visiting arrangements. In accordance with CQC Regulation 9A Wards and departments should take patient preferences for visiting arrangements into account so far as is reasonably practicable and safe. Individual care plans and treatments should be considered when making decisions around patient visits/accompaniments to appointments. Where it is not possible to meet an individual patient patient's preference, further options should be discussed with them and their family, friends, or advocates to allow for the individual to have as much control over their visiting.

In all circumstances wards and departments should use the information in this policy and associated guidance for reasonable consideration and decision-making to optimise patient and visitor experience. The Trust's wards and departments should aim to ensure that there is a flexible approach to visiting whilst ensuring a balance that allows time for staff to carry out safe and effective delivery of patient care.

Ward and departmental visiting times differ between areas, a summary of these can be found in Appendix 1.

During patient visiting times it is vital that the health, safety and security of patients and staff is always considered. Ward and department staff have the right to work without fear of any violence and aggression from patients and visitors and are reminded that the Trust does not tolerate such behaviour towards its staff. More guidance can be found in the Management of unacceptable behaviours policy

6.1 Compassionate visiting and flexible visiting arrangements / special arrangements.

6.1.1 Patients who are nearing the end of their life or whom are on end-of-life care should be allowed as many visitors as safely and comfortably possible for themselves and other patients and their visitors. Every effort should be made to provide care for these patients in cubicles / side-rooms. The ward and department teams should ensure that visitors can be in attendance as often and for as long as the patient and they themselves wish to be.

6.1.2 As not every visitor is able to visit within the ward/departments visiting times, ward and department leads should try where possible to support a visit at any reasonable point during the patient's waking hours in accordance with the CQC Regulation 9A guidance.

6.1.3 The Trust recognises the Carer Passport and values the contribution that it makes in support of carer involvement in patient care. Open visiting will be actively supported for unpaid carers who hold this document.

6.2 . Numbers of visitors

6.2.1 Ward and department capacity is limited and during times of high activity relies on floor and bedspaces to provide safe and effective care and promote privacy and dignity for patients. As such visitor numbers are limited per area and should be reasonably enforced. Appendix 1 outlines the preferred visitor numbers for the ward and departments cross the Trust. These numbers may be

flexed dependent on the individual patient circumstances and should be taken into consideration alongside the health, safety and security, privacy and dignity of all patients.

6.3. Patients leaving the ward or department with visitors whilst inpatients/from assessment areas.

6.3.1 Inpatients may leave the ward with visitors only in the following circumstances:

- They are deemed medically fit to do so by their consultant team. Where the patient is not deemed medically fit to leave the ward, every effort should be made by the staff to encourage the patient to remain within the ward/department including outlining the risks and possible consequences of taking such action and documenting these in the nursing/ medical records. This information should be clearly relayed to both the patient and their visitor. Where the patient refuses staff should seek medical advice and as a last resort consider whether the relevant section of the Discharge Policy (Discharge Against Hospital Advice and Self Discharge) is applicable in this circumstance.
- They do not leave the Trust premises within which they are currently an inpatient.
- Where they do not pose a risk to themselves, and staff are satisfied that they would not participate in any activity that may contravene their health and safety. Should there be any suspicion of potentially harmful activities – **staff should escalate their concerns to the divisional matron/duty nurse manager for further advice and/or the medical teams/on-call doctor immediately where any harm may present as a result of such activities. A DATIX should be completed at the earliest and safest opportunity.**
- Where there are no known or potential safeguarding issues that would put themselves or others at risk.
- Where there is no Deprivation of Liberty order in place.

6.4 Restrictions on visitors

6.4.1 On rare occasions the Trust needs to cease or restrict visiting for reasons of infection control and /or patient and public health and safety. This may affect individuals, wards / parts of wards and departments or the entire organisation for short, or long-term periods of time. Where this is the case, there will be every effort to put measures into place to support regular contact with carers /family/friends via the use of the patients own or Trust mobile devices if appropriate to do so. In any such event alternative visiting arrangements will be communicated from the appropriate teams.

6.4.2 Patients who are at a safeguarding risk or who pose a safeguarding risk to others may have restrictions placed on visits from others. Any such changes to visiting arrangements should always be the option least likely to obstruct a patient's right to receiving visitors. Details of persons at risk should be clearly communicated and records of assessment and decisions on their visiting made by staff must clearly state:

1) The stated preferences of the patient.
2) How they have made these decisions and who has been involved.
3) How the balance of the patient's rights have been considered.
4) Whether any restrictions are lawful, legitimate and proportionate.
5) Whether they have implemented any mitigating actions to ensure that the least restrictive and most reasonable option, and that CQC Regulation 9A CQC Regulation 9A has been used when the decision around restricting visiting has been considered and when any review of this decision takes place.

6.4.3 Patients in police custody or those serving a custodial sentence are not allowed visitors whilst they are attending or admitted to any Trust ward or department. They must always be accompanied and under the direct supervision of police or prison officers other than when they are undergoing procedures where general anaesthesia is in use. Any exception due to the

patient's condition or prognosis must be agreed with the relevant clinician and police or prison officers. CQC Regulation 9A Guidance on 9A (1) states that this would not apply where a person detained is transferred to a hospital and detained in that hospital under the Mental Health Act (1983). Further advice may be sought from the Divisional Matron/Duty Nurse Manger/ Clinician-in Charge.

6.5 Patient information on visiting arrangements

6.5.1 Wards and departments should display baseline visiting arrangements on official printed Trust signage at their entrances. This information must also be communicated through all ward and department information/ bedside booklets in a range of formats and languages. The signage must clearly reflect the CQC Regulation 9A approach to supporting visiting and invite patients and their family and friends to discuss patient preferences and visiting options, care and treatment in conjunction with any necessary measures or precautions to optimise safety, security, privacy and dignity for all patients and staff.

6.5.2 Visiting arrangements should also be available through the various Trust social media outlets, such communications must be formatted in a range of languages and messages as point. 6.5.1.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
That this policy provides clear direction for Wards and Department to provide a structured and flexible approach aligning with local and national guidance	Ward and Department Leads through to Divisional Leads	Monitoring of related concerns and complaints and responses to friends and family tests at local level	Ongoing	Ward Sisters/ Charge Nurse meeting through verbal discussion. Bi – monthly agenda item initially.

8.0 TRAINING AND IMPLEMENTATION

Following approval, the Trust will disseminate the policy through the internal communications process and ward and department leads will ensure that is available for staff to access when published to the intranet.

Following approval, the policy will be available on the Trust website for the public to access.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 2
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 3

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

NHS(2019) Visiting someone in hospital: Available at https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/visiting-someone-in-hospital/ accessed 26/08/2024

The Carers Strategy Our campaigns | Carers UK

Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices - Care Quality Commission (cqc.org.uk)

Mental Health Act 1983

Related SFHFT Documents:

Health and Safety Policy and related documents

Fire and security Policy and related documents

Infection Prevention and Control related clinical documents

Management of Work Related Violence and Aggression Policy

Partners/Supporters Staying Overnight in Maternity

VIP Celebrity and Public Visitors Policy

11.0 KEYWORDS

Patient experience, Visiting information, Visiting times

12.0 APPENDICES

Appendix 1

SFHFT standard ward and department visiting arrangements.

(Further options outside of these hours should be considered for each patient using this policy)

ACCU	1400 – 1900: any hours outside of this time according to the patient specific needs and circumstances. To be arranged with the Nurse -in Charge or with the Family Liaison Nurse Maximum of 2 persons per bedside unless the patient is having withdrawal of treatment /end of life. Children only in extenuating circumstances, to be arranged with the Nurse -in Charge or with the Family Liaison Nurse
Adult Inpatient Wards	1100 – 1900 any hours outside of this time according to the patient specific needs and circumstances. To be arranged with the Nurse -in Charge. Maximum of 2 persons per bedside unless compassionate visiting / end of life. Children included in the 2 per bedside and MUST be supervised at all times.
Day Case	Patients may be accompanied by 1 person but will be asked to remain in a waiting area (KMH) or away from the department (NWK) during the treatment /procedure. Patients may return to this area if safe and comfortable to do so when waiting before or following their treatment /procedure. In circumstances when patients are identified as vulnerable, prior arrangements can be made to accommodate 1 visitor to remain with the patient before and after the treatment procedure.
Infants Children/Young persons. (Inpatients) Ward 25	Open visiting with immediate family (parents/ responsible carers and siblings) Parents/responsible carers may stay overnight but there is only provision for 1 “parent bed” CAU – closes at 2200 – visiting arrangements as per Ward 25
Maternity	Triage - ladies and birthing people may be accompanied by 1 person, unless there are specific needs which require more persons to support. Sherwood Birthing Unit - ladies and birthing people may be accompanied by 2 adults (aged 16+) from the point of admission to either transfer to the Maternity Ward or discharge home. Maternity Ward - ladies and birthing people may be accompanied by 1 person throughout their stay, including overnight. Patients own children also have unrestricted visiting, unfortunately no other children can visit for health and safety reasons. Visiting times on the Maternity Ward for 2 additional visitors are 11:30am - 19:30pm.

	For the Maternity Ward – refer to the following guidance Partners/Supporters Staying Overnight in Maternity
NICU	Parents and siblings are welcomed on the unit 24/7. Limited overnight accommodation / facilities are available for parents the nurse in charge is responsible for allocating these accordingly. Other friends and family are welcome between 1300-1700. To a maximum of 2 visitors per bedside (not including parents) No other children allowed under the age of 12 (other than siblings).
Outpatients	Patients may be accompanied by 1 person, unless there are specific needs which require more persons to support. Visitors may only enter consultation rooms with the permission /request of the patient. Visitors may be asked to remain in waiting areas during any treatments or procedures.
Urgent and Emergency Care (non -overnight stay) ED/UCC/SDEC SSDEC	Patients may be accompanied by 1 person, unless there are specific needs which require more persons to support. In exceptional circumstances and dependent upon the capacity of the department, visitors may be asked to wait in a separate area for the comfort, privacy and safety of other patients. The nurse-in-charge will decide on the need to do this and communicate accordingly.
Urgent and Emergency Care (overnight stay beds)	Patients may be accompanied by 1 person, unless there are specific needs which require more persons to support. In exceptional circumstances and dependent upon the capacity of the department, visitors may be asked to wait in a separate area for the comfort, privacy and safety of other patients. The nurse-in-charge will decide on the need to do this and communicate accordingly. In the case of the patient requiring an overnight stay visitors will be asked to revert to the 1900 hours end of visiting hours used by the inpatient wards to support a period of rest and sleep for other patients unless compassionate/flexible visiting arrangements are in place.

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Alison Davidson		**Date of EIA completion: 10/12/2025**
Department: Practice Development		**Division: Corporate**
Name of policy created: Patient Visiting Policy (version 1)		
Name of person responsible for service/policy/procedure: As above – Sponsor; Chief Nurse		
Brief summary of policy: To guide and support staff in implementing compassionate and safe visiting practices across the Trust Wards and Departments		
Please state who this policy will affect: Patients, Service Users, Carers and families, Ward and Department staff, Fire and security staff		
Protected Characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race and Ethnicity	No	The policy aims to support an individualised approach to supporting patient visiting throughout and references current CQC guidance. Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices - Care Quality Commission (cqc.org.uk)
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	

Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive	Negative			
High	**Nil**	**Low**	**Medium**	**High**

If you identified positive impact, please outline the details here:

The policy aims to support an individualised approach to supporting patient visiting throughout and references current CQC guidance. Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices - Care Quality Commission (cqc.org.uk)

Signature: *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form* A.Davidson
Date: 10/12/2025

APPENDIX 3 –.ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? •	No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? **Possible increase in noise levels for out of hours visiting: staff to monitor**	Yes	Referral to associated policies/ procedures