

## Appendix 8

**NORTH & WEST BELFAST HEALTH  
& SOCIAL SERVICES TRUST  
MUCKAMORE ABBEY HOSPITAL**

O.P. Ref No.  
Date of Issue:

---

**OPERATIONAL POLICY**

---

**TITLE: POLICY ON VISITING**

---

The aims of this of this policy are as follows:

- To ensure that the needs of the patient are paramount in considering any request for a visit.
- To provide the best possible environment for visits to take place.
- To ensure the safety of all patients and visitors during visiting

**1. Policy Statement:**

- 1.1 The safety of patients and visitors is paramount when considering and deciding upon visiting arrangements.
- 1.2 The Clinical Team recognizes the importance and therapeutic value in sustaining and supporting contact between the patient and those people of significance to them. It is clearly important that the patient and their wishes are central in planning appropriate visit.
- 1.3 The Clinical Team has lead responsibility in deciding if constraints e.g. (Environment, People, Duration) need to be placed upon visits. These judgments will take into account the needs and wishes of patients, and their visitors including children and vulnerable adults.
- 1.4 Patients may only leave the Unit with their visitors with prior consent of the Nurse In Charge in liaison with the Clinical Team.

**2. Definitions:**

**2.1. Visitors:**

This term is used to refer to Family, Children, Friends and Non-Hospital staff.

**2.2. Family:**

This term is used to refer to extended family, carers and partners.

**2.3. Children and Vulnerable Adults:**

- 2.3.1. **Children:** This term is used to refer to any person under the age of 18 years.
- 2.3.2. **Vulnerable Adult:** Applies to Adults who are:

(a) 18 years old and over

(b) and, or may be, in need of community care services by reason of mental or other disability, age or illness and who are, or may be, unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

**2.4. Other Visitors:**

This term is used to refer to friends, neighbours and other patients on the Muckamore Site.

**2.5. Non-Hospital Staff:**

This term is used to refer to non-hospital based i.e. Community Staff and other Associated Professional staff who may wish to visit patients

**2.6. Legal Representatives:**

This term is used to refer to Police Service, Northern Ireland (PSNI), Court Representatives and Solicitors. The hospital has an open policy regarding visiting but should liaise with wards re suitable times.

**3. Children Visitng**

3.1. The needs of all children (0-16 Years) and Young Persons (16-18) visiting the hospital must be assessed prior to the visit taking place

3.2. Children under the age of 16 years must be accompanied by a responsible adult who will be responsible for their direct supervision at all times while on the hospital site.



## WARD VISITING TIMES POLICY

***THIS POLICY WAS FORMALLY APPROVED BY:***  
Green Park Healthcare Trust in **May 2006**

**Signed:** \_\_\_\_\_  
**Chief Executive**

**Review Date: May 2007**

# GREEN PARK HEALTHCARE TRUST

## VISITING POLICY

### General Policy Statement

Green Park Healthcare Trust acknowledges it has a duty of care towards Patients, Staff and Visitors.

This policy describes the principles and guidance relating to visiting times, to ensure that there is an appropriate environment to assist in patients recovery, whilst at the same time providing adequate access to relatives and friends. Structured visiting times are being re-introduced as a response to patients and relatives comments, to assist in the reduction of Hospital Acquired Infections, to assist in environmental cleaning and to allow patients to have their meals free from interruptions.

### Key Points

This policy is limited to visiting patients in adult areas; it does not apply to children's wards.

Some primary carers may wish to continue to be involved in delivering nursing care to their relative. In these instances prior agreement should be sought and arrangements made with the Ward Manager, this must be fully documented in the Patient Care Plan.

### Responsibility for implementing the policy

The ultimate responsibility for ensuring compliance with the visiting policy rests with the Chief Executive. The Director of Nursing and Clinical Effectiveness is responsible for co-ordinating compliance, the responsibility for implementation cascades to the General Manager in both the Medical Rehabilitation Directorate and Orthopaedic Directorate, and through the Line Management Structure to Heads of Department.

Staff should co-operate with their Ward Manager in achieving compliance with this policy.

## Rationale

Visiting is important for patients morale, well-being and to ensure continuity of social contact.

Rest is an important element of care/ recovery for patients in a hospital environment. This can be achieved by limiting visiting and ensuring that nursing care, therapy and other treatments can be completed in a timely and effective way.

## Scope

Applies to all Health Professionals including temporary and agency staff employed at Green Park Healthcare Trust.

To ensure that patients in a bay are able to rest while others have visitors. It is important to limit the number of visitors at each bed to two persons.

Other than in exceptional circumstances children under five are not permitted to visit. (exceptional visits must be agreed by the Ward Manager)

Children between the ages of 15 and 16 must be a child or grandchild of a patient and be accompanied by an adult.

## Procedural Arrangements

### **Guidance for visiting adult patients:**

Visiting is during the hours of

Meadowlands	2.00pm – 4.00pm and 6.30pm – 8.00pm
RABIU	3.30pm – 5.00pm and 6.00pm – 8.30pm
	Monday to Friday
	2.00 pm – 5.00pm and 6.00pm – 8.30pm
	Saturday and Sunday
Withers	2.00pm – 4.00pm and 6.00pm – 8.00pm
HDU	2.00pm – 4.00pm and 6.00pm – 8.00pm
Rheumatology	2.00pm – 4.00pm and 6.30pm – 8.00pm
Spinal Cord Injuries Unit	3.30pm – 5.00pm and 6.30pm - 8.30p.m.
	Monday - Friday
	2.00 pm– 5.00pm and 6.00pm – 8.30pm
	Saturday and Sunday
FGH	2.00pm - 4.00pm and 6.30pm – 8.00pm

1. Maximum of 2 visitors per bed (including children) are allowed at any one time in multiple bed bays. If numbers exceed those allowed, the nurse will request that some visitors wait in the waiting area.
2. No children under 16 can visit unless they are the child or grandchild of the patient and are accompanied by an adult. In the case of long stay patients in the Brain Injury and Spinal Cord Injuries Unit siblings maybe admitted if accompanied by an adult.
3. Children under 5 will not be allowed to visit other than in exceptional circumstances.
4. In some instances visiting time may be restricted in the best interests of the patient.
5. All healthcare professionals will treat visitors with respect and politeness. Any concerns should be reported to the nurse in charge.
6. All visitors will treat staff with respect and politeness. An acceptable standard of behaviour is expected and if this is not met the visitor will be asked to leave.
7. Refreshments will not routinely be given to visitors.
8. It is recommended that only primary carers remain present for clinical procedures or ward rounds. (the patients consent must be sought)
9. Visitors must use chairs and must not sit or lie on the beds.
10. Visitors are discouraged from bringing in perishable food, staff should be notified if any perishable food or drink is brought in for patients. This needs to be labelled and stored appropriately.
11. Mobile phones, cameras and camcorders are not to be used by visitors within the ward area. Staff should ask any visitor with any of this equipment to turn it off whilst in the hospital.
12. Personal radios and TVs should have earpieces fitted.
13. Visitors should not visit if they feel unwell, have a heavy cold or infection.
14. The nurse in charge has the authority to decide if a visitor is eligible for a parking voucher.

Appendix 1**Visitors Charter (Adults)**

All adult patients have the right to be visited in accordance with the Green Park Healthcare Trusts policy for visiting adult patients.

Visiting times must be adhered to enable patients to rest, the staff to care for the patient, the ward to be cleaned and for infection control purposes.

We ask that all visitors respect the need for restricted visiting hours.

Visitors should follow any advice given about hygiene e.g. using the alcohol hand rub before and after visiting.

Visitors should check with a nurse before entering a single room where the patient is being nursed due to infection (there will be a sign on the door of the patient's room indicating this).

In certain instances visitors may be asked to leave the ward but they will be told why and given an indication of when they can return.

Visiting times

For all wards these are:

Meadowlands	2.00pm – 4.00pm and 6.30pm – 8.00pm
RABIU	3.30pm – 5.00pm and 6.00pm – 8.30pm
	Monday to Friday
	2.00 pm – 5.00pm and 6.00pm – 8.30pm
	Saturday and Sunday
Withers	2.00pm – 4.00pm and 6.00pm – 8.00pm
HDU	2.00pm – 4.00pm and 6.00pm – 8.00pm
Rheumatology	2.00pm – 4.00pm and 6.30pm – 8.00pm
Spinal Cord Injuries Unit	3.30pm – 5.00pm and 6.30pm - 8.30p.m.
	Monday - Friday
	2.00 pm– 5.00pm and 6.00pm – 8.30pm
	Saturday and Sunday
FGH	2.00pm - 4.00pm and 6.30pm – 8.00pm

Friends and relatives should visit during these times.

The Trust recognises that exceptional circumstances can arise and visitors should ask the nurse in charge of the ward if they feel they need to be able to visit the patient outside the normal hours.

If carers or relatives wish to be involved in the care of the patient, prior agreement should be sought and arrangements made with the Ward Manager, this must be fully documented in the Patient Care Plan.

Visitors should not feel obliged to visit for long periods. Short visits are less tiring for patients.

### Visitor numbers

Visitors are limited to a maximum of 2 per bed at any one time. There may be exceptions to this and this should be discussed with the nurse in charge of the ward prior to visiting the patient.

Children or grandchildren of the patient who are between 5-16 years of age are welcome but they remain the responsibility of the adult visitor. It is suggested that visits, which include children, should be limited to a maximum of 30 minutes.

Children under 16 who not directly related to the patient are asked not to visit.

Other than in exceptional circumstances children under five are not permitted to visit. (exceptional visits must be agreed by the Ward Manager)

### Visitor obligations

Visitors will be required to treat hospital staff and others with respect and politeness.

An acceptable standard of behaviour is expected and if the behaviour is not felt to be acceptable, the visitor will be asked to leave.

Should a visitor wish to take a patient from the ward for any reason, the permission of the nurse in charge must be sought.

Visitors should not visit if they feel unwell, have a cold or an infection.

Visitors should use the alcohol gel provided.



Please do not visit in the clothes, uniform you have been wearing to care for patients in other hospitals.

Visitors are not permitted to smoke within Trust facilities.

Flowers are limited to a single arrangement.

## References:

1. Blanchard H 1995, Clinical Management. Is restricted visiting in conflict with patients needs? **British Jr of Nursing** Oct 26-8 Nov 4 (19) 1160-3
2. BUPA Hospitals UK 2004. Coming into Hospital. BUPA Hospitals UK. [www.bupahospitals.co.uk/asp/patientcare/visitors/asp](http://www.bupahospitals.co.uk/asp/patientcare/visitors/asp) (hash) top 29.01.04
3. Gilbert V 1994 Visitors Welcome? **Nursing Times** Feb 9-15-90 (6) 52
4. Homerton University Hospital 2004. Visiting Times on Wards. Homerton University Hospital. [www.honerton.nhs.uk/visitingus/visitingtimes.html](http://www.honerton.nhs.uk/visitingus/visitingtimes.html) 26.01.04
5. Portsmouth Hospitals NHS Trust Nursing Guidelines Hospital Visitors (Adult) Issue 1 17.11.04



## **BELFAST CITY HOSPITAL**

### **Guidelines on In-Patient Visiting**

**Lead Authors:** Sr. McNally, Sr. L. Carroll, Mrs E. Hughes  
**Positions:** Ward Sister, Ward Manager, Lead Nurse  
**Responsible Director:** Mrs E. Hayes, Director of Nursing  
**Equality Screened:** Mr. J. Baron-Hall, Senior Nurse

**Issue date:** March 2007  
**Review date:** February 2010

**Version 1**

**Nursing reference number: CC/DoN/N/047**  
**Policy reference number: Ref: CG/005**

**Background**

Belfast City Hospital strives to provide a caring environment while recognizing the importance of visitation to our patients, their families, and friends. These guidelines were developed for visitation while considering the following factors:

- The benefits of visitation to the patient
- The impact of visitation on patient care
- The safety and security of patients, visitors, and employees.

The following guidelines shall be followed to assure that patients and their visitors achieve a positive visitation experience without compromising patient care, confidentiality, and security.

**Aim**

To facilitate appropriate visitation and to assure the safety of our patients and staff as well as to provide a quiet, restful, healing environment for our patients.

**Objectives**

To allow patients enough time to recuperate in privacy and to allow doctors, nurses and allied health professionals time to provide care and treatment for patients, and ensure confidentiality of ward rounds.

To protect rest time, remembering that other patients may wish to rest or sleep during visiting hours. It is important that all visitors are considerate towards patient needs.

To provide the time required for domestic staff to perform their duties in maintaining high standards of cleanliness on our wards and departments.

To protect meal times.

**Guidelines for Visitors**

We encourage visiting and the involvement of carers/relatives during a patient's stay in hospital.

The Ward Manager will, in consultation with the Medical staff, agree suitable hours for relatives and carers to visit in-patients. These times will be clearly indicated at the entrance to the ward and any ward specific information will be supplied to patients and carers/relatives in writing.

Restrictions are in place to allow patients enough time to recuperate in privacy and to allow doctors, nurses and allied health professionals to provide care and treatment for patients.

Visitors are asked to remember to visit during posted visiting hours and limit the number of visitors.

Normally, patient visitation will be limited to two (2) people at any one time except in circumstances when more visitors are deemed necessary for the patient's welfare.

Visitors\_Policy\_300307B[1]

- 2 -

Relatives taking in-patients off the ward should seek consent from the nurse in charge.

Visiting out of normal ward times - the Hospital realises that there are occasions when it is not practical for carers/relatives to abide with the published times. It would help the provision of care if the Ward Manager could have advance notification.

Close family and carers may visit out of hours if a patient is seriously ill, following discussion with the Ward Manager.

Specialised units like Intensive Therapy and Coronary Care have designated visiting times, please check.

### **Visiting Children in Children's ENT**

Parents/guardians can visit their children at any time.

Parents who wish to stay with their child throughout their hospitalisation will be accommodated where possible. For all other visitors, visiting hours on the children's ward are 2pm to 8pm. Brothers and sisters are very welcome between 4 and 8pm, but must not be left unsupervised.

### **Visiting children between the ages of 13-18**

A parent /carer can visit a child at any time. Parents who wish to stay with their child throughout their hospitalisation will be accommodated where possible.

### **Visiting by Children**

Patient visitation by children is welcomed provided it is beneficial to the patient and/or children. Children under the age of 14 visiting the hospital are to be accompanied by a parent or responsible adult at all times and the following must be evaluated:

- The nurse should make an assessment to evaluate that children will not be placed at risk during their visit (i.e. patient with infection)
- The parent or responsible adult should consider the emotional health of the child since seeing a loved one who is seriously ill and/or on supportive equipment may be very traumatic for a child.
- Visiting children must leave the hospital by 9.00 p.m.
- The adult(s) responsible for the children needs to be informed of and support the following responsibilities:
  - Children need to stay by the patient they are visiting so other patients on the ward can rest without disruption.
  - Children's behaviour is monitored and controlled by the responsible adult at all times during the visit.
  - If the children visiting are disturbing to other patients or visitors, then the responsible adult will be asked to correct the situation or the children's visit will be terminated.

## **Visitors with illness**

Ideally, staff, physicians, patients, and visitors should discuss whether or not the visit is therapeutic and/or desired, or if it places patients or visitors at risk to exposure of any infectious diseases or unpleasant situations.

The following expectations should be communicated to visitors by Hospital staff:

Visitors who have experienced a fever, cough, runny nose, sore throat, skin rash, vomiting or diarrhoea in the last 48 hours before a visit is planned should be discouraged from visiting until they are certain they will not expose the patient to more risk of infection.

## **Zero Tolerance to Violence**

The Belfast City Hospital has a Zero Tolerance Policy in relation to aggressive and violent behaviour. Visitors who are disruptive or disturb patients, staff, or other visitors will be asked to stop the disruptive behaviour, and will be asked to leave the ward.

## **Smoking Policy**

Visitors should be respectful of BCH's "No Smoking" policy.

## **Flowers**

Fresh flowers are not permitted in the majority of wards for Health and Safety reasons. Please check with the ward where the patient is based before bringing in any flowers.

## **References:**

We would thank the following hospitals for permission to adapt their guidelines:

- University Hospital Leicester
- The Royal Liverpool and Broadgreen University Hospitals
- Vanderbilt Hospital, Nashville, USA
- The University of Texas Medical Branch



<b>TYPE OF DOCUMENT</b>	<input type="checkbox"/> Trust Policy for approval by Trust Policy Committee <input type="checkbox"/> Patient based standard, guideline or policy for approval by Standards and Guidelines Committee
<i>Visitors Policy</i>	
<b>Summary</b>	Visitors and family play an important role in the welfare of our patients, however a visiting policy is essential to promote the health, safety, privacy and infection prevention and control of our patients and our community.
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• To facilitate appropriate visitation and to provide a quiet, restful, healing environment for our patients.</li> <li>• To allow patients enough time to recuperate in privacy, have their meals free from interruption and to allow doctors, nurses and allied health professionals time to provide care and treatment for patients.</li> <li>• To ensure confidentiality of ward rounds.</li> <li>• To assist in the environment cleaning and assist in the reduction of hospital acquired infections.</li> </ul>
<b>Operational date</b>	February 2008
<b>Review date</b>	May 2014
<b>Version Number</b>	V2
<b>Supersedes previous</b>	V1
<b>Director Responsible</b>	Brenda Creaney, Director of Nursing and User Experience
<b>Lead Author</b>	Olive MacLeod
<b>Lead Author, Position</b>	Co-Director for Corporate Nursing
<b>Additional Author(s)</b>	
<b>Department / Service Group</b>	Nursing
<b>Contact details</b>	02890960089

<b>Reference Number</b>	TP 10/08
<b>Supercedes</b>	V1

Date	Version	Author	Comments

**Record**

		Date	Version
Author (s)	Approval	March 2011	V2
Director Responsible	Approval	March 2011	V2

**Approval Process – Trust Policies**

Policy Committee	Approval		
Executive Team	Authorise		
Chief Executive	Sign Off		

**Approval Process – Clinical Standards and Guidelines**

Standards and Guidelines Committee	Approval	21/04/2011	V2
Policy Committee	Approval	16/05/2011	V2
Executive Team	Authorise	19/05/2011	V2
Appropriate Director	Sign Off	21/05/2011	V2



**Full Description**

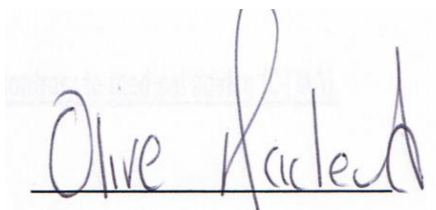
<b>Reference No:</b>	TP 10/08
<b>1</b>	<b>Title:</b> Visitors Policy
<b>2</b>	<b>Introduction:</b>
<b>3</b>	<b>Purpose:</b> While Belfast Health & Social Care Trust believes that visitors and family play an important role in the welfare of our patients, we also recognize that it is essential to promote the health, safety, privacy and infection prevention and control of our patients and our community!
<b>4</b>	<b>The scope:</b>
<b>5</b>	<b>Objectives:</b> To facilitate appropriate visitation while at the same time to assure the safety of our patients and staff as well as to provide a quiet, restful, healing environment for our patients.  To allow patients enough time to recuperate in privacy, have their meals free from interruption and to allow doctors, nurses and allied health professionals time to provide care and treatment for patients, and ensure confidentiality of ward rounds.  To assist in the environmental cleaning and assist in the reduction of hospital acquired infections.
<b>6</b>	<b>Roles and Responsibilities:</b>
<b>7</b>	<b>The definition and background of the policy:</b>
<b>8</b>	<b>Policy / Guideline description:</b>
<b>9</b>	<b>Full Policy statements:</b> <ul style="list-style-type: none"> <li>• Visiting times will be clearly indicated at the entrance to the wards and any ward specific information will be supplied to patients and carers/relatives both verbally and in writing.</li> <li>• Normally, patient visitation will be limited to two people at any one time except in circumstances when more/less visitors are deemed necessary for the patient's welfare.</li> <li>• Close family and carers may visit out of hours if a patient is seriously ill, this will be agreed with the Ward/Department Manager.</li> <li>• Visiting at mealtimes should be restricted (exceptions for ill patients and those visitors assisting with eating).</li> <li>• Children under 16 must be accompanied by an adult. Under 5s will only be allowed to visit in exceptional circumstances.</li> </ul>

	<ul style="list-style-type: none"> <li>• All healthcare professionals must treat visitors with respect and politeness.</li> <li>• Staff must ensure that visitors comply with infection control policies and guidelines.</li> <li>• Visitors may be asked to leave at anytime if a patients condition is judged to be deteriorating, if the patient becomes fatigued or if a clinical intervention is necessary.</li> <li>• Restrictions may be put in place for infection prevention and control purposes on the recommendation of the clinical or Infection Prevention &amp; Control team.</li> <li>• The Trust operates a zero tolerance policy in respect of violence. Staff or visitors displaying threatening or abusive behaviour will be required to leave.</li> </ul>
<b>10</b>	<b>Implementation / Resource requirements:</b>
<b>11</b>	<b>Source / Evidence Base:</b>
<b>12</b>	<b>References, including relevant external guidelines:</b>
<b>13</b>	<b>Consultation Process undertaken in the writing of this policy:</b>
<b>14</b>	<p><b>Equality and Human Rights screening carried out:</b></p> <p>In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.</p> <p><input type="checkbox"/> Screening completed No action required.</p> <p><input type="checkbox"/> Full impact assessment to be carried out.</p>
<b>15</b>	<b>Procedures:</b>



**Director: Brenda Creaney**

**Date: May 2011**



**Author: Olive MacLeod**

**Date: May 2011**

<b>Reference no:</b> SG 34/13
-------------------------------

<b>Title:</b>	Local Guidance for Facilitating Visits by Children to Mental Health and Learning Disability Inpatient/Residential Facilities		
<b>Author(s)</b>	Mairead Mitchell, Senior Manager, Service Improvement and Governance Jackie McIlroy, Principal Social Worker, Mental Health Geraldine Sweeney, Child Protection Nurse		
<b>Ownership:</b>	Catherine McNicholl, Director, Adult Social and Primary Care		
<b>Approval by:</b>	Standards and Guidelines Policy Committee Executive Team Meeting	<b>Approval date:</b>	3/7/13 19/8/13 21/8/13
<b>Operational Date:</b>	November 2013	<b>Next Review:</b>	November 2016
<b>Version No.</b>	V1	<b>Supersedes</b>	
<b>Key words</b>	visits, children, visiting, family, UNOCINI		
<b>Links to other policies</b>	<ul style="list-style-type: none"> <li>• Belfast Health and Social Care Trust Visiting Policy;</li> <li>• Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy;</li> <li>• Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;</li> <li>• Belfast Health and Social Care Trust Observation Procedure;</li> <li>• Child Protection Regional Policy and Procedures;</li> <li>• UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.</li> </ul>		

Date	Version	Author	Comments
08/08/11	0.1	J. McIlroy	Sent out for comment. Comments received and draft amended
08/12/11	0.2	As above	Approved by Adult Mental Health and CAMHS Governance Group
08/12/11	0.2	As above	Issued to Adult Mental Health Wards
05/12/12	0.3	As above	Put into new format and sent out for consultation to – Family and Childcare, Child Protection Nurse, Mental Health and Learning Disability Staff, Mental Health and Learning Disability Consultants, User Consultants and Advocacy Groups.
07/03/13	0.3	As above	Approved by Children's Disability and Learning Disability Governance Group
09/04/13	0.3	As above	Approved by Adult Mental Health and CAMHS Governance Group

## **1.0 INTRODUCTION / PURPOSE OF POLICY**

### **1.1 Background**

Most visits by children to patients, who are in mental health or learning disability inpatient or residential facilities, are central to the maintenance of normal, healthy relationships with family, carers and friends. This guidance seeks to promote and facilitate visits by children to patients, whilst safeguarding the interests of children.

Although the Belfast Trust Visiting Policy excludes psychiatric facilities, Mental Health and Learning Disability Services adopts the principles within this policy and in addition provides guidance to promote and facilitate visits by children to patients, whilst safeguarding the interests of children.

### **1.2 Purpose**

In the vast majority of cases, the issue of whether a child should visit will be straightforward, and, in such cases, the purpose of this guidance is to encourage and facilitate the contact taking place in a suitable environment and where necessary, with appropriate supervision. In rare cases, there may be some concerns about the desirability of a child visiting a patient, and, in these cases, the purpose of the guidance is to ensure that an appropriate assessment takes place and that the decision making process is suitably managed and is accountable.

### **1.3 Objectives**

These guidelines will provide staff working within Mental Health and Learning Disability inpatient or residential facilities uniform guidance on facilitating visits by children to patients.

These guidelines should be read in conjunction with the following: -

- Belfast Health and Social Care Trust Visiting Policy;
- Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy;
- Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;
- Belfast Health and Social Care Trust Observation Procedure;
- Child Protection Regional Policy and Procedures;
- UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.

## **2.0 DEFINITIONS/SCOPE OF THE POLICY**

These guidelines apply to all staff working within Adult Social and Primary Care Mental Health and Learning Disability Inpatient Facilities. Staff working within Shannon Clinic Medium Secure Unit should refer to their localised Child Visiting Policy.

### **3.0 ROLES/RESPONSIBILITIES**

All members of the multidisciplinary team have a role to play in the implementation of this procedure.

### **4.0 KEY POLICY PRINCIPLES**

- 4.1 The patient will receive ongoing advice and support regarding arranging visits from children throughout their stay in the mental health or learning disability facility.
- 4.2 Patients and their families should be provided with information that visits from family and significant others are encouraged and will be facilitated.
- 4.3 On admission to the facility, the patient and family will be provided with information on the Trust Visiting Policy and the child visiting procedure within Mental Health and Learning Disability Services. Consideration will be given to any issues that might exist in relation to visits by children as part of the admission assessment and this will be reviewed within the ongoing assessment process.
- 4.4 The decision to refuse visits of children in these facilities should be a rare exception and one which clearly identifies clear risk to the child either physically or emotionally, which would negate the value of their visits. The starting point will normally be how best to facilitate visiting in a beneficial way (See Appendix 1).
- 4.5 If there are concerns, the multidisciplinary team will decide how to proceed in line with the nature and severity. In some cases the difficulties might be resolved simply through discussion of the issues with the service user or the child's parents. In other cases consultation with Family and Child Care Services might be appropriate, or a decision might be taken to allow the visit to take place under staff supervision. If the difficulties cannot be resolved and a decision has to be taken not to allow the visits to take place, a nominated representative of the multidisciplinary team will inform the patient, the child's parents, the child (where appropriate) and Family and Child Care Services of the reasons for the decision.
- 4.6 Child visiting locations will be selected with due regard for physical safety, comfort, privacy and dignity, access to toilet and refreshment facilities and general child-friendliness. Only in the most exceptional circumstances should visits be prevented due to environmental factors.
- 4.7 Visits by children which are not assessed as requiring supervision will take place in line with other visiting arrangements in the designated area. It will normally be required that the child is accompanied by a responsible adult.

The accompanying adult will be responsible for looking after the child and keeping him/her under their supervision during the visit.

- 4.8 Visits by children which are assessed as requiring supervision will be supervised by members of staff identified for that purpose. In addition the child will be accompanied by an adult with parental responsibility or their delegate. The management of the visit will, where practicable, be planned in advance by the multidisciplinary team.
- 4.9 A record of the visit, including any areas of concern, will be entered in the patient's notes following discussion with the patient and if appropriate the child's guardian.
- 4.10 The decision to allow unplanned visits by accompanied children to process will be at the facility manager's discretion.

## **5.0 IMPLEMENTATION OF POLICY**

### **5.1 Dissemination**

These guidelines will be disseminated to all staff within Mental Health and Learning Disability Services.

### **5.2 Exceptions**

Shannon Clinic staff should refer to their own localised procedure.

## **6.0 MONITORING**

This policy will be reviewed every three years. The implementation of this policy will be reviewed on a yearly basis.

## **7.0 EVIDENCE BASE/REFERENCES**

Belfast Health and Social Care Trust Visiting Policy;  
 Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy;  
 Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;  
 Belfast Health and Social Care Trust Observation Procedure;  
 Child Protection Regional Policy and Procedures;  
 UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.

## **8.0 CONSULTATION PROCESS**

This Policy has been developed following consultation with: -

- Belfast Trust Mental Health and Learning Disability Services, Hospital and Community Services;
- Belfast Trusts Users, Advocacy and Carers Forums;

**9.0 APPENDICES/ATTACHEMENTS**

Appendix 1 – Flowchart outlining process for the facilitation of visits

**10.0 EQUALITY STATEMENT**

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this policy is:

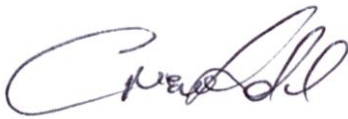
**SIGNATORIES**

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



\_\_\_\_\_  
**Author**

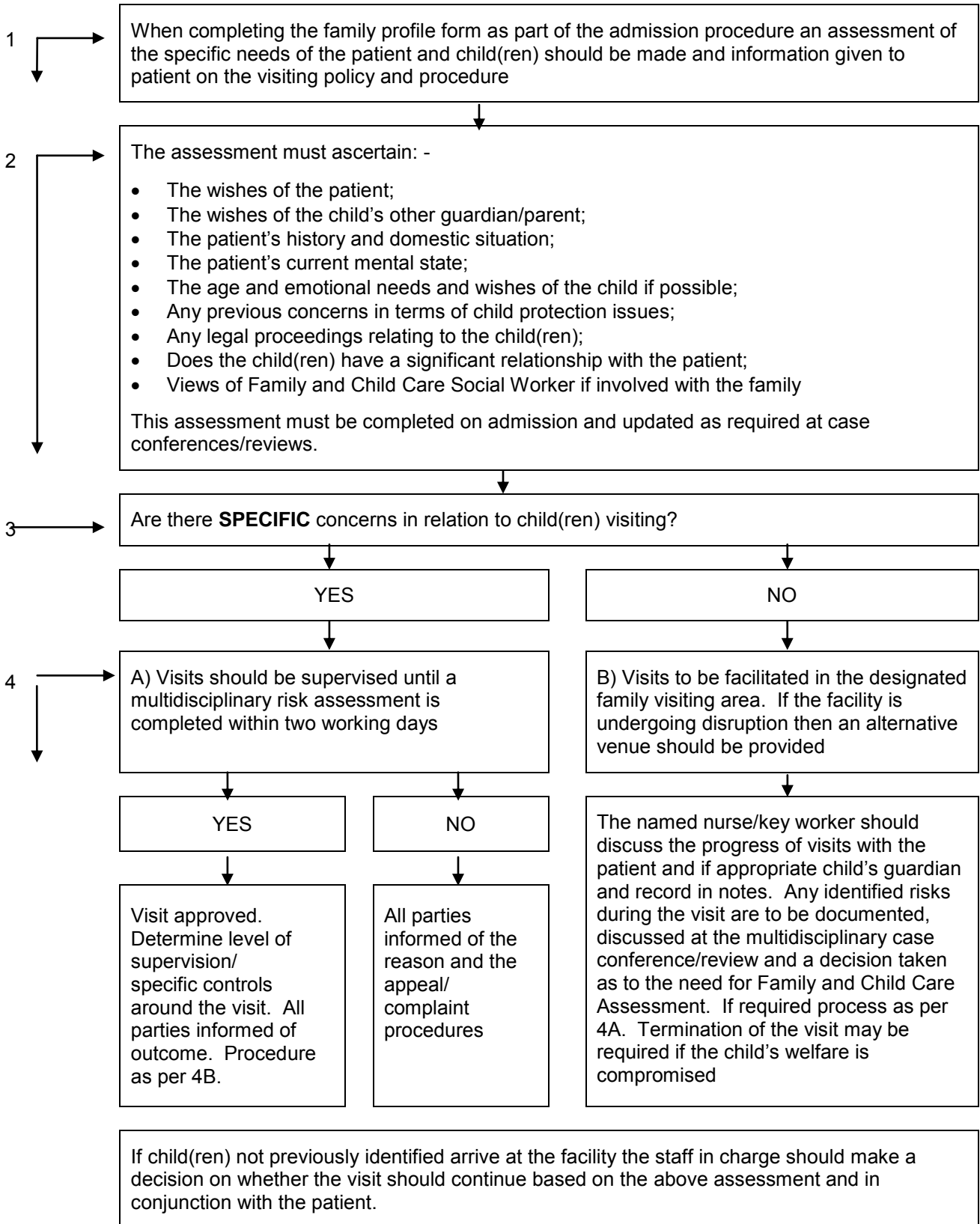
**Date:** \_\_\_\_\_ **Nov 2013** \_\_\_\_\_



\_\_\_\_\_  
**Director**

**Date:** \_\_\_\_\_ **Nov 2013** \_\_\_\_\_

### Process for Facilitating Visits by Children to Mental Health and Learning Disability Facilities





<b>Title:</b>	Local Guidance for Facilitating Visits by Children to Mental Health and Learning Disability Inpatient/Residential Facilities		
<b>Author(s)</b>	Barry Mills – Operations Manager – Learning Disability Aoine McMahon – Team Leader – Mental Health Paul McCabe – Senior Nurse Manager – Mental Health Andrea Lee – Residential Manager – Learning Disability Anne Campbell – Operations Manager – Learning Disability		
<b>Ownership:</b>	Cecil Worthington, Director, Children and Adolescent Mental Health		
<b>Approval by:</b>	Standards and Guidelines Policy Committee Executive Team Meeting	<b>Approval date:</b>	24/05/2017 07/06/2017 28/06/2017
<b>Operational Date:</b>	June 2017	<b>Next Review:</b>	June 2022
<b>Version No.</b>	V2	<b>Supercedes</b>	V 1 – November 2013-2016
<b>Key words</b>	visits, children, visiting, family, UNOCINI		
<b>Links to other policies</b>	<ul style="list-style-type: none"> <li>• Belfast Health and Social Care Trust Visiting Policy;</li> <li>• Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy;</li> <li>• Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;</li> <li>• Belfast Health and Social Care Trust Observation Procedure;</li> <li>• Child Protection Regional Policy and Procedures;</li> <li>• UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.</li> </ul>		

Date	Version	Author	Comments
29/11/2016	1.1	As above	Review. Barry Mills LD Nurse Manager, Rhonda Scott LD Nurse Manager, Aonie McMahon Mental Health Social Services, Paul McCabe Mental Health Nurse Manager, Anne C Campbell LD Nurse Manager and Andrea Lee LD Social Services
18/01/2017	1.2	As above	Approved by Learning Disability Governance Committee with proviso that Sixmile Ward in MAH is included in forensic services

## 1.0 **INTRODUCTION / PURPOSE OF POLICY**

### 1.1 **Background**

According to the UN convention on the rights of a child, a child is everyone below the age of 18, unless “under the law applicable to the child, majority is attained earlier” (Office of the High Commissioner for Human Rights, 1989).

In Northern Ireland the Department of Health, Social Services and Public Safety (2016) state that “the Children Order defines a ‘child’ as a person under the age of 18”.

Most visits by children to service users, who are in mental health or learning disability inpatient or residential facilities, are central to the maintenance of normal, healthy relationships with family, carers and friends. This guidance seeks to promote and facilitate visits by children to service users, whilst safeguarding the interests of children.

Although the Belfast Trust Visiting Policy excludes psychiatric facilities, Mental Health and Learning Disability Services adopts the principles within this policy and in addition provides guidance to promote and facilitate visits by children to service users, whilst safeguarding the interests of children.

### 1.2 **Purpose**

In the vast majority of cases, the issue of whether a child should visit will be straightforward, and, in such cases, the purpose of this guidance is to encourage and facilitate the contact taking place in a suitable environment and where necessary, with appropriate supervision. In rare cases, there may be some concerns about the desirability of a child visiting a service user, and, in these cases, the purpose of the guidance is to ensure that an appropriate assessment takes place and that the decision making process is suitably managed and is accountable.

### 1.3 **Objectives**

These guidelines will provide staff working within Mental Health and Learning Disability inpatient or residential facilities uniform guidance on facilitating visits by children to service users.

These guidelines should be read in conjunction with the following: -

- Belfast Health and Social Care Trust Visiting Policy;
- Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy; ○ Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;
- Belfast Health and Social Care Trust Observation Procedure;
- Child Protection Regional Policy and Procedures;
- UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.

## **2.0 DEFINITIONS/SCOPE OF THE POLICY**

These guidelines apply to all staff working within Adult Social and Primary Care Mental Health and Learning Disability Inpatient Facilities. Staff working within Shannon Clinic Medium Secure Unit and Sixmile Ward, Muckamore Abbey Hospital should refer to their localised Child Visiting Policy.

## **3.0 ROLES/RESPONSIBILITIES**

All members of the multidisciplinary team have a role to play in the implementation of this procedure.

## **4.0 KEY POLICY PRINCIPLES**

- 4.1** The service user will receive ongoing advice and support regarding arranging visits from children throughout their stay in the mental health or learning disability facility.
- 4.2** Service users and their families should be provided with information that visits from family and significant others are encouraged and will be facilitated.
- 4.3** On admission to the facility, the service user and family will be provided with information on the Trust Visiting Policy and the child visiting procedure within Mental Health and Learning Disability Services. Consideration will be given to any issues that might exist in relation to visits by children as part of the admission assessment and this will be reviewed within the ongoing assessment process.
- 4.4** The decision to refuse visits of children in these facilities should be a rare exception and one which clearly identifies clear risk to the child either physically or emotionally, which would negate the value of their visits. The starting point will normally be how best to facilitate visiting in a beneficial way (See Appendix 1).
- 4.5** If there are concerns, the multidisciplinary team will decide how to proceed in line with the nature and severity. In some cases the difficulties might be resolved simply through discussion of the issues with the service user or the child's parents. In other cases consultation with Family and Child Care Services might be appropriate, or a decision might be taken to allow the visit to take place under staff supervision. If the difficulties cannot be resolved and a decision has to be taken not to allow the visits to take place, a nominated representative of the multidisciplinary team will inform the service user, the child's parents, the child (where appropriate) and Family and Child Care Services of the reasons for this decision.
- 4.6** Child visiting locations will be selected with due regard for physical safety, comfort, privacy and dignity, access to toilet and refreshment facilities and general child-friendliness. Only in the most exceptional circumstances should visits be prevented due to environmental factors.

- 4.7** Visits by children which are not assessed as requiring supervision will take place in line with other visiting arrangements in the designated area. It will normally be required that the child is accompanied by a responsible adult. The accompanying adult will be responsible for looking after the child and keeping him/her under their supervision during the visit.
- 4.8** Visits by children which are assessed as requiring supervision will be supervised by members of staff identified for that purpose. In addition the child will be accompanied by an adult with parental responsibility or their delegate. The management of the visit will, where practicable, be planned in advance by the multidisciplinary team.
- 4.9** A record of the visit, including any areas of concern, will be entered in the service users notes following discussion with the service user and if appropriate the child's guardian.
- 4.10** The decision to allow unplanned visits by accompanied children to process will be at the facility manager's discretion.

## **5.0 IMPLEMENTATION OF POLICY**

### **5.1 Dissemination**

These guidelines will be disseminated to all staff within Mental Health and Learning Disability Services.

### **5.2 Exceptions**

Shannon Clinic staff should refer to their own localised procedure.

## **6.0 MONITORING**

This policy will be reviewed every three years. The implementation of this policy will be reviewed on a yearly basis.

## **7.0 EVIDENCE BASE/REFERENCES**

Belfast Health and Social Care Trust Visiting Policy;  
 Belfast Health and Social Care Trust Mental Health and Learning Disability Services Admission and Discharge Policy;  
 Regional Guidelines on the Use of Observation and Therapeutic Engagement in Adult Psychiatric Inpatient Facilities in Northern Ireland, HSCB, November 2011;  
 Belfast Health and Social Care Trust Observation Procedure;  
 Child Protection Regional Policy and Procedures;  
 UNOCINI Guidance – Understanding the Needs of Children in Northern Ireland.

**8.0 CONSULTATION PROCESS**

This Policy has been developed following consultation with: -

- Belfast Trust Mental Health and Learning Disability Services, Hospital and Community Services;
- Belfast Trusts Users, Advocacy and Carers Forums;

**9.0 APPENDICES/ATTACHEMENTS**

Appendix 1 – Flowchart outlining process for the facilitation of visits

**10.0 EQUALITY STATEMENT**

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

**SIGNATORIES**

(Policy – Guidance should be signed off by the author of the policy and the identified responsible director).



\_\_\_\_\_  
**Author**

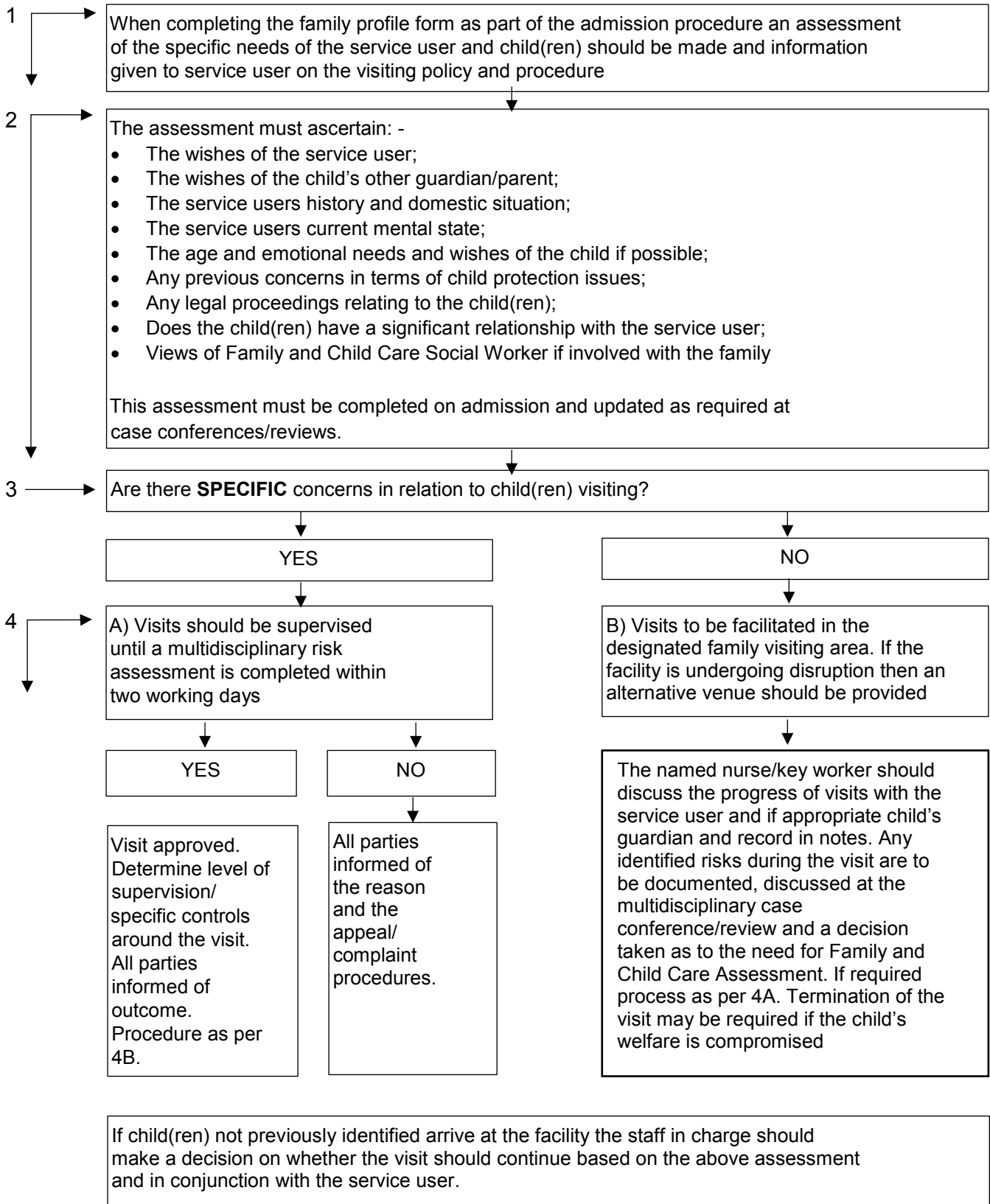
**Date:** \_\_\_\_\_ **June 2017** \_\_\_\_\_



\_\_\_\_\_  
**Director**

**Date:** \_\_\_\_\_ **June 2017** \_\_\_\_\_

## Appendix 1 - Process for Facilitating Visits by Children to Mental Health and Learning Disability Facilities



<b>Title:</b>	<b>Visitors Policy</b>		
<b>Author(s)</b>	Brona Shaw, Nursing, Governance and Experience Tel: [REDACTED] Jackie Lavery, Nurse Manager, Intensive Care Tel: [REDACTED] Marie Matchett, Manager, Elderly Programme of Care Tel: [REDACTED] Tony McDonagh, Catering Manager Tel: [REDACTED] Carolyn Neil, Quality Coordinator RBHSC Tel: [REDACTED] Ruth Finn, Manager, Infection Prevention and Control Tel: [REDACTED] Aine McCormick, Ward Manager, Cardiothoracic [REDACTED] Lyndsey Adamson, Ward Manager, Intensive Care / HDU Tel: [REDACTED]		
<b>Ownership:</b>	Ms Brenda Creaney, Director of Nursing and User Experience		
<b>Approval by:</b>	Directorate Governance Approval Standards and Guidelines Committee Trust Policy Committee Executive Team Meeting	<b>Approval date:</b>	03/10/2019 09/10/2019
<b>Operational Date:</b>	October 2019	<b>Next Review:</b>	October 2024

<b>Version No.</b>	3	<b>Supersedes</b>	V2 – February 2008 – May 2014
<b>Key words:</b>	Visitors, ward rounds, family presence, privacy, zero tolerance		
<b>Links to other policies</b>	<a href="#">BHSCT Zero Tolerance Policy (2019) TP 10/08</a> <a href="#">BHSCT General Health and Safety Policy (2015) TP 50/08</a> <a href="#">BHSCT Infection Control Incident/Outbreak Plan</a> BHSCT Safeguarding Children Policy <a href="#">BHSCT Adult Safeguarding Policy and Procedure (2020) SG 20/19</a> <a href="#">BHSCT Confidentiality and Information Sharing with Service Users and Carers – Good Practice Guide – Regional (2019) SG 07/15</a> <a href="#">BHSCT Intimate Care – Examination – Chaperoning Policy (2012) SG 13/08</a> <a href="#">BHSCT Involvement of Volunteers Policy (2011) TP 60/11</a> <a href="#">BHSCT Community Emergency Response Team (CERT) Plan (2014) TP 92/14</a> <a href="#">BHSCT Social Media Policy (2019) TP 76/11</a> <a href="#">BHSCT Visitors Policy for the Royal Belfast Hospital For Sick Children (2018) SG 42/12</a> <a href="#">BHSCT Child Contact Procedure for Shannon Clinic Regional Secure Unit (2019) SG 09/19</a> <a href="#">BHSCT Facilitating visits by Children to Mental Health and Learning Disability Inpatient- Residential Facilities- Local Guidance (2017) SG 34/13</a> BHSCT Visitors to the Acute Mental Health Inpatient Centre BHSCT Adult Mental Health Acute Inpatient Admission Centre Operational Policy		

Date	Version	Author	Comments
08/01/2019	2.1	B Shaw	Transfer to new template and add relevant policy
22/01/2019	2.2	B Shaw	Comments from CN
23/01/2019	2.3	B Shaw	Comments from RF
29/01/2019	2.4	B Shaw	Comments from AMCC and LA
30/01/2019	2.5	B Shaw	Removed ref to mobile devices and made ref to social media policy
31/01/2019	2.6	B Shaw	Comments from Director of Nursing
08/08/2019	2.7	B Shaw	Comments received from Jacqui Austin re linking this policy to Mental Health and Learning Disability wards. These have been added to the list above.



## **1.0 INTRODUCTION / PURPOSE OF POLICY**

### **1.1 Background**

The Belfast Health and Social Care Trust recognises that visiting time is an important part of the patient's day and our hospitals welcome visiting. The policy for In-patient Hospital Visiting has been developed with the aim to balance the therapeutic effect of patients spending time with relatives, carers and friends with the patients' need for rest and the need for clinical staff to manage the ward, reduce the potential spread of infection and provide efficient care in a safe and secure environment.

### **1.2 Purpose**

- To facilitate appropriate visitation and to provide a quiet, restful, healing environment for our patients.
- To allow patients enough time to recuperate in privacy, have their meals free from interruption and to allow doctors, nurses and allied health professionals time to provide care and treatment for patients.
- To ensure confidentiality of ward rounds.
- To facilitate environment cleaning and to prevent the spread of transmissible infection.

### **1.3 Objectives**

- To facilitate appropriate visitation while at the same time to assure the safety of our patients and staff as well as to provide a quiet, restful, healing environment for our patients.
- To allow patients enough time to recuperate in privacy, have their meals free from interruption and to allow doctors, nurses and allied health professionals time to provide care and treatment for patients, and ensure confidentiality of ward rounds.
- To clarify the visiting arrangements for staff which can then be communicated to patients and visitors.
- To ensure confidentiality is maintained during ward rounds.
- To maintain health and safety standards by limiting the number of visitors due to limited space on the wards.

## **2.0 SCOPE OF THE POLICY**

The statements included in the Policy apply to all in-patient areas across the Acute Hospital sites.

Where exceptional circumstances apply, at all times, the Ward Manager or deputy can use their discretion in the best interests of the patients.

### **3.0 ROLES/RESPONSIBILITIES**

It is the responsibility of each Ward Manager to ensure that their staff are familiar with this policy.

It is the responsibility of all staff within the RBHSC to adhere to this policy.

### **4.0 KEY POLICY PRINCIPLES**

#### **4.1 Key Policy Statements:**

- Visiting times will be clearly indicated at the entrance to the wards and any ward specific information will be supplied to patients and carers/relatives both verbally and in writing.
- In accordance with a patient's wishes, defined family should be able to remain with their loved one at any time, as part of the patient-centered plan of care.  
The care team, the patient and the family will agree on how family presence can be facilitated. This depends on the physical space, safety considerations and the patient's needs.
- Visitors may be asked to leave at anytime if a patients condition is judged to be deteriorating, if the patient becomes fatigued or if a clinical intervention is necessary.
- Children under 16 must be accompanied by an adult. Under 5s will only be allowed to visit in exceptional circumstances.
- All healthcare professionals must treat visitors with respect and politeness.
- The Trust operates a zero tolerance policy in respect of violence. Staff or visitors displaying threatening or abusive behaviour will be required to leave.

#### **4.2 Infection Prevention and Control:**

- Visitors should be encouraged to decontaminate their hands before and after visiting
- Visitors must not visit if they are feeling unwell or believe they may have an infection. If they have had an infection they must not visit until they are at least 48hrs symptom free
- Babies and young children are discouraged from visiting as they are more at risk of infection

- Visitors are asked to refrain from bringing food into patients, where this is required as part of a patients care it should be discussed with the nurse in charge
- Visitors must not sit on patients bed. Staff will respectfully ask visitors to not do so.
- Visitors should be limited to 2 per bed
- Visitors to a patient should remain with the person they are visiting and limit movement around the ward or to other patients.
- On occasion restrictions in relation to visiting may be put in place for IPC purposes. This should only be undertaken on the recommendation of the clinical or IPC team, for example in an outbreak situation.
- A range of leaflets about infections are available from the IPC HUB site or directly from the IPC team if required.
- The IPC team can be available to speak with visitors in relation to infection or in relation to any concerns they may have if required, please contact the IPC team directly to organise this.
- Unusual requests such as permission for pets to visit will be facilitated at the discretion of the the nurse in charge of the area who will consult with the IPCT in order to determine whether this can be facilitated or whether any conditions or restrictions are necessary.

### 4.3 Policy Principles

On admission, patients and visitors should be informed of the visiting times in the ward or clinical area. If there is restricted visiting they should be advised of the reasons for restricting visiting to these times, and that they should refrain from visiting outside of these hours. Visitors who do present outside of these hours should only be permitted to visit a patient at the discretion of the nurse in charge. This should be in exceptional circumstances only.

Staff should ensure that visitor information is available.

The number of bedside visitors at any given time should be restricted to two per patient. If a patient has more than two visitors the patient and relatives should be reminded of this. It is the visitors' responsibility to decide the two bedside visitors.

Staff have a responsibility to check that all patient visitors are known to the patients and that patients remain safe during visiting.

Staff will respectfully encourage visitors to reduce noise in the patient care setting, hospital hallways and waiting rooms if unnecessary noise is impacting on the therapeutic environment.

Visitors are requested not to use mobile phones whilst on in-patient wards and asked to keep them on silent during the visit to avoid disturbing the peace and quiet of the ward environment. Use of a mobile device to take unauthorised photographs or video recordings is not permitted. Staff may need to request that visitors leave the ward if patient welfare is being compromised.

In situations where it would be detrimental for the patient to receive identified visitors this should be documented clearly in the patient's healthcare records and communicated to ALL staff in the department. Arrangements for contacting security/police must be in place as required.

Visitors should check with the nurse-in-charge before leaving the ward with a patient, for any reason. It is the responsibility of the nurse-in-charge to know where the patient is at all times, there may be a treatment that requires that the patient remains on the ward.

Depending on the nature or severity of the patient's illness, staff may need to request limited or shortened visiting times in order to protect the patient's welfare. This may also be necessary to protect the privacy and welfare of another patient within a bay or clinical area.

Staff should be aware of visitors who have a sensory, physical or intellectual impairment or disability. At visitors or patients request a reasonable adjustment should be made, where possible, to allow visiting to take place in a safe and comfortable environment.

## **5.0 IMPLEMENTATION OF POLICY**

### **5.1 Dissemination**

This policy will be published in the Trust's formal documents library, accessible through the Trust Hub.

Staff are required to familiarise themselves with this policy at service level induction.

### **5.2 Resources**

None

### **5.3 Exceptions**

This policy is relevant to all patient care areas where visiting occurs without exemption

**6.0 MONITORING**

Incidents relating to reported Complaints, Litigation, Incidents are monitored and data collected

**7.0 EVIDENCE BASE / REFERENCES**

None

**8.0 CONSULTATION PROCESS**

The following groups were involved in the review of this policy

- Central Nursing team
- Intensive Care Staff
- Care of the Elderly staff
- Catering
- RBHSC
- Infection Control
- Adult Social and Primary care

**9.0 APPENDICES / ATTACHMENTS**

None

**10.0 EQUALITY STATEMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.

The outcome of the Equality screening for this policy is:

Major impact

Minor impact

No impact

**11.0 DATA PROTECTION IMPACT ASSESSMENT**

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment (see Appendix 7). The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this [link](#).  
The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved

A full data protection impact assessment is required

A full data protection impact assessment is not required

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

## 12.0 **RURAL IMPACT ASSESSMENTS**

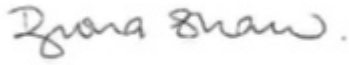
From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services. It is your responsibility as policy or service lead to consider the impact of your proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

## 13.0 **REASONABLE ADJUSTMENTS ASSESSMENT**

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references “reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

**SIGNATORIES**

(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).



02/08/2019

Date: \_\_\_\_\_

\_\_\_\_\_  
**Authors: Brona Shaw**  
**Nursing, Governance and Experience**



09 October 2019

Date: \_\_\_\_\_

\_\_\_\_\_  
**Brenda Creaney**  
**Director Nursing and User Experience**



09 October 2019

Date: \_\_\_\_\_

\_\_\_\_\_  
**Martin Dillon**  
**Chief Executive**