NHS
Greater Glasgow and Clyde

Enabling Family Support

Staff Guidance

Contents

Version History

Version	Date	Summary of changes
1.0	23/12/21	First version of document
2.0	05/04/22	Addition of guidance in relation to: • Governance arrangements for reviewing visiting arrangements • Visiting in hubs and adjacent beds • Essential visiting when restrictions are gradually eased • Visiting in outpatient departments
3.0	06/05/22	Amendment of guidance to: • Strongly encourage visitors to wear face masks • Identify pathways for visitors to access LFD tests • Remove requirement to provide contact details for Test and Protect • Remove requirements for visitors to self isolate, unless symptomatic.
4.0	23/05/22	Updating guidance in light of removal of physical distancing measures.
5.0	13/07/22	Updating references to the National Infection Prevention and Control Manual
6.0	03/11/22	Updates are reflective of the updated Scottish Government Visiting Guidance on 5 October 2022
7.0	07/09/23	Updates are reflective of the updated Scottish Government Visiting Guidance on 23 August 2023.

1. Introduction

The importance of support from family members and others who matter to people when receiving healthcare cannot be overstated, bringing comfort to both the person receiving care and the people they consider their family or carers.

A full person-centred approach to family support does not mean an unmanaged approach to family support. It is necessary to work with patients and families to develop processes and a culture that maximises the full benefits of family support and recognises the vital role this plays in high quality safe, effective, person-centred care. This requires to be balanced with the risks of infection, and cognisant of the safety measures still in place.

We know that this support has a positive effect on quality of care including nutrition, healing, recovery and overall quality of care. Given this, family support should be a fundamental part of the care of a person in hospital and not optional. All health boards should now have returned to full person-centred visiting.

This document provides person centred and safety principles for staff to guide them to safely encourage family support.

It applies to all staff working in all hospitals and community outpatient settings in NHSGGC. Specific variation is outlined in Section 5 of this guidance.

1.1 National guidance

This guidance supports the local application of national guidance from Scottish Government for hospital visiting and is aligned to The National Infection Prevention and Control Manual.

1.2 Family support

The term family is interpreted in its broadest possible sense, recognising that the person an individual might want to support them in hospital could be a friend, carer, or neighbour, and may not always be a relative. The support provided from such people is vital to the wellbeing and recovery of a person in hospital.

Wherever the term ‘family’ is used throughout this guidance the same broad interpretation is intended, also recognising that family and friends are not ‘visitors’ in a person’s life, even in hospital.

2. Person Centred Visiting

Having support from family is a fundamental human right. Restricting visiting has been shown to have a negative impact on patient safety and on care experience, resulting in higher levels of complaints and poor relations between clinical teams and families.

A person centred approach to visiting is in place across NHSGGC. This means that patients can have the support of those who matter most to them, without being restricted by set visiting times.

The number of people visiting at any one time should be managed appropriately. The need for family support should be balanced with the need for dignity and privacy of other people, especially in multi occupancy areas, and maintaining a safe environment where clinical teams can go about their work. For example, two family members visiting at a time is generally a helpful approach, but this should not be inflexible and there may be times when it is appropriate to have more or less visitors. In most circumstances, it is appropriate to guide people to visit a maximum of two people at a time; a flexible and compassionate approach is still required.

Mealtimes are particularly important for family support, especially if the person in hospital is frail, has a cognitive impairment such as dementia or a learning disability.

Recognising the negative impact on patient safety and psychological wellbeing, and the fundamental importance of peoples' rights to family life, blanket policies for all hospitals, or all patients with particular characteristics, should not be applied.

For up-to-date visiting arrangements, please visit the NHSGGC website.

2.1 Essential visiting

In the event of an outbreak in a ward, standard outbreak management policies will be applied by the local Incident Management Team (IMT). This may include limiting family support temporarily to essential visits only.

Staff should take as flexible, person centred, and compassionate an approach as possible in applying this guidance. The examples of the type of situations where 'essential visiting' should be supported are included below:

- When someone is reaching the end of their life – we expect this to be defined as flexibly and compassionately as possible, to support patients at the end of life spending meaningful time with their loved ones in their final days, weeks, or months

- To support someone with a mental health issue, or dementia, or a learning disability or autism, where not being present would cause the patient to be distressed
- A family member who has informal caring responsibilities
- Parents of a child in hospital
- Situations where someone is receiving life-changing information
- Those providing essential care or emotional support, or spiritual care
- In these and other similar situations where support from another person is essential for advocacy and wellbeing.

It should be noted these examples are intended to be illustrative rather than exhaustive. A flexible, compassionate approach is encouraged - family support should be facilitated in any situation where you assess that it is important to involve family or carers for ethical, safety, or other reasons.

Local clinical teams should feel empowered to make the right decision to meet the needs of the individual patient and their family in any given circumstance. If in doubt, the default position should be to err on the side of compassion and facilitate family contact.

Further guidance about essential visits is available on the NHSGGC website, along with a patient information leaflet.

2.1.1 Essential visiting in maternity and neonatal settings

It is essential that people are able to get support during pregnancy and birth, including outpatient appointments, antenatal and postnatal care; as such, birth partners supporting people during hospital visits, and parents/ primary caregivers in neonatal care, provide essential support.

Further guidance about visiting arrangements in maternity and neonatal settings, or any situation in which a person would attend for a pregnancy related matter, is available from the Scottish Government.

3. Core Principles

The following core principles are to be applied as flexibly and compassionately as possible, with each patient's needs considered on their own merits and taking account of the local context, recognising the need to be person-centred and to ensure the safety of all.

3.1 Welcoming

- We welcome and encourage the involvement of the people who matter to patients.
- Patients can have family support wherever possible, e.g., mealtimes, rehabilitation sessions, discharge planning and Multi-Disciplinary Team conversations. We will provide family members with necessary PPE to undertake these activities as required.
- Mealtimes are particularly important for family support, especially if the person in hospital is frail, has a cognitive impairment such as dementia or a learning disability.

3.2 Patient led

- We are guided by patients whenever possible: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.
- For people without the capacity to provide this information, see Adults with Incapacity (Scotland) Act 2000: principles for further information.
- We will ask the patient who matters to them and how they would like to be supported.
- We will take care to determine whether the individual patient wishes to have family support and who they want to see. The patient is under no obligation to see family if they do not want to. We will respect their wishes.

3.3 Partnership

- We will work in partnership with the people who matter to patients.
- We will have conversations with the patient and their family throughout their care to advise of family support arrangements to embed this as part of routine care conversations.
- When family contact the ward or department to discuss local arrangements, we will discuss what time suits all. We will approach this compassionately, handle in a manner which is sensitive to individual needs, and document appropriately.

3.4 Flexibility

- We have no set visiting times.
- We will be person centred and maximise the length of visits, as far as patients and family members wish and is possible.
- In some cases, the family members chosen to visit may need to be accompanied by another person, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend independently. We will facilitate the presence of this additional person and discuss with them how the visit will be managed.
- Each situation should be approached in a person-centred, compassionate way with the benefits of visiting being given equal priority and balanced against the harm caused by separation or the risk of cross-infection.

3.5 Respect

- We respect peoples' individual needs and act on an individual basis to ensure the safety, privacy, and dignity of all patients.
- This means there may be times when we need to ask people to leave a clinical area temporarily.
- If a patient is particularly concerned about other patients' visitors, this should be considered and where possible they should be placed in an area where they are more distanced or separated from other patients who are having visitors.

4. Safety Measures

In order for transmission risk to remain low in our healthcare settings, Infection Prevention and Control (IPC) measures remain.

Remind family that healthcare environments differ to other places due to the increased vulnerability of patients, and therefore we require IPC measures. Inform them of IPC measures and strongly encourage them to follow these.

Current IPC measures taken by staff are deemed acceptable to reduce risk associated with close contact, and the same evidence-based assessment approach to this risk should be applied for the family member providing support.

Approach each situation in a person-centred, compassionate way; give the benefits of family support equal priority and balance them against the harm caused by separation or the risk of cross-infection.

The following measures should be put in place to minimise risk:

4.1 Good IPC practice

- Family should not visit if they are **unwell**.
- Family should use **hand hygiene** on entering and leaving the area, following any personal contact, prior to putting on PPE and after removing PPE.
- **Respiratory hygiene** also remains important. The principles of respiratory and cough hygiene can be found in section 1.3 of SICPs.
- Family should use the **toilet facilities provided for members of the public** only, not patient and staff toilets, unless there is no other option available.

4.2 Risk Assessment

All areas should have a local risk assessment process in place, tailored to specific local environmental or clinical needs. In NHSGGC, there is a wide variety of

accommodation including single rooms, shared rooms, and open wards where there is variation to risks, control measures and mitigations which are required.

An example of a risk assessment for local adaptation and a risk assessment checklist can be found on the NHSGGC Visiting Resources for Staff webpage.

5. Variation

5.1 Patients at higher risk because of a suppressed immune system

The main reasons that people are immunosuppressed is as a result of certain diseases or conditions, or because of medication or treatment for a disease or condition, including, but not limited to, people who have or had:

- A blood cancer (such as leukaemia or lymphoma)
- A weakened immune system due to a treatment (such as steroid medicine, biological therapy (sometimes called immunotherapy), chemotherapy or radiotherapy
- An organ, bone marrow or stem cell transplant
- A condition or disease which affects your immune system.

Some people will be permanently immunosuppressed because of a long-term condition or treatment, while others will be immunosuppressed for shorter periods, while being treated for a shorter-term condition.

People in the specific circumstances outlined above should still be able to benefit from Person Centred Visiting, in line with the rest of this guidance.

In some individual circumstances, visiting for an individual may still require to be risk assessed by the multidisciplinary team. Patients advised that family support should be limited must be provided with an explanation and this should be reviewed as the patient's condition changes, including why it is not possible for the person providing family support to continue to visit taking the same IPC precautions as staff attending the patient. This should be reviewed regularly as the patient's condition changes.

5.1 AGP Areas

Staff should support family members wishing to visit someone in an AGP area to follow guidance as outlined in Appendix 21 of the National IPC Manual:

"Visitors entering an AGP area in which airborne precautions are being

applied, should do so after the fallow time has elapsed. Where this is not possible (continual AGP zone), visitors should be advised that there may be a risk of exposure to respiratory viruses. Visitors should be asked to wear a FRSM where respirator fit testing is not possible."

5.2 Outpatient and Emergency Departments

Patients in outpatient and emergency departments can have the support of the people who matter to them in most circumstances. A flexible and compassionate approach is encouraged.

In some circumstances, it may be necessary to ask visitors to temporarily wait outside an area to prevent overcrowding; a common sense approach should be applied, and patients should not be restricted from having someone with them during their consultation, if they wish this.

5.3 Mental Health, Learning Disability, Neurodevelopment and Addictions

The European Convention on Human Rights, in particular Article 8, which provides a right to respect for private and family life, is of particular relevance for people accessing mental health, learning disability, neurodevelopmental, addictions services where their stay in hospital is often lengthy. Given this, the ward is deemed their home during this period.

An individual visiting plan should be discussed with the person, their next of kin and the ward clinical team, and should be reviewed on a regular basis.

5.4 Maternity and Neonatal Visiting

The approach and principles of family support as set out elsewhere in this guidance are applicable in maternity and neonatal settings.

Every effort should be made to accommodate visits by siblings particularly where a baby is expected to remain in neonatal care long-term.

Parents should be supported with opportunities to remove face masks to encourage bonding, and support skin-to-skin and kangaroo care with their baby.

5.5 End of Life Care

At the end of life, there are no restrictions on time or the number of people who can provide support.

It can often be difficult to identify when someone may be nearing the end of life and interpretations of ‘end of life’ may differ. As such, it is not appropriate to define a set time-period for ‘end of life’ care in this context and instead clinical teams should adopt as compassionate and broad an approach as possible.

If someone is identified as at the end of their life and then rallies, support from family should not be stopped suddenly, but should be sensitively transitioned so that support can continue as described elsewhere in this guidance.

More detailed principles are set out by the Scottish Academy of Medical Royal Colleges.

5.6 Children Visiting

Children can visit adults in hospital and every effort should be made for a child or young person to be able to visit who matters to them in hospital safely.

A child is entitled to have one or both parents or carers present to support them. A child in hospital should be allowed visits from siblings or other children. Every effort should be made to accommodate visits by other children where that child has a significant relationship to the child receiving care, and it is safe to visit.

A child’s visit may need to be facilitated by an adult; the presence of the additional person should be supported and should not prevent a visit taking place.

5.7 People who have sensory loss

Staff communication with patients and families is more challenging with the requirement for face masks. Please see additional guidance on communicating with people who have sensory loss.

Transparent fluid resistant masks (TFRM) have been approved for use in health and social care settings, which feature a clear front panel to enable lip reading.

A diverse range of individuals may benefit from the use of TFRM, including:

- autism or non-neurotypical people
- developmental language disorder
- dysphagia (eating, drinking and swallowing disorders)
- hearing impairment or hearing loss
- cognitive impairment
- families in a neonatal or paediatric intensive care unit.

If family members have access to TFRM, they should be encouraged to use them during their visit if the person they are visiting requires them.

The AVA app on the Person Centred Virtual Visiting iPads can also be used to facilitate communication between the patient and their family member. Further information on the AVA app is available on the Person Centred Virtual Visiting webpages.

6. Person Centred Virtual Visiting

Virtual Visiting is an integral part of our person-centred approach to family support. Where in-person support is not possible for any reason, a patient should be supported to use the hospital iPad or their own personal mobile or tablet to maintain contact with the people who matter to them.

However, it is important to bear in mind that this virtual approach will not be appropriate for some people, and it should not be used to replace in-person support. The virtual option is available for circumstances where in-person support is prevented either for clinical reasons or by geographical distance or because the visitor is isolating. Our first option should always be to aim to facilitate in-person support from family.

Further information about Person Centred Virtual Visiting is available on the NHSGGC website.

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Person Centred Visiting

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