

LEAFLET 14A

VISITORS TO LPFT PREMISES

**CONTENTS**

1. Scope
2. Introduction
3. Visits to Adults by Adults
4. Visits to Adults by Children
5. Visits to Children (Inpatient Units)
6. Visits by VIP's

**1. SCOPE:**

- 1.1 This procedure provides guidance of how Lincolnshire Partnership Foundation Trust (LPFT) can effectively manage visitors, contractor(s) contractors, and visiting workers at LPFT sites and the subsequent procedures available for implementation.
- 1.2 Additionally it addresses security protocols to be considered in the event of a VIP visit.

**2. INTRODUCTION:**

- 2.1 This procedure addresses the requirements of how LPFT can effectively manage visitors to any LPFT site.
- 2.2 In addition this procedure provides guidance on multi-agency co-operation around visits.

**3. VISITS TO ADULTS BY ADULTS:**

- 3.1 The wishes of the service user should be respected with regards to who they would like to visit them. This should be clarified and documented, including any individuals they do not wish to visit. If they refuse a visitor this requires documenting, ensure detailing reasons for refusal. Providing there is justification, the nurse in charge can prevent, supervise or terminate a visit. On such an occasion an incident report should be generated detailing all aspects of the refusal.
- 3.2 Visitors and those being visited should be advised of visiting hours, meal times and any therapy sessions/appointments
- 3.3 Any visits outside of agreed times will be judged on a case by case basis, and will be agreed through discussion with staff.
- 3.4 A 'prohibited items list' should be displayed in full view of all visitors and service users. If staff have reasonable grounds to suspect that a visitor is bringing prohibited items onto site, they should be asked to hand them over (in?) for the duration of the visit. If they refuse, staff can ask the visitor for permission to look in (search?) their bag and pockets if they remain non-compliant, staff can ask the visitor to leave or can inform them that their visit will be continually supervised. If necessary, the Local

security Management Specialist (LSMS) or police should be contacted. An incident report should be submitted detailing reasons for refusal of admittance or supervision.

3.5 Visits can be prevented where a relationship is anti-therapeutic, where there are concerns for the safety of visitor from the service user, or where there are concerns for the safety of the service user. This includes relationships which meet the definition of domestic abuse and where abuse or neglect is suspected (safeguarding policy 11). Consideration must be given to the service user's capacity to determine anti-therapeutic relationships (mental capacity act policy 6B). In addition if the behaviour of the visitor may be disruptive e.g. incitement to abscond, smuggling substances that could impair care path ways and /or breaching confidentiality of the service user.

#### 4. VISITS TO ADULTS BY CHILDREN:

4.1 The last decade has seen a gradual recognition that many adult mental health service users are also parents and a steady growth in concern over the implications of this for their children (Working Together 2015). Contact between parents and children when a parent is in hospital needs to be actively encouraged by staff (Barnardo's 2007).

4.2 The welfare of the child is paramount and the Trust has a statutory responsibility for safeguarding children and promoting their welfare in accordance with Section 11 of the Children Act 2004. **All visiting children aged 18 years and under should be accompanied by a responsible adult, who remains with them throughout their visit and accepts responsibility for them.** Discretion/risk assessment is required when older teenagers are visiting. Any concerns that a particular visiting environment is unsafe for a child must be the subject of a risk assessment and the identification of an alternative venue.

4.3 The Ward / Unit where the visit will take place should be sufficiently flexible to enable regular visits if in the child's best interest. The facilities provided should be comfortable, welcoming, child friendly, well equipped and provide a safe environment. Where possible this should be in an area away from others such as a family room. Such visits should be supported by a qualified member of staff who has received training in safeguarding children and is familiar with this Visitors Policy. Staff should discuss any potential risks with the accompanying adult and the importance of a prompt response, should the visit need to be terminated imminently.

4.4 Mental Health professionals must consider the family context of service users and consider the well-being of any dependent children. It would be helpful if, after visiting a parent with a mental illness, a member of staff talks to the child and accompanying adult about the child's experience during the visit (Parents as Patients 2011).

#### 4.5 Guiding Principles:

- The Trust is supportive to children visiting service users in the hospital setting and presents these principles to offer guidance and support in that area.
- The ward/ clinic area should know if children are expected to visit and who is visiting, this can be incorporated into the adult's care plan.
- Contact between parents and children when a parent is in hospital should be actively encouraged by staff (Parents as Patients, 2011)
- When there are visits by children to service users within the Trust, there should be a risk assessment by the member of staff admitting the service user, to enable a decision to be made to ascertain that such a visit would be in the child's best interest.

- Children who visit this hospital should be afforded protection from risk of harm. This applies to the person being visited and also from other adults in the vicinity.
- The Trust would normally support children visiting their parent, but if the parent were seriously unwell, then a decision would have to be made by the care team involved to decide whether the visit was in the child's best interest. Visiting under these circumstances may be injurious to the child's health and/or relationship with the service user.
- A record of assessment and decisions should be recorded in the patient's records. Advice, if required, may be sought from the Safeguarding & Mental Capacity Team via [safeguardingadvice@lpft.nhs.uk](mailto:safeguardingadvice@lpft.nhs.uk) or 01522 546546 x7652.
- The relationship criteria should also contain some consideration for children visiting in that the patient is;
  - The Parent, sibling or grandparent of that child or,
  - Has parental responsibility (PR) for that child
- If there are inherent difficulties on the ward such as there being service users with a history of offences against children, then alternative arrangements must be made to facilitate safe contact. For this purpose the Trust's Low Secure Unit has its own local protocol for managing child visits.
- Any child under the age of 18 years must be accompanied by a responsible adult i.e. parent/ relative/ other with Parental Responsibility. If a child turns up unaccompanied for an unplanned visit, each visit is looked at individually and a decision made by the Nurse in Charge, if the visit may continue. The parent needs to be reminded of the policy, and assessment of the suitability of future visiting by the child.
- Observing the relationship between the patient and child should be part of the patient's care plan and documented accordingly.
- The Nurse in Charge may terminate a visit at any time if there is concern over the service user's mental health or there is concern about the welfare and safety of the child. The Nurse in Charge needs to observe the visit to ensure action is taken if necessary.
- Staff should work in consultation with other agency professionals who may be working with the family. For a child where Children's Services are involved, there should be direct liaison with the child's allocated social worker when assessing the risks associated with visiting the ward /units.
- Information about visiting should be explained to children and young people in a way that they are able to understand. Visits by children should be planned and recorded in the patient's notes and should be reviewed as part of a holistic Care Programme Approach.
- Should it be the intention for service user to take the visiting child out on leave, the Nurse in Charge should assess all potential risks before the arrangement is agreed.

#### 4.6 Issues that may cause concern

When visiting mental health wards/departments, there may be issues causing concerns that require more detailed multi-agency actions to safeguard the interests of children.

- Where there is evidence or suspicion of abuse including a child subject to a Child Protection Plan or a Child in Need Plan
- Where the person visited has a history of violence or unpredictable behaviour that may place a child at risk.
- If there are other service users in the vicinity deemed to pose a risk to children or young people.

4.7 This is not an exhaustive list but emphasises the need for consideration of the needs of children and the following actions should be taken:

- 4.7.1. The situations involving children visiting should be discussed as a child safeguarding issue by the team involved with the service user and given careful consideration before visits are allowed to take place. Where children are subject to a Child Protection Plan, or Child in Need, staff should ensure they are fully aware of the nature of the concerns and any arrangements or expectations in place for the protection of the child.
- 4.7.2. These visits should be discussed with the ward team, the child's Social Worker (if there is one) and the Trust's Safeguarding & Mental Capacity Team.
- 4.7.3. The outcome should be in the best interests of the child and not place the child at risk of harm.
- 4.7.4. If a decision is made for the visit to take place, or that visits will not be allowed, or only allowed in specific circumstances, it should be recorded in the care plan and a copy provided to the Service User.
- 4.7.5. These visits should be monitored and evaluated by the Nurse in Charge and the child's Social Worker, where appropriate, to ensure that they have a beneficial effect both for the child and patient.

#### 4.8 Information

- It should be included in the ward / unit information leaflets that there are regulations relating to children's visits.
- Notices must be displayed concerning visitors gaining agreement from the Nurse in Charge before children are brought into wards/departments.

### **5 VISITS TO CHILDREN ON INPATIENT UNITS**

- 5.1 As per 4.2 the best interests and welfare of a child are paramount when making decisions regarding visiting.
- 5.2 If the person visiting is a child (under the age of 18 years of age) then section 4 applies.
- 5.3 The general principles outlined in 3 apply.
- 5.4 The Child/Young person and family/carers should be informed of the visiting hours, mealtimes, school times, therapy times etc. Any visits to be made outside of standard visiting times should be through negotiation with the ward staff.
- 5.5 All wards should display a poster detailing the prohibited items.
- 5.6 The patient's assessed needs, risks and the general ward environment will be contributing factors when determining the appropriateness of particular visitors. The MDT will make these considerations with the involvement of any relevant social worker. Staff should be sensitive to situations where the relationship between parents has broken down so that any decision about visiting is not used inappropriately in residence or contact disputes.
- 5.7 If concerns regarding a child /children's visit arises then the appropriate reporting mechanisms should be utilised e.g. to the LPFT safeguarding and mental capacity team via [safeguardingadvice@lpft.nhs.uk](mailto:safeguardingadvice@lpft.nhs.uk) and/or incident reporting systems.

### **6 VISITS BY VIPS:**

- 6.1 The risks Inherent in VIP visits are from:

- Stalkers, fanatics, political groups and disaffected groups or individuals compromising the safety of VIP.
- Disruption from hecklers.
- Damage to buildings and property.
- Surge in volume of public in (or passing through) the premises.
- Risk of fire, and of interruption to/disruption of fire safety systems.
- Risk to patients, staff and visitors safety arising from the above.

6.2 In addition as a result of the 'Saville Enquiries', patient and staff safety protocols should be adhered to, with the appropriate reporting mechanisms utilised as a result of any safeguarding issues that may arise.

6.3 To ensure the security of the visit, the LSMS will need to liaise with:

- **LPFTs Security Management Director.**
- **The local police**, who should be advised of any VIP visit. If the visitor is a Royal VIP or member of Government, Special Branch will contact the Trust to make the necessary arrangements for a police security co-ordinator to be on-site. A metal detector and bag search may be required during the event; this will be operated by the police.
- **Those responsible for the VIP's security.** Trust representatives (usually the LSMS) will need to discuss with them the relevant details of the VIP's security arrangements and ensure that the appropriate measures are put in place locally.
- **The Trust communications team.** The LSMS must know how broadly the visit has been made known to the media and how specific the information has been in terms of time and date. They may also consider, in conjunction with the Trust's communication team, allocating a specific area in which representatives of the media can work, to regulate their activities during the event.
- **The Trust's Estates and Facilities department** are to ensure that physical considerations such as access control, lifts to be used during the visit and that fire exits are functional.
- **The Trust's Health & Safety advisor** should work with the LSMS to assess the risks and suitability of the route to be taken by visitors or the location of and route to a public meeting.
- **The Local Authority.** A widely publicised visit by a high profile VIP may generate considerable public interest. This may result in large numbers of members of the public, who are neither patients nor visitors, accumulating at the main entrance to the Trust building. In some instances, crowd control measures, such as barriers, may be required. The Local Authority should be informed of this.
- **Organisational responsibility.** To ensure patient/staff, security and safety, the LSMS and safeguarding team will liaise with stakeholders - taking into consideration areas to be visited, to ensure safety, dignity and respect are maintained at all times.

#### **Pre- event measures:**

Before a VIP visit, the LSMS will be required to:

- Ensure that access to the Trust location is secure (e.g. that barriers, if required, are in place and staffed, unauthorised vehicles have been removed, and there is a clear route past any security measures for access).
- Outline the safest route to the point of the visit, ensuring that external access to this route is minimised and that staff and patients who wish to see the VIP will not block the emergency exit(s).
- Ensure that any unoccupied rooms on route are checked and locked.

- Ensure that any lifts that are used as a part of the route are switched to manual drive and are staffed.
- Brief security staff on procedures to be followed if it becomes necessary to remove a person from site (please see Section 5).
- Advise the local police control room of the visit and any security concerns.
- Liaise with the relevant managers to confirm which staff will be working in areas that will be included in the visit, and ensure that they have appropriate ID.

6.4 In the Trusts mental health and learning disability settings, the LSMS will be required to review current risk assessments of wards and clinical areas included in the schedule of the visit, to:

- Reduce the risk of violence that may be triggered by the visit.
- Identify individual patient concerns about the visit that may be detrimental to the patient's treatment plan, mental state, or wellbeing
- Ensure that a lead clinician is receiving the VIP and their Party to allow questions.

#### 6.5 Removal of individuals from the site:

During VIP visits, it may be necessary to remove individuals from the site because they are or appear to be posing a threat.

The following measures may be applicable:

- Individuals appearing to commit an act of aggression against an individual may be apprehended using reasonable force and detained until the arrival of the police under the terms of Section 24 (4) of the Police and Criminal Evidence Act 1984. This is applicable if the LSMS or other health body staff has reason to believe that a criminal offence is taking place or about to be committed during a visit.

#### **Post-event review**

6.6 It is important that the LSMS conducts a post-event review, in conjunction with the stakeholders involved in the event. This should evaluate the success or otherwise of all aspects of the security procedures deployed.

6.7 If a post-incident review highlights examples of best practice, it should be forwarded to the relevant Area Security Management Specialist.

***Please refer to Health and Safety Manual Leaflet 14 – Control of Contractors and Visitors for the full procedure and terminology.***

## Appendix 1 Flowchart for child visits

# Child visiting

Lincolnshire Partnership **NHS**  
NHS Foundation Trust

Information to be gathered on admission re children and recorded on the safeguarding children screening tool and associated person

### Is the service user a parent or carer? If so

- The child's name and age
- The child's relationship to the service user
- Does the child reside with the service user
- Name of child's school if applicable
- Child's ethnicity
- Disability
- First language

### Nurse to consider

- The welfare of the child
- Best interests of the child
- Unit environment and atmosphere
- Current client group
- Service user's mental and emotional state
- Service user's wishes and views
- Current evidence of risk to child
- Concerns expressed by professionals
- Visiting restrictions

Visit agreed

Yes

No

### Arrangements for visit to include:

- Suitable time for visit
- Suitable room
- Avoid unit activities if possible
- Consider staffing levels
- Consider number of visitors
- Supervision requirements/ restrictions

### Further assessment required:

This may be with / include involving or liaising with CAMHS, Children Social Care, Named Nurse for Safeguarding Children