





Meeting Date	28 July 2020	Agenda Item	4.2		
Report Title	Impact of Visiting Policies				
Report Author	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services				
Report Sponsor	Pam Wenger, Director of Corporate Governance				
Presented by	Hazel Lloyd, Head of Patient Experience, Risk & Legal Services				
Freedom of Information	Open				
Purpose of the Report	Due to COVID19, the Health Board suspended all visiting with certain exemptions within the healthcare setting. This was as a result of restricted social contact announced in March 2020. The purpose of this report is to: • Update on how families and friends have managed to communicate (virtual visiting & Messages to loved ones).				
		e to aim to provide pation ring their hospital admis			
	 Provide an update of visiting from 20th July 2 		ns for		
Key Issues		has provided enough of the Health Board to cross the hospitals.			
	relation to access of work devices and also down restrictions ease	ick, although some issurifi by patients using the some confusion when ad with some relatives estrictions had been lift	eir Iock		
	Units have revisited the Procedure in place for linen and a brining was Communications teams highlighting the procedure.	the exchange of clean s issued through the via social media	/dirty		

only) Recommendations	NA	asked to note th			
Required (please choose one					
Specific Action	Information	Discussion	Assurance	Approval	
	Mortuary visits Relatives will now be able to visit the bodies of their loved ones in our mortuaries. Up to two members of a household or extended household may visit the mortuary.				
	In cases where patients require the support of staff to facilitate a visit outside, the availability of staff will need to be taken into account when the visit is arranged.				
	Mental Health and Learning Disabilities One visitor at a time, except when the visitor requires assistance to carry out the visit, e.g. help to push the patient's wheelchair; in which case an additional person can join the visit to assist.				
	Visitors from a separate household may also be able to visit, but only once the original household has finished visiting, a week apart.				
	End of life visiting – last days of life Visiting will include up to a maximum of two people at a time, from the same household or extended household.				
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		al staff are able t clothing as and w	•	nis with	

Impact of Visiting Policies

1. INTRODUCTION

This report provides:

- An update on how families and friends have managed to communicate (virtual visiting & Messages to loved ones).
- Arrangements in place to aim to provide patients with clean clothing during their hospital admission.
- an update on all Wales restrictions for visiting from 20th July 2020.

2. BACKGROUND

In March 2020 measures to restrict social contact were announced across the UK. As a result restrictions on visitors to patient healthcare settings took effect. This moved away from our person-centred flexible approach to visiting, although was essential from a safety perspective in this unprecedented time. The advice followed can be found on the gov.uk website. This highlighted that there may need to be some exceptions to this general advice:

Visiting patients who are not infected with COVID-19 were permitted for:

- one parent or guardian for paediatric inpatients and neonates;
- people receiving end of life care, with permission to visit secured in advance from the ward sister/charge nurse and if agreed, this should be one visitor at a time for a specified amount of time;
- women in labour permitted a birthing partner [from their household.

A Task & Finish Group was established to consider the change in the visiting policy and the effect this would have in terms of:

- relatives not being able to drop off/collect clothes and essential items; and
- Impact on communication between the patient and their relative(s).

3. Supporting patients and families through the COVID-19 crisis

Virtually all hospital visiting stopped in the fight against COVID-19 in March 2020. As a result, a Task & Finish Group was set up to consider the impact on patients and relatives and actions to be taken to mitigate the effects of the sudden change and the impact of no visiting. The priority was for the Health Board to consider alternative ways for patients and relatives to connect; ensure families are kept informed, and deal with practical issues like providing patients with clean clothes and toiletries.

Virtual visiting

The Communication team ensured messages were shared on social media notify the public of the free WiFi in all hospital sites and encouraged families and carers to speak to patients via smartphones and tablets. Apps like Skype, WhatsApp and FaceTime enabled video communication. WiFi assisted phone calls and plain emails were also options.

Electronic Tablets were donated and also bought by the health board, which enabled the PaLS Teams in the hospital to assist and support patients who did not have their electronic devices to stay in touch with their relatives.

The PALS teams across the HB have played a pivotal role and comments regarding the Virtual visiting included:

- ➤ I was so very grateful to the nurse who was on the discharge team. Without her there would have been no visual contact with my husband. She FaceTime us several times during his stay
- ➤ It is good to have some contact as having no visitors is very stressful especially to the elderly.
- I think virtual visiting was an excellent idea for people to stay in touch.
- Yes I kept in contact with family members using virtual visiting. It was easy to do but it does not replace visiting from family members.
- ➤ It's strange not having visitors to come and see you and your new born baby however it is nice you can FaceTime people whenever you want and it's nice to keep everyone safe.

There were also comments received from patients who were unaware of the services available and we are looking to learn and ensure we can share the message internally and externally. Also comments received relating to difficulty in connecting to wifi when using their own devices which IT are reviewing.

Laundry and toiletries

Usually, visitors will bring in fresh clothes for patients and take away soiled laundry, and also replace toiletries. With this no longer in place alternative systems were put in place.

Drive-through laundry swaps at Morriston and Singleton hospitals were set up supported by the PaLS Teams in the hospital and they were supported by a central call centre team (Outpatient Boking Team) who are liaising with relatives and carers to arrange the drop off of clearly labelled clean laundry and collection of soiled clothing.

In the expectation that the pandemic would intensify it was not certain if the soiled clothes could be retuned and relatives were made aware of this and asked not buy expensive items.

Only relatives and carers who were **not** self-isolating with suspected or confirmed COVID-19, or who were **not** living with someone who is self-isolating would mean that an increasing number of patients would not receive clean clothes and or toiletries.

The Standard Operating Procedure is currently being reviewed ahead of any future outbreaks to learn from any lessons identified and update processes accordingly.

A social media appeal launched on Friday, 27th March, asked the public to donate clothing and toiletries via an Amazon wish list through the Swansea Bay Health Board Charitable Funds Team.

The response from the general public was overwhelmingly positive and this allowed for staff to set up a distribution hub, based in Head Quarters to receive the clothing and toiletries for distribution across our sites as needed. All hospital sites across the health board have benefited from this campaign. Feedback has been very positive. Comments received:

- ➤ "Patients being able to wear proper nighties/pjs donated and not backless hospital gowns has given them dignity, and the pure joy virtual visiting has brought happy tears to many. What you do is invaluable. Thank you"
- I think your plans for managing clothing worked well and the PALS team supplied things where necessary from the donations sent in from the Amazon wish list. I also donated £100 worth of items for this cause and thought it was a fab idea and cause. Personally my family brought things to the door and PALS brought it to the ward. The whole scheme works well. Thank you so much!
- ➤ I had a lovely nurse who met my partner at the entrance of the hospital to bring the things I needed.
- Excellent. Family was able to drop clothing off and it was brought to me.
- ➤ IN all fairness I was sent in from the survey so had nothing prepared. I only had to say once that I had nothing with me and they gave me everything I needed. I'm, so grateful.

The wishlist will continue to be managed moving forward. The wishlist has received media coverage on the BBC website, local radio and the Independent newspaper. We also supported Cwm Taf Morgannwg and Hywel Dda in getting their wishlists established.

Changes to visiting from 20th July 2020

An all Wales Group was set up by Welsh Government to review visiting arrangements and as a result the attached guidance was issued which comes

into force on 20th July 2020. The Deputy Director of Nursing for Swansea Bay UHB represented the Health Board on this Group.

The health board has welcome the updated Welsh Government guidance to NHS Wales about visitors coming onto our sites, including those accompanying patients to some specific appointments. Visitors are important for the wellbeing of patients, and some very limited visiting is already in place for exceptional circumstances.

The new guidance offers more flexibility around on-site visiting. But it also makes it clear that for safety reasons we cannot yet return to pre-Covid arrangements.

A Task & Finnish Group has been established chaired by the Deputy Director of Nursing to oversee implementation on a **phased approach** revised visiting arrangements from 20th July 2020.

A phased approach will allow the Health Board to introduce the changes while ensuring patients, visitors and staff are as safe as possible by maintaining social distancing. Some practical measures are required to manage the change.

Phase One

From Monday, 20th July, the following will come into place:

End of life visiting – last days of life

Visiting will include up to a maximum of two people at a time, from the same household or extended household.

Visitors from a separate household may also be able to visit, but only once the original household has finished visiting, a week apart.

> Mental Health and Learning Disabilities

We are maximising opportunities for outside visiting in our hospital and site grounds.

One visitor at a time, except when the visitor requires assistance to carry out the visit, e.g. help to push the patient's wheelchair; in which case an additional person can join the visit to assist.

In cases where patients require the support of staff to facilitate a visit outside, the availability of staff will need to be taken into account when the visit is arranged.

Mortuary visits

Relatives will now be able to visit the bodies of their loved ones in our mortuaries. Up to two members of a household or extended household may visit the mortuary once, but viewings must be pre-booked. Please call 01792 703250 to arrange a mortuary visit.

Communications Department will set out the above in a communication briefing for the public which will also cover:

How to arrange a Phase One visit

Visitors **must contact the ward beforehand** to make arrangements to visit, as drop-in visiting is not permitted.

Social distancing

Social distancing and hand hygiene are top priorities. Please follow all instructions from staff. Please note that no-one can visit who has Covid-19 symptoms or who has been identified as being in close contact with anyone who has tested positive for Covid-19, or is unwell generally.

Updates

As we work through the practical measures to ensure safe visiting/social distancing we will regularly update our website and social media with details of future visiting arrangements.

4. FINANCIAL IMPLICATIONS

Financial implications include:

- In the long term, maintenance of the IPad /devices to maintain virtual visiting.
- Addressing any Wi-Fi blackspots (lack of signal).

5. RECOMMENDATION

Members are asked to note the content of the report.

Governance and Assurance						
Link to	Supportin	g better health and wellbeing by actively	promoting	and		
Enabling	empowering people to live well in resilient communities					
Objectives	Partnerships for Improving Health and Wellbeing					
(please choose)		tion and Health Literacy				
		nabled Health and Wellbeing	\boxtimes			
	Deliver better care through excellent health and care services achieving the					
		that matter most to people Outcomes and High Quality Care	T -			
		os for Care				
		ellent Staff				
		nabled Care				
		g Research, Innovation, Education and Learning				
Health and Care Standards						
(please choose)	Staying He	ealthy				
	Safe Care		\boxtimes			
	Effective (
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	Timely Ca		\boxtimes			
	Individual		\boxtimes			
	Staff and F		\boxtimes			
Quality, Safety	and Patie	ent Experience				
Financial Impli	cations					
No implications	to note.					
Legal Implications (including equality and diversity assessment)						
No implications		, <u> </u>				
Staffing Implications						
No implications						
·						
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)						
Report History		port issued to the Quality & Safety Committe 20.	ee in April			
Appendices	No	appendices				