



## THE STATE HOSPITALS BOARD FOR SCOTLAND

### PATIENT VISITORS' POLICY FOR PERSONS OVER THE AGE OF 16 YEARS

Policy Reference Number	SP27	Issue: 5
Lead Author	Clinical Security Liaison Manager	
Contributing Authors	Security Information Analyst	
	Security Administrator	
	Person Centred Improvement Team	
	Social Work Department	
Advisory Group	Security, Risk and Resilience, Health and Safety Group	
Approval Group	Policy Approval Group (PAG)	
Implementation Date	09/12/2022	
Next Review Date	09/12/2025	
Accountable Executive Director	Director of Security, Estates & Resilience	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

## REVIEW SUMMARY SHEET

**No changes required to policy** (evidence base checked)

**Changes required to policy** (evidence base checked)

### **Summary of changes within policy:**

#### **October 2022 review**

- Policy updated to incorporate supervision of visits procedure
- Some updates throughout the policy to include family centre as visiting area
- Appendix C and D included to inform of prohibited items and foodstuffs
- Appendix E details the levels of supervision outlined in Section 10 of the policy

## CONTENTS

1. INTRODUCTION .....	4
2. PURPOSE .....	4
3. SCOPE.....	4
4. APPLICATION PROCESS.....	4
5. EMERGENCY VISITOR AUTHORISATION PROCESS.....	5
6. SECURITY PROCEDURES .....	6
7. SEARCHING.....	6
8. VISITING PROCEDURE.....	6
9. INDIVIDUAL VISITOR NEEDS .....	7
10. LEVELS OF SUPERVISION.....	8
11. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY .....	8
12. EQUALITY AND DIVERSITY .....	8
13. STAKEHOLDER ENGAGEMENT .....	9
APPENDIX A: THE STATE HOSPITAL PATIENTS' VISITORS' AUTHORISATION FORM.....	10
APPENDIX B: THE STATE HOSPITAL EMERGENCY VISITOR AUTHORISATION FORM.....	12
APPENDIX C: THE STATE HOSPITAL RESTRICTED / PROHIBITED ITEMS LIST FOR VISITORS .....	13
APPENDIX D: FOOD AND FLUIDS WHICH CANNOT BE BROUGHT INTO THE HOSPITAL .....	14
APPENDIX E: HIGH SUPERVISION VISITS.....	15

## 1. INTRODUCTION

The State Hospital (TSH), as a public authority, has under The Human Rights (Scotland) Act 1998 (the Act), an obligation to ensure that respect for Human Rights is at the core of day to day work. Legally, Human Rights should not be compromised without justification. However, the Act states that limiting these rights and freedoms can only be done when it is 'necessary in a democratic society' and 'proportionate'. The rights and freedoms in the Act may be restricted in some circumstances e.g. protecting public health and/or safety. The right to respect for privacy and family life is integrated within the Act, however, within the confines of TSH some of these rights require to be restricted.

The Mental Health (Safety and Security) (Scotland) Regulations 2005 empowers TSH to place restrictions on the items that visitors can bring into the Hospital and that patients can receive from visitors; the power to restrict or deny entry to visitors who do not abide by this policy and procedure; and the power to search visitors and any item they intend to bring into the Hospital.

These powers are conditional that all patients being admitted to TSH are deemed a 'specified person'. The Hospital is required to inform the Named Person that the patient is a 'specified person' and that the patient and visitors are therefore subject to these restrictions.

## 2. PURPOSE

TSH is committed to supporting patients to maintain relationships with friends, family and significant others throughout their stay in the Hospital. Contact with patients during their time in TSH enables Clinical Teams to offer guidance, support and information to visitors who support patients throughout their time in TSH.

This policy provides a framework to support Clinical Teams, whose role it is to agree on visitor access arrangements and supervision levels in accordance with individual need, within the necessary constraints of a secure environment.

## 3. SCOPE

Social Work (SW) will undertake initial background checks for all visitor applications. This information will assist the Clinical Team in making a decision on the appropriateness, or otherwise, of the applicant and any tailored visiting arrangements which may require to be put in place.

Once a decision has been made by the Clinical Team and the Consultant Psychiatrist has signed the Patients Visitor Authorisation Form (PVAf) (Appendix A) the Security Department will advise the applicant of the decision.

Applications for child visitors under the age of 16 years are progressed under the 'Keeping Children Safe Policy and Procedures' CP35.

## 4. APPLICATION PROCESS

**Under normal circumstances it takes approximately 28 days to process an application**

- 1) All visitors must request and complete a PVAf, these can be provided by the Security Information Office (SIO) or downloaded from the hospital website. Privacy notice is included with both of these methods.
- 2) Following receipt, the Clinical Security Liaison Manager (CSLM) will record any concerns that they have and sign the application.  
**SW will then undertake the following stages relating to all PVAfs.**
- 3) Interview with patient to seek his views about the visitor application and proposed contact.
- 4) Telephone contact with proposed applicant to consider their relationship to the patient, the nature and frequency of proposed contact.

- 5) Check SW records.
- 6) Liaise with SIO.

If there are any concerns expressed in relation to the visitor contact, further checks will be undertaken, in consultation with the Clinical Team.

Where the patient may be pre-trial or pending final court disposal, SW will also need to make telephone contact with the Procurator Fiscal to seek views about the appropriateness of the application; clarify any potential victim, witness, co-accused issues and confirm any restrictions and/or measures to be put in place to manage the contact if approved. The outcome of this telephone contact must be confirmed by e-mail.

On completion of the checks, SW will complete a brief assessment of the PVAF including details of any restrictions and / or measures to be put in place if contact is approved by the Clinical Team. The completed form should be returned to the Clinical Team and signed by the Consultant Psychiatrist following discussion and agreement by the team.

The decision will be made based on the information available at the time. The expectation is that visits will be approved unless specific reasons to decline are identified, which can be justified under The Mental Health (Safety and Security) (Scotland) Regulations 2005. Once a decision has been reached by the Clinical Team, the completed PVAF should be forwarded to the SIO.

On receipt of the completed PVAF the SIO will inform the applicant of the decision reached.

When the patient visitor is authorised to visit, the Carers Privacy Notice will be sent out if not provided with the application form, along with the authorisation letter, signposting the visitor to access TSH website to access the Visitor Information Pack and wider information about visiting.

An interpreter will be provided to support visitors unable to understand English to engage in the application process. Information will be translated to the visitor's preferred language on completion of the approval process.

Visitor information will be added to the relevant patient's visitors list by the SIO and the level of supervision, agreed by the Clinical Team, will be added to RiO (electronic patient record). If the visit is to be high supervision the visitor will be informed of these conditions by letter, they will also be informed of this when they phone to book a visit.

Within the first two weeks following admission, the following individuals will normally be granted visits during which time the Clinical Team will discuss their application. These visits must take place in the ward:

- Family or family members (which is interpreted to include any individual who has a genetic relationship or step parents, step siblings or half sibling)
- Next of kin
- Named Person

On arrival at reception the above visitors must complete a Patients Visitor Authorisation Form (PVAF) (See Appendix A) and present photographic ID or 2 utility bills, or a letter with name and address on official headed paper.

## **5. EMERGENCY VISITOR AUTHORISATION PROCESS**

**There may be other exceptional circumstances where some visits may require to be granted at very short notice.**

The emergency visitor authorisation procedure should be followed when it is not possible to follow the normal application process e.g.

- Compassionate, for example to inform / support bereavement
- Delays in approval process for immediate family / named person
- Unforeseen exceptional circumstances

A separate form should be completed (see Appendix B) by the nurse in charge of the ward and signatures should be sought from the Consultant Psychiatrist and Duty Director.

The nurse in charge of the ward prior to the visit should inform the visitor of the security policies and procedures pertaining to visiting the Hospital i.e. photographic ID, prohibited items etc.

All visitors should be accompanied by an already approved visitor (where possible) who can confirm the relationship to the patient.

Due to the fact that this procedure is significantly different from the normal application procedure all completed forms should be sent to the SIO where they will be reviewed and the data collected for monitoring purposes.

Out of hours, the nurse in charge of the ward may contact the duty Consultant Psychiatrist and Director by telephone to authorise an emergency visit. In these circumstances, the relevant paperwork should be completed retrospectively.

In extraordinary circumstances a previously excluded visitor may be approved by the Consultant Psychiatrist, Clinical Team and Security Director to attend a mental health tribunal.

## **6. SECURITY PROCEDURES**

On arrival at the Carers' Reception each visitor will have a photographic pass issued. This pass will be held at Reception and issued each time they visit.

All personal belongings including hand held bags and items that are not required to be taken to the ward or are restricted / prohibited must be stored in secure lockers at Reception (see prohibited items list Appendix C). There are also certain food items which are prohibited within the hospital (see Appendix D)

## **7. SEARCHING**

TSH staff have the right under the (Safety and Security) (Scotland) Regulations 2005 to search visitors and anything they bring with them into the Hospital. If consent is refused, the only permitted action is to refuse admission.

Search conditions:

- A rub down search is only undertaken with the visitor's consent.
- The search of a visitor is to be carried out with due regard to the dignity and privacy of the person being searched, by a member of staff of the same sex as the person being searched, witnessed by another member of staff.
- All parcels, bags and personal possessions will be x-rayed and may be subject to search before being allowed into the Hospital. The visitor is required to give consent, if not granted the only permitted action is to refuse access.
- All visitors are required to comply with all of the security systems in place.
- All hand held items/bags will be X-rayed.
- Visitors will be required to remove outer jackets, gloves and hats and may be requested to remove shoes.
- All visitors require to walk through an Archway Metal Detector.

## **8. VISITING PROCEDURE**

Visitors request a visit via the centralised visit booking team (SIO) by telephoning 01555 842021.

The deadline for requesting a visit is 4.30pm on a Thursday for visits the following week.

Visits are planned taking account of factors including disassociations, patient commitments, resourcing and visitor need. The visitor is sent written confirmation of the visit date and time either by mail, via e-mail or SMS.

Visits, with a maximum of three visitors, are facilitated in the Family Centre, apart from those with a High Supervision status or where there are clinical concerns about a patient's presentation. In these instances, the visits take place in the ward, this will be documented in **RiO** by the Hub Security manager or SIO. The venue of a first visit from a patient will be decided by the patients' clinical team taking in account clinical presentation, supervision levels and any other individual aspects which require consideration.

There may be a need for a visit to be cancelled / time changed at very short notice due to unforeseen circumstances. TSH will ensure that, as far as possible visitors, are advised of any changes to visiting arrangements prior to the visit taking place.

All visitors are escorted to visiting areas by staff.

Refreshments can be served where it is deemed safe and appropriate to do so.

Visitors may bring a small amount of items into the Hospital at the time of the visit. All items must fit within one scanning tray (level with the top). Larger quantities of items must be approved in advance by the Clinical Team. Other than a small snack for the visit, all items will be retained by Security for screening when time permits and transported to the ward when this task is complete.

Visitors must give all items brought to the visit to a nurse for screening prior to patient access. Any items which may give cause for concern, may be retained to seek approval from the Clinical Team, before they are released to the patient.

All visiting areas are searched prior to and following every visit and relevant documentation completed.

Where there are reasonable grounds to suspect that an item has been secreted, the patient is removed to an area that affords the appropriate level of privacy for a search to take place.

Any visitor in possession of or attempting to pass any prohibited items will be immediately escorted from the Hospital and the police informed. Any future visits will be subject to reassessment.

Any behaviour that jeopardises safety and security or causes offence will result in the visit being terminated and all future visits reassessed.

The decision to exclude a visitor is taken by the Security Director, following discussion with the Clinical Team. The visitor will be informed in writing confirming the decision to discontinue future visits. Any appeals against this decision should be directed to the Chief Executive.

## **9. INDIVIDUAL VISITOR NEEDS**

Visitors are encouraged to disclose anything which they think might affect their safety and security. This includes medical conditions, allergies (including any need to carry personal medication) sensory impairment, mobility issues, communication barriers (including language) and pregnancy.

In order to exercise our duties in respect of protecting the mother and unborn child, SW will contact the visitor to discuss what stage the pregnancy is at that stage, inform them of the potential risks of visiting in the ward and agree on the best course of action for all involved.

For safety and security reasons, as a result of information shared, some visitors may be excluded

from parts of the Hospital which could give rise to concerns about their personal safety.

## **10. LEVELS OF SUPERVISION**

Supervision of patients' visits is an integral part of tailored security within TSH. These will be agreed by the patients' clinical team. Appendix E details the levels of supervision.

High Supervision: staff must be able to see, hear and be within touching distance of the patient and visitor(s).

Medium Supervision: staff must be able to see and hear the patient and visitor(s).

Low supervision: staff must be able to see the patient and visitor(s).

## **11. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY**

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients, Carers and Volunteers.

The Security, Risk and Resilience, Health and Safety Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

## **12. EQUALITY AND DIVERSITY**

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, information/documents can be provided in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.



Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

### **13. STAKEHOLDER ENGAGEMENT**

<b>Key Stakeholders</b>	<b>Consulted (Y/N)</b>
Patients	Y
Staff	Y
TSH Board	Y
Carers	Y
Volunteers	Y

## THE STATE HOSPITAL PATIENTS' VISITORS' AUTHORISATION FORM

<b>Patient's Name:</b>	<b>CHI Number:</b>
<b>Visitor's Name:</b>	<b>Visitors Address:</b>
<b>Relationship to Patient:</b>	<b>Date of Birth:</b>
<b>Contact Telephone Number:</b>	<b>e-mail Address:</b>
<b>Factors we should be aware of e.g. Pregnancy, medication, mobility issues, sensory impairment:</b>	

<b>To be completed by Security staff</b>	
Are you aware of any reason(s) why this / future requests to visit should not be allowed to take place?	
<b>*Yes / No</b>	
*If Yes please provide rationale:	
<b>Name of security staff:</b>	
<b>Designation:</b>	
<b>Signature:</b>	<b>Date:</b>

<b>Social Work Checks</b>	<b>Date Completed</b>
Interview with patient ( <i>views on application and proposed contact</i> ):	
Contact with proposed visitor ( <i>name and address, relationship to patient, nature and frequency of proposed contact</i> ):	
Check Social Work records:	
Check TSH security report to Clinical Team:	
Additional enquiries (if required) ( <i>If there are any concerns expressed following contact with the visitor, further checks will occur, in consultation</i> )	

Social Work Checks		Date Completed
<i>with the Clinical Team).</i>		
Procurator Fiscal ( <i>where pre-trial or until final court disposal</i> ) ( <i>name and address, appropriateness of visitor application, clarify any potential victim/witness/co-accused issues and confirm any restrictions and/or measures to be put in place to manage the contact if approved. Telephone contact should be confirmed by e-mail</i> )		
Outcome of social work enquiries ( <i>summary and any restrictions/measures to be put in place</i> )		
Social Work Signature:		Date:
Clinical Team Members Present:		

Approved / Not Approved  
(Delete whichever not applicable)

RMO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Clinical Team		
Visiting Arrangements	Restrictions/Measures/Supervision Requirements to manage contact	Additional special requirements to facilitate contact

Completed form to be sent to: Security Information Office

**THE STATE HOSPITAL EMERGENCY VISITOR AUTHORISATION FORM**

Name of Visitor: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship with patient: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Ward: \_\_\_\_\_ Date of Visit: \_\_\_\_\_ Time of Visit: \_\_\_\_\_

**Reason for emergency visit:**

**Have you:**

Confirmed the purpose of the visit? Y/N

Informed the visitor of the restricted/prohibited items? Y/N

Informed the visitor of the requirements of appropriate identification? Y/N

RMO Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Security Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Security use only: ID presented**

- Passport
- Driving Licence
- Credit Card
- Utility Bill 1
- Utility Bill 2

**THE STATE HOSPITAL RESTRICTED / PROHIBITED ITEMS LIST FOR VISITORS**

To maintain a safe and secure environment for our patients, visitors, volunteers and staff the following items are not permitted within the Hospital:

- Any item that may cause or be adapted to cause injury
- Any item that could assist in escape
- Any substances that may be abused (e.g. drugs, alcohol)
- Any item that would assist in accessing funds (e.g. cash cards)
- Any item that supports an identity (e.g. passport, driving licence)
- Any item that may be used to trade
- Any smoking related item (e.g. tobacco, lighters, e-cigs)
- Any item assisting unauthorised communication (e.g. mobile phones, I-pads / tablets)
- Any illegal items
- Pornographic materials

This list is not exhaustive. Items other than those listed above may be withheld by Security on entry to the Hospital. If you have any doubts about any item do not hesitate to contact the staff at the Reception desk.

Please refer to TSH website for a more comprehensive list of restricted / prohibited items including food / fluids which visitors may not bring into the Hospital.

Our staff are happy to offer guidance should you have any queries or need anything clarified.

**FOOD AND FLUIDS WHICH CANNOT BE BROUGHT INTO THE HOSPITAL**

- Alcohol, or any products containing alcohol (i.e. chocolates /cakes/pies, mouth washes, some festive products)
- Any products in a tin or glass container including coffee
- Chewing / bubble gum
- Any products requiring refrigeration/freezing at point of purchase or after opening e.g. fresh fruit juice, smoothies, some pre-prepared fruits or vegetables, milk shakes, some sauces, jams, yoghurts, smoked sausage, olives, items containing fresh or artificial cream, pre-wrapped sandwiches, cheese
- Any item without a manufacturers' seal (e.g. supermarket bakery items, cakes in baker's box etc.)
- Any item containing grapefruit or grapefruit juice
- Raw meat, fish, poultry or eggs or related products (e.g. gravy, meat pies, salami sticks, beef jerky, scotch eggs, stock cubes/sachets etc.)
- Supplements such as protein powders/bars, energy drinks, multivitamin and mineral supplements or other similar items.

**HIGH SUPERVISION VISITS**

Following a risk assessment undertaken by the Clinical Team resulting in a patient's visits being allocated high supervision status:

- The nurse in charge must e-mail the SIO with the patient's details and the names of the relevant visitor(s).
- The SIO will amend the patient's Approved Visitor list and send a copy to the Ward and Security Reception and notify the Person Centred Improvement Team.
- Patients and visitors must have the conditions of the visit fully explained to them by the SiO each time the visitor books a visit. They must be told that they are expected to comply with these terms and that any breach may result in future visits being stopped. Visitors will be provided with an information sheet which outlines the restrictions of high supervision visits
- The visit, including a maximum of 2 visitors, will take place in the ward dining room, unless an alternative suitable location is agreed by the Clinical Team.
- Seating arrangements must be prepared prior to visits, with a barrier e.g. a table between the patient and visitor/s.
- A minimum of one member of staff must be designated for the duration of the visit who must be seated at the table to maintain constant observation, within touching distance of the patient and the visitor throughout the visit.
- Nothing will be passed directly between visitor/s and the patient during the visit. In order to maintain the security of the visit, physical contact will be prohibited.
- If the patient or visitor(s) wish to use the W.C. they must be escorted there by staff. The area will then be searched after use. Under no circumstances will patients and visitors be allowed to use the same W.C. The patient must be searched prior to going to the W.C.

At the end of the visit the patient must be searched prior to leaving the area.

**Medium Supervision Visits**

- Any goods brought by visitor(s) and / or patients should be searched by another member of staff not directly supervising the visit, prior to being handed to the visitor/s.
- Staff should be in line of sight and be able to hear the conversations between patient and visitor(s).

**Low Supervision Visits**

Staff must have visual contact with the patient and visitor(s); and must be in close enough proximity to intervene if necessary.

If there are two or more low supervision visits taking place concurrently, visits must revert to Medium Supervision status.