

FORENSIC – PERSONAL VISITS

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
2.0	January 2019	<i>This version – complete rewrite consequent to SI 2018-2697</i>
3.0	November 2020	<i>Added taking photographs of visitors and revised food and drink being brought into the service by visitors.</i>
3.1	April 2023	<i>Reviewed and slight amendments made. Approved at Forensic Security Meeting (28 April 2023).</i>

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1. INTRODUCTION

The Secure service provides care for those who pose a serious or significant risk to others, and consequently require detention in either a low or medium secure setting. Notwithstanding that, the value and importance of meaningful contact with family and friends is widely acknowledged; this includes face to face visits within the secure perimeter of the hospital.

It is also recognised that some visits / visitors can increase risk, whether intentionally or not.

The aim of this procedure is that personal visits at the Humber Centre and Pine View are facilitated flexibly, safely and effectively, in order to optimise their therapeutic value for both patients and visitors.

Care Quality Commission (CQC) – from April 2015 the Care Quality Commission (CQC) guidance Essential Standards of Quality and Safety and the 28 ‘outcomes’ that it contained was replaced in its entirety by the ‘Raising Standards putting people First’ Strategy 2013-2016 which asked five key questions (Key lines of enquiry known as KLOEs):-

- Are we SAFE
- Are we CARING
- Are we EFFECTIVE
- Are we WELL LED
- Are we RESPOSIVE to individual’s needs.

In 2021 a new strategy ‘For the changing world of health hand social care’ was published using four themes (People and communities, Smarter regulations, Safety through learning, accelerating improvement) with 12 outcomes, but the five key questions (Safe, Caring, Effective, Well Led and Responsive) are still central to the way the CQC regulates services.

This procedure applies an element of restriction to all patients within the service, though the degree of that restriction will vary, subject to individual risk assessment. Consequently, this SOP does not constitute a blanket restriction.

2. SCOPE

This SOP is aimed at all staff in the service involved in the risk assessment, facilitation and review of personal visits in low and medium secure services of the Trust.

3. DUTIES AND RESPONSIBILITIES

This procedure clearly states the accountability and responsibility of staff at all levels including the standard operating procedure lead and as appropriate, heads of service, departmental heads, key personnel and Trust staff.

4. PROCEDURES

4.1. General Principles

All visitors will be afforded respect, compassion and politeness.

The most recent Friends and Family Information leaflet will be available in reception and a copy offered to all first-time visitors. This will describe the service approach to managing visits and any limits / restrictions.

All personal visits must be booked in advance (minimum of 24hours unless there are exceptional

circumstances) using the Visit Booking form in the Communications tab on Lorenzo (Appendix 1) and ensuring that the required room is booked. Unannounced personal visits will not be facilitated.

All personal visits will be evaluated using the Visit Evaluation form in the Communications tab on Lorenzo (Appendix 1).

Personal visits are welcomed from 9am up to 7pm but should be arranged sensitively in order to avoid clashing with other planned activity. Individual circumstances can allow for the negotiation of exceptions to this time limit.

All visitors will be offered a hot or cold drink during their visit. This may be booked with the catering department or provided by the ward.

The number, identity and contact details of all visitors will be known and documented in advance of any visit.

Any person visiting the secure service must produce appropriate identification on the first occasion. Acceptable forms of ID are:

- Utility bills bearing the current address of the individual
- Passports
- Driving licences

A photograph will be taken by the receptionist and an electronic copy will be kept, which can be accessed in all areas of the service so that information can be tracked as service users move through the pathway. A consent form will be signed by the visitor, which will outline the reasons for the photograph and how long it will be kept (Appendix 4).

Reception Control staff maintain an electronic file of visitors to the Unit (Appendix 3). This record must show the:

- Photograph of visitor
- Name of the visitor
- Form of ID
- Name of patient
- Who it was checked by (staff)
- Date
- Visitor consent for completed

Visitor data should be destroyed when the patient has left the service. The photograph may be kept on file for five years following discharge of the service user from the pathway if it is deemed necessary.

A member of the security staff must be contacted for any visitor who has either failed to pre-arrange a visit or is unable to produce the required ID. Out of hours the coordinating manager must be contacted.

There will be no visits by people under the age of 18 unless it has been identified that such a visit is in the interests of that young person (see 4.2).

Face to face visits will never take place on wards. However there maybe exception to this for skype call using a tablet as per protocol (appendix 2)

Visitors will only bring in any items that have been pre-agreed with the clinical team. These are to be handed in to reception prior to the visit, NOT during the visit. Other property belonging to the visitors will be stored in one of the designated lockers in the reception foyer.

This procedure should be read in conjunction with the Trust policies on safeguarding children and adults, Chapter 11 of the Mental Health Act Code of Practice and 'Visitors' chapter in 'See, think, act 2nd edition – Your guide to relational security'.

4.2. Visits by children

The definition of a child for this procedure is a person under the age of 18 years.

Children may visit patients in the service where it is in the best interests of the child to do so. The process for decision-making around children's visits should start with the multidisciplinary team (MDT) on the ward where the patient resides and should be referred to the unit social worker to establish contact with the child and its guardian in order to assess the appropriateness of the visit. This assessment will be recorded in the clinical notes and will be the basis upon which the MDT makes its decision.

For the purpose of this procedure an in-patient at the Humber Centre or Pine View is not considered to be a child's guardian.

Children will not be allowed to visit the Humber Centre service alone; they must always be in the company of a responsible adult. Also, no children are to access Pine View. Children visiting patients residing at Pine View must use the visitors' room at the Humber Centre.

All child visits will take place in the designated visiting room and therefore only one child visit can take place at any one time. This is a requirement of medium secure guidance, requiring that child visits take place in an area with CCTV coverage.

Toys and games are available.

NB If there are any concerns about the suitability of a child visiting a patient at the Humber Centre, or for that child's wellbeing, staff will act immediately in accordance with Trust Safeguarding Children Policy.

4.3. Visit Locations

Visits will never take place on wards or on the first floor of the Humber Centre.

All child visits, and all initial visits, will take place in the designated visiting room.

Thereafter (other than child visits) and subject to individual risk assessment, visits can take place in alternative locations in order to allow for additional activity (subject to availability / room booking). These alternative locations are limited to:

Cafeteria	The visit may be interrupted by other patients accessing the drinks machines
Social Room	This will allow the shared viewing of a film or TV programme
Oaks Meeting Room	This room has video and audio recording capability, which may be of use for family work
Therapy kitchen	This will allow for the shared preparation and / or eating of a meal
Sports Hall	This will allow for shared physical activity, e.g. table tennis, shooting hoops
Music Room	This will allow for the shared playing of musical instruments

4.4. Managing the Visit

Initial visits will always be preceded by an informal 'induction' meeting between staff and visitors, during which visitors can be orientated to the unit and to any boundaries or restrictions.

Initial visits will always be supervised by at least one member of staff in the room.

Subject to consequent risk assessment, and ongoing review, supervision arrangements can be agreed on an individual basis – this might allow for no staff to be in the room, but observing from behind the mirror in the Humber Centre visitors room, or sitting outside an open door in other

rooms. The very minimum requirement is that the visit will always be in direct line of sight of escorting staff.

Supervising staff must always be able to monitor the interactions in a visit and be conscious of any support needs that the patient or the visitor may have.

Supervising staff have two primary roles; the support of the patient and their visitors, and the effective maintenance of safety and security. They will remain focussed and vigilant throughout the visit, and will not read newspapers, books, etc.

All visitors will enter via the visitor/service user airlock and will be accompanied whilst moving through the building.

NB Feedback from carers suggests that staff involvement in conversations and activities during visits can be a positive and useful experience, which is preferable to staff merely maintaining an observing / monitoring role.

4.5. Gifts / Food and Drink

For the purposes of this procedure, 'gifts' includes food and drink.

Staff must be aware that the giving and receiving of gifts can be an important part of a visit, but it is also an opportunity for the smuggling of contraband (such as alcohol or illicit drugs), requiring vigilance and careful management. This applies to even the most innocuous items, such as bottles of drink or packets of sweets.

Food and drinks cannot be brought in as a gift for a patient for consumption during the visit. Visitors can be reassured that drinks are available at the unit shop or can be purchased by staff through other processes (should the visitor wish to leave money for the patient instead).

As has already been stated, no unexpected gifts can be accepted, and no gifts can be received from visitors during the visit itself. They must first have been handed in to reception, and examined, before being given to the patient **by staff** either during or after the visit. If any items are in sealed packages or envelopes, they will be managed **after the visit** in line with the Patient Mail SOP.

If there are any concerns about intended gifts, they are to be returned to the visitor at the end of the visit with an explanation as to why they cannot be received, unless criminal activity is suspected that may require retention of the item as evidence and reporting to the police.

(Staff should be vigilant for evidence of tampering or re-sealing of pre-packaged items, such as sweets, chocolates, etc.).

If there is any attempt to exchange gifts during the visit, refer to 4.6 (below).

If visitors arrive with intended gifts that have not been pre-arranged, they will be politely informed that the items(s) cannot be brought in.

It may that the patient may wish to give a gift to a visitor during the visit. Clearly this has much less potential to introduce contraband into the unit, and so can be supported with MDT agreement.

The MDT may request variations to this process based on individual needs and risk assessment in exceptional circumstances, any variation must be authorised by the security committee.

4.6. Exclusion of Visitors

There are circumstances where staff may restrict visitors, refuse them entry or require them to leave. This will primarily be on clinical or security grounds.

The decision to restrict or exclude a visitor can be taken proactively, or in response to information received or current presentation. For example, the visitor may present at reception as aggressive

or threatening, or apparently under the influence of drugs or alcohol.

If staff are considering terminating an ongoing visit, they must be aware that this may become a point of disagreement / conflict and consider summoning assistance by activating their personal alarm prior to intervention.

This decision must be shared with senior staff on duty immediately.

Guidance is available in Chapter 11 of the Mental Health Act Code of Practice.

Any decision to refuse access for a visit or to terminate an ongoing visit will be reported through Datix.

4.7. Photographs

Taking photographs can be very valuable to patients and their family and friends. This must be requested in advance to allow for individual risk assessment by the MDT.

Staff will manage and facilitate the taking of photographs of patients with their visitors using service equipment and printing them or e-mailing them. When doing so, care will be taken to ensure that the security of the service is not compromised (neutral background, no details of security equipment) and that staff / other patients are not included in the images.

Photographic equipment owned by patients and / or visitors will not be used.

5. REFERENCES

Mental Health Act Code of Practice (2015)

See, think, act: Your guide to relational security 2nd Ed. (2015)

NHS England Service Specifications for Low and Medium Adult Secure Services (2018)

Report of HTFT SI 2018-2697 (2018)

Best Practice Guidance: Specification for adult medium-secure services (2007)

Environmental Design Guide: Adult Medium Secure Services (2011)

CQC Brief guide: the use of 'blanket restrictions' in mental health wards (2016)

Appendix 1: Visit Record on Lorenzo

VISIT BOOKING

Date		Time		Duration	
Name(s) of ALL visitors					
Contact address					
Contact telephone number					
Pre visit conversation has taken place with visitor(s) and patient detailing visit arrangements plus any special conditions including items that can be bought in	Yes	No	Comments		
Location (room booked)				Reception informed (✓)	
Special conditions (activity arrangements / restrictions) (if none, state 'none')					
Items agreed (by MDT) to be brought in (if none, state 'none')					

VISIT EVALUATION

No incident (✓)		Cancelled (✓)		Terminated (✓)	
Name(s) of ALL visitors					
Staff escorting / supporting					
Evaluation					
Items brought in – include details & source of any consumables (if none, state 'none')					

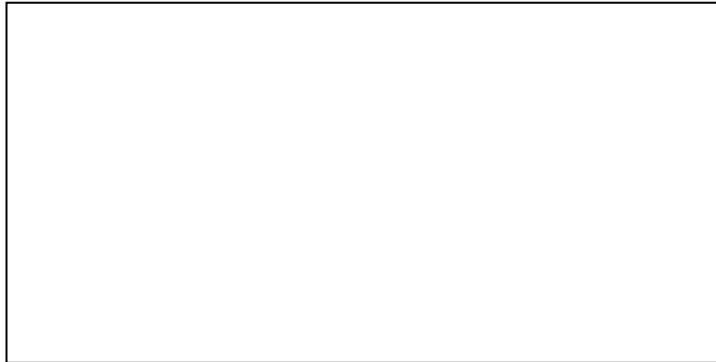
Appendix 2: Process for using the iPads for patients to keep in touch with family and friends

There are iPads to be used for patients to keep in contact with family and friends. These are stored in reception: two at the Humber Centre for all wards except Darley; one for Darley, only for use by patients in isolation; and one at Pine View. These can be booked for 30-minute slots and signed out by any ward. The iPads use the unsecured guest Wi-Fi. The iPads will only be used under the supervision of staff. Whilst this is a blanket restriction, it is permissible under the Mental Health Act Code of practice (Section 8.8) to maintain the security of the service.

- The visits via iPad must be booked and evaluated using the forms on Lorenzo, as would be the case for face to face visits
- The iPad must be booked with reception at the time of booking the visit, for slots of 30 minutes
- They must be used by patients only
- All patients must be supervised during the use of iPads for visits, due to the high risk of using them to subvert security by sending unauthorised messages, images and recordings
- The level of supervision required by individual patients when using the iPad must be agreed in advance by the MDT, based on their risk assessment
- Each ward/clinical team will agree appropriate locations for the iPads to be used for visits, however it is unlikely that a bedroom would be considered appropriate. The visitors rooms are the preferred option
- Only the apps installed on the device may be used. Do not attempt to download any other apps
- The iPad must be cleaned using disinfectant wipes between patients
- The iPad must be returned to reception immediately after use
- Patients who have not had a visit booked in advance should not be allowed to use the iPad
- They must not be used by staff for any NHS business or for personal purposes

Appendix 3: Patient Visitor Identification

PATIENT VISITOR IDENTIFICATION



NAME:

FORM OF ID:

NAME OF PATIENT:

CHECKED BY (staff):

DATE:

VISITOR CONSENT FROM COMPLETED:

Appendix 4: Visitor Consent Form

Consent to photography and recording of personal visitor details	
1 Visitor details	
Name:	
Date of birth:	
2 Agreement to record	
I agree to allow the taking of a photograph of me on.....(<i>date of photograph</i>):	
3 Statement of Trust practice	
The following principles will be adhered to and the data will be kept in order to identify the visitor, it will not be distributed to any third parties and will be destroyed when it is no longer relevant to the service. Humber Teaching NHS Foundation Trust will use this recording only in accordance with the above consent. The Trust will ensure this recording is made, stored and destroyed in line with Trust policy, government guidance and legislation.	
4 Staff member signoff	
This consent process and information about how this photograph will be used was explained to (<i>Name of visitor</i>):	
By	
Name:	Position:
Signature:	Date: