Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
30th September 2010

TITLE	**Outcome of the Visiting Hours Pilot**
SUMMARY	The Consultation for the Visiting Hours pilot has now finished. This paper intends to demonstrate the range of feedback both positive and negative on patient/ visitor/ staff experiences. In Summary the pilot demonstrates : Patients supporting the reviewed visiting times 52% Visitors against the reviewed visiting times 61% Staff feedback variable regarding the reviewed visiting times
BOARD ASSURANCE (Risk) / IMPLICATIONS	Visiting hours are key to the patient experience and the quality of care. These relate directly to the Board's strategic objectives and are included in the BAF at risk 1.7
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Engaging with our stakeholders is crucial and the outcome of the visiting hours pilot has been presented to the Patient Panel, Public Patient Engagement Group and LINKS. During the collection of data in the pilot period, information from PALS and Complaints have also been sought to provide as much information about our patients' and visitors' views. The Trust's intention is to ensure that any changes in our visiting time arrangements are handled in such a way that they have a positive impact on the patient experience from every possible angle. Any action plans developed will feed into the Programme work stream ' Improving our Patient Experience ' and will also be reported on at the Patient and Public Engagement Group as well as the programme board. TEC have been monitoring the pilot throughout. They will be discussing the report on 24th September and additional comments made will be advised to the Board.
EQUALITY AND DIVERSITY ISSUES	Our services should be equally accessible to those that use it wherever possible whilst reflecting our diverse ethnic, social religious, age and sexual diversity of our patients and visitors.

LEGAL ISSUES	None identified.
The Trust Board is asked to:	Note the results of the pilot to date. Agree to a recommendation of adopting **Option 5** Altered visiting afternoon sessions • afternoon visiting 3 – 4.30 pm • evening visiting 6 -8 pm • week-end visiting as for weekday • exceptions still available
Submitted by:	Susan Osborne Interim Chief Nurse
Date:	22nd September 2010
Decision:	For approval

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Visiting Times Survey Report 16th September 2010

Background

Patients and visitors have for a while brought their concerns to the attention of staff on a range of matters relating to visiting hours:-

- Other patients' visitors disrupting their rest time
- Visitors arriving when patients have gone for diagnostic tests or therapy
- Protecting meal times
- Visitors not being able to park, particularly during the afternoon

With this in mind, it has been the Trust's intention to review visiting times with the aim to give patients more time to rest and receive more direct care from nursing, medical and therapy staff.

Visiting times were proposed to change from:

2-4pm, 6-8pm weekdays and weekends

to

6-8pm weekdays and **2.30-8pm** weekends.

The revised visiting times pilot commenced on the 1st June 2010 for three months; following a consultation with the Patient Panel, Employee Partnership Forum and the Public and Patient Engagement Forum. The trial only applied to in patients at St Peter's Hospital.

To ensure that patients and more vulnerable visitors were not compromised, a list of exceptions was developed; those being:

- Visiting very ill or dying patients
- Difficulty or fear with night driving
- Those living far away
- Those who use public transport
- Disabled visitors who are reliant on others
- Parents who need childcare cover
- Those who work during the new visiting times
- The Maternity and Children's wards, Intensive Treatment Unit , 2 High Dependency Units and MAU were excluded from the trial

The methodology used for the trial was to consult with patients, visitors and staff throughout the duration of the pilot by way of questionnaires (Appendix 1).

Patients

Feedback has been received from 59 patients; 95% had visitors within the new visiting times.

	Patient Feedback	No.	%
1.	Patients experiencing interruptions during visiting	12	24.5%
	Patients not interrupted during visiting	37	75.5%
2.	Patients who consider the visiting time to be convenient for patients	27	**52%**
	Patients who consider the visiting time inconvenient for patients	25	**48%**

Interruptions included: general care; drug rounds; ultra sound; hoist, blood pressure check.

Reasons why inconvenient (37 responses, top 3 reasons):

- Patient gets lonely, prefer to see visitors
- Not suited to work and family commitments
- Difficult for young and old family members

Main reasons why convenient (15 responses) were:

- rest and
- allows time for care & treatment

There were a further 11 positive comments and 16 negative comments from patients. The main negative comments were the same for both patients and visitors: visiting hours not long enough; patient gets lonely or requires assistance from visitors.

Selection of Patient Comments:

- Many patients wake at 6am or before and have little conversation for 12 hrs before visitors arrive. It can be a long boring day as staff are too busy to chat.
- Visitors who do not have own transport find that bus links are nearly impossible in late evening. From Sunbury it takes 2 bus links to get there. Also for the elderly-my husband is 86. He doesn't find late visiting easy due to travelling in dark.
- Sometimes patients need extra help that only family members can do as the nurses are very busy and not enough staff available
- Allows patients to have uninterrupted treatment and a chance to rest.
- Patients post op should be allowed to rest 2-4pm
- Give more rest time during the day, easier for family/friends who work to get here, parking is easier apparently.
- I like the idea of being able to rest on the new times but should go back to 2-4 and 6-8 to give people a chance to choose. Do not fancy having visitors for 5 hrs on trot at weekends.
- Weekend visiting give more choice and visitors can arrange to come at different times so that it is not too busy at any one time
- Positive for treatment, rest times and feel that weekends should be 2-4pm and 6-8pm
- Wards are accommodating if visitors need to pop in during afternoon. Weekend visiting too long, not enough rest time. Should be a gap during meal times

Visitors

Feedback has been received from 153 visitors: 91.5% were relatives or next of kin; 7.8% friends and 0.7% carers.

Travelling to the hospital and parking

- 93% of visitors travelled by car to the hospital and 3.5% used public transport.
- 75% parked within 5 min; 18% within 15 min; 7% longer than 15 min.

	Visitor Feedback	No.	%
	Visitors who consider the visiting time convenient for them	58	**39%**
	Visitors who consider the visiting time inconvenient for them	89	**61%**
	Visitors who asked for an exception	56	40%
	Visitors who were given a convenient time to speak to a doctor	26	65%
	Visitors who were not given a convenient time	14	35%
	Visitors who did not need to speak to a doctor	76	66%

The main reasons for exceptions were:

- shift-worker,
- childcare
- carer arrangements

Reasons why inconvenient (108 responses, top 3 reasons):

- Rush hour traffic
- Not suited to work and family commitments
- Patient gets lonely, prefers to see visitors / visitor wants to see patient

Reasons why convenient (43 responses) the main reasons:

- easier to park and
- patient care and treatment.

There were a further 26 positive comments: good for patient rest and general positive comments and 53 negative comments: visiting hours not long enough, patient gets lonely.

Selection of Visitor Comments:

- My mum has been distressed in hospital and has had to wait all day to see her daughter and husband.
- New visiting times only seem to suit car parking arrangements. It does suit some patients to have restricted visitors and disturbances but patients like my husband need family and friends to boost morale etc
- As relative suffers from dementia, there are family concerns about their ability to communicate with staff or pick up on ongoing treatment
- We would like to visit in mid-afternoon and return later. The balance we seek to strike is between providing the patient with some stimulus and not to be too tiring. The patient is generally tired by 7pm so we curtail the visit around that time.
- Does not fit in with my other responsibilities e.g. caring for another relative
- Travel arrangements, buses stopped at 6pm, evening traffic congestion
- Partner said rest times a farce i.e. cleaners emptying bins
- I think it should not apply to the Cedar ward due to the nature of the patient's conditions. Hopefully you will reconsider
- Never see a doctor to ask any questions about relative’s illness

- Convenient apart from consulting with doctors
- My relative needs help with eating; I have been allowed to come in outside of visiting times
- Parking has become easier. Timing also allows patient to rest more during the day and be cared for properly
- Patients may participate more in rehab if relatives not present
- Ok for visitors but means a long day without company for patient; would like an afternoon period as well e.g. 2-3pm.
- 6-8pm is very convenient and is long enough for the patient and the longer hrs at the weekend is excellent for parking

Staff

Feedback has been received from 58 members of staff.

	Staff Feedback	No.*	%*
6.	Experienced problems with patients re the new times	17	30%
7.	Experienced problems with visitors re the new times	34	62%
8.	Often interrupting visitors for care delivery	17	35%
	Sometimes interrupting visitors for care delivery	21	43%
	Rarely interrupting visitors for care delivery	11	22.5%

Breakdown of Staff Comments:

Therapists, pharmacists:

- Needing to phone relatives to discuss medication, care, exercise etc they would prefer to see relatives to discuss
- Felt that there was better rapport with stroke patients and their families and families more able and willing to assist with patient care
- Patient sitting for too long without any stimulation or interaction

Weekend visiting

Some staff found it difficult to get near patients during the long extended period with no break. Patients are tired and some asking nurses to restrict the flow.
Relatives believe they should be allowed to be there as they are restricted during the week.

Complaints

Concern re breakdown in good communication with visitors and that small issues could escalate with an increase in complaints

Conflicting information

- Difference in visiting for patients in acute bay of general care - relatives not understanding and difficult for staff to police
- Relatives telling nurses that consultant had requested them to visit to stimulate the patient or provide help with feeding and then patient in next bay informs relatives that other patients have visitors during the day.
- Some relatives expected doctors to be available at 6 pm

General

- Weekday visiting is too short and weekends too long
- Doctor not being available
- Visitors are coming in at any time or requesting for other times

- Visitors unhappy having to ask for permission to come in the afternoon
- Possible rise in number of exceptions so that same numbers as previously
- Difficulty faced by ward clerks trying to police the visiting.
- Comments that pilot not working well on wards caring for elderly, confused patients.
- The new visiting times appear to work very well during the week. More time for care delivery. Relatives do occasionally come in outside times and say they were unaware of changes so we are having to make exceptions. Weekend visiting is a little long. I feel it benefits patients and staff with regard to allowing more time for rest / treatment. It may be more difficult for very concerned relatives to have such minimal visiting time available.
- I have been encouraging visitors who ask to visit out of hours to visit at mealtimes to assist feeding – still allowing for rest period for the patient.
- Visiting times have improved patient care / treatment as patients more willing to participate in treatment when relatives are not present.
- We are getting much quieter afternoons but relatives have concerns about communicating with doctors regarding delivered care and plans for treatment.
- For new patients' relatives they now come in more readily to help with feeding at meal times instead of afternoon visiting.
- Prefer new visiting times. More time to provide patient care in the afternoon and patients able to have rest.

Monitoring Numbers of Visitors

Wards were requested to monitor the numbers of visitors during weekdays and weekends for both afternoon and evening sessions. The table below gives the average visitors per session using total numbers for St Peter's wards(where the new visiting times have been piloted) compared to all the Ashford wards and the one ward which is non rehabilitation. For a breakdown of results by ward see Appendix 1.

Average number of visitors per session:

	Weekday		**Weekend**	
	afternoon	evening	afternoon	evening
SPH	7	24.3	14.6	21.9
ASH (all)	9.1	10.2	10.8	9.3
ASH (non rehab)	6.7	11.4	7.6	5.1

Monitoring numbers of visitors shows there are much fewer visitors at St. Peter's during weekday afternoons compared to the evenings (exception visiting). During weekends St. Peter's still has increased visitors during evening sessions. At Ashford there appears to be a steady rate of visitors for afternoon and evening sessions for weekdays and weekends but a difference is seen for the only non rehabilitation ward with higher numbers of visitors during weekday evenings. (Appendix 2)

Supporting Data

1. *Your Feedback* Patient Comment Cards – out of a total of 48 written comments there were 2 comments from patients (Kingfisher, Maple Wards) requesting a return to afternoon visiting times

2. Regarding PALS referrals, there were 11 concerns raised during the trial period (Appendix 3)

3. There were 3 formal complaints regarding objection to the change in visiting times during the pilot period.

4. Concerns regarding car parking have shown a reduction from 6 in May to nil in August and September. Observations from the Matron and sister in Outpatients report no complaints during the pilot regarding car parking compared with daily complaints regarding car parking before the trial. When patients were unable to park, they were already stressed on arrival to outpatients. Since this change, this has had completely the opposite effect. (Appendix 4)

5. On the 6th of July 2010, Darrant Valley undertook the Peer review for Privacy and Dignity and found Privacy and Dignity improved from their last visit two years before. The rest period following the protected meal time was seen to be well embedded and part of normal practice. Although it is difficult to align this improvement to the visiting hour's pilot solely, the rest period in the afternoons does support privacy and dignity. This is also supported in the PEAT results for Privacy and Dignity which were more positive than last year. There has been a demonstratable improvement in this aspect of the patient experience.

6. LINks were broadly supportive when presented with the change to visiting times although concerns were raised by the chairman of LINks.

7. The Chairman received 2 letters expressing concerns about the trial on behalf of groups in the community. These were both responded to and the respondents were asked to encourage direct feedback to the Hospital from individuals who had experienced the effects of the trial .

Summary and Conclusion

52% of patients and 39% of visitors find the new visiting times convenient.

Patients understand the opportunity for more rest and that it is easier for staff to perform duties, although some get lonely. However, some patients have also found the weekend visiting hours too long and tiring.

Visitors respond that rush hour traffic and loneliness of the patient are their major concerns but car parking is easier. There is evidence that not all visitors receive accurate information about reasons for the changes and that exceptions are available.

30% of staff experienced problems with patients and 62% reported problems with visitors. Therapists in particular found communication with relatives and carers was more difficult and were concerned that this would impact the support provided to help the recovery of the patient. Some staff commented that doctors were not easily available.

Although staff are concerned that complaints would increase, PALS reported 7 concerns in June, none in July and 3 in August. The concerns were primarily around perceived lack of flexibility and in all but one case the staff concerned were HCAs/Staff Nurses; once the Ward sister or Matron was contacted by PALS all of the concerns were resolved.

Feedback from staff indicates that further exclusions might be appropriate e.g. for care of the elderly wards and that changes to the extended weekend visiting should be considered.

Monitoring numbers of visitors has shown that afternoon visiting at St Peter's is greatly reduced during weekdays. However, since figures were not captured before the introduction of the pilot the actual reduction in visiting during weekdays and the perceived increase at weekends cannot be confirmed.

Action is required to make the exception process more equitable and appropriate:

- A flexible approach is needed with exceptions issued on a case by case basis for individual patients
- Consideration of the different types of patients e.g. stroke patients requiring support from family and other elderly patients requiring help with feeding
- Advice and guidance for wards is required and good internal communication within each ward needs to be promoted.
- We need to balance patients' appreciation of rest in the afternoon with a desire to be visited by friends and family

Five options are outlined below for consideration.

Option 1
Visiting times remain as the pilot i.e.
- afternoon visiting only by exception;
- weekday evening visiting 6-8 pm;
- weekend visiting 2.30-8 pm.

Option 2
As for option 1 but with altered visiting at the weekend:
- afternoon visiting only by exception;
- evening visiting 6-8 pm;
- weekend visiting 3-4.30 pm and 6-8 pm.

Option 3
Altered visiting afternoon sessions
- afternoon visiting 3.30-4.30;
- evening visiting 6-8 pm;
- weekend visiting as for weekdays i.e. 3.30-4.30 pm and 6-8 pm.
- Exceptions still available

Option 4
Revert back to the old visiting times of:
- afternoon visiting 2-4 pm;
- evening visiting 6-8 pm;
- Exceptions still available

Option 5
Altered visiting afternoon sessions
- afternoon visiting 3 – 4.30 pm
- evening visiting 6 -8 pm
- week-end visiting as for weekday
- exceptions still available

Conclusion
The visiting times pilot has provided valuable information. Visiting hours can be a contentious topic however this pilot has engaged patients, visitors and staff in identifying the importance of ensuring patients are visited and that this is balanced by the need to continue with a patient's treatment which does include rest and recuperation.

Recommendation
Five options have been identified. There was a mixed response to the findings from the pilot, but option 5 does appear to be a sensible way forward as it balances the benefits observed with the concerns and is therefore the recommendation to the Trust Board.

Ashford and St. Peter's Hospitals NHS
NHS Trust

Survey of Visiting Time Pilot - Patients

Please note that this questionnaire is voluntary and your answers are strictly confidential.

New visiting times are now:
Monday to Friday - 6.00pm to 8.00pm
Saturday & Sunday - 2.30pm to 8.00pm

Please state the Ward you are staying on

Date

d d / m m / y y y y

Q1. Whilst in hospital, have you had visitors within the new visiting times?

☐ Yes ☐ No **IF NO, DO NOT CONTINUE**

Q2a. How convenient do you consider the new visiting arrangements to be for patients?

☐ Very convenient ☐ Convenient ☐ Inconvenient ☐ Very inconvenient

Q2b. If they are inconvenient, what aspect makes them so?

Q2c. If they have proved to be convenient, please comment.

Q3a. Was your time with your visitors interrupted for care delivery?

☐ Yes ☐ No

Q3b. If yes, what was the interruption?

DRAFT

We would welcome any further comments (positive or negative) regarding the new visiting times.
(e.g. patients' rest time, time for treatment, less restrictions at weekends, meal times, etc)

Are you:
☐ Male ☐ Female

What is your age range?:
☐ Below 16 ☐ 16-24 ☐ 25-44 ☐ 45-64 ☐ 65-74 ☐ 75+

Do you have a registered disability?
☐ Yes ☐ No

White
☐ British ☐ Irish ☐ Other white

Black or Black British
☐ Black Caribbean ☐ Black African ☐ Other Black

Mixed
☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian
☐ Other mixed background

Asian or Asian British
☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Other Asian

Chinese
☐ Chinese

Other
☐ Other ethnic group. Please specify _____
☐ Do not wish to state my ethnicity

Please return to the ward or main reception. Thank you
Caroline Becher, Chief Nurse

Appendix 2

Table showing average visitors per session

For example for Aspen Ward: 291 visitors attended the ward over 35 afternoon weekday sessions (i.e. over a 7 week period for 5 days per week). This gives an average figure of 8 visitors per afternoon on a weekday, presumably all visiting by exception. Weekday evening visiting on Aspen ward has an average of 25 visitors per evening session. At weekends an average of 14 visitors attend in the afternoon and 26 visit in the evening.

	Weekday Visiting						**Weekend Visiting**					
Ward Name	Afternoon			Evening			Afternoon			Evening		
SPH	No Visitors	No Sessions	**Ave**	No Visitors	No Sessions	**Ave**	No Visitors	No Sessions	**Ave**	No Visitors	No Sessions	**Ave**
Aspen	291	35	**8.3**	890	35	**25.4**	156	11	**14.2**	185	7	**26.4**
Holly	122	23	**5.3**	510	22	**23.2**	113	8	**14.1**	179	8	**22.4**
Kestrel	154	23	**6.7**	484	22	**22**	146	10	**14.6**	166	7	**23.7**
Kingfisher	231	30	**7.7**	821	29	**28.3**	203	12	**16.9**	220	11	**20**
Falcon*	13	3*	**4.3***	101	4*	**25.3***	46	2*	**23***	26	2*	**13***
Juniper*	33	5	**6.6**	110	5	**22**	5	2*	**2.5***	34	2*	**17***
May*	22	5	**4.4**	49	5	**9.8**	17	2*	**8.5***	44	2*	**22***
Total	866	124	**7**	2965	122	**24.3**	686	47	**14.6**	854	39	**21.9**
ASH												
Chaucer	250	35	**7.1**	235	35	**6.7**	155	16	**9.7**	114	16	**7.1**
Dickens	161	24	**6.7**	284	25	**11.4**	76	10	**7.6**	51	10	**5.1**
Fielding	416	32	**13**	430	32	**13.4**	194	14	**13.9**	200	14	**14.3**
Wordsworth	379	42	**9**	421	42	**10**	203	18	**11.3**	174	18	**9.7**
Total	1206	133	**9.1**	1370	134	**10.2**	628	58	**10.8**	539	58	**9.3**

Notes:
Not all wards provided numbers;
*Some wards have submitted numbers of visitors for a few sessions; wards with fewer sessions have been omitted.
Dickens ward is the only non-rehabilitation ward at ASH

Appendix 3

PALS and Complaints report regarding the visiting hours

1 June – 15 September

11 concerns regarding visiting were raised during this period.

Table 1

June	7
July	0
Aug	3
Sept	2
Total	**10**

This table shows concerns regarding visiting raised by month.

Main issues

June:
During June seven concerns were raised in relation to the visiting hours pilot. The concerns were primarily around perceived lack of flexibility, where visitors for a variety of reasons required this. Reasons given by relatives/carers ranged included:

- Relatives who needed to catch two buses to get here, limiting visiting once here due to timing of the return journey.
- A relative who was concerned that the patient only eats when they feed him (pt has dementia), they were also reliant on public transport.
- Relatives of anxious patients - one pre and one post-op.
- A patient was concerned that visiting hours were too late for her children and she was therefore unable to see them.

Consistent with all of these concerns was a lack of flexibility from the staff concerned. In all but once case the staff concerned were HCAs/Staff Nurses and once the Ward Sister or Matron was contacted by PALS all of the concerns were resolved.

August

- A patient's daughter is the carer for both her parents and the patient's husband a wheelchair user. She expressed concern that their situation was not taken into account when they were asked to leave and return during visiting. Sister established there had been an emergency on the Ward at the time and flexible visiting was arranged.
- A nurse had arranged for the wife of a patient to meet with doctors on the morning ward round, however when she phoned to confirm arrangements she was told she by a ward clerk that she could only visit during visiting hours.
- The daughter of a patient with dementia wanted to come in and help with the patient's care, she was conflicting advice and was concerned about the lack of information/leaflets.

September

- A concern that nurses repeatedly told the family that they should speak with the doctors in relation to medical questions, however this was not facilitated. The family pointed out that doctors are not present during visiting hours and it is difficult to contact doctors by telephone.
- A relative expressed concern that their 90 year old mother was bored and lonely and staff had no time to talk with her. Believes that the main reason for the pilot is related to lack of parking facilities.

Table 2

Aspen Ward	1
Cedar Ward	1
Elm Ward	1
Heron Ward	2
Kestrel Ward	2
Maple Ward	2
Office	1
Surgical HDU	1
Totals:	10

Table 2 provides a breakdown of Visiting Hours concerns by Ward

Formal Complaints

One complaint was received in May 2010, an objection from a member of the public.

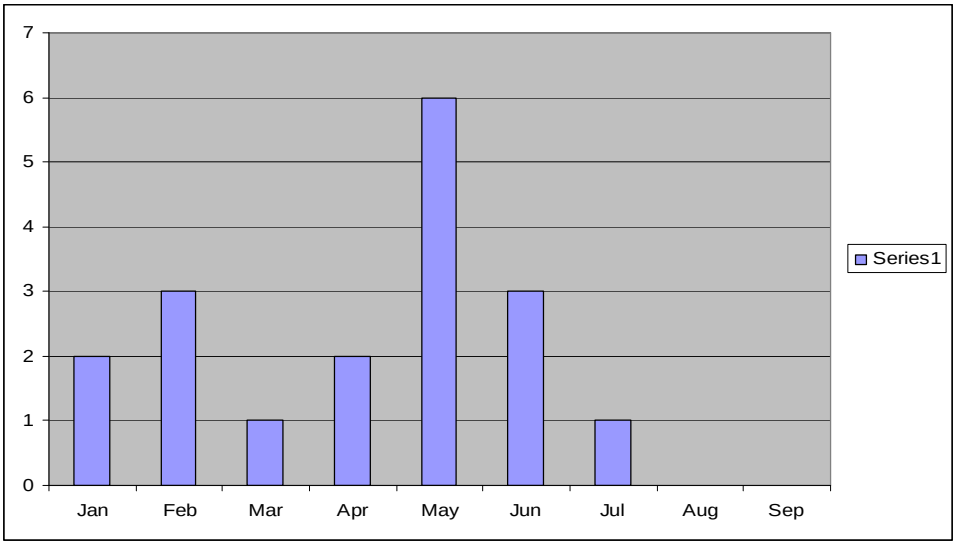
Two Complaints were received in June, one, an objection from a member of the public and one from a relative of a patient on Kingfisher Ward.

Key issues raised:

No valid reason for changing hours
Patients are cheered up by visitors
Availability of local transport
Elderly travelling in the dark
The ability of children to visit
Concern that patients will become bored – patients are cheered up by visitors.
Belief that the motive is to improve car parking.

Appendix 4

Graph 1: Car Parking Concerns



Graph 1 shows a reduction in the number of concerns about car parking since June 2010

Appendix 5

SWOT Analysis Option 1

Strengths	**Weakness**
▪ patient rest and recovery following treatment, ▪ time for delivery of care and treatment and potential for impact on patient recovery, ▪ improved privacy and dignity for patients, ▪ positive impact on staff able to access patients for care more readily ▪ Visitors like the flexibility of weekend visiting	▪ patients feeling lonely and potential for impact on patient recovery, certain groups of patient requiring stimulus will not receive e.g. dementia patients with possible impact of increased noise at night ▪ lack of contact with relatives to support patient care e.g. for stroke patients by therapists ▪ less help from relatives with care e.g. feeding; *however, if exceptions handled appropriately on an individual basis this would not have impact ▪ patients tired with long visiting time at the weekend For visitors: ▪ Less flexibility for visitors who have other responsibilities, who dislike travelling at night in winter months – exceptions available, see * ▪ Difficulties with rush hour traffic and lack of public transport in the evenings ▪ Perceived difficulties getting to speak to a doctor Staff: ▪ Negative impact on staff who have to deal with disgruntled visitors, visitors attending at inappropriate times and having to police the situation
Opportunities	**Threats**
▪ Positive impact on patient experience e.g. outpatients by relieving difficulties with car parking ▪ Possible reduction in length of stay due to more time for rest and care and treatment ▪ Reduction in problems with car parking for visitors during the afternoon	▪ Negative publicity and reduced customer satisfaction ▪ Impact on national inpatient results ▪ Impact on numbers of patients choosing trust for treatment ▪ Impact on meeting Trust strategy and vision