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Review of visiting policies and patient advocacy within local healthcare settings and care homes

Date: 19 July 2022

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- During the previous municipal year, the Scrutiny Board (Adults, Health and Active Lifestyles) identified reviewing the visiting policies and patient advocacy arrangements within local healthcare settings and care homes as a specific topic for consideration by the successor Board.
- This report and appendices presents a range of details provided by health and care providers and other partner contributions across Leeds, including:
  - Leeds City Council Adults and Health Directorate: Public Health and Integrated Commissioning
  - Leeds Teaching Hospitals NHS Trust (LTHT)
  - Leeds and York Partnership Foundation NHS Trust (LYPFT)
  - S Leeds Community Healthcare NHS Trust (LCH)t Gemma's Hospice
  - Sue Ryder Wheatfields Hospice
  - Martin House Children's Hospice
  - Leeds Care Association
  - Carers Leeds
  - Healthwatch Leeds

Recommendations

Members are asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

What is this report about?

1 During the previous municipal year, the Scrutiny Board (Adults, Health and Active Lifestyles) identified reviewing the visiting policies and patient advocacy arrangements within local healthcare settings and care homes as a specific topic for consideration by the successor Board.

2 In compiling this report, partner organisations were specifically asked to provide an outline of:

- Current policies and procedures in place around visiting and patient advocacy – specifically including the current use and role of technology (such as video conferencing).
- Processes for changing visiting and patient advocacy policies and procedures if/when infection control and protection guidance dictates.
- Collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families or carers, helping them navigate different arrangements across the local health and care system.

3 Appended to this report, are details provided by a range of details provided by health and care providers and other partner contributions across Leeds, specifically:

- Leeds City Council Adults and Health Directorate: Public Health and Integrated Commissioning
- Leeds Community Healthcare NHS Trust (LCH): Infection Prevention & Control Team (IPC)
- Leeds Teaching Hospitals NHS Trust (LTHT)
- Leeds and York Partnership Foundation NHS Trust (LYPFT)
- St Gemma's Hospice
- Sue Ryder Wheatfields Hospice
- Martin House Children's Hospice
- Leeds Care Association
- Carers Leeds
- Healthwatch Leeds

What impact will this proposal have?

4 The details presented in this report and the associated appendices will assist the Scrutiny Board in examining in more detail a specific aspect of health and care services in Leeds, identified by the former Board in 2021/22.

5 This report also assists the Scrutiny Board in its discharge of its health scrutiny functions, a special responsibility delegated to the Scrutiny Board by Council.

How does this proposal impact the three pillars of the Best City Ambition?

☒ Health and Wellbeing ☐ Inclusive Growth ☐ Zero Carbon

6 The terms of reference of the Scrutiny Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.

7 Considering the details within this report and its appendices helps the Scrutiny Board fulfil is responsibilities to discharge its general and specific responsibilities.

8 Details within this report and its appendices also form part of the delivery of health and care services across Leeds that directly impact on the health and wellbeing of Leeds citizens and its communities.

What consultation and engagement has taken place?

Wards affected:		
Have ward members been consulted?	☐ Yes	☐ No

9 Any specific consultation and engagement arrangements associated with establishing and reviewing visiting policies and patient advocacy arrangements, are the responsibility of the health and care organisations that have provided the details within this report and appendices.

10 In considering the information presented in this report, the Scrutiny Board may wish to consider the levels of involvement, engagement and consultation undertaken by the appropriate health and care bodies.

What are the resource implications?

11 There are no specific resource implications associated with providing these details to the Scrutiny Board. Any proposed recommendations identified by the Scrutiny Board may have resource implications that require a full assessment.

What are the key risks and how are they being managed?

12 There is a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

13 Presenting the details within this report and its appendices, supports delivery of the Scrutiny Board's annual work schedule for 2022/23 and will assist in presenting the Scrutiny Annual Report for 2022/23 to Council.

What are the legal implications?

14 There are no specific legal implications associated with this report and its appendices. Any proposed recommendations identified by the Scrutiny Board may have legal implications that require a full assessment.

Options, timescales and measuring success

What other options were considered?

15 The details in this report and its appendices have been provided on the request of the Scrutiny Board. No other options have been considered.

How will success be measured?

16 The Scrutiny Board is recommended to consider the details presented in this report and its associated appendices and determine any further specific scrutiny activity.

17 There is also a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

What is the timetable and who will be responsible for implementation?

18 The details in this report and the appendices presents factual information from a range of partners across Leeds' health and social care system. As such, there are no associated implementation requirements at this stage.

19 Any further activities and/or proposed recommendations identified by the Scrutiny Board may require a full assessment prior to implementation.

Appendices

- Visiting policies and patient advocacy within care homes – Appendix 1.
- Care Home Covid-19 Outbreak Guidance (NHS-LCH) – Appendix 2.
- Visiting policies and patient advocacy within Leeds Teaching Hospitals NHS Trust – Appendix 3
- Summary of details received from other in-patient health care providers in Leeds – Appendix 4

Background papers

- None

Appendix 1

Visiting policies and patient advocacy within care homes

1 Current policies and procedures in place around visiting and patient advocacy – specifically including the current use and role of technology (such as video conferencing).

1.1 The current guidance on visiting in care homes is that it should be encouraged and facilitated and there should be no restrictions, although some modifications will be required where a care home has an outbreak of Covid 19. Every care home resident should be able to have one visitor who can visit in all circumstances, including during periods of isolation and outbreak, and end-of-life visits should always be facilitated. The current policy and guidance is below:

COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

Summary of changes to COVID-19 guidance for adult social care providers - GOV.UK (www.gov.uk)

1.2 From the start of the pandemic care home managers and staff have been advised of the policies and procedures relating to visiting and advocacy. Policy and guidance on visiting changed on a number of occasions in response to the various phases of the pandemic. Throughout this time care homes have been supported by the Council's Public Health service and Leeds Community Healthcare's Infection Prevention and Control (IPC) Team to interpret and implement the national guidance. Specific and targeted advice and support have been provided to care homes when they have had an outbreak of an infection.

1.3 During the pandemic, care homes were invited to apply to NHSX (NHS Digital services) for iPads and a large number of care homes in Leeds were able to access one to add to their own technology already in place. These were initially provided with the aim of encouraging and supporting video conferencing with GPs and other health professionals, but they were also configured by NHSX so that they could be used by residents to maintain contact with family members and friends, and to support wellbeing activities with residents for example, with reminisce work or access to music. Some homes had been doing this prior to the pandemic, especially with families overseas, but with the addition of the NHS iPads and due to the pandemic the usage increased.

1.4 The Leeds 100% Digital Team ran training sessions with Barclays Digital Eagles for care home staff during the pandemic covering a range of IT related subjects. Feedback indicated that staff felt much more confident in using the technology to undertake a wide range of activities, especially supporting residents and families to make use of the technology following the training. Overall, the use of technology, including video conferencing, increased in most care homes dramatically during the pandemic and this remains the case.

2 Processes for changing visiting and patient advocacy policies and procedures if/when infection control and protection guidance dictates.

2.1 The Council's Public Health service leads the work programme across all health and care organisations to ensure a timely and consistent response to outbreaks of infection.

The multi organisational group prioritises its work in relation to those people most susceptible to infection, including people who are resident in care homes.

2.2 At the start of the Covid-19 pandemic, systems were established to ensure changes to any guidance, including guidance on visiting, that was being issued by NHS England and the Department of Health and Social Care, was disseminated to and discussed with key partners. This was in order to ensure there was clear interpretation and understanding of the guidance and its implications across the wider health and care system, and our respective roles and responsibilities in the implementation of the guidance. This work has been led by the Health Protection Team (HPT) within Public Health and has included input from the IPC Team, NHS Leeds CCG, Healthwatch Leeds, the Third Sector and Adult Social Care and Commissioning Teams. This has been particularly important in relation to visiting arrangements as the guidance has frequently changed as the pandemic has evolved, including following increased knowledge and awareness or changing circumstances, such as the wider availability of testing and the rollout of vaccination programme.

2.3 From the start of the pandemic, there has been clear and timely health protection and infection prevention and control advice provided directly to care home managers and staff. As a result of this work and an increased focus on infection prevention and control, care homes are now well prepared to rapidly respond to other infections and limit the spread and impact as much as possible whilst at the taking a more proportionate approach to supporting and facilitating visiting.

2.4 Throughout the pandemic visiting arrangements have been discussed with care homes in accordance with guidance from Central Government. Locally risk assessments have been used to ensure any restrictions are minimised, balancing safety with the wellbeing of all residents.

2.5 The processes for working with and supporting care homes in relation to infection prevention and control are now well-embedded and this provides a mechanism for any future changes to government guidance, policy or practice to be discussed with care home providers.

3 Collaboration taking place across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families or carers, helping them navigate different arrangements across the local health and care system.

3.1 Early on in the pandemic, city-wide Gold, Silver and Bronze Command Groups were set up as part of the health and care system response. This included a Care Homes Silver Command group and a Support to Care Homes and Care Providers Bronze Command group. The Silver meetings included representation from care home providers, Healthwatch Leeds, and Carers Leeds as well as NHS organisations and the Adults and Health Directorate. One of the key areas of focus and robust discussion was in relation to visiting arrangements and advocacy for care home residents especially after the strict lockdown measures began to ease.

3.2 The Health Protection Team played a key role in system wide regular Care Home Silver and Bronze meetings ensuring the regularly updated national guidance was interpreted into useful guidance for care homes particularly once visiting was re-introduced. On behalf of the Director of Public Health, the HPT communicated the Covid 19 infection rates to care homes across the city enabling them to adequately risk assess their current visiting policies.

3.3 The Bronze Group in its role of providing support to care homes was the pivotal multi agency forum for the distribution of guidance including visiting guidance across adult social care. The group had representation from CCG, IPC, Public Health, and adult social care and, once visiting began again providers and the third sector. This allowed the group to look at the range of guidance, from Government, professional bodies, various care associations and advocacy groups, collate, discuss and where possible simplify that guidance to provide a consistent and clear Leeds message. That message was to safely promote visiting wherever possible, and to promote Essential Care Givers and End of life visiting. The multiagency nature of the group ensured that the message was understood and promoted by all partners and communicated to both providers and families and friends. Part of the work included the creation of an essential carer poster by the IPC Team in July 2021 (see Appendix 2).

3.4 From the on-set, a regular bulletin was issued to all care and support providers across the City, initially being circulated twice a week, containing the latest policy and practice guidance and advice with a primary focus on maintaining the safety and wellbeing of people receiving the care and support services. This information along with other guidance and best practice from across the system were then distributed via the Care Quality Team website (part of the LCC web site), tweets on social media accounts and ad hoc "virtual coffee" sessions for providers. The bulletin continues to be issued now on a fortnightly basis and covers topics such as good practice in relation to facilitating visiting when a care home has a Covid 19 outbreak.

3.5 As the pandemic progressed a Task and Finish 'Visiting in Care Homes' group was set up jointly chaired by Healthwatch Leeds and the Adult & Health Older People's Commissioning Team. This group linked into a range of national advocacy work such as that of the Relatives and Residents Association and Rights for Residents and this subsequently informed the approach taken with care homes in Leeds. The group was actively attended by Carers Leeds, care home representatives, family members of service users, Public Health, CCG, IPC Team and initially CQC. Among a range of actions to promote visiting, the group helped develop a link on the Care Quality Team website specifically to provide information to family/carers and friends about their rights in terms of visiting and what to expect when visiting a care home. This was very useful to families but was also available to providers, so all stakeholders were aware of the consistent messages informed by the national work and referencing to their materials as a single point of information.

3.6 Through Task and Finish group Healthwatch Leeds colleagues produced a number of leaflets for care homes to provide directly to friends and families, being mindful that not everyone visiting care homes has access to the internet and e-mail. Links to these documents and additional information were placed on the Care Quality team (LCC) website with the links being sent out by both Carers Leeds, Leeds Care Association, the Adult Social Care provider bulletin, and social media to try and maximise coverage.

3.7 The health and wellbeing of care home residents has always been of paramount importance when balancing the risk of infection and the implementation of national policy. The approach of working closely with friends and family advocacy groups has brought a balance to visiting, providing clarity to both providers and families on the need for visiting and the importance of wellbeing being promoted. It has also enabled identification and sharing of best practice in terms of visiting both from care homes in Leeds and from national work.

Appendix 2

NHS
Leeds Community Healthcare
NHS Trust

Care home COVID19 outbreak visiting

Current guidance* recommends risk assessed visits should continue during an outbreak such as pod, window, garden, end of life

A nominated essential care giver is a visitor who:

- Has a personal relationship with the resident.
- Provides companionship and/or personal care to the resident.
- Is central to the health and wellbeing of the resident.
- Provides support (and the resident may deteriorate without it).

Essential care givers may visit the resident in all circumstances including during a COVID19 outbreak (unless the resident or essential care giver is COVID19 positive).

Contact the Infection Prevention and Control (IPC) Team if you would like support with your visiting risk assessments (or other IPC queries):

0113 843 4511 infectioncontrolleeds@nhs.net

*www.gov.uk/government/publications/visiting-care-homes-during-coronavirus/update-on-policies-for-visiting-arrangements-in-care-homes

www.leedscommunityhealthcare.nhs.uk

Appendix 3

Visiting policies and patient advocacy within Leeds Teaching Hospitals NHS Trust

1. Visiting policies and changes during the Covid-19 pandemic

Governance and changes to guidance

1.1. Leeds Teaching Hospitals NHS Trust has kept visiting arrangements under constant review throughout the pandemic. The Trust has sought to maximise visiting where possible, recognising the significant emotional, social and advocacy benefits which visiting brings to inpatient settings. Throughout, these benefits have had to be assessed against the risks to individual patients, other patients within hospital, staff and broader community spread of Covid-19. The restrictions have been adjusted based on the local transmission rates, the number of hospital onset Covid cases within the Trust and national guidance from NHS England. NHS England have continually published guidance and principles for infection prevention and control and visiting arrangements. These have been followed by LTHT throughout. Decisions and matters of interpretation on visiting policies have been made by a Trust-wide clinical governance group which has membership including the Chief Medical Officer and Chief Nurse.

1.2. As restrictions have been relaxed, this has often been trialled in a select number of wards in order to test ways of working and establishing potential increased risks of transmission.

1.3. Visiting policies within acute settings have been compared across West Yorkshire via the West Yorkshire Association of Acute Trusts (WYAAT) network. Common principles have been shared, but standardised restrictions have not been possible across all acute settings. This is due to a number of factors, including the risks associated with ventilation in buildings, the physical space on different wards, the acuity of patients and the clinical vulnerability of patients (for example, as a tertiary centre LTHT has more patients who are immunocompromised or extremely clinically vulnerable).

Current visiting policy

1.4. The current visiting policy in LTHT is available on the Trust website: https://www.leedsth.nhs.uk/patients-visitors/patient-and-visitor-information/visiting-times/

1.5. At the time of writing, the most recent update to visiting restrictions was made at the end of May 2022, with a reintroduction of more visiting on all wards across the Trust. During the pandemic there have been special arrangements for visitors for patients with end of life care needs, children and maternity services. As there has become less restrictions on visiting, clinical teams have been encouraged to make risk assessments and judgements on visiting restrictions for individual patients and ward areas.

2. Initiatives for involvement of families and patient advocacy during visiting restrictions

Interpreting services

2.1. The Covid-19 pandemic significantly altered options for spoken language face-to-face interpreting, and increased staff and patient confidence in methods of interpreting other than using a face to face interpreter.

2.2. Restrictions which reduced the number of people in clinical areas, except in essential situations, meant that staff were required to adopt telephone or video interpreting to their patient consultations. Demand for this grew, as teams experienced video and telephone interpreting provision which do not require pre-booking, are available on demand and, in most cases, work effectively.

2.3. The interpreting team worked with a contracted provider to introduce 'interpreters on wheels' into the Trust (i-pads on wheels which support video and telephone interpreting calls). They supported the inclusion of a video interpreting app on i-pads on every ward in the Trust and have also supported the development of a process which ensures that it is possible for patients receiving a planned video consultation to have an interpreter present on the call.

2.4. These changes have resulted in improvements in patient experience and efficiency benefits. The number of assignments taking place has risen, as staff recognise the advantages of being able to talk to their patients using video or telephone methods on demand. This means patients are receiving an improved experience and are having more conversations in their native language. However, costs associated with this have been much lower, in line with the shift away from pre-booking face to face interpreters. Cost reduction has also been influenced by a reduction in short notice cancellation fees associated with face to face services.

Sign language interpreting and support for the d/Deaf and Hard of Hearing community:

2.5. During the pandemic the Trust received feedback on the inpatient experiences of d/Deaf people, which included reporting loneliness associated with the lack of interaction using their preferred method of communication. In response to this, the Trust worked with a contracted BSL provider to enable d/Deaf patients to connect with interpreters through a new Befriending Service, which was delivered via an app on ward devices. The interpreters where needed could also share key messages with ward staff to improve the care for the patient.

2.6. Feedback was additionally used to support the development of a staff training video, highlighting considerations to be take into account when caring for a person who is deaf or hearing impaired.

2.7. For people who lip read, work has taken place nationally to identify face masks which are safe to be used clinically, following feedback on how difficult face coverings have made communication for some patients. It had taken some time for a mask to be identified as suitable, however this has now been achieved and they are in place.

Letters to Loved Ones

2.8. Letters to Loved Ones was initiated by the LTHT Patient Experience Team in April 2020 and enabled family, carers and friends to write letters to patients who were in the care of the Trust whilst visiting restrictions were in place. The scheme continues today. The Patient Experience team supported by Trust volunteers, print the letters, and deliver them to patients on the wards. It has been well received by patients, families and staff across the Trust with around 4,000 letters delivered to date.

Talking to Loved Ones

2.9. The Patient Experience team sourced a supply of iPads which were configured with a video calling app called JusTalk and were distributed to all wards. The iPads were a source of support during the height of the pandemic as they enabled patients, with the support of staff, to video call their friends and families, which helped them stay connected.

Carers Leeds - Hospital Based Carer Support Worker

2.10. Leeds CCG and Carers Leeds have supported funding Carer Support Workers to provide support and advice to carers in the Trust, as well as providing support to Trust staff in providing a better experience for carers. A support worker has now been recruited to the 0.66 WTE post by Carers Leeds and began work in the Trust from the beginning of June 2022. Carers Leeds support workers received 200 referrals between August 2021 and April 2022 to support carers of patients in the Trust.

Appendix 4

Summary of details received from other providers of in-patient health care in Leeds

(1) Provide an overview of the current policies / procedures in place around visiting and patient advocacy – specifically including the current use / role of technology (such as video conferencing).	
Leeds and York Partnership NHS Foundation Trust	Throughout the pandemic we have updated our visiting guidance in line with NHSE's changes. This consists of a set of guiding principles which services can then use to develop local procedure to reflect the individual needs of their service user population. The most up to date version can be found on intranet for staff and on the public facing website here https://www.leedsandyorkpft.nhs.uk/advice-support/wp-content/uploads/sites/3/2022/06/Visiting-guidance-June-2022.pdf . We also circulate the guidance in staff briefings.
Leeds Community Healthcare NHS Trust	The Infection Prevention and Control (IPC) Team at Leeds Community Healthcare NHS Trust (LCH) have followed national guidance around visiting. The Trust only has one in-patient unit – Hannah House – which provides respite care for children with long term and complex needs. Normally, due to the nature of providing respite care, there is limited/ reduced footfall around visiting at Hannah House – as parents take a break from caring responsibilities. However, if there was a need for parents to visit, a digital approach will have been considered but essentially, as a children's unit, nothing changed during COVID. The Trust does not have any other in-patient units; however, the Trust did support Care Homes, specifically when managing an outbreak. Ultimately, decisions in relation to visiting were made by the care home managers with support and specialists expertise provided around IPC.
St Gemma's Hospice	St Gemma's currently has open visiting for families/friends for all in-patients. They can stay overnight if a patient is thought to be close to death, as there is space in each of the individual rooms for one person to stay or a number of people to sit. A letter is given to every patients' family on their admission to welcome them to the unit and to outline visiting and use of PPE. St Gemma's has a strong emphasis on personalisation of care, working closely with the patient and their loved ones to meet their needs. If advocacy is required we have a team of social workers (Family Support Team) who can support families and who would support the ward staff to access an IMCA if required. We have used video conferencing when necessary – when visiting was restricted in the early phases of the pandemic or where family are abroad – but the requirement is lower now that visiting is open.
Sue Ryder Wheatfields Hospice	Currently we have open visiting but maintain restrictions on the number of people in a patient's room at any one time. We also encourage visitors to come after 12:00pm if possible to allow for personal care / clinical review to take place. Visitors no longer have to test or book appointments. We will always discuss individual circumstances and put the patients best interests at the heart of any decision we make. We have always tried to support patients in the use of digital technology especially when our restrictions were more stringent.
Martin House Children's Hospice	As a children's hospice, we have allowed visitors throughout the pandemic and would always intend to do so. Following some engagement with families at the start of the pandemic, it became clear that parents simply would not use the hospice if they were unable to stay with their children. Where families were shielding and anxious about coming to the hospice, our medical and Clinical Nurse Specialist (CNS) teams did occasionally use video conferencing technologies to link with families and young people.

(2) Provide an outline of the process for changing visiting and patient advocacy policies/ procedures if/when infection control and protection guidance dictates.	
Leeds and York Partnership NHS Foundation Trust	Throughout the pandemic we have updated our visiting guidance in line with NHSE's changes. Changes to our visitor guidance was signed off at Silver Command. Updated versions to the guidance were made available on the intranet for staff and on the public facing website. We also circulated the guidance during staff briefings.
Leeds Community Healthcare NHS Trust	National guidance around visiting was followed and support provided via the Trust's Infection Prevention and Control (IPC) Team to internal services and care homes across the city. Hannah House provides respite care for children with long term and complex needs. If there was a need for parents to visit, a digital approach will have been considered but essentially, as a children's unit, nothing changed during COVID.
St Gemma's Hospice	Throughout the pandemic the senior clinical team (including staff from all clinical services) have met at least weekly (more often in the first phase) to agree any changes to visiting which is then shared with the wider clinical team and support staff (inc. reception, house-keeping, facilities etc). Visiting is a standard agenda item so has been reviewed every week since March 2020. This includes any restrictions on visiting for Covid +ve patients (or any other isolated patients). Advocacy arrangements have not changed, with all patients having access to support where needed – this includes in our community service.
Sue Ryder Wheatfields Hospice	During the height of the pandemic the senior management team met weekly to discuss all aspects of restrictions, including visiting. We always advised patients / carers to discuss any issues with the nursing team who were given support to be flexible with the restrictions to best meet the complex needs of the patients. Including - but not restricted to those at the very end of life. Sue Ryder nationally also met weekly to advise of restrictions, we had close contact with our local IPC provider at all times. This now happens bi-weekly as restrictions are lessening.
Martin House Children's Hospice	The process for changing visiting has been to respond to central guidance with an organisation-specific risk assessment and reissue of care guidance to our teams. That said, our visitor guidance has not been at any point restrictive of parents staying with their children.
(3) Provide an outline of collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families / carers and to help them navigate different visiting and patient advocacy policies and procedures across they local health and care system.	
Leeds and York Partnership NHS Foundation Trust	Early on in the pandemic LYPFT did reference LTHT guidance as a template for the level of detail included. In addition, LYPFT worked with all system partners to support the pandemic response. Examples of this included: • Leeds Health Protection Board • Leeds Vaccination Programme – we provided clinical leadership for the vaccine bus and various pop-ups • Leeds collective outbreak response meetings LYPFT is currently working with LCH and LTHT to create a more flexible offer to the workforce for flu and covid vaccination so that staff can gain easier access in a timely way.

(3) Provide an outline of collaboration across the health and care system to help simplify visiting and patient advocacy policies and procedures for patients and their families / carers and to help them navigate different visiting and patient advocacy policies and procedures across they local health and care system.	
Leeds Community Healthcare NHS Trust	Infection Prevention and Control (ICP) collaborative support has been provided specifically to care homes with representation at Care Home Bronze meetings. This has been often difficult to navigate, ensuring optimum patient safety is provided at all times. Daily contact has been provided to care homes when experiencing an outbreak and an enhanced training package has been provided from a specific IPC Clinical educator. Drop-in virtual sessions were held via the Echo platform at St Gemma's delivering IPC training / support during 2020/21 to help support care home staff. The Trust is now in a position to support care homes with implementation of RESTORE[1] with the first Cohort starting in June 2022
St Gemma's Hospice	As an independent and 'small' organisation we have been able to be less restrictive than many other providers in the system. Although we have not aligned ourselves with other organisations' visiting policies due to the level of restrictions this would cause, we ensured that all those affected by our decisions were aware of our current position – so we routinely let Wheatfields and the acute Trust – LTHT – know of our current visiting status. This enabled them to have discussions with patients and/or their team to inform them of our current position (it was routinely cited by families as a reason to accept or decline a Hospice bed).
Sue Ryder Wheatfields Hospice	While we always do our best to work collaboratively across the system in all matters, we are also part of a national organisation and have to work with the policies and guidelines of Sue Ryder. We acknowledge that this has at times made things difficult for patients and relatives but have always tried to mitigate this with good communication of our restrictions and the reasons for these.
Martin House Children's Hospice	Our policies have been Martin House specific and, while we have shared information with colleagues, guidance has not been brought in line/"simplified" within our area. As a Children's Hospice, we are a unique organisation who service a very large footprint across West, North and East Yorkshire. We feel that it is vital to families who use us that we maintained an approach of compassion within the context of many of our caseload being children receiving End of Life care. We have often been much more willing to enable visitors to be present. Indeed, one family was discharged from a local hospital during the pandemic in order that visitors could attend the hospice to see the child in the end stages of life.

[1] RESTORE is a training package to help staff in care homes look for the soft signs of deterioration that could potentially lead to sepsis.