

DOCUMENT CONTROL PAGE	
Title	<p>Title: MFT COVID-19 Interim Visiting Policy Version: 7 Reference Number:</p>
Supersedes	<p>Supersedes: MFT COVID-19 Interim Visiting Policy version 5 Takes account of NHS <i>Visiting healthcare inpatient settings during the COVID-19 pandemic: principles 17/01/0222</i>; NHS <i>supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers</i>; <i>COVID-19: Guidance for maintaining services within health and care settings</i> <i>Infection prevention and control recommendations</i></p>
Originator or modifier	<p>Originated By: Deputy Chief Nurse Designation: Deputy Chief Nurse</p> <p>V1. Modified by: Infection, Prevention and Control Team and Consultant Virologist. CEO and Director of Midwifery, SMH. Designation: Lead Nurse, Infection Prevention and Control and CEO and Director of Midwifery, SMH V2. Modified by: Deputy Chief Nurse. V3. Modified by: Deputy Chief Nurse. V4. Modified by: Deputy Chief Nurse, Directors of Nursing/Midwifery, Assistant Chief Nurse (IPC), Head of Nursing (Patient Experience). V5. Modified by: Deputy Chief Nurse, Directors of Nursing/Midwifery and Assistant Chief Nurse (IPC) V6. Modified by: Deputy Chief Nurse, Directors of Nursing/ Midwifery and Assistance Chief Nurse (IPC) V7. Modified by: Directors of Nursing/Midwifery, Chief Allied Health Professional and Head of Nursing (IPC).</p>
Ratification	<p>Ratified by: Chief Nurse/COVID-19 Strategic Group</p> <p>Date of Ratification: Version 2: 25th March 2020 Version 3: 24th July 2020 Version 4: 7th October 2020 Version 5: 14th April 2021 Version 6: 23rd December 2021 Version 7: 14th February 2022</p>
Application	<p>All Staff</p>
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Review	Review Date: 28th February 2022 or sooner as required Responsibility of: Deputy Chief Nurse and Assistant Chief Nurse (IPC)	
Date placed on the Intranet: Version 2: 25th March 2020, Version 3: 24th July 2020, Version 4: 14th October 2020, Version 5: 15th April 2021, Version 6: 02th January 2022, Version 7: 14th February 2022.	EqIA Registration Number: 366 2019	

1. Introduction

- 1.1 The Novel Coronavirus (COVID-19) outbreak which began in December 2019 has presented a significant world-wide challenge.
- 1.2 On 30th January 2020, the WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC).
- 1.3 On 23rd March 2020 the UK Prime Minister announced that people must stay at home and away from others in order to reduce the spread of Coronavirus. In light of a reduced prevalence of Coronavirus in the UK, on 23rd June 2020 the Prime Minister announced an easing of previous measures, however, the need for compliance with social distancing guidelines and other risk mitigation measures to keep COVID-19 under control continues.
- 1.4 On 27th July 2020, the UK Government published the “*Government's approach to managing local coronavirus outbreaks*”, setting out a framework to contain local outbreaks.

2. Context

- 2.1 The Trust's response to the impact of COVID-19 continues to be managed through Emergency Preparedness, Resilience and Response structures and processes. Command and control structures and processes enable the Trust to respond to the impact of the COVID-19 pandemic and to support the recovery of services. This policy has been developed within the context of these structures and processes.
- 2.2 This policy is set in the context of the following national and regional documents and guidance:
 - NHS Infection prevention and control recommendations¹
 - MFT Emergency Planning Policy²
 - Visiting healthcare inpatient settings during the COVID-19 pandemic: principles³, which superseded previous NHS Visitor Guidance
 - UK Government Coronavirus guidance and support⁴
 - NHS supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers⁵
 - National guidance for the recovery of elective surgery in children⁶

¹ <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

² <http://staffnet/Policies/Emergency%20Planning/ON1-2538-27-11-2019-11-26-50.pdf>

³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C1112-visiting-healthcare-inpatient-settings- during-the-covid-19-pandemic-v2.pdf>

⁴ <https://www.gov.uk/coronavirus>

⁵ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0961-Supporting-pregnant-women-using- maternity-services- during-the-coronavirus-pandemic-actions-for-NHS-provi.pdf>

⁶ <https://www.rcpch.ac.uk/resources/national-guidance-recovery-elective-surgery-children>

- 2.3 Visiting restrictions will differ depending upon the level of risk associated with the patient's pathway as set out by NHS guidance. It may be necessary to temporarily increase restrictions in clinical areas that experience COVID-19 outbreaks or where patients have specific vulnerabilities to infection. It should be noted that the NHS guidance uses red to indicate a high risk pathway, but the Trust uses blue to indicate a high risk pathway.

3. Aims of the Policy

- 3.1 The aims of this policy are to:
- Protect patients and staff by reducing the risk of transmission of infections.
 - Safely welcome visitors whilst providing clarity to staff and visitors regarding reduction of visiting within Trust premises during the COVID-19 pandemic.
 - Recognise exceptional circumstances and provide a framework for visiting that supports the provision of compassionate care.
 - Respond to changing national and local restrictions as COVID-19 cases increase and decrease within the community.

4. Principles of the policy

4.1 The principles of this policy are:

- Maintaining contact with friends and family during a hospital admission is important to a patient's experience and where visiting restrictions prevent contact in person, alternative arrangements should be agreed as part of the patient's plan of care.
- **One visitor** will be permitted if the risk assessment indicates that this can be achieved safely and the patient wishes to receive a visitor.
- Visitors must have **no symptoms or known recent COVID-19 contact/exposure**.
- Visitors who have had COVID-19 infection, **must have completed isolation as per national guidance**.
- All visitors to Trust premises are required to abide by the Trust *Protocol for the use of face masks*⁷.
- Visitors are required to comply with safety measures, including wearing a surgical face mask, distancing, handwashing and donning the appropriate PPE as identified by the clinical staff responsible for the patient's care.
- Where specific needs have been identified, the number of visitors permitted and the length of time they may stay will be influenced by the assessed level of risk and the capacity of the environment to enable appropriate distancing measures.
- On-going risk assessment is fundamental to effective decision making in relation to individual visiting arrangements and wider changes to Trust policy.
- Visitor information will be displayed at the entrances of the wards/departments to reinforce good infection prevention and control (IPC) practices

5. Scope

5.1 This policy is applicable to all hospitals and inpatient areas within the MFT Group including Manchester/Trafford Local Care Organisation inpatient areas.

6. Definitions and key terms

6.1 Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases which are much more severe such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia. COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans⁸.

6.2 Patients with specific needs include: patients receiving end of life care, patients whose condition is assessed by clinical staff as significantly

⁷ <https://intranet.mft.nhs.uk/content/important-information-about-covid-19-coronavirus>

⁸ ⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf

deteriorating, patients with cognitive impairment/learning disability/autism, women in labour, children/neonates, patients receiving treatment in critical care settings and patients with visual/auditory impairment who require support to communicate effectively.

- 6.3 Essential visitors are individuals who support patients with specific care and communication needs, such as interpreters and carers (including young carers). Such visitors should be considered to be part of the care team and are not included in the number of visitors that a patient is permitted to have. Essential visitors will, however, be considered in the total number of people who can safely be accommodated within a specific area at any one time.
- 6.4 Birth partners are persons nominated by a woman to accompany her during labour and birth. They are not necessarily life partners, but may be other supportive persons such as relatives, friends or doulas.
- 6.5 For the purpose of this policy children are defined as 0 to 16 years of age.

7. Duties and Responsibilities

- 7.1 **The Trust** must respond to the COVID-19 pandemic in line with Emergency Planning, Resilience and Response processes and must comply with national requirements. The Trust will recognise the value of visiting and implement appropriate restrictions on visiting Trust premises in order to protect patients and staff.
- 7.2 **Hospital/MCS/LCO Chief Executives and Directors of Nursing/Midwifery/LCO Chief Nurse** are responsible for the dissemination, implementation and monitoring of this policy in their areas and amongst their staff. This includes establishing local booking systems to manage visiting arrangements.
- 7.3 **Heads of Nursing/ Lead Nurses/Matrons/Departmental Managers/ Team and Ward Managers** will ensure the implementation of this policy into their services. They must ensure that all staff are aware of the policy and support staff to comply with the policy. They must ensure that clinical areas are regularly risk assessed to determine the relevant patient pathways undertaken within the areas for which they are responsible and that exceptions to visiting restrictions are recognised, individual risk assessments are undertaken and appropriate visiting plans are put into place. They should ensure that facilities and processes are in place to support virtual visiting where possible to facilitate communication with patients' loved ones. All clinical areas will display posters and other forms of information, advising patients and those who do need to visit Trust premises of the restrictions and local arrangements.
- 7.4 **Group Director of Estates and Facilities** must ensure that Sodexo staff and contractors working on the Trust's sites comply with this policy. Security staff must be briefed on the content and application of this policy and have access to a route of escalation for advice.

- 7.5 **All Staff** must comply with the policy. On arrival, patients and their families/carers must be made aware of the Trust's COVID-19 Visiting Policy by the clinical staff responsible for their care. Visitors must be advised on the correct handwashing technique, distancing requirements and wearing of appropriate PPE and may be asked to leave Trust premises if they refuse to comply.
- 7.6 If an adult who is bringing a child/young person for care and/or treatment is asked to leave Trust premises for refusing to comply with this policy the relevant safeguarding children team must be contacted to provide support. If staff suspect that an adult who refuses to comply with this policy does not have mental capacity to make an informed decision regarding the implications of not receiving their care and/or treatment, the relevant safeguarding adult team must be contacted to provide support.
- 7.7 **Patients and Visitors** must be asked to follow this policy. Visitors who refuse to comply with the policy may be asked to leave Trust premises. Any such discussions must be managed with sensitivity and compassion.

8. Detail of Procedural Document

8.1 Risk Assessment

- 8.1.1 The risk associated with permitting visitors to access different locations across the Trust's premises must be regularly assessed and monitored, as set out in the Roles and Responsibilities section of this policy. The following factors should be considered when assessing risk:
- Patient pathway: consider the level of risk as per point 2.3 of this policy
 - Environment: consider available space to maintain social distancing for visitors, access to hand hygiene and the flow of patients and visitors through the clinical area.
 - Local and national restrictions and rates of COVID-19 infection.
 - Outbreaks of COVID-19 infection: a clinical area in which an outbreak has occurred must be treated as a high-risk area until the outbreak is closed.
 - If a hospital experiences several outbreaks, a decision may be taken by the Director of Nursing to treat the whole hospital as high risk.
- 8.1.2 Visiting restrictions will be determined in accordance with the identified level of risk and categorised as low, medium and high.

8.2 Adult Emergency Departments

Patients may be accompanied by one person when attending the Emergency Department where they require additional support during their time spent in the department. To aid with social distancing, patients in the emergency department who do not require additional support may be requested to attend on their own. Whilst in the department a fluid resistant surgical mask should be worn and movement should be restricted.

8.3 Inpatient adult wards

Visiting is restricted in all adult clinical areas in order to prevent the transmission of Coronavirus. The level of restriction will vary according to the assessed level of risk.

8.2.1 Low risk beds

- If it can be safely accommodated within the environment (i.e. social distancing can be maintained), adult patients are permitted **one visitor** at any one time. If the patient has a specific need (as defined in point 6.2 of this policy), refer to section 9 of this policy.
- The **Visitor** must be triaged by nursing/clinical staff to confirm that they have no symptoms or known recent COVID-19 contact/exposure.
- Visitors who have had COVID-19 infection must have completed isolation as per national guidance.
- Visitors to be encouraged to Lateral Flow Test prior to visiting and confirmation gained in areas where appropriate.
- Visitors are required to wear a surgical mask and may be required to wear additional PPE as appropriate.
- Visiting must comply with local arrangements, which may be set at specific times of the day. In some specific clinical areas, visiting will be by appointment and must be arranged in advance in accordance with the agreed local process.
- Children (aged under 16 years) are not permitted to visit adult areas other than in the exceptional circumstances set out in point 9.3 of this policy.

8.2.2 Medium and high risk beds

- Visiting must be limited to **one person**, at a locally agreed time. If the patient has a specific need (as defined in point 6.2 of this policy), refer to section 9 of this policy.
- Children (aged under 16 years) are not permitted to visit adult areas other than in the exceptional circumstances set out in point 9.3 of this policy.

8.4 Children's wards

8.3.1 Low risk beds

- **Two parents/named family members** may visit, of **which one** may be resident with the child. Resident parents/named family members must comply with specified safety measures at all times.
- Siblings who live in the same household may visit at a pre-arranged time for a defined time period, if it is assessed that this can be safely accommodated.

- The needs of children with a learning disability and/or autism must be assessed on the day of admission and daily thereafter and an individual visiting plan must be established to meet their needs.
- Visiting times are not restricted for identified parents/family members.
- Visitors to be encouraged to Lateral Flow Test prior to visiting and confirmation gained in areas where appropriate.
- Visitors are required to wear a surgical mask and may be required to wear additional PPE as appropriate.
- Shared facilities must only be used by one person at a time and must be cleaned after use. Please refer to the RMCH local Standard Operating Procedure for further detail.

8.3.2 Medium and high risk beds

- **One parent/named family member** may be resident with the child. Resident parents must comply with safety measures at all times.
- Resident parents can swap places to be resident with their child at any time.
- Siblings are not permitted to visit at any time.
- If the risk is assessed as high, visiting times may be restricted following review.
- Shared facilities must only be used by one person at a time and must be cleaned after use. Please refer to the RMCH local Standard Operating Procedure for further detail.

8.5 Neonatal Units

Low, medium and high risk

- Across the Managed Clinical Service, both parents (or a parent and a nominated care giver) can fully access Newborn Services to be with their babies across all sites. The only exceptions are the two intensive care rooms on the Oxford Road Campus (ORC) (09:30am – 11:30am) where parents attend the ward for the period when their baby is being reviewed. All other clinical rooms across Newborn services are fully accessible during the morning Ward Round
- Siblings who live in the same household as the babies may visit at a pre-arranged time for a defined period. This can be arranged with the nurse caring for the infant, who will inform the senior nursing staff for confirmation.

8.6 Delivery Units/Birth Centre

Low, medium and high risk

- **One essential visitor and one named birth partner** are permitted for all women. A separate Standard Operating Procedure is in place for Doulas. The importance of a second birth partner for some women is acknowledged; therefore the policy will be reviewed weekly by the Obstetrics Divisional Director in the context of COVID-19 rates in Greater Manchester.
- **No children** are permitted to visit.
- Without exception, the essential visitor/named birth partner must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.

8.7 Maternity wards (65, 66, 47, C2 and C3 and ERP)

8.6.1 Low and medium risk

- **One essential visitor and one named visitor are permitted** in accordance with adult visiting arrangements set out in section 8.2 of this policy.
- Without exception, the essential visitor/named birth partner must wear PPE as appropriate in accordance with sections 4 and 11 of this policy
- **No children** are permitted to visit any maternity areas.

8.6.2 High risk

- **One essential visitor is permitted.**
- Without exception, the essential visitor must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.
- **No children** are permitted to visit any maternity areas.

8.8 Maternity triage

- One person is permitted to accompany women attending triage areas.
- Without exception, the essential visitor/named birth partner accompanying the woman must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.

8.9 Antenatal Assessment Unit/Antenatal Clinics/Maternity Day Care/Emergency Gynaecology Unit (EGU)

- Women can be accompanied by **one person** (adult) throughout their antenatal care if they wish
- **One person** may accompany a woman to all scans, providing social distancing can be maintained. If the woman's scan results are distressing, staff must provide the opportunity and privacy for the woman and her partner to discuss the results before leaving the clinic.
- Without exception, the person accompanying the woman must wear PPE as appropriate in accordance with sections 4 and 11 of this policy.
- No children are permitted unless this causes childcare difficulties resulting in the woman finding it difficult to access care.
- Women attending EGU can be supported by **one person** providing social distancing can be maintained. Staff must provide the opportunity and privacy for the woman and her partner to discuss any results before leaving the Unit.

8.10 All outpatient settings

- Patients who attend face to face outpatient appointments should attend alone where possible. Patients who wish to be accompanied may bring one person to their appointment.
- Parents/Carers attending with children, should only bring the patient, siblings of the patient are not permitted to attend the appointment unless this causes childcare difficulties resulting in difficulty to access care.

- Anyone attending an outpatient service must wear a face mask (unless exempt) and must comply with social distancing and appropriate PPE requirements.

9. Patients with specific needs

9.1 Patients with specific needs are defined in point 6.2 of this policy. Essential visitors who meet a specific, identified care or communication need must not be counted as named visitors.

9.2 Patients receiving end of life care and patients experiencing significant deterioration in their condition

9.2.1 If a patient is receiving **end of life care or their condition is assessed by the responsible clinician as deteriorating and unlikely to improve in the near future** (including patients with COVID-19), the senior clinician and Ward Manager/Nurse in Charge will assess the individual needs of the patient and family, with the input of the patient (where possible), or the parents if the patient is a child, and agree named visitors.

9.2.2 In adult areas, visitors will be permitted, providing distancing and safety measures can be maintained throughout the visit. Visitors should be encouraged to stagger visiting times to minimise footfall in clinical and non-clinical areas and must be discouraged from congregating outside wards. Visitors may be required to wear appropriate PPE if the patient has suspected or confirmed COVID-19.

9.3 Children and young people

9.3.1 Children (aged under 16 years) are **not** permitted to visit adult areas unless the patient is receiving end of life care and it is assessed by the senior clinician and Ward Manager/Nurse in Charge as appropriate for a child to visit accompanied and providing they are supported by a visitor, and a visit can be safely accommodated.

9.4 Patients with a learning disability, autism or cognitive impairment

9.4.1 The needs of patients with a learning disability, autism or cognitive impairment must be reviewed on a case-by-case basis by the senior clinician and Ward Manager or Matron on the day of admission and daily thereafter, and one named visitor may be identified to visit for extended periods of time.

9.4.2 Additionally, a carer with whom the patient is familiar may be identified as an essential visitor to provide additional support to the patient at any time. Carers and visitors may be required to wear appropriate PPE if the patient has suspected or confirmed COVID-19.

9.5 Patients who require support to communicate

9.5.1 The care needs of patients with visual or auditory impairment must be reviewed on a case-by-case basis by the senior clinician and Ward Manager or Matron on the day of admission and daily thereafter, and one essential **and** one visitor may be identified to visit based on the assessed needs of the patient.

9.5.2 Patients whose first language is not English must be given access to interpreting services to ensure effective communication throughout their admission and to support good discharge planning.

9.6 Patients receiving treatment in critical care settings

9.6.1 It is important that the need for loved ones to visit patients is balanced with the need to maintain a safe environment. One visitor may visit a patient receiving treatment in a critical care bed if this can be safely facilitated. Patient receiving End of Life Care or who have experienced significant deterioration in the condition must be considered individually in accordance with section 9.2 of this policy. Visiting must be arranged in advance with the Nurse in Charge. Visitors must be triaged to confirm that they have no current symptoms of COVID-19, have not been in contact with anyone positive or tested positive in the last 10 days.

9.6.2 Children are not permitted to visit critical care areas other than in the exceptional circumstances set out in point 9.3 of this policy.

10. Virtual visiting and family liaison

10.1 In order to support families to maintain contact during the patient's admission, processes must be in place within all inpatient areas to support and encourage patients to access virtual visiting and alternative means of communicating with family and friends, such as FaceTime or WhatsApp. Opportunities for a "virtual visit" should be offered to patients following ward rounds or significant events.

10.2 In areas where visiting is restricted, clinical staff must ensure that daily contact is maintained with identified family members, as agreed by the patient or

identified through a best interest process. The frequency of contact may be reduced if agreed by the patient and family.

11. Care of patients' visitors

11.1 Safety measures

- 11.1.1 Staff must provide education on hand hygiene, distancing, wearing of face masks and other PPE where this is indicated, and must ask any visitors who are permitted to access the Trust's premises to comply with infection prevention and control policies. Visitors who refuse to comply with these policies may be asked to leave the Trust's premises.
- 11.1.2 Arrangements must be in place to inform visitors if the level of risk changes in a specific area resulting in a change to the visiting arrangements.
- 11.1.3 In maternity services, all birth partners will be expected to wear a mask whilst they are in the hospital. Any exemptions are discretionary and must either be agreed prior to the visit or be agreed with the Midwife/Nurse in Charge of the ward. The name of the birth partner who is exempt from wearing a mask should be documented in the patient's notes.
- 11.1.4 Birth partners will not be allowed into theatre without a face mask. If a birth partner is exempt from wearing a face mask he/she will not be allowed into theatre as he/she is unable to wear a mask.

11.2 Visitor illness

- 11.2.1 Visitors who meet the criteria to visit must be advised **NOT** to visit any Trust premises if they are unwell, have had contact with a confirmed COVID-19 case or have tested positive for COVID-19 in the last 10 days.
- 11.2.2 All visitors must be asked by clinical staff if they have any symptoms of, recent contact with or exposure to COVID-19. If any of these are present, the visitor must be advised to go home and adhere to current Government requirements.
- 11.2.3 Visitors who have had COVID-19 infection must have completed isolation as per national guidance.

11.3 Preventing transmission of Coronavirus

- 11.3.1 All visitors must comply with hand hygiene, social distancing, the wearing of surgical face coverings and additional PPE requirements.

11.4 Welfare of visitors to inpatients

- 11.4.1 In exceptional circumstances, if food outlets are not available, arrangements may need to be made to meet the nutritional and hydration needs of permitted

visitors if the visiting period exceeds 4 hours. Religious dietary requirements and times of eating will need to be taken into consideration.

12. Equality Impact Assessment

- 12.1 The Trust is committed to promoting Equality, Diversity and Human Rights in all areas of its activities.
- 12.2 It is important to address, through consultation, the diverse needs of our community, patients, their carers and our staff. This will be achieved by working to the values and principles set out in the Trust's Equality, Diversity and Human Rights Strategic Framework.
- 12.3 To enable the Trust to meet its legislative duties and regulatory guidance, all new and revised procedural documents, services and functions are to undertake an equalities impact assessment to ensure that everyone has equality of access, opportunity and outcomes regarding the activities.
- 12.4 The Trust undertakes Equality Impact Assessments (EqIA) to ensure that its activities do not discriminate on the grounds of: Religion or belief Age Disability Race Gender Sexual orientation Human Rights Trans Pregnancy and Maternity Socially excluded groups Marriage and civil partnership Human rights.
- 12.5 An EqIA has been undertaken and amendments were made to version 3 of this policy to take the findings into account.

13. Consultation and ratification

- 13.1 Consultation includes Directors of Nursing/Midwifery, Assistant Chief Nurse (Infection Prevention and Control), Assistant Chief Nurse (Safeguarding) and members of the COVID-19 Strategic and Tactical Groups (version 1-3).
- 13.2 Ratification will be undertaken by the Chief Nurse/Director of Infection Prevention and Control (DIPC) and COVID-19 Strategic Group.

14. Implementation and monitoring

- 14.1 Hospital/MCS/LCO leadership teams must disseminate this policy and ensure that their respective staff are aware of this policy and are taking the necessary steps to implement the policy.
- 14.2 Compliance with the policy must be monitored in all areas through the daily Core Huddle process and any deviations from compliance must be immediately escalated to the Ward/Team Manager and Matron so that they can be addressed.
- 14.3 The policy will be available on the Trust's intranet site and key aspects of the policy will be communicated on the Trust's internet site.