

Policy for the Management of Visiting Celebrities, VIPs, and Other Official Visitors (N-028)

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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing
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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

This policy aims to minimise risk to the safety and security of patients and staff arising from visits to Humber Teaching NHS Foundation Trust by approved or invited visitors such as Very Important People (VIPs), celebrities, media representatives, contractors and volunteers.

It sets out a standard approach to the management of VIP or official visitors on one off short or more extended visits including how the requests are processed and organised and how these visits are managed whilst on Trust premises.

The policy requires that approved official visitors are always met by a member of staff when they arrive at the Trust. All approved visitors should be met by a member of staff at a previously advised location so they can be escorted to the pre-arranged areas where the visit will take place. Appropriate safeguarding consultation must take place where there is proposed contact with patients.

The Trust recognises it has a responsibility to protect the safety and security as well as the privacy and dignity of patients, families and staff. As a Trust we need to recognise the need to ensure that such visits do not have a detrimental effect on the clinical care of patients and always endeavour to minimise any disruption.

This policy recognises that visits are organised as one-off events so that standard safeguarding arrangements such as Disclosure and Barring Service (DBS) checks may not be appropriate, though some visitors may already have one in place. However, it also covers circumstances where certain groups or individuals have long term or ongoing relationships with the Trust, such as dedicated fund raisers, campaigners, charity patrons or documentary film crews.

This policy supports the compliance with the Care Quality Commission Regulation 11 Outcome 7; safeguarding people who use services from abuse, people are safeguarded from abuse, or the risk of abuse and their human rights are respected and upheld.

2. SCOPE

This policy outlines the arrangements for approved visitors and is written in light of Operation Yewtree and Kate Lampard's report, "Themes and Lessons Learned" ([Jimmy Savile NHS investigations: lessons learned - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544443/jimmy-savile-nhs-investigations-lessons-learned-gov-uk.pdf)). It is designed to put additional safeguards in place to protect patients and others and applies to all Trust staff and teams who may be visited by a VIP or official visitor

3. POLICY STATEMENT

The purpose of this policy is to ensure that there is no risk to the safety and security of patients or staff arising from visits to the Trust premises by approved or invited visitors such as statutory or regulatory bodies, VIPs, celebrities, contractors and volunteers.

This policy does not relate to visitors visiting their family/friends in hospital

All visits by official visitors (see definitions in Appendix 1) must be organised and managed in accordance with this policy.

4. DUTIES AND RESPONSIBILITIES

Chief Executive and Trust Board

The chief executive and the Board have ultimate accountability for ensuring the provision of high quality, safe and effective services within the Trust, ensuring robust systems and processes are in place to ensure when visits by VIPs and celebrities occur, the risks to patients safety and security is minimised.

Executive Director of Nursing, Allied Health and Social Care Professionals

The director of nursing has responsibility for the strategic implementation and monitoring of this policy.

Medical Director

The medical director works together with the director of nursing in the strategic implementation of this policy.

Chief Operating Officer

The chief operating officer is responsible for ensuring this policy is acted upon through delegation to divisions and committees.

Division General Managers and Clinical Leads

Division General Managers and Clinical Leads have responsibility for the operational implementation of this policy across the division.

5. PROCEDURES

5.1. Visits by VIPs, celebrities and media

The following policy and procedure should be adhered to for all approved visits.

5.2. Pre-visit

All requests from outside the Trust for an approved visit must be made to the communications team. Any Director, Division General Manager, Division Clinical Lead or service arranging a visit must also first liaise with communications before approving the visit.

The communication team will liaise with the relevant Division General Manager or Clinical Lead, the Trust Patient Safety Team and the Safeguarding Team, particularly with regard to inpatient services to consider the appropriateness of the proposed visit considering:

- Patient and staff needs and their safety
- Media activity (if appropriate)
- Timing
- Venue
- Clinical/risk issues including infection control and safeguarding issues and capacity
- Conflicts of interest
- Consent from patients/families

All VIP, media and celebrity visits will be discussed with the chief executive for approval via the Communications team.

On approved visits, the communication team will work with the relevant General Manager or Clinical Lead and the Trust Patient Safety Team to ensure arrangements for the visit are undertaken including:

- Drafting a programme

- Conducting a risk assessment (including whether ID and DBS checks are required at this point)
- Liaising with relevant Trust colleagues and internal and external and/or partner organisations on detailed arrangements
- Developing an appropriate invitation list
- Arranging media activity (if appropriate)
- Internally communicating the visit.

If a VIP visit is not approved, the communication team will inform the person/s (internal or external) making the request giving reasons why the request has been declined.

The Trust has a responsibility for protecting and promoting privacy, dignity and respect. When details are confirmed patients and staff must be informed of the visit in advance; patients must be given the opportunity to choose not to interact with the guest. Consent must also be obtained for any photographs that may be taken via the formal consent forms.

5.3. During the visit

On arrival, VIPs will be met in a public area by a nominated person as a representative of the Trust, alongside the communication team. All other visitors will be met in a public area by a member of the communication team.

If the visitor arrives without prior notice and it is not a private visit to see a relative or friend who is a patient, the appropriate manager and the communication team should be notified immediately. The visitor should not be permitted to enter any private areas or areas whereby they may come into contact with patients until a member of the communication team or a delegated lead arrives. Out of hours, this should be escalated to the on-call manager. The on-call manager can be accessed via the out of hours the switchboard on 01482 301700. The on-call manager may decline the visit. (VIPs/celebrities do not have special rights).

The nominated chaperone must ensure that the VIP/celebrity has Trust authority for the visit to occur and has means of personal identification such as photographic identification card, driving licence or passport.

One off approved visitors must be accompanied at all times in public and restricted areas throughout the visit.

Approved visitors who will have more than one visit or an ongoing relationship with the Trust which results in multiple visits, long-term fundraisers and have undergone appropriate safeguarding checks, may be left unaccompanied in public areas subject to the terms of signed agreement relevant to the circumstances. These visitors will not be met by the communication team but the department related to the fund raising efforts who should accompany them in restricted areas.

During the visit the approved programme and agreed scrutiny arrangements should be strictly adhered to and all visitors must adhere to the appropriate ward/service area policies and procedures, including infection control and safeguarding.

5.4. Post visit

Following an approved visit the communication team will ensure:

- The visit has been accurately logged with the communication team
- Where appropriate internal and external promotion is undertaken
- Appropriate letter(s) of thanks are issued to the visitor(s) on behalf of the Trust
- A debrief meeting is undertaken with all relevant stakeholders to consider any lessons learnt from the visit.

5.5. Visits by statutory and regulatory bodies

5.5.1. Visits by Care Quality Commission (CQC)

When the CQC announce their visit on site, this may be announced or unannounced. If announced there is time to prepare, however if not, the member of staff who greets them should advise the relevant executive, clinical lead or manager.

The director or representative will ensure the lead member of the visiting team is aware of the Trust's policy on visits and that the visiting team comply with the Trust's requirements in terms of confidentiality, security/DBS checks, safeguarding, infection control and privacy and dignity.

Out of hours the responsibilities will be assigned to the senior manager on call.

5.5.2. Visits by Healthwatch, Clinical Commissioning Groups, (CCGs), NHS England and NHS Improvement

If Healthwatch, CCGs, NHS England or NHS Improvement present themselves at a hospital or community service unannounced, the member of staff who greets them should introduce them to the most senior member of staff on duty. The most senior member of staff who greets them will be responsible for ensuring that the visit will not compromise patient care. This should include an assessment of whether a suitably senior member of the team can be freed up to escort the visiting team taking into account the acuity/dependency of the patients in relation to the number of staff and what else is happening in the clinical area, i.e. visits should not disrupt mealtimes, staff handover or administration of drugs.

The senior member of staff should ensure that the visitors are aware of the Trust's policy on visits and that all members of the team comply with the Trust's requirements in terms of security/DBS checks, safeguarding, infection control and privacy and dignity.

If the timing is not convenient, this should be conveyed to the visitor and an offer made to re-arrange. Staff must check that every patient is willing to be visited.

The senior member of staff should advise the communication team, division manager or clinical lead and the Trust patient safety team as soon as possible that the visit has taken place and any issues.

5.5.3. Contractors

Contractors are defined as external workers contracted by the Trust such as painters, decorators and engineers.

It is the responsibility of the Head of Estates to ensure that contractors and sub-contractors are DBS checked prior to working on Trust premises. The Estates Department should ensure that this is complete before allowing access.

All contractors should carry their own official ID badges and ensure they are worn at all times whilst on Trust premises. Contractors working in secure services must be aged 18 years or over, staff must ensure age is verified where there are doubts.

5.5.4. Volunteers, fundraisers, League of Friends

The Trust has a separate procedure for volunteers (Volunteer Policy). This includes fund raisers.

5.5.5. Other Visitors

Any chaplaincy or members of the clergy visitors who do not have a contract with the Trust should be treated as other visitors. This also refers to professionals from other organisations and Trust governors.

All visits by a Trust governor will be pre-arranged and accompanied by the appropriate manager.

From time to time staff may wish to invite other visitors to interact with service users for therapeutic purposes such as art groups, religious purposes, performing arts/music events etc. These occasions should be individually risk assessed, the Trust Patient Safety Team informed, and consideration given as to whether DBS checking is appropriate.

If the period of involvement is more than a one-off visit, it would be advisable that a DBS check is completed. The lead staff member should liaise with HR/Safeguarding and seek advice if required. Any visitor on an ad hoc, one off visit would not require a DBS check but should be escorted on Trust premises at all times.

5.6. Confidentiality

Prior to all approved visits, visitors will be informed by the communication team of the appropriate confidentiality and consent requirements for patients and staff as well as themselves and will be expected to abide by them during and after the visit.

This includes obtaining appropriate consent for all images, still and moving, for use in all media, including social media, to protect patient, staff and approved visitor identity.

5.7. Consent

Any patient who may be involved in a VIP/celebrity visit, e.g. they are on a ward/unit being visited should be notified and asked in advance of the visit whether they mind being approached and spoken to by the visitor.

If there is likely to be media present and/or photography or video captured, the patient will be asked if they consent to this and will be asked to sign a consent form prior to the event by the communication team in line with the Mental Capacity Act 2005 guidance for consent.

5.8. Staff conduct

Staff are representatives of the Trust and are expected to be professional at all times. During VIP and celebrity visits, staff should continue in their roles as usual while supporting the management of the visit where appropriate.

Approved official visitors to ward areas should always be greeted appropriately by staff and treated respectfully throughout the visit.

Staff would be expected to refrain from approaching celebrities or VIPs ad hoc during the visit (e.g. for autographs and pictures) as there will be a planned itinerary in place and potentially some personal security arrangements. Staff who want to be involved in a visit and meet the VIP concerned should put themselves forward for a role in the planning stage.

5.9. Raising concerns

If during any visit by VIP, a celebrity, approved visitors and others, the behaviour of the visitor or a member of their accompanying party gives cause for concern, then this should be raised at the time with the member of staff who is supervising them, or if not available the service manager. If the behaviour is highly inappropriate in nature, for example causing upset or distress to patients, then the person supervising the visit may in conjunction with others present, take the decision to bring the visit to an end. If this occurs, follow up action may be required, for example, informing the Safeguarding Team or Patient Safety Team as this may need reporting through safeguarding channels and incident reporting. Staff should also be aware of their statutory safeguarding responsibilities and the Trust Freedom to Speak Up guidance.

5.10. Breaches of policy

Staff who become aware of a breach of this policy are asked to raise the issue with their line manager in the first instance.

Line managers should seek to resolve the issue informally before escalating to Human Resources for further support if required.

If the breach in policy could affect the reputation of the Trust the communication team and Divisional General Manager or Clinical Lead must be informed.

6. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

7. IMPLEMENTATION

This policy will be disseminated by the method described in the Document Control Policy.

8. MONITORING AND AUDIT

Compliance with this policy will be monitored by:

Maintenance of Trust register of approved official visitors
Annual audit
Review of related Serious Incidents/Significant Events

9. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Solent NHS Trust VIP Visitor Policy, January 2019
Themes and Lessons Learned into the Matters relating to Jimmy Savile; Kate Lampard, published 26 February 2015
Leeds and York Visitors Partnership NHS Foundation Trust Visitors Access Policy, 1 September 2015
Buckingham Healthcare NHS Trust Approved Visitor Policy, 28 May 2015

10. ASSOCIATED POLICIES

Volunteer Policy
Freedom to Speak Up Procedure
Safeguarding Children Policy
Safeguarding Adult Policy
Physical Security of Premises and Other Assets Policy
Hull Safeguarding Children Board Guidelines and Procedures
Hull Safeguarding Adult Board Guidelines and Procedures
East Riding Safeguarding Children Board Guidelines and Procedures
East Riding Safeguarding Adult Board Guidelines and Procedures
North Yorkshire Safeguarding Children Board Guidelines and Procedures
North Yorkshire Safeguarding Adult Board Guidelines and Procedures

Appendix 1: Definitions

Approved Visitors

Those who have been invited or have been approved to visit the Trust, including any or all of its premises, for official purpose or for the benefit of patients, staff, the Trust or the NHS.

VIPs

National and International MPs, local elected representatives, ambassadors, royal family, patrons, civil servants.

Celebrities

Well-known personalities from TV, film and radio, sports personalities etc.

Media

Representatives of local, national and international media including journalists, photographers and camera crews.

Fundraisers/Benefactors

People who raise funds or donate money to the Trust.

Contractors

Defined as external workers contracted by the Trust to carry out specialist work within the Trust such as painters and decorators.

Volunteers/League of Friends

People working in the Trust on a voluntary basis to support the business of the Trust or generate financial support or present funds raised for the benefit of patients.

Trust Governors

The views of Trust members are represented by the Council of Governors. Governors give up their time voluntarily.

Appendix 2: Document Control Sheet Template:

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy for The Management Of Visiting Celebrities, VIPs And Other Official Visitors		
Document Purpose	To provide guidance to minimise risk to the safety and security of patients and staff arising from visits to the Trust by approved or invited visitors.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	26-Jan-22	Safeguarding Forum	
	26-Jan-22	QPAS Group	
Approving Committee:	OMG	Date of Approval:	January 2016
Ratified at:	Trust Board	Date of Ratification:	January 2016
Training Needs Analysis:	No training required	Financial Resource Impact	Nil
<i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>			
Equality Impact Assessment undertaken?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>]
Publication and Dissemination	Intranet [<input checked="" type="checkbox"/>]	Internet [<input type="checkbox"/>]	Staff Email [<input checked="" type="checkbox"/>]
Master version held by:	Author [<input type="checkbox"/>]	HealthAssure [<input checked="" type="checkbox"/>]	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	Policy to be made available on the Trust intranet		
Monitoring and Compliance:	Safeguarding Forum		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0		01/02/16	New policy
1.1	Review	10/12/18	Reviewed with minor amendments Inclusion of Trust safety team Clarity regarding consent
1.2	Review	Jan 22	Reviewed with Minor amendments Minor changes to wording, CRB updated to DBS. Job titles updated. Approved at QPAS 26 January 2021

Appendix 3: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Policy for the Management of Visiting Celebrities, VIPs and Other Official Visitors (N-028)
2. EIA Reviewer (name, job title, base and contact details): Kerry Boughen, Named Nurse safeguarding children, Headquarters, Willerby Hill
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service
To provide guidance to minimise risk to the safety and security of patients and staff arising from visits to the Trust by approved or invited visitors.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age	<p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	a) who have you consulted with
2. Disability		b) what have they said
3. Sex		c) what information or data have you used
4. Marriage/Civil Partnership		d) where are the gaps in your analysis
5. Pregnancy/Maternity		e) how will your document/process or service promote equality and diversity good practice
6. Race		
7. Religion/Belief		
8. Sexual Orientation		
9. Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	Low	
Sex	Men/Male Women/Female	Low	
Marriage/Civil Partnership		Low	
Pregnancy/Maternity		Low	
Race	Colour Nationality Ethnic/national origins	Low	
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	
Gender reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision.	
The policy does not focus on any one group, any one race, gender or religious or philosophical belief, but reflects the revised guidance for all patients and staff.	
EIA Reviewer: K Boughen	
Date completed: 26 January 2022	Signature: K Boughen