
VIP Visitor Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy outlines the Trust's process for VIP visits to ensure any risk to the safety and security of patients and employees is mitigated.
Document Type	<input checked="" type="checkbox"/> Policy
Reference Number	Solent NHST/Policy/ GO16
Version	Version 2
Name of Approving Committees/Groups	Policy Steering Group, Assurance Committee
Operational Date	January 2019
Document Review Date	January 2021
Document Sponsor (Job Title)	Chief People Officer
Document Manager (Job Title)	Head of Communications
Document developed in consultation with	Clinical Risk Manager Consultant Practitioner Safeguarding Adults Company Secretary Chief Nurse Communications Team Non-Executive Directors
Intranet Location	Business Zone / Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme / Policies and Procedures
Keywords (for website/intranet uploading)	Visitor, Access, Security, Approved Visitor, Media, VIP, Sanctioned Visitor, Volunteer, Dignity, Patient Safety, Staff safety, Wellbeing, Safeguarding, GO16

Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1		5	Pre-visit process to ensure non-executive directors are informed of planned visits.	
2		Various	Changes to terminology	
3		Various	Strengthen role of Communications Team in managing VIP visits	
4		8	Change in role job titles, inclusion of CEO	
5		11	Change to flow chart regarding unplanned visits out of hours	

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1		Head of Communications	Policy Group, Trust Board	
2	TBC	Head of Communications	Policy Group, Assurance Committee	

SUMMARY OF POLICY

- This policy outlines the approach the Trust takes to VIP visits.
- It outlines the Trust's process for VIP visits to ensure any risk to the safety and security of patients and employees is mitigated.
- It includes guidance for staff to follow prior to a VIP visit, when a VIP arrives at a premises, as well as during and post visit.
- The policy also includes guidance for staff to follow in the event that a VIP arrives at a service area outside of working hours.

Table of Contents

Item	Contents	Page
1	INTRODUCTION AND PURPOSE	4
2	SCOPE AND DEFINITION	4
3	PROCESS AND REQUIREMENTS	5
4	ROLES AND RESPONSIBILITIES	8
5	TRAINING	9
6	EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY	9
7	SUCCESS CRITERIA / MONITORING EFFECTIVENESS	9
8	REVIEW	9
9	REFERENCES AND LINKS TO OTHER DOCUMENTS	9
	Appendixes	
	Appendix 1: Approved visitor events – record of arrangements	10
	Appendix 2: Process flow chart	11
	Appendix 3: Equality Impact Assessment	12

VIP VISITOR POLICY

1. INTRODUCTION & PURPOSE

- 1.1 The purpose of this policy is to ensure there is no risk to the safety and security of patients and staff arising from visits to the Trust by approved or invited visitors such as very important persons (VIP) and celebrities, or media representatives. It is not concerned with celebrities/VIPs visiting people in a private capacity as a friend or family member, or patient. Such visits should be treated and managed like all other visitors unless there are specific security requirements identified.
- 1.2 The purpose of this policy is to ensure that there is no risk to the safety and security of patients or staff on the occasions of these visits to Trust premises by approved visitors.
- 1.3 All visits to the Trust by approved visitors must be organised and managed in accordance with this policy.
- 1.4 Failure to follow this policy could result in the instigation of disciplinary procedures.

2. SCOPE & DEFINITIONS

- 2.1 This policy applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), Non-Executive Directors, and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, Agency workers, and other workers who are assigned to Solent NHS Trust.
- 2.2 All policies must follow the template provided in Appendix 1 which includes the standard required wording.
- 2.3 The Trust aims to support and accommodate such visits wherever possible; however, we recognise our responsibility to maintain the safety, privacy, security and dignity during visiting of our patients, families and staff. It is also recognised that we need to ensure such visits do not have a detrimental effect on clinical care provided.
- 2.4 The Trust will take practical measures to ensure robust mechanisms are in place to organise and manage external safety and minimise disruption to services.
- 2.5 This policy recognises that most visits by approved visitors will be a one off event which means standard safeguarding arrangements such as DBS checks may be inappropriate. This may also be the case before or during an election (purdah) when politicians may arrange planned or unplanned visits to our premises.

DEFINITIONS

2.4 Approved visitors – are individuals or groups who are invited or who have approval to be on Trust premises for an official purpose or for the benefit of patients, staff, the Trust or NHS. These may include:

- **Very Important Person (VIP)** – Key stakeholders including national and international Ministers, local elected representatives, ambassadors, civil servants, overseas dignitaries, member of the Royal Family
- **Celebrities** – Famous/high profile figures from sport, TV, film or music who are considered well known to the public. This could also include costumed characters as these would be well known to children and young people.
- **Media** – Representatives of local, national and international media including journalists, photographers and camera crew.
- **Volunteers/Fundraisers** – people who work for the Trust in a paid or voluntary capacity to support the business of the Trust to generate financial support or present funds for the benefit of patients, carers, public and staff.
- **Public areas** – any location within the Trust that is accessible to the general public and does not have secure entry. These include reception areas and catering areas.
- **Clinical and restricted areas** – any areas of the trust in which clinical care is provided to inpatient or outpatients. This would include wards, theatres, departments and clinics. It also includes areas associated with healthcare or business of the Trust that has a secure door or requires a pass or member of staff to gain entry.

3. PROCESS/REQUIREMENTS

3.1 Pre visit

- 3.1.1 All requests, even if embargoed by the authorities, must be made to the Communications Team using the form in Appendix 1. The Communications Team will liaise with the relevant clinical area/ operations director to ensure that it is appropriate to visit the area on the proposed date/s.
- 3.1.2 The Communications Team will use their judgement in informing the relevant Executive Team member (including relevant Director) and informing the CEOs office, via the Company Secretary and the CEO's PA. The Company Secretary, or nominated deputy, may decide to inform the Non-Executive Directors, and the rest of the Board, of any high profile visits. The Communications Team will log all visits.
- 3.1.3 Prior to the visit, the VIP or celebrity visitor must advise the Communications Team of any infectious conditions they have been in contact with. If the Trust is notified of any infectious condition then the visit will be cancelled or postponed. All celebrities or VIP visitors will be advised in advance by the Communications team and during the visit by local clinical staff to make frequent use of the alcohol hand sanitizers to clean their hands when moving around clinical areas.

3.2 Arrival at Trust premises

- 3.2.1 When the approved VIP/celebrity visitor arrives at the Trust they will be met by a member of the Communications team. All approved visitors should be met at the main reception area so they can be escorted to the pre-arranged clinical areas where the visit will take place.
- 3.2.2 If a VIP or celebrity turns up without any prior notification, and is not a private visit to see a relative or friend who is a patient, the Communications team should be notified immediately. The visitor should remain in the reception area or at the ward nursing station until clear instructions (including chaperoning if necessary) have been given by the Communications team.
- 3.2.3 If a visit occurs outside normal working hours, or at the weekend, the local service leader should check with the senior ward staff or the on-call Director to ensure that it has been authorised, the visit logged by the Communications Team, and that arrangements for chaperoning have been made. They should also check with the clinical area involved that it remains clinically appropriate.

3.3 During visits

- 3.3.1 A member of the Communications Team and the service leader should remain with the approved visitor throughout the visit until they are escorted from the building.
- 3.3.2 Approved visitors who do not have appropriate checks and authorisation must not be left unaccompanied. In addition, any time they are in a patient's room they will be chaperoned by a member of the Communications Team and a member of staff from the ward.
- 3.3.3 The Trust representative will ask that all appropriate clinical protocols, including infection prevention and control are observed, by the VIP or celebrity visitor. The VIP will be asked if they have any infectious conditions.

3.4 Confidentiality

- 3.4.1 Prior to all approved visits the visitor will be informed by Communications 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.
- 3.4.2 This includes obtaining appropriate consent for all images, still and moving, for use in all media, including social media, to protect patients, staff and approved visitor identity.

3.5 Register of visitors

- 3.5.1 A central register of visitors will be maintained by the Communications team. Staff have the responsibility of advising the Communications team of any VIP visits using the form in Appendix 1.

3.6 Staff behaviour

- 3.6.1 Members of staff are reminded that as employees they are representatives of the Trust and are expected to behave professionally 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. Staff must refrain from taking photos, videos, requesting signatures or posting to social media accounts.

3.7 **Post visit**

3.7.1 Following the approved visit the Communications Team will ensure:

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

3.8 **Breaches of policy**

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

3.8.2 Line managers should seek to resolve the issue informally before escalating to People Services for further support if required.

3.8.3 If this policy could affect the reputation of the Trust the Communications team should be notified and the and an incident should be recorded on Ulysess.

3.9 **Major incidents**

3.9.1 During the response to an incident or during the recovery stage, visits by VIPs can be anticipated. A Government minister may make an early visit to the scene or areas affected to mark public concern and to report to Parliament on the current situation.

3.9.2 Depending upon the scale of the incident, visits by members of the Royal Family and Prime Minister may take place. Local VIP visitors may include religious leaders, local MPs, mayors and local authority leaders.

3.9.3 If foreign nationals are involved, their country's Ambassador, High Commissioner or other dignitaries may visit. Visiting ministers and other VIPs will require comprehensive briefing before the visit and will require briefing before any meetings with the media.

3.9.4 VIPs are likely to want to meet patients who are well enough and prepared to see them. This will be dependent upon medical advice and respect for the wishes of individual patients and their relatives.

3.9.5 In the case of such visits to hospitals it is common for VIP interviews to take place at the hospital entrance to cover how patients and medical staff are coping.

- 3.9.6 The Trust representatives, including a member of the Communications team and the local service leader, should remain with the approved visitor throughout the visit.

4. ROLES & RESPONSIBILITIES

4.1 Chief Executive

- The Chief Executive has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to. Operational accountability for policy management is delegated to the Associate Director of Corporate Affairs and Company Secretary.

4.2 Chief People Officer

- To liaise with Head of Communications, and other colleagues as appropriate, to develop and maintain the approved visitors policy and ensure it is delivered appropriately.

4.3 Head of Communications is responsible for:

- Providing advice in this area to the Executive Team
- Managing and handling of approved official visits to the Trust
- Maintaining the Trust register of approved official visitors
- Ensuring all celebrity/VIP visits are handled effectively and responsibly
- Providing briefings to the Executive team or lead Director and other internal and external stakeholders, as appropriate, on media activity and celebrity/VIP visits and their potential impact
- Alerting the Executive team to all VIP/celebrity visitors to the Trust

4.4 Chief Nurse is responsible for:

- Patient safety and providing advice in this area to the Head of Communications

4.6 Managers are responsible for:

- Ensuring employees are aware of this policy and that it is implemented in their area
- Taking appropriate action if the policy has not been adhered to

4.7 Staff

- Must act in accordance with this policy and support visits to their area by representing the Trust by checking for identification/authorisation where appropriate and acting professionally at all times
- Act in accordance with all policies to maintain staff, patient and approved visitor confidentiality

5. TRAINING

Line managers will be required to ensure that their respective staff are made aware of this policy when this is cascaded through usual dissemination routes.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

An Equality Impact Assessment has been completed on this policy and there were no equality issues identified (see Appendix 3).

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Compliance with this policy will be monitored by the Head of Communications and Company Secretary. Where risks are identified in advanced, a mitigation plan will be devised by the Head of Communications in conjunction with the Clinical Risk Manager and any other relevant staff.

7.2 Where incidents are reported during and after an event action plans will be developed to prevent recurrence and the policy will be reviewed and updated, as appropriate.

8. REVIEW

This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed on a three yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

Sir David Nicholson letter to all NHS organisations in light of the recent abuse allegations against Jimmy Savile DH Gateway number: 18350 13 November 2012.

- Security policy
- Safeguarding Children Policy
- Safeguarding vulnerable Adults Policy
- Risk Management Framework
- Confidentiality Policy
- Chaperoning Policy
- Volunteer Policy
- Major incident policy
- Media policy
- Anti-Terrorism Policy

Approved visitor events – record of arrangements

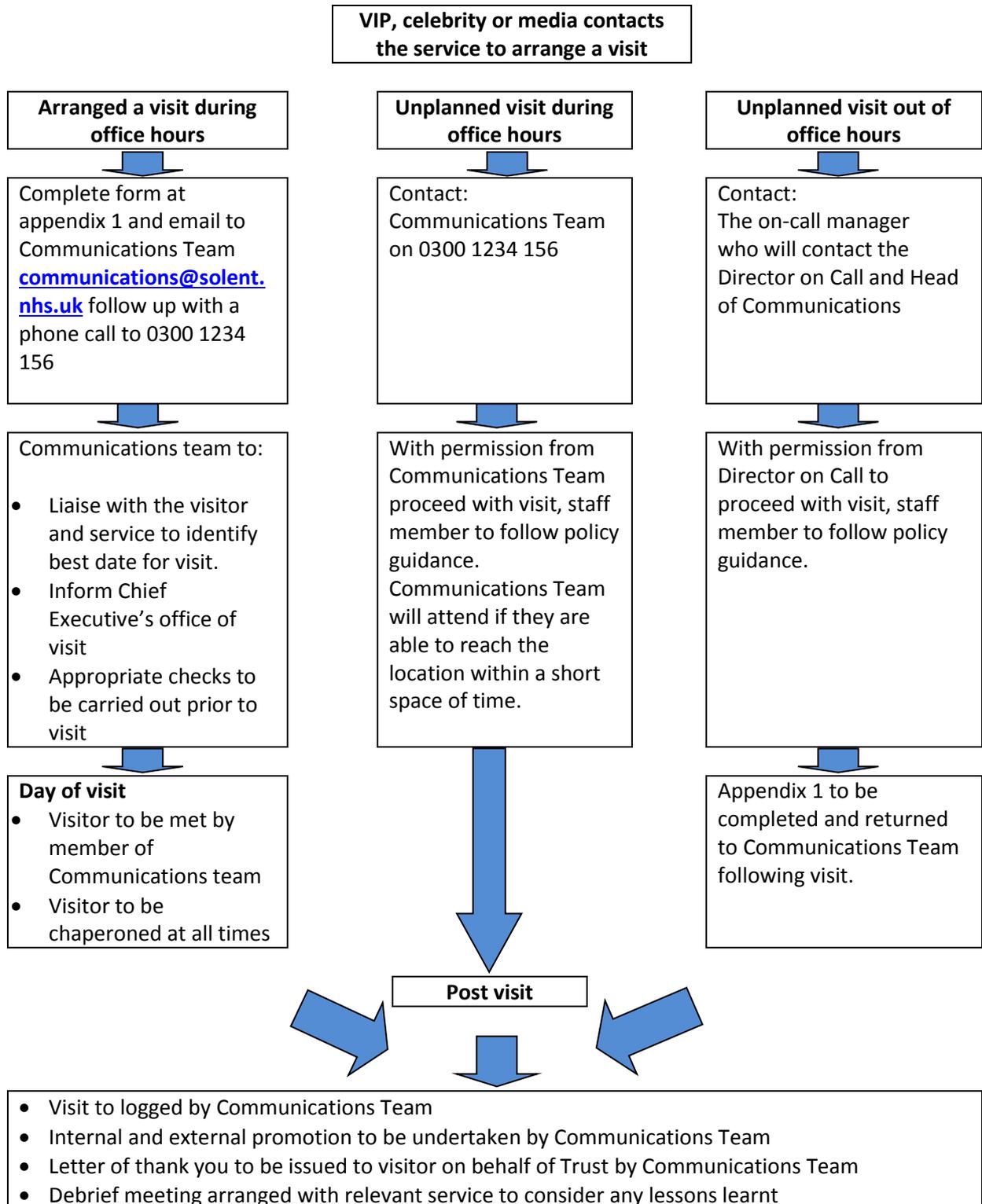
One form to be completed for each visit or agreement for longer term access. Once completed the form should be emailed to communications@solent.nhs.uk.

The Communications Team is responsible for completing details for corporately led or managed visits. Details for locally managed and agreed visits to be notified by services, using the form, to the Communications Team.

Names of clinical service area or corporate department	Name of clinical service area/corporate department
Location of visit	Speciality or ward/department
Date and time of visit	dd/mm/yyyy
Authorisation	Name and job title of person authorising visit
Trust representative from service	Name and job title of person accompanying approved visitor
Approved visitor/s	Name of visitor/s
Role of visitor	Include a summary of the role of visitor
Purpose of visit	Summary of details
Details of visit	e.g. itinerary or schedule
Risk assessment	Supplementary sheet if appropriate
Unmitigated risks	Please list any
Incident reporting	List and reference report of any incidents occurring
Sign off	Form should be signed by authorising person or be Trust representative who accompanied approved visitor

Appendix 2

What to do when a VIP contacts your service to arrange a visit. or arrives at your service to visit



Appendix 3

Equality Impact Assessment

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	To provide clarity to staff on the process that needs to be followed when a VIP/celebrity or media wish to visit the Trust		
2. Who will be affected by it?	All employees of Solent NHS Trust		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	To ensure that all VIP visits are effectively monitored.		
4. What information do you already have on the equality impact of this document?	N/A		
5. Are there demographic changes or trends locally to be considered?	N/A		
6. What other information do you need?	N/A		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		x	Applicable to all staff
2. Can any group benefit or be excluded?		x	All groups benefit from this policy
3. Can any group be denied fair & equal access to or treatment as a result of this document?		x	N/A
4. Can this actively promote good relations with and between different groups?	x		
5. Have you carried out any consultation internally/externally with relevant individual groups?	x		Communication Team Clinical Risk Manager Non-Executive Directors
6. Have you used a variety of different methods of consultation/involvement	x		Email consultation
<u>Mental Capacity Act implications</u>		x	

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		x	
<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?	X		Reputation, climate
9. Are there any external implications in relation to this policy?	X		Reputation
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?	X		Patients/ service users

If there is no negative impact – end the Impact Assessment here.

<u>Step 3 - Recommendations and Action Plans</u>	Answer
1. Is the impact low, medium or high?	Low
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
<u>Step 4- Implementation, Monitoring and Review</u>	Answer
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
<u>Step 5 - Publishing the Results</u>	Answer
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	