Trust Policy	NHS University Hospitals Plymouth NHS Trust

VIP and Non-Patient Visiting Policy

Issue Date	Review Date	Version
August 2021	**August 2024**	**2**

Purpose

The purpose of this policy is to ensure that authorised non-patient related visitors are welcomed to the Trust whilst recognising our responsibility and commitment to *Put Patients First*. This policy sets out how authorised visits will be managed so that they do not infringe upon the safety, security, dignity and confidentiality of patients, families and staff. We recognise the need to ensure any such visits do not have a detrimental effect on clinical care or the organisation's reputation.

Who should read this document?

All staff responsible for organising visits by non-patient related visitors.

Stakeholders, VIPs and external visitors to the Trust (excluding patients and relatives).

Key Messages

The policy requires that one-off or very short-term approved official visitors are accompanied throughout their visit to the Trust. This is because there is a possibility of contact with vulnerable patients/visitors and access to confidential and sensitive records. Patients' privacy and dignity must be upheld in all circumstances.

Visits to local departments by individuals or groups who are invited or who have approval for an official purpose should be undertaken in line with the flow diagram shown on p3.

Where approved official visitors are in the Trust for extended periods of time, such as documentary film crews, or visitors here on repeated occasions, such as a charity patron, they must be appropriately checked and authorised. This should be done under the direction of the Communications Team, and accompanied by a staff member as per the diagram on p3.

Consent for any images taken either by staff or visiting media, must be received in writing from current patients who are going to be photographed or filmed, using the appropriate consent form available from the Communications Team. Where a patient cannot give consent for reasons of physical or mental incapacity, photography/filming should be avoided.

All visits by media, VIPs or celebrities are to be managed under the direction of the Communications Team because of the high profile they can attract (and the potential for reputational risk to the Trust).
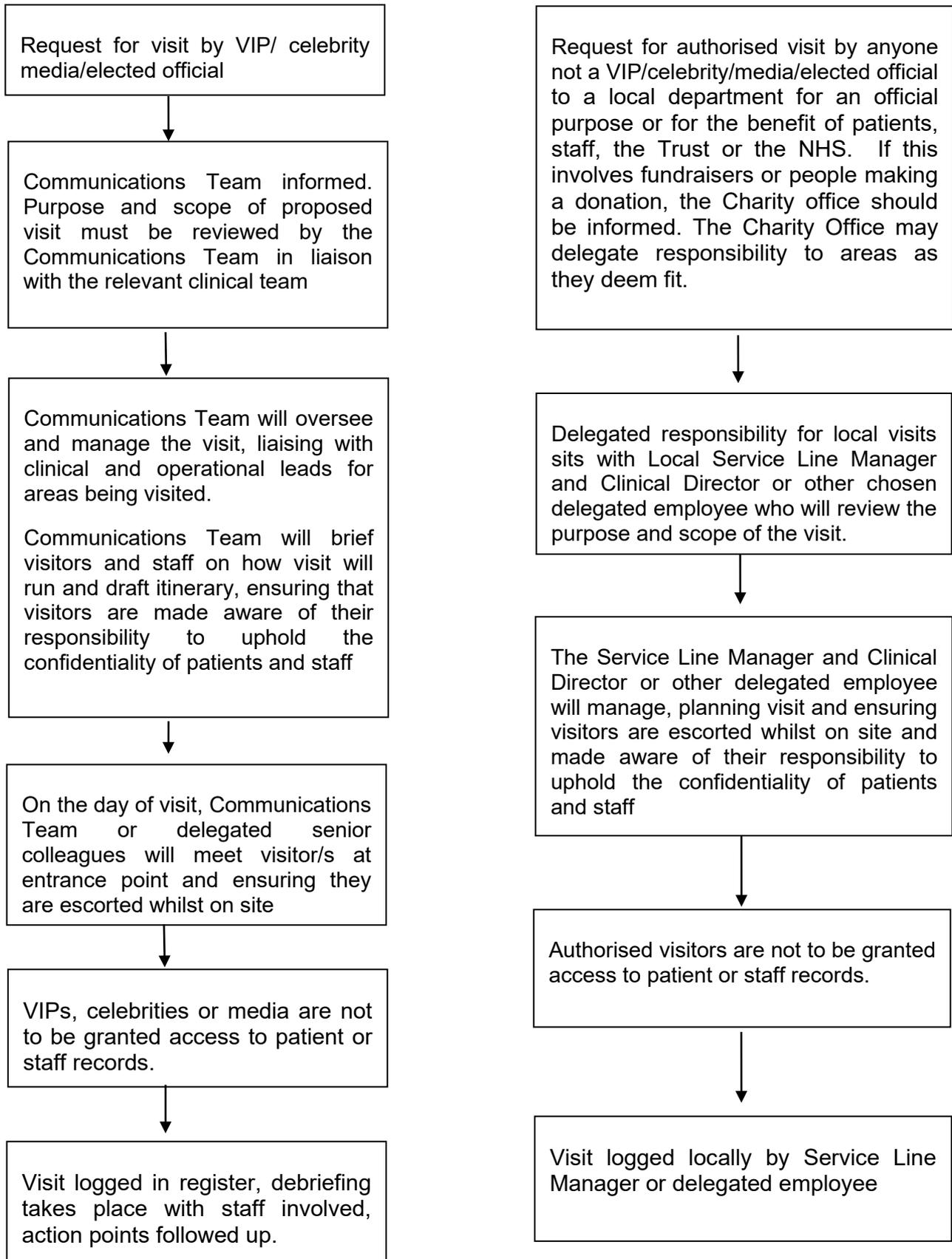
Core accountabilities

Owner	Head of Communications
Review	Trust Management Executive
Ratification	Ann James

Dissemination	Head of Communications
Compliance	Head of Communications

Links to other policies and procedures
Confidentiality Policy
Staff Media Policy
Advertising and Sponsorship Policy

Version History		
1	July 2018	Approved by Director of Corporate Business
2	August 2021	Reviewed and updated

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

Visits to University Hospitals Plymouth NHS Trust

Request for visit by VIP/ celebrity media/elected official

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Communications Team informed. Purpose and scope of proposed visit must be reviewed by the Communications Team in liaison with the relevant clinical team

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Communications Team will oversee and manage the visit, liaising with clinical and operational leads for areas being visited.

Communications Team will brief visitors and staff on how visit will run and draft itinerary, ensuring that visitors are made aware of their responsibility to uphold the confidentiality of patients and staff

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On the day of visit, Communications Team or delegated senior colleagues will meet visitor/s at entrance point and ensuring they are escorted whilst on site

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VIPs, celebrities or media are not to be granted access to patient or staff records.

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Visit logged in register, debriefing takes place with staff involved, action points followed up.

Request for authorised visit by anyone not a VIP/celebrity/media/elected official to a local department for an official purpose or for the benefit of patients, staff, the Trust or the NHS. If this involves fundraisers or people making a donation, the Charity office should be informed. The Charity Office may delegate responsibility to areas as they deem fit.

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Delegated responsibility for local visits sits with Local Service Line Manager and Clinical Director or other chosen delegated employee who will review the purpose and scope of the visit.

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The Service Line Manager and Clinical Director or other delegated employee will manage, planning visit and ensuring visitors are escorted whilst on site and made aware of their responsibility to uphold the confidentiality of patients and staff

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Authorised visitors are not to be granted access to patient or staff records.

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Visit logged locally by Service Line Manager or delegated employee

Contents

1   Introduction

A range of stakeholders have a strong and legitimate interest in University Hospitals Plymouth NHS Trust. We aim to promote good working relationships with external organisations, so that they can hold us to account appropriately, represent the interests and views of their constituents and the public, build public confidence in the management and delivery of services, and support our staff in their work.

We also value visits from high profile individuals and organisations, to indicate their support for our patients and our work, perhaps by making charitable donations.

In line with one of our core values, *Putting Patients First*, protection of our patients is our first priority. It is essential that staff have guidance on how to minimise the risk to our patients from authorised external visits to our hospitals. These risks include:

- Risks to the provision of high quality clinical care, for example through distracting staff, creating noise or taking up space
- Risks from individuals who may abuse patients, visitors or staff or steal from them.
- Risks to patient dignity and privacy, and to their confidentiality.
- Risks to reputation from visitors not being properly guided through a visit by the correct members of staff.
- Potential risks to visitors themselves, for example, VIPs or high profile individuals attracting crowds whilst on site, or their privacy being invaded.

The development of this policy has been informed by the Lampard/Marsden report 'Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile'.

2   Purpose

This policy sets out best practice to protect our patients, visitors and staff from any risks associated with authorised external visitors to our hospitals.

The purpose of this policy is to

- Ensure robust arrangements are in place to organise and manage authorised external visits by non-patient visitors (see inclusion criteria below) so that any risk to the safety, security and confidentiality of patients and staff is mitigated.

- Provide advice to staff on the process to be followed should such a request be received.

3   Definitions

What kind of visitors does this policy cover?

Approved visitor	Individuals or groups who are invited or who have approval for an official purpose or for the benefit of patients, staff, the Trust or the NHS.
VIP	Key stakeholders including Member of Parliament or elected representative, overseas dignitary, member of the Royal Family

Volunteer fundraisers and donors	People who giving their time voluntarily to support the Trust's charity or associated charities, making a donation in money or kind or enquiring about doing so.
Celebrity	Famous/high profile figure who might be well known to the public and therefore to patients and their families; also includes costumed characters as these would be well known to children and young people.
Media	Journalists or other representatives of print or broadcast media organisations i.e. newspapers or television. This category will also include associated technical or creative people such as camera / sound crews, or photographers.

What kind of visitors does this policy NOT cover?

Patient visitors	People visiting their loved ones of friends in hospital.
VIP patients	VIPs who are admitted to hospital in an emergency situation
Volunteer workers	Volunteer workers and work experience students are covered by a separate policy.
Professional inspectors/peer review teams	Professional inspectors/peer review teams will be managed through the appropriate operational and service line structure, as will colleagues from another trust on professional business.
Visiting clinicians	Visiting clinicians from another NHS body who have an honorary contract with PHNT will be managed through the appropriate clinical and service line structure.
Contractors	Contractors to the Trust who are covered by a separate procedure managed through the Director of Estates and Facilities.
Sales representatives	These will be managed by Procurement and the department being visited.

4	Duties

The **Chief Executive** holds overall responsibility on behalf of the Trust as the Accountable Officer; responsibilities include ensuring:

- the protection of our patients and their visitors
- the aims and objectives of this Policy are met
- the Trust duty of care to protect personal information and images is met

The day to day strategic and operational functions of executing these duties in relation to communications are delegated to the **Head of Communications** and the Communications team. The Communications team will liaise with external visitors to ensure visits are arranged appropriately, keep a log of external visitors to the hospitals, they will accompany visitors for communication purposes at all times (or make suitable arrangements so that they are accompanied).

The **Director of People** is responsible for ensuring appropriate systems exist to manage staff investigated under this Policy, ensuring they are dealt with fairly, equitably, consistently and that current employment legislation and good practice are taken into account.

The **Charity Development Manager and team** is responsible for organising all visits for fundraising purposes under the direction of the Head of Communications and ensuring they comply with the policy, particularly to ensure that all donations to wards and other clinical areas are made appropriately and that external donors or VIPs involved in fundraising work are accompanied at all times.

The Local Security Management Specialist (LSMS) is responsible for management of our security arrangements and overseeing the work of our security team. The LSMS is also responsible for access control to secured areas of the hospitals.

Lead clinicians and Managers are responsible for:

- notifying the Communications Team of any planned external visits in their area, with the exception of routine supplier or peer visits, which can be managed locally
- advising whether the visit is appropriate for their area, and whether the visit can be appropriately supported with staff to supervise the visitors
- ensuring that external visitors are accompanied at all times
- identifying whether there are any concerns about the visit, and escalating these concerns so that action is taken
- understanding this Policy and ensuring it is made available to staff in their area
- promoting the Policy locally
- ensuring local implementation
- ensuring action is taken under this Policy where standards are breached

All staff are responsible for:

- understanding this Policy
- adhering to the standards in the Policy
- alerting Security and the Communications team to the presence of VIPs or external visitors on site (excluding those who are visiting friends and relatives)
- protecting the confidentiality of patients from visitors and raising any concerns about the wellbeing of patients at risk from external visitors.

5	Principles and Process

Our first concern is to protect patient care, and the needs of patients are paramount. Staff must bear in mind the vulnerability of patients, protecting them from being exposed to disruption, disturbance and in very rare instances, from harm. Visitors may not be aware of good practice in being in a clinical area, and will not have undergone the same safeguarding checks as staff.

Visits to clinical areas where patients can be seen should be kept to a minimum. For example, if someone is coming to make a donation, they can do so just outside the entrance to the ward where photographs can be safely taken or in a staff/day room not in use by staff or patients at that time.

Clinical staff are empowered to directly challenge the identity of any individual in a clinical environment, and to deny access where there is no prior authorisation or immediately clear reason for the individual to be present. If staff have concerns the security team should be contacted.

This policy recognises that many 'approved' visits are organised as 'one-off' events so that standard safeguarding arrangements such as DBS checks might not be appropriate. The visitor must, though, be accompanied at all times by an appropriate member of Trust staff.

All visits by fundraisers or those wishing to make a donation must be done in agreement and with the advice of the Charity Office. They will report to the Head of Communications or Communications Manager with respect to this.

Repeat visits

If regular and repeat visits are requested, a further scoping exercise must be undertaken. A decision will then be taken as to the appropriateness of ongoing visits, together with the status of the individual or group.

For example it may be appropriate to issue an honorary contract following appropriate employment checks, or to enrol the visitor to Trust Volunteer status, in which case relevant employment checks will also be undertaken. In these cases it will be appropriate for the visitor to be given an identification badge.

Planning of visits

Requests from stakeholders such as politicians, local councillors, patient groups, overarching NHS bodies etc, will normally be made to the Chief Executive's office or the Communications team. If a manager or department receives a request for a stakeholder or VIP visit directly, they should refer this request to the Communications Team who will advise accordingly.

Visits will be planned in liaison with the senior clinician and manager responsible for the clinical area concerned. These plans will set out how disruption to normal business can be minimised and patients protected during the course of the visit. Visitors will be briefed in advance of the visit and advised as to how they will be asked to conduct the visit to minimise disruption to patients and clinical care. The Executive team will be notified and details of the visit will be circulated in advance to senior managers where this is of interest and assistance with planning. Security will be notified where appropriate. A senior member of staff will be assigned to accompany the visitor/s whilst on site.

Before agreeing to a visit, the Communications Team (or the Fundraising Team where this is in connection with fundraising or a donation), in conjunction with the Executive team and lead clinician for the service will consider the appropriateness of the visit. We have to balance general interest in the work of health services against the need to protect patients and their privacy, and minimise disruption and distraction to the work of staff. We will turn down requests for visits where the benefits to the visitor exceeds the cost to the Trust and our patients. Examples where refusal may be appropriate include:

- Where this would cause undue disruption
- where the safety and confidentiality of our patients cannot be assured
- where the visit is for an external visitor's personal or business gain only
- where the nature of the visit conflicts with the Trust's advertising and sponsorship policy

Departments may organise their own visits (for example, colleagues from a partner organisation), adhering to the principles set out in the flow diagram.

When planning visits the following must be considered:

- Visitors must be accompanied or chaperoned at all times during their visit.
- The number of visitors and the type of area they are visiting. A ratio of one member of staff to four visitors should be maintained.

- Due regard should be paid to the Mental Capacity Act when considering requests and planning any visit which is likely to include service users who lack capacity to consent to the visit.
- Visitors should not visit during patients protected mealtimes.
- Visitors should be advised, preferably in advance, that patients and their own visitors are entitled to full confidentially: unless specific consent is given by the patient, identities and circumstances of the people met during the visit are not to be disclosed upon leaving the hospital. Should the visit be concerned with media/ film makers there are clear written consent procedures to be followed which the Communications Team will lead.
- All children's entertainers should be accompanied at all times.
- Visitors wishing to make a donation or fundraisers must organise their visit in liaison with the Trust Charity office.

Procedure during visits

On arrival at our hospitals, visitors will be greeted at the reception desk or other entrance by their host member of staff.

Visitors will be given a briefing on how they can minimise risk to patients during the course of the visit. This will cover the need for them to be accompanied at all times during their visit to non-public areas. The briefing will cover any particular considerations around the area to be visited to protect both patients and the visitor. It will cover usage of mobile phones and photography.

A final check should be made to ensure the clinical area is still able to receive the visitor ie there is no clinical emergency in progress and the infection control status is unchanged.

Patients in the clinical area must be advised of the visit by a senior clinical person on duty or other delegated employee (for example the Play Team staff) and given the opportunity to decline an approach from the visitor. Consideration will be given to those who lack capacity to consent in which case it may be appropriate to discuss with the next of kin.

Visitors must:

- be accompanied at all times and hosted by a senior member of staff
- be logged in either using the Communications VIP/celebrity/elected official registrar or within the Charity Office (for fundraisers) or locally with departments
- accompanied by at least one member of staff to four visitors
- must not place patients at risk
- keep groups small and restricted to necessary people only
- abide by infection control guidelines, including hand washing and remaining bare below the elbows in clinical areas wherever possible
- keep noise to a minimum and be unobtrusive
- respect patients' right to privacy and protect their dignity
- treat patients and their visitors with courtesy and respect
- be aware that photography during their visit must be overseen by a member of staff in line with the advice and forms issues by the Communications Team
- have respect for confidentiality, and not disclose any personal or sensitive information without the consent of the individual concerned or through following safeguarding procedures
- cooperate with requests from staff, patients and their families, and comply with all operational or health and safety requirements
- accept the guidance of staff on operational constraints around visiting
- spend the minimum of time in busy clinical areas
- refrain from political or campaigning activity while on the premises

- not take any pictures or recordings, without the approval of the Communications Team and the consent of any patients or staff involved (the filming and photography protocol must be followed).
- not bring in members of the media or any other organisations without the prior consent of the Communications Team.
- Public bodies and their representatives are expected to abide by their own code of conduct and principles, including for example the Nolan principles on public life.

During the visit, visitors may wish to speak to patients and visitors as well as staff. There is no formal requirement for patients and their visitors to engage with external visitors to the Trust, but they should be encouraged to share their views and experiences if they wish. Particular care should be exercised if visitors want to visit patients at their bedside. This should take place only with the consent of the patient and supported by the nurse or manager in charge. The visitor must be supervised in doing so by the visit host.

VIPs may arrive with their own staff and a large party. Each member of the entourage must be supervised at all times. The visit host must ensure that the ratios of staff to visitors are appropriate, with a minimum of one member of staff to four visitors. Visits to clinical areas must be kept small and restricted to necessary personnel only. Other members of the party should be provided with an area where they can wait, supervised and preferably in the public areas of the hospital. Members of staff should remain vigilant to the movements of the party at all times.

4.3 Concerns during visits

Staff who have concerns about the behaviour of any external visitors, or have a concern raised to them by a patient or visitor, should raise these immediately. Examples of concerns could be: that a visit is compromising effective provision of services, patient privacy and dignity is compromised, that the visitor is unaccompanied or inadequately supervised, or that appropriate identification and authorisation has not been shown.

In the event of a member of staff or patient raising a concern over a visit, this should be reported immediately to the visit host, who will be a Trust senior clinician/manager or the Communications Team. If concerns remain, Security and the Chief Executive's Office should be notified. Under no circumstances should the VIP status of any individual or organisation be used as a reason for inaction or to discourage an individual from expressing concern.

If a concern cannot be resolved locally, staff should notify a senior member of staff immediately, and if necessary, call Security.

If anyone has any safeguarding concerns they should follow the Trust's safeguarding policy and contact the Safeguarding Team for advice.

6	Overall Responsibility for the Document

The Head of Communications is responsible for the maintenance of this policy.

7	Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Trust Management Executive and ratified by the Director of Corporate Business.

Non-significant amendments to this document may be made, under delegated authority from the Director of Corporate Business, by the nominated author. These must be ratified by the Director of Corporate Business and should be reported, retrospectively, to the approving Trust Management Executive.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

| 8 | Dissemination and Implementation |

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

| 9 | Monitoring Compliance and Effectiveness |

- Compliance with this policy will be monitored by the Communications Team, under the direction of the Head of Communications. All visits must be logged and the registrars kept of inspection. Any shortfalls in the implementation of the policy will be reported to the Director of Corporate Business. If appropriate a review will be undertaken and any subsequent learning shared with the department involved and the wider trust.

- It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

| 10 | References and Associated Documentation |

- Lampard/Marsden report 'Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile'.

Dissemination Plan and Review Checklist	Appendix 1

Dissemination Plan	
Document Title	VIP and Non-Patient Visiting Policy
Date Finalised	August 2021

Previous Documents	
Action to retrieve old copies	

Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff		IG StaffNet Page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	
	Does the style & format comply?	
Rationale	Are reasons for development of the document stated?	
Development Process	Is the method described in brief?	
	Are people involved in the development identified?	
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	
	Is there evidence of consultation with stakeholders and users?	
Content	Is the objective of the document clear?	
	Is the target population clear and unambiguous?	
	Are the intended outcomes described?	
	Are the statements clear and unambiguous?	
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	Does the document identify which committee/group will review it?	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	
	Is the frequency of review identified? If so is it acceptable?	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	

Equalities and Human Rights Impact Assessment	Appendix 2

Core Information

Date	August 2021
Title	VIP and Non-Patient Visiting Policy
What are the aims, objectives & projected outcomes?	This policy has been written to assist all staff in hosting safe visits from VIPs and non-patient visitors, ensuring visits do not interfere with clinical care and that patients' safety and confidentiality is upheld at all time.

Scope of the assessment

All protected characteristics have been considered when developing the policy.

Beneficiaries/stakeholders of this policy include all staff covering all protected characteristics.

The policy and EIA has been developed by:

Head of Communications

Collecting data

Race	There is no evidence to suggest that there is a disproportionate impact on race regarding this policy.
Religion	There is no evidence to suggest that there is a disproportionate impact on religion regarding this policy.
Disability	There is no evidence to suggest that there is a disproportionate impact on disability regarding this policy.
Sex	There is no evidence to suggest that there is a disproportionate impact on sex regarding this policy.
Gender Identity	There is no evidence to suggest that there is a disproportionate impact on gender regarding this policy.
Sexual Orientation	There is no evidence to suggest that there is a disproportionate impact on sexual orientation regarding this policy.
Age	There is no evidence to suggest that there is a disproportionate impact on age regarding this policy.
Socio-Economic	Data for this protected characteristic is not currently collected, however, reported incidents will be monitored through the Trust's social networking process.
Human Rights	

What are the overall trends/patterns in the above data?	No trends or patterns identified at this stage

Involving and consulting stakeholders	
Internal involvement and consultation	Safeguarding Lead Charity Development Lead Play Service Level 12
External involvement and consultation	
Impact Assessment	
Overall assessment and analysis of the evidence	

Action Plan				
Action	Owner	Risks	Completion Date	Progress update

Specific issues and data gaps that may need to be addressed through consultation or further research	

Related reading:

Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile
published by the Department of Health 2015