

# VIP and Celebrity Visitor Access Policy

## (Approved Official Visitors to LPT)

Ensuring risk to the safety and security of patients and staff arising from visits to LPT by approved or invited VIPs and celebrities is minimised.

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.1	6/5/2015	Draft for comment
1.2	26/5/2015	Updated draft for comment
1.3	24/8/2015	Updated draft with Equality Impact Assessment
1.4	21/1/2016	Updated draft following consultation
1.5	22/4/2016	Updated after feedback
2.0	28/1/2020	Renewed draft circulated
2.1	29/9/20	Updated draft following feedback
2.2	2/10/20	Updated version following feedback
2.2	6/10/20	Updated version includes NHS constitution, PIA and CQC fundamental standards

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### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

### Due Regard (All policies must be screened)

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the

Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

Please refer to Appendix 6 (screening template) which provides a detailed overview of the due regard undertaken in support of this activity.

## Definitions that apply to this Policy

<b>Approved visitor</b>	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, by a member of the executive team or communications team.
<b>VIP</b>	Key stakeholders including Ministers of State, Members of the House of Commons and House of Lords, Member of Parliament or elected representative (also refer to External Visits policy), overseas dignitary, member of the Royal Family
<b>Celebrity</b>	<p>Patients and visitors who are not necessarily famous but who are in the public eye, and who may be recognised by members of staff or public and who may attract media attention, for instance, a TV celebrity, a professional footballer, a public figure, a costumed character or mascot, or Category A prisoners who pose a risk to themselves or others.</p> <p>If in doubt, staff should assume the individual is a VIP, or a patient with enhanced privacy requirements and act according to this guidance.</p>
<b>Media</b>	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. To be handled as per the LPT media handling guidelines and not this policy.
<b>Volunteers/ fundraisers</b>	People who are working in the Trust on a paid or voluntary basis to support the business of the Trust or to generate financial support or present funds raised for the benefit of patients, staff or the Trust.

## 1.0 Summary

1.1 The purpose of this policy is to ensure that risks to the safety, security and confidentiality of patients and staff arising from visits to LPT by approved or invited visitors such as Very Important People (VIPs) and celebrities, or one off volunteers and fundraisers not DBS checked by LPT, are controlled and reduced wherever possible.

1.2. The policy requires that one-off or very short-term approved official visitors are always accompanied throughout their visit to the Trust as there is a possibility of contact with vulnerable patients/visitors.

1.3 The trust's executive team and communications team must be made aware of any plans for a VIP visit to the Trust's premises. No invitation to visit the Trust's premises may be issued without the prior permission of a member of the executive team or the head of communications (HoC). This is to ensure that appropriate steps are taken in advance of the visit to ensure it is properly managed in line with this policy and with the Trust's media guidelines for safeguarding and reputation management.

1.4 A plan must be drawn up in advance of the VIP's arrival wherever possible, that will include details of where they will be taken and who will accompany them at all times. The plan should be drawn up by the relevant service in association with the head of communications or by a member of the communications team to whom they delegated the task, and signed off as appropriate by an executive member.

1.5 Where approved official visitors who are in the Trust for extended periods of time, such as documentary film crews, or who are here on repeated occasions, such as a charity patron or celebrity linked with a particular service, they must be appropriately checked and authorised, by the communications team, and accompanied by a staff member as per the diagram on page 13.

1.6 All visits by media, VIPs or celebrities are to be handled and managed by the LPT communications team because of the high profile they can attract (and the potential for reputational risk to the Trust). Any requests for celebrity or VIP visits must be referred to and approved by or organised by the communications team. Visit supervision may be delegated to local clinical teams if appropriate, alongside the clinical lead for the service (user) in question.

1.7 If a VIP or celebrity attends the Trust without any prior notice then the communications team must be notified immediately, or the on-call director if it is out of hours. The visitor should be held in reception until a member of the communications team, or other LPT senior employee delegated by the team, arrives to assess reputational and patient risk with the clinical team in question.

1.8 All visitors must agree to terms agreed by the communications team and exec lead, and reflect this agreement by completing the disclaimer form (Appendix 2).

1.9 VIPs, celebrities or media are not to be granted access to patient records; staff must comply with the Record Keeping and Care Planning Policy. Desks are to be cleared of any paperwork and an IG review carried out around the area to be visited to ensure there is no patient or staff data visible. A confidentiality agreement is to be signed by the visitor as per Appendix 3.

1.10 Where a VIP or celebrity wants to attend a patient's property, the service, in liaison with the communications team, must obtain the patient's prior consent. If the patient or carer is unable to give consent the visit is not to take place. It is the responsibility of the staff accompanying the visitor to ensure relevant consent and privacy forms are completed by the VIP/Celebrity prior to the visit (Appendix 2 and 3). Any media consent will be handled by the communications team in line with the Media Handling Guidance.

1.11 Any VIP visits covered by this policy must be logged in the LPT Register of VIP Visits by the communications team following authorisations (see Appendix 4)

1.12 This policy will be circulated to all staff and made available on the Trust's public website. Managers are responsible for alerting their staff to the existence of this policy and ensuring the guidelines are shared and followed. It is the responsibility of individual members of staff to read and consult these documents. Members of the Communications team will share this with relevant members of clinical/operational staff when plans are made for a visit of the type described in this policy.

## **2.0 Introduction**

2.1 The Trust arranges visits by celebrities and VIPs from time to time and provides access to a range of services including inpatient areas and community bases. Celebrity and VIP visits can play a positive role in promoting our services, enhancing patients' experience and motivating staff. They can also be linked to our charitable work, again raising the profile of the projects/appeals in question. Positive media coverage is important in building the Trust's profile and maintaining public confidence in the Trust, in our charity and in the NHS.

2.2. The Trust aims to support and accommodate such visits wherever possible; however, we recognise our responsibility to protect the safety and security as well as the privacy and dignity of patients, families and staff. We also recognise the need to ensure any such visits do not have a detrimental effect on our clinical care or reputation.

2.3 Therefore, the Trust will take practical measures to ensure robust arrangements are in place to organise and manage external VIP and celebrity visits safely and minimise disruption.

2.4. 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. However, it also covers circumstances where certain groups or individuals have long-term or ongoing relationships with the Trust, such as dedicated

fundraisers or campaigners, VIP sponsors/supporters or celebrity patrons (see 4.7.2).

### **3.0 Purpose**

3.1 The purpose of this policy is to ensure that risk to the safety, security and confidentiality of patients and staff arising from visits to the Trust by approved or invited visitors such as VIPs and celebrities is controlled and minimised where possible. It is not concerned with people visiting friends or family members in hospital – unless they are a VIP/celebrity. Stakeholder visits are covered by our External Visitor policy.

3.2. To set out a standard approach where official VIP and celebrity visitors to the Trust must be organised and managed in accordance with this policy.

### **3.3. Justification for Document**

3.3.1 This policy has been drawn up in response to the [Jimmy Saville inquiry](#) and report from Robert Francis into Mid Staffs NHS Trust (2013), asking NHS trusts to consider the lessons learnt and safeguard their patients from risk of abuse from celebrity or VIP visitors. The policy's implementation is owned by and subject to annual review by the LPT Patient and Carer Experience Group committee once agreed at the Policy Committee.

### **4.0 Duties within the Organisation**

4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2. Trust Board Sub-committees and Executive Management Groups such as the Executive team have the responsibility for approving policies prior to adoption by the pertinent Board Committee which is Patient and Carer Experience Group in this instance.

4.3 Service Directors and Heads of Service are responsible for:

Ensuring that this policy is complied with in their areas/teams of responsibility.

4.4 Managers and Team leaders are responsible for:

Ensuring that the observer/visitor is supervised at all times by a named member of the Trust and prior permission is gained from the communications team or on-call director, in association with the communications team, out of hours, before any VIP or celebrities are invited or visit requests accepted.

4.5 Head of Communication is responsible for:

Liaising with the Chief Executive, and other relevant executive team members as appropriate to develop and maintain the policy for managing and handling visits to the Trust by VIPs and celebrities, and monitoring compliance with the policy. Also takes responsibility for 4.5.1 below.

#### 4.5.1 Communications Team are responsible for:

Assessing reputational risks and risks to vulnerable patients with clinical leads prior to approval of all VIP, celebrity or media visitors to the Trust, with the agreement of the Trust's Head of Communications and/or exec team;

Holding overall responsibility for the arrangement and monitoring of all VIP/celebrity observers/ visitors to the Trust;

Maintaining the Trust Register of approved VIP visitors (See Appendix 5) and ensures all media and celebrity/VIP visits are handled effectively and responsibly, ensuring patient safety and information governance(in liaison with clinical team leads) throughout;

Providing briefings to Chief Executive and lead director, and other internal and external stakeholders, as appropriate, for planned celebrity/VIP visits and their potential impact/media activity.

#### 4.6 Staff are responsible for:

Reading this policy and adhering to it at all times, following the procedures outlined below. Any potential approaches for celebrity or VIP visits must be discussed with the communications team prior to any agreement being made. Any incidents must be reported as per the reporting incidents policy. Confidentiality requested by the VIP must be respected.

### **4.7 Procedure**

4.7.1 This policy requires that one-off or very short-term approved official (VIP, and celebrity) visitors are always accompanied throughout their visit to the Trust, or throughout a visit to services in the community, by a Trust member of staff.

4.7.2 Where approved official VIP/celebrity visitors who are in the Trust for extended periods of time, or who are here on repeated occasions, such as a charity patron or celebrity linked with a particular service and they are likely to be unaccompanied, must be appropriately DBS checked and authorised. Visitors must be accompanied by a staff member.

4.7.3 All visits by media, VIPs or celebrities are to be handled and managed by the communications team. Any requests for celebrity or VIP visits must be referred to and approved or organised through the communications team and follow the Media Handling Guidelines. Liaison with the VIP or their representative will be conducted by the communications team, including obtaining their agreement disclaimer to follow our stipulations and confidentiality requirements (Appendix 2 and 3).

- 4.7.4 Visit supervision may be delegated to local service/team managers if appropriate, by the communications team. All visits involving media must have a communications team member present. A clinical lead for the service must be present for service or patient visits, and prior consent of the patients involved must be sought (see 4.7.10).
- 4.7.5 For celebrity visits, the communications team will work with the relevant team to ensure that the proposed celebrity is appropriate and is aware of their role whilst accompanying LPT staff carrying out their duties. Filming/publicity intentions must be specified by all parties involved. (note this applies to all high profile external visitors such as MPs and ministers – covered in the LPT External Visitors Policy)
- 4.7.6 If a celebrity endorsement or visit is requested by a member of staff, this must be checked prior to the approach, with the communications team for appropriateness and support.
- 4.7.7 The communications team will alert a member of the Executive Team and the Local Security Management Specialist to all VIP and celebrity visitors as soon as details are known or any request is made. This ensures liaison with their security teams and PR teams as required.
- 4.7.8 The communications team will alert relevant members of LPT sites or other sites where LPT staff are based and other emergency/partner services, if there is a possibility that the visitor will come into contact with their patients or colleagues (i.e. out on the road, in a community setting, in-patient setting, or at home etc.).
- 4.7.9 The communications team will log all celebrity and VIP visits on the LPT Register of VIP visits, and share highlights with the executive team (Appendix 4).
- 4.7.10 Where an external visitor wants to attend a patient's property the signed consent of the patient must be obtained beforehand. It is the responsibility of the staff accompanying the visitor to request written consent in discussion with the communications team.
- 4.7.11 If the visit is to be at a neutral venue such as a conference centre, community centre or public place, the communications team will alert the relevant authorities and gain any necessary permission. The communications department with the Trust security team may also need to liaise with the police, agents or other external stakeholders. This will determine how any media liaison should be handled. Again an LPT staff member must be present to supervise the visit to ensure safeguarding.
- 4.7.12 As soon as possible after any visit is proposed, or in preparation where approved, there should be a discussion between the host LPT service and the communications team to ensure that there are no infection risks, safeguarding risks, reputational risks, security and information governance risks, or any other reasons the visit should not happen.

- 4.7.13 Any VIP visitor to the Trust should not be left unaccompanied within the Trust premises with any patient, or with patient records at any time. If a VIP is found to be attending one of our sites without permission they should be asked immediately to cease their activity. The communications team should be notified immediately to assess the situation and liaise with them and the site. The communications team will alert the chief executive and relevant executive directors. If it is out of hours, please call the on-call director.
- 4.7.14 All approved official visitors must be advised by the Communications team or by the staff member accompanying them that patients and visitors are entitled to full confidentiality. Specific written and signed consent is required from the patient (or by their parent/guardian if under 18 and carer if appropriate if capacity is an issue), before any information about them is shared with the VIP or celebrity, for publicity or otherwise. Consent for photography and film offline e.g. in print or in person, or online i.e. on social media and websites with the VIP or celebrity is between the patient and the celebrity as we cannot always control this. See point 5 of the Media Handling Guidelines for more – including rights of minors over parents/guardian consent.
- 4.7.15 Where there is a perceived risk for a vulnerable adult or child, according to the clinician involved in their care, then access should not be given to any celebrity, VIP or media visitors.
- 4.7.16 All approved official visitors must complete, understand and sign the Visitors Disclaimer Appendix 2 and the Confidentiality Form Appendix 3 at the time the visit is agreed. Where appropriate the ‘Permit for a member of the media to undertake filming, recording or photography on LPT property’ must be completed (Appendix 4 of the LPT Media Handling Guidelines 2013).
- 4.7.17 Staff are reminded that, as employees, they are representatives of the Trust and are expected to behave professionally in accordance with the Trust values at all times, and not bring the organisation into disrepute when overseeing or participating in any visit by a VIP, celebrity or media representative.
- 4.7.18 During VIP and celebrity visits, staff should continue in their roles as usual while supporting the management of the visit where appropriate. This includes following additional policies on consent, information and clinical governance, e-communications, and record keeping.
- 4.7.19 Any concerns raised during the VIP/celebrity’s visit time within LPT must be reported immediately to the Trust Lead for Safeguarding, Director of Nursing, AHPs and Quality and Head of communications, and appropriate action taken to terminate the visit and follow up on any reporting requirements or statutory safeguarding notifications.
- 4.7.20 All incidents involving visitors must be formally reported in accordance with the Incident/Serious Incident Reporting Policy.

4.7.21 All staff must act in accordance with this policy and support visits to their areas by representing the Trust properly by checking for identification / authorisation where appropriate.

4.7.22 No other staff member must contact the media. The conduct of all staff should be in accordance with the Trust's media handling guidance and our duty to protect patient confidentiality at all times. All media calls should be referred to the communications department/communications manager on call.

4.7.23 Staff should take extra care in case 'bogus' callers try to seek confirmation of a VIP patient's presence within the Trust, or if other staff, patients or visitors in the clinical area take an undue interest which may compromise the VIP's confidentiality. Please note that following a major incident, there may be a large number of patients in whom the media has great interest and for the purposes of external communication they are also defined as VIPs.

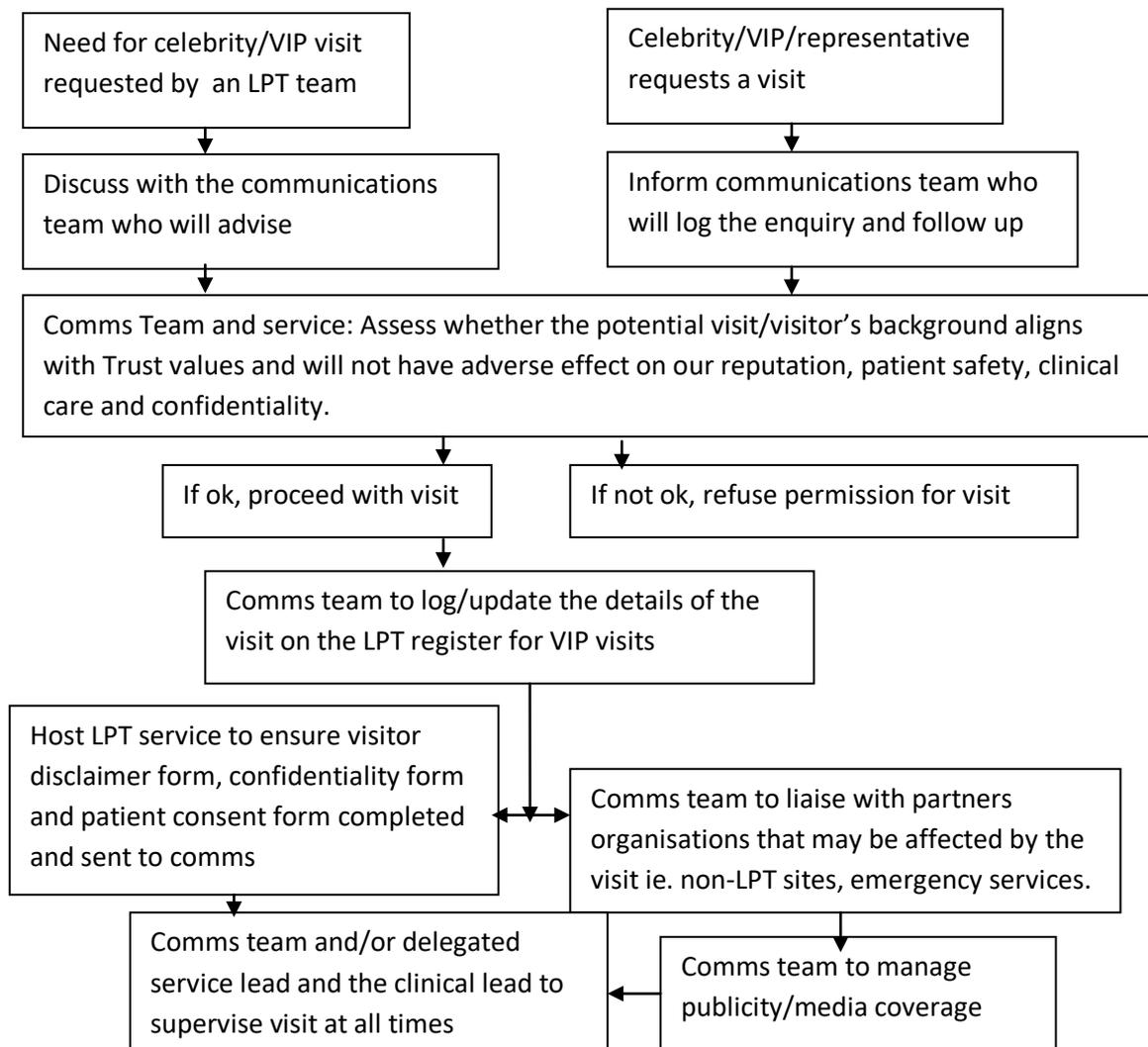
#### 4.7.24 Management of unplanned VIP/Celebrity visits

In the event of an unplanned or unexpected VIP visit, for example to a patient in a hospital ward, staff must verbally report the VIP's arrival on site to the executive team or to the head of communications as soon as they become aware of it. Out of hours (5pm to 9am, Saturday, Sunday and Bank Holidays) the ward manager must report the VIP's presence to the site office as soon as they become aware. The site office must then immediately inform the executive on call and the security team in case of any media or social media interest that the visit generates.

If a VIP arrives unannounced to visit an inpatient, eg because he/she is a family friend or relative, ward staff should:

- ensure, as with any visitor, that the patient and/or his guardian has given his/her consent before the VIP visitor is granted access
- ensure that the executive team, communications team or site office (out of hours) are told about the VIP visitor's arrival straight away, so that any media interest can be managed
- ensure that the VIP visitor is not afforded inappropriate and unsupervised access to any other patients, for example elsewhere in the ward or to confidential patient information
- follow the usual patient safeguarding procedures set out in Trust safeguarding policies, including reporting any concerns as outlined in the LPT Safeguarding Adults or Safeguarding Children & Young People policies.

## 5.0 Process flow chart



## 6.0 Training

There is no training requirement identified within this policy

## 7.0 Stakeholders and Consultation

Stakeholders outlined on page 2 have or will be consulted to ensure due regard and that all key teams and individuals agree with the policy.

## 8.0 Monitoring Compliance and Effectiveness

8.1. Compliance with this policy will be monitored by the Head of Communications – ensuring the Trust Register of VIP visitors (See Appendix 5) is regularly and accurately updated; and overseen by the Director of HR & OD, as the executive lead for communications.

8.2 An annual review of the Trust Register of VIP visitors will be undertaken by the Patient Care and Experience Group to monitor and review the effectiveness of the policy

## **9.0 Monitoring and Audit Tool – see Appendix 1**

## **10.0 Links to Standards/Performance Indicators**

The policy and due regard screening have taken the CQC Fundamental Standards into account. If the visit includes meeting patients in our care then we would expect visitors to be met by the nurse in charge before proceeding with the visit, and be present during the visit. This allows staff to exclude unsuitable patients based on clinical presentation, suitability and so ensure compliance with the CQC Fundamental Standards of quality and safety, ensuring that our services are safe, caring, well-led, effective and responsive during VIP and celebrity visit requests.

## References and Associated Documentation

This policy was drafted with reference to the following:

1. Media Handling Guidance April 2013
2. Clinical Risk Assessment and Management Policy (April 2020)
3. Record Keeping and Care Planning Policy (May 2018)
4. Internet and Electronic Communications Policy (April 2018)
5. Security Policy (September 2019)
6. Management of Volunteering Policy (August 2019)
7. Incident/Serious Incident Reporting Policy (October 2016)
8. Safeguarding Children and Young People Policy
9. Safeguarding Adult Policy
10. Sir David Nicholson letter to all NHS organisations in light of the recent abuse allegations against Jimmy Saville DH Gateway number: 18350 13 November, 2012
11. Nursing and Midwifery Council (NMC) The Code: Standards of Conduct, Performance and Ethics <http://www.nmc-uk.org/>
12. EMAS NHS Trust VIP, Celebrity and Media Visitor Access Policy (for reference)
13. North Middlesex University Trust, VIP Patients and Visitor Policy

## The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	X
<b>Respond to different needs of different sectors of the population</b>	X
<b>Work continuously to improve quality services and to minimise errors</b>	X
<b>Support and value its staff</b>	X
<b>Work together with others to ensure a seamless service for patients</b>	X
<b>Help keep people healthy and work to reduce health inequalities</b>	X
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	X

**Policy Monitoring Section**

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
<p>Completion of Trust Register of VIP visitors</p> <p>Completion of all relevant forms as part of the visit.</p>	<p>Section 9</p> <p>Appendix 3,4,5</p>	<p>Where risks, deviations or failings to adhere to this policy are identified, this will be escalated to the Director of Nursing, AHPs and Quality and the Trust Chief Executive. An action plan will be formulated and monitoring arrangements managed PCEG.</p>	<p>Compliance with this policy will be monitored by the Head of Communications – ensuring the Trust Register of VIP visitors (Appendix 4) is regularly and accurately updated; and overseen by the Director of HR&amp;OD, as the executive lead for communications.</p> <p>Patient Carer and experience Group review report on an annual basis</p>	<p>An annual review of the Trust Register of VIP visitors will be undertaken by the Patient Care and Experience Group to monitor and review the effectiveness of the policy</p>

## Disclaimer for VIP, Celebrity and Media visitors to Leicestershire Partnership NHS Trust (LPT)

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This visit to the Trust has been agreed by the LPT Head of Communications or a deputy in their absence.

I agree that I will undertake my observation/visit in accordance with the specific information and instructions that I have received eg. Permit for a member of the media to undertake filming, recording or photography on LPT property.

I acknowledge that I will be asked to leave if I abuse the trust empowered to me by LPT in accessing patients. For safeguarding purposes, I agree to be accompanied on my visit by an LPT staff member at all times.

I acknowledge that I am responsible for my own safety (and the safety of my possessions) when undertaking my observation/visit. In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that LPT will not be liable for any direct or indirect loss, damage or injury arising from or as a result of negligence or imprudent behaviour on my part.

Name of Visitor: \_\_\_\_\_

Occupation: \_\_\_\_\_

DBS Provided (for visits over a longer term period): Yes/No or N/A

Date (s) of planned visit: \_\_\_\_\_

Details of visit including where:

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervising staff member - name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Leicestershire Partnership  
NHS Trust

## Confidentiality Agreement for VIP, Celebrity and Media visitors to Leicestershire Partnership NHS Trust (LPT)

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You may receive or have access to certain confidential information whilst visiting Leicestershire Partnership NHS Trust which is strictly confidential, such as patients' medical conditions, personal details etc, and this information must not be disclosed to any unauthorised person(s), online or offline, without the consent of the patient and/or their parent/guardian.

Failure to observe this rule will be regarded as a breach of the terms of your visit and of the Data Protection Act 1998, and the Trust will then terminate your visit immediately.

For this reason, you are asked to sign below to give an understanding that you will safeguard any confidential information which you obtain during your observation shift/visit with LPT.

If you are intending to photograph or film from any of our services please also complete the media consent form (available from the communications team).or provide your own version for authorisation by the patient.

**Print Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Organisation represented:** \_\_\_\_\_

**Position Held** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Register for VIP and celebrity visits

Date	Details of visitor	Details of visit request	Service and clinical lead	Comms Lead	Date of approval/refusal & Media outcome

# Considering Reputational Risk

All NHS hospital trusts and their associated charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect this.

Checklist to consider:

- Will there be potential support requested from a celebrity, VIP or major donor in launching, supporting or raising the profile of this work? This may include a visit, endorsement, social media support (eg retweets on twitter or sharing on their own social media channels), campaign support, or other related publicity or authorised visit.
- Does the celebrity or VIP endorsement align with LPT and NHS values and vision?
- Does their reputation or brand as a celebrity or VIP, or their background/employment as a major donor, conflict with or not align with the brand or values being built by this policy, guidance, or initiative? This could also include corporate sponsors and donations in addition to private donors.
- Are there any potential risks to LPT reputation due to their prior endorsements, background or views?
- Have you considered the implications to your policy or procedure in relation to the Celebrities, VIP and media visitors' policy, the external visitors' policy, the information and record keeping policy, and the e-communications and social media policy?

If you have any doubts about any of the above, this should be clarified in consultation with the communications team.

Any potential risks should also be adequately reflected in accordance with the Risk Management Strategy, on your own local risk register, and where appropriate escalated. Appropriate provisions need to be put in place in association with the LPT communications team.

## Due Regard Screening Template

Section 1	
<b>Name of activity/proposal</b>	VIP, Celebrity and Media Visitor Access Policy
<b>Date Screening commenced</b>	28 9 2020
<b>Directorate / Service carrying out the assessment</b>	Communications, Chief Executives Office
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Kamy Basra, Head of Communications
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>	
<p><b>AIMS:</b> The purpose of this policy is to update the existing policy to ensure that risk to the safety and security of patients and staff arising from visits to the Trust by approved or invited visitors such as VIPs and celebrities is controlled and minimised where possible. The policy has been drawn up in response to the Jimmy Saville enquiry and report from Francis, asking NHS trusts to consider the lessons learnt and safeguard their patients from risk of abuse from celebrity or VIP visitors.</p>	
<p><b>OBJECTIVES:</b></p> <ul style="list-style-type: none"> <li>• The policy requires that one-off or very short-term approved official visitors are approved by the communications team and executive team. Visitors must always be accompanied throughout their visit to the Trust as there is a possibility of contact with vulnerable patients/visitors.</li> <li>• All visits by media, VIPs or celebrities are to be handled and managed by the LPT Communications team because of the high profile they can attract. Any requests for celebrity or VIP visits must be referred to and approved by or organised by the Communications team. Visit supervision may be delegated to divisional/local clinical teams if appropriate, alongside the clinical lead for the service (user) in question.</li> <li>• Consent for the visit, especially if media are involved, must be received in writing from the patients that are going to be involved in the visit, using the appropriate media forms.</li> <li>• Where approved official visitors who are in the Trust for extended periods of time, such as documentary film crews, or who are here on repeated occasions, such as a charity patron or celebrity linked with a particular service, must be appropriately checked and authorised, and accompanied by a staff member.</li> <li>• If a VIP or celebrity attends the Trust without any prior notice then the communications team must be notified immediately. The visitor should be held in reception until a member of the Communications Team, or other LPT employee delegated by the team, arrives to</li> </ul>	

assess reputational and patient risk with the clinical team in question.

- All visits covered by this policy must be logged in the LPT Register of VIP Visits by the communications team.
- VIPs, celebrities or media are not to be granted access to patient records; staff must comply with the Trust's Record Keeping Policy.
- Where an external visitor wants to attend a patient's property the signed consent of the patient must be obtained beforehand. It is the responsibility of the staff accompanying the visitor to request consent using the media consent form (available from the communications team). Any visits must be accompanied by an LPT member of staff to ensure safeguarding.

## Section 2

Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	<p>This would not be a factor as the policy protects vulnerable people irrespective of their age or personal circumstances. Their welfare and vulnerability would be reduced due to the implementation of the policy ie. It will be a supervised visit by a member of staff that has been through the policy steps.</p> <p>Staff will have the awareness of the policy and forms to complete to ensure that patients are protected. Permissions will be gained by the patient's family and they will be fully communicated with regarding our policy.</p> <p>At no point will a patient be left unsupported by their clinical lead.</p>
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

## Section 3

**Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.**

Yes

No

High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	<b>X</b>
<b>Section 4</b>			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
<p>The policy guidance ensures all risks to staff or service users, irrespective of their protected characteristics, are minimised. Where concerns or risks are identified then appropriate support is available. The Trust will always err on the side of caution bearing in mind the recommendations of the Francis Report as the safety of patients is of the utmost importance. Appropriate guidance and support will be provided to staff to execute the policy safely.</p>			
<b>Signed by reviewer/assessor</b>		<b>Date</b>	
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>	Kamy Basra	<b>Date</b>	28 Sept 2020

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	<b>VIP and Celebrity Visitor Access Policy</b>	
<b>Completed by:</b>	<b>Kamy Basra</b>	
<b>Job title</b>	<b>Head of communications</b>	<b>Date 6.10.20</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	No	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	Yes	<b>Upon consent only if they choose to.</b>
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	No	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	No	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	No	<b>It will be tightly controlled and authorised by the communications team to avoid reputational risk</b>
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.</b>	No	
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	No	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	<b>Sam Kirkland, Head of Data Privacy</b>	
		

<b>Date of approval</b>	<b>07/10/2020</b>
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Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

### **Data Privacy Impact Screening Guidance Notes**

The following guidance notes should provide an explanation of the context for the screening questions and therefore assist you in determining your responses.

**Question 1:** Some policies will support underpinning processes and procedures. This question asks the policy author to consider whether through the implementation of the policy/procedure, will introduce the need to collect information that would not have previously been collected.

**Question 2:** This question asks the policy author if as part of the implementation of the policy/procedure, the process involves service users/staff providing information about them, over and above what we would normally collect

**Question 3:** This questions asks the policy author if the process or procedure underpinning the policy includes the need to share information with other organisations or groups of staff, who would not previously have received or had access to this information.

**Question 4:** This question asks the author to consider whether the underpinning processes and procedures involve using information that is collected and used, in ways that changes the purpose for the collection e.g. not for direct care purposes, but for research or planning

**Question 5:** This question asks the author to consider whether the underpinning processes or procedures involve the use of technology to either collect or use the information. This does not need to be a new technology, but whether a particular technology is being used to process the information e.g. use of email for communicating with service users as a primary means of contact

**Question 6:** This question asks the author to consider whether any underpinning processes or procedures outlined in the document support a decision making process that may lead to certain actions being taken in relation to the service user/staff member, which may have a significant privacy impact on them

**Question 7:** This question asks the author to consider whether any of the underpinning processes set out how information about service users/staff members may intrude on their privacy rights e.g. does the process involve the using specific types of special category data (previously known as sensitive personal data)

**Question 8:** This question asks the author to consider whether any part of the underpinning process(es) involves the need to contact service users/staff in ways that they may find intrusive e.g. using an application based communication such as WhatsApp

If you have any further questions about how to answer any specific questions on the screening tool, please contact the Data Privacy Team via [LPT-DataPrivacy@leicspart.secure.nhs.uk](mailto:LPT-DataPrivacy@leicspart.secure.nhs.uk)

## CQC Fundamental Standards – (with effect) 1st April 2015

The **Fundamental Standards** of quality and safety came into effect from 1<sup>st</sup> April 2015 and replace the 16 **Essential Standards (2010)**.

There are 13 **Fundamental Standards** associated with the quality and safety of care which every staff member must comply with. The Care Quality Commission register, inspect and rate all NHS providers of care to ensure they are demonstrating compliance with the expected **legal minimum standards when delivering patient care**.

Here is a summary of the **standards** that everybody has a right to expect when they receive care, standards which our care must never fail to achieve.



- Regulation 9 Person-centred care**  
The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.
- Regulation 10 Dignity and respect**  
Service users must be treated with dignity and respect.
- Regulation 11 Need for consent**  
Care and treatment of service users must only be provided with the consent of the relevant person.
- Regulation 12 Safe care and treatment**  
Care and treatment must be provided in a safe way for service users.
- Regulation 13 Safeguarding service users from abuse and improper treatment**  
Service users must be protected from abuse and improper treatment.
- Regulation 14 Meeting nutritional and hydration needs**  
The nutritional and hydration needs of service users must be met.
- Regulation 15 Premises and equipment**  
All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose, for which they are being use, properly used, maintained and appropriately located for the purpose for which they are being used.
- Regulation 16 Receiving and acting on complaints**  
Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
- Regulation 17 Good governance**  
Systems or processes must be established and operated effectively to ensure compliance with these regulations.
- Regulation 18 Staffing**  
Sufficient numbers of suitably qualified, skilled and experienced persons must be employed.
- Regulation 19 Fit and proper persons employed**  
Persons employed must be of good character, have the qualifications, competence, skills and experience.
- Regulation 20 Duty of Candour**  
Providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment.

**Regulation 20A Requirement to display performance assessments**

When providers have received a CQC inspection for their service, ratings must be displayed legibly at each location delivering a clinical service and on the Trust website.

**Every member of staff has a duty to ensure they are demonstrating compliance with the Fundamental Standards,** in their day to day practice. If you have any concerns about your ability to demonstrate compliance with these standards, please discuss this with your line manager in the first instance, your Governance Lead, or the Regulation and Assurance team –contact via email @ [Compliance@leicspart.nhs.uk](mailto:Compliance@leicspart.nhs.uk)