Leicestershire Partnership NHS Trust

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, including where VIPs may be admitted as patients.

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Type of Policy: Non-Clinical

Keywords: Celebrity, VIP, media, reputation, access, security, safeguarding, external visitor, volunteering

Contents

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The purpose of this policy is to ensure that risks to the safety, security, privacy and confidentiality of patients, staff and Trust information arising from visits by VIPs, celebrities, media representatives, fundraisers and one-off volunteers are appropriately identified, managed and reduced wherever possible. The policy also applies to VIPs who are admitted to an LPT inpatient setting for a period of care.

The policy establishes a consistent approach to the planning, authorisation and management of visits to Trust premises, recognising that such visits can present safeguarding, information governance, operational, security and reputational risks. It requires that visitors covered by this policy are appropriately authorised, subject to proportionate risk assessment and supervised throughout their visit where required. One-off volunteers and fundraisers must be managed in line with Trust volunteering arrangements, including completion of relevant risk assessments and confidentiality requirements.

VIP, celebrity and media visits must be approved and coordinated through the Communications Team, with Executive Team oversight where appropriate. Wherever possible, visits should be planned in advance, with clear arrangements in place for supervision, patient consent, confidentiality, information governance, media management and risk mitigation. Any unplanned or unexpected visits must be managed promptly to ensure that patient welfare, service delivery and the Trust's reputation are protected.

Visitors covered by this policy must not have access to patient records or confidential information, and appropriate measures must be taken to ensure that personal and sensitive information is secured at all times. Where visitors will have direct contact with patients, including within community settings or patients' homes, appropriate consent, confidentiality and media documentation must be obtained before the visit takes place.

All visits subject to this policy must be recorded and managed in accordance with Trust procedures. Managers and staff are responsible for ensuring compliance with the policy and supporting the safe, professional and effective management of visitors to Trust services and premises.

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 Disclosure and Barring Service checked by LPT, are controlled and reduced wherever possible. It also covers VIPs who may be admitted into an LPT inpatient site for a period of care.

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. All one off volunteering (one off volunteering is defined as no more than 3 episodes of volunteering), that doesn't relate to a celebrity or VIP, must be processed via the volunteering team. A risk assessment (Health and Safety template) must be completed, and a supervisor identified who will be required to supervise the volunteer/s whilst on site. A confidentiality agreement will need to be signed for if in a patient facing area, available in Appendix two.

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 associate director of communications and culture. 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, the Trust's media guidelines for safeguarding and reputation management and the LPT EPRR Policy.

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 associate director of communications and culture or by a member of the communications team to whom they delegated the task and signed off as appropriate by an executive member.

Consider requesting a plan incorporating a risk assessment which identified who may be at risk, what level of risk and the mitigation required for the visit.

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. If they are being admitted as a patient, it is advised that an incident management team is convened by the EPRR Team with support from the Security Management Advisor (SMA) to assess risk and undertake contingency planning to keep the visitor or patient safe. IMT attendees will be dependent on the nature of the situation and a Strategic Commander appointed as/if required and will consider any media handling risks with the communications team.

1.8 All visitors must agree to terms agreed by the communications team and executive 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 Information Governance 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, for example shadowing LPT staff on community home visits, 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) or if a high-profile person is admitted into the care of LPT.

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.

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 is owned by and subject to review by the LPT Safeguarding 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 the Safeguarding Committee 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/volunteer 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 Associate director of communication and culture 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 The Communications Team are responsible for:

Assessing reputational risks and other 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 associate director of communications and culture 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.

4.5.2 Head of EPRR is responsible for:

Supporting with contingency planning for the management of a VIP in LPT care.

Advising the Integrated Care Board (ICB)and National Health Service England (NHSE) using the Situation, Background, Assessment, Recommendation (SBAR) reporting template if a VIP becomes unwell whilst on an LPT site; this may mean evacuation to acute care and activation of Operation Consort or Operation Carbon Steeple.

Providing specialist advice to an Incident Management Team who are coordinating the plan for a VIP in LPT care.

Providing advice and guidance to an Incident Management Team through the assessment of risk using the Joint Emergency Services Interoperability Principles (JESIP) Joint Decision Model (JDM)

Monitoring and managing the SBAR reporting process:

4.5.3 Security Management Advisor (SMA) is responsible for:

Planning and coordinating the security measures for a VIP in LPT care.

Providing advice and guidance to an Incident Management Team regarding security protocols to be followed when securing a VIP in LPT Care

Consulting with the Head of EPRR on Lockdown Procedures and ensuring all key stakeholders are briefed and understand the LPT Lockdown Plans

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 incident reporting and management policy. Confidentiality requested by the VIP must be respected and whilst following security protocols stringent adherence to the LPT Data Privacy and information governance protocols should be maintained to the highest standard.

4.7. Procedure for Planned Visits

4.6.1 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. If the VIP or celebrity wants to do one-off volunteering (no more than three periods) please ensure the volunteering team are involved in assessing risks with the service, supervising the volunteering and recording the visit.

4.6.2 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.

4.6.3 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).

4.6.4 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).

4.6.5 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 Members of Parliament (MP's) and ministers)

4.6.6 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.

4.6.7 The communications team will alert a member of the Executive Team and the security management advisor 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. This information will be fed back to support the overarching EPRR Plan if one is required.

4.6.8 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.).

4.6.9 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).

4.6.10 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.

4.6.11 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.

4.6.12 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. Involve relevant leads in these discussions including EPPR team if relevant.

4.6.13 Any VIP visitor to the Trust should not be left unaccompanied within the Trust premises with any patient, unless they are visiting a family member who is in LPT care. 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 and safeguarding team should be notified immediately to assess the situation and liaise with them and the site to work up and agree a plan to maintain the security and safety of all stakeholders. The communications team will alert the chief executive and relevant executive directors. If it is out of hours, please call the on-call director.

4.6.14 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.

4.6.15 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.

4.6.16 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 2025).

4.6.17 Staff are reminded that, as employees, they are representatives of the Trust and are expected to behave professionally in accordance with the Trust values and code of conduct at all times, and not bring the organisation into disrepute when overseeing or participating in any visit by a VIP, celebrity or media representative, or when providing patient care.

4.6.18 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, Infection, Prevention and Control (IPC) and health and safety, and record keeping.

4.6.19 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 associate director of communications and culture, and appropriate action taken to terminate the visit and follow up on any reporting requirements or statutory safeguarding notifications.

4.6.20 All incidents involving visitors must be formally reported in accordance with the Incident Reporting and Management Policy.

4.6.21 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.

4.6.22 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 team.

4.6.23 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.

4.6.24 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 associate director of communications and culture 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, e.g., 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), security management advisor and EPRR team are told about the VIP visitor's arrival straight away, so that any media interest can be managed, and other supporting plans activated.
- 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 and Public Protection Policy and Procedures.

4.7.25. Management of a VIP or celebrity who is admitted into LPT care.

4.7.26 If a VIP is going to be admitted into LPT Care, the Accountable Emergency Officer (AEO) is to be informed and the Head of EPRR is to convene a multi-disciplinary Incident Management Team to review the situation and assess risk. A Strategic Commander will be appointed to lead as/if required, dependant on the situation.

4.7.27 The Incident Management Team will set the strategy in response, coordinate actions and record risk to always maintain patient and staff safety. A key member of this group is the Security Management Advisor (SMA) who will recommend the security protocols to be considered that are proportionate and appropriate to the risk and threat. An Incident Management Team Action Card can be found at Appendix 8. This action card is also available on the LPT EPRR and On-Call MS Teams channels, or directly from the EPRR team. They will liaise with the communications team with regards to any media handling approach that may be required.

4.6.25 In the event that emergency services are required to attend site due to the VIP / celebrity visit, an Emergency Services Liaison Officer (ESLO) may need to be identified by the strategic commander. The ESLO action card should be referred to; this is located on Staffnet and MS Teams, and a hard copy stored in the site Rapid Response box, if applicable.

4.6.26 Should the nature of the VIP attending the site result in the need for staff / service / visitor relocation, then the site business continuity plan or local arrangements should be utilised. The patient and staff trackers found within the Evacuation and Shelter Guidance should also be utilised in this eventuality to support any flexible arrangements required. All documents are available on Staffnet, and within site Rapid Response boxes, where applicable.

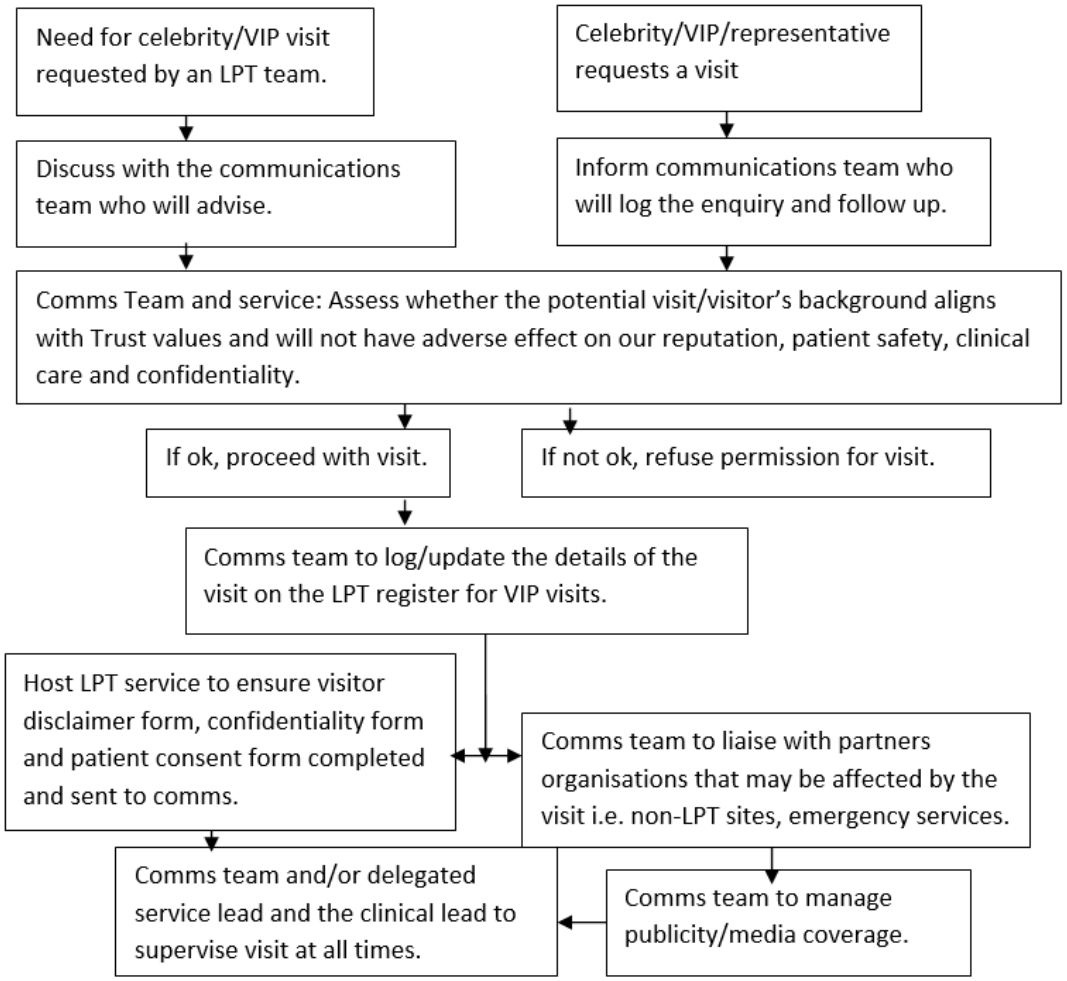
4.6.27 If a VIP attending presents a particularly high risk due to specific sensitivities, then consideration should be given to assigning a codeword or password as a means of identification. The strategic commander should assess the risk and whether it is appropriate to assign a codeword. This codeword will be agreed by the strategic commander leading the incident

4.6.28 In the event that any of the following require admission or are visiting an LPT site, this policy and the associated action cards would be utilised, and the situation approached with close liaison with Police/Prison services to ensure the safety of staff, patients and the wider public:

- high-profile and / or high-risk Category A offender

- other high-risk detained persons.
- restricted patients
- patients requiring enhanced security under HMPPS direction.
- other high-profile / sensitive attendances

5.0. Process flow chart



VIP admitted into LPT Care

Celebrity/VIP/Admitted into LPT Care – Inform the EPRR Team immediately who will convene an Incident Management Team (IMT) to coordinate and manage their stay. The LPT IMT will advise the ICB and NHSE if a VIP requires evacuation to acute care and if Op Consort or Op Carbon Steeple should be activated.

6.0. Training

Training is recognised as a critical control measure in minimising risks associated with healthcare delivery. Ensuring that staff possess the appropriate knowledge and skills significantly reduces the potential for errors, omissions, and unsafe practice.

Managers

- Assess the training needs of staff to ensure they are equipped to meet the expectations set out within this policy.

- Facilitate staff access to all relevant training required for safe and effective compliance with this policy.

- Ensure all staff complete mandatory and role-essential training in line with Trust policy.

- Where gaps in available training are identified, collaborate with the policy author or subject matter expert to develop and agree a training or development plan.

Staff

- Maintain compliance with all mandatory and role-essential training as required by Trust policy.

- Identify any personal learning needs necessary for the safe and effective

implementation of this policy, and work with your manager to agree an appropriate training plan to meet these needs.

There is no training requirement identified within this policy. The location of the policy and how to use it will be included as part of annual training for Directors on Call, as they will have responsibility for directing staff to utilise the policy.

The policy and associated action card will also be exercised on an annual basis in line with NHS EPRR Core Standard requirements.

7.0. 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.

8.0. 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 (August 2023)
3. Electronic Health Records Policy (including Record Keeping and Management) (April 2022)
4. Social Media and Electronic Communications Policy (April 2024)
5. Security Policy (September 2022)
6. Information security and risk policy (August 2023)

7. Management of Volunteering Policy (September 2022)
8. Incident Reporting and management Policy (January 2022)
9. Safeguarding & Public Protection Policy & Procedures (March 2025)
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
14. NHS England EPRR Framework
15. NHS England EPRR Core Standards
16. LPT EPRR Policy / LPT Major Incident Plan

9.0 Definitions that apply to this Policy

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, by a member of the executive team or communications team.
VIP	Very Important Person - 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
Celebrity	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. If in doubt, staff should assume the individual is a VIP, or a patient with enhanced privacy requirements and act according to this guidance.
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. To be handled as per the LPT media handling guidelines and not this policy.
Volunteers/ fundraisers	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. One-off volunteering relates to no more than three periods of volunteering.
Critical Incident	A Critical Incident is any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services: or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions.
Major Incident	Major Incident means: *An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agencies.* (Joint Emergency Services Interoperability Principles – (JESIP 2022) **Major Incident** in the **NHS** means: *A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented.*

Emergency Preparedness, Resilience and Response (EPRR)	Emergency Preparedness - The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to incidents and emergencies. Resilience - Ability of the community, services, area or infrastructure to detect, prevent and, if necessary, withstand, handle and recover from incidents and emergencies. Response - Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by emergency responders, including those associated with recovery.
Incident Management Team (IMT)	Team of senior LPT staff that would be brought together in the Major Incident Room to co-ordinate the response to a significant disruption to business continuity or a major incident / emergency.
Major Incident Plan	Clearly identified procedures to be used to implement an effective and co-ordinated response to a major incident or serious disruption to business Continuity
Operation Consort	Operation Consort refers explicitly to members of the Royal Family who are subject to armed protection and who need emergency medical treatment and are not suspected of being contaminated with any Chemical, Biological, Radiological, Nuclear (CBRN) material(s);
Operation Carbon Steeple	Operation Carbon Steeple refers explicitly to members of the Royal Family who are subject to armed protection and other persons who have ministerial protection who need emergency medical treatment and are suspected of being contaminated with a Chemical, Biological, Radiological, Nuclear (CBRN) material(s).

Appendix One: Governance

Version control and summary of changes

Version number	Date	Description of key change
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
2.3	03/05/23	Update following EPRR National Core Standards Assurance review. Inserted EPRR arrangements for a VIP or Protected person in LPT care
2.4	20/07/23	Updated following consultation with system partners and receiving feedback from NHSE EPRR Team
2.5	25/06/24	Annual Plan Review, no new legislation added, grammatical updates completed.
3	15.2.24	Stakeholder names updated, one-off volunteering episodes defined, incorporate risk assessment for anyone at risk
3.1	27.2.24	Final updates to names and titles
3.2	17.03.26	Inclusion of EPRR and Security Teams responsibilities, EPRR IMT action card, process if VIP is admitted as a patient. Updated to align with requirements of EPRR core standards
4	June 2026	Full review of policy and transferred to new template

Responsibilities

Responsibility	Title
Executive Lead	*Chief Medical Officer*
Policy Author	*Associate Director of Communications and Culture*
Advisors	
Policy Expert Group	
Kate Dyer Director of Governance and Risk Natalie Asser Head of Safeguarding Minaxi Patel Volunteering Service Michelle Churchard-Smith Deputy Director of Nursing, AHPs & Quality Andy Lee Security Management Alison Kirk Head of Patient Experience and Involvement Dan Adamson Head of Emergency Preparedness, Resilience and Response (EPRR) Circulated to the following individuals for comments: Bhanu Chadalavada Chief Medical Officer Linda Chibuzor Group Chief Nurse Tracy Ward Head of Patient Safety Communications team members Sarah Willis Chief People Officer Claire Taylor Head of (HROD) Emma Wallis Deputy Director of Nursing, AHPs & Quality Dan Norbury Deputy Director (HROD) Haseeb Ahmed Joint Head of Equality, Diversity and Inclusion Ian Cromarty Head of Health and Safety Executive Team members	

Alison O'Donnell Head of Learning, Education and Development Magda Korytkowska Fundraising Manager	

Governance

Governance Level	Name
Level 1 Assurance Oversight	*Quality and Safety Committee*
Level 2 Delivery Group for policy approval and compliance monitoring	*Safeguarding Group*

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Completion of Trust Register of VIP visitors Completion of all relevant forms as part of the visit	Where risks, deviations or failings to adhere to this policy are identified, this will be escalated to the Chief Medical Officer, Group Chief Nurse and Quality and the Trust Chief Executive. An action plan will be formulated, and monitoring arrangements managed PCEG Compliance with this policy will be monitored by the associate director of communications and culture – ensuring the Trust Register of VIP visitors (Appendix 4) is regularly and accurately updated; and overseen by the Group People Officer, as the executive lead for communications. Patient Carer and experience Group review report on an annual basis 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

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

This visit to the Trust has been agreed by the LPT communications team.

I agree that I will undertake my observation/visit in accordance with the specific information and instructions that I have received e.g. 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: _____

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

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 12018, 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: _____

Appendix Four: 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

Appendix Five: 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 (e.g. 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.

Appendix Six: Action card for VIP or Celebrity (care of visits)

This action card is also available on the LPT EPRR and On-Call MS Teams channels, Staffnet, or directly from the EPRR team.

ACTION CARD: VIP or Celebrity (care or visits)	
When to use this card:	This action card must be used whenever a VIP, celebrity, high-profile individual, or protected person is admitted into LPT care, whether the admission is planned, unplanned, or unexpected. It provides a single, unified set of actions for all members of the Incident Management Team (IMT) and is designed to support both Strategic and Tactical coordination. **Use alongside Trust VIP, Celebrity and Media Visitor Access Policy**
Initial Notification	
1	EPRR or Director on Call (DOC) receives notification that a VIP/celebrity has been admitted or is expected imminently.
2	EPRR / DOC immediately notify if available: • Security Management Advisor (SMA) • Communications Team • Clinical Lead for the service • Site Manager
3	Confirm whether Operation Consort or Operation Carbon Steeple may be required due to health deterioration requiring transfer to acute care (see VIP Policy).
4	**Confirm roles required to support:** Clinical, Security, Comms, Estates, Information Governance, HR, and any additional specialist leads.
Establish the Incident Management Team (EPRR / DOC ooh)	
1	**In-hours** - EPRR to support appointed Strategic Commander to convene a Strategic IMT (virtual or in-person). **OOH** – DOC to assume Strategic Commander role and coordinate Strategic IMT
2	Ensure a loggist is assigned (see Trust Incident Response Plan).
3	Confirm attendance of all required roles and ensure appropriate escalation to Executive level if needed.
Strategic IMT – Situation Assessment (Joint Decision Model)	

1	**Gather Information:** • Identity of VIP and anticipated risks (clinical, safeguarding, security, media interest). • Current location and clinical stability. • Known media attention or social media activity.
2	**Assess Threats and Risk:** • Risks to patient and staff safety • Reputational risk • Confidentiality risks • Risk of media presence or unverified callers
3	**Consider powers/policies:** example - VIP Policy, Security Policy, Incident Response Plan, Lockdown Protocols, Media Guidance
4	**Identify options:** clinical management, relocation options, enhanced security, discreet access routes.
5	Agree priorities and set Tactical Actions
6	Establish meeting rhythm for the Strategic IMT.
Tactical Actions (In-Hours: Senior Operational Lead – Director or AD**; OOH:** Directorate MOC**)**	
1	Implement actions agreed during Strategic IMT meeting.
2	Brief all clinical teams and ensure they understand confidentiality and information-governance requirements.
3	Ensure the VIP is allocated an appropriate single room wherever possible.
4	Ensure all documentation is completed as applicable.
5	Review staff rota implications and additional resource needs.
6	Consider and establish meeting rhythm for the Tactical IMT (only when operational benefits are clear)
Security Measures (In-Hours: Security Advisor**; OOH:** On-Site Senior Manager**)**	
1	Assess need for enhanced security or temporary lockdown.
2	Control access routes and determine escort requirements.
3	Brief staff on managing curiosity, inappropriate access attempts and confidentiality risks
4	Manage risk of “bogus callers” or unauthorised enquiries.

Communication and Media (In-Hours: Comms Team**; OOH:** DOC**)**	
1	Manages all internal updates and external enquiries
2	Coordinates with system partners (ICB, NHSE Comms if appropriate)
3	Prepares holding lines and briefings
4	Ensure **no staff member speaks to media** without Comms approval.
Clinical & Operational Continuity (In-Hours: Senior Clinical Lead**; OOH:** MOC / Senior Clinical Lead**)**	
1	Ensure the patient receives safe clinical care without disruption.
2	Confirm that usual safeguarding processes remain in place.
3	Ensure staff remain supported—particularly where increased pressures arise.
4	Plan for transfer to acute care if their condition deteriorates (this may trigger Operation Consort / Carbon Steeple activation).
Record Keeping / Stand-Down / Handover	
1	Ensure all decisions, actions and rationale are: • Logged in real time. • Dated and timestamped • Stored according to EPRR standards
2	Ensure clinical team maintains full clinical documentation.
3	Recommend stand-down to Strategic Commander once risk diminishes.
4	EPRR to support post-incident evaluation and lessons learned report.
5	Ensure update to VIP visit register if appropriate.

Ref	Version	Owner	Publication date:	Review date:
n/a	1	EPRR	November 2025	November 2026