

Title: **CELEBRITY AND OFFICIAL VISITORS ACCESS POLICY** Ref No: 1738 Version: 1  
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 Directorate: Trustwide Due for Review: 12-01-21  
 Responsible for review: Deputy Director of Nursing [Document Control](#)  
 Ratified by: Director of Nursing, Patient Experience and Peoples Practice  
 Medical Director  
 Applicability: As indicated below

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### 1. Introduction

Trusts have a responsibility to assess and mitigate risks to patient safety. This is undertaken through specific clinical risk management procedures, as well as following and evaluating robust employment and training practices.

From time to time the Trust may be asked to arrange visits by celebrities, VIPs, or local media. Such visits and publicity can be beneficial to the Trust and our patients and staff in promoting the services we provide and a positive image.

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

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

### 2. Purpose

The purpose of this policy is to

- Ensure there is no risk to the safety security and wellbeing of patients and staff arising from visits to the hospital by celebrities, VIPs, and other groups or individuals (see inclusion criteria section below).
- Provide advice to staff on the process to be followed should such a request be received.

### **3. Inclusion criteria**

This policy will be applied to:

- Celebrities
- VIPs eg MPs, councillors, royalty
- Local or National sporting teams/ individuals
- Local organisations / groups
- Entertainers eg carol singers, children's entertainers.
- Media /film makers

This list is not exhaustive and if there is any doubt as to the process to be followed staff should consult with the Communications team.

All visits by individuals or groups such as those identified in this section must be managed through the Communications team, and be planned in advance. Only in very exceptional circumstances should an ad hoc visit be permitted. For example a visit which was planned for another organisation in the locality, which does not proceed due to emergency in that organisation.

### **4. Exclusion criteria**

This policy will not be applied to:

- People visiting their friends or relatives in hospital.
- VIPs who are admitted to hospital in an emergency situation( such patients are covered in a separate policy (Management of High Risk and VIP patients)
- Volunteer workers ( who are covered in a separate policy H10)
- Work experience students who are covered in a separate policy.
- Professional inspections /peer review teams (policy 1487)
- Visiting clinicians from another NHS body who have an honorary contract with TSDFT
- Contractors to the Trust who will be covered by a separate policy managed through the Director of Estates and Facilities.
- Sales representatives.

### **5. Principles**

The overarching principle is that patients, their relatives and staff are protected from potential harm as a result of a visit from an individual or group as identified under section 3.

Clinical staff are empowered to directly challenge the identity of any individual in a clinical environment, and to deny access where there is no prior authorisation or immediately clear reason for the individual to be present. This is captured in security policy 52. If staff have concerns the security team/ police can be contacted.

The majority of visits from individuals or groups are of a one off nature and the visitor must be accompanied at all times by an appropriate member of Trust staff.

The purpose and scope of the proposed visit must be recorded and reviewed by the relevant clinical team in liaison with the Communication Team.

If repeat visits are requested, a further scoping exercise must be undertaken. A decision will then be taken as to the appropriateness of ongoing visits, together with the status of the individual or group. For example it may be appropriate to issue an honorary contract following appropriate employment

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

All applications/requests for celebrity/official visits are to be managed through the Communications team who will normally also oversee the visit. This function may be delegated to a named clinical/department team member. The checklist at Appendix 1 must be completed for each and every visit request. The completed template will be held electronically by the Communications Team.

## **6. Roles and Responsibilities**

### Executive Team

Responsible for ensuring patient/ client safety and providing advice to the Communications team in relation to this policy

### Communications Team

Responsible for updating the policy for Visiting Celebrities/ group access

Responsible for liaising with clinical areas and executive team, in response to requests for celebrity/group access

Maintaining the visitors register

Oversees the planning and preparation for visits and ensuring visitors are accompanied at all times

### Divisions /zone management teams

Responsible for ensuring staff are aware of the policy and procedure to be followed in the event of a request being received into the clinical area.

### Clinical teams

Responsible for ensuring the Communications team is advised of any requests received directly into the clinical area.

Responsible for ensuring that patients/clients are informed in advance of any proposed visit and can opt out of direct involvement.

Support the Communications team is organising and carrying out visits to their area.

Accompany visitors under the direction of the Communication team

Ensure the safety, wellbeing and best interests of patients/clients and staff during visits.

Ensure a positive and professional image of the area is maintained at all times

Involve hotel services staff at the planning stage, and consider if refreshments are required.

### Security Manager/LSMS

Provide support during visits as required and as requested by the Communications team

Participate in risk assessments as required for very high profile visitors

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## Estates and Facilities Management

Respond to requests for involvement in planning a visit, in particular for high profile visitors.

### 7. Process

**Prior to a visit.** The staff member in receipt of a request will refer the request to the Communications team. The Communications team will:

- Liaise with the clinical area to check if the proposed visit purpose, date and times are acceptable and can be managed within the clinical activity anticipated for that area. Other considerations include the appropriateness of the visitor for the age and interests of the patients in that area. The numbers of people intending to visit must also be considered in relation to the business of the clinical area.
- The Communication team will require the clinical area to allocate a named individual who will be available to accompany the visitors. Additionally, if more than one visitor is expected, and the visitors break off to form two or more small groups, each group must have a member of Trust staff present.
- Due regard should be paid to the Mental Capacity Act when considering requests and planning any visit which is likely to include service users who lack capacity to consent to the visit.
- Inform the Executive team of the request and the initial assessment of appropriateness for the proposed visit.
- In liaison with the clinical area or the Infection Control Team, undertake an assessment of the potential infection risks, involved in a visit, this will include notifying the prospective visitors that they must not the visit if they have any infectious condition, together with the requirement for them to adhere to standard handwashing procedures at all times.
- Inform the Security Manager/LSMS of the dates and times of the proposed visits and discuss the entry and exit routes for the visitors as appropriate.
- Determine who and where the visitor(s) will be met on arrival at the Trust. The person meeting the visitor will usually be a member of the Communications team unless this role has been delegated to a member of the relevant clinical area or another appropriate person. The meeting point should be a general reception area such as the main entrance in most cases. In smaller sites where the entrance may not have a clear/manned reception area, consideration should be given to the visitor being met at a central location eg Trust headquarters and escorted to the location.
- Ensure the visitors have clear directions to the designated reception point.
- Advise the proposed visitors that patients and their own visitors are entitled to full confidentiality: unless specific consent is given by the patient, identities and circumstances of the people met during the visit are not to be disclosed upon leaving the hospital. Should the visits be concerned with media/ film makers there are clear written consent procedures to be followed which the Communications team will lead.

### Arrival

The visitor(s) will be met at a main reception point by the designated person and escorted to the pre-arranged clinical area. A final check will be made to ensure that the clinical area is still able to receive the visitor ie there is no clinical emergency in progress and the infection control status is unchanged.

Patients in the clinical area must be advised of the visit by the senior clinical person on duty and given the opportunity to decline an approach from the visitor. Consideration will be given to those who lack capacity to consent in which case it may be appropriate to discuss with an approach with the carer. In the event of a celebrity/ official arriving without prior request, the visitor must be held in a reception area and the Communications team contacted urgently.

If an unplanned visitor arrives out of hours, the on call senior nurse (110 on acute site) or on call manager must be contacted via the Torbay Hospital switchboard for advice. Liaison with the on call manager and Director on call if necessary, will result in the decision to allow/not allow the visit. The overriding consideration is the safety and wellbeing of patients and staff. Any decision to allow an unplanned visit must be documented and follow the check list procedure. The visitor must be accompanied at all times.

### **The visit**

The visit will be conducted in line with the previously notified reason for the request and should not be allowed to extend to other clinical areas or topics.

Whilst the visitor will be accompanied by the designated person (usually a Communication team member) it may be appropriate to limit the number of people around a patient's bedside area and in this case it would be preferable for a member of the clinical team to provide the chaperone function.

The visitor will not be permitted access to patient information, ie medical records or charts or any of the Trust IT systems.

The register of visitors will be completed by the Communication team member or designated person.

In the event of an emergency situation arising in the area, the visitor will be asked to leave the area. In most cases it will be necessary to terminate the visit at this point.

In all situations, the visitor should be accompanied to a main exit point to formally terminate the visit.

## **8. Raising Concerns**

Employees of the Trusts are bound by safeguarding principles and standards of behaviour and we can reasonably expect that any celebrity/official visitor will adhere to socially acceptable standards of behaviour. Where this expectation is not met, staff will need to raise their concerns with their line manager and will be supported in doing so.

## **9. Appendix 1 – Celebrity / Official Visitor Checklist**

**Celebrity /Official Visitor checklist**

*To be completed by person in overall control of the proposed visit –usually a Communication team member. Completed form to be returned to Communication team for logging at the end of the visit.*

Date request received:	
Name of requester and proposed visitor(s)	
Request to visit (which area):	
Date and time of proposed visit.	
Purpose of visit.	
Details of visit.	
Executive team notified	
Clinical area lead	
Visit authorised by (name and signature)	
Record how the identity of the visitor is to be confirmed on arrival. Eg photo ID/ copy of confirmation notice.	
Person meeting and greeting the visitor(s)	
Are there any risks?	
How are these being managed?	
Person escorting the visitor(s) to the exit point.	
Any incident or concern noted during the visit?	
Signature of person signing off the visit as complete.	

## Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

<b>Ref No:</b>	1738		
<b>Document title:</b>	Celebrity and Official Visitors Access Policy		
<b>Purpose of document:</b>	To ensure there is no risk to the safety security and wellbeing of patients and staff arising from visits to the hospital by celebrities, VIPs, and other groups or individuals (see inclusion criteria section below).  To provide advice to staff on the process to be followed should such a request be received		
<b>Date of issue:</b>	12 January 2018	<b>Next review date:</b>	12 January 2021
<b>Version:</b>	1	<b>Last review date:</b>	NA
<b>Author:</b>	Deputy Director of Nursing		
<b>Directorate:</b>	Trustwide		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Director of Nursing, Patient Experience and Peoples Practice Medical Director Workstream 1, Patient Safety Committee		
<b>Date approved:</b>	8 December 2015		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

## Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
11 December 2015	1	New	Workstream 1, Patient Safety Committee
12 January 2018	1	Date Change	Deputy Director of Nursing
20 February 2018	1	Review date extended from 2 years to 3 years	

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

## Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

<b>Policy Title</b> (and number)		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdhct@nhs.net](mailto:pfd.sdhct@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

## Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.