



VIP and Celebrity Visitor Policy

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Ratifying committee or executive director	Clinical Governance Committee	
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Executive director	Executive Director of Quality and Safety (Chief Nurse)	
Policy lead	Associate Director of Communications and Marketing	
Policy author (if different from above)		
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

Celebrity and VIP visits to and interactions with the Trust play a significant role in promoting our services, enhancing patient experience, sharing good practice or supporting our charity. It is therefore in the interest of the Trust to accommodate such visits. In doing so, however, it is important to recognise that the safety, security, privacy and dignity of service users, carers and staff is always paramount. This policy sets out the approach, considerations and processes to follow for inviting VIP and celebrity visitors, responding to requests for visits and considering any proposed ongoing relationships between the Trust and a VIP or celebrity.

Policy requirement (see Section 2)

All visits by, and other interactions with, VIPs, celebrities are to have oversight by the Trust's Communications and Marketing team. Any proposed invites or requests received for celebrity or VIP visits or involvement must be referred to this team in the first instance. This applies to all proposed visits by, or interactions with, such VIPs or celebrities whoever they may be. The procedures outlined in this policy should be adhered to for all approved visits by, or ongoing relationships with, VIPs or celebrities. For visits by the media, the Trust's Media Policy applies.

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1: Introduction:

1.1 : Rationale

Celebrity and VIP visits to and interactions with the Trust play a significant role in promoting our services, enhancing patient experience, sharing good practice or supporting our charity. It is therefore in the interest of the Trust to accommodate such visits and interactions where appropriate. In doing so, however, it is important to recognise that the safety, security, privacy and dignity of service users, carers and staff is always paramount. This policy sets out the approach, considerations and processes to follow for inviting VIP and celebrity visitors, or responding to requests for visits, to ensure that these take place with minimum disruption and no detrimental effect on service users or on the ability of staff to deliver high quality care.

The purpose of this policy is to ensure that there is no risk to the safety, wellbeing and security of service users, carers or staff during visits to Trust premises or interactions with approved or invited visitors who are VIPs or celebrities. The need for a formal policy for managing visits by VIPs and celebrities was one of the recommendations from the independent report on investigations into matters relating to Jimmy Savile, published in 2015 (see section 6).

The policy sets out a standard approach to VIP and celebrity visits to and interactions with the Trust, including any visits or interactions relating to the Trust's charity, Caring Minds.

1.2 : Scope

All VIP, celebrity (to include senior NHS leader/Exec-approved) visits must be organised and managed in accordance with this policy. This also applies to the above visiting a friend or family member or those impacted by major incidents. See the glossary for the definition of VIP and celebrity under this policy.

This policy recognises that most visits by approved visitors will be one off events which make standard safeguarding arrangements such as DBS checks inappropriate, as approved visitors will not be left unsupervised during their visit.

This policy does not cover people visiting family and/or friends at Trust sites. If a VIP or celebrity is attending a Trust site as a carer/relative/visitor to a service user, then some elements of this policy will be activated to help with media management and to ensure all concerned/affected are effectively safeguarded.

Visits by the media are covered by the Trust's Media Policy and are therefore not within the scope of this policy.

The policy does not cover volunteers who are not VIPs or celebrities, who have been formally recruited by the Trust to work at Trust sites and have been subject to appropriate pre-employment checks and training under the Trust's volunteering programme. It does, however, cover VIPs and celebrities undertaking more informal voluntary activities, for example charity fundraising or other campaigning/awareness raising. It also covers more lasting and ongoing relationships between the Trust and a VIP or celebrity (see section 3.5).

1.3 : Principles

The policy exists to:

- protect service users from the potential safeguarding risks of having high profile external visitors on site
- ensure visits and other interactions with VIPs and celebrities are in the interests of the Trust, its staff and service users and are consistent with the Trust's values
- adequately support staff to ensure that they feel able to keep relationships with VIPs and celebrities on an appropriate footing and to supervise and regulate their visits
- protect the confidentiality of our staff, service users and approved visitors
- protect the reputation of the Trust.

2: The policy

All visits by or interactions with VIPs or celebrities are to have oversight by the Trust's Communications and Marketing team. Any proposed invites or requests received for celebrity or VIP visits or involvement must be referred to this team in the first instance. This applies to all proposed visits by or interactions with such VIPs or celebrities, whoever they may be. The procedures outlined in this policy should be adhered to for all approved visits by, or ongoing relationships with, VIPs or celebrities. For visits by the media, the Trust's Media Policy applies.

3: The procedure

3.1 : Handling initial requests from, or invites to, VIPs and celebrities

All requests from outside the Trust for a VIP or celebrity visit must be referred to the Trust's Communications and Marketing team before accepting to host the visit.

All proposed invitations to VIPs or celebrities to visit any Trust site, service or event must be referred to the Trust's Communications and Marketing team before any invite is extended.

This includes visits in relation to the Trust's charity, Caring Minds.

The Communications and Marketing team will log the proposed visit on the VIP visit log and liaise with the relevant clinical, operational or corporate lead and the Executive Team to consider the appropriateness of the proposed visit. Considerations will include, but not be limited to:

- impact on service users and carers
- impact on staff and their ability to deliver high quality care
- alignment with Trust values, vision and purpose
- impact on people with protected characteristics, both positive and negative
- associated clinical issues, safeguarding and infection control risks
- the amount of notice given to adequately prepare for the visit
- timing and consideration of other events and activities within and outside the Trust
- availability of executives, Board members and other senior Trust representatives to attend
- any associated resource and cost implications, for example people needed to manage the visits, catering costs and/or improvements to décor or facilities required
- security requirements
- potential for publicity – intended or unintended, positive or negative – and any

reputational risks

- ensuring the confidentiality of service users and ensuring faces/ voices are not included in any filming/ photography
- a basic background check will be completed proportionate to the visit and risk assessed.

As a publicly funded body, the Trust does not pay appearance fees to VIPs or celebrities in respect of visits to the Trust. It may be agreed by the Executive Team to cover reasonable travel expenses for approved visitors, depending on the circumstances.

Final approval of any VIP or celebrity visit must be given by the Chief Executive or nominated deputy before any request is accepted or invite extended. The relevant clinical, operational or corporate lead will be notified by the Communications and Marketing team whether the proposed visit is approved, giving appropriate reasons for the decision.

3.2 : Before the visit takes place

Once a visit is approved, the Communications and Marketing team will liaise with the clinical, operational or corporate lead on:

- the programme for the visit
- preparing the venue and catering for the visit
- any internal or external stakeholders that need to be invited and/or involved
- assessing any associated risks
- developing an invite list and invitations, if appropriate
- arranging media attendance/handling, if appropriate
- communicating the visit internally, if appropriate

Very high-profile visits, for example by a high profile government minister, secretary of state, member of the royal family, very high profile celebrity or similar, will be wholly managed by the Communications and Marketing team who will liaise with the visitor and their representatives and co-ordinate the involvement of other teams, departments and external stakeholders before, during and after the visit.

All approved visitors should be advised by either the clinical, operational or corporate lead (or the Communications and Marketing team if they are managing the visit), that service users, carers, visitors and staff are entitled to full confidentiality and that unless specific consent is given their identities should not be made public. Depending on circumstances, including the nature of the visit and areas to be visited, the VIP or celebrity may be asked to sign a confidentiality agreement. This will be discussed at the planning stage.

3.3 : During the visit

The operational, clinical or corporate lead (or Communications and Marketing team if they are managing the visit), will have overall responsibility for ensuring that the VIP or celebrity is

supervised at all times by a named staff member of appropriate seniority. This is regardless of how well known or high profile the VIP or celebrity is or how often they may have visited previously. Who is accompanying the visitor for each stage of the visit should be outlined in the programme.

The agreed programme for the visit should be adhered to at all times and accompanying staff should ensure that all visitors comply with relevant ward protocols, including infection control.

Approved visitors should not at any time be left unaccompanied within the Trust premises or at any time with service users or their carers.

The VIP or celebrity will not be permitted to take or share any still or moving images, including on social media, without specific consent being given by the service user, carer, staff member or visitor involved. Similarly, staff, service users and carers should respect the confidentiality of VIP and celebrity visitors, as not all visits are publicly announced. Staff should not take photos or videos.

Any concerns raised during the visitor's time on Trust premises or at a Trust event must be reported immediately and where possible and appropriate action should be taken to terminate the visit.

All incidents involving VIP or celebrity visitors must be formally reported in accordance with Trust policy.

As outlined in this policy, all visits by VIPs or celebrities need to be approved in advance. If a VIP or celebrity arrives unannounced at a Trust site or event, the operational or corporate lead for the site at that time should immediately call the Communications and Marketing team on 0121 301 1298, or out of hours should immediately notify the on call director via Trust switchboard. Access should not be given to any wards or operational areas prior to making this call and receiving advice, regardless of who the VIP or celebrity is or how often they may have visited previously.

3.4 : After the visit

The operational, clinical or corporate lead, in conjunction with the Communications and Marketing team where appropriate, should ensure that thanks are given to the VIP or celebrity visitor on behalf of the Trust.

If appropriate and/or necessary, a debrief meeting should be undertaken to consider any lessons learnt from the visit. Any learning should be used to inform future versions of this policy.

3.5 : Ongoing relationships between the Trust and a VIP, celebrity

Any proposal for an ongoing relationship between the Trust or its charity and a VIP or

celebrity mean they were in or connected to the Trust for extended periods of time or on repeated occasions, must be referred to the Head of Communications in the first instance, who will liaise with the Executive Team to consider the appropriateness of this relationship. This could include: being a patron of the Trust's charity; endorsing a Trust campaign; ongoing fundraising or awareness raising for a particular illness or condition; or ongoing volunteering in the Trust.

Final approval for ongoing interactions of this nature will be from the Chief Executive or nominated deputy and will be subject to the specific arrangements being documented and approved and appropriate checks being undertaken.

3.6 : Breaches of policy

If a staff member becomes aware of a breach of this policy, they should raise the matter with their line manager in the first instance. If they do not feel it is appropriate to raise with their line manager, they should raise it with the next level of management.

Line managers should seek to resolve the issue informally before escalating to Human Resources for further support if required.

Any incident that a staff member or line manager becomes aware of as a result of the breach of the policy must be formally reported in line with Trust policy.

If the breach in policy could affect the Trust's reputation, the Communications and Marketing team should be informed.

If you have concerns that there has been a breach in policy where suspected fraud or bribery is involved, please contact the Trust's Local Counter Fraud Specialist as soon as practicable.

3.7 Celebrity or VIP as a service user

Admission of a celebrity or VIP as a patient must prompt notification as soon as possible from the receiving unit to the Trust Senior management Team via normal escalation routes. The on-call manager or in-hours designate will in turn inform the Director of Communications. Celebrity status does not determine any preferential treatment in terms of clinical treatment or favourable access to privacy. The Trust has a duty to uphold the privacy of all of its patients. No patient is entitled to special arrangements. There are no wards, rooms or areas reserved for celebrity/VIP patients and no guarantee that a more private space will be available. Celebrities and VIP's will be treated according to their clinical condition and their individual needs. If any security issues are raised these will be considered on a case-by-case basis in liaison with the celebrity/VIP's representatives, Trust Local Security Management Specialist, EPRR Lead and Communications and Marketing team if appropriate. All media enquiries about any patients, including celebrities/VIP's must be referred to the Communications team

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	Ensure that all proposed VIP and celebrity visits are approved and managed in line with this policy.	2
	Report any incidents arising from such visits in line with Trust policies.	3.3
	Raise any concerns about breaches of policy with line managers.	3.6
Clinical, Operational and Corporate Leads	Liaise with the Communications and Marketing team on proposals and programmes for VIP and celebrity visits.	3
	Make employees aware of the policy and ensuring it is implemented in their areas.	3.6
	Take appropriate action in the event of a breach of the policy.	
Communications and Marketing team	Receive proposals for VIP and celebrity visits and once approved, provide advice on planning the visit.	3.1
	Wholly manage visits of high profile VIPs and celebrities and co-ordinate the involvement of other teams and stakeholders.	3.2
	Manage any media activity in relation to a VIP or celebrity visit.	3.2
	Maintain a log of VIP and celebrity visits.	
Line Managers	Take appropriate action if a staff member reports a breach of this policy.	3.6
	Liaise with HR if necessary in relation to a breach of this policy.	3.6
HR business partners	Support line managers with appropriate action to take in the event of a breach of this policy.	3.6
Policy Lead	Maintain and monitor the policy and ensure it is appropriately consulted on and communicated within the Trust.	5
Executive Director of Quality and Safety	Have overall responsibility for this policy.	
Executive Team	Approve or decline proposals for VIP or celebrity visits or ongoing relationships taking into account all the considerations outlined in this policy.	3.1, 3.5

5: Development and consultation process

The policy has been revised since version 1, published in January 2016. In recognition of this there will be opportunities for all staff to be aware of and comment on the revised policy, with targeted consultation with key individuals and teams, including the Executive Team.

Consultation summary		
Date policy issued for consultation	August 2022	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Where received	Summary of feedback	Actions / Response
Local CGCs	No feedback	N/A
Safeguarding	No feedback	N/A
JOSC	No feedback	N/A
Recovery for all co-production groups	No feedback	N/A
MAC	No feedback	N/A
Counter fraud	<p>Addition in s3.6 referencing the local counter fraud specialist.</p> <p>Reference to Anti-fraud, Bribery and Corruption policy to be added into Section 6.</p>	Both additions accepted and added into the policy.

6: Reference documents

This policy must be read in conjunction with the following Trust policies:

- Media Policy
- Confidentiality Policy
- Information Governance Assurance Policy
- PIPOT Policy (People in a Position of Trust)
- Anti-Fraud, Bribery and Corruption Policy

This policy refers to the following report:

- *Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile: Independent report for the Secretary of State for Health, February 2015,*

Authors: Kate Lampard and Ed Marsden. Sections 10.13 to 10.24 and recommendation R1 specifically relate to this policy. The report can be found at <https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned>

7: Bibliography

None

8: Glossary

VIP* – national and international politicians; elected local representatives, senior NHS leaders including members of health overview and scrutiny committees; ambassadors; members of the UK or other royal family; senior civil servants; senior business or voluntary sector leaders. This includes their entourage and any other associates accompanying the VIP.

Celebrity* – an individual with a public profile, for example from sport, TV, film, music, theatre, comedy, social media or other sphere of entertainment. This covers all such individuals, regardless of how well known they are, and includes costumed characters. This includes their entourage and any other associates accompanying the celebrity.

* If you are unclear whether an individual is considered to be either a VIP or celebrity, please discuss this with the Communications and Marketing team.

9: Audit and assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
All VIP or celebrity visits to have oversight by Communications and Marketing team	Director of Communications and Marketing	VIP visit log	Ongoing	Executive Team
All VIP or celebrity visits to have final approval by the Chief Executive or nominated deputy	Director of Communications and Marketing	VIP visit log	As and when required	Executive Team

All VIP or celebrity visitors to be accompanied by an appropriate staff member at all times	Operational or clinical lead, or Director of Communications and Marketing for very high profile visits	Visit programme – to be recorded in VIP visit log	As and when required	Executive Team
All incidents related to VIP or celebrity visits to be recorded	Operational or clinical lead, or Director of Communications and Marketing for very high profile visits	Eclipse	As and when required	Clinical Governance Committee
Establishment of ongoing relationship / interaction between and VIP or celebrity and the Trust or its charity to be approved by the Chief Executive or nominated deputy	Operational or clinical lead, or Director of Communications and Marketing for very high profile VIPs and celebrities	Executive Team meetings - paper submitted detailing specific arrangements and checks proposed and decision logged in meeting notes	As and when required	Executive Team
De-brief held to capture learning and inform future visits and policy	Operational or clinical lead, or Director of Communications and Marketing for very high profile visits	De-brief meeting	At the end of each VIP or celebrity visit	Executive Team

10: Appendices

Appendix 1 - Equality assessment

Appendix 1: Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	VIP and Visitors Policy		
Person Completing this proposal	Tim Hamilton	Role or title	Head of Communications and Marketing
Division	Strategy, Organisation and People	Service Area	Communication and Marketing
Date Started	11 August 2022	Date completed	11 August 2022
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The purpose of this policy is to facilitate positive interactions with VIPs and celebrities to promote the work of the Trust and/or its charity, to raise awareness of mental health or particular conditions, to raise funds and reduce stigma, while ensuring that there is no risk to the safety, wellbeing and security of service users or staff during visits Trust premises by approved VIP or celebrity visitors. This policy responds to the relevant recommendations within the Lampard Review published in 2015.			
Who will benefit from the proposal?			
Staff, service users, carers and potentially the wider community, as well as the VIPs and celebrities involved.			
Do the proposals affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			

The policy is designed to protect service users, therefore it will have a positive impact				
Do the proposals significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>				
No				
Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>				
No				
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i>		<i>Promote good community relations?</i>		
<i>Eliminate discrimination?</i>		<i>Promote positive attitudes towards disabled people?</i>		
<i>Eliminate harassment?</i>		<i>Consider more favourable treatment of disabled people?</i>		
<i>Eliminate victimisation?</i>		<i>Promote involvement and consultation?</i>		
<i>Protect and promote human rights?</i>				
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	No			
Including children and people over 65				
Is it easy for someone of any age to find out about your service or access your proposal?				
Are you able to justify the legal or lawful reasons when your service excludes certain age groups				

Disability	No			
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	No			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	N/A			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	N/A			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	N/A			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	N/A			
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				

Sexual Orientation	N/A			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	N/A			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	N/A			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
		No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

N/A

How will any impact or planned actions be monitored and reviewed?

N/A

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

N/A

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.