

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

Official Visitors

Policy Number:	SA43
Scope of this Document:	All Staff
Recommending Committee:	Patient Safety Committee
Approving Committee:	Executive Committee
Date Ratified:	July 2018
Next Review Date (by):	July 2020
Version Number:	Version 3
Lead Executive Director:	Executive Director of Communications and Corporate Governance
Lead Author(s):	Media Manager

2018 – Version 3

*Striving for perfect
care for the people
we serve*

Official Visitors

Further information about this document:

Document name	Official Visitors (SA43)
Document summary	This document sets out the process for managing official visitors
Author(s) Contact(s) for further information about this document	Myles Hodgson Media Manager 0151 473 2797 m: 07794 059 031 myles.hodgson@merseycare.nhs.uk
Published by Copies of this document are available from the Author(s) and via the trust's website	Mersey Care NHS Foundation Trust V7 building, Kings Business Park Prescot Merseyside, L34 1PJ Your Space Extranet: http://nww.portal.merseycare.nhs.uk Trust's Website www.merseycare.nhs.uk
To be read in conjunction with	Ashworth Hospital Security Procedures Manual Confidentiality agreement
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
Copyright © Mersey Care NHS Foundation Trust, 2018. All Rights Reserved	

Version Control:

		Version History:
Version 1	To be reviewed by the policy group	23 February 2015
Version 2	To be reviewed by the executive committee	July 2016
Version 3	July-18 Policy Group / August-18 Executive Committee	2 July 2018

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child/adult abuse and neglect through their observation of abuse, or by professional judgment made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the Trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the protected characteristics of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The Trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**

Contents

Section	Page No
1. Purpose and Rationale	5
2. Outcome Focused Aims and Objectives	5
3. Scope	5
4. Definitions	5
5. Duties	6
6. Process	7
7. Consultation	9
8. Training and Support	9
9. Monitoring	9
10. Equality and Human Rights Analysis	9
11. Supporting Documents	12
12. Appendices	

1. PURPOSE AND RATIONALE

1.1 The Trust arranges visits for visitors that are approved for official purposes – including public figures eg MPs, celebrities and media from time to time, which can involve providing access to a range of services and departments. These visits are useful for promoting our services, and can enhance patients' experience. We know from feedback that they help to motivate staff. Positive external coverage is also important in building and maintaining public confidence in the Trust and the NHS.

1.2 The purpose of this policy is to inform staff at Mersey Care NHS Foundation Trust about the procedures for organising and managing visits to the Trust for official visitors and media representatives.

1.3 The policy requires that approved official visitors are always accompanied throughout their visit, to protect the safety and dignity of staff and patients. On the rare occasion that official visitors are on site over an extended period of time, such as a documentary film crew, they must be appropriately checked and authorised.

1.4 All official visitors including media are to be approved and managed by the Communications Team. Visit supervision may be delegated to on-site teams if appropriate.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 The objective of this policy is: to ensure there is no risk to the safety and security of patients and staff arising from visits to the Trust by approved invited visitors, or media representatives and to build awareness amongst all staff of their responsibilities in ensuring that visits are handled properly.

3. SCOPE

3.1 The Trust aims to support and accommodate positive official and media visits wherever possible; however we prioritise our responsibility to protect the wellbeing, dignity and privacy of patients, families and staff. Therefore, the Trust will take practical measures to ensure robust arrangements are in place to organise and manage external visits safely, and minimise disruption.

3.2 Ashworth Hospital has its own policy for official visits, which is in line with this Trust-wide policy, but includes the additional specific details for managing access to high secure services.

3.3 The policy does not cover individuals visiting friends or family; or visits from external contractors.

4. DEFINITIONS

4.1 **Approved/ official 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. This can include key stakeholders/ partners including: Members of Parliament, elected representatives, members of the royal family, members of Healthwatch or other arms-length bodies, and key external partners eg National Clinical Directors.

4.2 **Celebrity** - famous/high profile figure who might be well known to the public and therefore to patients and their families.

4.3 **Media** – journalists or other representatives of print or broadcast media organisations. This category will also include associated technical or creative people such as camera / sound crews, or photographers.

5. DUTIES

5.1 Executive Director of Communications and Corporate Governance

The Executive Director of Communications and Corporate Governance provides central leadership and has overall responsibility for developing and updating the policy for managing official visits to the Trust.

5.2 Head of Communications

All official or media visitors to the Trust must be agreed by the Head of Communications.

5.3 Communications Team

All official visits should be coordinated through the Communications Team. Anyone planning a visit should contact the Communications Team in the first instance. The Communications Team will hold overall responsibility for the arrangement and monitoring of all visits to the Trust and will liaise with the Trust Events Manager, where necessary.

5.4 Security

Trust security staff are to provide support as needed, and as agreed with the Communications Team and divisional manager

5.5 An appropriate senior manager will have overall responsibility for ensuring that a member of their team is present during visits. They will also support the Communications Team in organising visits to their areas; ensure all on-site staff follow this policy; and report any risks or incidents.

5.6 The agreement to allow a visitor to the Trust and its premises is made on behalf of the **Chief Executive, Medical Director and Director of Nursing**. If the Head of Communications feels necessary, direct consultation with relevant parties will take place.

5.7 Staff are reminded that as employees they are representatives of the Trust and are expected to behave professionally at all times. During official visits, staff should continue in their roles as usual while supporting management of the visit where appropriate.

5.8 Official visitors to ward areas should always be greeted appropriately by staff and treated respectfully throughout their visit. Staff must not approach celebrities on wards, corridors or other areas unless invited to do so. This includes not asking for photographs and autographs unless an arrangement is in place.

5.9 During visits, staff should not be present unless required to be there in a work-related capacity, or as part of the pre-arranged programme.

6. PROCESS

- 6.1 The policy requires that one-off or short-term official visitors are always accompanied. Visitors who are in the Trust for extended periods of time must be ID checked and authorised.
- 6.2 All official visitors or media are to be handled and managed by the Communications Team.
- 6.3 All requests for official visits to wards or for individual patients must be made to the Communications Team.
- 6.4 Communications Team should check for any issues involving pregnancy, language, disability, religion or culture with their visitors that could impact on the visit. Any pre-visit communications should enquire about any particular issues that should be taken into account when planning the visit.
- 6.5 If an individual or team is approached directly by a potential official visitor, or want to invite a visitor themselves, this must be approved by and organised through the Communications Team. Visit supervision may be delegated to on-site teams if appropriate.
- 6.6 There is already a process for authorising contractors to work on site. This protocol highlights the responsibility of Trust staff to check identification/ authorisation of contractors in clinical and patient areas. All contractors should carry official Trust ID badges.

Before visits

- 6.7 In advance of any official or media visit the Communications Team will liaise with divisional leads, to ensure that it is clinically appropriate and not disruptive to visit the areas on the proposed dates.
- 6.8 The Communications Team will work with divisional colleagues to ensure that the visit is in the best interests of patients.
- 6.9 The Communications Team will alert the Trust security team to all official and media visits as soon as possible.
- 6.10 If an official or media visitor arrives at a Trust site without any prior notice and is not on a private visit to see a relative or friend who is a patient, the Communications Team must be notified immediately. The visitor should remain in reception until a member of the Communications Team arrives.

Arrival at the Trust

- 6.11 All visitors will be met by a member of staff, who will normally be a member of the Communications Team or divisional lead. Staff will then lead the visit according to a pre-agreed itinerary.

During Visits

6.12 A Trust representative, who will normally be a member of the Communications team or local clinical leader, should remain with the visitor at all times until they are escorted from the building. Visitors must not be left unaccompanied.

Ward protocol

6.13 Trust representatives will ensure that all appropriate ward protocols are observed by the visitor.

6.14 Any risks or untoward incidents must be reported through the normal incident recording process

Confidentiality

6.15 All official visitors will be reminded that what they witness is private to each family and unless given express permission to do so by the family should not be discussed in public forums upon leaving the Trust. All visitors must sign a confidentiality agreement (see appendices).

Staff Behaviour

6.16 Staff are reminded that as employees they are representatives of the Trust and are expected to behave professionally at all times. During official visits, staff should continue in their roles as usual while supporting management of the visit where appropriate.

Monitoring arrangements

6.17 Compliance with this policy will be monitored by the Executive Director of Communications and Corporate Governance, together with the Medical Director and Head of Communications.

6.18 Monitoring will be on-going and will include compliance with procedures outlined within this policy together with feedback from staff and those involved in the visit. Any negative issues related to official or media visits will be considered for inclusion on the Trust Risk Register.

6.19 Where risks are identified an action plan will be devised by the Head of Communications in conjunction with other relevant staff.

7 CONSULTATION

7.1 This policy document has been developed in consultation with the policy review group, the Executive Director of Corporate Governance and Communications, the Head of Communications and Marketing and the Media Manager.

8 TRAINING AND SUPPORT

8.1 Ad hoc advice may be sought from the Head of Communications in the first instance.

9 MONITORING

9.1 Compliance with this policy will be monitored by the Communications Team, overseen by the Head of Communications.

10 EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Official Visitors Policy
Area covered: Trustwide
What are the intended outcomes of this work? The document sets out the process for managing official visitors.
Who will be affected? Staff, service users, carers, volunteers, other visitors.

Evidence
What evidence have you considered? The information within the policy.
Disability (including learning disability) A specific reference required to indicate the need to accommodate any reasonable adjustments for official visitors who have any disabilities.
Sex See cross cutting.
Race A specific reference required to indicate the need to accommodate any reasonable adjustments for official visitors who have any language requirements.
Age See cross cutting.
Gender reassignment (including transgender) See cross cutting.
Sexual orientation See cross cutting.

Religion or belief A specific reference required to indicate the need to accommodate any reasonable adjustments for official visitors who have any religious requirements.	
Pregnancy and maternity A specific reference required to indicate the need to accommodate any reasonable adjustments for official visitors who may be pregnant.	
Carers See cross cutting.	
Other identified groups See cross cutting.	
Cross Cutting <i>implications to more than 1 protected characteristic</i> There is reference within the policy for the requirement to ensure anti discriminatory practice and that any visitors will be protected as far as is reasonably possible from discrimination with our facilities.	
Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Not engaged
Right of freedom from inhuman and degrading treatment (Article 3)	Not engaged
Right to liberty (Article 5)	Not engaged
Right to a fair trial (Article 6)	Not engaged
Right to private and family life (Article 8)	Use supportive of a HRBA. There is specific protection of the privacy of people who use our services in relation to any official visitors to the trust.
Right of freedom of religion or belief (Article 9)	Not engaged
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	Not engaged
Right freedom from discrimination (Article 14)	Not engaged
Engagement and Involvement	
Summary of Analysis	
Eliminate discrimination, harassment and victimisation It is noted that the policy has sought to ensure the elimination of discrimination within the	

visiting process.

Advance equality of opportunity

This policy is supportive of equality of opportunity.

Promote good relations between groups

This policy is supportive of good relations between groups.

What is the overall impact? The recognition of the importance of who we support and seek out to visit the trust is representative of the people who we serve and serves to raise awareness and tackle the stigma around mental illness.

Addressing the impact on equalities

The recognition of the importance of who we support and seek out to visit the trust is representative of the people who we serve and serves to raise awareness and tackle the stigma around mental illness.

Action planning for improvement

See the action plan below.

For the record

Name of persons who carried out this assessment:
Julie Crompton and Myles Hodgson

Date assessment completed:
10/06/16

Name of responsible Director:
Elaine Darbyshire, Executive Director of Corporate Governance and Communications

Date assessment was signed:
10/06/16

Action plan template

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	At least once per year we will review official visitors to the trust.	March 2017	Communications Team Manager
Increasing accessibility	We will include in the policy that we will ensure accessibility issues are addressed prior to official visits.	July 2016	Media Manager

11 SUPPORTING DOCUMENTS

11.1 Ashworth Hospital Security Procedures Manual

MERSEY CARE NHS TRUST – HIGH SECURE SERVICES

ASHWORTH HOSPITAL SECURITY PROCEDURES MANUAL

1

2 SECTION: AVS 9

PROCEDURE: Visiting Guests to the Secure Site

TITLE: Entrance Procedure

RELATED TEXTS:

Visiting Procedures: S 9 Searching of Visitors

**AVS 1 Identification of Visitors
AVS 2 Reception & Entry of Visitors**

NHS Safety and Security Directions

Clinical Security Framework

Authorisation:

Secure Governance Board:

MERSEY CARE NHS FOUNDATION TRUST – HIGH SECURE SERVICES

ASHWORTH HOSPITAL SECURITY PROCEDURES MANUAL

INTRODUCTION:

The protocol for visiting guests to the secure site is to ensure best possible practice in maintaining the integrity of the secure site and promoting the health and safety of the guests.

Any celebrity visitor functioning in their professional capacity, will only be permitted entry to the secure site with the express permission of the Chief Executive for the Trust, or their Deputy.

Direction 12 & 13 states the authority shall make arrangements to ensure that all visitors and contractors are aware that they and any visiting children will, with their consent, be subject to a rub down search and their possessions inspected before they are permitted to enter the secure area and that there may be similar searches or inspections on leaving the secure area.

KEY ELEMENTS:

- Visiting guests – Persons who may need to enter the secure site as invited guests by the Mersey Care NHS Foundation Trust.

- Host personnel – Members of Mersey Care NHS Foundation Trust who have extended an invitation to a guest to visit the secure site (see introduction in reference to celebrity visitors).
- Visiting guests (including celebrity visitors) will be subject to all standard search and entry requirements.
- All visits and visitors will be supervised and directly observed at all times, any untoward/inappropriate behaviour will be addressed immediately and reported via the Trust's Incident Reporting mechanism.
- To maintain the integrity of the secure site and innerbuildings.
- To maintain the health and safety of the visiting guests.

**MERSEY CARE NHS FOUNDATION TRUST – HIGH SECURE SERVICES
ASHWORTH HOSPITAL SECURITY PROCEDURES MANUAL**

STEP	ACTION
1	Host personnel are responsible for giving notice to visitors' reception via email of the list of names of visiting guests and the area/areas they will be going to.
2	Host personnel to liaise with the proposed destination(s) to ensure that appropriate arrangements can be implemented to ensure best practice.
3	All visitors will be subject to procedures AVS 1 Identification of Visitors, AVS 2 Reception and Entry of Visitors and S9 Searching of Visitors, as a condition of entry.
4	Visitors' reception will inform the designated destination of the impending arrival of guests.
5	Visiting guests will be escorted to their destination via an identified member of Ashworth staff.
6	All movement of visitors will be monitored and accounted for, by the Control and Communication Centre's Visitors Reception.
7	The guests will be greeted on arrival at the destination. A record of the visitors' presence in the building will be maintained.

8	Celebrity visitors functioning in their professional capacity will not be permitted private interviews with patients.
9	Reception will be notified of the intended departure of the guest.
10	If the visit has involved off ward contact with patients then the patients will be identified and secured on their respective wards prior to the visiting guests being escorted from the secure site.

Procedure ends

12 SUPPORTING DOCUMENTS

12.1 Confidentiality agreement template

CONFIDENTIALITY AGREEMENT

I,, confirm that any Confidential Information obtained from Mersey Care NHS Foundation Trust (Trust) will be treated as confidential and as such I will not disclose it, in part or whole, without the written authorisation of Mersey Care’s Caldicott Guardian.

I agree that this Agreement shall remain in force without limit in time in respect of Confidential Information.

For the purposes of this Agreement, the following meanings will apply:

“**Confidential Information**” means, but is not limited to, all information received by me, in whatever form, which relates to patients, his or her treatment and/or medical records and Trust staff.

“**Disclose**” means to provide to any person or party via any medium, including, but not limited to, social media.

Signature.....

Date.....

Please send the original completed copy to

Linda Yell, Information Governance Manager,
V7 Building, Kings Business Park,
PRESCOT
Merseyside
L34 1PJ