



# Visitor Access Policy

Document Reference	POL058
Document Status	Approved
Version:	V4.0

DOCUMENT CHANGE HISTORY		
Initiated by	Date	Author (s)
Implementation of the Kate Lampard Report	March 2015	Tracy Nicholls, Head of Clinical Quality
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
Draft V 0.1	June 2016	Reviewed by Resilience and Special Operations
V 0.2	July 2015	Draft viewed by Patient Safety and Care Standards Committee
V 0.3	September 2016	Reviewed by Communications Director and Head of Estates

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<b>Version</b>	<b>Date</b>	<b>Comments (i.e. viewed, or reviewed, amended approved by person or committee)</b>
V 0.4	December 2015	Reviewed by Clinical Quality & Safety Group
V 0.5	January 2016	Referred and reviewed by Safeguarding Group
V 0.6	January 2016	Recommended by Clinical Quality & Safety Group
V1.0	January 2016	Approved by ELB
V1.1	April 2019	Reviewed by Head of Governance, minor amendments only for approval at Management Assurance Group
V2.0	April 2019	Approved by Management Assurance Group
V2.1	June 2020	Reviewed by Head of Governance
V3.0	May 2021	Approved by Compliance and Risk Group
V3.1	October 2024	Recommended by Health, Safety and Wellbeing Group
V4.0	October 2024	Approved by Compliance and Risk Group

## POL058 – Visitor Access Policy

Document Reference	Health and Social Care Act 2012 (regulated activities) Regulations 2018 Directorate – Chief Executive’s Office
Recommended at Date	Health, Safety and Wellbeing Group 08 October 2024
Approved at Date	Compliance and Risk Group 28 October 2024
Valid Until Date	May 2027
Equality Analysis	May 2024
Linked procedural documents	Infection Prevention and Control Safeguarding Adults at Risk Safeguarding Children Information Governance Social Media and Digital Volunteer Uniform Green Sustainable Strategy Control of Contractors Health and Safety Control of Contractor Policy.
Dissemination requirements	All managers and staff via Trust intranet and email
Part of Trust’s publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

All Trust policies can be provided in alternative formats.

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## 1. Purpose

1.1 The purpose of this policy is to ensure EEAST minimises the risk to the health, safety, security, privacy and dignity of patients and staff arising from visits to EEAST by:

- approved or invited visitors (such as celebrities, VIPs, MPs or media representatives)
- non-clinical consultants and contractors
- visits by EEAST staff to other locations (other than their ‘base’ location) across EEAST sites (including non-executive directors/board members)
- visits by volunteers (such as CFR, co-responders, drivers, and CEG members)
- Observers who watch what is going on but have no active role in the event or direct patient care
- General visitors who visit sites for meetings with staff (such as sales meetings)
- external visits/inspections by regulators (such as CQC and HSE)

1.2 All visits to and across EEAST must be arranged and managed in accordance with the procedures outlined in this policy.

1.3 This policy may be revoked or restricted at any time, including in the event of a specific security risk or infection, prevention and control restrictions.

1.4 For visitors aged 18 years of age or less to gain access to locations within EEAST, a risk assessment must be completed and signed off by the senior manager responsible for the area hosting the visit. All necessary mitigations must be clear and acted on.

1.5 Implementation of this policy requires compliance with the following policies:

Infection Prevention and Control

Safeguarding Adults at Risk

Safeguarding Children

Information Governance

Social Media and Digital

Sponsorship, Joint Working and Partnership Arrangement Policy

Volunteer

Uniform

Green Sustainable Strategy

Control of Contractors

Health and Safety

Control of Contractor Policy

## 2. Scope and Definitions

2.1 This policy applies to locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment with EEAST, as well as volunteers, bank staff, non-executive directors and those undertaking research. Further, it applies also to external contractors, agency workers and other workers assigned to EEAST.

Term	Definition
Very Important Person (VIP)	Key stakeholders including members of the Royal family, military, MPs, elected individuals (councillors/mayors), senior representatives of organisations, members of Healthwatch, and commissioners.
Celebrities	Famous high-profile individuals who may be well known to the public, especially in entertainment or sport.
Official Representatives	An official representative is someone who is appointed or authorised to act in a designated capacity for third party organisations. (e.g Police and Fire and Rescue Services)

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Volunteers	Individuals or groups who give their time and experience freely on a paid or voluntary basis to support EEAST for the benefit of patients and staff. (e.g Drivers)
Observers	A person who watches what is going on but has no active role in the events or direct patient care.
Approved visitors	Individuals or groups who are invited or who have approval for a specific or 'official' purpose for the benefit of patients and staff. E.g. CEG members.
Media	Journalists and other representatives of print, broadcast and social media, including camera/sound crew or photographers.
Regulators and Inspectors	A regulator or inspector is a person representing an organisation whose job is to control an activity or process or regulations. (e.g CQC and HSE)
Non-clinical contractors and Consultants	Non-clinical contractors and consultants include people engaged to perform work who are not directly employed by EEAST.
EEAST Staff	Directors, and staff visiting unfamiliar (not their 'base' location) EEAST locations (e.g station access and ambulance ride-outs)

### 3. Duties – Board and Committees

3.1 **The Trust Board** is ultimately responsible for the effective running of the organisation in accordance with relevant legislation and guidance. Monitoring of the implementation of this policy will provide assurance to the Trust Board that effective organisational controls are in place for sponsorship, advertising and joint working.



3.2 **The Audit and Risk Committee** reviews risk, internal controls and assurance on behalf of the Board and will seek assurance in relation to the implementation of this policy.

## 4. Duties – Individuals and Teams

4.1 **Chief Executive** - as the Accountable Officer, has accountability for this policy, including ensuring that organisational leadership is provided by the Executive Directors. The Chief Executive may revoke or restrict visitor access at any time, including in the event of a specific security risk or infection prevention and control restrictions.

**All Executive Directors** are responsible for ensuring that this policy is implemented within their directorates and specifically:

**Head of Community Response** - will be responsible for ensuring that the volunteer teams have access to this policy to facilitate the volunteers appropriate access to stations.

**Head of Health, Security and Safety** - will work closely with those responsible for the management of visits and support risk assessment by the provision of advice and practical assistance in all matters for visits.

**Head of Infection Prevention and Control** – will ensure that advice on matters related to infection prevention and control and the risks which could arise from hosting visits.

**Director of Communications and Engagement** – will ensure that planned visitor activity complies with this policy and has overall responsibility for ensuring all VIP, celebrity and media visits are managed effectively. They will act as EEAST's contact and ensure that the executive/board is briefed, as required.

**Deputy Director of Corporate Affairs** – will account to the Trust Board and relevant committees on the effective development, implementation, monitoring and review of this policy.

**Line managers** - are responsible for ensuring staff within their areas are aware of the requirements of this policy and comply with its implementation.

**All staff** – will ensure that they are aware of this policy and related policies and act in accordance with them.

## 5. Quick Reference Guide

People not wearing EEAST ID or visitor badge	Any person who is not wearing a visible ID badge while on EEAST premises must be challenged. A polite but assertive challenge should be enough for the person to identify themselves. If you are unsure about their identity, ask the visitors to wait for a few minutes while you contact your line manager or senior manager on site.
Staff behaviour	<p>Staff, as representative of EEAST are expected to always behave professionally either as a visitor or during an arranged visit and demonstrate EEAST values and their professional code of conduct.</p> <p>During <b>VIP and celebrity visits</b> staff should continue in their regular roles and support the visit management where appropriate. During such visits staff should only be present if they are required to be in attendance in a work-related capacity.</p> <p>Staff must not approach VIPs and celebrities during visits unless advised to do so by the Communications or local management team, including asking for photographs and autographs. This is inline with EEAST's Social Media and Digital Policy.</p>
Incident management and reporting	<p>If the nominated visit lead, any staff or patient becomes concerned about the visitor's behaviour during the visit then the visit must be terminated.</p> <p>If an incident takes place involving a visitor or an allegation is made this must be escalated via EEAST standard procedures, including Datix and if appropriate EEAST's Safeguarding policies and procedures.</p>

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ID and Visitor badges	ID badges to be issued to 'long-term' official visitors based on an application from the Communications team, Head of Community Response or Head of Patient and Public Engagement. (e.g CEG members)
Ongoing/prolonged visit duration	Visitors who may have a prolonged visit, over a number of days, (such as consultants and contractors) need to be risk assessed for further checks, e.g. DBS and these need to be undertaken before starting on-site.
During visits	<p>A nominated EEAST lead should remain with the VIP and celebrity visitor throughout the visit until they are escorted from EEAST premises.</p> <p>No visitor should be alone with patients.</p> <p>If the visit includes a patient facing ride-out or attending patient incidents, appropriate Personal Protective Equipment will be provided.</p> <p>The nominated visit lead will ensure that all appropriate clinical protocols including infection prevention and control are observed by all visitors.</p>
Patient confidentiality	<p>The nominated visit lead will ensure that all visitors understand the confidential nature of patient engagement and should not be discussed or shared during or following the visit (and a completed and signed Confidentiality Statement form is available). Compliance with Caldicott and Information Governance policies must be ensured.</p> <p>If the nominated visit lead, any staff or patient becomes concerned about a breach of confidentiality this must be reported immediately to the Information Governance Team which will inform the Caldicott Guardian, DPO and if appropriate the ICO.</p> <p>EEAST will prioritise consideration of patients, their families and staff need when arranging and undertaking visits.</p>

	<p>All visitors must complete and sign the Confidentiality Statement before the visit.</p> <p>Where a visit may include patients' property, consent is required from the patient and/or carer and if consent is not given, the visitor must not enter the patients' property.</p>
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## 6. Planned Very Important (VIP), celebrities and media representatives

6.1 EEAST arranges and welcomes visits by media, celebrities, VIPs, charitable donors (definitions page 9). Many of these visits play a role in promoting our services, enhancing patients' experience and motivating staff. Media coverage is important in building and maintaining public confidence in EEAST in particular, and generally in the NHS.

6.2 EEAST aims to support and accommodate such visits wherever possible and recognises the responsibility to protect the health, safety and security as well as the privacy and dignity of patients and staff. Further, to ensure that any visit does not have a detrimental impact on clinical care.

6.3 EEAST will take practical measures to ensure robust arrangements are in place to organise, manage and monitor external visits safely and minimise disruption to services, staff and patients.

6.4 The policy recognises that many of the 'approved' visits are arranged on a 'one-off' basis and also covers circumstances where visitors (e.g volunteers) have ongoing relationships with EEAST.

6.5 All visits by VIPs, celebrities or media are to be managed by the Communications Team due to the high profile attention they can attract. All requests for these visits must be referred to and approved by the Communications Team.

6.6 If a VIP, celebrity or media attends EEAST without prior notice the Communications Team and OCE should be notified immediately. The visitor should be hosted in the reception area until arrangements are made to manage the visit or refuse access.

## **7. Unplanned Very Important (VIP), celebrities and media representatives**

7.1 There may be times when a VIP or celebrity becomes a patient of EEAST. It is essential that patient confidentiality is maintained at all times and any media calls should be referred to the Communications team in accordance with our Social Media and Digital Policy.

7.2 Staff should guard against ‘malicious calls’ to seek confirmation of a VIP or celebrity patient status.

7.3 During the response to a major incident EEAST will anticipate visits by VIPs and the Communications team in liaison with OCE will coordinate a response plan.

7.4 If a VIP or celebrity arrives unannounced at an EEAST location the Communications team and OCE should be contacted immediately. The visitor should remain in a ‘reception’ area until it is confirmed a visit will take place.

## **8. Observer to patient facing/operational areas including Emergency Operation Centres**

8.1 A Standard Operating Procedure outlines the process for access and security within EOC due to the nature of EOC it is important that measures are taken to maintain a safe and secure environment to preserve the safety of staff and patients limiting risk.

ESOP ID	ESOP065
Version	2
Title	EOC Access and Security

8.2 It is essential that access is appropriately controlled and authorised.

8.3 Access will be granted to the EOC sites based on the following:

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Role	Authorisation	Access Level
Staff who work in a core EOC/ECAT/TOC role permanently or bank	Senior Operations Centres Manager with responsibility for the EOC	Normal
Staff on secondment into EOC/ECAT/TOC	Senior Operations Centres Manager with responsibility for the EOC (must include and end date)	Normal
Staff who require essential or emergency/immediate access into EOC but do not work in an EOC role. (For example, IT Team)	Head of EOC	Normal
Staff who require occasional access into EOC but do not work in an EOC role	Head of EOC	Normal

8.4 Any other staff not included in the above table is required to contact the Senior Centre Manager and visitors must always be accompanied.

8.5 Any EEAST issued 'contractor' or 'estates' ID access pass must only be used by contractors or Estates staff and must in no circumstance be shared or used by other staff or visitor.

## 9. Ride-outs – (such as an ambulance response vehicle or patient transport service vehicle)

9.1 Only one observer should ride on a vehicle at any one time and will be guided by ambulance staff who are responsible for the health and safety of the observer, including providing the observer with relevant PPE (High Viz Jacket indicating Observer).

9.2 The observer must ensure their own safety and be vigilant at all times and follow instructions given by ambulance staff, including wearing relevant PPE provided

9.3 The observer should be able to physically cope with the rigours of observing on a front-line vehicle, including access and egress of the vehicle to ensure that patient care remains the focus.

9.4 The observer will not become involved with patient care or in the operation of any equipment. The observer should comply with any relevant infection prevention and control arrangements.

9.5 The observer must wear appropriate clothing. Flat soled shoes must be worn. Hair needs to be tied back. If the observer is wearing inappropriate or unsuitable clothing, they will not be allowed to observe. The observer must comply with all IPC requirements.

9.6 When individuals with known skills, experience or competence are observers, with prior approval, and in exceptional circumstances only, the observer may become involved with patient care, under direction from clinical ambulance staff. This will be documented on the Patient Care Record.

## **10. Volunteers**

10.1 Volunteers should only work within their agreed scope of practice.

10.2 Volunteers who attend EEAST premises where no member of EEAST staff is on-site should contact an agreed member of their volunteer management team to inform them of their arrival on-site and also again when they depart. E.g. for CEG members completing IPC audits they should contact the PPI team to confirm their arrival and departure. This is to ensure the volunteers safety while on-site and awareness of who is on Trust premises.

10.3 Volunteers should wear Trust issued ID badge at all times when undertaking activities on behalf of EEAST or visiting EEAST premises. ID badge should only provide access to Trust premises appropriate to their agreed role.

10.4 Volunteers visiting Trust premises who do not have EEAST issued uniform should ensure they dress appropriately. Smart casual attire is acceptable, but for higher level business meetings more formal business attire may be appropriate. If in doubt volunteers should check with their management team.

10.5 While on-site volunteers must comply with all safety advice, and particularly note any advice around 'lock downs' due to health reasons. Should a lockdown or restricted access be in place volunteers should not visit the premises to undertake audits.

## **11. Non-clinical Contractor and Consultant visits**

11.1 All non-clinical contractor and consultant visits must be in accordance with the Control of Contractor Policy.



11.2 EEAST will plan, coordinate and monitor the activities of all contractors and consultants to effectively minimise the risks presented to staff and patients on all EEAST premises during visits.

11.3 It is the responsibility of the nominated lead to ensure that contractor and consultant visits are managed in line with this policy for the duration of the visit(s).

11.4 It is the responsibility of the nominated lead to ensure that all contractors and consultants have agreed operational arrangements in place while on site.

## **Regulator/Inspector, Official Visits and Pharmaceutical Representatives**

### **12. CQC Inspectors**

12.1 If inspectors arrive at your site or your vehicle, they should introduce themselves, or if not challenge them as you would any unknown person. Take the following actions:

- Welcome the inspectors and ask to see their warrant letter and ID badge before allowing them entry.
- If you are unsure about their identity, ask the visitors to wait for a few minutes while you contact your line manager or ring the CQC direct on 03000 616161 to check (CQC phone lines are open Monday to Friday, 8.30am to 5.30pm, excluding bank holidays).
- Contact your line manager as soon as possible (or delegate to someone who is not involved in meeting the CQC assessors).
- The line manager should then immediately inform the EEAST CQC Team

12.2 If observations on a ride-out or EOC or patient facing services are to take place ensure each inspector completes and signs the Confidentiality Statement before any observation takes place and are briefed on visitor responsibilities. Further,

- Check ID



- Provide surgical masks and advise them of the social distancing requirements whilst on Trust premises or on vehicles and any other appropriate PPE
- Introduce visitors to staff
- Undertake Health and Safety check
- Ensure that visitors are accompanied when there is a possibility of contact with children or vulnerable adults
- Wearing of high visibility jacket and a safety helmet (CQC inspectors wishing to observe will already have been issued with these)

### 13. HSE Inspectors

13.1 If inspectors arrive at your site or your vehicle, they should introduce themselves, or if not challenge them as you would any unknown person. Take the following actions:

- Welcome the inspectors and ask to see their warrant letter and ID badge before allowing them entry.
- If you are unsure about their identity, ask the visitors to wait for a few minutes while you contact your line manager or ring the HSE directly.
- Immediately inform Head of Health, Safety & Security who will inform the relevant individuals within the Trust

### 14. Pharmaceutical Representatives

14.1 EEAST does not approve of any 'cold calling' to staff from pharmaceutical company representatives. All requests for meetings and contacts by company representatives to staff should be done via the dedicated proforma. (proforma and more information available in the Sponsorship, Joint Working and Partnership Arrangement Policy)

14.2 All contact should be via email to the medicines management team email address. [medicines.management@eastamb.nhs.uk](mailto:medicines.management@eastamb.nhs.uk), until a decision has been made that a meeting or direct contact will take place.

14.3 Only senior members of staff e.g. Consultant Paramedics, Advanced or Critical Care Paramedics, LOMs, Senior Non-Medical Prescribers, Senior Nurses and Pharmacy leads can see pharmaceutical representatives, and this should be by a pre-arranged appointment.

14.4 Pharmaceutical representatives must have photographic identification, which clearly states their name, company and job title.

14.5 Representatives are not allowed to tour EEAST buildings looking for staff, and are not to enter clinical areas without prior appointment with a senior member of staff and must not talk to service users.

## **15. ID badge request procedure**

15.1 EEAST ID badge request form procedure and request forms are available on EEAST24

## **16. Very Important (VIP), celebrities and media representatives - process**

- All requests for these visits should be discussed with the Communications team
- The visit must be approved by, and organised through, the Communications team
- The Communications team will liaise with the relevant services/areas to ensure that it is appropriate to visit EEAST on the proposed dates
- The Communications team will liaise with and brief OCE
- The Communications team in liaison with the visitor's official contact/office will agree a risk assessment and process for managing the visit. Including infection, safeguarding, reputational, security and data risks.
- The Communications team will ensure that all visit documentation is completed and signed (briefing, H&S and confidentiality statement) – all to be forwarded to the Deputy Director of Corporate Affairs
- The Communications team will alert relevant other organisations if appropriate, like Police or Emergency Departments.
- The Communications team will make the necessary arrangements with the relevant service/areas if the visit is to be held outside of regular working hours
- The Communications team will cascade briefing to all relevant and appropriate areas at least 24 hours before the visit

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- The Communications team will ensure a ‘final’ check of the arrangements and any potential infection prevention and control issues that may prevent or delay the visit
- A plan should be developed in advance of the visit that includes details of the visit: locations, staff, times and logistics by the Communication team in liaison with the relevant service/areas.

## Appendix A – Visit/observer Request Form

Visit request form for requesting authorisation of visits (including VIP and celebrity visits, service observations, ride-outs, EOC observations, xxxxxxxxxx)			
Purpose of visit	VIP Celebrity visit		
	Service Observation		
	Ride-Out		
	EOC		
	Volunteer role		
	Contractor/consultant		
	other		
	If other: full details		
Location(s) to be included in the visit(s)			
Date(s) of visit	Single visit	Multiple visits	Period of visit
	Xx/xx/xxxx	Xx/xx/xxxx	xx/xx/xxxx to xx/xx/xxxx
		Xx/xx/xxxx	
Time and duration of visit			
Visitor details – name, job role, organisation			
Reason for visit			
Proposed details and schedule of visit			
Nominated visit lead	<i>name and job title of person accompanying</i>		
Has a visit risk assessment been completed	Yes		No

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	<i>Attach copy to this form</i>	<i>When will it be available?</i>
<b>Who is requesting visit authorisation</b>	<i>name and job title of person requesting authorisation of visit</i>	
<b>Signed by visit requestor</b>		
<b>date</b>		
<b>Request authorised by</b>	<i>name and job title of person authorising visit</i>	
<b>date</b>		

## Appendix B – Visitor Confidentiality Statement

### Confidentiality Agreement – Visit, observation or site visit.

During the course of your visit/observation with EEAST, you may have access to confidential information relating to Trust business. Such as, but not limited to:

- Patient information, including names, addresses, medical histories, and treatment details.
- Staff information, including names, contact details, and personnel files.
- Operational information, including protocols, procedures, and internal communications.
- Financial information, including budgets and performance data.
- Any other information designated as confidential by EEAST.

You must treat all confidential information in a discreet and confidential manner and not disclose it to any third party without the prior written consent of EEAST. Particular attention is drawn to the following:

- Use confidential Information only for the purposes of the visit/observation and not for any personal gain or commercial advantage.
- Not copy, reproduce, or otherwise distribute any confidential Information.
- Take all reasonable precautions to prevent the unauthorised disclosure of confidential Information.
- Not make any communication to the media (including the press, radio, television, social media or the internet)
- Immediately notify EEAST of any unauthorised disclosure of confidential Information.
- Return all documents and other materials containing confidential Information to EEAST upon request.

Failure to comply with the above requirements will be treated as a breach of your visit/observation and your visit will be immediately terminated. The Information Governance Team will be informed which will inform the Caldicott Guardian, DPO and if appropriate the ICO.

If you wish to take a photo or video (recording) of a patient or staff member during your visit/observation you must first seek their written

consent (or where appropriate that of a person with responsibility) to make the recording, and then seek their consent to use it.

- Patients and staff must know that they are free to stop the recording at any time and that they are entitled to view it if they wish, before deciding whether to give consent to its use. If the patient or staff member decides that they are not happy for any recording to be used, it must be destroyed.
- If the patient is temporarily unable to give or withhold consent because, for example, they are unconscious. In such cases you may make such a recording but you must seek consent as soon as the patient regains capacity. You must not use the recording until you have received consent for its use, and if the patient does not consent to any form of use, then the recording must be destroyed.

For this reason, you are asked to sign this form to indicate your compliance with information governance practice.

I have read and understand the above conditions:

Name of visitor/observer

.....

Signed:.....

Date:.....

Signed on behalf of EEAST:

Name of Department Manager:

.....

I have read through the above conditions with (name) visitor/observer.

Signed:.....

Date:.....

## Appendix C – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Compliance	Deputy Director of Corporate Affairs  Director of Communications	Return of forms	Quarterly	Spreadsheet outlining visits	The lead is expected to read and interrogate any report to identify deficiencies in the system and act upon them	Required actions will be identified and completed in a specified timeframe, monitored via the Compliance and Risk Group	Required changes to practice will be identified and actioned within a specific time frame. Lessons will be shared with all the relevant stakeholders.



## Appendix D – Equality Impact Assessment

Name of process/policy	Visitors Policy																
Is the process new or existing? If existing, state policy reference number	Existing POL058																
Person responsible for process/policy	Deputy Director of Corporate Affairs																
Directorate and department/section	Corporate Affairs																
Name of assessment lead or EIA assessment team members	Deputy Director of Corporate Affairs																
Has consultation taken place? Was consultation internal or external? (please state below):	None at the point of review as no material changes to existing policy																
The assessment is being made on:	<table border="1"> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td>Other (please state) Training programme.</td> <td></td> </tr> </table>	Guidelines		Written policy involving staff and patients	X	Strategy		Changes in practice		Department changes		Project plan		Action plan		Other (please state) Training programme.	
	Guidelines																
	Written policy involving staff and patients	X															
	Strategy																
	Changes in practice																
	Department changes																
	Project plan																
	Action plan																
Other (please state) Training programme.																	
What is the aim of the policy/procedure/practice/event?																	
<p>a) To safeguard patients, staff and the public from inappropriate access from non-Trust and Trust personnel.</p> <p>b) To ensure the safety of visitors and staff on visits during time spent within the organisation.</p>																	

Who does the policy/procedure/practice/event impact on?			
<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>
		<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>
		<b>Pregnancy/maternity</b>	<input type="checkbox"/>
Who is responsible for monitoring the policy/procedure/practice/event?			
Deputy Director of Corporate Affairs			
What information is currently available on the impact of this policy/procedure/practice/event?			
The policy is designed to safeguard all patients and staff, regardless of any protective characteristic and does not differentiate in any way regarding these aspects – the policy content is evidence.			
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? Yes, see below			
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:			
<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>
		<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>
		<b>Pregnancy/maternity</b>	<input type="checkbox"/>
Please provide evidence:			
No examples relating to specific protected characteristics as the policy is designed to safeguard all.			
Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:			

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<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input checked="" type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>		<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:

There is the potential for negative impact upon potential visitors with a recognised disability, due to an inability to accommodate physical needs in certain circumstances, for example within an ambulance or a third-party location, such as a patient's home. However, without further analysis it is not possible to ascertain the specific impact and whether the policy requires amendment.

**Action Plan/Plans - SMART**

**Evaluation Monitoring Plan/how will this be monitored?**

Who: Deputy Director of Corporate Affairs  
 How: Visitor forms completed  
 Reported to: Health, Safety and Wellbeing Group, and Compliance and Risk Group