

Audio and Visual Recording Policy

Issue Date	Review Date	Version
June 2022	June 2027	V2.2

Purpose

This policy instructs staff in the creation and management of audio and visual recordings of patients or staff taken for any purpose. It also provides help for staff who witness service users making recordings inappropriately.

Who should read this document?

All staff, contractors and volunteers should familiarise themselves with the content of this policy. Staff are encouraged to make patients and visitors aware that this policy is in existence and sets out the Trust's stance on appropriate audio and visual recording. Service users can be provided with a copy of this policy if they request it.

Key Messages

This policy covers the audio and visual recording of patients for any purpose across the Trust.

- When undertaking any audio or visual recording of patients, care must be taken to respect patients' dignity and privacy.
- For Data Protection purposes, it is not necessary to obtain consent from service users to make an audio or visual recording for direct patient care. However, staff should involve patients in decisions that affect their care and ensure they are fully informed of the purpose of the recording.
- Staff should take recordings of patients for direct care purposes using a Trust owned smartphone or iPad using the Trust approved SNAP application which is linked to SeeEHR. Equipment used should be stored securely. Service Lines are encouraged to create a register of suitable devices in their area that can be used and highlight to all staff.
- Staff should only make recordings of patients on their own mobile phones in exceptional circumstances.
- If staff take their personal mobile phones into areas where care is delivered, then it is their responsibility to ensure that there is no risk to patient confidentiality.
- Under Data Protection legislation, patients are entitled to make an audio/visual recording of a clinical consultation as an aide-memoire. Whilst it is preferable for patients to inform health and care providers of their intention to record, there is no legal obligation for them to do so. See NHS guidance for patients – [Using Video Conferencing and Consultation Tools](#) for further information.
- It is not acceptable for patients/visitors to make recordings in public areas of the Trust, such as waiting rooms. If a patient/visitor makes a recording that breaches the confidentiality of other patients, then they must be asked to stop and delete the recording immediately.
- Retention of audio and visual recordings for corporate, staff and patient data should be in line with the NHS Records Management Code of Practice 2021.
- Staff must not make covert audio or visual recordings in any area of the Trust. As a Data Controller, the Trust does not permit this type of processing and considers it unlawful.

Core Accountabilities		
Production	Deputy Information Governance Manager	
Owner	Head of Information Governance/Head of Communications	
Consultation	Caldicott and Information Governance Assurance Committee Human Resources IM&T NHSMail Distribution Lists: - <ul style="list-style-type: none"> • Executive Directors • Heads of Departments • Service Line Cluster Managers • Modern Matrons • Ward/Clinic/Theatre Managers 	
Ratification	Chief Finance Officer/Senior Information Risk Owner (SIRO)	
Dissemination	Deputy Information Governance Manager	
Compliance	Deputy Information Governance Manager	
Links to other policies and procedures		
Information Governance Policy	Information Security Policy	
Staff Social Media Policy	Data Protection SOP	
Staff Media Policy	Confidential Information SOP	
Clinical Record Keeping Policy	Conduct Policy	
Procedure for Individuals who are Violent or Aggressive	Safeguarding Policies	
Raising Concerns Policy	CCTV Policy	
Consent to Examination or Treatment Policy		
Version History		
V1.5	February 2017	Initial Document
V1.6	June 2017	Minor changes to poster
V1.7	December 2018	Minor changes to referenced legislation, policies and job titles
V1.8	October 2019	Minor changes to Section 6 in relation to consent and updates to links to other policies/procedures
V1.9	August 2021	Minor amendment to title of Records Management Cod of Practice
V2.0	May 2022	Full Review
V2.1	May 2022	Reviewed by Head of Communications
V2.2	June 2022	Reviewed following feedback from consultation

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

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Audio and visual recordings of patients can be required for direct care/treatment and forms part of the health record. This is personal data, the processing of which is covered by Data Protection legislation.

Photographic recording techniques include digital images and video and audio recordings such as digital recordings and digital dictation. Legacy recordings such as photographic film or tapes may still exist.

There is also increasing use of personal devices with a recording function by both service users and staff. This policy promotes a consistent and positive approach to use of these devices across the Trust.

The policy covers:

- Making audio or visual recordings for direct patient care and managing recordings taken for teaching, training or publication.
- Recordings of patients that are not identifiable.
- Appropriate behaviour by service users when using personal devices on Trust premises.
- Trust's stance on overt and covert recording by service users and staff.
- Expectations when using video conferencing software.
- Expectations of patients.

This policy is not exhaustive. Staff should refer to additional national guidance as listed in section 18 for further information.

2 Legislation and Standards

Key legislation and standards relevant to this policy are:

- Data Protection Act (DPA) 2018 and the UK General Data Protection Regulation (UK GDPR)
- Common Law Duty of Confidence
- Caldicott Report 1997 (reviewed 2012/2016)
- Human Rights Act 1998 (Article 8 - respect for private and family life, home and correspondence)
- Regulation of Investigatory Powers Act 2000 (RIPA)
- Professional Obligations (Codes of Conduct published by professional bodies)
- Safeguarding (staff should consider the Trust's Safeguarding Policies in conjunction with this policy).
- Records Management Code of Practice
- NHS England Guidance

3 Definitions

Information Governance (IG): A framework bringing together the requirements and best practice that applies to the processing of personal/corporate data.

Audio and Visual Recordings are recordings, photographs, videos and other images that may be made using any recording device, including mobile phones.

Personal Devices with a Recording Function are mobile phones, digital cameras, smart watches, dictaphones, tablets, PCs with webcams etc.

Service Users are people who use the Trust's services, including patients, visitors, carers and relatives.

Data Controller is University Hospitals Plymouth NHS Trust who determines the purposes and means of processing personal data. (GDPR)

Personal Data relates to an **identified or identifiable** living individual (data subject), for example, name, address, date of birth, gender. (DPA 2018)

Special Category Personal Data is more sensitive and therefore needs more protection, for example, race, ethnic origin, politics, religion, trade union membership, genetics, biometrics, health, sex life or sexual orientation. (DPA 2018)

Confidentiality means information is only disclosed to individuals who are authorised to receive it by individuals who are authorised to release it. Disclosure is determined on a need-to-know basis.

Overt Recording is openly carried out in plain sight and not concealed.

Covert Recording is not openly acknowledged or displayed, i.e. a secret recording.

Aide Mémoire means a memory aid, a reminder or memorandum for personal use.

4 Duties

Trust Board takes ultimate responsibility for the IG function and ensures that sufficient resources are provided to ensure compliance with legislative and NHS requirements.

Chief Executive/Accountable Officer has overall accountability for IG in the Trust.

Senior Information Risk Owner (SIRO) takes ownership of the organisation's information risk policy and acts as advocate for information risk on the Board. This role is undertaken by the Chief Finance Officer.

Caldicott Guardian has advisory responsibility for safeguarding and governing patient information.

Head of Information Governance/Data Protection Officer (DPO) has overall managerial responsibility for the implementation, development and monitoring of the IG agenda.

Communications Team is jointly responsible for the implementation of this policy and can provide advice/guidance where necessary about appropriate behaviour.

Managers within the Trust are responsible for ensuring that this policy and its supporting standards are built into local processes and that there is ongoing compliance.

All Staff (any permanent or temporary workers, locum bank employees or contractors) must be aware and follow the principles set out in this policy.

5 Audio/Visual Recordings for Direct Patient Care

When undertaking any audio or visual recording of patients, care must be taken to respect dignity and privacy. There must be a clear purpose for an audio or visual recording to be carried out.

5.1 Legal Basis

Making an audio or visual recording for patient care is classed as processing personal data and therefore subject to data protection legislation.

Under the GDPR, the legal basis for processing information relating to **patient care** is:

- Article 6(1)(e) (personal data)
- Article 9(2)(h) (special category personal data)

For Data Protection purposes, it is not necessary to obtain consent from patients to make an audio or visual recording for direct patient care. However, staff should involve patients in decisions that affect their care and ensure they are fully informed of the purpose of the recording. Patients can also be directed to the Patient Privacy Notice on the external website for information about how the Trust processes personal data (fair processing notice).

Staff must ensure that documentation produced for patients does not refer to “obtaining consent” in order to make an audio or visual recording for direct patient care. Consent should still be obtained for delivery of care/treatment – see the Consent to Examination or Treatment for further information.

5.2 Trust Owned Equipment

To take audio/visual recordings of patients for their direct care, staff must use Trust owned smartphones or iPads. The SNAP application must be used so the recording is linked to the Clinical Photography function in SeeEHR and therefore saved within the patient’s health record.

Trust owned digital cameras can be used. Recordings must be removed from devices as soon as possible and stored on the Trust network to prevent accidental loss, unauthorised viewing or damage. There must be effective indexing and cross reference to link the images to the correct records. The storage location must be clearly identified within the health record to enable effective and efficient retrieval.

Recordings should not normally be stored on removable media, but if they are, then these devices must be encrypted to AES 256 or Blowfish 256 algorithms as defined by the Department of Health Digital Information Policy Unit.

Departments that routinely carry out audio/visual recordings must have a documented local procedure for use of Trust owned devices, including a user log, secure storage and deletion arrangements (see Appendix 3).

5.3 Online Video Conferencing

Patients may have care/treatment using online video conferencing software. It is important to remember that despite the function to record being readily available, there must be a clear

purpose for recording the session. The above fair processing and storage principles will also apply.

For example, a clinician may want to record a video consultation with a patient, rather than taking written notes. In this case, once the clinic letter has been written, the recording should be deleted. Patients should be informed of this prior to the consultation.

5.4 Disposal

Audio and visual recordings of patients taken for healthcare purposes should be retained in line with the NHS Records Management Code of Practice 2021 regardless of the media in which they are held.

6 Audio/Visual Recordings of Vulnerable Service Users

Staff must be vigilant in terms of safeguarding and promoting the welfare of vulnerable services users (adults or children). Steps must be taken to prevent inappropriate recordings being made. Staff should refer to the Trust Safeguarding Policies.

7 Recording Telephone Conversations with Patients

Some departments within the Trust routinely carry out recording of telephone conversations. It is essential that the service user/staff member is informed verbally or via automated message that the call is being recorded. This should include the purpose of the recording, e.g. training, monitoring and quality assurance purposes. There is also a bespoke Privacy Notice for Netcall on the external website.

8 Recordings for Secondary Use

Explicit written consent must be obtained when making identifiable recordings intended to be used for secondary purposes, such as teaching, training or for publication. This should be documented in the health record or other central register.

In line with General Medical Council (GMC) guidance, the below recordings can be used for secondary purposes without obtaining explicit consent:

- Images of internal organs/structures
- Images of pathology slides
- Laparoscopic/endoscopic images
- Recordings of organ functions
- Ultrasound images
- X Rays

“GMC Making and Using Visual and Audio Recordings of Patients”

Extreme care must be taken to ensure identifiers are removed from the recording before use, including taking care to review the metadata associated with the recording.

Staff should refer to the GMC guidance for further information on this subject.

9 Audio/Visual Recordings by Trust Staff for other purposes

9.1 Formal Trust Meetings

Staff who intend to record a meeting must inform the attendees at the start of the meeting, stating the purpose and retention period for the recording. Explicit consent is not necessary

as the recording will be capturing staff acting in a professional capacity, however individual wishes should be respected and taken into consideration.

If a meeting is face to face, staff must use a Trust owned recording device and ensure the recording is stored securely on the network. It should be retained in line with the NHS Records Management Code of Practice 2021.

There is increasing use of meetings using video conferencing software. The Trust approved platform is Microsoft Teams, which has an inbuilt recording function. Staff who intend to record should explain the purpose at the outset, either verbally or by using the chat function. See two examples below which can be amended to suit:

Example 1

“This meeting is being recorded to assist with minute taking and will be deleted once the minutes have been approved”.

Example 2

“The purpose of recording this meeting is to capture a record of the discussion for the benefit of attendees and those unable to attend. The recordings will be kept for [duration] and may be subject to disclosure in line with relevant legislation”.

Microsoft Teams is secure for the transfer of personal data but should not be used to store recordings. These should be stored on the Trust network.

9.2 Personal Trust Meetings

These meetings include but are not limited to; appraisals, 1:1s, sickness discussions, performance monitoring meetings etc where usually, a staff member is the Data Subject. If there is a clear purpose for the Trust to make a recording, the staff member must be informed from the outset, the recording stored securely on the network and retained in line with the NHS Records Management Code of Practice 2021.

Under the GDPR, the legal basis for processing information relating to **employment** is:

- Article 6(1)(e) (personal data)
- Article 9(2)(b) (special category personal data)

9.3 Organised Events

Recordings are often taken at organised events and can be published on the internet. Organisers of events should ensure that delegates know that recordings are taking place and be given the opportunity to opt out if they wish to do so.

9.4 Team/Good News Photographs

If staff wish to take team/good news photographs on Trust premises in a clinical/office environment, then this is permitted as long as care is taken to ensure there is no risk to

patient confidentiality or the confidentiality of other staff not wishing to take part. See the Trust Social Media Policy for more information if applicable.

9.5 Media Recordings

Staff should refer to the Staff Media Policy which describes the processes for handling media relations.

9.6 Closed Circuit Television (CCTV)

The Trust has CCTV installed across the site for the purpose of prevention and detection of crime. The CCTV Policy details the regulations around the management, operation and use of CCTV on Trust premises.

10 Staff Use of Personal Mobile Phone Cameras

The Trust has an obligation to provide a safe environment to deliver care. Personal mobile phone cameras should not normally be used for private use in areas where care is delivered and where patient confidentiality could be compromised. Staff must be vigilant when taking a mobile phone into an area where care is delivered, even if it is not being used at the time, i.e., in a pocket. Incidents of inadvertent live streaming on social media have been reported.

10.1 Covert Recordings

Staff must not make covert audio or visual recordings in any area of the Trust. As a Data Controller, the Trust does not permit this type of processing and considers it unlawful.

Staff with genuine concerns about poor behaviour in a department should discuss these with their Line Manager, Human Resources or Freedom to Speak Up Guardians (see Raising Concerns Policy), rather than take covert recordings to demonstrate conduct.

Departments must have local procedures for use of personal mobile cameras during working hours.

10.2 Staff Recording Patients on Personal Devices

It is not normally permitted to take any type of patient recording on personal device. However, in exceptional circumstances where there is no Trust owned equipment available and the situation is time critical, then the recording can take place as long as a risk assessment is carried out.

Staff that have no option but to make a recording on their own personal device must upload the recording to the Trust network as soon as possible and ensure it is permanently deleted from the device and cannot be recovered. It is the responsibility of the staff member to ensure that features such as “recently deleted items” and cloud storage backups have not inadvertently stored the recording.

Recordings should not be sent over a mobile phone network to another device, nor should they be emailed outside NHSmail, transferred via instant messaging such as WhatsApp or published on social media.

11 Disclosure of Audio/Visual Recordings (Subject Access)

Recordings that are made for the purposes of patient care or employment where the Data Subject can be identified, constitutes personal data and is subject to disclosure under Data Protection legislation.

Requests should be directed to the Trust’s Disclosure Team.

Staff may encounter service users using recording devices across the Trust.

It is important for staff to ensure that recordings made by service users do not compromise patient confidentiality and do not obstruct staff in their duty to provide effective patient care.

If a staff member sees a service user making a recording without prior consent in any area of the Trust that poses a risk to patient confidentiality, then they should be advised that their actions are inappropriate and to stop and delete the recording. The Procedure for Individuals who are Violent or Aggressive should be followed if there is any resistance.

12.1 Recording Clinical Consultations

Article 2(c) of the General Data Protection Regulation (GDPR) states that the regulation does not apply to the processing of personal data by a natural person in the course of a purely personal or household activity. This means that recordings of this type are exempt from Data Protection legislation.

Service users may approach staff to request to record their clinical consultations/treatment/scans for private use, i.e. to act as an “aide mémoire”. This is permitted under Article 2(c).

The Trust would encourage staff to cooperate with reasonable requests. However, if staff suspect the recording is not going to be used in this way, then they can object to it taking place. See NHS Guidance – [Using Video Conferencing and Consultation Tools](#) for further information.

If a service user wishes to make a recording, this should be discussed with the healthcare professional prior to the recording taking place. The healthcare professional is then responsible for establishing whether the recording is appropriate, taking into consideration whether any third-party patient confidentiality would be compromised and ensuring any identified staff are fully aware.

Managers are encouraged to consider whether recordings are generally permitted in their area and display an appropriate poster as provided in Appendices 4 and 5.

To aid effective treatment, a staff member may use a patient’s personal device to make a recording, e.g., in the physiotherapy department where analysis takes place to understand the way patients move and there is a need to feed it back to them, so they can try to change it. Staff must ensure that other patients’ confidentiality is not compromised.

The Trust recognises that service users may wish to take recordings of themselves on Trust premises. As long as the recording does not identify anyone else then it is acceptable.

It is important for the service user to recognise that recordings are made for their private use only. If they then go on to publish it in the public domain, e.g., on social media and individuals are featured who are not aware, then this is classed as processing and it is therefore subject to Data Protection legislation. This should be logged as an incident on Datix and the Information Governance Team contacted who will request that the recording is removed from the public domain.

12.2 Recordings in Public Areas/Waiting Rooms/Wards

Service users should not be allowed to make recordings in areas frequented by patients and members of the public as recordings are likely to compromise patient confidentiality.

In extenuating circumstances, permission to make a recording in these areas should be granted from the manager responsible for the area.

12.3 Covert Recordings

With the increase in use of video conferencing software, instances of covert recording are not as easy to identify. Staff may feel frustrated if a recording is discovered retrospectively. However, if the recording was taken as an “aide mémoire” then it is exempt from Data Protection legislation and the service user can retain it.

If the recording is in the public domain, e.g. on the internet, then it should be removed by the service user. In the event of non-compliance, the incident may be reported to the police.

12.4 Communication with Service Users

Staff should consider displaying relevant posters contained in Appendices 4 and 5 in their areas to clearly set out to service users expected appropriate behaviour.

13 Examples of Acceptable and Unacceptable Behaviour

Examples of acceptable behaviour are:

- Patient taking a photograph of their newborn baby in the Maternity Unit on their own mobile phone with no staff or other patients captured in the image.
- Patient agreeing with their consultant in advance to make an audio recording on their mobile phone of their clinic appointment and then playing it back later to their partner.
- Team photograph taken to celebrate 12 months without a pressure ulcer and published on Twitter with awareness of all staff and no patients or their information displayed in the background.
- Patient requesting staff to take photographs of them on their own mobile phone to remind them of physiotherapy exercises.
- Parent taking a photograph of a newborn baby on the scales to record the birth weight.

Examples of unacceptable behaviour are:

- Staff or patient making a visual recording on their mobile phone of a busy waiting area and then publishing it on social media.
- Patient taking a photograph of other patients in their hospital beds in a ward.
- Staff member taking a covert audio recording of a disciplinary meeting and sharing it with a solicitor.
- Covertly recording colleagues in communal areas for no clear purpose and uploading to social media messenger group.
- Relative/family member taking an audio/visual recording of a patient having orthodontic treatment where the patient is clearly not providing consent as they are waving their hands indicating the recording should stop.
- Staff member taking an office “selfie” with colleagues in the background and uploading to social media without the permission of staff captured in the image.
- A parent present during induction of anaesthesia for their child and taking a photograph/video recording. This would be a distraction to the clinical team and not in the best interests of the child.

14 Overall Responsibility for the Document

The SIRO is responsible for ratifying this document. The Head of Information Governance/Head of Communications has responsibility for the dissemination, implementation and review of this document.

15 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Caldicott and Information Governance Assurance Committee and ratified by the Senior Information Risk Owner.

Non-significant amendments to this document may be made, under delegated authority from the Senior Information Risk Owner, by the nominated owner. These must be ratified by the Senior Information Risk Owner.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

16 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Senior Information Risk Owner and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

17 Monitoring Compliance and Effectiveness

Compliance with this policy will be monitored by the completion of the Data Security and Protection Toolkit submission process. The evidence submitted for submission is subject to annual audit.

Data Security and Protection Toolkit update reports will be presented by the Information Governance Team to the Caldicott and Information Governance Assurance Committee.

The Information Governance Team monitor Information Governance incidents using the Trust's incident reporting system, Datix and ensure these are investigated and lessons learnt.

The Information Governance Team will monitor national and local developments that may affect this policy.

18 References and Associated Documentation

- Data Protection Act 2018
(<http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>)
- General Data Protection Regulation (GDPR) (<https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/>)
- Human Rights Act 1998
<http://www.legislation.gov.uk/ukpga/1998/42/contents>
- Caldicott Report
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192572/2900774_InfoGovernance_accv2.pdf
- Regulation of Investigatory Powers Act 2000
<http://www.legislation.gov.uk/ukpga/2000/23/contents>
- GMC Guidance on Making and Using Visual and Audio Recordings of Patients
http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp
- CQC: Using Hidden Cameras to Monitor Care
<http://www.cqc.org.uk/content/using-hidden-cameras-monitor-care>
- Using video conferencing and consultation tools
<https://www.nhsx.nhs.uk/information-governance/guidance/using-video-conferencing-and-consultation-tools/>
- Use of mobile devices by patients in hospitals
<https://www.nhsx.nhs.uk/information-governance/guidance/use-mobile-devices-patients-hospitals/>
- Video conferencing with colleagues
<https://www.nhsx.nhs.uk/information-governance/guidance/using-video-conferencing-tools-communicate-colleagues/>
- Key principles for intimate clinical assessments undertaken remotely in response to COVID-19
https://elearning.rcgp.org.uk/pluginfile.php/154305/mod_page/content/11/Key%20principles%20for%20intimate%20clinical%20assessments_July%202020.pdf
- British Medical Association – Patients Recording Consultations
[Patients recording consultations \(bma.org.uk\)](http://www.bma.org.uk/patients-recording-consultations)

Dissemination Plan			
Document Title	Audio and Visual Recording Policy		
Date Finalised	June 2022		
Previous Documents			
Action to retrieve old copies	N/A		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Daily Email/StaffNet page	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Jo Arthur, Deputy Information Governance Manager
Directorate	Finance
Date	June 2022
Title	Audio and Visual Recording Policy
What are the aims, objectives & projected outcomes?	This Audio and Visual Recording Policy will detail the Trust's stance on audio and visual recording both by staff taking recordings of patients and by service users taking recordings throughout the Trust both overtly and covertly.
Scope of the assessment	
This assessment will highlight any areas of inequality with the implementation of this policy.	
Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages.
Religion	The document has no impact in this area.
Disability	This is mitigated as the policy can be made available in alternative formats.
Sex	The document has no impact in this area.
Gender Identity	The document has no impact in this area.
Sexual Orientation	The document has no impact in this area.
Age	The document has no impact in this area.
Socio-Economic	The document has no impact in this area.
Human Rights	Recordings without approval could impact on human rights.
What are the overall trends/patterns in the above data?	There are no trends/patterns in this data. External consideration has been given to Acts of Parliament and guidance from professional bodies.
Specific issues and data gaps that may need to be addressed through consultation or further research	Trust wide documents can be made available in a number of different formats and languages if requested. No further research is required as there are no further equality issues.
Involving and consulting stakeholders	
Internal involvement and consultation	This policy has been compiled by the Deputy Information Governance Manager. Wide consultation has taken place with interested parties across the Trust and key Information Governance staff.
External involvement and consultation	Please see section 20.
Impact Assessment	

Overall assessment and analysis of the evidence	<p>This assessment has shown that there could be an impact on race or disability groups. However, this document can be made available in other formats and languages if requested.</p> <p>The document does not have the potential to cause unlawful discrimination.</p> <p>The document does not have any negative impact.</p>
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Action Plan

Action	Owner	Risks	Completion Date	Progress update
Provide document in alternative formats and languages if requested.	Deputy Information Governance Manager	Potential cost impact.	Ongoing	This action will be addressed as and when the need occurs.

This template should be used by departments undertaking audio/visual recordings on a routine basis to outline the governance arrangements in place.

- Department
- Location
- Service Line
- Care Group
- Nature of Recording taking place (ie audio/visual)
- Purpose of Recording
- Consent Arrangements
- Equipment Details (Trust owned camera/iPad etc)
- Equipment Storage
- Specific Details of Recording
- Transfer of the Recording
- Storage of the Recording
- Deletion of the Recording



Information for Patients/Visitors

To protect the privacy of others the use of photographic and audio recording devices is not permitted in this area.

Making an audio recording, taking photographs or videos is strictly prohibited.

Thank you for your co-operation.

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve

A heart-shaped graphic with a white outline and a rainbow-colored border. Inside the heart, the NHS values are listed in white text on a blue background.



Information for Patients/Visitors

To protect the privacy of others if you wish to take photographs or record audio/video please speak to your clinician or a member of staff prior to any recording taking place.

Thank you for your co-operation.

Put people first
Take ownership
Respect others
Be positive
Listen, learn, improve