

## Audio and Visual Recording Policy

Issue Date	Review Date	Version
December 2018	February 2022	V1.7

### Purpose

This policy has been produced to instruct staff in the creation and management of audio and visual recordings of patients taken for any purpose. It also provides instructions for staff who encounter service users making audio/visual recordings both overtly and covertly.

### Who should read this document?

All staff, contractors and volunteers should familiarise themselves with the content of this policy. Staff members 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, particular care must be taken to respect patients' dignity and privacy. The Trust's Policy for Consent to Examination or Treatment must be applied in the process for taking audio/visual recordings of patients.
- Staff should take recordings of patients using the service provided by the Trust's Medical Photographer or using a Trust owned camera or iPad. These should be removed from the device as soon as possible and stored on the Trust network. 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. The "Bring Your Own Device" (BYOD) initiative will have a future impact on this policy and it is likely to be reviewed.
- 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-memoir. This cannot be published on social media. If a healthcare professional suspects that the recording is to be used for a different reason, then they can object to it taking place.
- 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.
- For information about patient consent, please refer to the Trust's Policy for Consent to Examination or Treatment.

Core Accountabilities		
<b>Production</b>	Information Governance Support Manager	
<b>Owner</b>	Head of Information Governance/Head of Communications	
<b>Review and approval</b>	Caldicott and Information Governance Assurance Committee Audio and Visual Recording Virtual Group (see Section 20 for further information)	
<b>Ratification</b>	Director of Corporate Governance/Senior Information Risk Owner (SIRO)	
<b>Dissemination</b>	Information Governance Support Manager	
<b>Compliance</b>	Information Governance Support Manager	
Links to other policies and procedures		
Information Governance Policy	Information Security Policy	
Staff Social Media Policy	Clinical Record Keeping Policy	
Staff Media Policy	Performance and Conduct Policy	
Consent to Examination and Treatment Policy	Safeguarding Policies	
Procedure for Individuals who are Violent or Aggressive		
Speaking Up Policy		
Version History		
<b>V1.5</b>	February 2017	Initial Document
<b>V1.6</b>	June 2017	Minor changes to poster
<b>V1.7</b>	December 2018	Minor changes to referenced legislation, policies and job titles

*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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## 1 Introduction

Audio and visual recordings of patients are required for clinical and non-clinical purposes. Photographic recording techniques include photographic film, digital images and video and audio recordings such as tapes, digital dictation and recording devices.

Any audio or visual recording which illustrates a patient's condition or aspect of their treatment forms a part of the patient's health record. All health records are classed as sensitive personal data and are therefore subject to the provisions of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

This policy also sets out the Trust's stance on overt and covert recording by service users.

## 2 Purpose

The Audio and Visual Recording Policy is designed to highlight to staff their responsibilities in respect of using photographic recording techniques to process personal information in line with key legislation, ethics and standards.

The policy will also provide staff with clear instructions on appropriate behaviour by service users when using their own recording equipment on Trust premises.

It will also signpost staff to documentation set out by national professional bodies.

## 3 Definitions

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

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

**Staff** are any permanent or temporary worker, locum bank employee or contractor.

**Personal Information** is factual information or expressions of opinion, which relate to a living individual who can be identified from that information, or in conjunction with any other information coming into the possession of the holder of that data – this also includes any indication of the intention of any person in respect of that individual.

**Special Category Information** is information that relates to a living individual that includes racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, genetics, biometrics, physical or mental health condition, sex life and sexual orientation.

**Confidentiality** means that 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 a recording that is openly carried out in plain sight and is not concealed.

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

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

## 4 Legal and Professional Obligations

Everyone working for the NHS has a legal duty to keep any personal or corporate information received in the course of their work confidential. There are legislation and standards which relate to confidentiality and disclosure of person identifiable information.

### 4.1 Common Law Duty of Confidence

The “duty of confidence” is long established within common law and as such applies equally to everyone. This means that any personal information given or received in confidence for one purpose may not be used for a different purpose or passed to anyone else without the consent of the data subject.

### 4.2 Data Protection Act 2018 and the General Data Protection Regulation (GDPR)

Data Protection legislation consists of the UK Data Protection Act 2018 and the EU General Data Protection Regulation (GDPR). They must be read in conjunction with each other.

#### Principles

The Data Protection Act 2018 has six principles that apply to the processing of personal data of living individuals:

1. Processing must be lawful and fair
2. Purposes of processing must be specified, explicit and legitimate
3. Personal data must be adequate, relevant and not excessive
4. Personal data must be kept accurate and up to date
5. Personal data must not be kept longer than is necessary
6. Personal data must be processed in a secure manner

To complement these, the GDPR also has six principles; that personal data of living individuals must be processed:

1. Fairly, lawfully and transparently
2. For specified purposes
3. Using the minimum amount necessary
4. Accurately
5. For only as long as it is needed
6. Securely

### 4.3 Human Rights Act 1998

The main element of the Human Rights Act (HRA) 1998 relevant to data protection, confidentiality and medical/personal records is Article 8. This article states that:-

Everyone has the right to respect for their private and family life, their home and their correspondence and that there shall be no interference by a public authority with the

exercise of that right except such as in accordance with the law and is necessary in a democratic society, in the interests of:-

- National Security
- Public Safety or the economic well-being of the country
- For the prevention of disorder or crime
- For the protection of health or morals
- For the protection of the rights and freedoms of others

In addition, Article 10 gives the right to freedom of expression but prevents the disclosure of information received in confidence.

#### **4.4 Caldicott Report 1997 (reviewed 2012/2016)**

The Caldicott Report sets out the following set of principles for the management of patient identifiable data:

1. Justify the purpose(s).
2. Use and transfer patient identifiable information only when absolutely necessary.
3. Only use the minimum necessary patient identifiable information.
4. Access to patient identifiable information to be on a strict need to know basis.
5. Everyone to be aware of their responsibilities.
6. Understand and comply with the law.
7. The duty to share information can be as important as the duty to protect patient confidentiality.

#### **4.5 Regulation of Investigatory Powers Act 2000**

The Regulation of Investigatory Powers Act is legislation governing the use of covert recording techniques by public authorities.

#### **4.6 Professional Obligations**

As well as an obligation to the Trust, many staff are also bound by the Codes of Conduct of their respective professional bodies and should refer to their respective organisations for details of their guidelines.

#### **4.7 Safeguarding**

Staff must consider the Trust's Safeguarding Policies in conjunction with this policy.

## **5 Duties**

The Trust, as a Data Controller, has a legal duty to comply with Data Protection legislation when processing personal data.

### **5.1 Senior Information Risk Owner (SIRO)**

The SIRO is an executive who is familiar with and 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 Director of Corporate Business.

## **5.2 Caldicott Guardian**

The role of the Caldicott Guardian is to safeguard and govern the uses made of patient information within the Trust and the transfer of patient identifiable information outside the Trust.

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

## **5.4 Information Governance Team**

The Information Governance Team is responsible for the implementation of this policy and for ensuring that:

- All staff taking patient audio or visual recordings in whatever form are made aware of the need for compliance with the Data Protection Act 1998, Confidentiality and Caldicott Principles.
- Processing of personal data within the Trust complies with the law and investigating incidents of non-compliance.

## **5.5 Communications Team**

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

## **5.6 All Managers**

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.

## **5.7 All Staff**

All staff, whether permanent, temporary or contracted and contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis. Every member of staff employed by University Hospitals Plymouth NHS Trust is bound by employment Terms and Conditions.

# **6 Audio/Visual Recordings for Patient Care**

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

## **6.1 Medical Photographer**

The Medical Photographer provides a visual recording service to staff in the Trust. When there is a requirement to make a recording of a patient, the Medical Photographer should be contacted in the first instance. If the photographer is unavailable, consider whether the image can be taken at another time. If it cannot be delayed, then the image can be taken by a staff member on a Trust owned camera.

## 6.2 Trust Owned Equipment

Some departments have their own cameras or iPads which are used for taking photographs or audio/visual recordings. There must be a clear procedure in place for use of these devices, including a user log, secure storage and deletion arrangements (see Appendix 3).

## 6.3 Obtaining Consent

The Trust's Policy for Consent to Examination or Treatment covers the consent process for taking audio/visual recordings of patients. This must be read in conjunction with this policy.

Any staff member carrying out visual recording must complete the Trust Visual Recording Request and Consent Form prior to making a visual recording. This should be filed within the patient's medical records.

## 7 Audio/Visual Recordings by Trust Staff for other purposes

It is good practice and courteous to inform staff at formal meetings that a recording is taking place (usually for the purpose of minute taking), although explicit consent is not necessary as the recording will be capturing staff acting in a professional capacity.

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.

If staff wish to take team photographs in a clinical environment then this is permitted as long as care is taken to ensure there is no risk to patient confidentiality.

Service users attending complaint/concern/feedback meetings where the recording would not form part of the patient record should provide consent for the recording to take place and be given assurance on the purpose for the recording, the storage and retention arrangements.

Staff should seek prior consent if they wish to record other events, including 1:1 meetings, sickness discussions, appraisals etc. If consent is not granted, then the recording should not go ahead.

## 8 Staff Use of Personal Mobile Phones/Cameras

The Trust has an obligation to provide a safe environment to deliver care. Staff should be aware that 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 and should therefore make use of more suitable areas such as staff rooms.

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.

Departments should clearly define local procedures for use of personal mobile phone/cameras during working hours.

It is not normally permitted to take any type of patient recording on personal mobile phones. 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.

## **9 Recording Telephone Conversations with Patients**

Some departments within the Trust routinely carry out recording of telephone conversations with patients. This is for training and quality assurance purposes. Patients are informed that calls are recorded via an automated message.

## **10 Processing and Storage of Audio/Visual Recordings**

Visual recordings of patients should be securely stored within patients’ health records. If stored elsewhere, 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.

Digital recordings must be removed from recording devices as soon as possible after the recording has taken place. They should be processed and stored safely on the Trust network to prevent accidental loss, authorised viewing or damage. There must be appropriate access control to ensure only the individuals who need access for justified reasons can do so.

Departments which routinely carry out their own audio/visual recordings must have a documented local procedure which complies with this policy.

## **11 Disclosure of Audio/Visual Recordings (Subject Access)**

Recordings that are made for the purposes of patient care and/or where the patient can be identified may form part of the medical record and be handled in line with Data Protection legislation for the management of personal information. Therefore recordings may be subject to disclosure under the provision of Subject Access. Requests should be directed to the Trust’s Disclosure Team.

Anonymised recordings, for use in research, teaching or training can be disclosed without consent; however extreme care must be taken to ensure that all identifiable data is removed prior to disclosure.

## **12 Disposal of Audio/Visual Recordings**

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

## **13 Audio/Visual Recordings made by Service Users**

Staff may encounter service users using recording devices across the Trust. A large proportion of people own mobile phones, many of which have the facility to take photographs or make audio/video recordings.

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. Explicit patient consent must be given.

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 delete the recording. The Procedure for Individuals who are Violent or Aggressive should be followed if there is any resistance.

### **13.1 Recordings in Clinical Consultations/Treatment Areas**

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 audio 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.

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 provide consent.

Service Line 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.

It may be necessary in the course of effective treatment that a patient permits a staff member to record an image of them on the patient’s own device, 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. This practice is permissible as

long as the staff member ensures that no other patients' confidentiality is breached and that the patient understands and consents to the recording.

The Trust recognises that service users may wish to take recordings of themselves when on Trust premises. As long as the recording does not identify anyone who hasn't given prior consent 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 have not provided consent then this is classed as processing and it is therefore subject to Data Protection legislation. If no consent was sought, then 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.

### **13.2 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.

### **13.3 Covert Recordings**

If a recording is discovered retrospectively, then it is important to clarify the consent arrangements. If there was no consent for the recording and individuals are featured that have not provided consent, then the service user should be instructed to delete 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.

### **13.4 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.

## **14 Examples of Acceptable and Non Acceptable Behaviour**

Examples of acceptable behaviour are:

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

Examples of unacceptable behaviour are:

- Patient making a visual recording on her 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 to illustrate loud conversations.
- 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 Facebook without the permission of staff captured in the image.
- A parent being present at 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.

## **15 Non Clinical Audio/Visual Recordings**

### **15.1 Media Recordings**

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

### **15.2 Closed Circuit Television (CCTV)**

The Trust has CCTV installed across the site predominately 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.

## **16 Overall Responsibility for the Document**

The Director of Corporate Business/Senior Information Risk Owner (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.

## **17 Consultation and Ratification**

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

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 approved by the Caldicott and Information Governance Assurance Committee and Audio and Visual Recording Virtual Group and ratified by the Director of Corporate Business/SIRO.

Non-significant amendments to this document may be made, under delegated authority from the Director of Corporate Business/SIRO, by the nominated author. These must be ratified by the Director of Corporate Business/SIRO and should be reported, retrospectively, to the approving Caldicott and Information Governance Assurance Committee.

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.

## **18 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, currently the 'Vital Signs' electronic newsletter.

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

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **19 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.

## **20 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](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](http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp)
- Plymouth Community Healthcare Audiovisual Recordings Policy
- CQC: Using Hidden Cameras to Monitor Care  
<http://www.cqc.org.uk/content/using-hidden-cameras-monitor-care>
- Information Governance Alliance: The Use of Mobile Devices in Hospitals (eg Phones, Tablets and Cameras)  
<http://systems.hscic.gov.uk/infogov/iga/consultations/mobiledevices.pdf>

**University Hospitals Plymouth NHS Trust Audio/Visual Recording Virtual Group Membership:**

- Director of Corporate Business/Senior Information Risk Owner
- Information Governance Team
- Head of Communications
- IT Security Lead/Agile Development Team Manager
- Safeguarding Named Nurse
- Dental Nurse Representative
- Service Line Support Manager Representative
- Deputy Service Line Cluster Manager Representative
- Physiotherapist Representative
- Maternity Risk Manager
- Patient Experience Manager
- Quality Manager – Medicine
- Medical Photography Representative
- Facilities and Environmental Services Manager
- Sister – Main Theatres Representative
- Equality and Diversity Manager
- Consultant Sonographer Representative
- Radiographer Representative

- Staff Nurse Representative
- Registrar Representative
- Legal Manager
- Head of Patient Access
- Emergency Planning and Liaison Officer

Dissemination Plan			
Document Title	Audio and Visual Recording Policy		
Date Finalised	December 2018		
Previous Documents			
Action to retrieve old copies	N/A		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
<b>Title</b>	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
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	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
<b>Content</b>	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
<b>Evidence Base</b>	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
<b>Approval</b>	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
<b>Dissemination &amp; Implementation</b>	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
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	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
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
<b>Manager</b>	Jo Arthur, Information Governance Support Manager
<b>Directorate</b>	Corporate
<b>Date</b>	December 2018
<b>Title</b>	Audio and Visual Recording Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	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	
<b>Race</b>	This is mitigated as the policy can be made available in alternative languages.
<b>Religion</b>	The document has no impact in this area.
<b>Disability</b>	This is mitigated as the policy can be made available in alternative formats.
<b>Sex</b>	The document has no impact in this area.
<b>Gender Identity</b>	The document has no impact in this area.
<b>Sexual Orientation</b>	The document has no impact in this area.
<b>Age</b>	The document has no impact in this area.
<b>Socio-Economic</b>	The document has no impact in this area.
<b>Human Rights</b>	Service users taking recordings of staff without consent could impact on their human rights.
<b>What are the overall trends/patterns in the above data?</b>	There are no trends/patterns in this data. External consideration has been given to Acts of Parliament and guidance from professional bodies.
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	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	
<b>Internal involvement and consultation</b>	This policy has been compiled by the Information Governance Support Manager. Wide consultation has taken place with interested parties across the Trust and key Information Governance staff.
<b>External involvement and consultation</b>	Please see section 20.
Impact Assessment	

<b>Overall assessment and analysis of the evidence</b>	<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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<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>
Provide document in alternative formats and languages if requested.	Information Governance Support 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:  
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.



Leading with excellence, caring with compassion



## Information for Patients/Visitors

### Using Recording Devices to Take Photographs and Audio/Videos in this Area



### **To protect the privacy of others:**

If you wish to take photographs or record audio/videos in this area please speak to your clinician or a member of staff prior to any recording taking place.

Thank you for your co-operation.

