

Ref: FOI/GS/ID 5568

**Please reply to:**  
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Trust Management  
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Maidstone  
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Email: mtw-tr.foiadmin@nhs.net

9 July 2019

## **Freedom of Information Act 2000**

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to the Recording of appointments and consultations.

*You asked:*

*Would you please be able to provide the following information regarding appointments and / or consultations that are held in private settings (i.e. not settings where there is the potential for a breach of other patient's confidentiality (e.g. group therapy sessions or bays in accident and emergency departments)):*

*1) Does your Trust allow patients and / or their nominated representatives to make audio recordings of their appointments and / or consultations with a member of staff when they ask the staff member if it is acceptable to do so?*

*2) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies when a patient and / or their nominated representatives requests to audio record their appointment / consultation?*

*3) Does your Trust allow patients and / or their nominated representatives to make video recordings of their appointments and / or consultations with a member of staff when they ask the staff member if it is acceptable to do so?*

*4) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies when a patient and / or their nominated representatives requests to video record their appointment / consultation?*

5) Does your Trust allow patients and / or their nominated representatives to make audio recordings of their appointments and / or consultations with a member of staff without informing the member of staff about it (i.e. a covert recording)?

6) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies if they discover a patient and / or their nominated representatives has audio recorded their appointment / consultation covertly?

7) Does your Trust allow patients and / or their nominated representatives to make video recordings of their appointments and / or consultations with a member of staff without informing the member of staff about it (i.e. a covert recording)?

8) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies if they discover a patient and / or their nominated representatives has video recorded their appointment / consultation covertly?

9) Should your Trust's policies not allow patients and / or their nominated to make audio and / or video recordings (having informed the member of staff and / or covertly) of their appointments and / or consultations could you please provide a copy of your Trust's policies regarding what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives where there may be a specific need for the patient and / or their nominated representatives to audio and / or video record their appointments and / or consultations (e.g. medical issues such as dementia, the patient having nobody available to act as an advocate for them or any other need identified by the patient and / or their nominated representatives)?

10) Could you please provide a copy of the impact assessment undertaken of the policy / policies cited in response to question 9?

11) Should your Trust's policies not allow patients and / or their nominated representatives to make audio and / or video recordings (having informed the member of staff and / or covertly) of their appointments and / or consultations could you please provide a copy of the information that staff can give to the patient and / or their nominated representatives explaining why it is not allowed?

12) Should your Trust's policies state that it is for the staff member to decide whether they are prepared to allow appointments and / or consultations to be audio and / or video recorded by the patient and / or their nominated representatives could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that states what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives when the member of staff states they are not prepared to be audio and / or video recorded but the patient and / or their nominated representatives are insistent on doing so?

13) Should your Trust have no policy regarding the situations as detailed in questions 1, 3, 5, 7, 9 or 12 could you please detail what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives should any of the situations detailed occur?

**Trust response:**

**Please find below the Trust's policy regarding the use of recording equipment on Trust premises.**

## **MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST**

# **Use of cameras, video and audio recorders (including the use of smart phone and other mobile devices with recording functionality) on Trust premises policy and procedure**

**Requested / required by:** Trust Board

**Main author:** Head of Information Governance and  
Local Security Management Specialist

**Other contributors:**

**Document lead:** Senior Information Risk Owner (Chief Nurse)  
**Contact details:**

**Directorate:** Corporate

**Specialty:** Information Governance

**Supersedes:** Patient Photographic and Video Recording Policy  
[RWF-OPPPCS-NC-CG8] (Version 1.0: September  
2007)  
Patient Photographic and Video Recording  
Procedure [RWF-OPPPCS-NC-CG9] (Version 1.0:  
September 2007)

**Approved by:** Information Governance Committee, 4<sup>th</sup> March 2015

**Ratification by:** Policy Ratification Committee, 1<sup>st</sup> April 2015

**Review date:** March 2018

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The master copy is held on Q-Pulse Document Management System  
This copy – REV2.0

## Document history

<b>Requirement for document:</b>	<p>To ensure that patient information and images remain confidential</p> <p>To assist with assessment and evaluation of patients' conditions though the use of clinical photography.</p> <p>To reduce risks associated with use of cameras.</p>
<b>Cross References:</b>	<ul style="list-style-type: none"> <li>• Human Rights Act 2010</li> <li>• Data Protection Act 1998</li> <li>• DH Confidentiality NHS Code of Practice</li> <li>• DH Records Management NHS Code of Practice</li> <li>• DH Information Security NHS Code of Practice</li> <li>• IMI National Guidelines Clinical Photography in Wound Management (2007) (<a href="http://www.imi.org.uk">www.imi.org.uk</a>)</li> <li>• GMC - Making and Using Visual and Audio Recording of Patients</li> <li>• CQC – Fundamental Standards</li> <li>• Health and Social Care Act 2008 Regulated Activities Regulations</li> <li>• ICO Code of Practice on the use of CCTV</li> <li>• ICO Surveillance Camera Code of Practice</li> </ul>
<b>Associated documents:</b>	<ul style="list-style-type: none"> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Records Management Policy and Procedure</i> [RWF-OPPCS-NC-TM1]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Health Records Policy and Procedure</i> [RWF-OPPCS-NC-TM31]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Data Quality Policy and Procedure</i> [RWF-OPPCS-NC-TM40]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Information Governance Strategy</i> [RWF-OPPCS-NC-TM4]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Information Governance Policy and Procedure</i> [RWF-OPPCS-NC-TM9]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Information Security Incident Reporting</i> [RWF-OPPCS-NC-TM10]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Consent to Examination or Treatment, Policy and Procedure for</i> [RWF-OPPPES-C-SM5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Incident Management Policy and Procedure</i> [RWF-OPPPCS-NC-CG22]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Mobile Phone Policy and Procedure</i> [RWF-OWP-PP-COR-NC-HI5]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Information Security Policy</i> [RWF-OPPCS-NC-TM11]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Closed Circuit Television Policy and Procedure [CCTV]</i> [RWF-OPPPCS-NC-FH2]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Speak Out Safely (SOS) Policy and Procedure (formerly Whistle Blowing)</i> [RWF-OPPPCS-NC-WF33]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Code of confidentiality</i> [RWF-OPPCS-NC-TM3]</li> <li>• Maidstone and Tunbridge Wells NHS Trust. <i>Disciplinary Policy and Procedure</i> [RWF-OPPPCS-NC-WF10]</li> </ul>



<b>Version control:</b>		
<b>Issue:</b>	<b>Description of changes:</b>	<b>Date:</b>
1.0	First iteration	September 2007
2.0	Reviewed and rewritten to reflect legislative and technological changes. Incorporation of Solicitor's comments.	March 2015

Policy statement for:

## **Use of cameras, video and audio recorders (including the use of smart phone and other mobile devices with recording functionality) on Trust premises**

Maidstone and Tunbridge Wells NHS Trust is committed to providing a service of the highest quality and is committed to upholding and maintaining the confidentiality of its service users. Confidentiality does not only apply to information in written form but also extends to that stored on other media. With the advance of technology (such as smart phones and other devices which are able to record audio or visual material), safeguarding the privacy, cultural beliefs and confidentiality of service users is of paramount importance.

This policy sets out:

- The duties and responsibilities of staff producing and using photography at work in the Trust;
- The importance of obtaining informed consent from people portrayed in both clinical and non-clinical photographs and other recordings;
- The need to maintain patient confidentiality when creating and using clinical photographs;
- Ownership of the copyright of pictures taken with cameras owned by the Trust;
- Processes to create anonymised images;
- The need to adopt a systematic approach to shooting, processing and archiving clinical images;
- Exceptions to this policy.



# Use of cameras, video and audio recorders (including the use of smart phone and other mobile devices with recording functionality) on Trust premises procedure

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## 1.0 Introduction and scope

Maidstone and Tunbridge Wells NHS Trust (the Trust) is committed to upholding and maintaining the privacy and confidentiality of its service users. Confidentiality does not only apply to information in written form but also extends to that stored on other media. With the developments in technology over recent years (such as smart phones and other devices which are able to record either audio or visual material, or both), safeguarding the privacy, cultural beliefs and confidentiality of service users is of paramount importance.

The Human Rights Act and Data Protection Act are both concerned with an individual's right to dignity and privacy.

This policy sets out the Trust's position in relation to both the use of authorised and unauthorised audio / visual recording devices on the premises by service users, visitors, staff, external agencies such as the Media and contractors.

Photography and video recordings are a valuable part of assessing and evidencing a patient's condition. They are beneficial in areas such as tissue viability, to demonstrate that the condition of a wound has improved, or in areas such as physiotherapy and speech and language therapy to demonstrate improvements of a particular condition over time.

Recordings taken using cameras owned by the Trust which illustrates a patient's condition or an aspect of the treatment, form a part of that patient's health record and are protected in the same way as any other health record. The existence of each photograph or recording must be documented in the patient's health record.

Recordings must be indexed and held in a suitable system to facilitate rapid retrieval at all times.

Personal devices should, where possible, be switched off whilst staff, contractors and volunteers are on duty or working on Trust premises.

Service users and visitors must only use mobile telephones and similar technology in designated areas where these devices cannot cause interference to medical devices.

The detail set out within this document is applicable to anyone on Trust premises and on all Trust sites.

## 2.0 Definitions

Recordings	Music, sounds, or images that have been stored on a CD, computer, memory stick, removable data memory cards, etc., so that they can be heard or seen again
Confidentiality	The ethical principle or legal right that an individual will hold secret all information relating to another, unless given consent permitting disclosure
Clinical	Using stills photography or video equipment to record

photography or video	the outward signs of a patient's condition; or a medical or surgical procedure being applied to a patient
Images	These include both visual (static or moving) and auditory
Analogue	Information is translated into electric pulses
Digital	Information is translated into binary format (zero or one).
Informed consent	A full understanding of the options and implications of a decision being made
Copyright	The legal right that grants the creator of an original work exclusive rights to its use and distribution
Information asset	Any data, device, or other component of the environment that supports information-related activities
Information asset owner	A named individual responsible for information assets within a defined area.
Authorised recordings	Recordings made with explicit consent of the Trust or individuals as applicable to the circumstances
Covert recordings	Recording of a location, or the movements or activities of an individual or group where there is no knowledge that the recording may be taking place
Caldicott Guardian	The person with overall responsibility for protecting the confidentiality of person identifiable data.
Senior Information Risk Owner	The person with allocated lead responsibility for the Trust's information risks and provides a focus for the management of information risk at Board level
Data Protection Officer	The person with responsibility for regulating the use and security of personal information
Power of Attorney	<p>There are three types of Power of Attorney:</p> <ul style="list-style-type: none"> <li>• Lasting Powers of Attorney (LPA) <ul style="list-style-type: none"> <li>1) personal welfare LPA</li> <li>2) property and affairs LPA</li> </ul> </li> <li>• Enduring Powers of Attorney (EPA) <ul style="list-style-type: none"> <li>3) EPA deals only with property and affairs</li> </ul> </li> </ul> <p>It is no longer possible to create an EPA as they were made under a previous law. An EPA made before October 1 2007 remains valid.</p> <p>Both EPAs and LPAs must be registered with the Office of the Public Guardian. LPAs can be registered at any time.</p>
Service user	Patients and public accessing services provided by

	the Trust or visiting Trust premises.
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### **3.0 Duties**

#### **All Trust employees**

All Trust employees and anyone working for the organisation (e.g., agency staff, honorary contracts, management consultants, etc.) who use and have access to Trust premises and information must understand their personal responsibilities for information governance and comply with UK law. All staff must comply with Trust policies, procedures and guidance and attend relevant education and training events in relation to Information Governance.

Before leaving the employment of the Trust, staff must seek specific permission from the Data Protection Officer to retain images for teaching purposes. The Trust may grant such permission subject to the retention of copyright and all reproduction rights.

#### **Service users and members of the public**

Making a recording without the permission of the Trust contravenes the right to confidentiality and human rights of any individuals being recorded and is against Trust policy. Individuals may be subject to legal action taken against them.

A summary of 'Do's and Don'ts' can be found in **Appendix Six**.

### **4.0 Training / competency requirements**

At present the inclusion of training / competency requirements specific to policy and procedure is not considered necessary.

It is mandatory for all staff, including new starters, locum, temporary, student and contract staff members, to complete, on an annual basis, training relating to information governance.

### **5.0 Acceptable uses**

Authorised recording may be made for many purposes including:

- Clinical – to record the outward signs of a patient's condition, a medical or surgical procedure being applied to a patient; monitor therapeutic change over time, give feedback, enable patients and their carers/families to observe and learn from their actions/interactions, support training (such as parenting skills) and facilitate clinical involvement of the wider team;
- Teaching – to illustrate clinical signs and demonstrate interviewing/ counselling techniques;
- Training – to provide on-going training for the clinical team and for clinical supervision purposes;
- Research – as a defined aspect of an approved research project or study;

- Safeguarding – in some circumstances photographic evidence of injuries and/or bodily condition may be required to assist in a safeguarding investigation.

- Incident investigation and feedback – to ensure the correct recording of information in circumstances where there is a requirement to ensure absolute accuracy or in feedback meetings where the presence of a minute taker may be insensitive and intrusive;
- Administrative support – to allow recording of a meeting without the need for attendance by a minute taker;
- Security surveillance – specifically excluded from this policy/procedure. See the Trust *Closed Circuit Television Policy and Procedure [CCTV]*.
- Publicity

All projects/research involving the recording of patients (visual and auditory) must be registered with the Trust Research and Development and Information Governance functions.

Copyright of all such records is held by the Trust.

Authorisation, and where relevant, consent should be held with the image.

Negatives, master transparencies, original digital camera files and videotapes must be logged and stored appropriately. In the case of digital cameras, the files must not be treated in any way before storage.

It is recognised that while digitally originated recordings are intrinsically no different to traditional recordings, they are easier to copy in electronic form and are therefore more at risk of both image manipulation and inappropriate distribution. Particular care must be taken to protect the image and maintain its integrity.

Due care must be given to ensure that the quality of a recording (in terms of resolution, colour depth or volume) is adequate for purpose.

In order to maintain the integrity of images, manipulation may only be carried out to the whole image and must be limited to simple sharpening, adjustment of contrast and brightness and correction of colour balance.

The quality of the image must not be compromised when photographing or viewing wound assessments.

It is good practice for patients to see the images taken of them as a means of confirming their consent to the process.

## **6.0 Consent**

Whilst consent to certain recordings, such as x-rays, is implicit in the patient's consent to the procedure, health professionals should always ensure that they make clear, in advance, if any photographic or video recording will result from that procedure.

Photographic and video recordings which are made for treating or assessing a patient, from which the patient might be identified, must not be used for any purpose other than the patient's care or the audit of

that care, without the express consent of the patient or a person with a Lasting Power of Attorney for personal welfare or parental responsibility for the patient.



If you wish to use such a recording for education, publication or research purposes, you must seek consent in writing, ensuring that the person giving consent is fully aware of the possible uses of the material. In particular, the person must be made aware that you may not be able to control future use of the material once it has been placed in the public domain.

In the case of children, if a child is not willing for a recording to be used, you must not use it, even if a person with parental responsibility consents.

When seeking to take photographs or video recordings of a patient lacking the mental capacity to provide consent, the reason for taking the recording must be in the best interest of the patient and documented. Consent may be obtained from someone who holds a Power of Attorney for personal welfare. It is always good practice to try and discuss with the patient by any means necessary or the next of kin to explain the rationale for making the recordings.

If you wish to make a photographic, audio or video recording of a patient specifically for education, training, accreditation, supervision, publication or research purposes, you must first seek their written consent (or where appropriate that of a person with parental responsibility) to make the recording, and then seek their consent to use it. If a patient lacks the mental capacity to provide consent you must not make, or use, any such recording, if the need could be equally well met by recording patients who are able to give or withhold consent.

If this image is to be held by a third party, i.e., training establishment (University) as part of accreditation of a practitioners competence, then it must be provided in line with information sharing agreements, stored securely and used only for the purpose of accrediting a practitioner's competence. Patient's consent must be obtained and in line with Code of Confidentiality there should be '*no surprises*' as to what is being done with the image and who has access etc.

Patients 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 decides that they are not happy for any recording to be used, it must be destroyed. Consent can be withdrawn at any time and this should be documented.

As with recordings made with therapeutic intent, patients must receive full information on the possible future uses of the recording, including the fact that it may not be possible to withdraw it once it is in the public domain.

In the case of minors, the parent or guardian should sign the consent form for education, publication or research purpose unless the minor reaches the age of 16 or is judged to be capable of consenting in his own right during the course of treatment, when new consent is required. If a child is not willing for a recording to be used it must not be used, even if the person with parental responsibility consents. If the

recording is part of clinical treatment then those under 16 cannot refuse if parental consent is given in law.

Photographic and video recordings, made for treating or assessing a patient, and from which there is no possibility that the patient might be recognised, may be used within the clinical setting for education or research purposes without express consent from the patient, as long as this policy is well published.

In instances where a recording is to be used for more than one purpose explicit consent must be obtained for each purpose. It must be explained that future consent will be sought if at a later stage there is an intention to use the recording for a different purpose.

In all cases of recording, care must be taken to respect the dignity, ethnicity and religious beliefs of the patient.

A consent form is attached at **Appendix Four**.

## **7.0 Non-clinical photography**

In cases where the patient is incidental to a recording, e.g., where the picture is to illustrate a particular piece of equipment set-up, consent to appear in the recording is still required from any patient or member of the public.

Accidental recording of patients who have not given appropriate consent must be avoided.

Photography may be permitted in designated areas of the Trust e.g. Maternity where relations and visitors may be allowed to photograph new born babies. Photography should only be allowed when parental consent is obtained and at the discretion of local staff. The confidentiality, privacy and dignity of other service users, staff and visitors must be maintained.

Images of a patient that inadvertently include an image of another patient or patients who have not consented should not be published under any circumstances. Unless detrimental to the care of the subject patient, they should be destroyed.

Freelance professional photographers may sometimes be employed by the Trust to take non-clinical photographs. They may only be used by prior arrangement with the Head of Communications.

Contracts with outside photographers must ensure that they waive ownership of copyright and moral rights in the recordings they prepare, although they may still be allowed to reproduce the recording or image providing permission has been given from the Trust on each occasion.

External agencies (for example media) are not permitted to take photographs or other recordings on Trust premises unless previous arrangements have been made with the Trust Communications Team; these arrangements must be recorded on the authorisation form in **Appendix Five**. Such agencies must be accompanied by a member of Trust staff at all times whilst on the premises. If seen unaccompanied

and recording they should be challenged by staff and asked to produce written documentation to confirm that they have received authorisation to be on site.

It should be noted that modern recording equipment can capture detailed information at great distances. Care must therefore be taken that any authorised recording is not allowed to capture patient identifiable information that may be visible e.g., on desks, computer screens and wall/notice boards.

## **8.0 Authorised recording of meetings**

Consent does not have to be sought when recording meetings such as staff meetings / formal meetings as attendees are not attending the meeting in a personal capacity. However, as a matter of courtesy and good practice attendees should be made aware that the meeting is being recorded.

Consent must be sought to record one to one sessions, appraisals, sickness, capability, disciplinary or similar staff meetings as these are personal meetings.

## **9.0 Recording by service users and members of the public**

Occasionally service users or other individuals may ask to record a meeting or clinical session to help them retain information or aid their therapy. Section 36 of the Data Protection Act 1998 allows processing of information to take place for domestic purposes. This means the Trust should consider each request on its own merits to establish if it is appropriate to allow the recording to take place. Service users should be invited to record consultations overtly, not covertly. The Trust should ask the service user for a copy of the recording which can then become part of their records. Patients should be reassured that the recordings will be stored securely and only used for agreed purposes e.g., seeking consent or advising as to treatment options. As appropriate, the Trust should offer to make the recording and give a copy to the individual to ensure the copy is accurate and unadulterated. The individual must give explicit consent, be advised that the recording is for personal use only and advised that the Trust accept no responsibility for the safekeeping of the copy once it has been handed to the individual. The individual must also be advised that the recording must not be used for litigation purposes. This is not permitted under Section 36 of the Data Protection Act 1998.

It may be considered inappropriate to allow a recording where references may be made to third parties or where visual interaction would not be apparent, for example in an audio recording.

Service users should be advised that clinical sessions are fully documented and a written copy can be provided to the service user.

## **10.0 Covert recording**

The Trust does not encourage the use of covert recording, unless supported by an appropriate authority made out under the Regulation of Investigatory Powers Act 2000 (RIPA). Such authority to be obtained either in pursuance of a Police-led investigation or NHS Protect in the interests of investigating and/or preventing crime e.g., abuse, violence, aggression, systematic theft, fraud and any other criminal or anti-social activity including terrorism, due to the potential to

breach the right of individuals to privacy as described in the Human Rights Act.

## **11.0 Management action in relation to unauthorised recordings**

Under no circumstances should individuals working for the Trust engage in covert recording. Permission should be sought in all instances where it is intended to record. If permission is not forthcoming then the recording should not take place.

If a member of staff is identified as having made an unauthorised recording, then this will be dealt with via the Trust Disciplinary Policy and Procedure (unless it is of a criminal nature, in which case the Police should be involved).

Where photographs or video / audio footage have been taken of a member of staff without their prior consent, staff should be advised of avenues for reprisal that are open to them. This may include instigation of civil proceedings or discussions with their staff association.

If a service user or other visitor to Trust premises is found to be making a recording without the permission of the Trust, the individual should be advised this may contravene the right to confidentiality of any individuals being recorded and is against Trust policy.

Any visitor observed making an unauthorised recording of other individuals on Trust premises should be asked to leave. A refusal to leave could result in Police involvement.

If the making of a covert recording, from which individuals can be identified, is discovered after the recording has been made and if it has already been published (for example on Facebook, YouTube) the maker should be requested to immediately remove the recording and notify the Trust when it has been done.

## **12.0 Security and storage of recordings**

Recordings must be stored securely on a Trust server and should never be stored on a standalone device where it is only possible to store data locally.

Recordings may be required to be disclosed under the Data Protection Act or Access to Health Records Act.

Recordings may be held temporarily on Trust owned devices before being uploaded to a secure area of the network or onto one of the approved information assets (e.g., PACS). Ideally, all digital images should be uploaded immediately where possible and deleted from the recording device to prevent any loss of personal data and security incidents. All recordings must be transferred from the device either at the end of each day or immediately upon return to base (if recorded off site e.g., in the patient's home).

Once the data has been transferred to the Trust network device all traces of the data should be immediately removed from the source device.

Personally owned devices, e.g., mobile phones, personal digital cameras, MP3 players, must never be used to take or store images or other recordings.

Data in transit on removable media must be encrypted, handled and stored appropriately and afforded the utmost security and protection at all times.

Any image or recording must be named with the NHS Number of the subject patient. In addition, the patient's name, date of birth and the date the image or recording was made should be recorded. Each image should be assigned a file name by which it can clearly be identified.

Staff must ensure that recording devices are stored securely when not in use or when taken away from Trust premises and remain vigilant at all times regarding the security and handling of equipment.

### **13.0 Monitoring and audit**

Monitoring of this policy/procedure will be by exception reporting of concerns and incidents/anonymous reports raised.

### Process requirements

#### 1.0 Implementation and awareness

- Once approved the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

#### **Communication plan**

This policy/procedure needs to be communicated to all staff; this will be achieved by:

- Publishing the policy on Q-Pulse on the Trust Intranet
- Making paper copies available
- Informing staff of the policy during Induction and IG training sessions
- Making staff aware of the policy at during IT application training sessions

#### **Decision about who the policy and procedural document will need to be brought to the attention of for implementation**

The consultation group was selected to provide a representative cross section from the Trust. Senior managers are tasked to promote a culture of IG understanding and compliance.

#### **Training needs analysis**

IG training is provided to all staff at induction. The Trust intends to provide additional training sessions specifically designed to address the IG requirements of different staff groups.

#### **Plan for implementation of training**

IG training is given to all staff at Induction. The Trust plans to implement a programme of IG training sessions targeted at specific staff groups.

#### 2.0 Review

The policy will be reviewed once every three years or sooner if changes in legislation or Trust practice require. If substantive changes are required to the policy during this period of approval it will be submitted to the Information Governance Committee for re-approval.

#### 3.0 Archiving



The Trust intranet retains all superseded files in an archive directory in order to maintain document history. Documents submitted as part of the Trust Information Governance Toolkit and similar Audit returns will be retained for a minimum of three years.

## APPENDIX TWO

**CONSULTATION ON:** Use of cameras, video and audio recorders on Trust premises, policy and procedure  
**Please return comments to:** [Head of Information Governance](#)  
**By date:** [Within ten working days of receipt of the policy](#)

**The following staff group is designated to review this Policy and Procedure**

Name:	Date sent	Date reply received	Modification suggested? Yes / No	Modification made? Yes / No
Trust Secretary	02.01.15			
Caldicott Guardian	02.01.15	14.01.15	Y	Y
SIRO	02.01.15	14.01.15	Y	Y
Data Protection Officer	02.01.15	14.01.15	Y	Y
Associate Director of Governance, Quality and Patient Safety	02.01.15	02.01.15	N	NA
Head of Legal Services	02.01.15	02.01.15	N	NA
Local Security Management Specialist	02.01.15	02.01.15	Y	Y
Trust Counter Fraud Specialist	02.01.15	02.01.15	N	NA
Health Records Manager	02.01.15			
Clinical Governance Assistant	02.01.15	14.01.15	Y	Y
Trust Solicitor	14.01.15	17.02.15	Y	Y
The role of those staff being consulted upon as above is to ensure that they have shared the policy for comments with all staff within their sphere of responsibility who would be able to contribute to the development of the policy.				

## APPENDIX THREE

### Equality impact assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality.

The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. Please consult the Equality and Human Rights Policy on the Trust intranet, for details on how to complete the grid.

**Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

<b>Title of Policy or Practice</b>	Use of Cameras, Video and Audio Recorders on Trust premises, policy and procedure
<b>What are the aims of the policy or practice?</b>	See policy statement Page 3
<b>Identify the data and research used to assist the analysis and assessment</b>	Staff consultation as defined in appendix two.
<b>Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.</b>	
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	No
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
<b>If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?</b>	
<b>When will you monitor and review your EqIA?</b>	The policy and equality review will be undertaken at least every 3 years following approval.

<b>Where do you plan to publish the results of your Equality Impact Assessment?</b>	The EIA assessment is appended to the policy.
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## FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Consent form - recordings for clinical purposes	<a href="#">RWF-OWP-APP38</a>
5	Non-clinical photography (external agencies) authorisation form	<a href="#">RWF-OWP-APP802</a>
6	Do's and don'ts	<a href="#">RWF-OWP-APP803</a>

## Non-clinical photography (external agencies) authorisation form

**Name of external agency / organisation:**

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**Name of individual from above named organisation:**

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**Date of visit and location:**

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**Reason for filming/photographs, including planned broadcast/publication date:**

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**Department and site:**

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**Name of staff member hosting**

**visit:** \_\_\_\_\_

**Signed (external agency / organisation representative):** \_\_\_\_\_

**Date:** \_\_\_\_\_


**Authorised by and Signed (Communications Team Member):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Signed form to be returned to Communications Department for retention)**

Disclaimer: Printed copies of this document may not be the most recent version.  
The master copy is held on Q-Pulse Document Management System

**Consent form - Recordings for Clinical Purposes**

FAMILY NAME:		 <b>Maidstone and Tunbridge Wells</b> <small>NHS Trust</small>  Consent for Clinical photography/video/transmission
Given name:		
Preferred name:		
Title:	Gender:	
NHS number:		
Hospital number:		
Date of birth:    _ _    -    _ _    -    _ _    _ _		
Location:		

I have explained the purpose of clinical photography/recording/transmission and how these images will be used.

A patient information leaflet has been given.

I am a health professional requesting clinical photography/video recordings or transmissions.

I am a Trust registered health professional performing clinical photography/Video recording or transmissions.

I will ensure that the appropriate images are taken in a dignified manner using approved equipment in accordance with Trust policy.

I will ensure all images used for the purpose of publication in a scientific or medical journal either do not identify the patient or I have explicit consent.

**Signature of health professional:**..... **Print name:**.....

**Job title:**..... **Contact no.:**.....

**Date:**...../...../.....

Patient statement (please circle your answer)

I agree to have clinical photography/video recordings/transmissions done. The request for the same has been explained to me and I fully understand what it entails and its use.

1. I consent to clinical photographs/recordings being taken for my personal health record only
2. I consent to clinical photographs/recordings being available for teaching in the health care context
3. I consent to my clinical photographs/recordings being used to educate patients undergoing similar treatment within Maidstone and Tunbridge Wells NHS Trust
4. I consent to my clinical photographs being published for the specific purpose of ..... and/or publication in medical or scientific journals or textbooks

At any time in the future (delete as appropriate)\*

**Signature of patient/parent/guardian/other\*:**..... **Date:**...../...../.....

**Relationship to child:**.....

A witness should sign below if the patient is unable to sign but has indicated their consent.

**Signature:**..... **Name (print):**..... **Date:**...../...../.....

## Use of cameras, video and audio recorders (including the use of smart phone and other mobile devices with recording functionality) on Trust premises policy and procedure

### Do's and Don'ts

Do	Do not
<ul style="list-style-type: none"><li>• Ensure you have the appropriate consent or authorisation;</li><li>• Document and file recordings appropriately.</li></ul>	<ul style="list-style-type: none"><li>• Record without consent or authorisation;</li><li>• Record covertly.</li></ul>

