

Title: Audio-visual recordings by people who use our services and members of the public policy

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Directorate: Trustwide

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Responsible for review: Associate Director of Communications and Partnerships

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[Document Control](#)

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Applicability: As indicated below

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1. Introduction

We have a clear responsibility to safeguard the safety, security, privacy, dignity and wellbeing of our patients, carers, visitors and staff at all times.

We recognise that the vast majority of people now have ready access to devices that are able to take audio and visual recordings, usually mobile phones, and that they are increasingly seeking to use those devices to record their interactions with others.

This policy applies to **audio-visual recordings by people who use our services and members of the public only**. For more detail on what the policy does and does not apply to, please see the **scope** section.

While we recognise that a wide range of people have a valid and legitimate interest in our organisation and the services we provide and that, as a public sector organisation, we must be held to account, our responsibility to protect and safeguard our people comes first.

This policy sets out the parameters for patients and the public to make audio-visual recordings in a safe, lawful and inclusive way, recognising that people may have legitimate purposes for doing so.

Under the Data Protection Act 2018 (GDPR), legally enforceable standards apply to the collection and processing of images relating to individuals.

It is therefore essential that our staff have guidance to minimise the risks and to ensure that we address risks or potential risks to the dignity, privacy and confidentiality of patients, carers, visitors and staff.

2. Purpose

This policy outlines best practice to protect all our people (patients, carers, visitors and staff) from the risks associated with the taking of audio-visual recordings on our premises by patients, carers, visitors or third parties.

It is supported by and to be read in conjunction with the policy statement for people who use our services and members of the public outlined in Appendix 1.

The purpose of this policy is to

- make sure any risks to the safety, security and confidentiality of patients, carers, visitors and staff are robustly mitigated
- provide advice to staff on the appropriate actions and procedures which must be followed to comply with the data protection legislation, the duty of confidentiality and Article 8 of the European Convention on Human Rights

3. Scope

This policy applies across all our services and sites and includes visits to patients' homes.

It only applies in respect of audio-visual recordings taken by people who use our services and members of the public.

It does not relate to the taking of any recordings by the organisation or its members of staff of patients, staff, carers or others for:

- training and education (please see our consent for examination and treatment, appendix i: photography, video and DVD recordings of patients: confidentiality, consent, copyright and storage policy)
- research or publication (as above)

- security purposes (CCTV) (please see our security policy)
- promotional or publicity purposes (please refer to our media policy)

It also does not relate to audio-visual recordings taken by journalists or film crews with permission to film on our sites or with our staff and patients (please refer to our media policy).

Please refer to our policy for the use of mobile communications in hospital buildings for guidance on the use of mobile devices near medical devices.

4. Definitions

Audio visual recordings	is the term used for originals or copies of audio recordings, photographs and other visual images of people who use our services, staff or visitors that may be made using any recording device, including mobile phones.
Personal identifiable data	<p>is information about a person which would enable that person's identity to be established by one means or another. This might be fairly explicit such as an unusual last name or isolated postcode, or small pieces of different information which if taken together could allow the person to be identified.</p> <p>Personal data can be held in the following formats:</p> <ul style="list-style-type: none"> • computer files, including emails. • databases and spreadsheets. • paper files or recordings. • microfiche. • CCTV, pictures and audio.
Sensitive personal data / Special Categories Data	<p>are usually treated confidentially and whose loss or misdirection could impact adversely on individuals, the organisation, or on the wider community. It is defined in the Data Protection Act 2018 (DPA) where personal information contains details of:</p> <ul style="list-style-type: none"> • health or physical condition • racial or ethnic origin • political opinions • religious beliefs • trade union membership • sexual life • criminal convictions.
Confidentiality	is a duty of confidence that arises when one person discloses information to another person where it is reasonable to expect that information to be held in confidence.
Copyright	is defined by the Copyright Licensing Agency as one of the main types of intellectual property. It is the exclusive right to prevent others from reproducing or copying another's work without permission. Any original work would qualify for copyright status automatically and it does not have to be registered for this to apply. While the work itself is covered by copyright, ideas are not.
Implied consent	is the legal term which states that by doing something you are giving your consent for something to happen. An

	example is an appointment made with a physician by a patient; it is implied that by making the appointment the patient gives consent to the physician to make a diagnosis and offer treatment or to refer them to the local hospital to see a specific Consultant.
Explicit consent	is the term used to describe an agreement for something to happen and is given freely, without pressure. It is best practice to ensure that explicit consent is recorded in written format to ensure there is no ambiguity at a later date.
Media	is the term used to describe journalists or other representatives of print or broadcast media organisations eg newspapers, television. This also includes associated technical or creative people such as camera and sound crews and photographers.
Public areas	is the term used to describe any location within our sites that is accessible to the general public and does not have secure entry, including reception areas and catering areas.
Clinical and restricted access areas	is the term used to describe any area within our sites in which clinical care is provided to inpatients or outpatients. This includes wards, theatres, departments and clinics. It also includes any areas associated with healthcare or any other aspect of our business which has a secure door, requires a pass or authorisation from a member of staff to gain entry.

5. Roles and responsibilities

The Chief Executive holds overall responsibility as the organisation's Accountable Officer which includes protecting and safeguarding our patients and staff, ensuring we meet our duty of care to protect personal information (including images) as well as the aims and objectives of this policy.

The Executive Team are responsible for providing advice to the Director of Corporate Governance in relation to this policy.

The Director of Corporate Governance is responsible for maintaining and monitoring this policy, providing advice and guidance to staff and ensuring people are aware of their responsibilities within the policy.

The **Caldicott Guardian** has responsibility to ensure that patient identifiable information is safeguarded.

The **Data Protection Officer** (or their designate) is responsible for providing advice on the management of privacy and compliance with Information Governance standards as directed by the Department of Health and Social Care.

Senior managers, clinical and service leads are responsible for making sure that their staff are aware of this policy and that people comply with it within their areas of responsibility.

All staff are responsible for reading this policy, understanding their personal responsibilities for information governance and complying with legislation and adhering to it at all times.

6. Audio-visual recordings by people who use our services and members of the public

There are various circumstances in which people who use our services or members of the public may wish to make audio-visual recordings either on our premises or during consultation appointments with our staff.

Consultation appointments may take place on our premises across Torbay and South Devon, virtually (online or over the telephone), in people's own homes or in a property owned by one of our partner organisations.

6.1 Recordings in public areas on our sites

People may seek to take recordings in public areas on our sites. We consider public areas to include any area within our sites that is accessible to the general public and does not have secure entry, including reception areas and catering areas as well as waiting areas.

Recordings are permitted as long as they are only of the person taking the recording and that any other individual who is filmed or recorded has consented to the recording.

We do not permit the recording in public areas of people who have not consented to the recording – whether they are a member of staff, another patient or a visitor. We also do not permit the taking of photographs without permission. The confidentiality of not only of patients, but of any individuals, must not be put at risk.

If a member of staff becomes aware of someone taking a recording in a public area and is concerned that, as a result of the nature of the recording, that the confidentiality of others may be at risk, they may request the person to cease recording and delete it from their device. If the person refuses to do so, then the matter should be escalated to our Data Protection Officer and our Caldicott Guardian.

If the individual refuses to stop recording or taking photographs they may be asked to leave the premises or site.

6.2 Recording of a diagnostic examination, scan or imaging

In line with our policy for use of mobile communication devices within hospital buildings, audio-visual recordings of any kind are not permitted during diagnostic examinations, scans or imaging appointments.

6.3 Recording of consultations

Occasionally people who use our services or others may ask to record a meeting or a clinical session for private, personal use.

We encourage our staff to consent to reasonable requests to such recordings. For example, an appropriate use may be if the recording will be used by a patient to aid therapy or to help them with their memory.

However, each case should be considered on its own merits to determine if it is appropriate for the recording to take place or whether there are reasonable grounds to refuse consent to recording.

Reasonable grounds to refuse consent could include:

- where to allow such a recording might put at risk the confidentiality of other people
- where there are concerns as to the use which may be made of the recording or where it might be shared

- where the recording interferes with the ability to provide an effective consultation or treatment
- where there are concerns that information may be removed inappropriately from the consultation or treatment by way of the recording
- or concerns of a personal nature of staff who are providing the care or treatment to the patient, such as individual safeguarding concerns.

We consider that our staff also should have an expectation of privacy, even when acting in a professional capacity, and we encourage people to seek consent prior to taking any recording or photographs. We are mindful that some of our staff may have legitimate personal or professional reasons for asking that recordings (particularly visual recordings) of them are not made.

Where a member of staff has concerns about the recording of a consultation then they should first seek to address those concerns sensitively, exploring with the individual the reason for wanting to record the consultation and how their needs could be met without a recording taking place.

It may be possible, for example, to meet the person's needs by other means such as offering to provide a note of the consultation, advising them that they have the right to access their medical record, or informing them of our complaints procedures should they have concerns about the care or treatment being provided to them or a loved one.

Staff should not refuse to continue with a consultation unless the individual agrees to a recording not taking place. From a practical perspective this may lead to a breakdown in the relationship with the patient which could be detrimental to their care and might lead to them seeking to adopt a covert approach to recordings.

We all have an ongoing duty of care to people who use our services and an unwillingness to agree to a recording taking place is not be a justification for refusing to continue to treat a someone who needs our services. Where there has been a breakdown in the relationship between the individual and a member of staff, then options should be explored as to how the person might otherwise receive treatment or care, such as, with agreement, transferring their treatment and care to a colleague.

If a member of staff has concerns about an individual's request to make a recording of a consultation and has been unable to reach a practical resolution with the individual, then they should raise her their concerns with our Data Protection Officer and our Caldicott Guardian.

6.4 Livestreaming of home births

Occasionally people may wish to livestream a significant life event, for example, a home birth.

We encourage our staff to consent to such a request unless there are reasonable grounds to refuse consent. Discussions about livestreaming should always take place in advance of the event and clear agreements should be in place between all parties involved. Every effort should be made to make reasonable adjustments to facilitate live streaming as long as live streaming does not:

- put at risk the confidentiality of other people including staff involved in the delivery
- interfere with the ability to provide the safe delivery of care to the mother or baby

Where a member of staff has concerns about livestreaming then they should first seek to address those concerns sensitively. Reasonable adjustments may include:

- positioning of cameras to safeguard the visual identity of staff involved in the delivery
- transferring care to colleagues who are willing to participate in the live stream.

7. Covert recordings of consultations

We discourage people seeking to obtain covert recordings as we consider these to be potentially contrary to the development of trusted relationships and confidence between people who use our services and our staff. We encourage openness and transparency from both parties.

In light of this, where a member of staff has concerns as to recordings of consultations taking place covertly they should first seek to sensitively address the issue with the individual. The individual should be encouraged not to take such recordings covertly and be informed that we encourage an open and honest approach to such matters.

We encourage our staff to explore with individuals how their needs or concerns that have led to them to seek to take a covert recording might otherwise be addressed without the need for a recording as set out above in relation to requests by individuals for consent to take recordings before continuing the consultation. The attempt or making of a covert recording is not a basis for refusing to treat an individual.

Where a member of staff is unable to reach a resolution with a patient and has ongoing concerns as to a recording taking place then they should contact our Data Protection Officer and our Caldicott Guardian.

8. Misuse of recordings by patients or the public

We recognise that in very rare circumstances, patients or the public may put recordings (either made with consent or taken covertly) into the public domain which will revoke the personal use exclusion from the UK General Data Protection Regulation.

For example, if a patient put a recording in the public domain, for example on Facebook, then that is considered a form of processing and they would be subject to the Data Protection Act. They would need to comply with the Act for any third-party data they capture which would involve obtaining consent.

Where a member of staff has concerns as to the intention for or actual misuse of any recording then they should contact our Data Protection Officer and our Caldicott Guardian. This is most commonly likely to be by way of publication in some way and attaching negative or even potentially defamatory comments.

We will request that such publications be removed from the platform on which it has been shared, if it has been shared online, or removed from the public domain. If the person refuses to comply with such a request, then we will also consider whether any further action is necessary and appropriate. This may include reporting the matter to the police, Information Commissioners Office, or seeking to take legal action directly to prevent further misuse of recordings.

9. Legislation

It is important that everyone is aware of the legal position with regard to recordings by people who use our services or members of the public to guide their response to circumstances where the issue of recordings arises. The following legal regimes are relevant to the issue of recordings taken by people who use our services or members of the public.

Data Protection Legislation

Article 2 of the UK General Data Protection Regulation (contained within the Data Protection Act 2018) states that it does not apply to processing of data by a natural person in the course of a personal or household activity. Any recording taken by a patient or member of the public therefore falls outside of the scope of the data protection legislation provided that they only use the recording for their personal use.

As it is the person who is using our service or member of public rather than the organisation taking the recording then we are not subject to the data protection legislation in relation to the recording. Equally we (Torbay and South Devon NHS Foundation Trust) are not entitled to a copy of the recording taken by the person who uses our services or member of the public provided that it is for personal use only and not shared in a public forum, including being shared with the media or posted on social media channels.

To the extent that a person who uses our services or member of the public uses a recording for anything other than their own personal use then they are likely to become a data controller and will therefore personally become subject to the obligations contained within the UK General Data Protection Regulation in relation to the recording.

Duty of Confidentiality

The information disclosed to a patient by our staff during the course of a consultation is confidential to the patient. Any recording that the patient makes for personal use is considered to be unlikely to engage the duty of confidentiality.

Our own duty of confidentiality to the patient remains regardless of the actions taken by a patient.

If a person who uses our services or member of the public records information which is confidential to another individual then this may result in a breach of confidence to that other person. We do not, therefore, permit any recordings that might lead to a breach of confidentiality in respect of other people who use our services.

Article 8 of the European Convention on Human Rights

The Human Rights Act 1998 gives effect to Article 8 of the European Convention on Human Rights. Everyone has the right to respect for private and family life, home and correspondence. This right will be engaged whenever an individual has a reasonable expectation of privacy.

Appendix 1 – Audio-visual recordings by people who use our services and members of the public – policy statement

We (Torbay and South Devon NHS Foundation Trust) are committed to a culture of openness and transparency. In accordance with our corporate aims we seek to provide quality care and the best experience for patients. We recognise that patients, and the public, may wish to use recording devices while on our premises for various reasons and we seek to enable them to do so where it is appropriate and lawful, taking account of our legal obligations to all patients. This policy statement sets out our position on the use of audio and visual recording devices on our premises.

Is the use of audio and visual recording devices prohibited on our premises?

We do not prohibit the use of audio and visual recording devices, such as mobile phones, on our premises. However, we have obligations towards all of our staff, patients and visitors to our sites, and must take into account the rights of all individuals on our premises, including the confidentiality of our patient. The use of such devices must therefore be in accordance with the policy position set out in this statement.

Can people take audio and visual recordings in public areas on our premises?

We recognise that people might want to take recordings of themselves while on our premises. As long as such recordings do not include anybody who has not consented to the recording then we consider this to be acceptable.

We do not permit recordings being taken in public areas that record others without their consent or that might breach the confidentiality of any of our patients or staff. If staff become aware of anyone taking audio or visual recordings in public areas without the consent of others, or that the staff member considers might put at risk the confidentiality of any person (including staff and patients), then they will inform the individual that they must stop the recording and immediately delete it.

Can patients or carers take recordings of consultations with healthcare professionals?

We recognise that patients may want to record the interactions they have with healthcare professionals providing their care or treatment. There may be legitimate reasons for a patient or their carer wanting to take such recordings. For example, a patient may wish to create an audio recording of an explanation provided by a member of staff so as to be able to listen to the explanation again and fully understand what was being explained, or to assist them in remembering what was said.

Where recordings are to be used only for the personal use of the patient and the request is a reasonable one then we encourage our staff to consent to such recordings. We recognise the value that such recordings may have in ensuring the best experience of our service users, if used appropriately.

If a patient or their carer wishes to take such a recording then they must seek the consent of any individuals who may feature in the recording. In many cases we would expect such consent to be provided, however individuals who may feature in the recording may have reasonable reasons for refusing consent including:

- where the individual has concerns as to the use to which the recording may be shared
- where due to the nature of the way that the service is provided the individual has concerns as to risks to confidentiality of other patients
- where they have personal concerns that affect their ability to consent.

Where an individual refuses to consent to a recording then we expect patients and carers to respect that position. If a patient or carer is not content with the recording not taking place

then they may ask that the matter be reconsidered and the member of staff may seek advice from colleagues as to how to proceed.

Recordings of diagnostic examinations, scans and imaging are not permitted.

What if people take recordings without consent?

We encourage a culture of openness and transparency and expect that our staff involved in the provision of care and treatment to patients consent to recordings taking place where it is reasonable for them to do so.

We expect the same from our patients, carers and the public and consider it important that an open position is adopted by patients, which will assist in developing and maintaining good relationships of trust and confidence between patients and those providing their care and treatment. If it is discovered retrospectively that a recording has taken place without consent, then depending on the circumstances we will consider whether any action is required including requesting confirmation that the recording has been deleted and/or removed from any platform where it has been shared.

How can patients or people use any recordings?

Any recordings made on our premises must only be used for the personal use of patients. Where we have evidence or concerns that a recording taken on our premises is being put to improper use, for example where a recording of a consultation with a clinician has been posted on social media, then the matter may be reported to the police and/or the Information Commissioner's Office and we may seek to take other legal action to restrict the use of the recording.

Patients, carers and the public should also be aware that they are likely to trigger obligations on themselves in relation to such recordings under data protection legislation should they seek to use the recordings for anything other than personal use, and may face legal action directly from the individuals within the recordings for any misuse of the recordings.

You can use your mobile device in this area



Please be aware that although you can use your mobile device; taking pictures, video or sound recordings of any person, patient, visitor or staff member is prohibited on all Torbay and South Devon NHS Foundation Trust premises without prior permission.

Any distribution of such recordings may be in breach of the Data Protection Act 2018 (GDPR) and could lead to prosecution.

Mobile devices are not allowed in this area



To minimise disturbance and to protect the privacy and dignity of others the use of mobile devices and other internet enabled devices are not allowed in this area.

This includes the use of video and camera facilities which without appropriate permission will breach the requirements of the Data Protection Act 2018 (GDPR).

Any such use may leave you open to legal proceedings.

Photography and filming in our premises



We kindly request that people using our services **DO NOT** photograph or film our staff, clinical areas and other people using our services. This breaches their right to confidentiality.

People making these recordings or taking photographs will be asked to stop.

If you wish to have a photographic or video record of your treatment, please speak to a member of staff.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

Ref No:	AVP1		
Document title:	Audio-visual recordings by people who use our services and members of the public		
Purpose of document:	<p>This policy outlines best practice to protect all our people (patients, carers, visitors and staff) from the risks associated with the taking of audio and visual recordings on our premises by patients, carers, visitors or contractors.</p> <p>The purpose of this policy is to</p> <ul style="list-style-type: none"> • make sure any risks to the safety, security and confidentiality of patients, carers, visitors and staff are robustly mitigated • provide advice to staff on the appropriate actions and procedures which must be followed to comply with the data protection legislation, the duty of confidentiality and Article 8 of the European Convention on Human Rights 		
Date of issue:	January 2023	Next review date:	January 2025
Version:	1	Last review date:	N/A
Author:	Associate Director of Communications and Partnerships		
Directorate:	Trustwide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Information Governance Steering Group		
Date approved:	24 January 2023		
Links or overlaps with other policies:	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
24 January 2023	1	New	Information Governance Steering Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)	Audio and visual recordings by people who use our services and public policy		Version and Date	1, 24 January 2023	
Policy Author	Associate Director of Communications and Partnerships				
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input checked="" type="checkbox"/>	Staff <input checked="" type="checkbox"/>	Other, please state... visitors to our sites and members of the public <input checked="" type="checkbox"/>			
Could the policy treat people from protected groups less favorably than the general population?					
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Age	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centred care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To outline best practice to protect all our people (patients, carers, visitors and staff) from the risks associated with the taking of audio-visual recordings on our premises by patients, carers, visitors or third parties.					
Who was consulted when drafting this policy?					

Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input checked="" type="checkbox"/>
Staff <input checked="" type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?		
Suggestions made by Maternity, Radiology and Information Governance are fully reflected in the final version.		
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts		
Action	Person responsible	Completion date
AUTHORISATION:		
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them		
Name of person completing the form	Communications Manager	Signature AC
Validated by (line manager)	Associate Director of Communications and Partnerships	Signature JH

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.