

Audio/Digital Recording on Trust Premises and in Trust Meetings Policy

This is a new procedural document, PLEASE READ IN FULL.



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Audio/Digital Recording on Trust Premises and in Trust Meetings Policy**Amendment Form**

Version	Date	Brief Summary of Changes	Author
Version 1	21 August 2013	<ul style="list-style-type: none">• This is a new document.	Maria Dixon and Roy G Underwood

Audio/Digital Recording on Trust Premises and in Trust Meetings Policy

Contents

Section		Page
1	Introduction	4
	1.1 Public Meetings (on or off of Trust Premises)	4
	1.2 Meetings with the Public	4
	1.3 Clinical Dictation (for Medical Notes, Letters and Reports)	5
2	Notes for Guidance	5
3	Protecting Personal Data	6
4	Training	6
5	Equality Impact Assessment	6
6	Monitoring	6
7	Associated Trust Procedural Documents	7

1. INTRODUCTION

The Doncaster & Bassetlaw Hospitals NHS Foundation Trust (The Trust) is committed to being open and transparent in the way it conducts its decision making. Recording¹ what is said is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken in long or shorthand, and then typed up for ratification as a 'true and accurate record'² of what was said. Where digital or audio recordings are made³, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

The Trust understands that some people who attend meetings may not wish to be recorded; however, where this method is employed in the proper running of its business, the Trust will apply the following rationale:

1.1 Public Meetings (on or off of Trust Premises)

The Trust will either inform those attending verbally or it will supply signs which will be deployed at any meeting all or part of which is to be recorded.

The Chair of the meeting has absolute discretion to stop or suspend recording if in their opinion continuing to do so would prejudice proceedings at the meeting.

1.2 Meetings with the Public

The Trust will only make audio or digital recordings of meetings involving individual member/s of the public in limited circumstances, and when all parties agree to the recording. An accurate transcript of the recording will be made available to the member/s of the public who attended. Written consent should be obtained / verbal consent should be heard on the recordings made. Only Trust approved equipment should be used to make recordings.

Members of the public⁴ or staff are not normally permitted to make any ad-hoc recording on any media in connection with Trust business⁵ when on site on any of the Trust's premises or in a member of the public's home.

¹ Recording may be on audio or digital media depending on circumstance and location

² The record is usually a précis or an abridged version of what individuals or the group/committee actually say

³ The digital or audio recording will be kept safe and not deleted or overwritten until after it is either transcribed and then ratified by a relevant committee or meeting attendees. In some circumstances, attendees may request a copy of the audio or digital recording and this should be facilitated within the Law; here the Freedom of Information Act 2000 or the Data Protection Act 1998 might apply depending on the nature of the content.

⁴ Local & National Press, the Police, and the Media may be exempt in certain circumstances

⁵ Audio transcripts of personal data or patient information may be requested through the Patient Advice & Liaison Office (PALS) where it is agreed that it is in the patients interest.

1.3 Clinical Dictation (for Medical Notes, Letters and Reports)

Most of the Trust's audio and digital recordings relate to patients. These records – so long as they exist – will be dealt with in line with the Data Protection Act 1998⁶, as reflected in relevant Trust Policies.

2. NOTES FOR GUIDANCE

Recordings should not be edited in a way that could lead to misinterpretation or misrepresentation of the proceedings or infringement of the Trust's values or in a way that ridicules or shows a lack of respect for those in the recording.

Where meetings are held with members of the public – and the necessary equipment is available - the lead member of staff and the member of public should sign both disks, one to be given to the member of public and one to be retained by the Trust.

The Trust would expect any recording in breach of these rules to be investigated⁷ by the Head of Information Governance.

Recording and reporting on the Trust's business is subject to its Constitution and the Law, and it is the responsibility of those doing the recording and reporting to ensure compliance. This will include:

- the Human Rights Act 1998
- the Data Protection Act 1998
- and the laws of libel and defamation.
- Trust Policy PAT/PA 14: Photography & Video Policy

Much of our work involves us in one way or another, whether on or off any of the Trust's premises, in having access to confidential and/or sensitive information. Often this can be personal information about staff or patients; indeed the bulk of the Trust's dictated letters and reports are derived from digital or audio recordings made by clinicians about their patients.

We trust our staff to respect these confidences, and to look after these recordings until they are no longer required⁸. It is very important. In the instance of making the recording as part of formal complaint resolution the disk should be stored in the complaint pack.

We have produced this Policy in order to reinforce not only to our staff, but also to others with whom we do our work, how seriously we treat this matter.

⁶ These digital or audio recordings will be kept safe and not deleted or overwritten until they have been transcribed and then ratified by the clinician who made the recording.

⁷ Adverse Incident or Serious Incident (STEIS Report) procedures to be followed as per Trust Risk Strategy CORP/RISK 10 and associated Risk Policies CORP/RISK 13, and 15

⁸ Data Protection Act 1998

3. PROTECTING PERSONAL DATA

This Policy also bounds Trust staff to comply with Statutory Requirements which are;

- i) Data Protection Act 1998
- ii) Copyright, Designs and Patents Act 1988
- iii) Computer Misuse Act 1990
- iv) Health Records Act 1990
- v) Freedom of Information Act 2000
- vi) Human Rights Act 1998

And with relevant Trust Policies where 'personal data' are recorded.

4. TRAINING

Information Governance training is now **MANDATORY** for **ALL** Trust staff⁹.

Staff, including Volunteers, must complete their Information Governance (IG) training at least annually, and this will be recorded on their ESR Training Record¹⁰:

5. EQUALITY IMPACT ASSESSMENT

The Trust's Equality and Diversity Group is ultimately responsible for ensuring that the Trust adheres to the Equality Impact Assessment programme.

The Information Governance Group (IGG) will ensure that this Policy complies with the guidelines on completing the assessment, and will provide feedback and suggestions where necessary. It will also ensure that the assessment complies with legal responsibilities and best practice in relation to Equality Impact Assessments. The Head of Information Governance will provide the necessary assessment report to HR.

6. MONITORING

Monitoring of this Policy will be through staff fliers and Survey Monkey.

⁹ Information Governance Policy: CORP/ICT 9

¹⁰ Some staff, like Volunteers and Locums etc, may not have an ESR training record however, that does not mean that they are excluded from the same levels of training expected of 'employed staff' who have the same or similar access to the Trust's Confidential and Sensitive Information Assets

7. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- CORP/ICT 9 - Information Governance Policy
- CORP/RISK 10 - Risk Management Strategy
- CORP/RISK 13 - Policy for Reporting and Management of Incidents and Near Misses
- CORP/RISK 15 - Serious Incidents (SI) Policy
- PAT/PA 14 - Photography and Video Policy