

## Multimedia Policy

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Ratified By:	Quality Sub-Committee
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Author:	Deputy IG Lead
Responsible Director:	Director of Digital Services
Responsible Committee:	Caldicott Committee
Target Audience:	All Trust staff (permanent and temporary) and contractors
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Equalities Impact Assessment	Assessor: Mustapha Haruna	Date: 31/07/17
HRA Impact Assessment	Assessor: Claire Delaney-Pope	Date: 25/07/17

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**Document History**

**Version Control**

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1	November 2011	Policy developed with contributions of the records working group (Caldicott Committee sub-group)	New policy	Head of Information Governance
2	October 2014	Policy updated	Minor	Head of Information Governance
3	April 2017	Updated for further clarity and the Inclusion of guidance for service users recording consultation	Major	Deputy IG Lead
3.1	July 2017	Updated	Minor	Caldicott Committee
3.2	August	Inclusion of implementation plan and updated Equality Impact Assessment	Minor	Deputy IG Lead

**Consultation**

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Working group	Sep-Nov 2011	Identification of policy areas and development of policy

Caldicott Committee	13/11/2011	Policy finalisation and sign off
Caldicott Committee	01/10/2014	Review, minor updates with inclusion of guidance on social media
Caldicott Committee	10/05/2017	Review, minor amendments on service users wishing to record their care.
Caldicott Committee	12/07/2017	Review, minor amendments on staff member's role in a service user wishing to record their consultation

**Plan for Dissemination of Policy**

<b>Audience(s)</b>	<b>Dissemination Method</b>	<b>Paper or Electronic</b>	<b>Person Responsible</b>
All Staff	On Trust intranet, SLAM e bulletin, IG Newsletter	Electronic	Policy Co-ordinator

**Plan for Implementation of Policy**

<b>Details on Implementation</b>	<b>Person Responsible</b>
Multimedia recording	All staff
Data security	Chief Information Officer
Appropriate use	Caldicott Guardian

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## 1. Policy Summary

1.1 This policy covers:

- Multimedia recordings created by staff
- Multimedia recordings created by service users, carers and visitors
- Staff use of social media

1.2 All multimedia recordings created by staff during the course of clinical practice, research and training undertaken in South London and Maudsley NHS Foundation Trust are subject to the principles of the Data Protection Act (1998). This means that at all times service user and voluntary research participant rights of confidentiality must be maintained and we have a duty to protect the right of consent/dissent and ensure no unlawful processing of audio-visual data occurs.

1.3 The Policy outlines the guidelines to ensure multimedia (audio-visual) records created by staff during the course of clinical care, research and training are generated with the explicit consent of the individuals involved, used and stored in accordance with relevant national guidelines and disposed of appropriately once the purpose of creation has been served.

1.4 The Policy provides clarification to clinical and non-clinical staff working within health and social care settings on dealing with situations where service users are themselves recording their treatment and care, or the treatment and care of others. This advice covers both open and covert ('secret') recordings.

1.5 The Policy reminds staff that their use of social networking sites can expose individual service users, staff members or the Trust to unexpected information risks or liabilities. All staff should be aware of a number of potential risks and impact. Staff must always remember that their online activities should not bring their personal and professional reputation to disrepute and they should act in line with their professional code of conduct at all times.

1.6 This Policy covers clinical multimedia records in all formats (e.g. analogue tapes, film, print and all digital formats) and types from still images to audio and audio-visual recordings, and applies to all staff, permanent, students and trainees, temporary or contracted. Multimedia records that are created for purposes outside clinical, research and training purposes (e.g. corporate films, promotional media etc) are not covered by this Policy.

1.7 Staff members who work with multimedia as part of their role must be sufficiently trained. Further information on security arrangements and training options can be obtained by contacting the Information Governance Office. Digital media should only be transported using secure electronic methods for a purpose that was clearly specified to the service user when seeking their consent.

1.8 Breach of confidentiality may amount to serious professional misconduct with inevitable disciplinary consequences to the employee and could result in substantial financial penalties to the Trust.

1.9 South London and Maudsley NHS Foundation Trust holds the copyright of all multimedia recordings made of its service users whilst under the care of Trust services.

## 2. Definitions

**Multimedia records:** These are audio-visual material that may range from photographs, audio recordings, videocasts, and recorded online communications such as skype in all formats, analogue or digital.

**Social Media** describes web-based applications that allow people to create and exchange content. In this guidance, we use the term to include blogs and microblogs (such as Twitter), internet forums (such as doctors.net), content communities (such as YouTube and Flickr), and social networking sites (such as Facebook and LinkedIn).

**Social Networking:** A service or a platform to build social networks or social relations among people who, for example, share interests, activities, backgrounds, or real-life connections. A social network service consists of a representation of each user (often a profile), his/her social links, and a variety of additional services.

**Explicit consent:** Any freely given specific and informed indication of one's wishes by which the data subject signifies their agreement to personal data relating to them being processed (*from the EU Data Protection Directive*).

**Kulu:** A secure clinical multimedia repository developed in the Child and Adolescent Mental Health Clinical Academic Group.

## 3. Purpose of the Policy

Multimedia records, including service user photographs and audio-visual recordings are the most graphic representation of a service user's condition and identity. Unlike x-ray's or other forms of imaging that require some professional knowledge to recognise what the viewer is looking at, photographs and videos are often easily recognisable. For this reason, confidentiality of service user photographs and videos is of particular importance for the service user and the Trust staff who undertake such recordings and the Trust at large.

The potential impact from the misuse or loss of such imagery on individual's privacy, human rights and the organisation's reputation would be significant, if such records are not captured and stored under very strict guidelines within the Trust.

The purpose of this Policy is to outline the guidelines to ensure multimedia (audio-visual) recordings created during the course of clinical care, research and training are generated with the explicit consent of the individuals involved, used and stored in accordance with relevant national guidelines and disposed of appropriately once the purpose has been served.

Due to the rapidly evolving nature of the technology that supports multimedia recordings, the associated risks and solutions that may mitigate such risks are constantly changing. In this ever-evolving environment, including societal attitudes to personal information and use of multimedia, this Policy aims to provide guidance to maintain confidentiality and mitigate information security risks.

#### 4. Scope of the Policy

Multimedia records may be created for one of the following purposes:

1. As part of a clinical record (e.g. CAMHS Adoption and Fostering Team records)
2. Process notes for supervision
3. Therapeutic use (e.g. family takes DVD home to show absent member)
4. Training or teaching
5. Research
6. Personal note taking by service users (e.g. a service user wishing to record consultation on their personal phone with a member of staff)

This Policy covers multimedia recordings in all formats (e.g. analogue tapes, film, print and all digital formats) and types from still images to audio and audio-visual recordings. All staff, whether permanent, temporary or contracted, including non-Executive Directors are responsible for ensuring that they are aware of their professional responsibilities in relation to the requirements outlined in this Policy.

Multimedia records that are created for purposes outside clinical, research and training purposes (e.g. corporate films, promotional media etc.) are not covered by this Policy. Staff should contact the Communications Department or refer to the Trust Media Policy for multimedia that do not relate to clinical practice, research or training.

All multimedia that is created during the course of clinical practice, research and training undertaken in South London and Maudsley NHS Foundation Trust is subject to the principles of the Data Protection Act (1998) in order to maintain service user and voluntary research participant confidentiality and avoid any unlawful processing of data.

The General Medical Council published a supplementary guidance for doctors. Making and Using Visual and Audio Recordings of Patients (2011) is available at [http://www.gmc-uk.org/guidance/ethical\\_guidance/making\\_audiovisual.asp](http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp)

NHS Protect published guidance on patient recording NHS staff in health and social care settings is available at [https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Patients\\_recording\\_NHS\\_staff\\_in\\_health\\_and\\_social\\_care\\_settings\\_guidance\\_May\\_2016.pdf](https://www.nhsbsa.nhs.uk/sites/default/files/2017-03/Patients_recording_NHS_staff_in_health_and_social_care_settings_guidance_May_2016.pdf)

#### 5- Summary of Policy Development

This policy was developed by the Trust Caldicott Committee through which it was consulted and communicated with all Clinical Academic Groups across the organisation including the heads of professions.

## 6- Roles and Responsibilities

### 6.1 The Trust

South London and Maudsley NHS Foundation Trust (SLaM) is committed to the delivery of a first class confidential service. This means ensuring that all service user information, including multimedia records is processed fairly, lawfully and as transparently as possible. The Trust will ensure necessary improvements are made to the way multimedia records, which contain sensitive information, are kept confidential and the service users are kept informed of the way the multimedia records are used.

### 6.2 Caldicott Guardian and Head of Information Governance

The Caldicott Guardian supported by the Head of Information Governance and the Caldicott Committee is responsible to ensure that relevant processes are in place and are being implemented appropriately to ensure that the Trust meets its legal obligations by maintaining confidentiality and avoiding any unlawful processing of data in accordance with the Caldicott principles and the regulations outlined in the Data Protection Act (1998).

### 6.3 Clinical Academic Group Directors and Senior Managers

All Directors and senior managers within the Trust are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes and that there is on-going compliance.

### 6.4 All Staff

All staff, whether permanent, temporary or contracted are responsible for ensuring that they are aware and respect the confidentiality of SLaM service users and that they know the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

## 7. Confidentiality and Consent

Confidentiality is a fundamental right and may usually only be waived by the service user or by someone legally entitled to do so on their behalf. ***Breach of confidentiality may well amount to serious professional misconduct with inevitable disciplinary consequences to the employee and could result in substantial financial penalties to the Trust.***

In order to ensure that service users' confidentiality is preserved, members of staff intending to capture multimedia that will involve other individuals (including service users and healthy volunteers taking part in research) must seek their **written consent** to be filmed or photographed (or their voices to be recorded).

**The consent process must be open and clear** to the service user, particularly covering the following points:

1. Explaining the **purpose** (i.e. clinical justification) of any recording (e.g. if the purpose were teaching or research, this would need to be explicit)
2. Providing an opportunity for the service user to ask any **questions**
3. Giving the service users the **choice** of refusing to allow the recording without this affecting their treatment in any way
4. Informing the service user who else involved in their care may have **access** to the recording e.g. supervisors, team members

5. Informing the service user **how long** the recording will be retained and how it will be safely destroyed
6. Gaining **signed consent** for the recording on a consent form

A sample consent form for multimedia records is available in Appendix A of this Policy.

It is strongly recommended to clarify that the recording will not be available to anyone once it has served its original purpose as it will be destroyed in keeping with Data Protection Act (1998) law regarding the storage and retention of personal information in health records. This discussion and the status of consent should be recorded on service user's records on ePJS.

If members of staff decide to use the recording for another purpose at a later stage, explicit written consent of the service user will need to be sought for that particular purpose.

Service users have the right to withdraw consent for use of their recordings at any time without giving a reason. If a service user decides to withdraw consent, the multimedia recordings must not be used and need to be destroyed securely.

In the case of minors, the parent or a legal guardian should sign the consent form. The wishes of children, who are able to make competent decisions, should be respected.

Recording or photography without consent may be required in certain circumstances such as suspected non-accidental injury of a child or vulnerable adult where it is unlikely that the parent or the legal guardian will give consent and the recording of injuries is demonstrably to the benefit of the vulnerable service user. In such cases, authorisation should be given by a senior clinician taking the best interest of the service user into consideration. If staff members are in doubt, the Trust Caldicott Guardian must be contacted for advice.

Photographs or recordings of service users who are unconscious or temporarily incapacitated may be taken provided consent is obtained from the service user before the photographs or recordings are used or released. It is strongly recommended that areas, where such recordings are done are clearly marked indicating the purpose of such recordings. If a service user does not consent when they are asked as they gain consciousness, the recordings must be destroyed.

Staff must not rely on the judgement of a film maker or a photographer that a particular service user is unlikely to be identified from a particular recording. It is sometimes possible for people to be identified from other categories of recording due to a distinguishing feature or a mark. Service users' images may not be altered in any way to achieve anonymity and to avoid the need for consent. For example, blacking out the eyes in a facial photograph is not an acceptable means of anonymising an image.

If the purpose of the multimedia recording is not for the direct provision of treatment and care and of the presence of the service user is incidental to a recording, e.g. where the picture is to illustrate a particular equipment set-up, consent to appear in the recording is still required from any patient or member of the public. This should be specific and detailed as described above.

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

Members of staff who normally operate the equipment or are identifiable in a recording, for example as the therapist in a session are deemed to have implicitly given their consent to the recording and its further use by appearing in the recording.

It is important for staff to respect service users' rights as data subjects under the Data Protection Act (1998). Service users may request copies of recordings as the contents constitute their personal data using the Trust's Subject Access Request process. It is important to ensure that intended purpose of a recording and appropriate retention period is explained to service users as part of the Trust's fair processing duties.

## 8. Copyright

South London and Maudsley NHS Foundation Trust holds the copyright of all multimedia recordings made of its service users whilst under the care of Trust services. It is crucial that in any contract for publication, the copyright in the multimedia recording remains with the Trust and does not pass automatically to the publishers on first publication. It is important for the Trust to remain the sole holder of the copyright to such recordings to be able to protect the service users' interests by exercising control over further publication of the recording.

## 9. Recording and Secure Storage

The method of capturing still images (photographs) or audio-visual recordings vary depending on the resources available to members of staff. The options include digital media, such as digital cameras or conventional analogue equipment such as cameras that capture photographs or recordings on analogue tapes / film.

Staff members, whose resources are limited to conventional analogue equipment are required to ensure arrangements are in place for secure physical storage (in locked offices and cabinets) and secure destruction of the media, including the master copy and all subsequent copies once the purpose for the creation of such media has been served.

The preferred option is the utilisation of digital media such as digital cameras. Digital equipment provides more versatility and is preferable to conventional tapes as the recordings can be stored securely on the Trust network.

### Use of Office 365 for Multimedia Functions

Office 365 boasts a number of features which can help you create, store and share multimedia safely and effectively. With all sharing and collaboration tools, due care and attention must be given when sharing data to ensure that only those with a legitimate reason has access to the information. Otherwise, you could potentially breach an individual's confidentiality.

**Yammer** is an internal social media tool for the Trust. Yammer allows you to connect with the whole Trust, in smaller groups or with individuals. It is an online platform which is suitable for discussing work related issues. Yammer should not be used if an immediate response is required, for overall decision making, or to discuss patients by using identifiable information and post and comments should always be professional and courteous.

Yammer can be used to access **Video** which is an intranet website portal where staff can post and view videos. This is available via **Sharepoint Online** and can be used to share multimedia. Digital Services are able to create "**channels**" for teams in order to share multimedia but restrict who can view the video. For more information please contact the service desk.

**OneDrive** can also be used for sharing multimedia and is the recommended option over email. OneDrive allows you to share and edit with colleagues in real time. Sharing with OneDrive would be if you have to transfer the file or share with a select number of recipients. OneDrive should be used as a collaboration and sharing tool only and not for saving and storing documents.

**Skype for Business** can also be used for creating multimedia. With the appropriate consent in place, it is possible to record skype consultations and meetings. This is currently in the pilot phase and more information will be available on this soon.

Staff using digital media should create a single copy of the recording, which must be stored on the Trust network. Shared network folders or the Video function should only be utilised if the recording needs to be available to more than one staff member for a purpose that was clearly specified to the service user when seeking their consent. The use of shared folder and Video for storage should only be accessible to staff members, who have a legitimate need to access the recordings. It is strongly recommended that individual recordings are subject to additional security measures, such as encryption or password protection if they are stored longer than the duration of that particular treatment / care episode.

Multimedia records must be clearly referenced on the service user's medical record alongside information on its purpose, service user's consent for that specific purpose, the location it is stored (name of shared folder and file) and the proposed length of retention (if it was created for purposes like supervision, research etc.). When the multimedia recording has served its original purpose that complies with the consent, the recording must be securely destroyed and a note of destruction must be made on the medical record.

Staff members should agree on a naming convention for multimedia files during storage. File names must not include personal identifiers like the name of the service user. An effective example of naming convention may be the Trust ID and the date of recording (e.g. 999999\_vid110429.mpeg).

Child and Adolescent Mental Health Services Clinical Academic Group has developed a secure clinical multimedia repository called Kulu that is in line with good records management and secure storage guidelines.

Staff members who work with multimedia as part of their role must be sufficiently trained. Further information on security arrangements and training options can be obtained by contacting the Information Governance Office.

**Capturing images or audio-visual recordings involving service users using personal devices, storage of multimedia recordings on local 'C' drives, personal memory sticks and any unencrypted and unauthorised device are all against Trust IT Security Policy.**

Staff must be aware of their responsibilities under the Trust Confidentiality, IT Security and the Multimedia Policies to avoid breaches that may compromise the security and integrity of the sensitive personal information on multimedia records, which may lead to disciplinary action.

## 10. Access and Sharing

Digital media should only be transported using secure electronic methods for a purpose that was clearly specified to the service user when seeking their consent. Secure transportation

options include utilisation of encrypted memory sticks that are available from the Trust Digital Services Department, tools on office 365, or Slam.nhs.uk and nhs.net email system. Once the recording has been transported, it should be made clear to the recipient that they are responsible to maintain the security of the recording while it is in their possession. Once the recipient has used the recording, the copy on the encrypted memory stick and the recipient's copy must be deleted.

Similar to medical records, multimedia records may need to be provided to the service user or any other representative if requested under the provisions of the Data Protection Act (1998). In order to comply with the Data Protection Act (1998), it is crucial that staff members, who capture images are clear as to how long the recording needs to be retained, which will be based on the purpose it was created and the service user's consent based on the original purpose.

If service users want to have copies of digital recordings, the most secure and cost effective option is to send via encrypted email or using tools available on office 365. It is critically important to clearly explain to the service user that they will be responsible for the security of recordings once it is in their possession. All requests of copies from service users must be recorded on ePJS. Staff should contact Digital Services Department for encryption support.

## 11. Service user wishing to use Personal Multimedia device.

In instances where a service user wishes to record their treatment and care in health and social care settings, there are no specific legal requirements that govern an individual making a personal recording of their medical consultation or treatment, either openly or secretly, for their private use. **Recordings made to keep a personal record of what the clinical team said are deemed to constitute 'note taking' and are therefore permitted when undertaken for this purpose only.** While a service user does not require permission to record their consultation, it is recommended that a mutual agreement is made between the service user and care team and that all parties provide their consent in the spirit of collaborative therapeutic working. Decisions about consent and dissent can be recorded in the service user's record.

The content of the recording is confidential to the service user, not the doctor or healthcare staff. The service user can waive their own confidentiality as they wish; this could include disclosing the details of their consultation with third parties or even posting and/or sharing the recording in an unmodified form on the internet through social media sites.

The position may, however, change once a recording is no longer used as a record of the consultation, for example where the recording is disclosed or publicised in a modified way which is not connected to the consultation. This could include an instance where it is designed to cause detriment to or harass another individual captured in the recording. Any such disclosure or publication, depending on the nature and context, may attract a civil action for damages and may also be a criminal offence.

The recording of a consultation is likely to constitute processing of personal data under the DPA and as such it has to comply with the provisions of the DPA. There is an exemption in the DPA where personal data is processed by an individual for their own personal purposes. In such cases, the 'processing' does not engage the data protection act principles (the 'domestic purposes' exemption). However, further processing of the data would have to comply with the DPA.

It is important to note that a service user's own private recording is not an information governance issue. As the Trust is not responsible for generating or making the recording, it is not liable for safeguarding the confidentiality, integrity or security of such material.

In circumstances where a service wants to record on Trust premises, the recording should only capture the service user alone.

### **11.1 Staff member's role in a service user wishing to record their consultation**

Staff should discuss the parameters for a service user wishing to record their consultation, where possible service users should be encouraged to use audio recording instead of video recordings to avoid staff members or other service users being captured in a video recording. Where the service user wishing to record their consultation might have an effect or impair the clinical judgement of the staff member, the staff member is encouraged to discuss this with the service user, expressing their concerns and asking for the recording to stop. If all other options have been exhausted and the service user wishes to continue against the wishes of the staff member, the staff member within reasonable grounds and where there are no risks to the service user can terminate the consultation if they feel their judgement may be impaired.

Service users can also be reminded that they will receive a copy of Letters or they can request a copy of notes for a specific consultation from the health professional after the meeting, they can also gain access to full access to their clinical records via the Data Protection team.

Information leaflets or notices should inform patients and those accompanying them

Although the Trust cannot place restrictions on a patient wishing to record notes of a consultation or conversation with a health professional, where it is felt absolutely necessary by the patient to do so, we should ensure that:

- Staff encourage that recording is done openly and honestly
- The recording process itself does not interfere with the consultation, treatment or care given to the service user. Where the recording might have an effect the service user should be informed
- The service user understands that a note will be made in their health record stating that they have recorded the consultation and care being administered
- The service user is reminded of the private and confidential nature of the recording and that it is their responsibility to keep it safe and secure.
- Any recording is only made for personal use
- Service users are aware that the misuse of a recording may result in criminal or civil proceedings
- Service users are discouraged from undertaking recordings in the first place, unless it is deemed absolutely necessary by highlighting the above responsibilities.

## **12. Retention and Destruction**

Multimedia records must be clearly referenced in the service user's medical record as outlined in section 8 of this Policy.

The retention of the recording must be consistent with the purpose of the recording as explicitly explained to the service user when seeking consent. Once its purpose has been served, the recording must be securely destroyed. Staff are strongly advised to indicate the length of retention that is consistent with the stated purpose when seeking consent.

Staff are strongly advised that merely deleting images on a digital camera may not mean that they are permanently deleted. Inexpensive software can be used to recover such files in the event of the loss of such recording devices. Trust Digital Services department can advise staff on software that is available that must be used to securely delete digital multimedia, which contain images of service users.

Before leaving the employment of the Trust, staff must seek specific permission from their line manager, which should be supported by the Caldicott Guardian to retain images for teaching purposes. Trust may grant such permission subject to the retention of copyright and all reproduction rights.

### **13. Incidents**

Any incident that involves the loss of multimedia records, which contain images or other media that may identify individuals (printed images, analogue tapes or electronic files), loss of Digital Services equipment which may contain multimedia records (laptop, memory stick, CDs and other portable media), intentional or unintentional disclosure of such multimedia records outside the legal framework of the Data Protection Act, the Caldicott Guidelines and this Policy, professional use of social networking in an inappropriate way that may infringe privacy of service users and colleagues must be reported immediately using Datixweb. It is the responsibility of the service where the incident took place to complete the incident form. Reported incidents will be investigated according to the Trust Information Risk, Incident and Forensic Readiness Policy.

Such incidents will be reviewed by the Head of Information Governance and will be regularly reported to the Caldicott Committee and the Information Security Committee using the classification endorsed by NHS Connecting for Health alongside other information related incidents.

### **14. Training and Further Information**

Staff members who work with multimedia or use social networking professionally as part of their role must be sufficiently trained. All Trust staff are required to complete the confidentiality and data protection training. In addition to this training, staff members may need to complete relevant information security training to ensure they are aware of the acceptable standards of security and their responsibilities.

Staff may want to follow the Information Governance Team account *@MaudsleyNHS\_IG* on Twitter for helpful tips and guidance.

For further information, staff can refer to the Confidentiality site on the Trust intranet. Confidentiality intranet site is can be accessed at this link:

<http://sites.intranet.slam.nhs.uk/ICT/Services/TeamPortfolio/informationgovernance/confidentiality/default.aspx>

Data Protection Office provides advice and support for staff as and when required.

Data Protection Office  
CR2 – Clinical Records  
Maudsley Hospital  
Denmark Hill  
London SE5 8AZ

Tel: 020 3228 5174  
Fax: 020 3228 3132

e-mail: [dataprotectionoffice@slam.nhs.uk](mailto:dataprotectionoffice@slam.nhs.uk)

The Information Commissioner's Office is the independent authority set up to promote access to official information and protect personal information. Further information and help can be found at their website:  
<http://www.ico.gov.uk/>

## **15- Monitoring Compliance and Effectiveness of this Policy**

The compliance with the Multimedia Policy is monitored by the Head of Information Governance and overseen by the Caldicott Committee and the Information Security Committee.

The Health and Social Care Information Centre (HSCIC) Information Governance Toolkit and the annual Information Governance Assurance Programme is a programme of internal and independent audits led by the Head of Information Governance. The programme reviews compliance with Trust information governance policies (including the Multimedia Policy) and national NHS confidentiality, data protection and information governance standards. The progress on the recommended actions is monitored by the Caldicott Committee and the Trust Executive.

The Trust Executive receives regular updates on the Information Governance Assurance Programme and monitors Trust compliance with the Information Governance Toolkit.

All information risks related to clinical information are identified by the Caldicott Committee and the Information Security Committee. The identified risks are reviewed by the Deputy IG Lead and regular updates are provided to the Caldicott Guardian, Deputy Director of IT, Head of Information Governance and monitored regularly by the Risk Management Committee for their likelihood and impact.

All incidents that involve loss of personal information on multimedia records, loss of Digital Services equipment that contain multimedia records, inappropriate access to multimedia records, intentional or unintentional disclosure of personal identifiable information contained on multimedia records, professional use of social networking in an inappropriate way that may infringe privacy of service users and colleagues that breaches this Policy are reviewed and regularly reported to the Caldicott Committee by the Head of Information Governance. The Caldicott Guardian receives regular updates on actions plans from the Head of Information Governance. Serious incidents that require investigation (SIRIs) in accordance with the HSCIC information incidents classification are reported externally to Monitor, HSCIC and the Information Commissioner's Office.

Responses to information governance complaints are monitored for quality by the Caldicott Guardian.

<b>What will be monitored i.e. measurable policy objective</b>	<b>Method of Monitoring</b>	<b>Monitoring frequency</b>	<b>Position responsible for performing the monitoring/ performing co-ordinating</b>	<b>Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans and changes in practice as a result</b>
Information governance compliance	Information Governance Toolkit and the Independent IG Review	Annual (with quarterly updates)	Head of Information Governance	Caldicott (for IGM, CDP, Clinical Records), Information Security (for Information Security and SU) and Fol (for Corporate Records) Committees
Confidentiality, information sharing, Data Protection Act (1998),	IG Assurance Programme	Annual	Head of Information Governance	Caldicott Committee (and Information Security Committee for technical aspects)
Confidentiality, information sharing, Data Protection Act (1998) incidents	Data breach incident reports and quarterly lesson learned report	Quarterly	Head of Information Governance	Caldicott Committee (and Information Security Committee for technical incidents)
Records management	Health Records Review	Annual	Head of Information Governance and Clinical Systems Manager	Caldicott Committee
Information Security	Computer Audit Programme	Annual	Deputy IG Lead	Information Security Committee

## 16. Links to other Trust Policies

The issues covered in this Policy have relevant interactions with other areas covered by the following Trust Policies and must be read in conjunction:

- Confidentiality Policy

- Information Sharing Policy
- Information Security Policy
- Media Policy
- Social Media Policy
- Information Governance Policy
- Information Governance Communications Plan
- Information Governance Strategy
- Clinical Records Policy
- Safeguarding Children Policy and Procedures
- Protecting Children and the Public – Working with MAPPA Arrangements
- Safeguarding Adults Policy
- Information Risk, Incident and Forensic Readiness Policy
- Risk Management and Assurance Strategy

**APPENDIX A – Consent to Multimedia Records**

**CONSENT TO PHOTOGRAPHY OR AUDIOVISUAL RECORDING**

South London and Maudsley NHS Foundation Trust Multimedia Policy outlines the responsibilities of Trust staff and the rights of service users in relation to multimedia records (such as photographs, sound and video recordings) in accordance with the Data Protection Act (1998).

This consent limits the use of multimedia records that may identify individuals to the purpose that is specified to you. Should it be necessary to use the recording or the photography in any other way to the purpose specified here, the Trust will seek your specific permission to do so.

Name of staff member:

Department / CAG:

Signature:

Date:

I, \_\_\_\_\_ (name of service user)  
consent to;

*(please tick and delete as appropriate)*

photography / audio recording / video recording of myself taken for my personal medical records and will be retained as long as my medical records.

photography / audio recording / video recording of myself taken for supervision and training purposes without forming part of my personal medical records and will not be retained following the completion of your treatment and care.

photography / audio recording / video recording of myself taken to support this episode of treatment and care without forming part of my personal medical records and will not be retained following the completion of your treatment and care.

photography / audio recording / video recording of myself taken to be utilised as part of a research project without forming part of my medical records and with / without extension of my permission to the use of the recording to publication.

I was explained the purpose of the recording explicitly and that I can withdraw my consent at any time.

Signature:

Date:

## APPENDIX B - Equality Impact Assessment

### PART 2: Equality Impact Assessment

**1. Name of policy or service development being assessed?**

Multimedia Policy

**2. Name of lead person responsible for the policy or service development?**

Mustapha Haruna, Deputy IG Lead

**3. Describe the policy or service development**

**What is its main aim?** The purpose of multimedia policy is provide guidelines to ensure that multimedia (audio-visual) records created during the course of clinical care, research and training are generated with the explicit consent of all individuals involved. That they are used and stored in accordance with relevant national guidelines and disposed of appropriately under the relevant retention period.

**What are its objectives and intended outcomes?** The main objective is to set out key guidelines to support Trust staff to ensure multimedia records are created for specified purposes that are clearly explained to service users, which are used, store and disposed of in accordance with national guidance and to ensure associated risks are minimised by applying up-to-date technological solutions, security measures and ethical standards.

The intended outcomes are as follows:

- To outline a clear consent process
- To maintain the security of all multimedia
- To provide guidance in relation to recording of individuals including those who may be incapacitated
- To enable access to multimedia records by service users or individuals
- Retention of multimedia records

Secure disposal process of multimedia records

**What are the main changes being made?** Changes to the multimedia policy range from the inclusion of new initiatives and technological developments and procedures, to small shifts and clarifications of the existing policy.

Some of the changes to the policy include:

Further guidance on recording, including service user's rights and responsibilities when recording clinical consultation.

The policy also includes guidance on how to produce, store and share multimedia using applications on Microsoft Office 365

**What is the timetable for its development and implementation?**

The Multimedia Policy will come into effect in August 2017.

**4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?**

*(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).*

The Trust Caldicott Committee, which comprises of senior members of staff representing clinical services across the CAGS, service user representatives and a carer representation were invited to review the policy.

The Information Governance team considered the number of Datix logged and number of queries received by the IG service on instances where service users want to record their consultation with SLAM staff members. The policy will provide guidance for Trust staff on instance where a service user or carer wishes to record their consultation.

**5. Have you explained, consulted or involved people who might be affected by the policy or service development?**

*(Please let us know who you have spoken to and what developments or action has come out of this)*

The policy was taken to the Caldicott committee along with NHS protect guidance on Patients wishing to record their consultation in health and social setting. The Caldicott Committee group has staff representatives from each CAG, carers, service users and IG management team make up part of the group consulted for the policy. The group discuss, reviewed and updated the policy across numerous Caldicott Committee meetings. Views of members of clinical staff who use the policy as well as service users and carers are reflected in the policy.

**6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?**

*(Please select yes or no for each relevant protected characteristic below)*

Age	Positive impact: Yes	Negative impact: yes
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**Please summarise potential impacts:**

The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own recollection outside the consultation.

The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.

Service user and carers are involved and have consented to any use of recording device by staff members.

**Negative impact:** The Trust has no control on what a patient chooses to do with any

<p>recording they make of their clinical consultation. There is a risk that patients could upload their clinical consultation on social media.</p>		
<b>Disability</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Gender re-assignment</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p> <p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Race</b>	<b>Positive impact:</b> No	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p>		
<b>Pregnancy &amp; Maternity</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p> <p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Religion and Belief</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b></p> <p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		

<b>Sex</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<b>Please summarise potential impacts:</b>		
<p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Sexual Orientation</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<b>Please summarise potential impacts:</b>		
<p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Marriage &amp; Civil Partnership</b> <i>(Only if considering employment issues)</i>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<b>Please summarise potential impacts:</b>		
<p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		
<b>Other (e.g. Carers)</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<b>Please summarise potential impacts:</b>		
<p>Service user and carers are involved and have consented to any use of recording device by staff members.</p> <p>The policy provides guidance on the correct use of Skype for Business which can be used for patients who are unable to attend clinical meetings face to face.</p> <p>The policy provides guidance for services user or carers wishing to record their consultation, these benefits service users and carers, as they can access conversation with clinical team for their own remembrance outside the consultation.</p>		

**7. Are there changes or practical measures that you can take to mitigate negative impacts or**

**maximise positive impacts you have identified?**

**NO:** The service user or carer can waive their own confidentiality as they wish; this could include disclosing the details of their consultation which the person recorded with third parties or even posting and/or sharing the recording on the internet through social media sites.

As the Trust is not responsible for generating or making the recording, it has no control of the recording and is also not liable for safeguarding the confidentiality, integrity or security of such material.

**8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?**

*(This may should include agreeing a review date and process as well as identifying the evidence sources that can allow you to understand the impacts after implementation)*

The policy is set for review in July 2019 whereby the Trust Caldicott Committee will be consulted in the first instance. If the policy requires a lot of revision then a decision will be made as to whether a working group should be established for this revision.

**PART 3: Equality Impact Assessment Action plan**

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Review actual impact of policy	Review EIA	Policy Lead	July 2019	

**Date completed: 31 /07 / 2017**  
**Name of person completing: *Mustapha Haruna***  
**CAG: *Corporate***  
**Service / Department: *Digital Services***

## APPENDIX C – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval.

If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Tony Konzon, Claims and Litigation Manager (Anthony.Konzon@slam.nhs.uk)

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
<p><b>The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?</b></p>		
<ul style="list-style-type: none"> <li><b>Article 2 – Right to Life</b>  (Resuscitation /experimental treatments, care of at risk patients)</li> </ul>	No	
<ul style="list-style-type: none"> <li><b>Article 3 - Freedom from torture, inhumane or degrading treatment or punishment</b>  (physical &amp; mental wellbeing - potentially this could apply to some forms of treatment or patient management)</li> </ul>	No	
<ul style="list-style-type: none"> <li><b>Article 5 – Right to Liberty and security of persons</b> i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act  (Safeguarding issues)</li> </ul>	No	
<ul style="list-style-type: none"> <li><b>Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time</b>  (Mental Health Act Tribunals/complaints/grievances)</li> </ul>	No	
<ul style="list-style-type: none"> <li><b>Article 8 – Respect for Private and Family Life, home and correspondence/ all other communications</b>  (Right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on</li> </ul>	No	

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
visitors, Disclosure issues)		
<ul style="list-style-type: none"> <li><b>Article 9 - Freedom of thought, conscience and religion</b></li> </ul> <p>(Drugging patients, Religious and language issues)</p>	No	
<ul style="list-style-type: none"> <li><b>Article 10 - Freedom of expression and to receive and impart information and ideas without interference.</b></li> </ul> <p>(withholding information)</p>	No	
<ul style="list-style-type: none"> <li><b>Article 11 - Freedom of assembly and association</b></li> </ul>	No	
<ul style="list-style-type: none"> <li><b>Article 14 - Freedom from all discrimination</b></li> </ul>	No	

Name of person completing the Initial HRA Assessment:	Claire Delaney-Pope
Date:	25/07/2017
Person in Legal Services completing the further HRA Assessment (if required):	
Date:	

## APPENDIX D- Checklist For The Review And Approval Of A Policy

This checklist must be used for self-assessment at the policy writing stage by policy leads and be completed prior to submission to an appropriate Executive Committee/Group for ratification.

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1.</b>	<b>Style and Format</b>		
	Does the document follow The South London and Maudsley NHS Foundation Trust Style Guidelines? i.e.: <ul style="list-style-type: none"> <li>• The Trust logo is in the top left corner of the front page only and in a standard size and position as described on the Intranet</li> <li>• Front page footer contains the statement about Trust copyright in Arial 10pt</li> <li>• Document is written in Arial font, size 11pt (or 12pt)</li> <li>• Headings are all numbered</li> <li>• Headings for policy sections are in bold and not underlined</li> <li>• Pages are numbered in the format Page X of Y</li> </ul>	Y	
<b>2.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Y	
<b>3.</b>	<b>Document History</b>		
	Is the document history completed?	Y	
<b>4.</b>	<b>Definitions</b>		
	Are all terms which could be unclear defined?	Y	
<b>5.</b>	<b>Policy specific content</b>		
	Does the policy address, as a minimum, the NHSLA Risk management Standards at Level 1 where appropriate	N/A	
<b>6.</b>	<b>Consultation and Approval</b>		
	Has the document been consulted upon?	Y	
	Where required has the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
<b>7.</b>	<b>Dissemination</b>		
	Does the document include a plan for dissemination of the policy?	Y	
<b>8.</b>	<b>Process for Monitoring Compliance</b>		
	Is it explicit how compliance with the policy will be monitored?	Y	
<b>9.</b>	<b>Review Date</b>		
	Is the review date identified on the cover of the document?	Y	
<b>10.</b>	<b>References</b>		
	Are supporting references cited?	N/A	

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Unsure</b>	<b>Comments</b>
<b>11.</b>	<b>Associated documents</b>		
	Are associated SLaM documents cited?	Y	
<b>12.</b>	<b>Impact Assessments</b>		
	Is an Equality Impact Assessment included as the appendix of the document?	Y	
	Is a HRA Assessment included as an appendix of the document?	Y	