



Audio Visual Systems Policy Framework

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| Dissemination requirements | |
| Part of Trust's publication scheme | Yes / No? |

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants,

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governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

The aim of this document is to provide a framework to ensure that the Trust operates an effective and robust process for the management of audio and visual images.

The Trust's day-to-day use of image capturing systems equipment is becoming an integral part of the provision of high-quality patient care, the welfare of their staff and protection of their assets.

There is a national focus on the use of imagery and technology to achieve these aims such as the introduction of body worn cameras, dash cams, mobile and static cameras.

The Trust recognises its responsibilities under the Data Protection Act (DPA) 2018, the General Data Protection Regulation (GDPR) and associated data protection principles regarding the use and operation of close circuit television (CCTV) recording systems within the Trust.

Definition – audio, images and audio-visual images (AVI) typically in the form of digital recordings, or hardcopy photographs.

2. Purpose

The purpose of this framework is to regulate the management, operation and use of the Trust's image system within the organisation.

The framework explains, within the attached policies, the specific details regarding individual systems that include the safe operation, security and data protection considerations for the individual system.

The Trust will:

- monitor the appropriate use of imagery systems to ensure compliance with all current UK Legislation.
- ensure that all Trust employees operating such systems are trained and, where appropriate to the role, accredited and/or vetted.

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- ensure that proper robust management and control measures are in place to protect the integrity and security of recordings made using such systems.
- ensure that the systems are operated in accordance with the current UK Data Protection Legislation.
- review the level of use of image systems with the involvement of the Trust's Data Protection Officer (DPO).

Recorded material may be made available to third parties in accordance with Legislation. For example, patients or other individuals whose personal data are recorded by the systems may make a Data Subject Access request for recorded material under Legislation. The Trust may also be obliged to release recorded material in response to a request made under other information access legislation (for example the Freedom of Information Act or Environmental Information Regulations). The Police, courts, or other public bodies may obtain access to recorded material. Third parties such as insurers or solicitors may obtain access to recorded material under various schedules or parts of UK Legislation.

This policy has been written to safeguard individuals' rights in compliance with relevant legislation and guidance.

3. Scope

This framework applies to all Trust staff, contractors, volunteers and third party organisations (acting on behalf of the Trust).

The systems and recorded material may be used by the Trust for the following purposes:

- Protecting staff, patients, service users and the public.
- Increasing personal safety and reducing the fear of crime, for example by deterring acts of violence and aggression.
- Protecting Trust assets including buildings, vehicles and equipment from theft or damage.

- Assisting in the investigation of Trust-reported adverse events, supporting the police and other law enforcement bodies in the prevention, detection and investigation of crime and assisting in the identification, apprehension and prosecution of offenders.
- Assisting with the reporting and management of Trust-reported adverse events including road traffic collision investigations, for example to establish an accurate account of events.

4. Individual Imaging Systems

Each system covered by this framework will have an Individual policy that will cover the specific points relating to that system. These policies form part of this framework and will contain system specific matters of policy.

5. Duties

5.1.1 Trust Board

Ultimate responsibility for recording and release of audio and visual images in the Trust rests with the Trust Board who will ensure that the release of AVI is down as per the procedures agreed by the Information Governance Policy and Data Protection Policy

5.1.2 Chief Executive

As the accountable officer for the Trust, the Chief Executive is responsible for meeting all statutory requirements and required to provide assurance that all information risks to the Trust are effectively identified, managed and mitigated. Details of incidents involving data loss or confidentiality breaches must be recorded on Datix and on the NHS Digital Data Security and Protection Toolkit (DSPT) tool. All serious information Incidents are reported in the annual quality account report.

5.1.3 Data Protection Officer

The Data Protection Officer has the role of providing a semi-independent oversight and scrutiny of matters relating to personal data, maintaining the

confidence of data subjects, including, patients, staff and the public. This is achieved through advice and guidance on the creation of robust and effective mechanisms and assurance processes to protect and appropriately handle person-identifiable information. The Data Protection Officer will be the first point of contact for any queries related to release of AVI from the Trust. The Data Protection Officer will report any serious information governance concerns via the Caldicott Guardian and SIRO to the Chief Executive and will retain operational independence at all times.

5.1.4 Trust Managers

Managers or staff with areas of responsibility where imaging is captured or released are expected to have input to the Trust's information governance agenda, either by membership of the Information Governance Group, as responsible officers for DSPT requirements, or by ad-hoc input, as required.

They should ensure that the working practices carried out within their department are in line with Trust policy and that all staff are adequately trained.

5.1.5 All staff

All Staff are responsible for ensuring that they adhere to the imaging systems policy, and the appendices relating to particular image systems and implement best practice in relation to capture and release of imaging wherever possible. They are responsible for raising incidents relating to information governance on the incident reporting system or via their line manager.

5.1.6 Consultation and Communication with Stakeholders

This policy is reviewed and approved by the Information Governance Group, which includes key information governance stakeholders from corporate and operational areas in the Trust.

6. Training

The Trust will ensure:

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- That image systems administrators and operators are fully trained in accordance with NHS Guidance and individual suppliers' recommended training programmes.
- Any training given will be recorded by the Trust's workforce and organisational development department on the staff member's individual training record.
- All staff involved in operating image systems (administrators and those with privileged access accounts) must complete the Trust's mandatory IG Training annually and complete a systems administrator/privileged access agreement (at least annually).

7. Information Governance

The Trust understands that there are inherent data protection risks involved in the production, retention and storage of AVI (and recordings). There is a high level of guidance produced by the Information Commissioner's Office, the Surveillance Commissioner's Office and NHS Digital covering the potential and actual risks involved in running imagery systems.

Therefore, the Trust must ensure that there is a robust process for safeguarding, monitoring and review of all imagery systems operated by or on their behalf.

The Trust, through its various sub committees, undertakes to ensure that all current UK Legislation is adhered to and that the organisation meets its contractual obligations through completing the Data Protection and Security Toolkit and the Surveillance Commissioner's Assessment.

The Trust will ensure that their information technology systems meet the required levels of encryption and security as defined by NHS Digital and the individual suppliers.

For evidential continuity, the correct time and date is always visible in the Recorded Material. Each recorded incident will have its own file(s) with a unique file name or code.

8. Access

8.1 Access to AVI

Image system administrators and operators will have specific guidance and authorisation to access systems and view/listen to recordings in compliance with the appropriate appendices contained within this policy.

The Trust has a robust system for accessing all types of information held by them. This is laid out within the Data Protection Policy and must be followed when access to AVI is required.

Third party organisations (systems suppliers) may have access to databases and image storage locations. They will only access AVI according to the pre-defined conditions as stated within their individual contracts. Their reasons for access are likely to be, for example

- assisting the Trust in recovering an image(s) or recording(s)
- Undertaking specialist searches on behalf of the Trust for specific image(s) or recording(s)
- Advising the Trust on the production of a usable image(s) or recording(s).

8.2 Access to Equipment and Recorded Material

Access to individual recording devices will be covered within each appendix. Access to AVI will be via the defined monitoring team within each appendix.

8.2.1 Reviewing Area

The area designated for the review of AVI will be an access-controlled environment that is adequate to protect AVI and audio from being seen or heard by non-authorised persons.

8.2.2 Reviewing Personnel

When the AVI viewing equipment is in operation, access will be restricted to those personnel who have been formerly approved to have access. All other personnel shall be considered as visitors and will require the appropriate authorisation.

8.2.3 Cleaning Personnel

The screens will normally be switched off when cleaning personnel are on site.

8.2.4 Maintenance Contractors

Access shall be limited to authorised personnel and restricted to the activities necessary to complete the fault repair or maintenance work.

9. Access Requests

9.1.1 By or on behalf of a Data Subject

Under Article 15 of the General Data Protection Regulation (GDPR) and Section 45 of the Data Protection Act 2018 an individual has the right to access his/her personal data held by the Trust. This will include requests for Recorded Material.

Individuals may request recordings via the Subject Access Request team
SARS@eastamb.nhs.uk

Requests for access may be refused for several reasons; for example, where complying with the request is likely to prejudice the prevention or detection of crime or the apprehension or prosecution of offenders.

9.1.2 By an agent or authority with a legitimate reason

There are many different agents, authorities and public bodies that may rely on a wide range legislation or regulation to access an image(s).

Requests for this data must be made via the Subject Access Request team
SARS@eastamb.nhs.uk

In extreme circumstance the Investigatory Powers Act 2016 may be invoked outside of normal hours, and the existing ESOP 62 will then apply.

Each request will be evaluated against the legal requirements, validity checks and compliance timeframes.

9.1.3 Internal request with a legitimate reason

An internal request for an image must be made by email to the Subject Access Request team SARS@eastamb.nhs.uk

Each request will undergo stringent validity checks to ensure compliance with legislation and Trust Policy.

Requests for access may be refused for several reasons; for example, where complying with the request is likely to prejudice the prevention or detection of crime or the apprehension or prosecution of offenders.

9.1.4 Procedure for Third Party Access to Recorded Material

The Trust may disclose Recorded Material to third parties in the circumstances referred to in section 7.3.

No access will be permitted unless approved by the DPO or otherwise, in accordance with this policy and its appendices. The DPO or other assigned person/team will review requests in line with this policy, any legal requirement to disclose and any applicable exemptions.

9.1.5 Retention of Recorded Material

The Trust has an extensive Retention Schedule which covers both AVI and audio recordings.

10. Maintenance

The Trust ensures that all systems are covered by the standard NHS contract and include service agreements with approved security contractors to maintain the optimum operation. The contractor will conduct regular service and maintenance inspections of the system(s) and keep the Trust informed of all faults, repairs or upgrades.

The Trust will ensure that regular service and maintenance inspections are carried out in accordance with suppliers' recommendations.

11. Compliance with the Policy Framework

Compliance with this policy framework will be reviewed by the Data Protection Officer at least annually.

The Data Protection Officer may assign another Trust manager to undertake a review of compliance at any point for example in reaction to an adverse incident, data breach or other event.

Audits, including random operating checks, may be carried out by the Information Governance Teams and/or other appropriate teams within the organisation to check compliance with this policy.

12. Complaints and resolutions

12.1 Internally

Any issues about the recording, retention, access or production of material should, in the first instance, be raised via the member of staff's line manager and/or through the Trust's adverse incident reporting system.

12.2 Externally

Any issues should be raised via the Trust's Patient Advice Liaison Service (PALS) email: eoasnt.feedback@nhs.net They may also be raised via the Data Protection Officer at DPO@eastamb.nhs.uk

13. Monitoring

Compliance and Effectiveness Monitoring Table

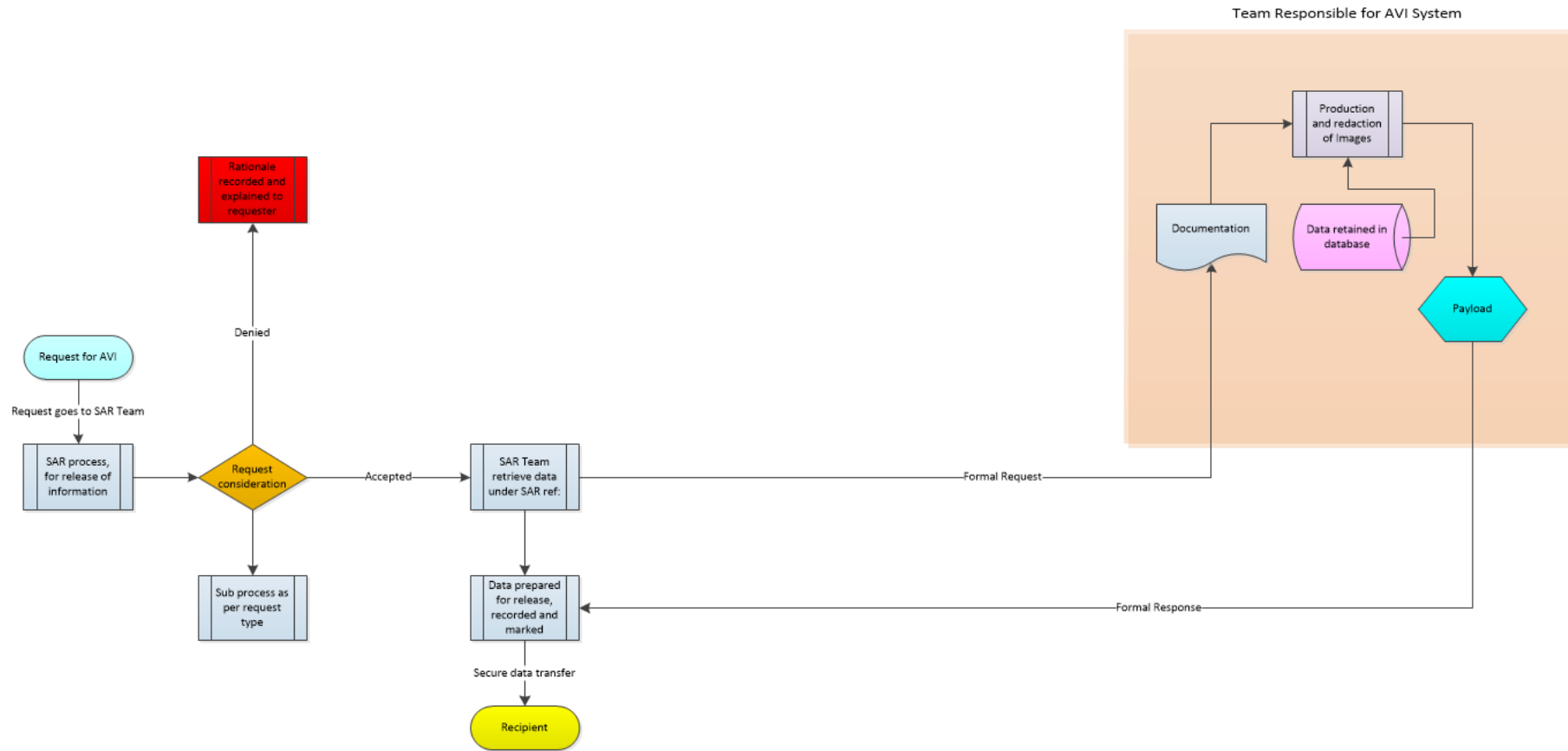
| Monitoring | Required by | Outturn |
|--|-------------|--|
| Privileged access audit | IGG / DSPT | Completion of audit proforma bi-annually |
| Number of Subject Access Requests for imagery | IGG | Standard report |
| Number of incidents where imagery was utilised by type and event | IGG | Quarterly reports |

14. Related Documentation

This document makes reference to, or takes into consideration, the following:

- The Data Protection Act 2018
- The Freedom of Information Act 2000
- The General Data Protection Regulations
- Information Commissioner's Office Guidance on Images
- Surveillance Camera Commissioner's Toolkit
- Data Protection Security Toolkit
- Human Rights Act 1998
- The Computer Misuse Act 1990
- Data Protection Policy
- Records Management Policy and Procedures.
- Acts of Violence & Aggression Policy
- Security Policy
- Health & Safety at Work Act 1974
- Safeguarding Adults Policy
- Care Act 2014
- Children's Act 2004
- Management of Incidents Policy
- Safety Representatives and Safety Committee Regulations 1977.

Appendix 1



Appendix 2

| EIA Cover Sheet | | |
|---|---|---|
| Name of process/policy | Audio Visual Systems Policy Framework | |
| Is the process new or existing? If existing, state policy reference number | New policy – POL123 | |
| Person responsible for process/policy | Head of Information Governance and Security | |
| Directorate and department/section | Governance | |
| Name of assessment lead or EIA assessment team members | Head of Information Governance and Security | |
| Has consultation taken place? Was consultation internal or external? (please state below): | Internal – SMT | |
| The assessment is being made on: Please tick whether the area being assessed is new or existing. | Guidelines | X |
| | Written policy involving staff and patients | X |
| | Strategy | |
| | Changes in practice | |
| | Department changes | |
| | Project plan | |
| | Action plan | |
| | Other (please state) | |
| | Data Protection Act 2018 ICO Guidance | |

Equality Analysis

What is the aim of the policy/procedure/practice/event?

The overriding purpose of this Framework is to ensure that all policies involving systems that collect, process, control or use audio visual data are done so within the current UK legislation.

This framework will always ensure that the Trust remain focused on equality of outcome and purpose. Equality, Diversity, Inclusion and Human Rights encompass all our aims, objectives and actions addressing inequalities and promoting diversity in healthcare and employment.

The policy has also taken into consideration the key principle of Diversity and Inclusion, that it belongs to everyone and that every individual has the right to be treated with respect and dignity as aligned to our core values. EEAST will ensure that its services are anti-discriminatory enabling equality of access and provision and meeting the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. EEAST will use the EDS2 to ensure that service priorities are influenced and set by the health needs of all our local and regional communities through consultation, equality monitoring and partnership working. The Trust will demonstrate "Due Regard" in all aspects of our business

Who does the framework impact on?

| | | | | | |
|---------------|---|-----------------------------|---|-----------------------------------|---|
| Race | × | Religion/belief | × | Marriage/Civil Partnership | × |
| Gender | × | Disability | × | Sexual orientation | × |
| Age | × | Gender re-assignment | × | Pregnancy/maternity | × |

Who is responsible for monitoring the framework?

Senior Information Risk Owner (SIRO)

Data Protection Officer (DPO)

What information is currently available on the impact of this framework?

The policy has taken into account the key principles of Diversity and Inclusion and meets the legal requirements under the Equality Act 2010 and the specific elements of the Public Sector Equality Duty. The policy was reviewed by the Data Protection Officer

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Do you need more guidance before you can make an assessment about this framework?

No. Each of the individual policies will also be required to have a complete EIA based on the details of the individual system. However, the Head of Information Governance and Security will review the framework with the EDI team if the policy is found to not meet the requirements of the Equality Act 2010.

Do you have any examples that show that this framework is having a positive impact on any of the following protected characteristics? Yes

| | | | | | |
|---------------|---|-----------------------------|---|-----------------------------------|---|
| Race | × | Religion/belief | × | Marriage/Civil Partnership | × |
| Gender | × | Disability | × | Sexual orientation | × |
| Age | × | Gender re-assignment | × | Pregnancy/maternity | × |

Please provide evidence:

The policy aims to ensure that Data Protection Principles enshrined within the General Data Protection Regulations (GDPR) and the Data Protection Act 2018 (as well as the Human Rights Act 1998 and the Equality Act 2010) are being adhered to, in relation to audio visual data. These principles are:

- Lawfulness, fairness and transparency.
- Purpose limitation.
- Data minimisation.
- Accuracy.
- Storage limitation.
- Integrity and confidentiality (security)
- Accountability.

Further to this are the individual data subjects' rights:

- The right to be informed.
- The right of access.
- The right to rectification.
- The right to erasure/be forgotten.
- The right to restrict processing.
- The right to data portability.
- The right to object.

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- Rights relating to automated decision making and profiling.

Together these principles and rights have already made a significant impact on the control and processing of personal data within the UK

Currently, there is no evidence that this framework will have a negative impact. The framework will be reviewed on a regular basis to minimise the risk of any negative impact.

Are there any concerns that this framework could have a negative impact on any of the following characteristics? No

| | | |
|---------------|-----------------------------|-----------------------------------|
| Race | Religion/belief | Marriage/Civil Partnership |
| Gender | Disability | Sexual orientation |
| Age | Gender re-assignment | Pregnancy/maternity |

Please provide evidence:

None. The framework is aimed to protect the rights of all data subjects regardless of the characteristics mentioned above.

Evaluation Monitoring Plan/how will this be monitored?

| | |
|---------------|--|
| Who – | Information Governance Group (IGG) |
| How - | Every 2 months and annual review |
| By – | Review against UK Legislation and ICO Guidance |
| Reported to – | Director- Senior Information Risk Owner Data Protection Officer |