

Document Type: PROCEDURE		Unique Identifier: CORP/PROC/002
Title: Photography and Video Recordings of Patients: Confidentiality and Consent, Storage and Copyright		Version Number: 3
		Status: Ratified
Scope: Trust Wide		Classification: Organisational
Author/Originator and title: Steven Farley, Head of Medical Photography and Illustration		Responsibility: Medical Photography
Replaces: Version 2 Photography and Video Recordings of Patients: Confidentiality and Consent, Storage and Copyright	Description of amendments: Updated throughout to include clinical imaging undertaken by staff other than the DMPI and out of hours arrangements. References checked and updated	
Name Of: Divisional/Directorate/Working Group:	Date of Meeting:	Risk Assessment: Not Applicable
		Financial Implications Not Applicable
Validated by: Information Governance Assurance Board Chairman's Action	Validation Date: 26/03/2013	Which Principles of the NHS Constitution Apply? Principles 1-4
Ratified by: Clinical Improvement Committee	Ratified Date: 02/04/2013	Issue Date: 02/04/2013
Review dates may alter if any significant changes are made		Review Date: 01/03/2016
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Initial Assessment		

1. PURPOSE

To protect patients' confidentiality and ensure their privacy and dignity are respected.

To ensure that signed, informed consent is obtained prior to the taking of recordings.

To ensure all recordings are taken by persons authorised by the Trust and are produced, used and stored safely. In most cases recordings will be developed, logged and stored in the Department of Medical Photography and Illustration (DMPI).

2. SCOPE

This procedure applies to all employees including permanent, temporary and contracted staff along with volunteers, students, locums and those on secondment to the Trust.

This procedure covers visual and audio recordings of patients made and used in any circumstances where health professionals work in a professional capacity. This includes:

- on healthcare premises
- in community settings where patients are cared for by a health professional
- as part of the assessment, investigation or treatment of a patient
- teaching, training or assessment of healthcare professionals and students
- research
- other health-related uses

For the purposes of this document the word 'recordings' means originals or copies of audio recordings, photographs and other visual images (other than radiographic) of patients that may be made using any recording device.

Procedures where video recording or still photography is implicit (for example, endoscopy, bronchoscopy), locally defined departmental protocols must be followed in relation to developing and storing these medical records securely, and are exempt from the scope of this document.

Close Circuit Television (CCTV) recordings of public areas are the subject of separate guidance from the Information Commissioner's Office (ICO). Refer to the Implementation of CCTV within the Trust Procedure (CORP/PROC/407, see section 7).

3. PROCEDURE

3.1 Requests for Clinical Images from the Department of Medical Photography and Illustration (DMPI)

The Trust employs professionally qualified and registered clinical photographers who work as part of the healthcare team and provide a professional clinical photography service, providing high quality images in a timely manner. They are the first point of contact for any imaging needed throughout the Trust.

The DMPI ensures qualified members of staff take responsibility for this work following informed, signed consent by the patient. Each request is given a unique identifying

number, prints are produced and sent directly to the requesting clinician, and the negatives/digital files are stored within the department or on a secure hospital server.

Medical photographers are available to photograph patients between the hours of 8.30 am and 4.30 pm Monday – Thursday and 8.30 am to 4.00 pm Friday. A patient may attend the studio or a photographer will attend a clinic if necessary. Visits to a ward may also be arranged by telephoning the department to arrange a suitable time for both the patient and clinician. Medical photographers are also available for theatre photography and understand that these calls may be at short notice. Medical photography can be contacted on 3649 or #329. If a medical photographer is not available you should assess whether the images can wait until a medical photographer is available. If not, then you should ask Switchboard to contact the on-call medical photographer. They should be able to advise you accordingly. **If you cannot contact a medical photographer see Section 3.6.**

See also section 3.6 for out of hours arrangements.

Requests for clinical images should be made to the DMPI using the Clinical Photographic request form (Shown at Appendix 1).

3.2 Clinical Imaging undertaken by Staff other than the DMPI

3.2.1 Becoming a registered camera-user

Wherever possible clinical photography should only be undertaken by the DMPI.

In some areas, however, it may be appropriate for images to be made by staff other than the DMPI. This is likely to be in areas where the recording of a patient's progress is an integral part of the care pathway and/or takes place out of hours. In these areas staff must only record images using equipment supplied and owned by the Trust.

This procedure directs members of staff (other than those of the DMPI and Diabetes Eye Screening Service) to apply to become a registered camera user and obtain Trust-owned equipment which has been approved by the DMPI. An application form is shown at Appendix 2.

Authorised users will have to demonstrate a need for photography that the DMPI cannot fulfil. This is not to replace the service that the DMPI provides but is to supplement areas where a service is not, or cannot be, currently offered. User applications will be assessed on a case by case basis.

A register of authorised staff will be held by the manager of DMPI. Only recordings from registered staff will be processed following compliance with procedures stated below. Under no circumstances must photographs or recordings be developed, copied or reproduced other than through the DMPI.

This authorisation will extend to those staff working under direct supervision and in the presence of the authorised staff member, should that individual be unable to take the recording due to clinical consideration.

Once approved, individuals will be given instruction on safe storage of images and provided with professional assistance if required.

3.2.2 Taking photographs

Members of staff must be aware of their own limitations in skill for taking photographs which may subsequently be required for legal proceedings. Due care must be taken to ensure the quality of the image, in terms of resolution and colour depth, is adequate for the purpose.

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

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

3.2.3 Information security

Digital equipment must be kept locked within the department at all times. No images should ever be left within the device. Images should be securely stored on the network server as soon as possible. Once recordings have been securely stored, normally this will be with the DMPI, the device's memory must be cleared. This is the personal responsibility of the individual producing the recording.

It is recognised that while digitally originated images are intrinsically no different from traditional photographs, they are easier to copy in electronic form and are therefore more at risk of both image manipulation and inappropriate distribution. The storage of digital images other than within the DMPI may only be considered once access is guaranteed to a secure central server.

No other copies may be made or retained by the photographer and the original data files must not be retained in the camera or otherwise on digital media (for example, compact flash, SD-ram or similar) once the images have been securely stored.

Negatives, master transparencies, and original digital camera files must be developed, logged and stored securely within DMPI or other secure storage as authorised by the DMPI. In relation to digital camera images, the files must not be treated in any way (including compression) before storage.

Images of patients may only be transferred to personal computers if:

- a legitimate business need has been identified, risk assessed and agreed with the employee's line manager and the outcome recorded
- An appropriate level of encryption has been applied to the PC by the Trust. (Refer to Encryption Procedure CORP/PROC/509, see section 7).

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

All recordings made by Trust employees must follow the consent procedure and be documented in the patient's healthcare records. See Section 3.4.

Copyright of all such images is vested in Blackpool Teaching Hospitals NHS Foundation

Trust. See Section 3.7 below.

3.3 Confidentiality

The patient's right to confidentiality must be maintained at all times. In order to ensure that the patient's right to confidentiality is preserved, the Trust requires that:

- valid, written consent is obtained for the original recording and for its use as part of treatment or for teaching
- the subject's permission, and written consent, is obtained for recordings being made for purposes other than as part of treatment or teaching
- only authorised copies of recordings are made

3.4 Consent

3.4.1

Photographs and video recordings (conventional or digital) of patients may be taken as part of investigation and/or treatment, for teaching purposes, or professional publications. As such they form part of that patient's healthcare records and are protected in the same way as any other medical record.

In all cases, images (photographic or video) may only be taken following informed, signed consent. The patient's consent must be obtained in writing for the original photography or video and for its use as part of treatment or for teaching and research. If this is not possible at the time then such written consent must be obtained as soon as possible thereafter and before release or use of the photography or video.

A patient's image may not be altered in any way to achieve anonymity.

3.4.2 Levels of Consent

There are 3 levels of consent:

Level 1 the patient consents to make recordings as part of patient care – for healthcare records only

Level 2 the patient additionally consents to recordings being made available for teaching, training and the assessment of healthcare professionals and students

Level 3 the patient consents to the recordings being used in a specified publication

You must get the patient's written consent to make a recording that forms part of the investigation or treatment of a condition, or contributes to the patient's care.

You should explain why the recording would assist their care, what form the recording will take and that it will be stored securely.

You must get written consent before making recordings for teaching, training or the assessment of healthcare professionals and students.

In some circumstances, images of a condition, procedure or outcome of treatment may be

shown to other patients with a similar condition, or who may be considering undergoing a similar procedure, providing that Level 2 consent has been obtained. Images to be shown to patients must not contain person identifiable information.

The DMPI 'Consent to Photography and Video Recordings of Patients' form is part of the clinical photographic request and must be used in all instances of photographic recordings. See Appendix 1 Consent to Photography and Video Recordings of Patients form.

3.4.3 Clinical recordings of children

Children or young people under 16 who have the capacity and understanding to give consent for a recording may do so. They should, however, be encouraged to involve their parents in the decision making.

Where a child or young person is not able to understand the nature, purpose and possible consequences of the recording, you must get consent from a person with parental responsibility who must sign the consent form. This single consent will be adequate to take recordings for a whole course of treatment (such as orthodontics) where the child may often attend unaccompanied – unless the minor reaches the age of 16 or is judged to be capable of consenting in his own right during the course of treatment, when new consent is required.

If a child is clearly not willing for a recording to be used, it must not be used, even if a person with parental responsibility consents.

If, during a course of treatment, a child is capable of consenting in their own right then a new consent form signed by the young person is required. If the young person is not willing for a recording to be used, it must not be used, even if a person with parental responsibility previously consented.

3.4.4 Recordings of adults who lack capacity

If you judge that an adult patient lacks capacity to decide about an investigation or procedure which involves a recording you must get consent from someone who has legal authority to make the decision on the patient's behalf before making the recording. Refer to Trust guidance on Implementing the Mental Capacity Act, 2005 and apply the Supporting Code of Practice (CORP/GUID/083, see section 7).

3.4.5 Recordings of unconscious patients/retrospective consent

Consent is occasionally impossible to gain at the time a recording is needed. For example, a theatre patient undergoing a surgical procedure. In these cases, retrospective consent can enable images to be taken.

If, in these circumstances, images are taken without consent they must be stored securely and cannot be used for any purpose until the correct informed consent has been gained. The patient, or person with parental responsibility, must be informed that recordings have been taken. If consent is then refused, the records must be destroyed.

In the case of procedures where video recording or still photography is implicit (for example, endoscopy), consent to the procedure provides implicit consent to photography.

3.4.6 Deceased patients

Should a patient die before a retrospective consent has been obtained, material by which the patient is identifiable may only be released with the consent of the deceased's personal representatives. In addition, wherever possible, the consent of the next of kin or near relatives must be obtained, particularly where the personal representatives are not relatives of the deceased. The duty of confidentiality survives after the death of the patient.

Should a consenting patient subsequently die, permission must be sought for any new use outside the terms of the existing consent. In this instance the consent of both the personal representative and the next of kin is required.

3.4.7 Recordings of psychiatric patients

Recordings (especially on video) of psychiatric patients require particular care and guidelines for these procedures have been published by the Institute of Medical Illustrators, 'Code of Professional Conduct for Members, (published 1996 and updated 2008). Copies are available in DMPI.

3.4.8 Withdrawal of consent

Patients maintain the right to withdraw consent for the use of their recordings at any time. If a patient decides to withdraw consent, the recordings must not be used for purposes other than healthcare records. Withdrawal of consent must be recorded in the notes and centrally by DMPI. It is the duty of the clinician requesting the images to ensure that records are appropriately updated.

In the case of electronic publication, it should be made clear to the patient that once the photograph is in the public domain there is no opportunity for effective withdrawal of consent.

3.4.9 Recording without consent

Recording without consent may be prescribed in certain circumstances such as, for example, suspected non-accidental injury of a child, where it is unlikely the parent or person with parental responsibility will give consent and the recording of injuries is demonstrably to the patient's benefit, or abuse against a vulnerable adult. Clinician authority is required in such cases, printing and signing their name on the consent form.

3.5 Non Clinical Photography

Non-clinical photography means any imaging which does not involve imaging a patient's specific condition.

In cases where a patient is incidental to a recording, for example, where the picture is to illustrate a particular piece of equipment, consent to appear in the recording is still required from either patients or the general public.

Accidental recording of persons not having given appropriate consent must be avoided. Images of a patient inadvertently picked up with those from another patient who has not consented must not be published, and unless deleterious to the care of the patient, must be destroyed.

Freelance professional photographers are sometimes employed to make this sort of

recording, but may only be introduced to Trust premises by arrangement with the Chief Executive's Office.

Contracts with 'outside' photographers must ensure they waive ownership of copyright and moral rights in the images they prepare, although they may still retain the right to reproduce the image within the terms of the contract. Requests made to patients or staff for photography must not be made by journalists without permission of the Communications Manager. Refer to the Trust Media Policy (CORP/POL/014, see section 7).

3.6 Obtaining Images out of Office Hours

The DMPI provides a service Monday to Thursday 8.30 am - 4.30 pm and Friday 8.30 am - 4.00 pm. If you require an out of hours service for a planned procedure please contact the DMPI in advance to enable us to accommodate your request. If DMPI cannot provide a service you will be advised accordingly on how to proceed. The DMPI currently offers an ad hoc on call service where, if a photographer is contacted by switchboard and they can attend they will do so.

This procedure allows for clinicians taking their own photographs outside of office hours or during times when it is not possible to obtain the service from DMPI **and it would be detrimental to the patient to delay photography**. In such events, photographs may only be taken using trust-owned equipment. The images, patient details and consent will still be managed and held by the DMPI. All images must be kept securely.

Once images have been taken the user must inform the DMPI at the earliest opportunity by email or phone. The DMPI will then take over the management of the images and consent. No copies are to be held other than the original images. Images will be released back to the requester when appropriate consent has been verified/gained.

3.7 Copyright

Copyright is a separate but closely related issue. Blackpool Teaching Hospitals NHS Foundation Trust holds the copyright of all recordings taken of its patients.

It is important that in any contract for publication the copyright of the recording remains with the Trust and does not pass automatically to the publishers on first publication, otherwise the Trust may be unable to protect the patient's interests by exercising control over further publication of the recording.

Those signing contracts with book, journal or other publishers have a responsibility to delete from the contract any suggestion that the copyright will pass to the publishers.

Junior doctors and others acquiring copies of recordings in the course of their duties may retain these for teaching purposes but must undertake only to use them within the terms of the original consent. Copyright and reproduction rights remain at all times with the Trust.

3.8 Recording of Information

Since any healthcare record has to be available for disclosure if required, it is essential every recording is properly logged in the healthcare records.

In the case of photographic negatives, these must be securely stored, filed and catalogued in the DMPI for a period of time in line with other medical records.

In the case of photographic transparencies, a second copy should be made at the time of developing to be used as a master transparency. This must be securely stored as above. Where it is possible to obtain a master as well as a show copy, the original photographs should be regarded as masters and duplicates made as necessary for further use.

In the case of a digital picture file, the original file (with no manipulation or compression applied), must be and stored within DMPI, until alternative access is possible to the Trust's central server. Each image must be assigned a filename by which it can be clearly identified, incorporating the patient's hospital number (for hospital patients) and the date of recording.

3.9 Use of Mobile Telephones

Members of staff must not use mobile telephones to produce, store or transmit images of patients, x-rays or healthcare records.

Recognising that patients need to communicate with family and friends, and that this is especially important when in hospital, the Trust permits the use of mobile phones by patients and relatives in certain areas. The taking of photographs by patients or relatives in any healthcare setting (with a mobile phone or camera) is not permitted unless with Trust permission and the permission of those who would be captured in the image. In-patients are instructed to discuss the use of mobile phones with a member of staff (patient bedside folder).

If it is observed, or suspected, that a patient or visitor has taken photographs of patients, records, or members of staff without permission, the person must be challenged, and the incident reported.

3.10 Monitoring

See compliance monitoring table at Appendix 3.

4. ATTACHMENTS	
Appendix Number	Title
1	Consent to Photography and Video Recordings of Patients form
2	Request to become a registered camera user form
3	Compliance monitoring table
4	Equality Impact Assessment Tool

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION
Electronic Database for Procedural Documents
Held by Policy Co-ordinators/Archive Office

6. LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	02/04/2013
2	Wards and Departments	02/04/2013

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/PROC/407	Implementation of Close Circuit Television (CCTV) procedure within the Trust
CORP/POL/178	Information Security Policy
CORP/PROC/509	Encryption Procedure
CORP/PROC/102	Consent to Examination or Treatment Procedure
CORP/GUID/083	Implementing the Mental Capacity Act, 2005 and apply the Supporting Code of Practice
CORP/POL/014	Trust Media Policy

8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS	
References In Full	
NHS Confidentiality - Code of Practice http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PolicyAndGuidance/DH_4069253	
Institute of Medical Illustrators: Patient Confidentiality and Clinical Illustrative Records http://www.imi.org.uk/natguidelines/IMINatGuidelinesConfidentialityMarch2006.pdf	
General Medical Council: Making and using visual and audio recordings of patients http://www.gmc-uk.org/guidance/ethical_guidance/making_audiovisual.asp	

9. CONSULTATION WITH STAFF AND PATIENTS	
Name	Designation
Margaret Spence	Information Governance Lead for Community Health Services
Information Governance Assurance Board members – procedure circulated for comment	
Community Health Services Clinical Policies Group members – procedure circulated for comment	

10. DEFINITIONS/GLOSSARY OF TERMS	

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By	Steven Farley	Checked By	Sue Wild
Job Title	Senior Medical Illustrator	Job Title	Governance Manager for Diagnostics and Therapies
Date	April 2013	Date	April 2013

Appendix 1: Consent to Photography Form

File in Community Health Records Or Section 3 of the Patient's Acute Health Record Folder

Blackpool Teaching Hospitals **NHS**
NHS Foundation Trust

CONSENT TO PHOTOGRAPHY

Blackpool Teaching Hospitals NHS Foundation Trust has adopted a policy in line with the Data Protection Act which gives you the right to control the future use of photographs (including video, slides and digital images) taken of you during the course of your treatment.

Write patient details or affix Identification label

Hospital Number:
Name:
Address:

Date of Birth:
NHS Number:

***a Referral to Medical Photography:**

I wish to refer to medical photography for medical photographs to be taken. These photographs will be part of your medical records and may be used for teaching of medical, paramedical and nursing staff as well as medical students in Blackpool and other UK Medical Schools, or for specific other use as detailed below.

***b Medical Photography In the Trust by other staff:**

I confirm I am registered with Blackpool Teaching Hospitals NHS Foundation Trust as authorised to take recordings in line with the Trust's Photographic Policy and Procedure, and I will take the appropriate photographs in a dignified manner, using equipment approved by Medical Photography.

**Please circle 'a' or 'b' as appropriate.*

CONSENT

In view of the explanation given to me by
Prof/Dr/Mr/Miss/Mrs

- Please tick as relevant
- 1 I consent to photographs being taken for my personal medical casenotes
 - 2 I consent to photographs being made available for teaching in the Healthcare context as described above
 - 3 I consent to my photographs being published for the specific purpose described below. This does not extend to any further publication(s)

This consent limits their use to the purposes only specified by you and should it be desired to use your photograph(s) in any other way – for example, in a medical textbook or an on-line teaching resource – the Trust will seek your specific permission to do so.

Signature of patient/parent/guardian:

Relationship if not patient: Date:

Clinician's name: (print)

Speciality:

Signature: Date:

Where consent cannot be obtained, authorisation by Clinician:

Name: (print)

Signature: Date:

Top copy to be retained in patient's Medical Records
Second copy to be given to the patient
Third copy to be forwarded to Medical Photography
Doctor: please turn over for medical photography order form

Approved by the Health Records Committee 01/07/2012 V57/2

Blackpool Teaching Hospitals NHS Foundation Trust	ID No. Corp/Proc/002
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Title: Photography and Video Recordings of Patients: Confidentiality and Consent, Storage and Copyright	
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Department of Medical Illustration

CLINICAL PHOTOGRAPHIC REQUEST

Urgent

Non Urgent

Date of request

Date & Time Appt:

Tel. No:

Consultant:

Department/Directorate:

Hospital:

AFFIX PATIENT DETAILS HERE OR PRINT

NHS NO: D.O.B.

SURNAME:

FIRST NAME:

ADDRESS:

.....

.....

Requirements

Prints Slides Digital Video

PATIENT TO BE PHOTOGRAPHED:

Med. Illustration Theatre

Ward Department

Purpose for which this material is required

Record Teaching Follow-up Publication

Other please state

In Patient (Ward No.)

Out Patient (Dept.)

(use outline to indicate region to be photographed)

Clinical Diagnosis

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.....

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.....

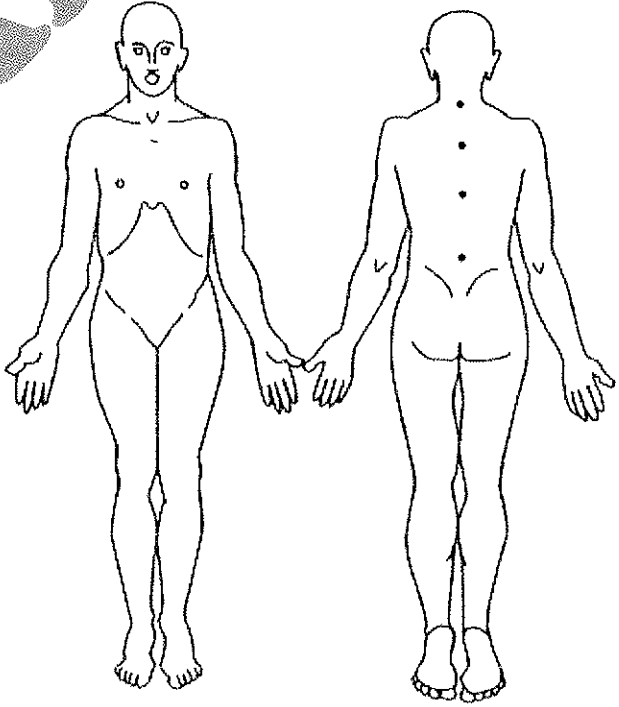
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Views Required

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Appendix 2: Request to become a registered camera user

Blackpool Teaching Hospitals 

NHS Foundation Trust

To be completed by the Requester (please print and return to the Department of Medical Photography and Illustration).

Name

Job Title

Department

Telephone Number

Location

Reason registration is required and details of equipment to be used:

.....
.....
.....
.....

Declaration by Requestor

I confirm that I am familiar with the Photography and Video Recordings of Patients: Confidentiality and Consent, Storage and Copyright procedure and I understand that I am the responsible person for ensuring compliance with the requirements of the procedure.

I understand that clinical images must not be used for any purposes other than those for which the patient gives consent and I agree to comply with this restriction.

Name

Signature

Date

Authorisation by Clinical Lead

I approve the request for this member of staff and confirm that they are justified in their request and will undertake clinical imaging as discussed, using only the equipment that has been approved.

Signature

Date

Blackpool Teaching Hospitals NHS Foundation Trust

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Appendix 3: Process for Monitoring Compliance

Minimum requirement to be monitored	Process for monitoring	Responsible individual/group committee	Frequency of Monitoring	Responsible Individual/group Committee for development of action plan	Responsible Individual/group Committee for development of action plan and implementation
a) DMPI are the first point of contact for imaging needed throughout the Trust	Audit of requests	Medical Photography Team	Annually	Medical Photography Team	DMPI Manager
b) All clinical imaging undertaken by staff other than the DMPI are registered camera users	Analysis of reported incidents of non-conformity	Medical Photography Team	Case by case basis	Medical Photography Team	DMPI Manager
c) Digital equipment is stored securely	Information Security audit	Information Governance Manager	Annually	Information Governance Team	Information Governance Assurance Board
d) Images are stored securely	Analysis of reported incidents of non-conformity	Medical Photography Team	Quarterly	Medical Photography Team	DMPI Manager
e) Consent is obtained for all clinical recordings	Audit	Clinical Audit Department	Annually	Clinical Audit Department	Clinical Governance Committee

Appendix 4: Equality Impact Assessment Form

Department	Organisation Wide	Service or Policy	Procedure	Date Completed:	November 2012
GROUPS TO BE CONSIDERED					
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED					
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and socio economic/deprivation.					
QUESTION	RESPONSE			IMPACT	
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	Not applicable to community safety or crime	N/A	N/A		
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A		
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.			
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact.				
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.				
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites Improve public spaces including creation of green spaces?	N/A				
Does the service, leaflet or policy/ development promote equity of lifelong learning?	N/A				
Does the service, leaflet or policy/ development encourage healthy lifestyles and reduce risks to health?	N/A				
Does the service, leaflet or policy/ development impact on transport? What are the implications of this?	N/A				
Does the service, leaflet or	N/A				

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policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?				
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	None identified			
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		No	(Please delete as appropriate)	
Name of Author:	Steven Farley		Date Signed:	
Signature of Author:			March 2013	
Name of Lead Person:			Date Signed:	
Signature of Lead Person:				
Name of Manager:	Sue Wild		Date Signed:	
Signature of Manager:			March 2013	