

Microsoft Teams Recording Guidance

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Author:	Dina Strati, Corporate Records Manager [The guidance has been developed with reference to comparable documentation provided by NHS Highland]
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Security classification:	OFFICIAL – Green: Unclassified information

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NHS Shetland Document Development Coversheet*

Name of document	Microsoft Teams Recording Guidance		
Document reference number	HRGUI009	New or Review?	New
Author	Dina Strati, Corporate Records Manager [The guidance has been developed with reference to comparable documentation provided by NHS Highland]		
Information Asset Owner	Sam Collier-Sewell, Head of Information Governance, FOI Lead and DPO		
Executive lead	Colin Marsland, Senior Information Risk Owner (SIRO)		
Review date	13/10/2027		
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Proposed groups to present document to:		
IGD	IGG	

Date	Version	Group	Reason	Outcome
11/06/2025	0.1	IGD	PI, PO, PF	PRO
12/08/2025	0.2	IGG	FA	AC&R
19/08/2025	0.3	IGD	PI, PO, PF	
09/09/2025	0.4	IGG	FA	
07/10/2025	0.5	IGG	FA	A

Examples of reasons for presenting to the group	Examples of outcomes following meeting
<ul style="list-style-type: none"> Professional input required re: content (PI) 	<ul style="list-style-type: none"> Significant changes to content required – refer to Executive Lead for guidance (SC)
<ul style="list-style-type: none"> Professional opinion on content (PO) 	<ul style="list-style-type: none"> To amend content & re-submit to group (AC&R)
<ul style="list-style-type: none"> General comments/suggestions (C/S) 	<ul style="list-style-type: none"> For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
<ul style="list-style-type: none"> For information only (FIO) 	<ul style="list-style-type: none"> Recommend proceeding to next stage (PRO)
<ul style="list-style-type: none"> For proofing/formatting (PF) 	<ul style="list-style-type: none"> For upload to Intranet (INT)

<ul style="list-style-type: none">• Final Approval (FA)	<ul style="list-style-type: none">• Approved (A) or Not Approved, revisions required (NARR)
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***To be attached to the document under development/review and presented to the relevant group**

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
11/06/2025	Version 0.1 has been drafted in response to a request from IGG. The guidance has been developed with reference to comparable documentation provided by NHS Highland. Professional input sought from IGD.
12/06/2025	Minor amendments made
30/07/2025	Minor amendments made
19/08/2025	Simplified language throughout for readability and consistency with NHS Shetland style.
22/08/2025	Minor amendments made in paragraphs 3.1 and 3.2.
07/10/2025	The guidance has been revised to adopt a more permissive stance, emphasising that managing the by-product/records of recordings is of greater importance than restricting the use of the recording function.
14/10/2025	The guidance has received formal approval from the Information Governance Group.

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1. Purpose and scope

Microsoft Teams allows meetings and calls to be recorded and auto-transcribed. NHS Shetland recognises that these features can add real value by improving efficiency, productivity and accessibility or capturing complex sessions. This guidance sets out when and how recordings and transcripts may be used, and the controls that must be applied to protect personal data and sensitive information.

NHS Shetland's approach is that recordings and transcripts are permitted provided that:

- there is a clear need;
- special care is taken over retention, security and sensitivity; and
- the recording is deleted as soon as the transcript or formal minute is agreed (if applicable) and in any case, whenever the recording is no longer required.

This guidance applies to all NHS Shetland staff, contractors and anyone organising or attending meetings on behalf of the Board. All information must be managed in accordance with the Public Records (Scotland) Act 2011.

The person initiating the recording is responsible for obtaining appropriate approval and justification, and for ensuring deletion (if applicable).

2. Disclosure

Access to MS Teams recordings and transcriptions, in common with all other types of information, can be requested by individuals and disclosed under:

- Data Protection legislation (e.g., Subject Access Requests).
Information held in recordings is as much in scope of data protection legislation as the equivalent written record.
- Freedom of Information legislation, subject to applicable exemptions.
- They may also form evidence used for investigations.

Important note: Recordings held by NHS Shetland would need to be included in any Subject Access Request, regardless of whether there is a minute/separate formal record of the meeting.

The format of a MS Teams recording does not readily support information rights processes. For example, it is difficult to provide a recording in response to a Subject Access Request because the images and names of other individuals would need to be redacted or removed.

3. Considerations

3.1. Conduct

Recording in MS Teams is permitted, with users responsible for managing the content created.

The decision to record should be guided by practicality, transparency and respect for privacy.

Users should consider the nature of the content being recorded and ensure that any sensitive or special category personal data is handled in accordance with NHS Shetland's data protection and confidentiality policies.

Recordings should be deleted once no longer required, and transcripts should be reviewed for accuracy before being retained or shared.

3.2. Audience

Staff must consider the intended audience for the recording and how participants will access it. Remember that recordings of the whole call/meeting are available to all participants, including guests, even when they have left the call/meeting.

Note, if the recording is not stopped by a person in the call:

- The recording continues even if the person who started the recording and any guests have left the call/meeting.
- The recording stops automatically once everyone leaves the call/meeting. If someone forgets to leave, the recording automatically ends after four hours.

Where a summary of the meeting is required, particularly for those unable to attend, it is generally preferable to produce minutes or circulate a synopsis to invitees. However, if transcription tools such as Co-pilot are being used, recording may be necessary to generate that summary. In such cases, the focus should be on ensuring timely deletion of the recording once the transcript or formal record is finalised.

3.3. Privacy

It is essential to consider the potential intrusion to a participant's privacy during any recording.

If a necessity to record is identified, organisers must be open and transparent about the intention to record and for what purpose. The person making the recording, or the Chair of the meeting, must be responsible for assessing the information risk of making, sharing and storing the recording.

3.4. Storage

If a recording is made, the person making the recording is ultimately responsible for its ongoing management and ensuring that it is carefully controlled, stored and deleted in line with current records retention schedules.

The person making the recording must ensure that it is moved to the appropriate storage location and managed in accordance with NHS Shetland policies and procedures.

MS Teams recordings can be very large and storing these files for long periods is not sustainable and will result in significant, unnecessary storage costs. Consult with records management staff to ensure records are retained in a manner which can support their longer-term preservation. Recordings are not suitable for long term preservation as corporate memory.

It is essential that all recordings which are no longer required are immediately deleted. The disposal of all records must be done in accordance with NHS Shetland disposal procedures.

Guidance can be sought from the Information Governance Team via shet.dpo@nhs.scot

Appendix 1 – Rapid Impact Checklist

An equality and diversity impact assessment tool:

<p>Which groups of the population do you think will be affected by this proposal?*</p> <p>Staff</p> <p>Other groups:</p> <ul style="list-style-type: none"> • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People with mental health problems • People in religious/faith groups • Older people, children and young people • People of low income • Homeless people • Disabled people • People involved in criminal justice system • Staff • Lesbian, gay, bisexual and transgender <p>*the word proposal is used as shorthand for the policy, procedure, strategy or proposal that is being assessed</p>	
<p>In the following sections, please consider what positive and negative impacts you think there may be and which specific groups will be affected by these impacts?</p>	
<p>What impact will the proposal have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs • Risk taking behaviour • Education and learning or skills 	<p>Education and learning or skills</p>
<p>Will the proposal have any impact on the social environment?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>No</p>

<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? • Fairer Scotland Duty 	No
<p>Will the proposal have an impact on the physical environment?</p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	No
<p>Will the proposal affect access to and experience of services?</p> <p>For example:</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	No

Summary sheet

Positive Impacts (note the groups affected) Supports education and learning	Negative Impacts (Note the groups affected)
Additional Information and Evidence Required	
Recommendations	
From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?	

Signature(s) of Level One Impact Assessor(s):

Date:

Signature(s) of Level Two Impact Assessor(s):

Date: