

# **Use of Visual and Audio Recordings in Clinical Procedures**

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**Document type: Procedure**

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## 1 Purpose

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Audio visual recordings with patients and their families are now commonly used in our services. Following this procedure will help the Trust to ensure that all such visual and audio recordings are made and used:-

- With a clear purpose
- With the full and informed consent of all service users and staff
- With appropriate control of creation, use, storage and disposal
- In accordance with General Medical Council (GMC)( and Royal College of Psychiatrists (RCP) guidance

## 2 Related documents

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This procedure describes what you need to do to implement the Section 4 of the Records Management Policy



The Records Management Policy defines the records management lifecycle which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Information Governance policy
- ✓ Confidentiality and sharing information
- ✓ Minimum standards for clinical record keeping
- ✓ Information Risk and Security policy

### 3 Scope

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This document applies to all visual and audio recordings in all media including digital. It aims to:

- clearly identify individuals' responsibilities
- identify the minimum standard required for gaining informed consent
- identify the procedure and paperwork to:
  - a. obtain permission to make and use recordings as part of the assessment or treatment of patients
  - b. to obtain permission to make and use recordings within a medical setting e.g. for training/research
  - c. relating to specific issues about recordings made for public consumption, e.g. filming for television

## 4 Why do we use audio / video recordings?

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### 4.1 Therapeutic assessment and treatment

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- To monitor therapeutic change over time
- For service users to use as part of their therapy (particularly for PTSD)
- To enable families/ teams to observe and learn from their own interactions
- To give feedback to service users about their behaviour
- To facilitate the involvement of the wider multi-disciplinary team

### 4.2 Supervision

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#### 4.2.1 Trainees on placement

- enables greater objectivity
- provides opportunity to review and self-evaluate
- highlights positive areas of practice
- used during academic supervision to review and develop trainee

#### 4.2.2 Qualified practitioners

- maintenance of clinical skills
- ability to register and practice within a therapeutic model

### 4.3 Training

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#### 4.3.1 Trainees on placement

See 4.2.1

### 4.3.2 Staff undertaking advanced training in a therapeutic model

- taped abstract of therapeutic engagement which forms part of a portfolio of evidence submitted to training establishment
- provides evidence of competence within therapeutic model
- used during academic supervision to monitor review and develop trainee

## 5 Responsibilities


Role	Responsibility
Executive Director – Nursing and Governance	Executive responsibility for the implementation and monitoring of this policy.
Service Managers and Heads of Service	Operational responsibility for the implementation of this policy within their own areas of management accountability
All staff including casual/agency/voluntary staff and educational/vocational students/health professionals on placement within the Trust	Responsible for implementing the guidance within this policy and for reporting to their line manager any difficulties or barriers to implementation of this policy.

## 6 Procedure

### 6.1 Obtaining consent

	Task
1	In all cases, you must complete the checklist on the consent form which sets out the relevant conditions
2.	You must consider the possibility of withdrawal of consent with the service user. It must be understood by all parties that if consent is given for use of recordings as training materials or for publication, then it is impossible to guarantee withdrawal of all recordings from circulation should consent be withdrawn following publication.
3	The service user must sign the consent form and it must be countersigned by the relevant clinician.
4	You must make a copy of the consent form and give it to the service user to keep for reference. The original should be filed in the service user's medical record.
5	Once consent has been obtained, you should consider whether the service user needs a period to reflect and possibly reconsider before recording actually takes place. Service users must know that they are free to stop the recording at any time and that they are entitled to view or listen to it if they wish, before deciding whether to give consent to its

	use.
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 If the service user decides that they are not happy for any recording to be used, it must be destroyed.

### 6.1.1 Capacity

Where a patient lacks capacity to make an informed decision please refer to the Mental Capacity Act policy.

You should make a note in the medical record of the factors taken into account in assessing the service user's capacity.


### 6.1.2 Group work

Where group work is being recorded, the consent of **all** participants must be obtained.

### 6.1.3 Children under 16

Children under 16 who have the capacity, emotional maturity and understanding to consent to recording may do so.

Where children who lack the understanding to consent are to be recorded, you must get permission from a parent or person with parental responsibility.

 People agreeing to recordings on behalf of others must be given the same rights and information as service users acting on their own behalf.

You should make a note in the medical record of the factors taken into account in assessing the child's capacity. If a child is not willing for recording to be carried out, you must respect their wishes, even if a person with parental responsibility consents.

## 6.2 Requesting that a session be recorded

It is acceptable for a service user or member of staff to request that an interview/clinical session be recorded.

The process to be followed will be as described within this policy and the justification and outcome must be recorded.

In this case if the individual takes the record away, they must be made aware of the risk of losing the information and a form signed to the effect that the individuals involved are aware of the risks and that the Trust will not be held responsible for any subsequent loss (see Appendix 1). Please see section 6.4 for detail on formats and procedures for making copies of recordings for service users.

### 6.2.1 Silent recording of sessions by service user

Section 36 of the DPA 1998 states that 'Personal data processed by an individual only for the purposes of that individual's personal, family or household affairs (including recreational purposes) are exempt from the data protection principles and the provisions of Parts II and III'

This part of the Act is often used by individuals to record consultations and this can be with or without your knowledge and does not require your permission.

If you receive evidence that the individual is using the information recorded in a manner that is not suggestive of personal, family or household purposes contact Information Governance who will advise accordingly.

### 6.3 Digital recording

Digital recordings are easier to copy, manipulate and distribute than traditional recordings.

Where digital photography is to be used to record images of service users or their therapeutic output (e.g. images of paintings done during Art Therapy), due care must be given before the start of the project to ensure that the quality of the image is adequate for its purpose.



Images of service users must not be transferred to staff's own personal computers

### 6.4 Processing, retention and storage



Recordings should only be made using Trust approved equipment.

Audio recordings must be made using trust approved digital dictation devices and Video recordings must be made directly onto Trust-approved equipment.

The preferred configuration is to use a webcam to record directly onto the Trust's network via a desktop PC or laptop. If you wish to use a video or digital cameras, this must only be with the support of a local approved procedure written in conjunction with the Trust's Information Security Officer. Please see Appendix 3 for a model procedure.

Transfer must only be made using Trust-approved encrypted USB sticks.

If the recording is **only** to be used for therapy by the service user (e.g. for PTSD) you should contact the Information Service Desk for advice on appropriate equipment for service users to carry recordings.

All audio and video recordings must be securely stored on the Trust's network as soon as possible. Recordings must be clearly identifiable and be cross referenced to the PARIS record and stored where access is restricted to the clinical team only.



Patient related recordings, under the requirements of the Data Protection Act, must be kept only for as long as the purpose for which they were obtained (see below) and must be available for disclosure to the patient if requested.

The PARIS entry should describe the discussion that has taken place with the service user, the date that the recording took place and the whereabouts of the recording.

When the service user is discharged, the recording and any paper/associated electronic records should be forwarded to the relevant archive centre in accordance with the retention and disposition policy.

If the recording forms part of the medical history of the patient, the minimum retention periods are:

- Mental Health – 20 years after the last date of contact
- Children and Young People – kept until the patient's 25th birthday.

Images of art created as part of a course of therapy may be retained securely on the Trust's network with the consent of the patient for the duration of the intervention or programme, but must be deleted from the shared drive on completion of the course of therapy.

For more detailed guidance on retention periods refer to the Department of Health Record Management: NHS Code of Practice which can be accessed from the records management pages on inTouch.

You must make sure that all occasions when the recording is accessed are recorded in Paris including the individual accessing the record and the reason for access. This will be used to verify compliance with the terms of the service user's consent and is also necessary to enable the service user to be informed of any access to their records.

Any master discs must be kept in a fire proof safe or media safe. Copies of the master disc may be held **securely** with the service user's patient record. Any copies taken must be noted in the record together with their purpose and the persons to whom copies have been given.

If the purpose is outside the terms of the original consent then further consent to share should be sought unless there are legal and justified reasons not to do so. If there is any doubt refer to the Caldicott Guardian for advice.

All patient recordings must be kept systematically and securely and there must be an effective tracing system to link the recordings to the correct records.



Images or recordings of service users should not be left on the device. For staff sharing digital equipment, the staff member making the recording is professionally accountable for those images/recordings and responsible for erasing images/recordings from the device as soon as the images are completed and before passing equipment to colleagues

Equipment and recordings should be stored in accordance with the Trust's Information Risk and Security policy.

Recordings of service users remain the property of the Trust. You are not permitted to lend, sell or hire any recordings or images to external bodies or to remove them permanently from Trust premises without the explicit written permission of the Caldicott Guardian. The exception to this is recordings taken for the purpose of academic development (see below).

## 6.5 Audio visual recordings to be used for Teaching or supervision purposes

When you make recordings to provide evidence of staff training where the provider is outside the Trust (for example the University), these will be covered by the provider's policies and protocols.

You must ensure:

- Explicit consent is obtained from the service user. Service users must be aware of the purpose of the recording and the fact that the recording will be disclosed to and retained by the external provider.
- The recording session should follow the same standards as above.
- You should record on Paris that consent has been sought and that the recording will be held by the university in accordance with their policies and procedures.
- The recording must be made available to the service user to see/hear and at all times the service must retain the right to withdraw their consent.
- All recordings must be anonymous and transferred from Trust premises to the University in secure circumstances.
- The recording should be made using Trust equipment and transferred using a trust approved encrypted USB stick or secure email. In the case of audio and visual recordings this will involve saving the information onto the shared drive and downloading to the USB stick **and then deleting from the shared drive.**



- The consent form should be transported separately to the recording if at all possible.

If in any doubt, you must seek advice from the Trust's Caldicott Guardian prior to any recording.



It is a legal requirement under the Data Protection Act 1998 that the Trust protects person identifiable information that is passed to a third party as though it were still in the Trust.

We must establish that all agencies that receive recordings of service users have policies and procedures for processing and storing recordings that are of the same high standards as those applied by the Trust. Advice can be sought from the Caldicott Guardian or the information governance department.

The external provider must inform the Trust when recordings have been destroyed and provide a copy of the destruction certificate that relates to the destroyed recordings. The copies of the destruction certificate should be stored in the subsidiary paper record of the service user.

## 6.6 Use of Video and Audio Recording in clinical procedures within a forensic setting

Video recording equipment is a contraband item and ordinarily would not be allowed inside the secure perimeter. However, specific authorisation has been provided by Neil Woodward (Security Manager) for the equipment to be used in the following conditions:

- 1) Only a clinician using the recording for clinical procedures (Speech and Language Therapy, RO DBT, Standard DBT, Making Wise Choices), may take the video recording equipment inside the secure perimeter.
- 2) If they do, they must take personal responsibility for that item until it is taken out of the secure area.
- 3) At no point should the equipment be given to anyone else (including staff and other service users).
- 4) The clinician must notify the security officer in the air lock that they have the recorder and sign this in.
- 5) When leaving, they must sign the equipment out again.
- 6) If the equipment is lost this should be reported to security immediately. A full lockdown and search will be initiated until the equipment is found. The blame for this will be placed on the staff member who was responsible for the equipment.

When the video camera is in use, care will be taken to prevent any hospital locks, confidential information or service users' personal information from being video-recorded.

When the video camera is in use, care will be taken to ensure that no windows are visible in shot in order to prevent other Service Users from being inadvertently recorded.

No video footage will be reproduced, copied or uploaded to the inter or intranet.

The video camera may not be loaned to other professionals within the hospital whilst footage is stored on the camera's hard-drive.

In the event that any equipment goes missing, follow the datix procedure.

The video camera and DVD player will be stored securely in a locked cupboard in the Clinician's office/department.

## 7 Definitions

Term	Definition
Recording or recordings	Photography (either conventional or digital), video recording (either conventional or digital) and audio recordings
Clinical Records	Anything that contains information, in any media, which has been created or gathered as a result of any aspect of the work of NHS employees-including consultants, agency and/or casual staff (NHS Code of Practice: Records Management)
Informed consent	<p>Consent by a patient with capacity to a procedure/ treatment/ intervention after achieving an understanding of the relevant facts and the risks involved. Please refer to the Consent Policy for further guidance.</p> <p>Where a patient lacks capacity to make an informed decision please refer to the Mental Capacity Act policy.</p> <p>Where children who lack the understanding to give their permission are to be recorded, it will be sought from parent or guardian.</p> <p>Children under the age of 16 who have the capacity and understanding to give permission for a recording may do so. The factors taken into account in assessing the child's capacity will be documented in clinical files.</p> <p>Capacity of the patient to give informed consent should be assessed by a suitably experienced practitioner.</p>
PTSD	Post-Traumatic Stress Disorder

## 8 References

GMC Making and Using Visual and Audio Recordings of Patients. May 2002  
 Royal College of Psychiatrists (April 1998) Guidance for Videotaping CR 65  
 Royal College of Psychiatrists (April 2000) Guidance for the Use of Video Recording in Child Psychiatric Practice CR79  
 Policy for Mental Capacity Act 2005  
 Mental Capacity Act 2005 Code of Practice

## 9 Appendix

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Appendix 1 Information about Audio Visual Consent / Audio Visual Consent Form

Appendix 2 Letter to Parent/Carer/Relative

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## 9.1 Appendix 1 Information about Audio Visual Consent / Audio Visual Consent Form

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Service Name:.....

Service Address.....

Service Telephone Number:.....

***This information is confidential and should not be disclosed without the author's consent***

### INFORMATION ABOUT AUDIO VISUAL CONSENT

We hope the following information may help to clarify the reasons for the request to carry out audio visual recording/s and inform you of your rights.

1. The use of an audio visual recording may help both clients, families and professionals in the therapeutic process, and increase joint understandings of current situations.
2. The recording may also assist in the post-graduate training of members of the NHS Trust.
3. The NHS Trust keep high standards of confidentiality at all times. The recordings may only be seen by members of the Service, clinical staff, including trainees, and the colleagues and supervisors of those members of the Service who are undertaking additional post-graduate training.
4. The recording/s used for teaching or training purposes will be kept for the specified time agreed by the consentees and will be erased when you specify.
5. Recording/s used for assessment and/or therapy will be kept to form part of the clinical records.
6. You should be given at least 48 hours' notice of the request to audio visually record.
7. You are free to stop recording at any time during the sessions or refuse further recordings after the sessions.
8. If you withdraw consent at the end of recording, we will erase the recording as soon as possible.
9. Please remember that if you do not consent or withdraw your consent at any time you will still receive a service.
10. Recordings will be stored in a locked cabinet and are subject to the same degree of confidentiality and security as medical records, in line with Caldicott Guidance and the Data Protection Act.
11. If you wish, you may review the recording with the person that made the recording.
12. No additional copies of the audio visual recording will be made without the signed consent of the client; with the purpose clearly explained: e.g. copy for examination by an external body – university

*This information is confidential and should not be disclosed without the author's consent*

**AUDIO VISUAL CONSENT FORM**

NHS Number: ..... Patient's Name: .....  
 PARIS Number: ..... Patient Address: .....  
 DOB: .....

I give consent for audio visual recordings to be made of me / my child / family (delete as appropriate) for the use of:

ASSESSMENT AND/OR THERAPY	YES	NO
CONTINUED PROFESSIONAL DEVELOPMENT	YES	NO
TEACHING AND TRAINING	YES	NO
NUMBER OF COPIES TO BE MADE	.....	
THE PATIENT REQUESTS A COPY OF THE RECORDING FOR THEIR PURPOSES.	YES	NO

SIGNATURE OF PATIENT..... DATE:.....

CONSENT FROM OTHERS IDENTIFIABLE ON THE RECORDING

.....  
 .....

I UNDERSTAND THAT TEWV NHS FOUNDATION TRUST CANNOT BE HELD RESPONSIBLE FOR THE LOSS OF INTEGRITY OF CONFIDENTIAL MATERIAL WHEN PATIENTS RECEIVE THEIR RECORDINGS INTO THEIR PERSONAL CARE. I UNDERSTAND THAT I HAVE NO CLAIM OR REDRESS TO THE TRUST WHERE CONFIDENTIALITY HAS BEEN COMPROMISED BY A THIRD PERSON

I UNDERSTAND THAT IF I CONSENT FOR RECORDINGS TO BE PUBLISHED FOR TRAINING OR CPD PURPOSES, IT IS IMPOSSIBLE FOR THE TRUST TO GUARANTEE WITHDRAWAL OF ALL RECORDINGS FROM CIRCULATION SHOULD CONSENT BE WITHDRAWN FOLLOWING PUBLICATION.

VENUE OF AUDIO VISUAL RECORDING: .....

DATE RECORDING WILL BE ERASED:.....

CLIENT HAS GIVEN PERMISSION FOR THIS TO BE KEPT AS A PERMANENT RECORD FOR THE FOLLOWING PURPOSES:.....

.....

I confirm that I have been given a copy of the Information about Audio Visual Recording and agree to the recording to be made

SIGNED: ..... Dated.....

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Patient / Person with Parental Responsibility / Legal Guardian (delete as appropriate)

I confirm I agree to the recording to be used:

SIGNED: ..... Dated.....

Patient / Person with Parental Responsibility / Legal Guardian (delete as appropriate)

Name: .....	Signature: .....	Other family /staff members who may be included in the audio visual recording
Name: .....	Signature: .....	
Name: .....	Signature: .....	

INFORMED CONSENT HAS BEEN SOUGHT BY:-

Person Undertaking Recording: .....

Signature: .....

Profession: .....

\* Copy to be stored in the patient file.

## 9.2 Appendix 2 Letter to Parent/Carer/Relative

Service Name:.....

Service Address.....

Service Telephone Number:.....

**THIS INFORMATION IS CONFIDENTIAL AND SHOULD NOT BE DISCLOSED WITHOUT AUTHOR'S CONSENT**

Dear Parent/Carer/Relative

I am currently assessing what help I can give to an individual, who is in (*insert the venue and name of the group situation involved*) as your child/relative.

It is possible that your child/relative may be recorded on video/DVD when involved in similar activities as the individual I am assessing.

I assure you that only pertinent multi-disciplinary/multi agency team members will view this recording in order to formulate treatment/continued professional development/ teaching and training (delete as appropriate). The recording will form part of the clinical record.

If you have any objections to me recording your child/relative please complete the tear-off slip below and return it to me within 2 weeks, an envelope is supplied. If you do not return the slip I shall assume that you have no objections and I will proceed with this assessment.

If you wish to discuss this, please contact me on the telephone number above.

Thank you for your assistance in this matter.

Yours sincerely,

Name of the person undertaking the recording: .....

Profession: .....

Date: .....

Signature: .....

✂-----

I confirm that I disagree to the possibility of my child/relative being recorded on video/DVD in connection with your assessment.

Name of child/adult: .....

Name of person with parental responsibility: .....

**OR**

Legal Guardian's name: .....

Signature: .....

Date: .....

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## 9.3 Appendix 3 – Model local procedure for Video / Digital cameras

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### Introduction

This guide has been written to give guidance on the safe use and transfer of patient videos/images for \_\_\_\_\_ Service, using \_\_\_\_\_ in clinical settings. It includes important additional information on monitoring safe practice when using laptops.

The video/digital camera used in this guide is the \_\_\_\_\_. A full detail guide can be found on the shared drive here:

Other Trust guides and policies that you must be aware of are:

- The Use of Visual and Audio Recordings in Clinical Procedures Procedure
- Access to information systems policy
- Access to information systems procedures
- Confidentiality and Sharing Information Policy
- Information Security and Risk Policy

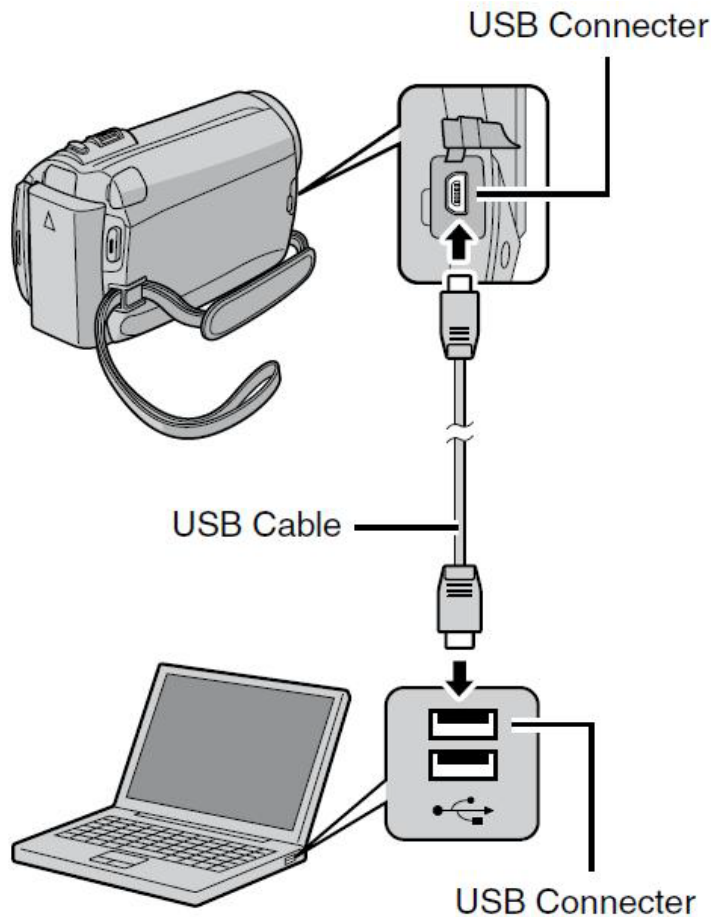


## 9.4 Transferring Images / Videos to the 'Shared' drive

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### **Step 1**

Plug the USB cable into the camera and into the laptop.



### **Step 2**

Turn on the Camera, by *opening the viewing screen on the side on the device*. *If the camera does not turn on automatically, press the power button on the side of the device.*

### **Step 3**

Wait for the laptop to discover the device, a message may appear to say a new device has been found.

### **Step 4**

Select the *'Upload' option on the camera*. *Use the scroll side bar on the left of the screen to highlight the option and click the 'OK' button.*

### **Step 5**

*Describe how to open the browser for your device on the laptop*

**Step 6**

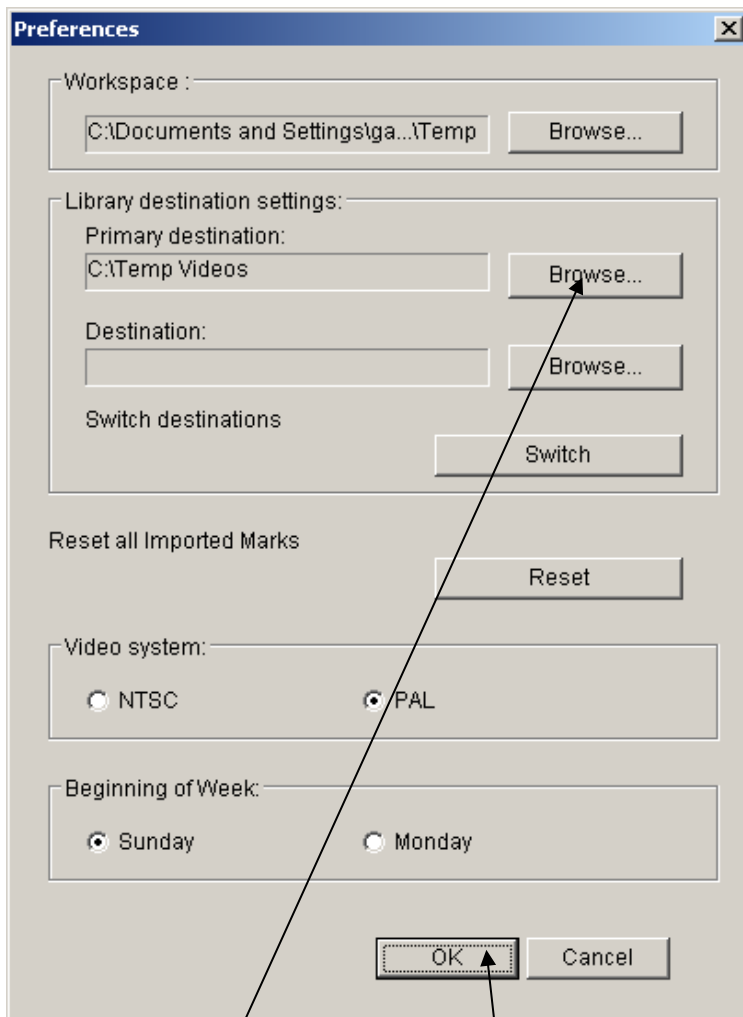
Screenshot of successful access of device on laptop

**Step 7**

IMPORTANT –Before backing up the video you must check that the software is set to save on to the 'C' drive.

To do this click the 'Settings' option and then 'Preferences'

This will open another screen shown below.



Click the browse button for the 'Primary Destination' and browse to the c drive and select the 'Temp Videos' folder and click 'OK'.

To close the window, click on the 'OK' button at the bottom of the window.

**Step 8**

*Describe process to back up*

**Step 9**

Once the videos/images have been successfully backed up you will see the message below. Click the 'OK' button.



**Step 10**

You can now close the software. Before deleting the video you must check that it has been copied to the file.

To do this open up Windows explorer.

This can be done by double clicking on the 'My Computer' icon on the desk top.

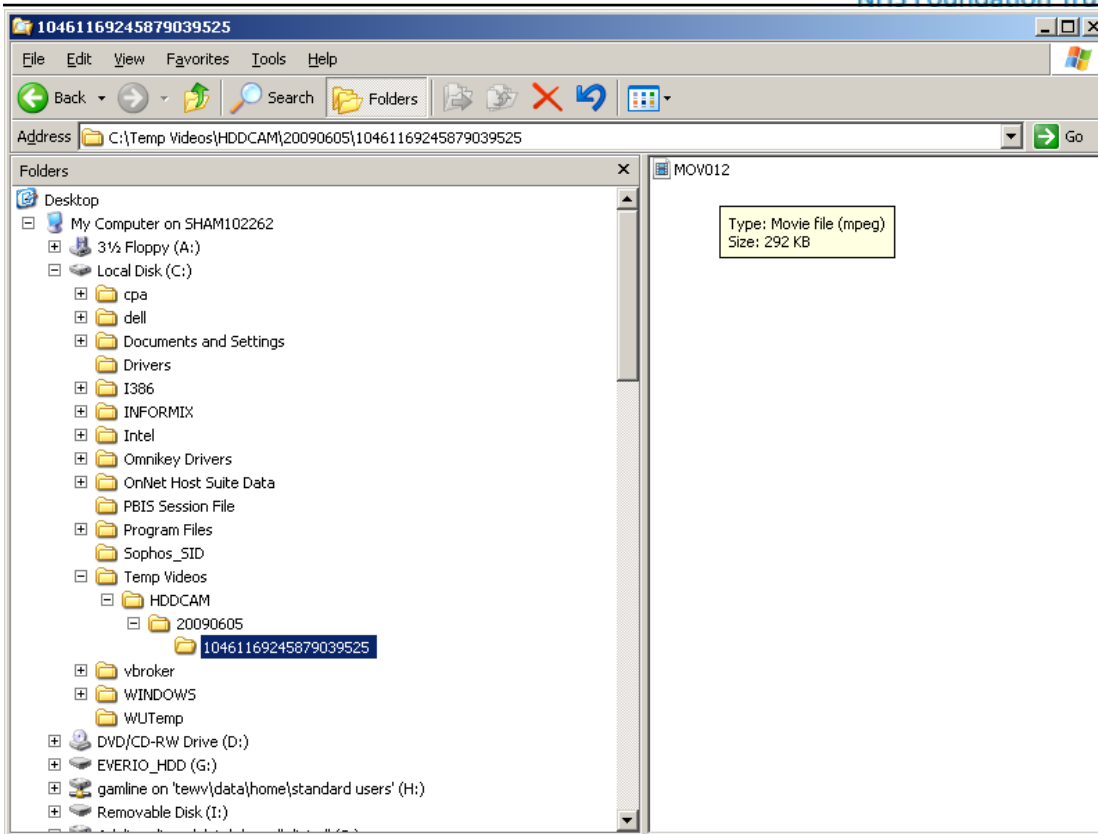


A quick way to access the desk top is to click the desk top icon on the bottom of the screen.



Browse to the laptop's 'C' drive to where the video is stored. Look in the folder for 'c:\Temp Videos'.

The Video will be found in one of the sub folders- like shown below, you should then be able to find your video.

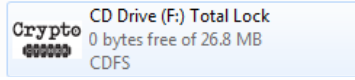
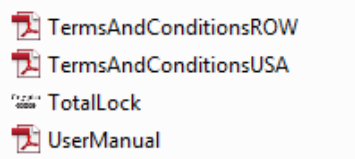


Your video file must be renamed to your surname, initial and the patient’s NHS number. This number relates to the Patient that has been filmed and is unique to them. This will help identify you and the patient when the image/video is shared.

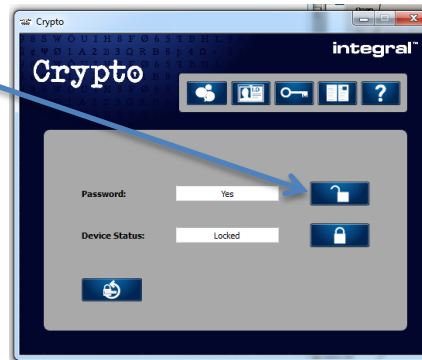
You can rename a file by right clicking on the file, select the “Rename” option.

## 9.5 Transferring Videos from the ‘C’ drive to an encrypted datastick

### Step 11

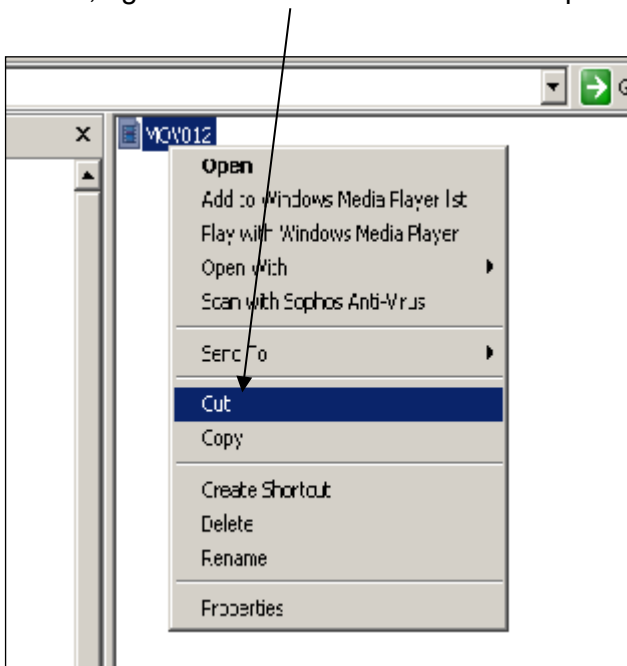
1. Plug your encrypted datastick into your computer’s USB port.	
2. Go to My Computer and the datastick will be recognised. If this has not already opened, double click on this icon to unlock your datastick.	
3. The following screen will then appear, double click on TotalLock.	

4. Click on the unlocked padlock to access the password screen then input your password.  
The contents of the datastick will now be visible in an Explorer window.



### Step 12

You must now **move** your video onto the Ironkey. To do this, go to the C drive where you saved the file, right click on it and select the 'Cut' option



Then find the datastick files, double click to open the window and in the box, right click and select the 'Paste' option. The video will appear in the right hand box when it has successfully transferred.



Browse back to the laptop's 'c:\Temp Videos' folder where the image/video was temporarily stored. Look in the folders to ensure your image/video has been removed (when you used the 'Cut' option above). You must not leave any images or video on your laptop.

### **Step 13**

Now you must clear the Camera of any videos. To do this, first disconnect the device from the laptop (as you would with any USB device).

- Turn on the Camera,
- *Describe the process for clearing device*

To check the camera is clear, press the play/record button (*describe where this is on the device*). A "video playback" screen appears. This should say "no files". Any images/ videos left on the camera can be seen here.

This protocol is effective if you follow it carefully. At the end of this procedure you should have a video on your encrypted datastick only. The camera and laptop should not have any video saved on them. If they do, or you are uncertain, please repeat the steps from the beginning, or seek help from someone who knows how to check.

## 10 Document control

Date of approval:	02 December 2015	
Next review date:	31 October 2023	
This document replaces:	CLIN-0013-001-v1.1 The Use of Visual and Audio Recordings in Clinical Procedures Procedure	
Lead:	Name	Title
	Jo Flintoff	Information Risk and Policy Manager
Members of working party:	Name	Title
	Lynn Holtam Andy Walker	Information Security Officer Art Therapist
This document has been agreed and accepted by: (Director)	Name	Title
	Colin Martin	Director of Finance and Information
This document was approved by:	Name of committee/group	Date
	Digital Safety and Governance Board	07 March 2018
An equality analysis was completed on this document on:	November 2015	

### Change record

Version	Date	Amendment details	Status
1	Dec 2015	Full revision	Withdrawn
1.1	Dec 2016	Section 6.6 added re use of recording equipment in a forensic setting	Withdrawn
1.2	Mar 2018	Section 6.2.1 added re recording of sessions by a service user	Published
1.2	12 Dec 2018	Review date extended from 02 December 2018 to 01 June 2019 to allow review and inclusion of body camera.	Published
1.2	May 2021	Review date extended to 10 October 2022	Published
1.2	Nov 2022	Review date extended to 31 Jan 2023	Published
1.2	Dec 2022	Review date extended to 31 May 2023	Published
1.2	May 2023	Review date extended to 31 Oct 2023	Published