



**Public – To be published on the Trust external website**

# Use of Visual and Audio Recordings in Clinical Procedures

**Ref: CLIN-0013-001-v2**

**Status: Approved**

**Document type: Procedure**

**Overarching Policy: Records Management Policy**

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## 1 Introduction

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Audio visual recordings with patients and their families are 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

This procedure supports [Our Journey To Change \(OJTC\)](#) as set out in the overarching Records Management Policy.

## 2 Purpose

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This document aims to support staff in the safe use of data when creating, processing and storing visual and audio recordings, in any media including digital. It aims to:

- clearly identify individuals' responsibilities.
- identify the minimum standard required for gaining informed consent.
- identify the procedure and paperwork:
  - a. to 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.

## 3 Who this procedure applies to

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This document applies to all staff who create, process and store visual and audio recordings within their clinical processes and/or job role, including clinical supervision.

This procedure **does not** apply to recordings of Trust events and promotions. Refer to the Consent for Images and Recordings procedure.

## 4 Related documents

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This procedure describes what you need to do to implement the Section 4 of the Records Management Policy with regards to visual and audio recordings as records.



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 Policy
- ✓ Minimum Standards for Clinical Record Keeping
- ✓ Information Risk and Security policy
- ✓ Consent for Images and Recordings (Trust events and promotions)
- ✓ Data Protection Impact Assessment Procedure
- ✓ Digital Technology Assessment Criteria (DTAC) Procedure

## **5 Why do we use audio / video recordings?**

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### **5.1 Therapeutic assessment and treatment**

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- To monitor therapeutic change over time.
- For service users to use as part of their therapy.
- 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.

### **5.2 Supervision and Training**

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#### **5.2.1 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.

### 5.2.2 Qualified practitioners

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

### 5.2.3 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.

## 6 Responsibilities

Role	Responsibility
Chief Nurse and Executive Medical Director	Board responsibility for the implementation and monitoring of this policy.
General 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.

## 7 Procedure

Guidance for how to make, save and share recordings, whether online or face-to-face, is given at Appendix 5.

### 7.1 Obtaining consent

	Task
1	The consent form for use of audio/visual recordings is attached at Appendix 3. In all cases, complete the checklist on the consent form which sets out the relevant conditions.
2.	Consider the possibility of withdrawal of consent with the service user.
3	The service user or their legal representative must sign the consent form and it must be countersigned by the relevant clinician.
4	Make a copy of the consent form and give it to the service user to keep for reference. File the original in the service user's EPR.
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.



A recording must be destroyed/deleted if the service user or their legal representative decides that they are not happy for the recording to be used.

#### 7.1.1 Capacity

Where a patient lacks capacity to make an informed decision, refer to the Mental Capacity Act policy. Make a note in the Electronic Patient Record (EPR) of the factors taken into account in assessing the service user's capacity.

#### 7.1.2 Group work

Where group work is being recorded, the consent of **all** participants must be obtained. This does not include staff who are acting in a professional, not personal, capacity. Patients are

able to make private recordings of their personal clinical sessions, but that is not permissible in group sessions as it would breach the confidentiality of the other participants.

### 7.1.3 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 obtain 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.

Make a note in the EPR 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.

## 7.2 Recording clinical sessions for private use

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Individuals may record their clinical consultations - this can be with or without your knowledge and does not require your permission.

Refer to the Recordings by Patients and Carers for Personal Use Procedure for more information.

## 7.3 Processing, retention and storage

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Recordings made by staff for Trust business must only be made using Trust approved equipment. Images of service users must not be transferred to staff's own personal devices.

Any proposed new or changed use of information, including the use of audio/visual recordings, must be documented within a Data Protection Impact Assessment (DPIA) which must be approved before any processing/recording takes place. This is a statutory requirement under the Data Protection act 2018.

If the use of patient audio/visual recordings and/or photography is an operational requirement of your service (for example in the Perinatal service), local Standard Operating Processes will be needed to support your DPIA.



Refer to the Data Protection Impact Assessment Procedure for more information.

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

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

See Appendix 5 for further guidance.



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.



Patient related recordings 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 EPR 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 documented in retention schedule of the NHS Records Management Code of Practice: [NHSE Records Management CoP 2023 \(england.nhs.uk\)](https://www.nhs.uk/records-management/code-of-practice/)

All instances of when the recording is accessed must be recorded in EPR including the individual accessing the record and the reason for access. This must be in line with the terms of the service user's consent and informs the service user of any access to their recording(s).

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.

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).

### **7.3.1 Taking, downloading and sharing photographs using Trust smartphones**

Where digital photography is to be used to record images of service users (e.g. skin tear management), care must be given to ensure that the quality of the image is adequate for its purpose.

The easiest and most secure way to transfer images from your Trust smartphone is to email them as an attachment from and to NHSmail on your smartphone, then open the email on your Trust laptop where you can retrieve and save the image(s) to the Trust network. Once the image has been retrieved and saved, it can be deleted from the Trust smartphone.

### **7.3.2 Making recordings in MS Teams**

Click the following link for instructions provided by Microsoft: [Record a meeting in Microsoft Teams - Microsoft Support](#)

MS Teams does not have the facility to allow recording of audio only. You can create a normal recording without the camera switched on but this will be saved as an audio visual file rather than an audio file. You are also able use the Voice Recorder on your laptop or smartphone.

See the guidance at Appendix 5.

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

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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 or their legal representative (see consent forms in appendix 3). Service users or their legal representative 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 EPR 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 user 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 2018 that the Trust retains responsibility for protecting person identifiable information that is passed to a third party.

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.

### **7.4.1 Responsibilities of trainees and managers**

Educational establishments may specify the tools to be used by trainees when they make and share recordings for training purposes. However, sometimes the tools that they state must be used are new to the Trust and need to undergo mandatory due diligence processes.

Depending on the technology and the data used, due diligence may include a Data Protection Impact Assessment, Clinical Safety Case and Technical Assessment. For more information on due diligence, statutory requirements and what this involves, see the Digital Technology Assessment Criteria (DTAC) Procedure.

DTAC involves the presentation of evidence at various governance groups for approval and sign-off. Sometimes, the tools specified do not pass due diligence as being safe to use. In this situation, we would offer an approved alternative, but this would involve negotiation with the training establishment.

It is important therefore that managers liaise with education providers at the earliest opportunity to gather the requirements for training provision.

To verify whether the suggested software, equipment, portal etc are approved for use in the Trust, log a call with the Information Service Desk via the online portal.

#### **7.4.2 Sharing recordings with supervisors**

NHSmail is the preferred method of sharing recordings with supervisors who are external to the Trust. As audio/visual recordings are usually large files, or if the supervisor is not an NHSmail user, Egress file transfer may be needed.

To request Egress, log a call via the Service Desk Portal. Guidance on the use of Egress will be provided when your Egress is installed.

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

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Video recording equipment is a prohibited item and ordinarily would not be allowed inside the secure perimeter. However, specific authorisation has been provided by the Secure Inpatient Services Security Manager for the equipment to be used in the following conditions:

- Only a clinician using the recording for clinical procedures may take the video recording equipment inside the secure perimeter.
- If they do, they must take personal responsibility for that item until it is taken out of the secure area.
- At no point should the equipment be given to anyone else (including other staff or service users).
- The clinician must notify the security officer in the air lock that they have the recorder and sign this in.
- When leaving, they must sign the equipment out again.

- 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 responsibility for reporting the incident will be that of the equipment user.

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

When the video camera is in use, ensure that no windows are visible in shot 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.

If any equipment goes missing, log an incident on the Trust's incident reporting system.

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

At no point should any keys, locks, airlocks or the internal sides of the perimeter walls be captured for security reasons. If they are, the video will need to be deleted before leaving site. If a member of staff is unsure whether the video they have captured poses a Security Risk, please show a member of the Ridgeway Security Team who will confirm either way.

## 8 Definitions

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Term	Definition
Recording or recordings	<ul style="list-style-type: none"> <li>• Photography (either conventional or digital), video recording (either conventional or digital) and audio recordings</li> </ul>
Clinical Records	<ul style="list-style-type: none"> <li>• 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)</li> </ul>
DPIA	<ul style="list-style-type: none"> <li>• Data Protection Impact Assessment. This is a statutory obligation under UK Data Protection Legislation where the processing of personal information is involved. Images of people constitutes personal information. See the Data</li> </ul>

	Protection Impact Assessment Procedure for more information.
Informed consent	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Where a patient lacks capacity to make an informed decision please refer to the Mental Capacity Act policy.</li> <li>• Where children who lack the understanding to give their permission are to be recorded, it will be sought from parent or guardian.</li> <li>• 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.</li> <li>• Capacity of the patient to give informed consent should be assessed by a suitably experienced practitioner.</li> </ul>

## 9 How this procedure will be implemented

- This procedure will be published on the staff intranet and Trust website.
- The procedure will be disseminated to all Trust employees through a monthly all-staff briefing.

### 9.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Data Security and Protection	1.5 hours	Annually

## 10 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Information incident monitoring	Frequency = Monthly Method = KPI report Responsible = Head of Information Governance and Data Protection	Information Governance Group Digital Performance and Assurance Group

## 11 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

## 12 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	08 November 2024
Next review date	08 November 2027
This document replaces	CLIN-0013-001-v1.2 Use of visual and audio recordings in clinical procedures

This document was approved by	Information Governance Group
This document was approved	16 October 2024
This document was ratified by	Digital Performance and Assurance Group
This document was ratified	08 November 2024
An equality analysis was completed on this policy on	14 October 2024
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
2	08 Nov 2024	Full review and refreshed in line with current best practice	Approved



## Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
<b>Name of service area/directorate/department</b>	Digital and Data Services
<b>Title</b>	Use of Visual and Audio Recordings in Clinical Procedures
<b>Type</b>	Procedure/guidance
<b>Geographical area covered</b>	Trust-wide
<b>Aims and objectives</b>	<p>This document aims to support staff in the safe use of data when creating, processing and storing visual and audio recordings, in any media including digital. It aims to:</p> <ul style="list-style-type: none"> <li>• clearly identify individuals' responsibilities.</li> <li>• identify the minimum standard required for gaining informed consent.</li> <li>• identify the procedure and paperwork: <ul style="list-style-type: none"> <li>a. to obtain permission to make and use recordings as part of the assessment or treatment of patients.</li> <li>b. to obtain permission to make and use recordings within a medical setting e.g. for training/research.</li> </ul> </li> </ul>
<b>Start date of Equality Analysis Screening</b>	01 June 2024
<b>End date of Equality Analysis Screening</b>	14 October 2024

Section 2	Impacts
<p><b>Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?</b></p>	<p>Patients, their families and carers, and Trust staff</p>
<p><b>Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?</b></p>	<ul style="list-style-type: none"> <li>• <b>Race</b> (including Gypsy and Traveller) <b>NO</b></li> <li>• <b>Disability</b> (includes physical, learning, mental health, sensory and medical disabilities) <b>NO</b></li> <li>• <b>Sex</b> (Men and women) <b>NO</b></li> <li>• <b>Gender reassignment</b> (Transgender and gender identity) <b>NO</b></li> <li>• <b>Sexual Orientation</b> (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) <b>NO</b></li> <li>• <b>Age</b> (includes, young people, older people – people of all ages) <b>NO</b></li> <li>• <b>Religion or Belief</b> (includes faith groups, atheism and philosophical beliefs) <b>NO</b></li> <li>• <b>Pregnancy and Maternity</b> (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) <b>NO</b></li> <li>• <b>Marriage and Civil Partnership</b> (includes opposite and same sex couples who are married or civil partners) <b>NO</b></li> <li>• <b>Armed Forces</b> (includes serving armed forces personnel, reservists, veterans and their families) <b>NO</b></li> <li>• <b>Human Rights Implications NO</b> (<a href="#">Human Rights - easy read</a>)</li> </ul>
<p><b>Describe any negative impacts / Human Rights Implications</b></p>	<p>None</p>
<p><b>Describe any positive impacts / Human Rights Implications</b></p>	<p>There are many therapeutic benefits to patients, their carers and families in the use of audio/visual recordings in clinical procedures. Similarly, recordings are a useful tool in clinical supervision so that staff interactions with patients can be independently reviewed and suggestions for improvement made. A benefit in both these situations is that recordings enable any adjustments</p>

	relevant to protected characteristics to be identified and made on a person-by-person basis.
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<b>Section 3</b>	<b>Research and involvement</b>
<b>What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)</b>	Best practice, Records Management Code of Practice, Data Security and Protection Toolkit requirements.
<b>Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?</b>	Yes
<b>If you answered Yes above, describe the engagement and involvement that has taken place</b>	Any proposed new use of audio/visual recordings undergoes a process of due diligence which includes consultation. This procedure has undergone consultation with staff who comprise all protected characteristics.
<b>If you answered No above, describe future plans that you may have to engage and involve people from different groups</b>	N/A

<b>Section 4</b>	<b>Training needs</b>
<b>As part of this equality impact assessment have any training needs/service needs been identified?</b>	No
<b>Describe any training needs for Trust staff</b>	N/A
<b>Describe any training needs for patients</b>	N/A
<b>Describe any training needs for contractors or other outside agencies</b>	N/A

**Check the information you have provided and ensure additional evidence can be provided if asked.**

## Appendix 2 – Approval checklist

Title of document being reviewed:	Yes / No / Not applicable	Comments
<b>1. Title</b>		
Is the title clear and unambiguous?	Yes	
Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
<b>2. Rationale</b>		
Are reasons for development of the document stated?	Yes	
<b>3. Development Process</b>		
Are people involved in the development identified?	Yes	
Has relevant expertise has been sought/used?	Yes	
Is there evidence of consultation with stakeholders and users?	Yes	
Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4. Content</b>		
Is the objective of the document clear?	Yes	
Is the target population clear and unambiguous?	Yes	
Are the intended outcomes described?	Yes	
Are the statements clear and unambiguous?	Yes	
<b>5. Evidence Base</b>		
Is the type of evidence to support the document identified explicitly?	Yes	
Are key references cited?	Yes	
Are supporting documents referenced?	Yes	

<b>6. Training</b>		
Have training needs been considered?	Yes	
Are training needs included in the document?	Yes	
<b>7. Implementation and monitoring</b>		
Does the document identify how it will be implemented and monitored?	Yes	
<b>8. Equality analysis</b>		
Has an equality analysis been completed for the document?	Yes	
Have Equality and Diversity reviewed and approved the equality analysis?	Yes	ah 14 Oct 2024
<b>9. Approval</b>		
Does the document identify which committee/group will approve it?	Yes	
<b>10. Publication</b>		
Has the policy been reviewed for harm?	Yes	
Does the document identify whether it is private or public?	Yes	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	Yes	
<b>11. Accessibility</b> ( <a href="#">See intranet accessibility page for more information</a> )		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	

## Appendix 3 - Audio/Visual Consent – Information and Consent Form

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 EPRs, 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: .....  
 EPR 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.....  
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.



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## Appendix 4 - Letter to Parent/Carer/Relative

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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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## Appendix 5 – Guidance for creating recordings of staff / patient sessions

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### Legal framework

Before creating any recordings, we will need to check that the purpose for which they are being created and shared is covered by the appropriate safeguards. A Data Protection Impact Assessment and / or Information Sharing Agreement may be required before you can proceed. Please email [TEWV.InformationSecurity@nhs.net](mailto:TEWV.InformationSecurity@nhs.net) or submit a query via the [IT Customer Portal](#) on the intranet.

You must ensure that you have consent from the participants to create the recording. The consent form must stipulate the purpose for which the recording is being created, how it will be stored, how long it will be retained, and who it will be shared with. For further guidance please see [Use of Visual and Audio Recordings in Clinical Procedures](#) or contact [TEWV.InformationSecurity@nhs.net](mailto:TEWV.InformationSecurity@nhs.net).

### Audio visual recordings

- **Face to face sessions**



To record face to face sessions use either the webcam integrated into your laptop or a Trust-purchased USB webcam along with the camera software on your laptop. The software can be found in the start menu under “Camera”.

To switch cameras, toggle the icon to the top left of the window (this will only be available if more than one camera is connected).



To amend the camera settings, select the icon to the top right of the window.



A slight reduction of the video quality will make the file smaller without impacting too much on your ability to see the participants. This may be a factor if you need to upload your recordings to a portal [see Sharing below].



To create recording, first check that your camera is correctly positioned to show the area you need to capture. Select the video icon to the right of the screen to begin recording.



Should you need to pause the recording, select the pause icon to the right of the screen. The icon will turn red to indicate that the recording is paused. Select it again to resume recording.



A timer is displayed at the bottom of the screen to show the length of the recording.



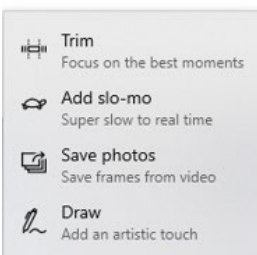
To end a recording, select the stop icon to the right of the screen.

If the recording being displayed on screen is distracting to participants, the screen can be minimised to the taskbar without impeding the recording process.

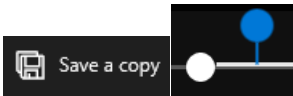


The recording will automatically be saved to the Camera Roll folder within the Pictures folder on your laptop's C Drive. To view it, select the Camera Roll icon to the bottom right of the window, which will open the playback window and autoplay the last saved video.

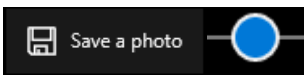
✂ Edit & Create ▾



From the Camera Roll folder, opening the Edit & Create menu at the top right of the playback window will allow you to trim the recording to remove the start or end of the recording or to select still images from the recording.



When Trim is selected, moving the blue slider allows you to navigate through the recording and begin playback from the selected point. Moving either of the white sliders allows you to alter the start and end point of the recording. When you are happy with your changes, select Save a copy in the top right of the screen to save the recording to the Camera Roll folder as before. The original recording will also remain in its unedited format in the same folder.



When Save photos is selected, moving the blue slider allows you to select a specific frame for you to save as a photo. Select the Save a photo icon in the top right of the screen to save the image to the Camera Roll folder as before.

To ensure that video and audio quality is sufficient, we recommend creation of a test recording. The size of room, proximity to the camera and microphone, and amount of people within the session may impact upon quality. Trust laptops and Trust-approved USB webcams have an in-built microphone however you may find that you need to purchase an additional microphone via the IT Customer Portal. Tripods for the USB webcam can also be purchased if required.

- **Online sessions via MS Teams**

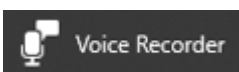
Please follow the link below for instructions provided by Microsoft:

[Record a meeting in Microsoft Teams - Microsoft Support](#)

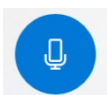
Recordings will automatically be saved to your OneDrive following the end of the meeting.

### **Audio only recordings**

- **Face to face sessions**



Audio only recordings can be made during face to face sessions using the Voice Recorder on your Trust laptop. It will use the microphone built into your laptop so as above you will need to test whether an additional microphone is required to achieve the required audio quality.



To start recording, select the blue microphone icon in the middle of the window.



Should you need to pause the recording, select the pause icon to underneath the stop icon. The icon will change to a blue circle to indicate that the recording is paused. Select it again to resume recording.

00:01:54

A timer is displayed at the towards the top of the screen to show the length of the recording.



To end a recording, select the stop icon in the middle of the screen.

The recording will automatically be saved to the Sound recordings folder within the Documents folder on your laptop's C Drive. To play it, select it from the list within the Voice Recorder and select the play icon. You can also play it by locating it within the Sound recordings folder and double clicking it.



If you have a Trust smartphone, you may also use the Voice Recorder app, which is already installed. Open the app and tap the red record button to start recording. A timer will display on the screen to show the length of time recording and you will also see a visual display showing that sound is being pickup up by the phone's microphone. You may pause the recording using the pause button at the bottom of the screen and use the slider to move through the record. To restart recording, tap the red record button.

To end a recording, tab the grey square stop button. You will be asked to name the recording and save or cancel. Saved recordings can be found by opening the Voice Recorder and selecting List, from which they can be played back. See Saving, storing, and retention below for transferring the recording from the phone.

To amend the Voice recording settings including audio quality and blocking incoming calls while recording, tap the three dots in the top right of the app screen.

- **Online sessions via MS Teams**

Team does not have the facility to allow recording of audio only. You may create a normal recording without the camera switched on but this will be saved as an audio visual file rather than an audio file.

You may also use the Voice Recorder on your laptop or smartphone as described above.

## Saving, storing, and retention

When you are finished creating and editing a recording, you must copy and paste it to a folder on your Home (H) drive for recordings made for training purposes or the appropriate folder within your team's shared drive for recordings made as part of a therapeutic patient intervention. The file should be renamed with the date and time of the recording and the patient's Paris ID or the name of the session (e.g. "2024.02.13. 123456" or "2024.02.13 Focus Group 1") depending on the purpose for creating the recording.

To transfer a recording from a Trust smartphone, use the USB charging cable that came with your phone to connect it to your Trust laptop. The recording will be located within the Voice Recorder folder on the phone. Copy and paste it to your Home (H) drive / shared drive as above. You may need to request that the phone is unblocked by submitting a USB unblock request via the [IT Customer Portal](#) on the intranet.

Any copies of recordings should then be deleted from the original location and your Recycle Bin emptied. Once they are deleted from the original location and Recycle Bin they can't be recovered; saving to your H drive / team's shared drive ensures that the recordings are secure and backed up in case anything happens to your laptop or phone. Please note that it is not permitted to store patient information, including recordings of sessions, to OneDrive.

If recordings are created for the purpose of staff training or accreditation including clinical supervision, they must be fully deleted when they have been assessed / reviewed and no longer required.

If recordings are created as part of a therapeutic intervention, they must be stored following the standard operating procedure for that particular intervention. This must be discussed with Information Governance and Compliance prior to commencing use of the intervention.

## Sharing

If you need to share your recordings with a supervisor or other department within the Trust ie Patient Safety, Data Protection, Legal Services, etc. please use the shared drives or Teams. Recordings must be deleted as soon as they have been reviewed and assessed.

If you need to share your recordings outside of the Trust, you may need to request the Egress add-in for Outlook as NHS Mail will only allow attachments up to 27Mb. A request can be submitted via the [IT Customer Portal](#) on the intranet. Please also see the [Email Procedure](#) regarding whether the recipient's email address is on our approved list and the secure email process.

## Playback

Double clicking the audio or video recording file from your Home drive will open it in either Windows Media Player or VLC media player, both of which are pre-installed on your laptop.

## Screen timeout

All Trust laptops have an automatic screen lock that activates when the mouse or keyboard has not been touched for 10 minutes. During online meetings, moving the mouse when the screen begins to darken will prevent this from taking place and will not affect your recording. During face to face sessions, you will need to ensure that the mouse is moved before the screen locks or recording will automatically stop. If moving the mouse is not possible due to the room setup or the nature of the intervention being delivered, please submit a request via the [IT Customer Portal](#) on the intranet for the automatic lock to be extended or temporarily suspended. You will need to confirm the type of recording you are creating, the nature of the intervention being recorded, and the purpose for which it is being recorded.

The screen timeout will not affect audio only recordings using the Voice Recorder. Staff are reminded that they will need to log back into their laptop in order to end the recording at the end of the session should the screen timeout occur.

## Recording online sessions on IAPTus

Talking Therapies staff who need to record online sessions conducted via IAPTus will need additional software installing. This is due to the way in which IAPTus uses the camera and issues ensuring the audio is fully recorded. Affected staff should submit a request via the [IT Customer Portal](#) for this software to be installed. Please note that this is a temporary measure for IAPTus recording only.

For any further queries or issues, please email [TEWV.InformationSecurity@nhs.net](mailto:TEWV.InformationSecurity@nhs.net).