Management of Clinical Audio-visual Records Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy is concerned with the storage and retention of audio-visual records created within Solent NHS Trust. The policy addresses both audio-visual records management for the purpose of Clinical and Corporate benefit. This policy is not a standalone policy and should be read in conjunction with the 'Records Management & Lifecycle Policy'.; GMC Guidance on Making and using visual and audio recordings of patients; Faculty of Forensic and Legal Medicine guidance (FFLM)
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Amend No	Issued	Page	Subject	Action Date
1	Feb 2012		Logo & Organisation Name change	Feb'12
2			Sponsor Name Change	Feb '12
3			Sponsor Name Change	Aug'13
4	May 2017		Change policy purpose to become a Clinical Audiovisual Policy	May 17

Review Log:

Version Number	Review Date	Name of Reviewer	Ratification Process	Notes
Prior to October 2010				Refer to; • NHS Southampton City's Management of Audio-visual Policy
2	March 2013	Sadie Bell	IGSsC NHSLA PSG	General review of Policy in line with renewal date
3	August 2013	S. Brown	Policy Steering Group	Scope-This policy forms Part of the Management Framework Strategy in relation to Information Governance.
4	May 2017	Sadie Bell Angela Anderson	Quality, improvement & Risk Group, Trust Policy Group, Trust Assurance Committee	Change policy purpose to become a Clinical Audiovisual Policy

SUMMARY OF POLICY

This policy is concerned with the management of clinical audio-visual records created within Solent NHS Trust. This includes, for example, cinematograph film, digital images, video recordings, and other moving image carriers, and sound recordings produced within Solent NHS Trust. Sound recordings may come in the form of discs, tapes or compact discs. The policy has been developed in recognition of the increased use of photography in clinical settings.

The policy details staff responsibilities and the process for the use of photography in the care and treatment of patients, including management of patient safety and as a source of evidence.

The purpose of the policy is to provide instructions to staff who require the use of cameras/photographic equipment in the clinical care setting, ensuring that they comply with requirements of the Data Protection Act and safeguard the confidentiality of personal information which is held by the Trust.

This document applies to all directly and indirectly employed clinical staff within Solent NHS Trust and other persons working within the organisation in line with the Solent NHS Trust Equality statement. This document is also to be followed by all Independent Contractors working on behalf of Solent NHS Trust. This policy forms Part of the Management Framework Strategy in relation to Information Governance.

Visual or audio-visual images of patients taken in the clinical setting/as part of the patient care and treatment must only be taken using Trust owned and asset-registered equipment, e.g. digital camera provided by the Trust purely for this purpose, Smart phones with camera capabilities. Conventional/Polaroid photographic cameras must not be used to photograph patients because:

- The Trust has no arrangement with outside laboratories for processing images and therefore confidentiality cannot be guaranteed
- The use of instamatic cameras does not permit secure storage/back up of images and therefore they should not be used

Under no circumstances should staff use their own personal equipment to take photographic images of patients.

All Trust issued cameras must be stored securely within the clinical area and must only be used to take photographs of patients within the clinical care setting and as described within this policy document

Audio-visual recordings made for clinical purposes must form part of the patient's record. This includes, but is not limited to the use of SmartPhones and other devises used for taking clinical images or videos and these can be uploaded onto the electronic patient record, SystmOne.

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1. INTRODUCTION & PURPOSE

3.1 This policy is concerned with the management of clinical audio-visual records created within Solent NHS Trust. This includes, for example, cinematograph film, digital images, video recordings, and other moving image carriers, and sound recordings produced within Solent NHS Trust. Sound recordings may come in the form of discs, tapes or compact discs. The policy has been developed in recognition of the increased use of photography in clinical settings.

3.2 The policy details staff responsibilities and the process for the use of photography in the care and treatment of patients, including management of patient safety and as a source of evidence.

3.3 The purpose of the policy is to provide instructions to staff who require the use of cameras/photographic equipment in the clinical care setting, ensuring that they comply with requirements of the Data Protection Act and safeguard the confidentiality of personal information which is held by the Trust.

3.4 The policy is introduced to protect both patients and staff, in that the use of cameras/photographic equipment represents a threat to the privacy and dignity of staff, patients and others.

2. SCOPE & DEFINITIONS

2.1 This document applies to all directly and indirectly employed clinical staff within Solent NHS Trust and other persons working within the organisation in line with the Solent NHS Trust Equality statement. This document is also to be followed by all Independent Contractors working on behalf of Solent NHS Trust. This policy forms Part of the Management Framework Strategy in relation to Information Governance.

2.2 This policy applies to the management of all clinical audio-visual records that originate in Solent NHS Trust.

2.3 The policy details:

- The circumstances when visual images and audio-visual images can be taken
- The equipment that can be used
- Staff responsibilities in relation to the use of photographic imagery in the clinical setting
- The management of visual and audio-visual images, including security, processing, storage, destruction and filing

2.4 This policy is not intended for retrospective application to existing notes.

2.5 The policy does not cover recordings used for research purposes. These must be individually assessed within the Research Governance Framework for Health and Social Care document:

https://www.gov.uk/government/publications/research-governance-framework-for-health-and-social-care-second-edition

All requests for research must go via Solent NHS Trust's Research Team and will be assessed by the Information Governance Team in terms of compliance with the Data Protection Act 1998.

Staff can also contact Solent NHS Trust's Research Team (research@solent.nhs.uk) for information on research and use of audio-visual recordings.

2.6 The policy does not cover recordings used for corporate purposes, this is covered within the Information Security Policy

2.7 **Definitions**

Photographic Images: As detailed within this policy refers to the original or copies of any photographic images/photographs taken as outlined in section 2

Subject Access request: Refers to a patient's right to request a copy of a photographic image/photos as outlined within Data Protection Act

Disposal Log: Means a record kept for all photographic images/photos that have been disposed (archived) or destroyed, including file name, destruction date and method of destruction

Clinical Care Setting: The term clinical care setting utilised in this policy document refers to clinical care giving (clinician/patient contact), where photography is a requirement of that/supports that/enhances care e.g. to photograph a wound or injury

Equipment: Digital Cameras owned by the Trust and supplied for the purpose of taking photographs/digital images in the clinical care setting/as part of the patient care and treatment; Smart Phones with camera/photography capabilities issued by the Trust (Trust issued mobile phones)

Personal equipment: that is equipment that is not an asset of the Trust is not included in this policy. **Such personal equipment must not be used for the purposes of photography within the clinical care setting**

Abbreviations:

CCTV	Closed Circuit Television
CoP	Code of Practice
CRDB	Care Record Development Board
CRG	Care Record Guarantee
IAO	Information Asset Owner
PID	Personally Identifiable Data
SIRO	Senior Information Risk Officer

3. RECORDS MANAGEMENT STANDARDS

3.5 All staff that may create or use an audio-visual record are to be aware of and follow the Records Management Code of Practice (CoP) for Health & Social Care 2016 https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016 that has been adopted by Solent NHS Trust in relation to the Retention and Disposal of all Records. In particular staff need to be aware of the differing retention periods that exist. (See 8.5 for recommended duration).

4. CLINICAL RECORDINGS

4.1 Visual or audio-visual images of patients taken in the clinical setting/as part of the patient care and treatment must only be taken using Trust owned and asset-registered equipment, e.g. digital camera provided by the Trust purely for this purpose, Smart phones with camera capabilities. Conventional/Polaroid photographic cameras must not be used to photograph patients because:

- The Trust has no arrangement with outside laboratories for processing images and therefore confidentiality cannot be guaranteed
- The use of instamatic cameras does not permit secure storage/back up of images and therefore they should not be used

Under no circumstances should staff use their own personal equipment to take photographic images of patients.

All Trust issued cameras must be stored securely within the clinical area and must only be used to take photographs of patients within the clinical care setting and as described within this policy document

4.2 Audio-visual recordings made for clinical purposes must form part of the patient's record. This includes, but is not limited to the use of SmartPhones and other devises used for taking clinical images or videos and these can be uploaded onto the electronic patient record, SystmOne.

4.3 Audio-visual records must not be stored on any portable media, even if encrypted, unless the Trust's Data Protection Officer and Senior Information Risk Owner have agreed an exemption; an example of this is images from Colposcopy which need to be transferred onto a DVD in Child Sexual Abuse (CSA) cases and which are stored securely. They must be downloaded immediately (where possible, or as soon as the member of staff is back at their base), onto the patients electronic record or where not possible, the images should be downloaded and saved on a secure drive. A note of where the recording is stored should be made on the patient's electronic patient record.

All visual images should be managed as part of the healthcare record. Any storage, distribution or destruction of photographs taken must be managed in accordance with the Trust's Information Security Policy.

4.4 All visual images taken should be labelled to detail the patient's name, unique ID and the date taken. The exception being for CSA cases where in line with FFLM guidance the child/young person's name is not recorded. Once stored securely the audio-visual record should be deleted straight away.

4.5 The rationale for taking the images should be clearly documented within the healthcare record

4.6 The use of audio-visual records must be used appropriately and only for the purpose intended.

4.7 Visual images may need to be taken in a clinical care setting for a number of reasons which may include:

- Monitoring wounds and pressure ulcers
- Therapeutic interventions such as for exercise prescription, transfers, positioning, orthotics, gait assessment, functional task assessment.
- Recording injuries sustained as a result of an accident or incident within the Trust
- Obtaining pictures of patients who may 'wander' (AWOL) to aid any search
- In relation to the protection of children or vulnerable adults including when non-accidental injury (NAI) is suspected

The decision to take visual images must be taken/approved by a registered member of staff. The taking of images can be devolved to other members of the care team by the registered member of staff.

4.8 Care must be taken to respect the dignity, ethnicity, religious beliefs and modesty of all patients when taking photographs

5. CONSENT

5.1 Consent is necessary in order to comply with the first and second principles of the Data Protection Act 1998. The first principle states that 'Personal data shall be processed fairly and lawfully' therefore the data subject (patient) should know who the data controller is (defined as a person who either alone or jointly or in common with other persons determines the purposes for which and the manner in which any personal data about an individual are, or are to be, processed), why the data is being processed and other necessary information, such as the likely consequences of the processing. Individuals must not be deceived or misled as to why the data is needed.

5.2 The second Data Protection Principle, 'Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes'. Data controllers and data users (staff) must not collect and use data unless there is a specific and valid reason for doing so. The data subject (patient) must be told what the information will be used for. Personal data collected for one reason must not be used for any other unrelated purpose.

5.3 In the case of adults it is the responsibility of Trust staff to obtain consent prior to taking visual images or audio-visual recordings and this should be in line with Trust Consent to Examination and Treatment policy. The patient/client must be asked to sign a consent form which specifies the circumstances, access to and use of a recording. The person who explains this should also sign the form (the data controller). The recording should not be used for any other purpose than that which is stated on the form. The consent form must be held on the patient's health records.

5.4 In line with Trust policy the Mental Capacity Act 2005 must also be observed and complied with particularly with regard to vulnerable adults.

5.5 In some exceptional circumstances it may not be possible to gain consent prior to taking visual or audio-visual images/recordings e.g. patient is unconscious. In these circumstances, and in relation to adults specifically, images taken prior to consent must not be distributed, copied or shared until written patient consent has been obtained.

- **Visual Images/Audio-visual Recordings of Children:**
  Where visual/audio-visual images of children are deemed necessary to support the care and treatment of a child then careful consideration should be applied. The photographic images should only include the specific area of clinical concern. Whole body shots should only be taken if absolutely necessary and for justifiable clinical reasons.

  When taking such images/recordings of children written consent must be obtained from a parent, legal guardian or a person having parental responsibility for the child.

  In some cases e.g. in suspected non-accidental injury, the parent, person with parental responsibility or legal guardian may choose to withhold consent; In such exceptional circumstances it will be necessary to obtain an emergency protection order (EPO)

  Agreement from the child must also be sought and where a child or young person demonstrates sufficient understanding and are considered Gillick competent they can provide consent.

  In all circumstances a full explanation should be given to the child prior to taking photographic images.

  If the clinician is unsure they will access advice and support from the named Nurse/named Doctor before proceeding and will record the outcome of the discussion in the patient records.

- **Length of consent:**
  When obtaining consent to use audio-visual records for the purpose of clinical care, the length of consent should reflect the length of the clinical records retention schedule.

- **Consent Forms:**
  Some examples of clinical consent forms are held in Appendices A-D. Please note that services are not limited to the use of these forms, alternative consent forms can be used, as long as they follow the mandated requirements outlined in this policy.

Consent form	**Appendices**
Adults consent for audio-visual recordings	A
Children's consent for audio-visual recordings	B
Adult Consent form for photography (Easy Read)	C

6. REGISTER AND PROCESS OF RECORDINGS

6.1 A register of audio-visual records must be maintained close to the storage area (e.g. within the record) which must contain the following details:

Action	Process
Recording number	There must be one recording number per recording session. Every recording should be given a number which should be securely placed on the CD or image. The two numbers must be the same as each other.
Type of recording	Audio/Video/Photographic/DVD
Date and time of recording	This must be stipulated in the register
Name of the patient (if applicable)	Also state if any other people were recorded, and their role.
Agreed purpose of recording	This must be consistent with the consent form where applicable
Name of "responsible person"	This should be the data controller, i.e. the Healthcare Professional
Date recording to be reviewed	For destruction or alternative disposal. This should be consistent with the Medical Records NHS Code of Practice.
Permission for recording to be borrowed.	Detail who the recording is being lent to (this should include all relevant detail to provide an audit trail). Signature of "responsible person". The recording must not go outside the organisation without consent from the patient (Information Asset Owner if corporate) and a risk assessment regarding the secure transportation of the document should be undertaken to ensure additionally that appropriate security measures of the receiving organisation/agreement to Information Sharing Protocol/Schedule. An exemption to this is if such records are requested by the Police or a Court Order. Such requests for information should be redirected to the Information Governance Team for processing
Date of withdrawal of consent	For training or assessment of healthcare professionals, audit or medico-legal reasons recordings only.

6.2 The register should be stored electronically in a restricted area in compliance with the Information Security Policy.

6.3 Each recording's package should be numbered, have on it the name of "responsible person" and the words; "This recording may not be played or reproduced without permission".

6.4 Never record different patients on the same media (tape/disc). Each patient must have their own media.

6.5 If a subject access request is made for personal information, always check the content of the tape, using the Access to Records Policy for guidance – as access may be restricted. http://solent/Docs/Solent%20Policies/Forms/AllItems.aspx

6.6 Depending on the type of media recording the data held should be encrypted prior to being securely transported in compliance with the Information Security Policy.

7. STORAGE

7.1 Each individual health care professional, who undertakes a clinical audio-visual recording, will be responsible for the registration and safe custody of the recordings. Those working in the area of child protection should also refer to the joint FFLM/RCPCH document 'guidance for best practice for the management of intimate images that may become evidence in court'
https://fflm.ac.uk/wp-content/uploads/documentstore/1400752731.pdf

7.2 All recordings which hold Personal Identifiable Data (PID) must be stored electronically within a restricted area – so that access is limited to only those who need to know. Services will develop local Standard Operating procedures (SOPs) to ensure clear processes are in place. Recordings by default should be stored within the patient's clinical record. Where this is not possible, a note of where the recording is stored should be made on the patient's electronic patient record. All recordings should be stored in accordance with the Trust's Information Security Policy.

7.3 In general the material should be kept free of any deposits (dust, fingerprints, stains, etc.), kept free of any pressure that might cause deformations (warping, stretching, shock, etc.). Avoid extreme temperature conditions and damp.

7.4 Once visual/audio-visual images have been transferred to the Trusts network they must be deleted from the photographic equipment. This is to prevent loss of data and to protect patient confidentiality.

8. RETENTION AND DESTRUCTION

8.1 It is a fundamental requirement that all records are retained for a minimum period of time for legal, operational, research and safety reasons.

8.2 All staff that may create or add entries to records must be aware of and follow the Records Management Code of Practice (CoP) for Health & Social Care 2016

8.3 It is important to ensure that films and videos are not destroyed or wiped before review can take place.

8.4 All information must be erased from the tapes prior to disposal. The Information Governance Team can assist with the secure destruction of electronic media (e.g. video tapes, compact discs, digital images).

8.5 The retention periods will vary according to the content of the record. The responsible person must check the Medical Records Code of Practice (CoP) for Health & Social Care 2016. However, listed below are some common retention periods for health records. At the end of the retention period the record must be reviewed to ascertain whether destruction is required, or whether the record should be kept for permanent preservation.

Record Type	Retention Period
Children & young people's health records	Until child's 25th birthday or 26th if person was 17 at conclusion of treatment or 8 years after death if death occurred before 18th birthday.
Patient Records - Adult	8 years after conclusion of treatment
Mentally disordered persons (Under Mental Health Act 1983)	20 years after no further treatment considered necessary; or 8 years after patient's death if still receiving treatment.

8.6 Future records which are not defined in the constraints of the this guidance will require a supplementary organisational retention schedule to be developed..

8.7 To ensure that legal and statutory requirements are met, with regards to the retention periods of records, the Information Governance Team should be notified of any new types of records that do not appear on the Records Management Code of Practice for Health & Social Care 2016, so that a lifecycle for the record is determined at the point of creation.

8.8 **Destroying or Retaining Records Outside of Retention Period**
Where a service feels that there is a need to retain a record longer than its retention period or destroy a record prior to a retention period e.g. destroying a video of a group clinical session after a year, this **must** be approved by the Information Governance Team and Caldicott Guardian. A copy of this should be retained centrally by the Information Governance Team and within the patient's electronic clinical record.

A proforma to be completed for approval can be found http://solent/corp/igov/default.aspx.

9. NHS CARE RECORDS GUARANTEE

9.1 The NHS Care Records Guarantee (CRG) sets out the rules that will govern information held in the NHS Care Records Service when it goes live. This will form an important part of the public information campaign about NHS Care Records. The NHS Care Record Guarantee has been drawn up by the Care Record Development Board (CRDB) and it is reviewed at least every twelve months as the NHS Care Records Service develops. The Guarantee covers people's access to their own records, controls on others' access, how access will be monitored and policed, options people have to further limit access, access in an emergency, and what happens when someone cannot make decisions for themselves. Refer to www.nigb.nhs.uk/pubs/nhscrg.pdf

10. ROLES AND RESPONSIBILITIES

10.1 **Chief Executive**
The Chief Executive has overall responsibility for records management in the Organisation. An Accountable Officer is responsible for the management of the organisation and for

ensuring appropriate mechanisms are in place to support service delivery and continuity. Key records management will ensure appropriate, accurate information is available as required.

The Chief Executive has a particular responsibility for ensuring that it corporately meets its legal responsibilities, and for the adoption of internal and external governance requirements.

10.2 **Caldicott Guardian and Senior Information Risk Officers (SIRO)**
The Organisation's Caldicott Guardian and SIRO have a particular responsibility for reflecting patients' interests regarding the use of patient identifiable information. They are responsible for ensuring patient identifiable information is shared in an appropriate and secure manner.

10.3 **Information Asset Owners**
The Information Asset Owner (IAO) is a senior member of staff who is the owner for one or more identified information assets of the organisation.

There are several IAOs within the organisation, whose departmental roles may differ. IAOs will work closely with other IAOs of the organisation to ensure there is comprehensive asset ownership and clear understanding of responsibilities and accountabilities. IAOs will support the organisation's SIRO in their overall information risk management function as defined in the organisation's policy.

10.4 **Information Governance Team**
The Information Governance Team is responsible for the overall development and maintenance of records management practices throughout the organisation, in particular for drawing up guidance for good records management practice and promoting compliance with this policy in such a way as to ensure the easy, appropriate and timely retrieval of patient information.

10.5 **All Staff**
All staff under the Public Records Act, who creates, receives and use records have records management responsibilities. In particular all staff must ensure that they keep appropriate records of their work and manage those records in keeping with this policy and with any guidance subsequently produced.

All users of Healthcare Records must be aware of their legal obligations and abide by the requirements of the Data Protection Act and Principles of Caldicott.[1]

All users of Healthcare Records must be aware of the process for managing Freedom of Information requests and act on it as required.

Each member of staff is responsible for the records they create and use.

11. FAILURE TO COMPLY WITH THE POLICY

11.1 If a service feels it cannot comply with all or part of an IG policy/ procedure they have a duty to undertake a risk assessment (an IG Risk Assessment Template can be found http://solent/corp/igov/default.aspx) which will be approved by the services Information

[1] NHSLA RM Evidence Template

Asset Owner and Information Governance Team. **Failure to do so could result in disciplinary action**. For further advice services should contact the Information Governance Team.

11.2 Failure to comply with this policy, (unless agreed exceptions have been approved) will result in disciplinary action, as stated within all staff contracts and in line with the Trusts Disciplinary Policy.

12. TRAINING

12.1 All Trust staff will be made aware of their responsibilities for record-keeping and record management. This will be through the use of mandatory Information Governance training.

12.2 Bespoke training will be provided by the Information Governance Team where a service has identified a potential or actual risk, through the completion of an incident form.

13. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

13.1 A thorough and systematic assessment of this policy has been undertaken in accordance with the organisations Policy on Equality and Human Rights.

The assessment found that the implementation of and compliance with this policy has no impact on any employee on the grounds of age, disability, gender, race, faith, or sexual orientation. See Appendix E.

14. SUCCESS CRITERIA/MONITORING THE EFFECTIVENESS OF THE POLICY

14.1 The monitoring of this policy and its effectiveness and maintenance will be audited annually using the Information Governance Toolkit (IGT) or sooner if new legislation, codes of practice or national standards are introduced. The IGT audit is a self-assessment audit undertaken by the Information Governance Team; additionally the submission is audited annually by internal auditors.

14.2 The owner/author of the policy is responsible for undertaking this audit and ensuring the policy's effectiveness. This will be monitored through the Quality, Information and Risk Sub-Committee to ensure effectiveness.

15. REVIEW

15.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval unless organisational changes, legislation, guidance or non-compliance prompt an earlier review

16. REFERENCE AND LINKS TO OTHER DOCUMENTS

16.1 This policy must be read in conjunction with the below policies that are available on the Intranet http://solent/corp/igov/Lists/IG%20Policies/AllItems.aspX

Policies:

- Access to Records Policy
- Data Encryption Policy
- Data Protection, Caldicott and Confidentiality Policies & Procedures

- Information Governance Policy
- Information Risk Policy
- Information Security Policy
- FOI Policy
- Records Management & Lifecycle Policy
- Registration Authority Policy

Guidance

- General Medical Council: making and using visual and audio recordings of patients (2013)
- Faculty of Forensic Legal Medicine/RCPCH: Guidance for best practice for the management of intimate images that may become evidence in court (2014)

Code of Practices:

- NHS Code of Practice: Records Management
- General Medical Council
- Nursing and Midwifery Council
- Health and Care Professions Council

16.2 **Further Information**

General technical advice on the management of films and videos can be obtained from:

The British Film Institute
Non-Fiction Unit
National Film and Television Archive
21 Stephen Street
London
W1T 1LN
www.bfi.org.uk

Information on sound recordings from:
The National Sound Archive
The British Library
96 Euston Road
London
NW1 2DB
http://www.bl.uk/nsa

Information on Consent:
Department of Health Publications
PO Box 777
London SE1 6XH
Telephone: 0300 123 1002
Fax: 01623 724524
E-mail dh@prolog.uk.com

Appendix: A - Adult Consent for Audio-visual Recordings and Photography

Adult Consent for Audio-visual Recordings

NHS Number:……

I, …….. whose date of birth is…/..../…..,give my permission for (add service area) of Solent NHS Trust to make a recording of myself. The recording is taking place because
……
……

The recording will be kept for the same period of time as my clinical record.

Under the Data Protection Act 1998 I am entitled to view the recording which will form part of the clinical record held by the service. The service will assist me if I wish to do this by following the organisations Access to Records Policy.

I understand that the recording will be held in a secure place, within a locked cabinet, and/or it will be held in a restricted computer folder and password protected so that access is strictly on a need to know basis only.

Or

I understand that the recording will be held in patient held record and it is my responsibility to ensure that the recording is held in a secure and restricted place, so that access is strictly on a need to know basis only,

Using Recordings for Training Purposes
I understand that the recording may be used for teaching purposes during the training of health care professionals and medical students; however, the recording will only be used if my information has been effectively anonymised. If the recording is unable to be anonymised, I will be asked to complete another form to give my consent for this purpose.

Do you consent to this record being used for the purpose of teaching or training medical staff?
Yes/No (delete as appropriate)

Signed……..Date…….....
Name (block capitals)……
Home Address……..
……
……..

Confirmation
On behalf of the team treating this patient, I have confirmed with the patient that they have no further questions and wish for the recording to go ahead.

Signed:……. Date: …….
Name (Block Capital)……. Designation……...

Appendix A - notes on completing the consent form

The form must be completed jointly between the adult and health care professional.

Two identifiers - (name and DOB) are requested for the patient so that clinical staff can ensure correct identification of the patient.

Training or assessment of healthcare professionals, audit or medico-legal reasons – If the individual is happy to provide consent for the recording to be used for training, and it is not possible to remove identifiers with the recording then complete the form in **Appendix D**.

Solent NHS
NHS Trust

Appendix B – Children's Consent for Audio-visual Recordings

CONSENT TO MEDICAL EXAMINATION

Name			
Date of Birth		NHS Number	

I consent to all of the following in order for the assessment to take place (doctor to cross out any that don't apply):

Consent for examination and recording.	**Tick if understood and permission given**
For medical examination	
To have any necessary investigations and treatment	
For use of photography and digital Imaging (DVD)	
For use of a colposcope for genital and anal examination	

Consent for use of images and DVD.	
To support clinical evidence in court proceedings	
For discussion (peer review) with doctors and nurses	

Consent to share information and reports with.	
Social Care	
Police	
GP	
Health visitor / school nurse	
Other (please specify)	
For the medical report from this examination to be stored in the child's paper record and/or in electronic patient records that may be available to other health professionals.	

Consent for use of images and DVD for teaching and training purposes		
Consent for this is **optional**	**YES**	**NO**
I consent to use of anonymised images and DVDs to be used in teaching		

I understand that at any stage of the examination, I may withdraw my consent.

Signature of patient		Date	
Signature of person with parental responsibility		Date	
Name		Relationship to patient	

Doctor's signature		Date	

Doctor’s name			

CONSENT TO MEDICAL EXAMINATION

Name			
Date of Birth		NHS Number	

Statement of interpreter (where appropriate)

I have interpreted the information provided by both the clinician and the attendees of the medical examination to the best of my ability and in a way which I believe they can understand.

Interpreter’s signature		Date	
Interpreter’s name			

Appendix B - notes on completing the consent form

The form must be completed jointly between the child and where possible the adult with parental responsibility and health care professional.

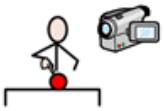
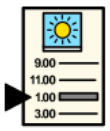
Two identifiers - (name and DOB) are requested for the patient so that clinical staff can ensure correct identification of the patient.

Training or assessment of healthcare professionals, audit or medico-legal reasons – If the individual is happy to provide consent for the recording to be used for training, and it is not possible to remove identifiers with the recording then complete the form in **Appendix D**.

Gillick Competence - In some certain cases, children under the age of 16 who have the capacity and understanding to take decisions about their own treatment are also entitled to decide whether personal information may be passed on and generally to have their confidence respected, for example if they were receiving counselling or treatment about something they did not wish their parent to know. Case law has established that such a child is known as 'Gillick Competent', i.e. where a child is under 16 but has sufficient understanding in relation to the proposed treatment to give, or withhold consent, consent or refusal should be respected. However, good practice dictates that the child should be encouraged to involve parents or other legal guardians in any treatment.

Appendix C (Easy Read) – Adult Consent for digital recording

Name: …….. NHS No: ……..

	We would like to make a digital recording of you.
	*Please add details of what will be video recorded* We would like to record you doing; ……. …….
	*Please add details of where and when the video recording will happen* The digital recording will take place at…….. on the ……
  	*Please select the reason(s) why you are making the video recording* We would like to use the digital recording for the following reasons; ☐ As part of your treatment ☐ To help people in your care and support team understand your needs ☐ To teach other people about how to best support people with similar needs yourself
	We will not use your full name.
	We will keep your digital recording safe, in the same way we look after your health records.
	Thinking about this information, you can make a choice about if you want the digital recording to happen.
Please record your choice below (either 1 or 2);	
	1. Yes, I agree to being recorded  ……
	2. No, I don't agree to being recorded  ……

Name of person taking consent…… …… Date ……..

Appendix D – Generic consent for use of recording to be used for the training or assessment of healthcare professionals, audit or medico-legal reasons

Generic consent for use of recordings to be used for the training or assessment of healthcare professionals, audit or medico-legal reasons

NHS Number:……

I, ……..give my permission for (add service area) of Solent NHS Trust to use the recording of ……..whose date of birth is…/..../…..

The recording is taking place because…….
The recording will be kept for ……
The people who will see the recording include ……
The recording will be kept for the same period of time as the patient's clinical or training or audit or medico-legal, which ever retention period is longer.

Under the Data Protection Act 1998 I am entitled to view the recording which will form part of the clinical record held by the service. The service will assist me if I wish to do this by following the organisations Access to Records Policy.

I understand that the recording will be held in a secure place, within a locked cabinet, and/or it will be held in a restricted computer folder and password protected so that access is strictly on a need to know basis only.

Using Recordings for Training Purposes
I understand that this recording may be used for teaching purposes during the training of health care professionals and medical students; however, the recording will only be used if my information has been effectively anonymised.

Signed……..Date…….....
Name (block capitals)……
Capacity (if not the patient) ……..
Home Address……..
……..
……..

Confirmation
On behalf of the team treating this patient, I have confirmed with the patient/child and his/her parents/guardian/carer/ that they have no further questions and wish for the recording to go ahead.
Signed:……. Date: ……..
Name (Block Capital)……. Designation……..

Appendix D - Notes on completing the consent form

Prior to using this form one of the consent forms for making the recording material should have been completed by the appropriate people.

This form must be completed jointly between the patient, or other authorised carer, and the responsible staff.

Two identifiers - (name and DOB) are requested for the patient so that clinical staff can ensure correct identification of the patient.

After the recording, you must ensure that:

a. Patients are asked if they want to vary or withdraw their consent to the use of the recording.

b. Recordings are used only for the purpose for which patients have given consent.

c. Patients are given the chance, if they wish, to see the recording in the form in which it will be shown.

d. Recordings are given the same level of protection as medical records against improper disclosure.

e. If a patient withdraws or fails to confirm consent for the use of the recording, the recording is not used and is erased as soon as possible

Appendix E – Equality Statement

Step 1 – Scoping; identify the policies aims	Answer
1. What are the main aims and objectives of the document?	To outline the process for creating, reviewing and ratifying audio Visual records and standard operating procedures within Solent NHS Trust
2. Who will be affected by it?	All staff who are developing internal control documents
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	N/A
4. What information do you already have on the equality impact of this document?	None
5. Are there demographic changes or trends locally to be considered?	Solent NHS Is formed by the merger of both Southampton City & Portsmouth city provider services. AS both cities are 'Ports' there is a transient demographic population.
6. What other information do you need?	N/A

Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		x	
2. Can any group benefit or be excluded?		x	Applies to all staff groups
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	N/A
4. Can this actively promote good relations with and between different groups?		X	N/A
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		Clinical leads and services, Named Doctor Safeguarding Current Policy Steering Group members consulted and wider groups represented by PSG members..
6. Have you used a variety of different methods of consultation/involvement	X		Via email and face to face meetings
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		Patients will be required to have capacity to consent

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	Answer
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	

Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	Already implemented, monitored annually.
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	The Head of Information Governance
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	The Information Governance Toolkit annual assessment