



HPFT

Audio/Visual Recordings of Service Users and one way screens within wards/units

For Clinical Assessment, Treatment and Training purposes

HPFT Policy

Version	4.3
Executive Lead	Executive Director for Quality and Safety
Lead Author	Practice Governance Lead for West SBU
Approved Date	26 th January 2018
Approved By	Quality & Risk Management Committee
Ratified Date	26 th January 2018
Ratified By	Quality & Risk Management Committee
Issue Date	19 th August 2020
Expiry Date	1st February 2021 'IGC on 20.01.2021 agreed expiry date extension to 01/08/2021 following rapid review' 13.01.2022 – Review Date extended to 30.06.2022 with permission of SIRO
Target Audience	This policy must be understood by staff working in all locations

Document on a Page

Title of document	Audio/Visual Recordings of Service Users and one way screens within wards/units		
Document Type	Policy		
Ratifying Committee	West SBU Q&R		
Version	Issue Date	Review Date	Lead Author
4.3	19/08/2020	01/02/2021	Practice Governance Lead for West SBU
Staff need to know about this policy because (complete in 50 words)	Photographs and video recordings of patients are an integral part of the delivery of patient care and treatment. They may also be used for teaching, clinical research and literature but only with appropriate consent from the service user. Photographic recording techniques include photographic film, digital image and video. Any such recordings (identifiable or non-identifiable) must only be taken and used with appropriate consent. Children under the age of 16 require extra legal safeguards when taking audio and visual recordings. Under no conditions should patients video's or pictures be taken of patients who are undressed.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	The purpose and possible use of the images and/or recording should be clearly explained and explicit consent obtained. A note of this conversation must be made in the care record. This may require, with the agreement of the service user, the involvement of carers and/or advocates to facilitate informed discussion. If you judge that a patient lacks capacity to decide about an investigation or procedure which involves a recording or the taking of an image, you must get consent from someone who has legal authority to make the decision on the patient's behalf before making the recording. This could be a person who holds a lasting power of attorney for health and welfare decisions or a court appointed deputy. Individuals without legal authority such as this cannot consent on a patient's behalf. Any photograph used for this purpose e.g. on prescription chart, should be of passport style and quality. The photograph must be up-to-date. The service user must be informed of their use, and have given consent and a record of this made in the care record. If consent has been given, the photograph must be stored in the Electronic Patient Record if the photograph has been taken by a digital camera. If the photograph has been taken by means of a Polaroid type camera, or brought in by the service user, this photograph does not need to be attached to the Electronic Patient Record and should be returned to the service user or carers upon discharge from the service area.		
Summary of significant changes from previous version are:	The only changes to the previous version has been the inclusion of information for staff following the introduction of taking photographs upon admission to the Acute Inpatient Wards for the purpose to support identification during the prescribing of medicines process and to aid the process for locating service users who are missing from our care. Updated to reflect impact of Covid-19 pandemic - NHS England		

Contents Page

Part:		Page:
Part 1	Preliminary Issues:	
	Document on a page	
	1. Summary	4
	2. Purpose	4
	3. Definitions	4
	4. Duties and Responsibilities	5
Part 2	What needs to be done and who by:	
	5. Recordings to establish Diagnosis, Assessment, Treatment and Therapy	6
	6. Records for Training/Teaching/Coaching	7
	7. Guidance for making observations using a one-way screen	8
	8. Consent	9
	9. Copyright	11
	10. Use of photographs for identification purposes	12
	11. Recording of Recreational Activities	12
	12. Recording of Telephone calls	12
	13. Cover Surveillance	12
	14. Labelling, Storage, Disposal and Archiving	12
	15. Training/Awareness	14
	16. Equality and RESPECT	14
	17. Process for monitoring compliance with this document	15
Part 3	Document Control & Standards Information	
	18. Version Control	16
	19. Archiving Arrangements	16
	20. Associated Documents	16
	21. Supporting References	16
	22. Comments and Feedback	17
Part 4	Appendices	
	Appendix 1 – Covid-19 G	19
	Appendix 2 - Consent for Audio/Visual Recording	20
	Appendix 3 - Assessment of Capacity	23
	Appendix 4 - Best Interest Decision	25
	Appendix 5 - Consent to use Reproductions of Service User's Work Produced In Art Or Music Therapy	

PART 1 – Preliminary Issues:

1. Summary

Photographs and video recordings of patients are an integral part of the delivery of patient care and treatment. They may also be used for teaching, clinical research and literature but only with appropriate consent from the service user. Photographic recording techniques include photographic film, digital image and video. Any such recordings (identifiable or non-identifiable) must only be taken and used with appropriate consent.

Photographs, film and any other images which illustrate a patient's or service user's condition or aspect of their treatment, forms part of the patient's health record. All health records, and therefore, all illustrative patient images, are subject to the provisions of Data Protection Legislation because they fall within the definition of personal data and special category data. Rights of confidentiality and consent must also be applied.

Additional safeguards are required in case of children under the age of 13. Legal guardian's must be consulted and valid consent taken along with service users consent.

Under no conditions, unless it is clinically indicated or required, should a recording or pictures be taken of service users who are undressed.

This policy is impacted (including its appendices) by the major incident management of Covid-19. Trust guidance is updated on an ongoing basis in line with government guidance and should be read on the HPFT Hive communication website [The Hive](#)

2. Purpose

This policy sets out the requirements for confidentiality and consent for creating and using photography and audio visual recordings of patients under the care of the Trust.

Patients/Service Users would be unlikely to trust staff with personal information about themselves and their clinical condition if they believed that it may be passed on to others without proper controls. It follows that a high standard of security is required within the Trust to store and maintain this personal information which includes any photographs and audio visual recordings.

This Policy covers all Trust sites and applies to any individual employed, in any capacity, by the Trust including employees, students and third party contractors.

This policy excludes CCTV and the use of mobile phones by service users and visitors as these aspects are covered by separate Trust policies.

3. Definitions

The term 'Recording' in this policy and guidance is defined as the original/s or copies of photographs, audio or visual recordings and their storage on any visual

or audio data capture or storage device. It includes their use for clinical purposes, teaching, training and research (which could include publication). The following practices have been agreed to ensure that there are no breaches of confidentiality and that the rights of service users are respected and safeguarded.

4. Duties and Responsibilities

Chief Executive

The Chief Executive is the named officer with responsibility for ensuring that the Trust complies with its statutory obligations and Department of Health Directives.

Caldicott Guardian Executive Director of Quality & Safety

As Caldicott Guardian, the Executive Director of Quality & Safety is responsible for ensuring that the Trust processes satisfy the highest practical standards for handling patient/personal information.

Information Governance Officer

The Head of Information Governance and Compliance is responsible for monitoring and providing appropriate advice and assistance in the investigation of any incidents involving breaches of information security reported through DATIX.

Service Line Leads / Modern Matrons / Clinicians

Lead Clinicians/Team Leaders/Ward Managers must ensure that members of their teams involved with the recordings of service users understand their responsibilities within this document.

All Staff

All staff within the Trust are responsible for ensuring that they adhere to this Policy at all times and ensure that personal identifiable information is kept confidential and transferred appropriately.

All staff must be aware of their responsibilities in law and their professional codes of conduct with regard to the protection of data about individuals and work at all times within the legal boundaries of the common law doctrines of confidentiality, consent and best interests, the Data Protection Act 1998, Mental Capacity Act 2005 and the Human Rights Act 1998.

Health or social care professionals who make recordings of service users as part of their work must follow the requirements in this policy with regard to the making, use and storage of recordings.

All staff must ensure they follow infection prevention and control standards for cleaning any equipment used to prevent the spread of Covid-19. For face to face recording, staff must use PPE appropriate and comply with social distancing. Please refer to appendix 1 for the links to the latest guidance. [Guide to the latest PPE Requirements](#)

5. Recordings to establish Diagnosis, Assessment, Treatment and Therapy

This includes all recordings which are made to help establish diagnosis, aid assessment, identify clinical aims and assist in the process of achieving planned clinical outcomes.

All recordings intended to illustrate a patient's condition or an aspect of their treatment are medical records, whether they were originally created specifically for this purpose or not. They therefore should be treated as rigorously as any other medical record.

Audio and visual recordings which are made for treating or assessing a service user must not be used for any other purpose without obtaining explicit consent for that use.

In order to ensure that the patient's right to confidentiality is preserved, the Trust has adopted the policy that consent to any clinical recording must be obtained from all patients for each recording.

Confidentiality is a patient's legal right and staff are therefore reminded that breach of confidentiality may well amount to serious professional misconduct with inevitable disciplinary consequences and could result in substantial financial damages to the Trust.

Recordings, made for treating or assessing a service user and from which there is no possibility that the service user might be recognised, should nevertheless have the explicit consent of the service user if they are to be used for other purposes. When making a judgment about whether the patient may be identifiable, you should bear in mind that apparently insignificant features may still be capable of identifying the patient to others. Since it is difficult to be absolutely certain that a patient will not be identifiable from a recording, no recording should be published or used in any form to which the public may have access, without the consent of the patient.

The following general principles apply to most recordings;

- Seek permission to make the recording and get consent for any use or disclosure
- Give patients adequate information regarding the specific purpose of the recording and time to read any explanatory material provided
- Patient information material should where possible, be available in the patient's language and when necessary, translations should be available
- Ensure that patients are under no pressure for the recording to be made
- Do not participate in any recording made against a patient's wishes
- Stop the recording if the patient asks you to or if it is having an adverse effect on the consultation or treatment
- Do not use recordings for purposes outside the scope of the original consent for use, unless further consent is obtained
- It will be the sole responsibility of all staff (including community) to ensure that consent for photography is clearly recorded in all case notes
- Under no circumstance must clinical images be stored on personal computers, mobile phones or any other removal storage device

- Recordings that have inadvertently picked up images of another patient who has not consented and is clearly identifiable must not be published under any circumstances. Unless deleterious to the care of the subject patient, they should be destroyed.

For service users without capacity, follow the process in 7.2

6. Records for Training/Teaching/Coaching

This includes all recordings which are made for purposes of developing knowledge and skills of health/social care professionals, students/trainees, carers or users of services.

You must get consent before making recordings for teaching, training, the assessment of healthcare professionals and students, research or other healthcare-related purposes.

Recordings will vary from simple photographs to visual and audio recordings of consultations involving discussion of personal and emotional issues. The amount of information you should provide before seeking consent will vary according to the nature of the recording, what it will be used for, and the concerns of the individual patient. Before making the recording, you should explain:

- the purpose of the recording and how it will be used
- how long the recording will be kept and how it will be stored
- Who it will be shared with (if at all)
- that patients may withhold consent, or withdraw consent during or immediately after the recording, and this will not affect the quality of care they receive or their relationship with those providing care.

The consent form will be held in the service user's record with a copy of the material involved.

If a health professional wishes to use such a recording for education, publication or research purposes, they must seek explicit consent in writing, ensuring that the person/s giving consent is fully aware of the possible uses of the material. In particular, the person/s must be made aware that you may not be able to control future use of the material once it has been placed in the public domain. This fact should be noted on the consent form (Appendix 2) and in the care record.

Any proposal to record a service user or use material for research purposes must meet the requirements of the Trust research regulations.

The situation may arise where the health/social care professional wishes to make a recording specifically for education, publication or research purposes, but the service user is temporarily unable to give or withhold consent due to their condition. In such cases, the health/social care professional may make such a recording, but must seek consent as soon as the service user regains capacity. Until consent for its use has been received, the recording must not be used. If the service user does not consent to any form of use, the recording must be destroyed.

If the service user is likely to be permanently unable to give or withhold consent for a recording to be made it is preferable that in such circumstances the recording should not be made.

No recording must be made or used which might be against the interests of the service user.

Students on placement e.g. art or music therapy students who are required to make recordings as part of their placement objectives should wherever possible work with those who can give explicit consent to the use of the material. A consent form for this purpose is attached as Appendix 5. This is a written and signed contract which specifies the purpose and highlights confidentiality issue. Only copies can be removed from HPFT. Original material must be retained by the Trust

The university concerned must have written into its contract with HPFT confirmation of the confidentiality of any recordings made by their students as part of their placement objectives.

Audiences at teaching events must be reminded of the need for confidentiality

7. Guidance for making observations using a one-way screen

The one way screen can be used for:

- Diagnosis and Assessment
 - Treatment/Intervention and Therapy
-
- There must be prior negotiation with the service user. It is good practice to notify the service user prior to the appointment of what to expect.
 - The purpose of the use of the one way screen must be clearly explained.
 - The service user/family members should be introduced to all members of the team who will be present (either in the room or behind the screen) at the session.
 - The health care professional is responsible for obtaining consent.
 - A record of the discussion must be made in the care record.
 - If family members are to be included e.g. for family therapy, their involvement must be discussed and consent obtained.
 - If a service user/family member withholds informed consent no observations should be made.
 - If a service user/family member withdraws informed consent during or subsequent to the observations, the observations should be discontinued.
 - If an audio/visual recording is to be made of the session, consent for the recording must be obtained
 - The service user/family member should be made aware when the use of the one way screen has ended.
 - Written information must be made available in a format or language which makes it accessible to the service user.

8. Consent

A recording may be used for more than one purpose. Each purpose must be clearly identified to the service user. Key standards for obtaining consent are given below.

8.1 Procedure for obtaining consent

- a) The health/social care professional is responsible for obtaining consent.
- b) The recording must involve prior negotiation with the service user. It is good practice to notify the service user prior to the appointment of what to expect.
- c) The purpose and possible use of the recording should be clearly explained and explicit consent obtained. A note of this conversation must be made in the care record. This may require, with the agreement of the service user, the involvement of carers and/or advocates to facilitate informed discussion. The discussion should include:
 - The purpose of the recording, who will be allowed to see it - including the circumstances in which it will be shown, whether copies will be made, the arrangements for storage and how long the recording will be kept.
 - That withholding permission for the recording to be made, or withdrawing permission during the recording, will not affect the quality of care they receive.
 - The service user is given time to read explanatory material and to consider the implications of giving their written permission. Forms and explanatory material should not imply that permission is expected.
- d) In communicating with service users the information provided should be culturally appropriate and in a form that is assessable to people with additional needs, for example, people with physical, cognitive or sensory disabilities and people who do not speak or read English. Information must be provided in a way that is suited to the individual's requirements and enables them to participate as partners in decisions about their care.
- e) If family members are to be included in the recording, their involvement must be discussed and consent obtained.
- f) Consent form (Appendix 2) should be completed and signed by the service user and any family members involved in the recording and countersigned by the responsible health/social care professional. Forms are filed in the care record
- g) When a service user/family have regular recorded sessions, they must be reminded on each occasion that the session is being recorded and verbal (or equivalent) consent received. It is not necessary to complete additional consent forms for consecutive treatment sessions; however the service user/family should be made aware when the recording series has ended.
- h) Written information must also be made available in a format or language which makes it accessible to the service user.

- i) Where a service user (aged 16 or over) has been assessed as not having the capacity to consent to this specific decision the requirements of the Mental Capacity Act 2005 must be met.
- j) In some circumstances it may also be appropriate for an interview to commence with verbal consent to the interview being recorded.
- k) A child under the age of 16 who has “sufficient understanding and intelligence to enable him or her to understand fully what is proposed” is competent to give consent for himself or herself. If children are not able to give consent for themselves, a person with parental responsibility may do so on their behalf.
- l) In all cases the service user's privacy and dignity must not be compromised.
- m) The service user must not be put under pressure to give their permission for the recording to be made.
- n) Service users/family members must know that they are free to stop the recording at any time. They are entitled to view/listen to it if they wish, before deciding whether to give consent to its use. If the service user decides that they are not happy for any recording to be used, it must be destroyed, in their presence or witnessed by another member of staff and a note of this made in the care record.
- o) A note of actions taken above must be made in the care record.
- p) Patients have the right to withdraw consent for the use of their images at any time. The recording will then be destroyed. When obtaining consent for publication, it should be made clear to the patient that once a recording is in the public domain; there is no opportunity for effective withdrawal of consent. If a consenting patient subsequently dies, permission should be sought for any new use outside the terms of the existing consent as usual. In this instance the consent of both the personal representative and the next of kin is required.

8.2 Procedure when a service user lacks capacity to give or withhold consent

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves. The same rules apply whether the decisions are life changing events or everyday matters.

If you judge that a patient lacks capacity to decide about an investigation or procedure which involves a recording, you must get consent from someone who has legal authority to make the decision on the patient's behalf before making the recording. This could be a person who holds a lasting power of attorney for health

and welfare decisions or a court appointed deputy. Individuals without legal authority such as this cannot consent on a patient's behalf.

Where no individual has legal authority to make the decision on a patient's behalf, or where treatment must be provided immediately, recordings may still be made where they form an integral part of an investigation or treatment that is deemed to be in the incapacitated persons best interests and a best interest decision for this has been made following the principles of the Mental Capacity Act.

A Mental Capacity Act assessment of capacity must be completed and if the service user is found not to have the capacity to consent to the recording, a best interest decision made using the correct form will need to be made. The professional making the best interest decision must demonstrate how the service user will benefit from the recording and involve carers in the discussion around the decision. Where there is no carer consideration of involving an IMCA may be appropriate.

Mental Capacity Act Assessment of Capacity and the Mental Capacity Act best interest decision pathway documentation is attached as Appendix 3 and 4.

Where a recording has already been made as part of the patient's care, but may also be of value for a secondary purpose, you should anonymise or code the recording wherever that is practicable and will serve the purpose. If the recording cannot be anonymised or coded, you should seek the agreement of anyone with legal power to make decisions on behalf of the patient. If there is no person appointed, the law permits you to decide whether the recording can be used. Whoever takes the decision it should be made in the public interest, in accordance with the relevant legislation

9. Copyright

The copyright of all recorded materials to be held by Hertfordshire Partnership University NHS Foundation Trust and permission of reproduction, in part or in whole, must be obtained in writing from the head of the profession responsible for making the audio, visual and/or computerized recordings.

10. Use of photographs for identification purposes

Any photograph used for this purpose e.g. on prescription chart, should be of passport style and quality. The photograph must be up-to-date.

The service user must be informed of their use, and have given consent and a record of this made in the care record. If consent has been given, the photograph must be stored in the Electronic Patient Record if the photograph has been taken by a digital camera. If the photograph has been taken by means of a Polaroid type camera, or brought in by the service user, this photograph does not need to be attached to the Electronic Patient Record and should be returned to the service user or carers upon discharge from the service area.

If the service user is assessed as unable to consent, the requirements of the Mental Capacity Act 2005 should be followed.

The use of photographs does not remove a health/social care professional's responsibility for checking a service user's identity.

11. Recording of Recreational Activities

This includes functions such as parties, events and outings. Any recording must not be used for any other purpose without the consent of each individual.

12. Recording of Telephone Calls

Recordings of telephone conversations are subject to license conditions under the Telecommunications Act 2003. Every reasonable effort must be made to inform callers that their call may be recorded and maintain a record of the means by which callers have been informed.

13. Covert Surveillance

Covert surveillance is defined as any surveillance which is carried out in a manner calculated to ensure that the persons subject to the surveillance are unaware that it is or may be taking place. Covert recording must only be carried out under the Regulation of Investigatory Powers Act 2000, in conjunction with the police. Advice must be sought from the Trust Information Security Advisor and it must be authorised by the Chief Executive.

14. Labelling, Storage, Disposal and Archiving

All recordings are part of the service user's care record and disposal, storage and archiving must follow the standards set out in the HPFT Procedure and Guidance on the Management of Care Records.

14.1 Labelling

The name of the person responsible for recording, date of recording and the name of the organisation holding the copyright should be recorded both on the storage media and its container, together with the statement, "This recording may not be shown or reproduced without permission".

14.2 Storage

Record storage methods must:

- be secure to prevent breaches of confidentiality i.e. kept in locked filing cabinets or a locked room with access limited to authorised persons.
- not compromise the physical safety of service user, staff or visitors
- be safe from damage from fire, damp, water e.g. in fire proof cabinets, stored off the floor, stored at a temperature between 13°C and 18°C, stored at a humidity of between 45%-65%.
- Or stored in the Electronic Patient Record

Art and Music Therapy work produced during art or music therapy sessions.

- Work produced during an art or music therapy session should be labelled as in 14.1.
- If this work is an illustrative record it is kept as part of the care record.
- Images left by clients after art therapy ends do not need to be stored or kept by the art therapist or the organisation – this is because the image does not have a definite and fixed meaning and cannot be an admissible item of evidence in court. So when the therapy ends, the art work can be disposed of in the same way as any confidential material (shredding, etc.).
- Members must record the client's attendance for therapy. Material produced during the art therapy session should be named, dated, and safely stored throughout the therapeutic relationship. In general, the client's art expressions should be kept within the therapeutic relationship and the disposal of such artwork should be negotiated with the client. Ultimately the ownership of the artwork remains with the client, as does the manner of its disposal. If storage space is at a premium, photographic, digitally or video recorded images may be used as an alternative record of the client's art expression.
- Art work produced whilst a SU is in therapy is confidential and part of a SU's ongoing treatment and therefore must be kept in appropriate locked facilities.

14.3 Archiving

- The HPFT Procedure and Guidance on the Management of Care Records, Clinical Information Retention and Destruction Schedule, gives information on the Trust retention schedule.
- If there is reason to believe that care records may be required for future care or legislation. Those recordings which may be of evidential significance must be "marked not to be destroyed".
- A music therapist may wish to edit in terms of performance or for the service user to have a copy of their work. The therapist must keep the unedited version of the music therapy recordings as part of the clinical record.
- The Trust's data must not be copied to or processed on any equipment that does not belong to the Trust.
- It is the responsibility of the member of staff to make adequate provision to safeguard the security, integrity and confidentiality of the Trust's data. Advice should be sought from the IT help desk. For further information refer to the Trust Information Security Policy.
- Lost or stolen IT equipment must be reported to the line manager immediately and reported following the serious untoward incident procedure.

14.4 Disposal

- The ownership of a work e.g. a painting, sculpture, remains with the service user and the disposal of the work should be negotiated with them.
- All redundant removable media must be treated as confidential waste and unconditionally formatted before disposal. Wiping the media must be done in accordance with current Government policy and standards. If reformatting is not possible, the media must be destroyed.

15. Training and Awareness

Health/social care professionals undertaking recording or using one way screens as part of diagnosis, assessment, treatment, therapy, must have received adequate training in the use of this tool

16. Process for monitoring compliance with this document

Action:	Lead	Method	Frequency	Report to:
Compliance with procedure/s.	Managers for the relevant services	Monitoring implementation of the procedure.	On-going	SBU Operational Management

17. Embedding a culture of equality and respect

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

Service user, carer and/or staff access needs (including disability)	Access to the provisions of this policy are not restrictive of service user, carer or staff access needs
Involvement	Recordings will only be made with the service user's consent.
Relationships & Sexual Orientation	Relationships and sexual orientation do not affect the provision of this policy for service users
Culture & Ethnicity	Culture and Ethnicity do not affect the provision of this policy for service users
Spirituality	Spirituality does not affect the provision of this policy for service users
Age	Age does not affect the provision of this policy for service users
Gender & Gender Reassignment	Gender does not affect the provision of this policy for service users
Advancing equality of opportunity	N/A

Part 3 – Document Control & Standards Information

18. Version Control

Version	Date of Issue	Author	Status	Comment
V1	June 2007	Practice Standards Facilitator	Superseded	Archived
V2	October 2009	Practice Standards Facilitator	Superseded	Archived
V3	May 2015	Head of Practice Governance	Superseded	Archived
V4	January 2018	Practice Governance Lead West SBU	Superseded	
V4.1	17 th April 2018	Practice Governance Lead West SBU	Superseded	Policy reviewed under GDPR
V4.2	28 th November 2018	Practice Governance Lead West SBU	Superseded	Minor amendment to point 2
V4.3	19 August 2020	Head of Nursing	Current	Updated re-Covid 19

17. Archiving Arrangements

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet. A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

18. Associated Documents

- CCTV Policy
- Care Records Management Policy
- Data Protection Act Policy
- Information Security Policy
- Use of Mobile phones policy

19. Supporting References

- The Access to Personal Files Act (1987).
- The Access to Health Records Act (1990).
- The Copyright, Designs and Patents Act, (1988).
- The Data Protection Act (1984 and 1998).
- The Mental Health Act (1983).
- Making and using visual and audio recordings of patients (GMC 2011)

20. Consultation

Head of Operational HR	Head of Nursing and Patient Safety
Head of Practice Governance	Lead Nurses

Compliance and Risk Manager	Practice Governance Leads
Compliance and Risk Facilitator	Directorate Manager MHA Legislation
MHA Manager	Head of Facilities & Maintenance
Chief Pharmacist	Information Governance Officer
Therapies Manager	

Appendix 1 – Covid-19 Guidance Links

Appendix 2 - Consent for Audio/Visual Recording – page 19

Appendix 3 - Assessment of Capacity – Page 20

Appendix 4 - Best Interest Decision – Page 23

Appendix 5 - Consent to use Reproductions of Service User's Work Produced In Art Or Music Therapy – page 25

Covid-19 Guidance Links

Link	Title	Link
1	HPFT Hive – Covid-19	<u>The Hive</u>
2	NHS England	<u>NHS England</u>
3	Public Health England (PHE) latest guidance and information Coronavirus (Covid-19)	<u>Public Health England (PHE) Latest guidance and information on Coronavirus (Covid 19)</u>
4	Swabbing	
5	Covid-19 leaflet for swabbing and self-isolation	<u>Swab Test - Easy Read Leaflet</u>
6	COVID-19 National Testing Programme for Keyworkers	<u>Covid 19 National Testing Programme for Keyworkers</u>
7	Patient Cohorting – Easy Read Guidance	<u>Patient Cohorting – Easy Read Guidance</u>
8	Guidance on the completion of a Covid-19 swab test on Paris	<u>Guidance on the completion of a Covid-19 swab test on Paris</u>
9	Guidance on Service User leave during Covid-19	<u>Guidance on Service User leave during Covid-19</u>
10	Stay at Home Guidance	<u>Stay at Home Guidance</u>
11	Guide to the latest PPE Requirements	<u>Guide to the latest PPE Requirements</u>
12	Visitor Guidance COVID19	<u>Visitor Guidance Covid-19</u>
13	Donning and doffing PPE	<u>PPE Non-aerosol generating procedures (AGPs)</u>
14	Reporting of suspected/confirmed COVID -19 deaths on Datix	<u>Reporting of suspected/confirmed COVID - 19 deaths on Datix</u>
15	Management of a suspected case of Covid 19 flow chart	<u>Management of a suspected case of Covid-19 flow chart</u>
16	Masks, comms and Posters	<u>Masks, Comms and Posters</u>



Hertfordshire Partnership
University NHS Foundation Trust



CONSENT FOR AUDIO/VISUAL RECORDING

Service: _____ Date: _____

Service User's Name: _____

Service User's Date of Birth or NHS No: _____

Address: _____

I agree to the _____ *recording being made by Hertfordshire Partnership NHS Foundation Trust for the purpose of:

I understand that the recording will be kept in a secure place and it will only be used for the purpose/s stated above and no copies will be made of this recording without my prior consent.

Signature Of Individual: _____ Date: _____

Signature of Health/Social Care Professional: _____

Name: _____

Position: _____

Work Address: _____

Date: _____

Form to be filed in the care record.

- insert type of recording



Assessment of Capacity

ACSf765a

Reference must be made to the Mental Capacity Act 2005, Section 1 and 2, and the Code of Practice chapter 4 in order to complete this assessment.

Name of Service User
ID No
Address
What factors are present which indicate an assessment of capacity should be carried out?
What practical steps have been taken to help the person make the decision?
What is the focus of the assessment, what decision needs to be made?
Fluctuating capacity, does the decision have to be made now? Can it wait? Evidence
Have you explained the purpose of the assessment? Evidence

Has the service user understood the information relevant to the decision?

Evidence

Has the service user been able to use and weigh that information? Do they understand the risks and benefits of making or not making the decision?

Evidence

Has the service user been able to retain the information long enough in order to make the decision?

Evidence

Has the service user been able to communicate the decision?

Evidence

Following the assessment of capacity is there evidence that the service user lacks capacity

Evidence

If the service user does not have capacity they cannot consent, therefore decisions must be made in their best interests and the decision recorded on the best interests form.

Do they require the involvement of an IMCA? (refer to IMCA criteria).

If you have not referred to an IMCA , state reasons why not

If the service user has capacity what is their decision? Use service users own words.

Name of assessor (print)

Job title

Date of assessment

Reference Mental Capacity Act 2005, Code of Practice.

Best Interest Decision

ACSf765b

To be completed if an assessment of capacity has identified that the person does not have the capacity to decide on a specific issue. Reference must be made to the Mental Capacity Act 2005, section 4 and to the Code of Practice in order to make a Best Interest Decision

Name of Service User

ID

Address

What is the decision that needs to be made?

Is the service user likely to regain capacity? Yes No

If yes, can the decision wait?

If it can wait then the decision should wait until the person regains capacity.

What arrangements have you made to ensure that as far as practicable the person is helped to participate as fully as possible in the decision making?

What are the person's past and present wishes? Is there an advance decision? Is it valid and applicable to the decision

What are the person's beliefs and values that would be likely to influence their decision?

What other factors would they consider?

What are the views of significant others, including IMCA Identify those consulted and their relationship.

Set out the decision made and the reasoning behind the decision, why this decision would be in the service user's best interests.

Name

Job title

Date of decision

Reference Mental Capacity Act 2005, Code of Practice.



CONSENT TO USE REPRODUCTIONS OF SERVICE USER'S WORK PRODUCED IN ART OR MUSIC THERAPY

The Art /Music* Therapy student named below wishes to use reproductions of your work to assist their study Therapy within the confines of the Art/Music* Therapy Faculty of the University named below:

Student:	
University:	

In signing this consent form service users are assured of the following:-

- **As in the Trust, your confidentiality will be respected in the University. Names and other identifying marks will not be visible on the reproductions and your identity will not be revealed.**
- **The original art/Music work will still be kept safely in the Art/Music* Therapy department.**

You have the right to decide if you are happy to have your work reproduced for training purposes and can agree or decline the request. This will not affect your future care or treatment.

PLEASE DELETE OR TICK THE APPROPRIATE SECTION BELOW

Yes, I give permission for my art /music* work to be reproduced.

No, I do not wish to have my art/music* work reproduced.

SERVICE USER'S SIGNATURE:

SUPERVISOR'S SIGNATURE:

STUDENT'S SIGNATURE:

Date:

***delete as appropriate**

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

Our  values
 Welcoming Kind Positive Respectful Professional