

Photography & Video Recordings of Patients for Clinical and Service use

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CONSULTATION AND DISTRIBUTION RECORD	
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CHANGE RECORD			
Date	Author	Change	Version No.
02/02/2011	RGM	Update to 4.3.18 & 4.3.19	V2.2
23/06/2011	RGM	Update 4.3.9, 4.3.15 and add 4.3.21	V2.3
30/09/2011	RGM	Update 1,2, 4.1.5, 4.3.6, 4.5.1-3, 4.11.5, 6.3.2	V2.4
04/11/2011	RGM	Update to 7	V2.4

1. INTRODUCTION

This policy has been produced as a joint policy between various National Health Service in Scotland (NHSiS) Health Board areas. The Boards that took part in the initial consortium were:

NHS Ayrshire & Arran
NHS Greater Glasgow & Clyde
NHS Lanarkshire
NHS Lothian

For the purposes of this policy these Boards are referred to collectively as 'NHSiS' except in relation to copyright where this can only be retained by the local Health Board.

Health Board representation was undertaken by the local Head of Medical Illustration service who hold the copyright of images on behalf of their local Board.

2. AIM, PURPOSE AND OUTCOMES

This policy outlines the methods of best practice for taking and managing clinical recordings (photography, video and audio) in terms of the patient, healthcare professionals, and the local NHSiS organisation.

The policy aims to ensure that the consortium Health Boards meet their legal requirements in respect of:

- The protection of both our staff and patients in areas relating to clinical photography, video and audio recording
- Providing guidance on staff responsibilities in relation to confidentiality, consent, copyright
- Ensuring the secure storage and retrieval of all clinical recordings (photography, video and audio)

This policy has been fully adopted by the organisation and therefore overrules any other guidelines or policies on photographic, video and audio recordings of patients. It is not intended to override any policy on *diagnostic audio recordings* used in Speech & Language Therapy, Audiology, Cardiology or Vascular services etc.

It is also not intended to include recordings made by Forensic Services of the Scottish Police Services Authority.

3. SCOPE

- Section A** forms the generic principles for all clinical recordings, for all healthcare professionals, working in all sectors of the organisation.
- Section B** outlines local policies for the **Acute Sector** with access to a Medical Illustration service.
- Section C** outlines local policies for the **Primary Care Sector** and those in the Acute Sector without access to a Medical Illustration service.
- Section D** addresses the specific needs of patients with **Learning Disabilities**.

3.1 WHO IS THE POLICY INTENDED TO BENEFIT OR AFFECT?

The different groups who may benefit or be affected by the proposal include:

- Clinical Photographers
- Staff who undertake photography or video recordings of patients
- Patients who undergo photography or video recordings with prior consent
- Patients who undergo photography or video recordings without prior consent
- Staff who undergo photography or video recordings
- Patients with learning disabilities,

3.2 WHO ARE THE STAKEHOLDERS

- Staff undertaking photography
- Patients
- Communication staff
- Other Health Board areas
- National Agencies

4. SECTION A: GENERAL PRINCIPLES

4.1 Introduction

- 4.1.1 In this policy, the term 'recording' refers to all photographic images and video and audio recordings of patients, regardless of format or recording medium.
- 4.1.2 All such recordings, whether originated by the Medical Illustration service or by those operating NHSiS owned cameras, form part of the healthcare record (either physical or electronic), and are protected in the same way as any other healthcare record.
- 4.1.3 Loss of these records constitutes a breach of Information Governance and must be reported via a DATIX incident form.
- 4.1.4 In all cases, such recordings must only be taken after proper informed consent has been obtained (Section 4.3)
- 4.1.5 Copyright of all such recordings is vested in the Health Board (Section 4.5)
- 4.1.6 All original recordings (digital files, videotapes etc.) must be logged and stored appropriately.

4.2 Personal cameras or videos, camera & video devices on mobile phones/portable media storage

- 4.2.1 Only NHSiS owned equipment can be used to make and store clinical recordings of patients either by photography or video. All such equipment and users must be registered with the Head of Medical Illustration service (**Local Form A**).
- 4.2.2 The use of personal cameras, memory cards, mobile phones, or other similar devices to make clinical recordings is expressly prohibited.
- 4.2.3 All recording equipment and portable media should be labelled as being property of the local organisation and, if possible, a telephone number for returning equipment should be specified.

4.3 Confidentiality and Consent

- 4.3.1 Confidentiality is the patient's right and may usually only be waived by the patient or by someone legally entitled to do so on his/her behalf. A breach of confidentiality may amount to serious professional misconduct with disciplinary and regulatory consequences.
- 4.3.2 In order to ensure that the patient's right to confidentiality is preserved, NHSiS requires:
 - 4.3.2.1 that the patient's consent is obtained in writing for the original recording and for its use as a part of treatment, or for medical teaching or research, or for further specified use, such as publication (**Local Form B**).
 - 4.3.2.2 that prior to publication in journals, books or elsewhere, or for any use other than that described in 4.3.2.1 above, the patient's permission for the specific use is sought and written consent obtained (**Local Form C**).
- 4.3.3 NHSiS has adopted the policy that **all** patients in **all** cases require informed consent, regardless of whether they can or cannot be identified in the recording with the exception of those who come under Section 4.3.6

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- 4.3.4 When recording procedures are performed by staff outwith Medical Illustration service, the same consent procedures must be adhered to.
- 4.3.5 The Clinical Photography & Video Consent Form should be filed securely and/or recorded and stored electronically.
- 4.3.6 In the case of procedures in which recordings are implicit, for example; endoscopy, colposcopy, ultrasound, video fluoroscopy, retinal screening (list is not exhaustive), consent to the procedure normally provides implicit consent to recording under the conditions set out in Section 4.3.2 unless overridden by Child Protection policies.
- 4.3.7 In the case of minors, the parent or guardian should sign the consent form. Scots Law allows children and young persons under the age of 16 to consent, or refuse consent, on the same basis as adults, providing they are capable of understanding the nature, and possible consequences, of the procedure or treatment.
- 4.3.8 Recordings of neonatal deaths should be covered by the normal consent procedure for minors unless to be used as part of the bereavement counselling process in which case Section 4.3.12.4 applies. These recordings should not to be classified as pathological specimens.
- 4.3.9 Recordings of the anaesthetised, unconscious or confused patient may be taken provided the patient is informed of the recording and consent is obtained retrospectively. If a patient does not consent, then the recording must be quarantined (see 4.3.15).
- 4.3.10 Recordings of vulnerable patients, such as those with a learning disability, require particular care. See **Section C** for further details.
- 4.3.11 In recordings of pathological slides, X-rays, and optical coherence tomography etc., consent and retention issues are related to the original material and not the photographic copy providing there is no identifying information or marks.
- 4.3.12 Consultant-level authority is required in circumstances where recordings without consent are prescribed such as:
- 4.3.12.1 suspected non-accidental injury, where it is unlikely that the parent or guardian will give consent
 - 4.3.12.2 where recordings may protect NHSiS from litigation
 - 4.3.12.3 pathological specimens removed from the patient with no identifiable marks or information.
 - 4.3.12.4 recordings of neonatal deaths to be used as part of the bereavement counselling process
 - 4.3.12.5 Patients sectioned under the Mental Health [Care & Treatment] (Scotland) Act 2003
- 4.3.13 In all cases, care must be taken to respect the dignity, ethnicity and religious beliefs of all patients.
- 4.3.14 A patient's image may not be altered in any way to achieve anonymity and so avoid the need for consent. Blacking out the eyes in a facial photograph is not an acceptable means of creating anonymity.
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- 4.3.15 Patients have a right to withdraw consent for use of their recordings at any time. If a patient decides to withdraw consent, the records must be quarantined. Note recordings that form part of the healthcare record cannot be destroyed except under local Retention and Destruction policies. Quarantined images can only be released under a Court Order or Data Protection law.
- 4.3.16 In the case of publication it should be made clear to the patient, when consent is being obtained, that once the recording is in the public domain, there is no opportunity for effective withdrawal of consent.
- 4.3.17 If the desired level of consent changes from the original agreed status, then the requesting clinician must obtain this in writing from the patient (relevant guardian or personal representative).
- 4.3.18 If a patient dies before consent can be obtained, material by which the patient is identifiable can only be released with the consent of the deceased's Personal Legal Representative and the next of kin. A duty of confidentiality survives the death of the patient.
- 4.3.19 If a consenting patient subsequently dies, permission should be sought for any new use outside the terms of the existing consent. In this instance the consent of both the Personal Legal Representative and the next of kin is required.
- 4.3.20 In cases as defined in paragraphs 4.3.18 and 4.3.19, any such recording should not be used if recordings of patients who are able to give consent, could equally meet the purpose of the recording.
- 4.3.21 In the case of archive clinical recordings, where consent has not been obtained or cannot be proven, any such recording should not be used if recordings of patients who are able to give consent, could equally meet the purpose of the recording.

4.4 Non-clinical Recordings

- 4.4.1 In cases where the patient is incidental to a recording, e.g. where a photograph illustrates the correct use of equipment, consent to appear in the recording is still required from any patient or member of the public.
- 4.4.2 Accidental recording of patients who have not given appropriate consent must be avoided, and should not be published under any circumstances.
- 4.4.3 Members of staff who routinely work or operate equipment in a given area, are deemed to have given their consent to the recording and its further use by appearing in the recording. If a member of staff does not normally work in the area, then consent is obtained using a model release form (**Local Form D**). Staff must be given the option to move out of the field of view unless key to the rationale for the NHSiS recording.
- 4.4.4 Freelance photographers and cameramen may be employed to make recordings on NHSiS premises. This may only be done with permission of the Director of Communications and/or the Hospital/Site Manager.
- 4.4.5 Contracts involving external photographers or cameramen must state that ownership of copyright and moral rights is waived in recordings taken on NHSiS premises. The contract may state the right to reproduce the recording.
- 4.4.6 Recordings which are to be used for a health professional's academic assessment/examination external to NHSiS must be accompanied by the body's

consent form, which will be signed by the patient/client. This will be indicative of the examining body's responsibility for client confidentiality under the Data Protection Act (1998).

4.5 Copyright

- 4.5.1 The local Health Board holds the copyright and moral rights of all recordings made of its patients and staff.
- 4.5.2 In any contract for publication, copyright must remain with the Health Board and must not be passed automatically to the publishers. Those signing contracts with book or journal publishers have a responsibility to delete from the contract, any suggestion that the copyright will pass to the publishers.
- 4.5.3 Doctors in training and other healthcare professionals acquiring copies of recordings in the course of their duties may retain these for teaching purposes, but must undertake only to use them within the terms of the original consent (Section 4.3.2.1). Copyright and reproduction rights at all times remain with the Health Board.

4.6 Logging, Storage & Transmission

- 4.6.1 As any medical record must be made available for disclosure, it is essential that every clinical recording is properly logged and stored.
- 4.6.2 In the case of digital recordings, the original file (with no manipulation) must be stored on:
 - 4.6.2.1 NHSiS's Medical Image Management (MIM) system, managed by the Medical Illustration service (**Section B for Acute Sector**)
 - 4.6.2.2 a secure local NHSiS network server , but only with agreement and authorisation from the local e-Health department (IT, IM&T, H&IT).
- 4.6.3 Staff undertaking storage and retrieval of digital images must be registered, and trained in these procedures (Section 4.6.2) and have approved server access from e-Health.
 - 4.6.3.1 For retrieval purposes, each clinical image should be assigned a filename by which it can be clearly identified, preferably incorporating the patient's CHI number and the date of recording (**Section C for Primary Care Sector or an Acute Sector without a MIM system**).
- 4.6.4 In the case of master videotapes, these must be securely stored and logged by Medical Illustration service or the originating department.
- 4.6.5 Recordings of patients may only be downloaded from MIM, or approved secure server, to an NHSiS desktop computer for use in connection with Ethical Committee-approved and data-registered research projects, or for the preparation of teaching materials for use under Section 4.3.2.
- 4.6.6 Recordings of patients can only be downloaded to laptop, memory stick or other portable media if the device has e-Health approved encryption software installed.
- 4.6.7 As part of the clinical record, recordings must be retained in line with national guidelines but it is vital to be aware that where images represent *a primary source of information for the diagnostic process*, they should be kept for at least 30 years.

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- 4.6.8 NHSiS has a closed IT network which, for the purposes of sending email, is normally considered to be sufficiently secure to send and receive sensitive, confidential information between NHSiS email addresses.
- 4.6.8.1 NHSiS also has secure email links with a number of partner agencies. This enables NHSiS staff to send sensitive, confidential information with these partners. Refer to the 'SAFE' email transmission grid contained in local email policy.
- 4.6.8.2 On no account should confidential or personally identifiable information be transferred by email, whether internally or externally by SMTP email. For further advice contact the local e-Health Help Desk.
- 4.7 Digital Photography of Patients**
- 4.7.1 Where digital photography is used to record images of patients, due care must be given before the start of the project to ensure that the quality of the image is adequate for its purpose.
- 4.7.2 In order to maintain the integrity of the image, manipulation may only be carried out to the whole image, and must be limited to simple sharpening, adjustment of contrast and brightness and correction of colour balance.
- 4.8 Video Recordings of Patients**
- 4.8.1 Where video is used to record images of patients, due care must be taken before the start of the project to ensure that the quality of the image is adequate for its purpose.
- 4.8.2 If video recordings are undertaken specifically for training purposes, i.e. not as part of patient treatment, and does not contain patient identifiers then non-clinical consent will be obtained (**Local Form D** [Individual] or **E** [Group]).
- 4.8.2.1 Such recordings must have an indicated 'delete' date.
- 4.8.3 Before any persons other than NHSiS staff undertake a recording within NHSiS premises all staff involved must give their consent.
- 4.8.3.1 In Labour suites, for example, any request for a birthing partner to record the birth must be documented in the birth plan. Prior to delivery, staff must also give consent and record as such in the birth plan.
- 4.8.3.2 If difficulties arise the video recording must cease to avoid possible disruption; the birth partner should be made aware of this before recording is started.
- 4.8.4 Recordings of Diagnostic Screening Obstetric Ultrasound Examinations are not permitted by the patient, partner or any other person accompanying them. Recording equipment includes mobile telephones or any other digital or analogue recording media.
- 4.8.5 Under the Data Protection Act, video recordings taken as part of the patient's record must be available for disclosure. It is therefore imperative that the originating department maintains an accurate record of all patient videos.

- 4.8.6 NHSiS requires that all copies of video recordings (analogue or digital) as well as the master tapes are securely stored and documented. This is intended to protect the patient, individual and the organisation.
- 4.8.7 Video recordings must comply with national policy on disposal of clinical records.
- 4.8.8 Video recordings of psychiatric patients require particular care. Guidelines have been published by the Institute of Medical Illustrators, and the Association for Family Therapy and Systemic Practice in the UK.
- 4.8.9 When video recordings are taken, the appropriate consent form should be used reflecting treatment or teaching use. The master copy must be retained with the original recording and, if used for treatment, a copy inserted in the case record.

4.9 Live Telemedicine Consultations

- 4.9.1 Unless vital, telemedicine consultations should not be routinely recorded.
- 4.9.2 Details of the consultation should be recorded in the case notes, with a clear indication that the consultation was undertaken by video link and therefore a 'hands on' examination was not possible.
- 4.9.3 If a recording is undertaken, the consent is implicit in taking part in the consultation; however, written consent is best practice.
- 4.9.4 Reasonable care must be taken to ensure that no unauthorized recordings are made.

4.10 Live Telemedicine Transmissions

- 4.10.1 Unless vital, telemedicine transmissions should not be routinely recorded.
- 4.10.2 The Consultant or Lead Clinician responsible for the patient(s) involved must approve the telemedicine transmission.
- 4.10.3 Details of the transmission should be recorded, indicating the purpose of the transmission (e.g. Multidisciplinary Team meeting) and the location details of all remote sites.
- 4.10.4 Where telemedicine techniques are to be used to transmit images of patients, reasonable care must be taken to ensure that the quality of the image at both the host and remote sites is adequate for the intended purpose.
- 4.10.5 If a recording is undertaken, the consent is implicit in taking part in the live transmission; however, written consent is best practice.
- 4.10.6 Reasonable care must be taken to ensure that no unauthorized recordings are made.

4.11 Clinical photography and video carried out by staff outwith the Medical Illustration service

- 4.11.1 Staff employed outwith the Medical Illustration service must receive approval from the Head of Medical Illustration service prior to any recording being carried out other than those implicit to a medical or surgical procedure (Section 4.3.6). This requirement protects both the patient and NHSiS, and is intended to be helpful rather than restrictive.
- 4.11.2 A copy of the registration form for recordings is attached as **Local Form A**.

4.11.3 The registration process requires that the Head of Medical Illustration service is satisfied that:

- Consent procedures are appropriate
- Copyright and reproduction rights are suitably protected
- Storage of digital files, negatives, transparencies and videotapes is secure
- The requirements of the Data Protection Act and Caldicott Guardian are met
- The equipment proposed to carry out the work is suitable for the purpose
- Where appropriate, the staff concerned are trained in using the Medical Image Management system to store digital images and are made aware of the image manipulation software
- Where appropriate, Ethical Committee approval has been obtained

4.11.4 All recording requirements must be discussed with the local Head of Medical Illustration service prior to the submission of the Registration Form.

4.11.5 Healthcare professionals who make their own recordings in their assessment/intervention with clients are permitted to use the request/consent forms they have designed for local purposes. The request form should include relevant consent levels according to the proposed use of the recordings. A copy of the form should be kept in the client record and with the stored photographs/recordings.

5. SECTION B: ACUTE SECTOR (access to Medical Illustration service)

5.1 Introduction

5.1.1 The principles set out in **Section A** apply for all staff working in the Acute Sector.

5.2 Routine Clinical Photography Requests

5.2.1 NHSiS employs professionally qualified Clinical Photographers who are eligible for regulation by the Committee for the Accreditation of Medical Illustration Practitioners (CAMIP). As part of the Healthcare Team they provide a comprehensive clinical photography service.

5.2.2 Patients should be referred to the Medical Illustration service for clinical or video recordings to be taken during the working day. Please refer to Local **Appendix 1** for details of services offered, opening times and local contact details.

5.2.3 Before referring a patient to the Medical Illustration service, the 'Clinical Recording Consent Form' should be filled in and signed by the requesting member of staff and countersigned by the patient. Incomplete forms will default to the minimum level of consent; for medical record use only.

5.2.4 This form allows up to four levels of consent depending on local policy and needs: for medical record use only, for medical record and teaching, for a patient to patient viewing or for potential publication. Please refer to **Local Form B** for further information.

5.2.5 In cases where it is impossible to obtain consent prior to the recording (e.g. photography of an unusual finding in the course of an operation where the patient is under anaesthetic), Medical Illustration service will carry out the recording but will hold the records until consent is subsequently obtained.

5.2.6 If staff other than Clinical Photographers make recordings in the context of Section 5.2.5 then consent must be obtained as soon as is practical after the patient becomes capable. If the patient declines to consent the records must be destroyed. See also Section 4.3.12.

5.2.7 Clinical Recordings are available to view via the MIM system. Hard copy prints are not routinely printed.

5.3 Non-Medical Illustration Service Equipment

- 5.3.1 All recording equipment and portable media must be held securely on NHSiS premises, only removed when strictly necessary, and returned as soon as is practicable.
- 5.3.2 Details of all equipment must be held locally on a register to assist identification in cases of theft or loss.
- 5.3.3 Staff removing equipment from the premises must record this in an equipment log.
- 5.3.4 When in transit with such equipment containing clinical recordings, particular care must be taken. Portable media such as digital cameras and camcorders should:
 - 5.3.4.1 never be left in a public area unattended
 - 5.3.4.2 always be returned to base on the same day of use, unless special permission is given by Head of Department.
 - 5.3.4.3 camera memory cards and video media (tapes etc.) should be carried separately from recording equipment; if equipment is lost or stolen, then recordings will not be lost.

5.4 Logging and Storage

- 5.4.1 See Section 4.6.2
- 5.4.2 Clinical recordings from digital cameras should be uploaded onto the MIM or secure server as soon as is practical. Once uploaded, the recordings must be erased from the memory card before being locked away securely, or before equipment is taken out by another member of staff.
 - 5.4.2.1 Local policy will dictate if non Medical Illustration staff have direct access to the MIM see Appendix

6. SECTION C: PRIMARY CARE SECTOR (no access to Medical Illustration service)

6.1 Introduction

6.1.1 It is recognised that those working within the Primary Care Sector have different requirements in terms of clinical recordings; however, the principles set out in **Section A** apply to all working in the Primary Care Sector.

6.2 Photography & Video Equipment

6.2.1 All recording equipment and portable media must be held securely on NHSiS premises, only removed when strictly necessary, and returned as soon as is practicable.

6.2.2 Details of all equipment must be held locally by an appropriate member of staff on a register to assist identification in cases of theft or loss. Primary Care management need to be aware who holds these registers.

6.2.3 Staff removing equipment from the premises must record this in an equipment log.

6.2.4 When in transit with such equipment containing clinical recordings, particular care must be taken. Portable media such as digital cameras and camcorders should:

6.2.4.1 never be left in a public area unattended

6.2.4.2 always be returned to base on the same day of use, unless special permission is given by Head of Department.

6.2.4.3 camera memory cards and video media (tapes etc.) should be carried separately from recording equipment; if equipment is lost or stolen, then recordings will not be lost.

6.3 Logging and storage

6.3.1 See Section 4.6.2

6.3.2 Clinical recordings from digital cameras should be uploaded onto a secure NHSiS network as soon as is practical. Once uploaded, the recordings must be erased from the memory card before being locked away securely, or before equipment is taken out by another member of staff.

6.3.3 For video recordings refer to 4.8.6

6.4 Instant Prints

6.4.1 If instant (Polaroid™ type) prints are produced then the patient CHI number and name must be written in the space provided in indelible ink prior to filing in the patient record.

7. SECTION D: LEARNING DISABILITIES AND MENTAL HEALTH SECTORS

7.1 Introduction

- 7.1.1 It is recognised that those working within the Learning Disability and Mental Health sectors of NHSiS have different requirements in terms of consent issues; however, the principles set out in **Section A** and **Section C** apply for all those working within these sectors.

7.2 Confidentiality and Consent

- 7.2.1 Written informed consent should be obtained from the client if the client has the capacity to consent to being recorded. This should be done prior to making the recording, using the standard consent form.
- 7.2.2 If the client has capacity to consent, but cannot sign their name, they should be asked to make a mark (e.g. a cross), with the form being witnessed and also signed by the health professional. One copy of the form should be filed in the client's case notes, another should be retained with the master recording.
- 7.2.3 There must be a fully justifiable purpose for any photography, video and audio recording. If the client is considered able to consent (or if there is uncertainty about their ability to consent), this purpose must be explained to them and must be stated in the consent form.
- 7.2.4 A list of agreed uses of photography, video and audio recording should be drawn up by the clinical lead and retained in the department. Any staff member undertaking photography, video or audio recording should determine whether the purpose of their recording is included in this list. If it is not, then approval should be sought from the clinical lead and the list updated.
- 7.2.5 If a client is considered not capable of providing informed consent, the *Adults with Incapacity Act (2000)* principles and procedures should be followed. If the client has a Welfare Guardian, then it should be requested, in writing, that the Guardian gives consent on the client's behalf. The written request should include details of the purpose for the recording and how the recording will be used and stored thereafter (**Local Form F**). If the client does not have a Welfare Guardian, a multi-disciplinary/multi-agency meeting involving all relevant parties should be convened to discuss and determine the most appropriate way to proceed.
- 7.2.6 Any post-production (editing) should be minimal. Copies should be stored and logged.
- 7.2.7 The retention schedule for health records in Learning Disabilities is 20 years after the date of client's last attendance, or 3 years after the death of the patient.

8. ROLES AND RESPONSIBILITIES

8.1 Head of Medical Illustration Service

The Head of Medical Illustration Service is accountable for the policies required within their area of responsibility and should ensure that policies are:

- Evidence based
- Up to date
- Monitored and reviewed
- Archived in accordance with local guidance

8.2 Endorsing Bodies

The CBAHS Group will:

- Receive the new or revised policy
- Ensure due process has been followed
- Ensure the policy is fit for purpose
- Receive reports on the outcomes of local monitoring
- Update policies following review
- Update the parent Governance Committees

8.3 Governance Committee

The Governance Committee will:

- Receive an assurance report that policies are managed within the system.

8.4 Organisational Development

- Facilitate transfer of completed policy to local Intranet Policy Portal
- Confirm to author when document has been placed on local Intranet
- Confirm to author when document has been removed from local Intranet and archived.

8.5 Users of the Policy

- Users have a responsibility to work to the policy in the knowledge that the policy will be up to date and managed.
- They will appropriately comment to authors
- Participate if required in monitoring of the policy

9. RESOURCE IMPLICATIONS

- 9.1 Departments or individuals wishing to store images on NHiS servers must obtain clearance from their e-Health departments prior to creating an image library. This will ensure there is sufficient capacity to accommodate these images and that the local areas network will be able to transfer the files sizes.
- 9.2 Cameras and video cameras must produce images of sufficient quality to be 'fit for purpose'.

10. MONITORING AND REVIEW

- 10.1 The effectiveness of the policy will be monitored and have a structured approach to the evaluation methods within a reasonable period of time. This will be done by the following evaluation methods:

- Observation
- Consultation via focussed staff such as Clinical Photographers and other staff undertaking photography

11. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This policy meets NHSiS EDIA (tick box)

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12. **REFERENCES**

Cultural Diversity

<http://www.imi.org.uk/natguidelines/IMINatGuidelinesCulturalDiversityNov2004.pdf>

Use of Chaperones

<http://www.imi.org.uk/natguidelines/IMINatGuidelinesCulturalDiversityNov2004.pdf>

Consent to Clinical Photography

<http://www.imi.org.uk/natguidelines/IMINatGuidelinesConsentMarch2006.pdf>

Patient Confidentiality and Clinical Illustrative Records

<http://www.imi.org.uk/natguidelines/IMINatGuidelinesConfidentialityMarch2006.pdf>

Scottish Government Records Management: NHS Code of Practice (Scotland) V2

<http://www.scotland.gov.uk/Publications/2010/04/20142935/8>

SCoR document library <http://doc-lib.sor.org> April 28 2010

The Association for Family Therapy and Systemic Practice in the UK

e-Health Mobile Phone policy

e-Health Security Policy

Local Informed Consent Policy/Procedure

Local Records Management Policy

NHS Code of Practice on Protecting Patient Confidentiality – NHS Scotland 2003

13. **LOCAL APPENDIX**

Uncontrolled when printed

14. **LOCAL FORMS**

Uncontrolled when printed