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)
Document Type	[X] Policy
Reference Number	Solent NHST/Policy/IG06
Version	5
Name of Approving Committees/Groups	Quality Improvement & Risk, Policy Steering Group, Management meeting
Operational Date	October 2020
Document Review Date	October 2023
Document Sponsor (Job Title)	Chief Nurse
Document Manager (Job Title)	Associate Nurse Director
Document developed in consultation with	Clinical Directors and Clinical Service including community paediatricians, nurses and therapists, Heads of Quality & Professions, Named Doctors Safeguarding Children, Designated Doctor Safeguarding Children, Information Governance Manager Policy group
Intranet Location	Business Zone > Policies, SOPs and Clinical Guidelines
Website Location	Publication Scheme
Keywords (for website/intranet uploading)	Data Assurance ; Audio Visual Clinical Records; Policy; IG06

Amendments Summary:

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
5	September 2020	Front cover	Changes to document manager and to list in consultation Changed professional Leads Quality, Standards & Governance changed throughout the document to Heads of Quality & Professions	Sept 2020
6	September 2020	multiple	Changed Data Protection Act 2018 to Data Protection Act 2018 2018 throughout the document	Sept 2020
7	Sept 2020	6	Removed the previous point 2.4 as no longer required	Sept 2020
8	Sept 2020	6	Changed wording of 2.1 to reflect current wording	Sept 2020
9	Sept 2020	8	4.4 separated to make 2 paragraphs so that information is clearer	Sept 2020
10	Sept 2020	9	4.7 added working; for example, for teaching/training purposes	Sept 2020
11	Sept 2020	9	Wording of 5.1 and 5.2 changed to current information	Sept 2020
12	Sept 2020	10	5.5, 2nd bullet point wording updated	Sept 2020
13	Sept 2020	11	6.5 and 7.2 wording updated	Sept 2020

14	Sept 2020	13	8.5 additional information added under the table regarding retention dates	Sept 2020
15	Sept 2020	14	The previous section 9 has been removed as no longer relevant	Sept 2020
16	Sept 2020	15	10.1 wording updated	Sept 2020
17	Sept 2020	16	15.1 References updated	Sept 2020
18	Sept 2020	16	13.2 wording altered	Sept 2020
19	Sept 2020	25	Replaced old EIA with new EQIA form	Sept 2020

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
5	September 2020	Angela Anderson, Associate Nurse Director	Subject expert consultation and Policy group	Scheduled review

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 2018 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, Diversity, Inclusion and Human Rights Policy. 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 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. The exception to this is the DVD recordings made during Child Sexual Abuse examinations which follow the Faculty of Forensic Legal Medicine (FFLM) guidance.

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Management of Clinical Audio-visual Records Policy

1. INTRODUCTION & PURPOSE

1.1 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.

1.2 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.

1.3 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 2018 and safeguard the confidentiality of personal information which is held by the Trust.

1.4 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 policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

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 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 2018.

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

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

2.6 **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 2018

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: 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

3.1 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 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, except for intimate images taken as part of CSA examinations (see FFLM guidance). This includes, but is not limited to the use of Smartphones and other devices 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.

4.4 Audio-visual records must be downloaded immediately (where possible, or as soon as the member of staff is back at their base), onto the patient's 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.

4.5 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.

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

4.7 Audio-visual records must be used appropriately and only for the purpose intended, for example, for teaching/training purposes.

4.8 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) or other forms of abuse 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.

4.9 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 the legal basis used under the Data Protection Act 2018, for audio recordings and in accordance with the first schedule of the Data Protection Act 2018. The first schedule states that consent must be "freely given, specific, informed and unambiguous indication of the data subject's (patients) wishes by which they, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to them".

5.2 The "conditions" for consent, include;

- keeping records to demonstrate consent;
- prominence and clarity of consent requests;
- the right to withdraw consent easily and at any time; and
- freely given consent if a contract is conditional on consent.

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 and / or in line with the intended use of the recording e.g. until the next recording, to compare progress.

- **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 Information Request Policy for guidance – as access may be restricted.

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/2014/07/Guidance-best-practice-management-of-intimate-images-which-may-become-evidence-in-court-Dr-B-Butler-June-2020.pdf

7.2 All recordings which hold Personal Identifiable Data (PID) must be stored electronically ; either within the patient clinical record system or within a restricted network drive (if they can not be uploaded on to the patient clinical record system) – 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.

**Other retention dates can be used, but it must be clear to the patient what the retention period is and if it is not to form part of the long-term medical record, they are clear of this. For example, the instruction from the chair of the independent inquiry into child sexual abuse 2015 which asks for longer retention time for these images*

8.6 Future records which are not defined in the constraints of 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. ROLES AND RESPONSIBILITIES

9.1 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.

9.2 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.

9.3 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.

9.4 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.

9.5 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 2018 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.

10. FAILURE TO COMPLY WITH THE POLICY

10.1 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 which will be approved by the services Information 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.

10.2 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.

11. TRAINING

11.1 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.

11.2 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.

12. EQUALITY & DIVERSITY AND MENTAL CAPACITY ACT

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

[1] NHSLA RM Evidence Template

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.

13. SUCCESS CRITERIA/MONITORING THE EFFECTIVENESS OF THE POLICY

13.1 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.

13.2.1 Individual service lines are responsible for undertaking this audit and ensuring the policy's effectiveness.

14. REVIEW

14.1 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

15. REFERENCE AND LINKS TO OTHER DOCUMENTS

15.1 This policy must be read in conjunction with the below policies that are available on the Intranet

Policies:

- Information Request Policy
- Data Protection Compliancy Policy
- Records Management & Lifecycle Policy
- Registration Authority Policy
- Safeguarding Children, Young People & Adults 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

15.2 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
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 2018 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 clinical 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:…….
Name (Block Capital)…….

Date: …….
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**.

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.

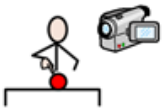
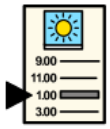
Two identifiers - (name and DOB) are requested for the patient so that clinical staff can ensure correct identification of the patient.

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 2018 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 Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	*Chief Nurse*	
Title of Change:	*Policy review*	
What are you completing this EIA for? (Please select):	*Policy*	*(If other please specify here)*
What are the main aims / objectives of the changes	*Scheduled review of policy*	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	*Positive Impact(s)*	*Negative Impact(s)*	*Not applicable*	*Action to address negative impact: (e.g. adjustment to the policy)*
Sex			*NA*	
Gender reassignment			*NA*	
Disability			*NA*	
Age			*NA*	
Sexual Orientation			*NA*	

Pregnancy and maternity			*NA*	
Marriage and civil partnership			*NA*	
Religion or belief			*NA*	
Race			*NA*	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	*Yes / No*	*Please document evidence / any mitigations*
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	*No*	
Have you taken into consideration any regulations, professional standards?	*Yes*	*The policy is based on guidance from GMC, Data Protection Act 2018, professional body guidance as well as related Trust policies*

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	*Low*	*Medium*	*High*
	☐	■	
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?	*Chief Nurse/Associate Nurse Director*		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Angela Anderson, Associate Nurse Director*	*Date:*	*13 September 2020*

Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	**Disability**	*A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer*	• *Accessibility* • *Communication formats (visual & auditory)* • *Reasonable adjustments.* • *Vulnerable to harassment and hate crime.*	*Further guidance can be sought from:* *Solent Disability Resource Group*
2.	**Sex**	*A man or woman*	• *Caring responsibilities* • *Domestic Violence* • *Equal pay* • *Under (over) representation*	*Further guidance can be sought from:* *Solent HR Team*
3	**Race**	*Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.*	• *Communication* • *Language* • *Cultural traditions* • *Customs* • *Harassment and hate crime* • *"Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic*	*Further guidance can be sought from:* *BAME Resource Group*
4	**Age**	*Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above*	• *Assumptions based on the age range* • *Capabilities & experience* • *Access to services technology skills/knowledge*	*Further guidance can be sought from:* *Solent HR Team*
5	**Gender Reassignment**	*" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011*	• *Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.*	*Further guidance can be sought from:* *Solent LGBT+ Resource Group*
6	**Sexual Orientation**	*Whether a person's attraction is towards their own sex, the opposite sex or both sexes.*	• *Lifestyle* • *Family* • *Partners* • *Vulnerable to harassment and hate crime*	*Further guidance can be sought from:* *Solent LGBT+ Resource Group*
7	**Religion and/or belief**	*Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)*	• *Disrespect and lack of awareness* • *Religious significance dates/events* • *Space for worship or reflection*	*Further guidance can be sought from:* *Solent Multi-Faith Resource Group* *Solent Chaplain*
8	**Marriage**	*Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.*	• *Pensions* • *Childcare* • *Flexible working* • *Adoption leave*	*Further guidance can be sought from:* *Solent HR Team*
9	**Pregnancy and Maternity**	*Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.*	• *Employment rights during pregnancy and post pregnancy* • *Treating a woman unfavourably because she is breastfeeding* • *Childcare responsibilities* • *Flexibility*	*Further guidance can be sought from:* *Solent HR team*