

Photography and Video Recording Policy

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What is in this policy?	<p>This policy states the requirements for University Hospitals Bristol and Weston NHS Foundation Trust (the Trust) to fulfil the obligations concerning the production of photographic or video recordings of patients. This policy contains all information relating to the production, storage, and secondary use of clinical photographs and video recordings, including individual roles involved in maintaining and upholding this policy. This policy is an appendix to the Trust's Making Clinical Decisions in Partnership with Patients - A Policy for Consent to Examination or Treatment.</p>
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Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
07/01/2014	1	Medical Director	Major/Minor	First Draft
23/01/2017	1.1	Medical Director	Minor	Updated storage section to include guidance on using mobile devices. Removed Section 5
31/08/2020	2.1	Medical Illustration Department	Major	Updated to the new format. Updated to include guidance on using Careflow in section 7.8. Medical photography and video patient consent form have also undergone a major update This is based on GDPR legislation.
04/01/21	2.2	Medical Illustration/ Safeguarding Team	Minor	Amendment to section 6.4 to clarify the LPA/ Legal Guardian arrangements
23/09/2021	2.3	Medical Illustration Department	Minor	An updated list of exclusions to the policy and updated the wording around supplying patients with an information leaflet. Updated appendixes – in relation to the updated consent form.
01/12/2022	2.4	Medical Illustration Department	Minor	Small revision to section 6.10. Amendment to 6.12 advertising the new Out of Hours Clinical Photography eLearning module on Kallidus and follow-up face-to-face workshop.

Sign off Process and Dates	
Groups consulted	Date agreed
Dermatology	01.10.2020
Medical Illustration, Information Governance, Trust Legal team.	21/09/2020
Policy Assurance Group	21/10/2020
Clinical Quality Group	03/02/2021

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- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who have been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for sign-off before upload to the DMS.

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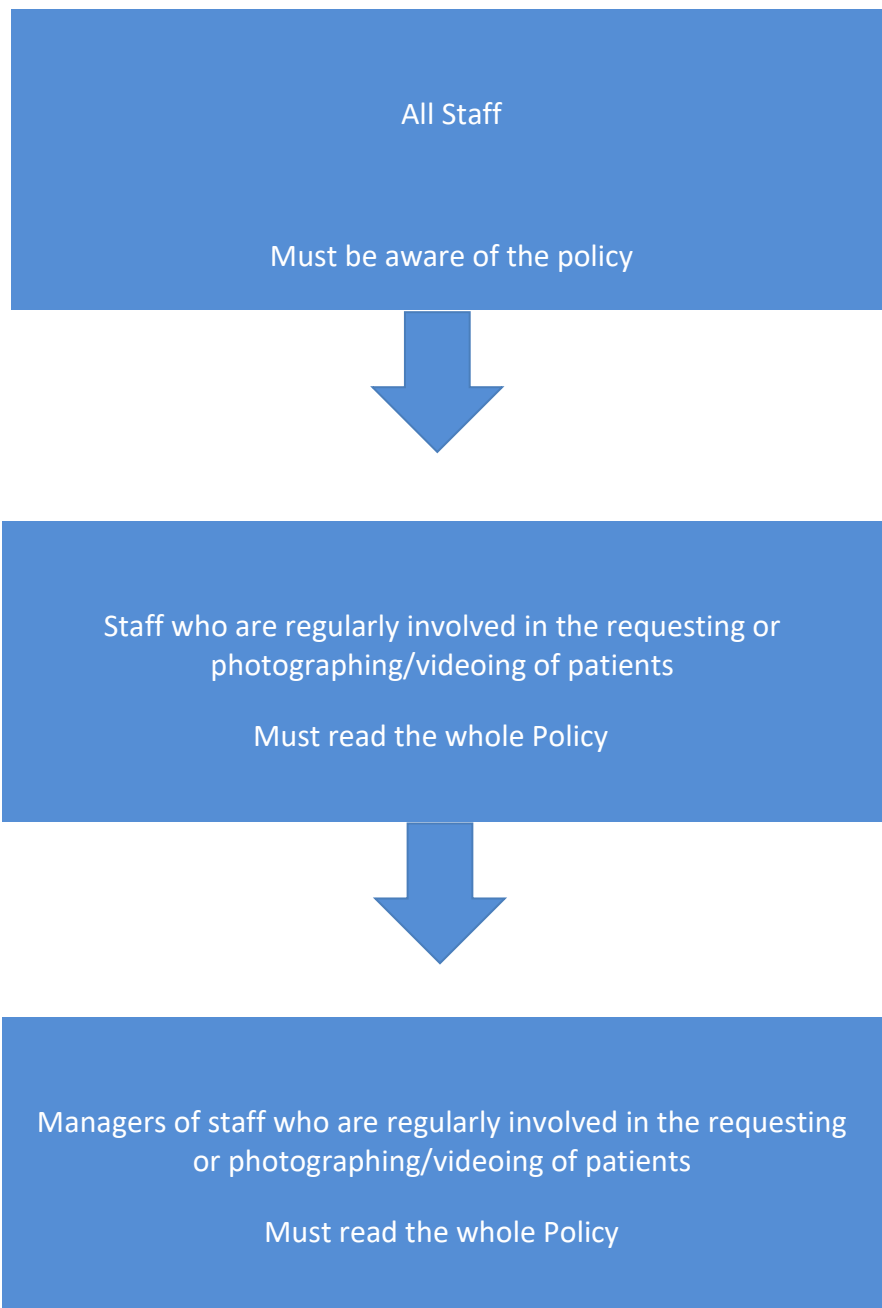
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Do I need to read this Policy?



1. Introduction

Visual recordings (clinical photographs and video recordings) used for treatment planning, to aid diagnosis, and to record and monitor the progress of the patient's condition, form an essential part of a patient's healthcare record. Healthcare professionals have a duty of care to ensure appropriate confidentiality and consent processes are followed. The consequences of visual recordings being used beyond the purposes for which the patient has consented can be far reaching and costly. This policy is an appendix to the Trust's Making Clinical Decisions in Partnership with Patients - A Policy for Consent to Examination or Treatment.

2. Purpose

Patients have ethical and legal rights in respect of images taken of them and it is the duty of staff to protect these rights. This policy is comprehensive and complements existing legislation on the subject. It will ensure that medical professionals who decide to produce or request clinical recordings (both photographic and video) follow a set of procedures and that the equipment they use is fit for purpose

This policy aims to provide a clear framework for clinicians wishing to make photographic or video recordings of patients. This framework will ensure the following:

Protect the patient's ethical and legal rights. This policy will ensure the following legislation is adhered to:

- The Data Protection Act 2018 and General Data Protection Regulations (GDPR)
- The Caldicott Report 1997
- The Common Law Duty of Confidentiality
- The Confidentiality: NHS Code of Practice 2003
- The Human Rights Act 1998

Patient's recordings are complete and traceable. Any medical record, including clinical photographs and video recordings must be available for disclosure if required; therefore, it is essential that all recordings are logged in the patient's case notes or traceable to them.

This policy sets out a clear code of practice in respect to the use, both for treatment and diagnosis and for secondary use, of clinical photographs and video recordings of patients.

It follows the guidance set out from both the Department of Health (DoH) and The General Medical Council (GMC).

This policy follows guidance by the Institute of Medical Illustrators including *Confidentiality and Consent, A Guide to Good Practice* (2020) and *Mobile Phone and Mobile Apps for Clinical Photography, A Guide to Good Practice* (2020).

3. Scope

This policy relates to all permanent and temporary employees, volunteers, agencies and agency staff working for and on behalf of the Trust, including students.

Patients being treated by University employed clinicians are still the responsibility of the Trust and are therefore subject to all Trust policies.

This policy applies to all photographic/video recordings of patients (please see section 6.2 for exceptions) in all formats (film or digital).

4. Definitions

4.1 Visual Recordings

In this policy, the term 'recording' (or recordings') is used to refer to medical photography (either conventional or digital) and video recording (either conventional or digital).

4.2 Mobile Devices

This term refers to any mobile device with a camera feature for example mobile phones, iPod's and iPad's.

5. Duties, Roles and Responsibilities

5.1 Caldicott Guardian

- a) To provide expert advice and guidance on Caldicott principles that relate to this policy.

5.2 Information Governance Team

- a) To provide expert advice and guidance on Data Protection and Information Governance principles that relate to this policy.

5.3 Medical Illustration

- a) Act as both the document owner and author, adhering to all responsibilities as outlined in UHBW Procedural Document Policy.
- b) Provide advice and guidance on the production of recordings to staff, clinicians and managers across the Trust
- c) To have responsibility for and to monitor the effective distribution and communication of this policy.
- d) To monitor and ensure the implementation and adherence to this policy.

5.4 IM&T (Chief Information Officer)

- a) Provide advice and guidance, in relation to the use of mobile devices with camera features.

- b) Ensure all new systems that enable recordings to be taken and or stored adhere to all Data Protection standards and GDPR.

5.5 *Divisional Managers / Directors of Operations / Directors /Clinical Service Leads /Senior Nurses*

- a) To have responsibility for, and to monitor the distribution and communication of the policy throughout their division.
- b) To ensure the policy is implemented and adhered to within their division.

5.6 *Ward and Department Managers*

- a) To notify all new and existing staff of this policy.
- b) To ensure that all staff, contractors and other persons affected by the policy comply with its actions.

5.7 *All Staff*

- a) To familiarise themselves with the policy.
- b) To comply with the policy relevant to their role and responsibilities. All persons undertaking or requesting photography on Trust premises must take responsibility for the images taken. They must abide by this policy and acknowledge their associated responsibilities.
- c) All parties and projects undertaking clinical recordings of patients must respect the dignity, religion, nationality and individual sensibilities of patients.

6. Policy Statement and Provisions

6.1 *Using Medical Illustration*

Photographic and video recordings of patients are used to assist in diagnosis and monitor the progress of treatment. Clinical photography and video recordings also provide source material for research and teaching. Ideally, the Trust's qualified Clinical Photographers should take all clinical photographs.

The clinical photography team are available from Monday to Friday between 9.00 and 16.30. They can either be pre booked or contacted as required ([REDACTED]). They will come to the clinic, ward, theatre or mortuary with professional camera equipment that will enable them to produce high quality recordings.

If recordings are required when Medical Illustration are not available (outside of their working hours) this policy must be followed in full. Medical Illustration can offer bespoke training and advice on camera techniques and secure storage.

6.2 *Implied Consent*

Where a recording forms part of an investigation or treatment, consent is implicit in the consent given to the investigation or treatment, therefore the following examples of imaging are exempt from this policy

- Radiological Imaging
- Ophthalmic Imaging
- Endoscopy and Proctoscopy

However, if a patient's condition, and hence the images obtained, are highly unusual or unique, it should not be assumed that the images are non-identifiable. In such cases the patient's consent should still be obtained to use the images for teaching or publication.

Patient details such as name; date of birth, hospital number, or any other specific personal data that may lead to the patient being identified should be removed from all images before display.

6.3 *Consent and Confidentiality*

To protect the patient's rights to confidentiality, a patient should consent to having a visual recording taken where it forms part of the investigation or treatment of a condition or contributes to the patient's care. It should be clearly explained to the patient why a visual recording would assist their care and a record of this consent discussion should be kept in the patient's notes.

In all cases of recording, care must be taken to respect the dignity of all patients, regardless of their ethnicity, religious beliefs, gender, race, sexual orientation, disability or excluded groups (e.g. offenders).

Photographic and video recordings which are made for treating or assessing a patient must not be used for any purpose other than the patient's care or the audit of that care, without the express consent of the patient or a person with legal authority to give consent on their behalf. Images may be released to third parties by the Legal Services team in order for the Trust to fulfil its legal responsibilities.

It is the responsibility of the requesting clinician to obtain informed consent from the patient before photographs can be taken. The patient must be offered the patient information leaflet (link in section 9 of this policy) on clinical photography. The clinician will use the Trust's photography and video recording consent forms (link in section 9 of this policy).

As outlined in UHBW Making Clinical Decisions in Partnership with Patients - A Policy for Consent to Examination or Treatment. No-one can give consent on behalf of an incompetent adult unless it has been previously organised for that person to have Lasting Power of Attorney (LPA) under the Mental Capacity Act 2005. However, if the patient lacks capacity and it is deemed in the patient's best interest then clinical photography may still be undertaken. The requesting clinician must complete the relevant section of the consent to clinical photography and video recording form (link in section 9 of this policy).

In the case of the anaesthetised or unconscious patient, recordings may be taken provided the patient is informed of the recording and consent is obtained retrospectively. This discussion should take place as soon as it is practically possible to do so, however, if it is impracticable (for example, if the patient is in a critical condition) then this should be documented, and the recording should be placed into the patient's health record.

In the case of clinical recordings of pregnancy loss (miscarriages and stillbirths) and neonatal deaths, the normal consent procedure for children should be followed. For photographs taken as part of the bereavement process, parents should be asked by the responsible clinician or midwife as to whether they would like to have photographs taken. Consent should be recorded in the patient's healthcare record. The matter should obviously be handled with extreme sensitivity.

6.4 Recording Children

Particular care needs to be taken when photographing children. It is important to consider the appropriateness of photographing or recording children. Images/recordings should only include the specific areas of interest. Whole body shots should only be taken if necessary for justifiable clinical reasons. Images or recordings of genital areas, or of the chest in peri or post pubescent girls, should only be taken in exceptional circumstances, clearly defined by clinical need and this should be recorded in detail in the patient record justifying why images or recordings are necessary.

As outlined in *UHBW's Making Clinical Decisions in Partnership with Patients - A Policy for Consent to Examination or Treatment* Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who understand fully what is involved can also give consent (although their parents will ideally be involved). In other cases, someone with parental responsibility must give consent on the child's behalf, unless they cannot be reached in an emergency.

In cases where injuries of a child are suspected to be non-accidental in origin e.g., suspected child abuse, consent to photography must still be sought from the patient or the person with parental responsibility. If such a person is not available to give consent, then the decision to proceed will depend upon the circumstances, such as who has attended to the child and what is the perceived risk to the child. All efforts must be made to obtain consent before making any recording of a child; recordings taken without consent may be ruled inadmissible during criminal proceedings in court.

6.5 Recordings for Secondary Use

General Data Protection Regulation (GDPR) requires consent for secondary use to be defined for a specific purpose.

If you wish to use a recording for education, publication or research purposes, you must seek consent in writing, ensuring that the person giving consent is fully aware of the possible uses of the material. In particular, the person must be made aware that they may not be able to control future use of the material once it has been placed in the public domain e.g., Internet. Please complete the consent for clinical photography/video for secondary use section.

It is not sufficient to rely on the photographer or consultant's judgment that a particular patient is unlikely to be identified from a particular recording. The General Medical Council (GMC) states in its document 'Making and Using Visual and Audio Recordings of Patients' 2011 that permission must be obtained to make and consent to use any recording made for reasons other than the patient's treatment or assessment. The GMC list exceptions to this rule, where permission to make recording is not needed, nor consent required to use for any purpose (recordings must be effectively anonymised) images taken from:

- Images of internal organs or structures
- Images of Pathology slides
- Laparoscopic and endoscopic images
- Recordings of organ function
- Ultrasound images
- X-rays.

6.6 Patients Temporarily Unable to Give Consent

The situation may arise where you wish to make a recording specifically for educational, publication or research purposes, but the patient is temporarily unable to give or withhold consent because, for example they are unconscious. In such cases, you may make such a recording, but you must seek consent for its use as soon as the patient regains capacity. You must not use the recording until you have received consent for its use.

6.7 Withdrawal of Consent

Patients have the right to withdraw consent for use of their recording for teaching or publication at any time. The recording remains part of the patient confidential medical record. Please note images consented for publication can only be removed from our system and cannot be called back once published in the public domain.

Photographic material for which there is no consent (e.g. material already in the teaching domain prior to the enactment of the consent policy) may be used for restricted teaching purposes i.e. within the Trust or University, if the following conditions are true:

- Appropriate attempts have been made to obtain retrospective consent
- Where a patient dies before consent is obtained, appropriate retrospective consent should be obtained from someone with legal authority to consent. Confidentiality must be respected after death.

6.8 Using Careflow Connect

Careflow Connect is the Trust's internal solution for clinical e-communication, including clinical photography with regards to patient care.

The Trust's qualified Clinical Photographers should take all clinical photographs. They have expert knowledge, specially developed skills and high-quality camera equipment. However, this is not

always possible or in the patients best interest (out of hours and or urgent/immediate need). In such instances, the Careflow Connect (CC) camera feature offers a safe alternative. The following process must be followed to ensure all consent and confidentiality standards are met.

- The camera feature on personal devices (mobile phones, iPads/iPods etc.) must not be used. Always open the Careflow app and select add photo before capturing the clinical image
- Complete a standard clinical photography patient consent form (where patient is unable to consent, still complete the form in the patient best interest). The clinician should explain to the patient they are using a Trust approved app and that their images will be stored in accordance to all information governance standards. The completed clinical photography patient consent form should be uploaded to the medical records with a note stating that images exist and are stored in Careflow. The Trust's WABA Medical Image Management System (MIMS) and Careflow are separate databases and are not linked.
- The first photograph taken must be of the consent form, this should be uploaded into CC with the clinical photographs
- Clinical photographs constitute personal data under GDPR guidelines; it is therefore required, by law, that individuals have the right to access their personal data. Clinical photographs must always be attached to a patient CC record. Simply select a patient using their T number before capturing the image
- Ensure good ambient lighting, tap the device screen to focus the image
- Take first a regional shot to orientate the viewer to clearly identifiable anatomical landmarks, then close ups as required
- You should only view clinical photographs when you have a legitimate clinical relationship with the patient, unless the patient has given consent for the images to be used for teaching or publication
- Clinical staff must remove themselves from team groups when they are no longer working in this area
- Clinical photographs should not be sent to team groups in Careflow Connect. Images should only be shared with individuals who have a need to access the images at that time.

Taking a photo through the Careflow Connect app is secure and ensures the image is not stored on the device's local memory.

Careflow connect is a Trust approved app. Other apps that allow clinical photography of patients must not be used unless approval is obtained from IM&T.

6.9 Storage

Clinicians photographing/recording patients must complete all of Consent and Request Form for Medical photography/Video Recordings (See section 10). This will ensure that recordings are easily traceable.

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A photographic or video recording of a patient's medical condition forms part of their medical record and must be available for disclosure if required; therefore it is essential that all recordings are properly logged in the patient's case notes or traceable to the medical record.

The camera feature on personal devices (mobile phones, iPads/iPods etc.) must not be used. Always open the Careflow app and select add photo before capturing the clinical image. Trust owned devices (iPod/iPads) have been suitably encrypted to ensure security breaches do not occur.

Recordings must not be stored on Trust owned mobile devices (iPod/iPads). Contact Medical Illustration for advice.

Images/recordings must be downloaded onto a secure Trust server as a matter of priority. Access to digital images must be password protected and files should be assigned a filename that clearly identifies them.

To arrange secure storage of recordings clinicians should contact IM&T helpdesk, who will then provide a quotation for the amount of storage requested. When the quotation is returned, signed and authorised, IM&T will purchase the type of disk required.

All digital images required for teaching purposes must be encrypted before being removed from a Trust computer; for example, when using USB sticks, CD's, DVD's or Portable hard drives

Where possible, all clinical digital images should be stored in their original format without manipulation to preserve their integrity.

Photographs taken by the Medical Illustration department are stored in the Trust's WABA Medical Image Management System (MIMS). Medical Illustration facilitates access to WABA MIMS.

Confidential or personally identifiable information, including clinical images, may only be electronically transferred in an encrypted format or by using a secure network connection. Contact the IM&T Helpdesk for more information.

6.10 Non-Clinical Photography/Videography

In cases where the patient is incidental to a recording e.g., where the picture is to illustrate a particular equipment set-up, consent to appear in the recording is still required from any patient or member of the public.

Patients or those with parental responsibility should provide informed consent for any photography, interview or filming for non-clinical purposes; for example, publicity or press coverage. Appropriate consent forms and advice are available from The Communication Team at Trust HQ, Tel No. [REDACTED]

Departments wishing to employ external photographers/videographers must seek permission to do so from the Communications Team at Trust HQ, Tel No [REDACTED]

In cases where staff are included in non-clinical photography or video, verbal consent will suffice unless otherwise dictated by the job brief. In such cases, written consent would be obtained appropriately.

6.11 Copyright

Copyright is a separate but closely related issue. University Hospitals Bristol and Weston NHS Foundation Trust holds the copyright of all recordings made of its patients.

It is important that in any contract for publication the copyright in the recording remains with the Trust and does not pass automatically to the publishers on first publication. If copyright does not remain with the Trust then it will become impossible to protect the patient's interests by exercising control over further publication of the recording.

Those signing contracts with books or other publications have a responsibility to delete from the contract any suggestion that the copyright will be passed to the publishers. The Trust's Legal team can offer bespoke advice on this matter.

Copyright is protected when the images are labelled with the words: Copyright of the University Hospitals Bristol and Weston NHS Foundation Trust.

6.12 Training

Medical Illustration can offer bespoke advice and training to clinicians wishing to make recordings of patients. Please just get in touch on ext. [REDACTED] or [REDACTED]. An eLearning training titled '*Out of Hours Clinical Photography Camera Training for UHBW staff: The Essential Learning Guide*' was developed by the UHBW Medical Illustration team and is available to complete on Kallidus. Following completion of the eLearning module you can also attend a face-to-face session titled '*Out of Hours Clinical Photography Camera Training- A Face to Face Workshop*'. In this you can receive bespoke advice on your camera and practise clinical photography.

7. Standards and Key Performance Indicators

7.1 Applicable Standards

This audit process described in section 7.3 will ensure staff across the Trust have access to the policy, understand their responsibilities & follow the policy.

It will enable Medical Illustration to monitor compliance and report any non-conformity to the Information Risk Management Group.

This audit will be a 'sample' audit that will identify any trends in non-compliance.

7.2 Measurement and Key Performance Indicators

The following steps will be followed to ensure the monitoring of the effectiveness of the Trust Photography and Video Recording Policy. This process will take place annually, which will include opening and closing meetings followed by final reports to demonstrate compliance to the procedure or to highlight any shortfalls and the need for corrective actions where necessary. The outcome of the audit will also be presented at the Information Risk Management Group.

7.3 The Audit Process:

Stage 1

The following questionnaire will be sent to three departments from each of the five patient facing Divisions.

Q1. Please indicate how often you require clinical photographs/videos of patients	Every day/Weekly/Monthly/Rarely/Never
Q2. Does your department refer patient to Medical Illustration for Clinical Photography/Video	A2. Yes/No
Q3. Does your department ever take Clinical Photographs/Videos of patients?	A3. Yes/No

Stage 2

A sample of the departments that respond confirming clinical photographs/videos can form part of their patient's pathway will be visited for an audit.

The following standards will be checked.

Standard	Method and Criteria	Achieved/Comments
Availability of the Trust's Photography and Video Recording Policy.	Can staff navigate to it easily on the Trust Intranet?	
Availability of the Trust's Clinical Photography/Video patient consent form.	Can staff navigate to this on the Trust Intranet? If these are pre-printed are they the current version?	
Availability of the Trust's Clinical Photography/Video patient information leaflet.	Can staff navigate to this on the Trust Intranet? If these are pre-printed are they the current version?	

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Method for storing clinical photographs/videos.	Review where the images are stored and how access is controlled. Review any standard operating procedures for the safe storage of recordings.	
Equipment and its storage	Review the suitability of photographic/video equipment and settings. Review the suitability of the storage of photographic/video equipment including camera memory cards.	

Stage 3

The patient consent forms for clinical photography/video must be stored in the patient's medical record. These forms should indicate where the recording is stored therefore ensuring the patient medical record is complete and traceable.

Medical Illustration will review 20 randomly selected medical records for clinical photography consent forms. They will then ensure that the recordings are complete and traceable to the record.

Stage 4

A review of any incidents involving photography/video recorded in DATIX will be completed with 'lessons' included in the report.

Stage 5

Medical Illustration will then produce an audit report to demonstrate compliance to the procedure or to highlight any shortfalls and the need for corrective actions where necessary.

The effectiveness of the action taken will also be monitored.

The outcome of the audit will also be presented at the Information Risk Management Group.

8. References

<https://www.imi.org.uk/resources/professional-resources/national-guidelines/> Confidentiality and Consent A Guide to Good Practice 2020

<https://www.imi.org.uk/resources/professional-resources/national-guidelines/> Mobile Phone and Mobile Apps for Clinical Photography A Guide to Good Practice 2019

General Medical Council. Making and Using Visual and Audio Recordings of Patients, London April 2011.

Department of Health. Good Practice in Consent Implementation Guide: Consent to Examination or Treatment. London: HMSO, 2001

Hill. K, Consent, Confidentiality and Record Keeping for the Recording and Usage of Medical Images. J Audiovl Media Med 2006; 29: 76-79

Berle I. Clinical photography and patient rights : the need for orthopraxy Journal of Medical Ethics 2008; 34:89-92

Department of Health. Using mobile phones in NHS Hospitals. London, 2009

UH Bristol Policies:

The Policy and Guidance Notes for Consent to Examination and Treatment, March 2011

Mobile Information Handling and Computing Policy, July 2008

The Information Governance Web DMS link

<http://connect/Governance/informationgovernance/Pages/dmslinks.aspx>

Legislation:

www.uk-legislation.hmso.gov.uk/acts

The Protection of Children Act 1999

The Video Recording Act 1984

The Copyright, Design and Patents Act 1988

The Access to Health Records Act 1990

The Data Protection Act 2018

The Human Rights Act 1998

The Mental Capacity Act 2005

9. Associated Internal Documentation

Making Clinical Decisions in Partnership with Patients - A Policy for Consent to Examination or Treatment

Consent and Request Form for Medical Photographs/Video recordings

<http://nww.avon.nhs.uk/dms/download.aspx?did=20801>

Patient Information Leaflet Medical Photography and Video Recording

<http://nww.avon.nhs.uk/dms/download.aspx?did=23430>

10. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table. **The first line is an example for you and should be removed prior to submission.**

Objective	Evidence	Method	Frequency	Responsible	Committee
Consent documents available in patient medical notes	This Document	Audit Patient Medical Records	Annually	Medical Illustration	Information Risk Management Group
The storage of patient photographic or video recordings are complete, traceable and kept confidential	This Document	Audit of Patient Medical Records	Annually	Medical Illustration	Information Risk Management Group
The equipment used meets the required standard to ensure high quality recordings.	This Document	Audit of equipment used	Annually	Medical Illustration	Information Risk Management Group
Failure to follow policy requirements	This Document	Review of incident reports	Review of incident reports	Medical Illustration Manager	Information Risk Management Group

11. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Medical Illustration

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Plan Elements	Plan Details
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	A
If answer above is B: Alternative documentation this policy will replace (if applicable):	
This document is to be disseminated to:	All Clinical Staff who may be requiring or making visual recordings of patients
Method of dissemination:	Newsbeat
Is Training required:	No
The Training Lead is:	Medical Illustration

Additional Comments	
[DITP - Additional Comments]	

12. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

<http://nww.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
What is the main purpose of the document?	This policy aims to provide a clear framework on how to access the Trust's clinical photography service, including how to gain patient consent. It also supports clinicians wishing to make photographic or video recordings of patients out of Medical Illustration's working hours.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	All UHBW staff involved in requesting or making visual recordings of patients. Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Others <input type="checkbox"/>

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		x	
Disability (including physical and sensory impairments, learning disabilities, mental health)		x	

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Gender reassignment		x	
Pregnancy and maternity		x	
Race (includes ethnicity as well as gypsy travelers)		x	
Religion and belief (includes non-belief)		x	
Sex (male and female)		x	
Sexual Orientation (lesbian, gay, bisexual, other)		x	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		x	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		x	

Will the document create any problems or barriers to any community or group? YES / NO

Will any group be excluded because of this document? YES / NO

Will the document result in discrimination against any group? YES / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		x	
Will it help to get rid of discrimination?		x	
Will it help to get rid of harassment?		x	
Will it promote good relations between people from all groups?		x	
Will it promote and protect human rights?		x	

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	<u>NONE</u>	Very Little	Some	Significant

Is a full equality impact assessment required? YES / NO

Date assessment completed: 24.11.2022

Person completing the assessment: XXXXXXXXXX

Status: Approved

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