



**Joint Policy for Cumbria Partnership NHS Foundation Trust & North  
Cumbria University Hospital NHS Trust**

**Policy Title: Photography and Video Recording Policy  
(Joint)**

<b>Reference</b>	POL/CLIN/002
<b>Version</b>	1.0
<b>Date Ratified</b>	26 September 2018
<b>Next Review Date</b>	September 2021
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## Policy On A Page

### **SUMMARY & AIM**

Photography and video recordings are a valuable part of assessing and evidencing a patient's condition.

Recordings taken using devices owned by the organisation which illustrates a patient's condition or an aspect of the treatment, form a part of that patient's health record and are protected in the same way as any other health record.

This policy lays out the expectations of how photography and video material collected by the Trusts will be managed.

### **TARGET AUDIENCE:**

This policy applies to **ALL** images (electronic /paper) and recordings in possession of staff relating to undertakings at the Cumbria Partnership Foundation Trust (CPFT) and North Cumbria University Hospitals Trust (NCUH) regardless of how they were acquired, or for what purpose.

This policy also applies to organisations where under a Service Level Agreement Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust provides Information Governance services.

### **TRAINING:**

All staff need to complete mandatory IG training on an annual basis.

### **KEY REQUIREMENTS**

The Trusts should offer to make the recording and give a copy to the individual to ensure the copy is accurate and unadulterated.

The Trusts may charge for this.

The individual must give explicit consent as in Section 3, be advised the recording is for personal use only and advised the Trusts accept no responsibility for the safekeeping of the copy once it has been handed to the individual.

The individual must also be advised that the recording must not be used for litigation purposes.

All staff working for Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust will ensure they comply with the requirements of the General Data Protection Regulation and safeguard the confidentiality of personal information which is held.

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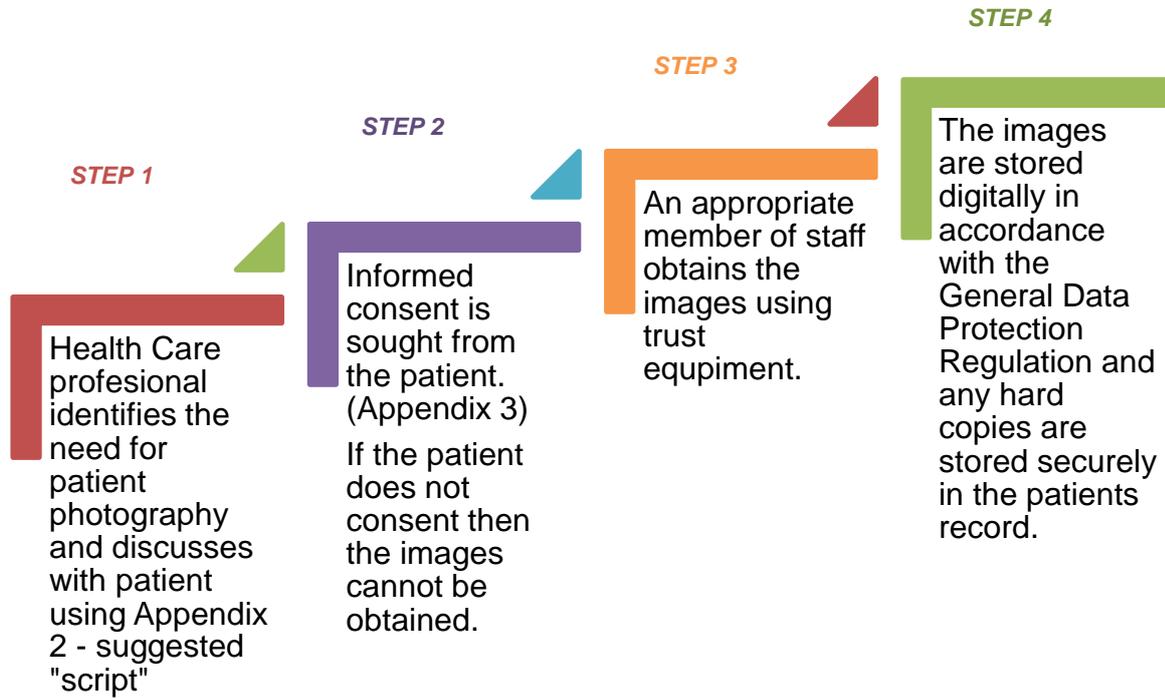
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**SUMMARY FLOWCHART:**



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## 1. INTRODUCTION

Photography and video recordings are a valuable part of assessing and evidencing a patient's condition. They are beneficial in areas such as tissue viability to demonstrate that the condition of a wound has improved, or in areas such as physiotherapy and speech and language therapy to demonstrate improvements of a particular condition over time.

Recordings taken using devices owned by the organisation which illustrates a patient's condition or an aspect of the treatment, form a part of that patient's health record and are protected in the same way as any other health record.

All projects/research involving the recording of patients (visual and auditory) must be registered with the Interim R&D Manager, Research and Development and shared with the Information Governance department. A copy of the form to be used to register can be found at Appendix 1.

Copyright of all such recordings is held by the organisation.

Negatives, master transparencies, original digital camera files and videotapes must be logged and stored appropriately. In the case of digital devices, the files must not be treated in any way before storage.

It is recognised that while digitally originated recordings are intrinsically no different to traditional recordings, they are easier to copy in electronic form and are therefore more at risk of both image manipulation and inappropriate distribution. Particular care must be taken to protect the image and maintain its integrity. The relevant consent must be included with the image.

This policy has also been written in response to recommendations within the Lampard Report (into themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile).

## 2. PURPOSE

This policy applies to **ALL** images (electronic /paper) and recordings in possession of staff relating to undertakings at the Trusts, regardless of how they were acquired, or for what purpose. Images from other organisations, either received or obtained on behalf of the Trusts, need to be controlled and protected in the same way and staff must be responsible custodians and ensure there are comprehensive Information Sharing Agreements in place. Staff are reminded to ensure that there has been consent to the use(s) of such images by Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust.

This policy does **NOT** cover the use of CCTV and the Trust's policy in this respect should be referred to (see policy page on CPFT Trust's website).

All staff working for Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust will ensure they comply with the requirements of the General Data Protection Regulation (GDPR) and safeguard the confidentiality of personal information which is held.

This policy also applies to organisations where under a Service Level Agreement Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust provides Information Governance services.

### **3. POLICY DETAILS**

#### **3.1 Confidentiality and Consent – Cumbria Partnership NHS Foundation Trust and North Cumbria University Hospitals NHS Trust Recording Patients**

This policy must be read in conjunction with the relevant Trust's Consent Policy for further guidance on the general meaning and definition of consent. See also the definition of informed consent given in Section 4 paragraph 7 above.

Photographic and video recordings made for clinical purposes form part of a patient's record.

Although consent to certain recordings, such as dental X-rays, is implicit in the patient's consent to the procedure, health professionals must always ensure that they make clear in advance if any photographic or video recording will result from that procedure.

For clinical photographs ie for evidence of pressure sore treatment, only the place on the body consented to be photographed should be photographed.

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 parental responsibility for the patient. If you wish to use such 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 you may not be able to control future use of the material once it has been placed in the public domain.

In the case of children, if a child is not willing for a recording to be used, you must not use it, even if a person with parental responsibility consents.

When seeking to take photographs or video recordings if the patient lacks capacity it is good practice to inform or discuss with the carer or next of kin.

Photographic and video recordings, made for treating or assessing a patient and from which there is no possibility that the patient might be recognised, may be used within the clinical setting for education or research purposes without express consent from the patient, as long as this policy is well publicised.

If you wish to make a photographic, audio or video recording of a patient specifically for education, training, accreditation, supervision, publication or research purposes, you must first seek their written consent (or where appropriate that of a person with parental responsibility) to make the recording, and then seek their consent to use it. If this image is to be held by a third party, i.e. training establishment (University) as part of accreditation of a practitioner's competence then it must be provided in line

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with information sharing agreements, stored securely and used only for the purpose of accrediting a practitioner's competence. Patients consent must be obtained and in line with Code of Confidentiality there should be "no surprises" as to what is being done with the image and who has access etc.

Patients must know that they are free to stop the recording at any time and that they are entitled to view it if they wish, before deciding whether to give consent to its use. If the patient decides that they are not happy for any recording to be used, it must be destroyed.

As with recordings made with therapeutic intent, patients must receive full information on the possible future uses of the recording, including the fact that it may not be possible to withdraw it once it is in the public domain.

In the case of minors, the parent or guardian should sign the consent form for education, publication or research purpose unless the minor reaches the age of 16 or is judged to be capable of consenting in his own right during the course of treatment, when new consent is required. If a child is not willing for a recording to be used it must not be used, even if the person with parental responsibility consents.

With regard to Safeguarding Children a child would need to be assessed as competent to give consent using Fraser Guidelines (previously known as Gillick Competence)

If the patient is likely to be permanently unable to give or withhold consent for a recording to be made for education, publication or research purposes, adherence to the Capacity Act must be made. This means that if someone is unable to consent there should be a 'best interest; decision which is differently weighted depending on the purpose (i.e. recordings for clear clinical reasons, for example as part of assessment might be easily placed within a best interest framework, however recordings for the benefit of someone else, for example for teaching purposes, might not always be seen as clearly within the person's best interest). Whilst the opinion of people close to the person would be taken into account they will not make the ultimate decision; the person making the recording or the clinician asking for the recording would be considered the 'decision maker'.

You must not make any use of the recording, which might be against the interests of the patient. You must also not make, or use, any such recording if the purpose of the recording could equally well be met by recording patients who are able to give or withhold consent.

Staff must seek appropriate implied consent to make the recordings listed below, but you do not need explicit consent to use them for any purpose, provided that, before use, the recordings are effectively anonymised by the removal of any identifying marks:

- X-rays (i.e. dental x-rays)

Such images are normally associated with patient treatment where consent is implied. It is good practice to explain to the patient, as part of the process of

obtaining consent to the treatment or assessment procedure that images will be created and are subject to Trust policies in respect of security and confidentiality. The Consent Form (appendix 3) should only be used for images taken on digital cameras which are then uploaded into the approved information asset (i.e. EMIS web) as the process incorporates taking a picture then taking a corresponding digital image of the consent form. As this form contains identifiable information there is an increased risk in case of loss.

Confidentiality is the patient's right and may usually only be waived by the patient or someone legally entitled to do so on his/her behalf e.g. Power of Attorney. All staff are reminded that breach of confidentiality may well amount to serious professional misconduct with inevitable disciplinary consequences and could result in serious litigation costs for the organisation.

Where a Practitioner suspects there are concerns related to Child Protection, guidance must be sought via the Safeguarding Lead Nurses as it is not deemed appropriate for Practitioners to be taking recordings for suspected Child Protection concerns.

A person with parental responsibility must be informed of the reasons for clinical photography and should be given the opportunity to consent. The parents' responses should be documented. The agreement of the child, if of sufficient understanding, should also be sought. In the absence of parental consent, photography must only be authorised by the senior child protection practitioner with responsibility for the case. Recordings taken in these cases may be required as evidence in criminal or public proceedings and no absolute guarantees of confidentiality in this respect can be given.

In all cases of recording, care must be taken to respect the dignity, ethnicity and religious beliefs of the patient.

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 anonymising the image and the patient may still be identified by other distinguishing features such as a tattoo or scar.

If a consenting patient subsequently dies, permission must be sought for any new use outside the terms of the existing consent. In this instance the consent of either the personal representative or the next of kin is required.

### **3.2 Non Clinical Photography**

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

Accidental recording of patients who have not given appropriate consent must be avoided.

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Images of a patient that inadvertently include an image of another patient or patients who have not consented must not be published under any circumstances, unless deleterious to the care of the subject patient, they must be destroyed.

Freelance professional photographers are sometimes employed to make this sort of recording. They may only be used by the organisation by prior arrangement with the Head of Communications.

Contracts with outside photographers must ensure that they waive ownership of copyright and moral rights in the recordings they prepare, although they may still be allowed to reproduce the recording or image providing permission has been given from the organisation on each occasion.

### **3.3 Recording by Service Users and Members of the Public**

Occasionally service users or other individuals may ask to record a meeting or clinical session to help them retain information or aid their therapy.

It may often be considered inappropriate to allow a recording, particularly where references may be made to third parties or for example, where visual interaction with a service user would not be apparent in an audio recording. Service users must be advised that clinical sessions are fully documented and a written copy can be provided to the service user.

When a request is agreed to, the individual should be discouraged from making their own recording.

The Trusts should offer to make the recording and give a copy to the individual to ensure the copy is accurate and unadulterated. The Trusts may charge for this. The individual must give explicit consent as in Section 5 above, be advised the recording is for personal use only and advised the Trusts accept no responsibility for the safekeeping of the copy once it has been handed to the individual. The individual must also be advised that the recording must not be used for litigation purposes.

### **3.4 Covert Recording**

Where staff are aware that a service user or visitor wishes to record themselves / their treatment, and inside wards or community settings they are to be informed that they may contravene the rights to confidentiality of staff or other patients and visitors and should reconsider their action. If the making of a covert recording is discovered after the recording has been made, the individual should be informed that they may have breached individuals rights to confidentiality. The individual should be encouraged to delete the recording and should they fail to do so it should be reported immediately.

If it has already been published (for example on Facebook, YouTube), the individual should immediately remove the recording and notify the Trust when it has been done. Where this is not done, the Trust will advise the individual that legal action may be taken against them.

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Under no circumstances should individuals working for the Trusts engage in covert recording. Consent must be sought in all instances where it is intended to record. If consent is not forthcoming then the recording must not take place.

Note that consent does not have to be sought when recording meetings such as staff meetings / formal meetings as attendees are not attending the meeting in a personal capacity. However as a matter of courtesy and good practice attendees should be made aware that the meeting is being recorded.

Consent must be sought to record one to one sessions, appraisals, sickness, capability, disciplinary or similar sessions as these are personal meetings.

### **3.5 Copyright**

The organisation (CPFT) holds the copyright for all recordings made of its patients.

It is important that in any contract for publication the copyright of the recording remains with the organisation and does not pass automatically to the publishers on first publication, otherwise the organisation might well find it is unable to protect the patient's interests by exercising control over further publication of the recording.

Those signing contracts with book or other publishers have a responsibility to delete from the contract any suggestion that the copyright will pass to the publishers.

Any member of staff acquiring copies of recordings in the course of their duties may retain these for teaching purposes but must undertake to use them only within the terms of the original consent.

Recordings of materials that are already subject to copyright legislation are not to be made without the written consent of the owner e.g. a BBC/ITV/SKY news item or a documentary or film clip. Doing so and distributing it on behalf of the Trust may lead to legal action being taken against the Trust for breaching copyright. Staff wishing to use such material should seek advice from the Communications Team.

Copyright and reproduction rights must at all times remain with the organisation.

Copies of recordings must not be excessive and must be discussed with the Information Governance department. Decisions will be made on a case by case basis.

### **3.6 Security**

Since any health record has to be available for disclosure under GDPR and Subject Access Request procedures if required, it is essential that every recording is logged and properly recorded in the case notes and in accordance with the GDPR.

Digital images must be stored at the earliest possible opportunity on the Trusts Servers and once the transfer has shown to have been successful they are to be immediately deleted from the device that captured the original imagery. They are never to be stored on a standalone PC where it is only possible to store data locally.

Images may be stored temporarily on Trust owned digital cameras /smart phones as an exception to normal policy before being uploaded to a secure area of the network or onto one of the approved information assets (e.g. EMIS Web). All digital images should be uploaded immediately where possible and deleted from the device to prevent any loss of personal data and security incidents.

All images must be transferred from the device to the information asset either at the end of each day, in the patient's home or immediately upon return to base. This process only applies to digital images and not to video or any other recording.

Once the data has been transferred, all traces of the data must be immediately removed from the removable storage device. Personally owned storage devices (USB or data sticks), mobile phones, personal digital cameras or MP3 players must never be used to take or store images or recordings.

Data in transit on removable media must be encrypted, handled and stored appropriately and afforded the utmost security and protection at all times. It has been accepted however that until we can satisfactorily provide an encryption solution to digital images in transit that this poses a risk in case of loss or theft. Staff are advised therefore to take extreme care with cameras/smart phones at all times. This exception only applies to digital cameras and not to any other video or other recordings which must be encrypted immediately.

### **3.7 Standards of Digital Photography/Video Recording of Patients**

Where digital photography is to be used to record images of patients, due care must be given before the start to ensure that the quality of the image (in terms of both resolution and colour depth) is adequate for purpose.

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.

The quality of the image must not be compromised when photographing or viewing wound assessments. It is good practice for patients to see the image which relates to themselves as a means of confirming their consent to the process.

Before leaving the employment of either Trust, staff must seek specific permission to retain images for teaching purposes from the Information Governance department. The Trust may grant such permission subject to the retention of copyright and all reproduction rights.

All recordings for projects/research must be discussed with the Trust's Information Governance department and Research Officer.

Any transfer of imagery to external partners must ensure that the transfer is secure consent (encrypted USB device) and that the recipient is aware of their responsibilities for storing and deleting information received.

On some occasions parents/guardians may request a copy of a video recording that has been made of their child during treatment. In these cases, parents/guardians should be directed to make their request using the Trust's Subject Access Procedures.

### 3.8 Photography with Mobile Phones – Patients and Visitors

- Express permission is needed for photographs to be taken inside Trust premises, particularly wards and clinical areas (including Trust staff)
- Express written permission is needed from patients if photographs of them are to be taken on the wards and clinical areas
- This permission can only be obtained if the patient has capacity to give it. If the patient does not have capacity to give permission, photographs must not be taken
- If patients continue to take photographs after this has been explained to them and they have been asked not to, the Trust may take a decision on whether to contact the patient(s) whose photographs have been taken. In such a case, the Trusts must make clear that they had no control over the taking of the photos, and inform the individual that they would need to take their own action if they wanted redress. The Trusts would assist by providing information in these cases.

## 4. TRAINING AND SUPPORT

All staff need to complete mandatory IG training on an annual basis. Staff must be familiar with all policies relevant to their job descriptions.

## 5. PROCESS FOR MONITORING COMPLIANCE

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Review as a result of incidents / complaints in this respect	Ad hoc	Information Governance Function	Information Governance Board	Ad hoc
Compliance Spot Checks	Bi Monthly	Information Governance Team	Information Governance Board	Bi Monthly

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the Information Governance Board minutes
- Risks will be considered for inclusion in the appropriate risk registers

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## 6. REFERENCES:

Fraser Guidelines

[http://www.nspcc.org.uk/inform/research/questions/gillick\\_wda61289.html](http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html)

NHS Code of Confidentiality (2003)

<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

Records Management Code of Practice for Health and Social Care 2016

<https://www.gov.uk/government/publications/records-management-code-of-practice-for-health-and-social-care>

Making and Using Visual and Audio Recordings of Patients (GMC 2011)

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/making-and-using-visual-and-audio-recordings-of-patients>

Audio Visual Recording Policy – East London NHS Foundation Trust (2012)

## 7. ASSOCIATED DOCUMENTATION:

Consent Policy

GDPR Policy

Subject Access Request Procedures

[Confidentiality Policy](#)

[Health Records Management Policy](#)

Information Security Policy

[Closed Circuit TV Policy](#)

## 8. DUTIES (ROLES & RESPONSIBILITIES):

Senior roles within the organisation supporting the Information Governance agenda are held by the Organisation's Senior Information Risk Owner (SIRO), the Caldicott Guardian, the Head of Information Governance; all are supported by the IG Team.

### 8.1 Chief Executive / Trust Board Responsibilities:

The Chief Executive and Trust Board jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

### 8.2 Chief Operating Officer (NCUH)

The Chief Operating Officer has delegated responsibilities on behalf of the Trust Board for issues regarding Medical Photography within NCUH only. They must ensure the policies are kept up to date by the relevant author and approved at the appropriate committee.

### 8.3 Caldicott Guardian

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The Caldicott Guardian has a key role in ensuring that the Trust achieves the highest practical standards for handling patient information. This includes representing and championing confidentiality requirements and issues at Board level, and wherever appropriate within the Trust's overall governance framework.

#### **8.4 Associate Director of Corporate Governance and Company Secretary**

The Associate Director of Corporate Governance & Company Secretary will hold management accountability and has a role to encourage services in the Trust to meet the required standards for Corporate Records.

#### **8.5 Medical Illustration Department, CIC (NCUH)**

The Medical Illustration Department ensures patient consent has been obtained prior to commencement of the photography process. It ensures all clinical photographic images are created using Trust equipment and the saving of all electronic clinical images taken within the Trust onto INFOFLEX, including all consent forms. Hard copies of all consent forms are retained and the requestor is provided with clinical images.

At CIC the Business Managers are responsible for delegating the recording of images or video to a competent registered professional when the Medical Illustration Department is unavailable. At WCH this is the Business Manager's responsibility all the time.

#### **8.6 Information Asset Owners (IAO)**

The Information Asset Owner (IAO) is a senior member of staff who is the nominated owner for one or more identified information assets of the organisation. Their role is to understand and address risks to the information assets they 'own' and to provide assurance to the SIRO on the security and use of those assets.

#### **8.7 Information Asset Administrator (IAA)**

Information Asset Administrators ensure that policies and procedures are followed, recognise actual or potential security incidents, consult their IAO on incident management, and ensure that information asset registers are accurate and up to date.

#### **8.8 Information Governance Board (Joint)**

The Information Governance Board is responsible for ensuring that this policy is implemented, that the records management system and processes are developed, co-ordinated and monitored, and that regular audits of practice are undertaken.

#### **8.9 Head of Information Governance**

The Head of Information Governance is responsible for ensuring the organisation meets its statutory and corporate responsibilities and engender trust from the public in the management of their personal information.

### **8.10 Head of IT**

IT will provide suitable equipment to facilitate the recording of imagery for the purposes of supporting patient care and corporate business. They will also ensure that appropriate backups are in place and provide approved encryption to allow for the secure transfer of data between authorised partner organisations. They are not responsible for the security of information held on non-trust managed IT systems unless specified in a service level agreement or similar contractual document.

### **8.11 Managers Responsibilities:**

The most senior ward / department based staff available at the time are responsible for conducting a Trust risk assessment of any patient requiring medical photography services out with the Medical Photography department operating times. The most senior ward / department based staff available at the time are then responsible for delegating the photographic responsibility to a competent registered professional if deemed necessary.

Managers are responsible for ensuring adequate dissemination and implementation of policies relevant to the staff in their areas. Managers are also responsible for making sure understand how to access policies on the Intranet.

### **8.12 Staff Responsibilities:**

Trust staff are to adhere to the requirements of the policy and to immediately report any suspected or actual breach. Under no circumstances are personally owned devices to be used to record or transfer any patient data, be it digital, video or audio. This includes sending PID via email from a mobile device to a work email address. Staff are responsible for the security and safekeeping of all equipment issued to them and are to report any loss immediately, this may include the local police force.

Staff requesting clinical images of a patient for any use other than for treatment and holding on the patients notes must ensure they obtain the appropriate consent and record in the patient notes. Staff must ensure that any recordings are used for the purpose that the patient consented and any inappropriate use must be reported to the Information Governance Officer.

Staff are to ensure that any digital camera/smart phone is stored securely when taken away from Trust premises or locked away appropriately and to remain vigilant at all times regarding the security and handling of the equipment.

Staff are responsible for maintaining an up to date awareness of relevant local policies and for Trust priority policies and ensure they comply with the requirements of GDPR and safeguard the confidentiality of personal information which is held.

### **8.13 Approving Committee Responsibilities:**

The Chair of the approving committee will ensure the policy approval is documented in the final section of the Checklist for Policy Changes. The committee will agree the approval of the final draft of the policy.

## 9. ABBREVIATIONS / DEFINITION OF TERMS USED

ABBREVIATION	DEFINITION

TERM USED	DEFINITION
<b>Analogue</b>	<i>“relating to or using signals or information represented by a continuously variable quantity”</i> (The Concise Oxford Dictionary 9th ed.) – relating in this context to film cameras or non-digital video cameras (usually tape based).
<b>Clinical Photography or Video</b>	using stills photography or video equipment to record the outwards signs of a patient’s condition; or a medical or surgical procedure being applied to a patient.
<b>Confidentiality</b>	a duty of confidence that arises when one person discloses information to another person where it is reasonable to expect that information to be held in confidence. This duty of confidence may be governed by legal obligations derived from case law, professional codes of conduct, or by NHS employment contracts.
<b>Copyright</b>	<i>the exclusive legal right, given to the originator or his or her assignee for a fixed number of years, to print, publish, perform, film or record literary, artistic or musical material, and to authorise others to do so</i> (The Concise Oxford Dictionary, 9th ed. Clarendon Press). <i>Individuals must be fully aware that the copyright will not remain with them.</i>
<b>Digital</b>	<i>“relating to, operating with, or created using, signals or information represented by digits”</i> (The Concise Oxford Dictionary 9th ed.) – relating in this context to electronic stills and video cameras that generate digital images.
<b>Images</b>	these include both visual (static or moving) and auditory.
<b>Information Assets</b>	Information assets are defined in the table below. Appointed information asset owners (those responsible for the information asset) must refer to the Information Risk Policy and ensure that their asset is managed in accordance with the policy.
<b>Informed consent</b>	An informed consent can be said to have been given based upon a clear appreciation and understanding of the facts, implications and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties (i.e. capacity) and be in possession of all relevant facts at the time consent is given.

Information Asset Description	Type of Information Held
<b>Software</b>	<b>Personal Information</b>
<ul style="list-style-type: none"> <li>- Applications and systems</li> <li>- Data encryption</li> <li>- Development and maintenance tools</li> </ul>	<ul style="list-style-type: none"> <li>- Databases and data files, i.e. EMIS Web/ ESR</li> <li>- Paper records, e.g. staff records / clinical records</li> <li>- Paper reports, e.g. corporate records</li> <li>- Audit data</li> </ul>

	- Back up and archive data
<b>Hardware</b>	<b>Other Information Content</b>
<ul style="list-style-type: none"> <li>- Computing hardware, e.g. servers, PCs, PDAs, IP Phones, Laptops, removable media, cameras</li> <li>- Network connections</li> </ul>	<ul style="list-style-type: none"> <li>- Databases and data files, e.g. ESR / EMIS Web</li> <li>- Audit data</li> <li>- Back up and archive data</li> </ul>
<b>Other Information Assets</b>	<b>System or process documentation</b>
<ul style="list-style-type: none"> <li>- Environmental services, eg power and air conditioning</li> <li>- People skills and experience</li> <li>- Shared services, including networks and printers</li> <li>- Server rooms</li> <li>- Training rooms and equipment</li> <li>- Record libraries and archive stores</li> </ul>	<ul style="list-style-type: none"> <li>- System information and documentation</li> <li>- Operations and support procedures</li> <li>- Manuals and training materials</li> <li>- Contracts and agreements</li> <li>- Business continuity and disaster recovery plans</li> </ul>

## APPENDIX 1 - REGISTRATION FORM FOR PROJECTS AND / OR RESEARCH INVOLVING PHOTOGRAPHY OR VIDEO RECORDINGS OF PATIENTS:

1	Name of Project / Process	
2	Start and end dates of project / process	
3	Ethics Committee approval received	Yes No Not applicable
4	Service Area	
5	Lead	
6	Description of Project	
7	Has the proposed project been agreed by the relevant Committees	
8	Proposed Consent wording	
9	Data Protection Requirement:	
	a) How will the data / images be stored (give full description)	
	b) What people will have access to the images?	
	c) How will digital images be transferred between users and sites?	
	d) Are you processing these images on behalf of anybody else?	
	e) Will you be copying these images to anyone else, if yes who?	
	f) Are there written policies and procedures in place for this project? If not, when will they be written and by whom?	
	g) Is the Lead fully conversant with the Trust's Data Protection, Security and Photography and Video Recordings Policy?	
	h) Where will the recordings be stored and logged if they are not digital?	
Signatures		
Project Lead		
Research Officer		
Information Governance Function		
Date		
Project / Process Approved		

**APPENDIX 2 - NOTES EXPLAINING LIMITS OF CONSENT TO PATIENTS –  
CONSENT TO CLINICAL PHOTOGRAPHY / VIDEO RECORDINGS / VOICE  
RECORDINGS:**

The Trusts have adopted a policy to give you the right to control the future use of photographs or recordings taken of you during the course of your care or treatment.

We would like you to have some clinical photographs or recordings taken for either:

- Your health record
- For teaching of staff within the organisation
- For some other specific and limited use as detailed on the consent form you will be asked to sign.

Should we wish to use these photographs or recordings in any other way in the future we will seek your specific permission to do so.

**APPENDIX 3 - CONSENT FORM FOR MAKING AND USING VISUAL AND AUDIO RECORDINGS OF PATIENTS. CPFT**

**NB: Before obtaining consent staff should be familiar with the Trust’s Consent Policy;**

*Patients Name*  
*NHS Number*  
*Date of Birth*  
*Date Visual and / or audit recordings made*

**CONSENT (Patient’s notes)**

Visual and audio recordings form part of your confidential medical records and can be used to assist in the diagnosis, treatment and outcome of your condition. They must also provide a resource for medical teaching or research. A member of staff will explain what the recording is to be used for and will ask you to sign this consent form. If you refuse to consent to the recording being used for teaching, research or publication, the standard of care you will receive will not be affected. You may withdraw your consent to the use of recording any time, however, if published, withdrawal of consent may not be possible. No fees are paid for publication or broadcast. You may ask for a relative, friend or nurse to be present during the recording.

**Consent to Visual and Audio Recording**

In view of the explanations given to me, I agree that the recording being taken of me / my child, may be used as follows (Please tick all that apply?)

- 1) For my medical records only. State purpose: .....  
 (i.e. pressure ulcers and wounds)
- 2) For my medical records and for training of appropriate medical and professional staff
- 3) For my medical records, training and publication in appropriate medical or professional journals or electronic media


If any other use is required, I understand my consent to this will be specifically sought.

Signed:..... Print Name..... Date /Time.....

Consultant / Practitioner	Department	Ward / Clinic
Diagnosis and description of recording		
Signature..... Date..... Print Name ..... Position ..... NB: It is the responsibility of the clinician to obtain consent for recording. A copy of the form must be filed in the patient’s medical records (electronic or paper)		

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**APPENDIX 4 - GENERAL MODEL RELEASE**

In view of the explanation given to me by.....name.

I agree to appear in photographs / videos / voice recordings to be taken for Cumbria Partnership NHS Foundation Trust / North Cumbria University Hospitals NHS Trust for information and exhibition purposes.

I understand that they may be used in articles seen by the general public.

Signed .....

Date .....

**APPENDIX 5 CONSENT FORM NCUH**



**Caring for North Cumbria**  
Your hospitals, our priority

**North Cumbria University Hospitals** 

NHS Trust

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Surname: \_\_\_\_\_  
 Forename: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Consultant: \_\_\_\_\_

**Diagnosis**

\_\_\_\_\_

**Requirements**

AP	
PA	
R Lat	
R 3/4	
L Lat	
L 3/4	
Inf	
Sup	

Doctors Signature

\_\_\_\_\_

**Location**

Ward  Theatre  Studio  Clinic  Pathology

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**Purpose**

Record  Publication  Teaching  Legal  Other

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**Format**

Prints  Digital  CD  Extra  Copies X .....

- I agree to photographs being taken of me. I understand these will be held in my clinical notes. They will be retained in line with the Records Management Code of Practice for Health and Social Care 2016.
- I consent to the photographs to be used for teaching and training purposes for medical staff and students.
- I consent for the photographs to be used in publications, medical journals and case studies.
- I consent for these pictures to be sent to external organisations to aid




**Patient/Responsible Persons Consent**

Date \_\_\_\_\_

Signature \_\_\_\_\_

Patients have the right to access, rectify, erase or object to processing their information.

**APPENDIX 6**

**Important**

**Informed Consent must be attained for all patient photography.**

Only the person responsible for the patients treatment can request photos for patients who are unable to provide informed consent for themselves.

If a patient is unable to provide written or verbal consent a Doctor or Consultant must be present to provide consent.

Nurses and healthcare staff cannot provide consent on a patients behalf.

**Copyright Declaration**

Copyright is the legal protection to creators of certain kinds of material so they can control it's use, this law is automatic. Copyright is owned by the creator or the employer if the work is made in the course of employment.

In Requesting that photographs, diagrams or other illustrations should be copied I declare that: -

1. I have obtained any necessary permission from the copyright owner.
2. I shall adequately acknowledge the author and / or publisher of each original.
3. I shall not claim these as my own work.

# Patient Privacy

## Use of cameras and smartphones



**This is a clinical area and we would ask that you respect people's privacy and confidentiality before taking photographs or video recordings.**

Please report any concerns you have to a member of staff

**DOCUMENT CONTROL**

<b>Equality Impact Assessment Date</b>	n/a
<b>Sub-Committee &amp; Approval Date</b>	Joint Information Governance Group – March 2018 Clinical Policy Management Group 26/09/2018

**History of previous published versions of this document:**

<b>Version</b>	<b>Ratified Date</b>	<b>Review Date</b>	<b>Date Published</b>	<b>Disposal Date</b>
CPFT POL/001/019	May 2018	Jan 2020	August 2018	
NCUH IG26 v2.0	14/11/2017	30/11/2020	24/11/2017	

**Statement of changes made from previous version**

<b>Version</b>	<b>Date</b>	<b>Section &amp; Description of change</b>
1.0	September 2018	<ul style="list-style-type: none"> <li>NCUH and CPFT policies combined onto the Joint policy template</li> </ul>

**List of Stakeholders who have reviewed the document**

<b>Name</b>	<b>Job Title</b>	<b>Date</b>
	Information Governance Group	March 2018
	CPFT Care Group Leads	01/05/2018
Helen Atkinson	Clinical Photographer, Medical Illustration Department, NCUH (author of NCUH policy)	Sept 2018
Gemma Richardson	NCUH Trust Lead Radiographer	Sept 2018