

## THE STATE HOSPITALS BOARD FOR SCOTLAND

### PATIENT PHOTOGRAPH POLICY

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The date for review detailed on the front of all State Hospital policies, procedures and guidance does not mean that the document becomes invalid from this date. The review date is advisory, and the organisation reserves the right to review a policy, procedure and guidance at any time due to organisational or legal changes.

Staff are advised to always check that they are using the correct version of any policy, procedure or guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

## REVIEW SUMMARY SHEET

Changes required to policy (evidence base checked)      Yes ☒      No ☐

### Summary of changes within policy:

#### July 2025 Revised

Narrative updated to reflect the introduction of the Women's Service at the hospital.

#### 2021 Review

Local protocols from Skye Activity Centre surrounding patient photographs incorporated into policy.

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## **1. PURPOSE**

To maintain accurate photographic records of the patient group for reasons documents in section 4.5, this assists in maintaining the good order of the hospital. To protect the confidentiality of patients and comply with information governance legislation.

## **2. SCOPE**

This policy and associated procedures will apply to all security staff and clinical staff within The State Hospital in maintaining accurate photographic records of the patient group.

## **3. AUTHORISATION FOR TAKING AND STORING PATIENT PHOTOGRAPHS**

### **3.1 THE HUMAN RIGHTS SCOTLAND ACT (1998)**

The State Hospital, as a public authority, under The Human Rights (Scotland) Act 1998 has a *positive obligation* to ensure that respect for Human Rights is at the core of their day-to-day work. Legally, Human Rights should not be compromised without justification. However, the Human Rights (Scotland) Act 1998 demands that limiting these rights and freedoms can only be when it is '*necessary in a democratic society*' and '*proportionate*'. The rights and freedoms in the Act may be restricted in order to achieve an important objective, e.g. protecting public health or safety. The right to respect for privacy and family life is integrated within the Human Rights Act, however, within the confines of the State Hospital some of these rights require to be restricted including the right to maintain photographic record of each patient.

### **3.2 THE GENERAL DATA PROTECTION REGULATION & DATA PROTECTION ACT (2018)**

Privacy legislation obligates The State Hospital to comply with The Data Protection Principles before processing personal data. Information collected and processed for the purpose laid out in 4.3 and 5.5 is done so because it is necessary for the performance of a task (operating a hospital) carried out in the public interest (Article 6(1)(e)) – Personal Information).

### **3.3 GENERAL DUTY OF CARE**

The State Hospital has a duty to provide a safe living and working environment for patients, staff and visitors. The Hospital also has a duty to ensure that the safety of the public is maintained.

### **3.4 CO-OPERATION**

Taking and storing a photographic image may be considered intrusive and co-operation should be sought and given before a photograph is taken. Should the patient refuse to cooperate the Director of Security/Estates & Risk and Resilience or Nominated Deputy should be notified. The Director of Security/Estates & Risk and Resilience or Nominated Deputy will discuss and agree with the Clinical Team the nature of the risk posed by the refusal, ways in which the risk may be managed and ways in which cooperation, or the image in the absence of cooperation, may be obtained. This may include use of CCTV.

## **4. PROCEDURE AND GUIDANCE**

### **4.1 OBTAINING CO-OPERATION**

Before taking a photograph of the patient, co-operation should be sought and an explanation of how the image will be stored and used should be given by the person taking the Photograph.

## **4.2 ADMISSION PHOTOGRAPH**

A photograph of the patient should be taken as soon as possible after admission by a member of staff from the Security Department who is competent to take the photograph.

## **4.3 IMAGE QUALITY**

The photograph should be in “portrait” layout, be of the maximum image quality possible and should include the patient’s head and shoulders. The patient should occupy the majority of the frame.

## **4.4 FREQUENCY OF TAKING AND UPDATING PHOTOGRAPHS**

- Following the admission photograph repeat update photographs should be taken at least annually.
- Photographs should also be updated whenever there has been a significant change of appearance (e.g. haircut, change of hair colour, facial hair growth or removal).
- Any change of appearance should be notified to the Security Information Office.

## **4.5 USE OF PHOTOGRAPHS**

Patient Photographs will be used for the visual identification of patients:

- By control room staff, for familiarisation, if the patient is given grounds access.
- In the Patient Movement Tracking System (PMTS) for identification of patients by Hub receptionists and Control Room staff when moving through the Hospital.
- On Grounds Access identification cards.
- By staff taking the patient out of the Hospital in case of absconding.
- In the event of a serious incident when required by the Police.
- If required by the Police after the patient has been discharged or transferred and there is a public safety concern.

## **4.6 HANDLING AND RETAINING PHOTOGRAPHS**

Patient photographs will be downloaded from the camera to the Security Department drive by the Security Information Office. The original image will then be deleted from the camera. 5 paper copies of the image will be printed:

- 1 to be given to the Control Room when and if the patient is given Grounds Access.
- 4 to be taken on any Suspension of Detention outing in the event of a patient absconding.

## **4.7 DELETION OF PHOTOGRAPHS**

### **4.7.1 Whilst an in-patient**

Patient photographs will be deleted from the Security Drive and all paper copies destroyed once an updated photograph has been taken, unless the electronic record requires to be kept due to the image showing the patient in a way that they could quickly or easily adopt, e.g. current photograph has a beard, the other retained image shows patient clean shaven.

### **4.7.2 Once transferred or discharged**

An electronic copy of the most recent patient photograph (and any others kept for the reasons described in the paragraph above) will be kept:

- For one year after discharge if transferred or unconditionally discharged.
- As long as the patient is on Conditional Discharge from The State Hospital.

- In line with the retention and destruction schedule for health records, as part of the Patient Admission Card / Physical Description.

## **5. PHOTOGRAPHS OF PATIENTS (Portrait & Events)**

Photographs obtained at patients request or at social events within The State Hospital will be managed in accordance with the patient photograph procedure (see Appendix 1) and receipt of photographs will be provided (see Appendix 2).

## **6. DATA SUBJECT ACCESS REQUESTS**

All subject access requests will be managed in accordance with IG05, IG22, IG18 & IG10.

## **7. TRAINING**

Training on the use of the Camera and the taking of patient photographs will be given to Security staff as part of their role specific induction.

## **8. SYSTEM ADMINISTRATION**

The system will be administered by the Security Information Office. The Data Controller is The Security Director or Nominated Deputy on behalf of the State Hospitals Board for Scotland.

## **9. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY**

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Security, Risk & Resilience, Health & Safety Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

## **10. EQUALITY AND DIVERSITY**

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures.

The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

## 11. STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
The Board	Y
Carers	N
Volunteers	N

## PATIENT PHOTOGRAPH PROCEDURE

Patient Photographs can be taken in the following circumstances:

- Patient portraits can be requested in exceptional circumstances, for example, if a patient has been in the hospital for a considerable time, relatives may be unable to visit or only infrequently, if the only photographs they have of the patient are considerably outdated or if exceptional family circumstances merit a photograph.
- There are occasions when requests are made for photographs to be taken at large events such as the Sportsman's Dinner, Celebration of Achievement Ceremony and also for promotion/display within the hospital. These images are **ONLY** for display/use within the hospital

The following steps should be adhered to:

- 1) All requests from a patient for photographs must be approved by the Clinical Team. All events photograph requests will be brought to the Clinical team by staff member organising the event. In both scenarios the benefits, reasons and risks must be fully considered and risk assessed by the Clinical Team. Approval should be documented in the CTM outcomes available on RiO
- 2) If approved, an email request should be sent to the Skye Centre Manager/ Senior Charge Nurse.
- 3) On receipt of the email request a mutually suitable date and time will be arranged for the photographs to be taken. Photographs will be taken by **approved Skye Centre Staff & PCIT staff\*** during the hours of Monday to Friday 9am – 5pm. Requests to take photographs at the weekend can only be accommodated if backfill staffing arrangements are agreed in advance in order to support the redeployment of Skye Centre staff. Whilst every effort will be made to accommodate requests for portrait photographs, this will be determined by the service needs and clinical activity at that time.
- 4) Once taken the printing of the portrait photographs will be carried out by **Crafts staff members only**. Once taken the digital images will be downloaded to the photography stand-alone PC located within the Crafts Centre and prints produced. All images will then be deleted from the memory card and the PC. If this patient has requested digital copies be sent, these must be emailed to the relevant social worker. All copies of the image must be deleted from hard drive and folders following being sent to identified individual, a copy of the image sent must also be emailed to the security information office for storage with details of who the image was sent to.
- 5) The final prints will be returned to the appropriate Clinical Team by the Skye Centre Security Manager. If the security manager is not available for any reason the Skye Centre Manager or Senior Charge Nurse will appoint an appropriate member of staff to deliver the photographs. A form 'Receipt of Photographic Prints' (see Appendix 2) must be signed by a member of the Clinical Team on receipt of the prints. This completed form should be returned to the Security Department with 1 copy of each final image detailing patients name, date taken attached. It will be the responsibility of the clinical team member to provide the photographic prints to the patient and inform the individual that a copy of the prints will be retained on file in the Security Department.

***\*The Approved list of staff able to take patient portraits is available from the Skye Centre Manager or Skye Centre Senior Charge Nurse.***



## RECEIPT OF PHOTOGRAPHIC PRINTS

## Receipt of Portrait Photographic Prints

Patient Name		Ward	
Date photographs taken		No. of prints issued	
<i>Clinical Team Member prints issued to **</i>			
Print Name/Signature			
Date			
Patient Consent to provide photograph by email.	<b>signature</b>		
Date email sent			

**\*\*It is the responsibility of the clinical team member to provide the photographic prints to the patient and inform the individual that a copy of the prints will be retained on file in the Security Department.**

## Receipt of Photographic Prints from Events

The receiving department will be issued with the prints from the event and will sign their acceptance of responsibility for the safe disposal of the images when they are no longer displayed.

Event			
Date photographs taken		No. of prints issued	
Department Receiving Prints			
Print Name/Signature			
Date			

**Must be completed when prints are delivered to Security Dept**

Date form received		No. of prints on file	
Signature			