Aneurin Bevan University Health Board

Recording of Patients by ABUHB Staff – Use and Storage of Audio Recordings and Images Policy

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents:

1 Executive Summary

This document is the policy for the use and storage of audio and visual recordings of patients by Aneurin Bevan University Health Board (ABUHB or the Health Board) staff. This Policy forms part of the Information Security Management system which supports the Health Board approach to information governance and promotes good practice.

Many departments within the Health Board make and use audio and image recordings to assist in the assessment and treatment of patients. The availability and usability of relatively low cost sophisticated digital equipment has led to an increase in the use of audio and image recording in a health care setting. Whilst digital images are intrinsically no different from traditional recordings, they are easier to copy, store, manipulate, share and distribute and are, therefore, potentially at greater risk of inappropriate use.

Audio or image recordings of a patient are regarded as personal information and may form part of the patient record. As such all audio and image recordings must be stored securely and be linked to the patient record (paper or electronic) where applicable and catalogued in such a way as to facilitate easy access and retrieval.

Audio or image recordings of patients or relatives or carers captured as part of a service feedback process or for research or educational purposes must be consensual and must be stored securely in a manner that maintains confidentiality and anonymity where appropriate.

The basic tenet of this policy is that consent is required for the making and using of any recording. This approach is consistent with the guidelines of the General Medical Council and the Information Commissioner.

2 Scope of Policy

This policy applies to all staff working within or on behalf of Aneurin Bevan University Health Board, including contractors, volunteers, students etc.

This policy applies to all audio and image recordings of patients collected and stored by ABUHB staff using any media including digital media, film (negatives and prints), slide and magnetic media. This includes:

- Photographic images
- Video images
- Audio recordings

This policy also applies to any future technologies that may be used for audio or image recording.

Within this document the term "recording" may be used to refer to both "audio and image (i.e. both still and video) recording".

Departments making audio and image recordings with the subject's consent to document the patient experience (e.g. 'Patient Stories') and those made

using specialist recording methods as part of a clinical investigation or procedure in circumstances where there is generally assumed consent, have their own policies and processes for the capture, cataloguing and storage of recordings / images; however, they will be governed by the general principles of this policy in terms of confidentiality, disclosure, storage, use and disposal of recorded material. The following are examples of the latter category:

- Radiology imaging
- Images taken from pathology slides
- Laparoscopic images
- Images of internal organs
- Ultrasound
- Cardiography
- Encephalography

2.1 Exclusions

This policy excludes:

- Recordings made by patients, visitors or carers for their own personal use e.g. where a parent is photographing or videoing their newly born baby. (Recordings made for 'personal use' are dealt with in the Policy for Photography, Video and Audio Recording by Patients, Visitors and Other Members of the Public on Aneurin Bevan Health Board Premises).
- CCTV or other security surveillance; which is covered within the Security Policy
- Recording of telephone calls

(Anyone using a telephone is subject to license conditions under the Telecommunications Act 1984. Every reasonable effort must be made to inform callers that their call may be recorded, and a record should be maintained of the means by which callers have been informed. Given the sensitive nature of calls to medical advice lines or similar services, particular attention must be paid to ensuring that callers are aware that their call may be recorded.)

3 Responsibilities

Ultimate responsibility for ensuring compliance with this policy lies with the Chief Executive; however, this is formally delegated to the Medical Director as Caldicott Guardian and to the Head of Information Governance. On a day to day basis responsibility for compliance with this policy rests with all staff working within Aneurin Bevan University Health Board.

It is the responsibility of Managers to ensure that this policy is implemented, monitored and adhered to.

4 General Principles

All audio and image recordings of patients are regarded as personal information and will generally form part of the patient's health record and are therefore, subject to the same legislation rules and policies that govern the management of health records.

Aneurin Bevan University Health Board acts as the steward of the records and all staff act on behalf of the Health Board.

Broadly speaking there are four distinct stages in the life-cycle of an audio or image recording; these are:

- the making of the recording;
- the use (accessing and disclosing) of the recording;
- the storage of the recording;
- the disposal and destruction of the recording

As part of the general conditions for making and using recordings consent will be sought where appropriate, in line with the Health Board Consent Policy.

5 Information Asset Register

All information systems used for the collection, storage and use of audio and image recordings **must** be registered on the Health Board's Information Asset Register, held by the Information Governance Unit. This is a register of all the categories of information held by the Health Board. The Health Board has a legal obligation to supply this to the Information Commissioner.

6 Making the Recording

6.1 Undertaking Audio and Image Recordings

The Health Board has a Medical Illustration & Clinical Photography Department available during normal working hours. This department is responsible for recording professional images and should therefore be the first point of contact for any department or individual who needs to record images.

However, it is recognised that departments may need to record images on an ad hoc basis where it is not possible or practicable to utilise the Medical Illustration & Clinical Photography Department or when the Department is not available. Under these circumstances it is acceptable for other staff to undertake visual recordings as long as they act in accordance with this policy.

The Health Board does not have an official department responsible for organisation-wide audio recordings, although the Speech and Language Therapy and Audiology Departments make audio recordings of patients for clinical purposes.

6.2 Equipment

Wherever possible Health Board owned equipment should be used. Where this is not possible **personal equipment** authorised by the Directorate may be used.

Each Directorate must have a process in place for authorisation of non-Health Board visual or audio recording equipment.

All Health Board equipment used **must** be securely stored after use. Use of personal equipment will be at the owner's risk.

Any recordings made using staff personal equipment **must** be downloaded or transferred as soon as practically possible from that equipment to a suitable Health Board storage resource and then deleted from the personal equipment or disposed of securely. On no account must recordings be permanently stored or stored for the long-term on staff personal equipment for Health Board use or personal use.

7 Consent

All staff must refer to the Health Board Consent Policy and ensure compliance with this policy and the principles of the Mental Capacity Act (2005) and Data Protection Act (1998).

7.1 Patient Consent

The purpose of any recording **must** be clearly explained to the patient who must demonstrate that they understand the explanation. Care must be taken to respect patient autonomy and privacy.

Informed consent must be obtained prior to recording and wherever possible this should be written. Where the patient is unable to provide written consent (for example due to a physical impairment) a witness to the verbal or implied consent should be asked to countersign the consent form. Consent Form 5 of the Health Board Consent Policy must be used to record either written consent or the clinician's record that the patient had consented to the recording. (This is included as Appendix 1 of this policy).

Patients must not be placed under pressure to give or withhold permission to make the recording.

The recording must be stopped at the request of the patient or their representative or if it is judged to be having an adverse affect on the consultation or treatment.

Where a patient's consciousness is likely to be impaired, due, for example, to anaesthesia or the effects of medication, consent to record must be sought before any general anaesthesia, pre med, sedation or any other medication that may affect the patient's capacity is applied.

Recordings must not be used for any purpose other than that for which they were originally made without obtaining further consent.

7.2 Consent – Children Under 16

Children under 16 who have the capacity and understanding to give permission for a recording (Gillick competent) may do so. This consent and the factors taken into account in assessing the child's capacity must be recorded in the child's health record.

Informed consent must be obtained prior to recording and wherever possible this should be written. Where the child is unable to provide written consent, the parent or guardian must be asked to witness the verbal or implied consent by countersigning the consent form.

For children not Gillick competent (deemed unable to consent) consent must be sought from their parent or guardian.

7.3 Consent – Adults who Lack Capacity

When, according to the Mental Capacity Act 2005, a person lacks capacity to consent to recording, this must be obtained from the patient's representative. (Legally this can only be a Lasting Power of Attorney registered with the Office of the Public Guardian) or where not applicable, by the clinician who in consultation with those close to the patient, has deemed the recording to be in the best interests of the patient. Staff **must** ensure compliance with the Health Board's Consent Policy and comply with the Mental Capacity Act, 2005. A record of the decisions made determining capacity must be completed – a form from the Health Board's Consent Policy is included as Appendix 2.

People agreeing to recordings on behalf of others are accorded the same rights and information as patients acting on their own behalf.

Consent must be obtained for recording prior to the recording taking place. Written consent is not required but the fact that a patient's representative has consented, or a clinician has made a decision in the patients best interests, must be recorded in the patient's health record along with the details of the assessment of capacity which led to this decision making route.

7.4 Recording in an Emergency

Recording without consent is permissible in medical emergencies where consent cannot be obtained; e.g. if the patient is injured or unconscious. The patient representative's permission is not required before starting the recording but recording must stop if the representative objects.

Consent for the continued existence of the recording must then be sought as soon as possible after the patient regains capacity. Where this is not obtained, the recording must be erased or destroyed as appropriate.

7.5 Photographing Babies without Consent

In exceptional circumstances visual images may be taken with the sole purpose of providing the parents / carers with a photograph of their child

before explicit consent has been gained. At an appropriate time the parents / carers should be notified that this has taken place.

These may include:

- Babies being admitted to the neonatal unit
- Still births or neonatal deaths
- Sudden Unexpected Death of Infant (SUDI)

8 Teaching and Education

Before making any recordings which may be used for teaching or publication, details of any additional purposes must be explained to the patient and consent obtained. When no recording has been planned, but a record of an unexpected development would make a valuable educational tool, a recording of the procedure may be undertaken. If consent cannot be given at the time because, for example, the patient is anaesthetised, the patient must be approached at the earliest opportunity, informed of the existence of the recording and asked to provide their consent for its subsequent use. **If consent is not given, the recording must be deleted / destroyed.**

9 Research

Before using images or recordings for research purposes the Research and Development Department should be contacted; who will provide details of the process to be followed.

10 Publication

Where there is the intention or the likelihood that a recording or image may be used for publication, this must be clearly explained to the subject of the recording and consent must be obtained. It should also be made clear that following publication, the recording will no longer be under the Health Board's control. This is particularly relevant where publication to the Internet is concerned.

11 Processing

Great care must be taken in the use of commercial or non-departmental film processing facilities where the risk of unauthorised disclosure and recognition of a patient is increased. Staff must not use a commercial processor (e.g. Boots, Klick, HP, Kodak) to process media. Where an external source is to be used then secure arrangements must be made through a formal contract between both parties that will ensure confidentiality safeguards are adhered to. This contract must be created through the appropriate procurement services.

12 Printing Images

If images are needed to be printed locally for clinical purposes then a high definition printer and specialist photographic paper should be used in order to produce prints of appropriate quality.

13 Using the Recording

13.1 Disclosure and Sharing – Use within the Care Environment

Patient confidentiality must always be respected. Recordings are only to be disclosed to staff who are directly involved in the care of the patient and on a need to know basis. It is particularly important to check that patients understand what will be disclosed if there is a need to share the recordings with anyone employed by another organisation or agency contributing to their care.

Seeking patient's consent for the disclosure of information is part of good communication between the clinician and the patient. However, most people understand and accept that information must be shared within the health care team in order to provide effective care.

Consent must be obtained for disclosure prior to disclosure and sharing. Written consent is not required but the fact that consent was given must be recorded in the patient's record.

If the recordings are to be disclosed to other organisations, the method of sharing must be authorised as appropriate within the Wales Accord on the Sharing of Personal Information (WASPI) framework.

13.2 Disclosure and Sharing – Use within the Public Media

The Health Board has a Corporate Communications Department which is responsible for communicating with the public media. Therefore, the first point of contact for any disclosure to the public media should be Corporate Communications. Recordings for use within the public media (e.g. for use on television, radio, in print or on the Internet) must never be made without prior consent.

Anyone involved in making recordings of patients for use in the public media must be satisfied that the patient's informed consent has been obtained. It should be made clear to the patient that once consent has been provided for publication and the recording is in the public domain then there is no effective way in which that recording can be withdrawn.

13.3 Disclosure and Sharing – Where Consent is not Required

Disclosure without consent is permissible where it is deemed in the patient's best interest or where there is a serious risk to the patient or others, and may be justified even where the patient has been asked to agree to a disclosure, but has withheld consent. In such cases a senior clinician (e.g. consultant, senior nurse) must approve the disclosure.

Disclosure of a recording without consent is permissible in medical emergencies where consent cannot be obtained.

Disclosure of recordings may also be permissible without consent to ensure compliance with judicial or statutory requirements. Access to records under judicial processes will normally be managed by the Access to Health Records or Litigation Departments.

Recordings are classed as personal information and as such they may be disclosed in the public interest without seeking the patient's consent or even where consent has expressly been withheld, where the benefits of disclosure, either to an individual or to society, outweigh the patient's right to confidentiality. Such situations arise, for example:

- where a disclosure may assist in the prevention, detection or prosecution of a serious crime, especially crimes against the person;
- where the abuse of vulnerable adults, or children is involved.

In the case of children, the law clearly permits the disclosure of confidential information in order to safeguard the child or children. (In child protection cases the public interest to disclose information may override the duty of confidence). If there is uncertainty about whether to proceed without consent then advice should be sought from the Health Board named Child Protection Professionals. (For further information refer to the Child Protection Procedures). The patient will be informed at the earliest opportunity that disclosure will or has been made. Justification for disclosure must be recorded in the patient's record. Any request for information from other agencies in relation to child protection cases should be directed to and managed by the Health Board Access to Health Records Department.

13.4 Disclosure and Sharing – Teaching and Education

Care must be taken to anonymise recordings when being used for teaching or education purposes. Permission must be obtained prior to making any recording which is not part of the patient's assessment or treatment, regardless of whether the patient may be identifiable. However, recordings may have been made for teaching purposes prior to 1997 without it being recorded whether or not permission had been obtained. Such recordings may continue to be used as long as the patient is not identifiable, but the recordings should be replaced at the earliest opportunity with similar recordings for which permission can be shown to have been obtained.

Recordings in which a patient may be identifiable should not be used for teaching purposes if it cannot be demonstrated that consent has been obtained for that use.

13.5 Disclosure and Sharing – Research and Publication

Care must be taken to anonymise recordings that are being used for research purposes or publication. Consent must be obtained where the recordings are intended for publication.

14 Access to the Recording by the Patient

All audio and image recordings of patients are regarded as personal information and form part of the patient's health record and are therefore subject to the same legislation and rules. The patient or their representatives are able to request a copy of the recordings or gain access to them under the Subject Access Request conditions of the Data Protection Act 1998. These requests **must** be placed with the Health Board's Access to Health Records Department, who will deal with the request on behalf of the Health Board.

However, there will be occasions when instant access or viewing of the recording for clinical purposes is required by the patient or their representative. On these occasions the senior clinical professional must decide on the appropriateness of disclosure.

15 Storing the Recording

Secure storage of personal information is a legal requirement; therefore all recordings must be stored in a safe environment. A safe environment within the context of this policy means:

- Health Board media stored within a locked and fire proof storage area;
- an approved Health Board ICT storage solution e.g. the Health Board network;
- the patient's health record.

Recordings must **not** be stored permanently:

- in staff desks;
- at staff homes;
- on the hard disk (internal or external) or solid state drive of a local PC or laptop;
- on personal digital media e.g. memory stick or DVD;
- on staff personal equipment e.g. mobile telephones, laptops, tablets, memory cards.

All recordings **must** be stored in a safe environment as soon as practicable after making the recording.

Any recordings made using staff personal equipment **must** be downloaded as soon as practically possible from that equipment and then deleted from the personal equipment. On no account must recordings be permanently stored or stored for the long-term on staff personal equipment for Health Board use or personal use.

All recordings must be catalogued to provide links to individual patients as part of their health record. If recordings are stored away from the patient

health record then the place where they are stored must be identified within the patient's health record.

16 Disposal and Destruction of the Recording

Secure disposal of personal information is a legal requirement; therefore, all recordings must be retained in accordance with the Health Board Retention Schedule Policy for non-Clinical and Clinical Records Policy. Disposal and destruction must be effective and in accordance with environmental regulations (for paper and magnetic media).

Computer media must be disposed of in accordance with the Health Board's Secure Disposal and Reuse of Computer Equipment Policy.

If recordings are not permanently required as part of the health record, the media on which they are stored (i.e. paper or magnetic media) should be shredded.

17 Training and Awareness

Staff will be made aware of this policy through the Health Board corporate induction training material, Health Board Information Governance e-learning, the Information Governance Steward Network and through departmental training.

This training is an integral part of the Knowledge and Skills Framework and staff personal development.

18 Incidents & Reporting

Staff who believe that recordings are being accessed or used in a way which they regard as in contravention of this policy should report this to the Information Governance Unit.

Staff who inadvertently or accidentally access recorded material outside of the requirements of their role should inform their line manager as soon as possible. Accidental access will not result in disciplinary action but failure to report it may do so.

Serious breaches of this policy must be reported to the Head of Information Governance. A formal investigation will be undertaken in the event of a serious breach. This may lead to disciplinary action.

19 Breach of this Policy

This Policy aims to protect both the Health Board and its staff and breaches of policy will be dealt with in accordance with the Health Board's Disciplinary Policy. Failure to adhere to this policy may lead to disciplinary action up to and including summary dismissal, depending on the individual circumstances of the case. Misuse of the material recorded may also result in the withdrawal or limiting of access to the material. In addition, staff are advised

that accessing and transmitting sexual material may be a criminal offence. The courts may take action against individuals where appropriate.

20 Monitoring and Effectiveness

The Health Board will monitor compliance with this policy and reserves the right to access the material recorded and report on its use; this includes private and personal use of any of the material recorded. The Regulation of Investigatory Powers Act provides legal powers for any public body to lawfully monitor and record employee communications to:

- Establish the existence of facts
- Ascertain compliance with practice or procedures
- Monitor standards of service and training
- Safeguard national security
- Detect and prevent crime

The Health Board will use this legal power fairly and in conjunction with the employee's rights under the Data Protection Act 1998 and Human Rights Act 2000. Monitoring may lead to a formal investigation if a serious breach is suspected, which may then lead to disciplinary action.

21 Health Board Responsibilities

The Health Board, through the Information Governance Unit, will monitor and audit compliance with this policy. Information from monitoring will be reported to the Information Governance Committee.

Where misuse amounts to a breach of this policy, the Health Board will invoke the relevant disciplinary procedures.

Where misuse amounts to a suspected criminal act, the Health Board will inform the Police and any other relevant third party authorities.

The Health Board will communicate this policy through several methods, including the Intranet and training programmes.

The Health Board will update this policy in response to changing legislative and operational requirements.

The Health Board reserves the right to withdraw access to use of the audio and image recording services:

- in order to undertake technical changes, including update and repair;
- in the event the facility becomes uneconomic;
- if recording is being used in a way that conflicts with this policy.

22 Further Information

If you would like further information on the contents of this policy, or on any matters relating to it, please contact the Health Board's Information Governance Unit.

23 References

GMC Guidance – Making and Using Audio and Visual Recordings of Patients

ABUHB Consent Policy

Policy for Photography, Video and Audio Recording by Patients, Visitors and Other Members of the Public on Aneurin Bevan Health Board Premises

Appendix 1 – Consent Form 5: Consent for the making and using of audio and image recordings

Aneurin Bevan University Health Board Consent Form 5

Addressograph

Informed patient consent for making and using audio and image recordings

Clinical recordings play a key role in the care and treatment of patients and are a valuable education resource for medical staff at all levels, and thus of benefit to future patients. This form provides the Health Board with your consent to make and use visual and / or audio recordings to provide the best care possible.

Please indicate below the level of usage to which you consent. If you do not fully understand any of information provided under A, B or C, please ask a staff member for an explanation. If, in future, you wish to withdraw this consent, you have the right to do so at any time by writing to the Health Board. Your choice of consent level will not affect your treatment in any way. Where an adult patient (18 or over) lacks capacity ('competence') to give or withhold consent to the visual / audio recording and the visual / audio recording is in the patient's best interests, Appendix 2: Capacity Assessment and Best Interests form and Sections A, B and C of pages 1 and 2 of this consent form must be completed and filed together in the patient's notes.

To be completed by the patient or their legal representative				
A	**Consent type A: Case notes only**			
	I understand that the recordings requested here, to which I have agreed, will form part of my confidential treatment records.			
	Signature:		Date:	
	Name of patient:			
	Name of signatory (if different):		Status:	
B	**Consent type B: Educational use and Case notes only**			
	I understand that the recordings requested here may be useful for the purposes of medical teaching and in view of the explanation given to me I agree that the recordings may be provided to appropriate professional staff.			
	Signature:		Date:	
	Name of patient:			
	Name of signatory (if different):		Status:	
C	**Consent type C: Open Publication and Educational use and Case notes**			
	I understand the recordings requested here are required for open publication in a journal or textbook, as part of a display or information leaflet or on an open access web site, which may be seen by members of the general public as well as medical professionals. To this I give my consent.			

	Signature:		Date:	
	Name of patient:			
	Name of signatory (if different):		Status:	

To be completed by Health Board staff obtaining consent. (Boxes A and B must be completed. Complete boxes C and D if appropriate)

Name: _____

Job title: _____ Department: _____

Signature: _____ Date: _____

A Images/recordings have been stored: _____

(please state the location of stored images/recordings)

Images stored by: _____

(please print name)

Date: _____

B Images/recordings have been deleted from media: Yes/No

(delete as applicable)

Images deleted by: _____

(please print name)

Date: _____

C Where images/recordings have been destroyed please complete this section:

Images destroyed by: _____

(please print name)

Date: _____

D Where the Patient has withdrawn consent please complete this section:

Date consent withdrawn: _____

Method by which consent was withdrawn:

_____
(for example in person/letter to Health Board/by telephone)

Signature of patient:

_____
(When available if not attach correspondence or details of call)

Appendix 2: Capacity Assessment and 'Best Interests' Record[1]

The **Mental Capacity Act 2005** (MCA) assumes that persons can and will make decisions about their own lives and have the capacity to do so. Where there may be doubt, consider whether there is **an impairment, or disturbance in the functioning of the person's mind or brain.** If there is **no such impairment or disturbance**, then, the person has capacity as defined by the Mental Capacity Act 2005.

Name	
Address	
Date of Birth	

Decision to be made:

.....

Persons consulted:

Name	**Role: (e.g. relative, attorney – specify welfare and/or property)**

Where did the assessment of capacity take place (e.g. at the person's own home, in a hospital ward):

.....

When did the assessment take place? (date/time)

.....

Persons present during the assessment:

.....

.....

[1] Developed by Cardiff and Vale Partnership 2007

1. Decision regarding capacity in relation to the decision outlined above only. Does the person have an impairment of the mind or brain, or is there some sort of disturbance affecting the way their mind or brain works? (It does not matter whether the impairment or disturbance is temporary or permanent.) Provide evidence.

2. Does the impairment or disturbance mean that the person is unable to make the particular decision detailed above at this time?

The MCA says a person is unable to make a particular decision if they cannot do one or more of the following four things (Please tick the appropriate box)**:**

Question	**Yes [ ]**	**No [ ]**
Does the individual understand the information relevant to the decision? [Explain and record evidence].		

Question	**Yes [ ]**	**No [ ]**
Can the individual retain the information for long enough to enable him/her to make the decision? [Record evidence].		

Question	**Yes [ ]**	**No [ ]**
Can the individual use or weigh up that information as part of the process of making the decision? [Record the basis for your decision].		

Question	**Yes [ ]**	**No [ ]**
Can the individual communicate the decision effectively? [Record how the decision was communicated].		

Outcome of the assessment, in relation to the decision above

On the balance of probabilities, there is a reasonable belief that: The person [has/ has not] got capacity in relation to this decision.

Details of Assessor

Assessor:	
Role in agency	
Agency	
Assessor's Signature	
Date of Assessment	

'Best Interests' - Factors to be considered

If the outcome of the assessment indicates that the individual lacks capacity to make this particular decision at this time, consider the following before making a decision in the person's best interests:
Could the person have capacity in the future and can the decision wait until then?
Should an IMCA (Individual Mental Capacity Advocate) be instructed (i.e. is the person unbefriended: and lacking capacity, and does the decision involve either serious medical treatment **or** long term care and health moves (more than 28 days in hospital / 8 weeks in a care home)?

An IMCA **may** also be instructed to support someone who lacks capacity to make decisions concerning adult protection cases, (whether or not family, friends or others are involved). **or** care reviews, where there are no appropriate family or friends to represent the individual.

If yes, follow the guidance on referral to the IMCA service.

Date IMCA requested: …/…/…… Name of IMCA:
……

Has the individual made a **valid** and **applicable Advance Decision** that applies to the decision above? If yes, please provide details.	

Has the individual made any other statement, written or	

verbal, in relation to the decision above when they had capacity? If yes, please provide details.	

Who needs to be consulted in relation to this decision and what is their relationship to the person? (e.g. relative, carer, attorney – specify type)	

Specify the outcome of the consultation with each individual named above.	

3 Details of 'Best Interests' Consultation

What are the issues which matter most to the person who lacks capacity?	

Record their past and present wishes, feelings and concerns in relation to this decision.	

What are the person's values and beliefs (e.g. religious, cultural, moral) in relation to this decision?	

Are there any other "relevant circumstances" that should be taken into account in this case?	

List the possible alternatives considered. Which is the 'least restrictive' option and Why?

Options	**Best interest Y/N**	**Reasons** (Please outline the rationale and how the best interest decision has taken into consideration the 'least restrictive' option)

Please highlight any particular issues that should be addressed in future review(s).

.....
.....
.....