STANDARD OPERATING PROCEDURE CLINICAL DIGITAL PHOTOGRAGHY

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Consultation:	Simon Barratt, Lead Tissue Viability Clinical Nurse Specialist Katie Barraball, Community Services Therapy Lead
Ratified and Quality Checked by: **Date Ratified:**	Community Clinical Network Group 18 April 2024
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1	*June 2021*	*New SOP. Approved by sign-off (Kerry Brown, Clinical Lead Community & Primary Care - 16 June 2021).*
1.1	*April 2024*	*Reviewed and updated. Approved at Community Clinical Network Group meeting on 18th April 2024.*

Contents

1. INTRODUCTION

These standard operating procedures (SOPs) have been developed to guide the practice of staff working in community Services, and inpatient units. They also provide a framework for the provision of safe and effective care.

Please note these SOPs are subject to change dependent on service development. Please ensure the most up to date version is used by accessing it via the trust intranet.

Across all Services staff are to comply with the following Standard Operating Procedure (SOP) to ensure a knowledgeable, skillful competent workforce across all localities and staff grades operated by Humber Teaching NHS Foundation Trust.

Clinical photography and video recordings are a valuable part of assessing and evidencing a patient's condition. In particular in tissue viability, the digital photography of a patient's wounds is an essential technique used to assess healing. The value of clinical photography -is the ability to achieve repeated views over time, adding objective visual confirmation to the written record, capturing therapeutic efficacy. They are also beneficial in Allied Health Professional (AHP) areas to demonstrate improvements of a particular condition over time, including postural advice.

Clinical photographs are a confidential part of the medical record which may contain sensitive personal information. They should be treated with the same care as written/electronic medical notes/records.

2. SCOPE

To give guidance to all staff to ensure that clinical photography undertaken to support the care of a patient is carried out in a safe, secure and confidential means. These guidelines provide the basic concepts and are appropriate to all types of clinical photography.

Definitions
For the purposes of these guidelines the following definitions apply:

Clinical Photography
Clinical photography is defined as stills or video photography undertaken by clinical staff to support the care and treatment of a patient.

3. DUTIES AND RESPONSIBILITIES

Service Managers, Modern Matrons and appropriate professional leads will ensure dissemination and implementation of the policy within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and sign off competencies.

Ward Manager / Team Leaders / Clinical lead will disseminate and implement the agreed SOP. They will maintain an overview of associated training needs for their respective teams. The Ward manager/Team Leader / Clinical lead will ensure mechanisms and systems are in place to facilitate staff to attend relevant training as part of their appraisal process in order to undertake training and sign off competencies.

Clinical Staff
All clinical staff are responsible for:
  a) Assessing when a clinical photograph is required;
  b) Obtaining and recording appropriate consent from the patient;

c) Uploading relevant clinical photographs to the patient's electronic record with associated progress note;

d) Ensuring that all reasonable steps are taken to ensure the confidentiality and security of the photographs. Where there is a need to send a photograph to another healthcare professional, the Trust guidelines in the secure sending of images must be adhered to.

4. PROCEDURES

4.1. Consent and Confidentiality

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 or lasting power of attorney for an adult

A key point relating to clinical photography is to ensure consent is obtained from patients prior to taking any clinical photographs using the appropriate consent form which are available as part of the Trust's Photography, Video and Recording Procedure.

If an adult patient is unable to consent and the photograph is for care and treatment, then agreement should be sought from someone with the lawful authority to consent on their behalf e.g. a registered power of attorney for health and welfare or a court appointment deputy. Where no individual has legal authority to make the decision on a patient's behalf, the Mental Capacity Act (2005) Best Interest process must be applied, and the Best Interests decision record completed and filed in the health record.

Consent relating to recordings that form part of the health/professional record can be withdrawn at any time prior to the recording being made. Once the recording is part of the health record consent cannot be withdrawn.

The consent form should be stored in the patient's record on Systmone.

Clinical photographs are confidential medical records which may contain sensitive personal information. They should be treated with the same care as written/electronic medical notes.

It is the healthcare professional's responsibility to decide when it is appropriate to undertake clinical photography and, in addition to consent, the clinician must consider the quality of the image produced. The resulting image must be of sufficient quality to access the clinical condition being reviewed, e.g. photographing of the wounds will allow the clinician to:

a) Monitor wound healing progress or deterioration;
b) Provide a record of the healing process; and
c) May be used as a method of gaining specialist advice regarding the patient's condition and/or their wound's status.
d) May be used to demonstrate improvements of a particular condition over time, including postural advice.

There must be informed consent from all patients to use the photograph for purposes other than previously stated in the consent form. Photographs MUST NOT BE TAKEN of any other area of the body that the patient has not consented to.

4.2. Photographic Equipment

Staff should ensure that they have adequate supplies of all necessary equipment prior to undertaking clinical photography:

- Camera (charged) and carry case
- Smartphone charged

- Disposable measuring tapes and pen (if required)
- Hygiene/detergent wipes suitable for camera/smartphone
- Relevant consent forms

Only Trust digital cameras/ encrypted devices (e.g. smartphones, tablets) may be used:

- Batteries should be checked regularly.
- Ensure that the correct date and time is set on the camera/device.
- The camera/device must be cleaned with appropriate multi-surface wipes to prevent cross infection between patients.
- The digital camera/device should be transported in a secure case or bag in the boot of a car as per the Trust's Safe Haven Procedure.
- Where digital devices such as Tablets or Smartphones are used they must have the access security i.e. use of PIN, enabled.

4.3. Taking the Image

Ensure appropriate Consent to Treatment Guideline is consulted and adhered to in advance of taking the photograph using the appropriate documentation.
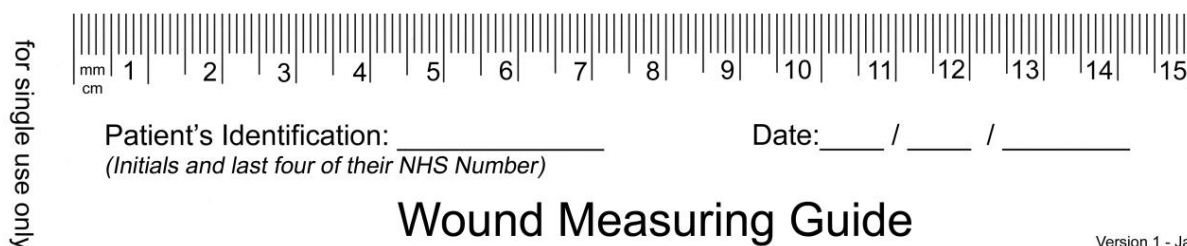Respect patient dignity and modesty at all times, ensuring minimum patient skin exposure.

For Wound Care photography - *If cleansing of the wound and/or surrounding tissue is indicated (in particular the perineum) this needs to take place prior to photographs being taken. Clinicians must ensure gloves are removed and hand washing undertaken between dealing with the patient/wound and using a camera/smartphone to reduce risk of cross infection Clinicians should take a photograph on initial assessment and then any subsequent images taken should fall in line with the wound evaluation chart.* **Scale -** *Disposable paper rulers must be used to give an impression of scale and the extent of a wound. It should be noted that wound measurement using digital photography is not sufficient enough to be used as a basis for accurate measuring of wounds.*

Patient identification used in images is restricted to using patient NHS number documented on a paper measure to ensure correct identification of patient along with the date and time for the purposes of all photography.   The clinician should include the location / site / posture when naming image file as an extra step to ensure that the image is correctly recorded.

When taking photographs consideration must be given at all times to protect the patient's identity within the photograph itself.

Care must be taken to respect the dignity, ethnicity and religious beliefs of the patient. The patient's modesty must also be maintained by ensuring minimal patient skin exposure. Photograph the minimum required area of the body ensure any distinguishing features are covered. If photographing a patients' face then cover any distinguishing marks i.e. birth marks etc. Ensure that any device used for photography is encrypted such as a smartphone or iPad.

for single use only

mm cm | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |

Patient's Identification: _____   Date:____ / ____ / _____
(Initials and last four of their NHS Number)

Wound Measuring Guide

Version 1 - Jan 2013

Digital images should be transferred from the camera/device to a Trust computer in a secure folder on the network drive as soon as possible, ideally on the day of taking the image. The image must

not remain on the device longer than 72 hours. The image must be deleted from the camera/device on completion of transfer and checking of the image. The image will be named with the NHS number, patient name and date of recording.

Once the images have been uploaded to the patient's electronic record the image needs to be checked / viewed to ensure it is clear and legible, the folder and images on your computer should be deleted.

Staff who use digital equipment are professionally accountable for the images taken and are responsible for erasing all images and cleansing equipment after use with a hygiene / detergent wipe.

4.4. Sending of Photographs/Images from a Smartphone
Some circumstances may require that the images are sent directly from your Trust encrypted Smartphone for specialist advice. Images can be sent via secure email using the Trust's encrypted mobile smartphones using nhs.net to an nhs.net account.

4.5. How to attach photos in SystmOne

Please note:
There are information governance (IG) risks associated with taking and storing photos that you should consider.
Please refer to the [Photographing Video and Audio Recording Procedure Proc460.pdf (humber.nhs.uk)](humber.nhs.uk)   for further information.

Important points to note:
- When emailing, for IG reasons you must only do this from a secure nhs.net account to another secure nhs.net account, i.e. to yourself.
- Only a Trust issued mobile phone may be used to take and send photos.
- You should check your phone settings to ensure that your photos are not automatically backed up online as you would then be storing photos that you do not have permission to store.
- Send the original actual size of the photo because this will ensure the maximum detail.
- Once the photo is attached to SystmOne you **MUST** delete it from your phone and network drive. This is important for IG, security and storage space reasons.

Taking a photo
1. Open the camera on your Trust mobile phone and take a photo following the instructions for your particular device.
2. Open ''Email'' on your phone and create a new email adding the photo as an attachment. **This email must include the patients NHS number, date and a description of the document (e.g. 41234567, 03.10.2020 exercises) so that it can be added to the correct patient record and easily identified later on.**
3. Send this email to your NHS.net email account.
4. Open your Email inbox on your PC, open the email you have sent and save the attachment to a secure folder on your desktop. **The name of the saved document must again include the patients NHS number, date and a description of the document (e.g. 41234567, 03.10.2020 exercises) so that it can be added to the correct patient record and easily identified later on**.
5. The photograph must be deleted from the folder once uploaded to the patient record.

Uploading a photo to SystmOne

1. Open the correct patient record in SystmOne.
2. Right click on ''Record Attachments'' in the Clinical tab as shown below.
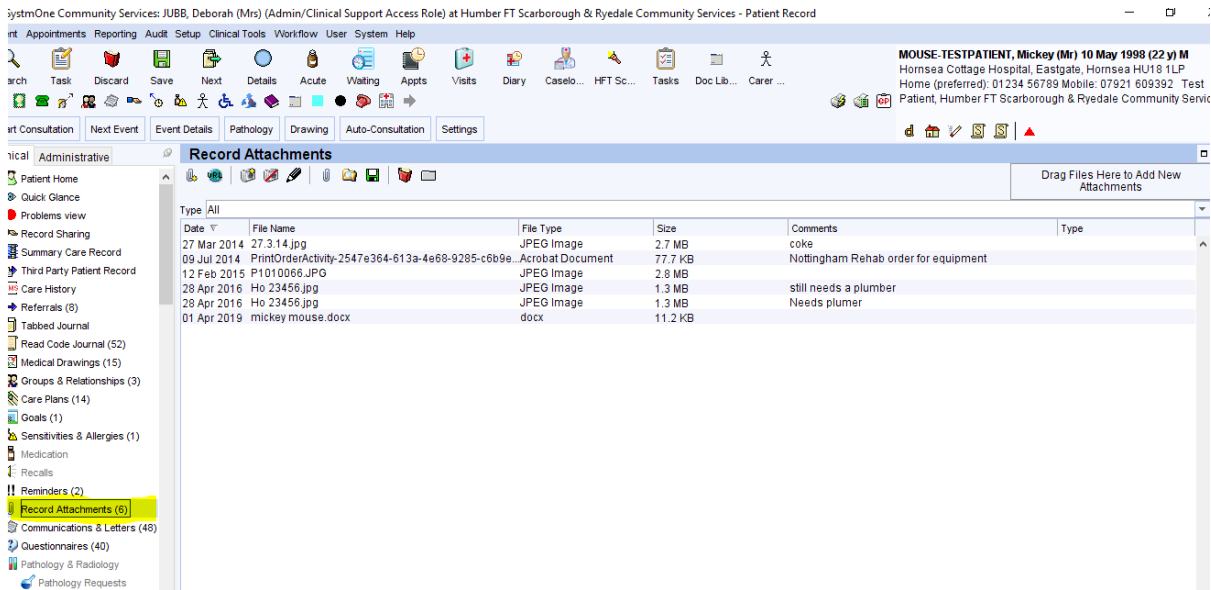
3. Select ''Attach file''
4. Select the drive that you are importing from so that it appears in the ''Look in'' box
5. Select the document you want to import from the list.
6. Click select.
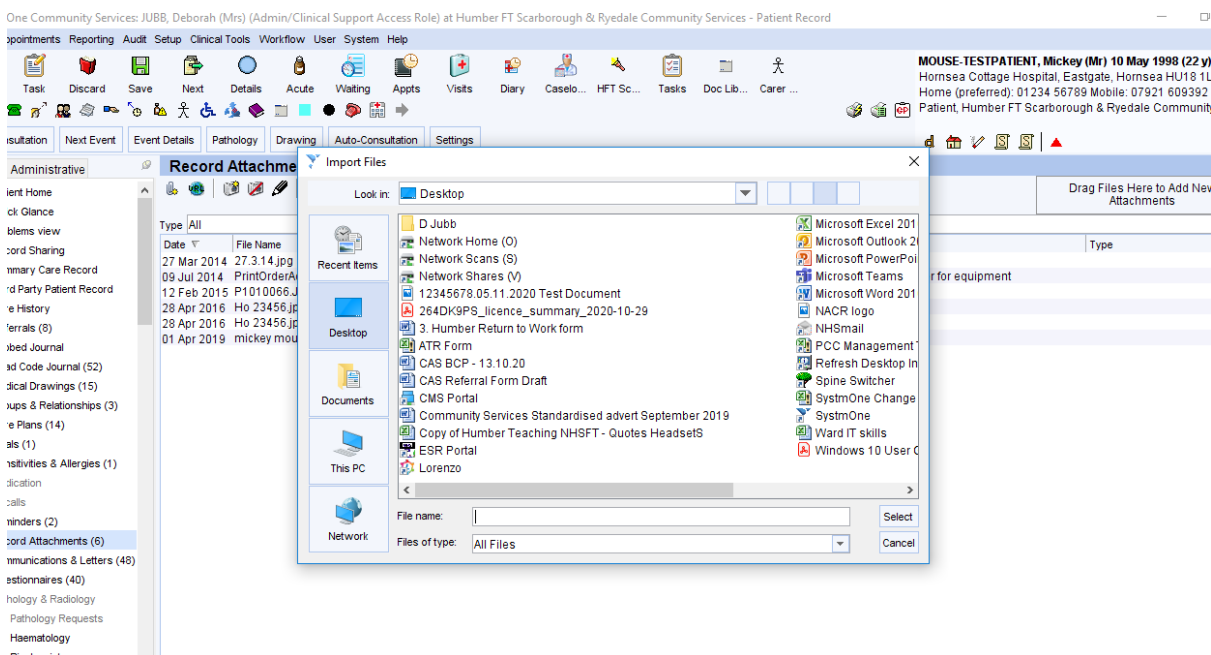
7. Check/view the uploaded file to ensure that it is clear and legible.

4.6. Uploading Images to the Datix Incident Reporting System

When a digital image is required to support an incident reported on the Trust's Incident Reporting system, Datix it can be uploaded to be included in the actual incident report. This is stored within a secure environment and will mean it is available to anyone involved in investigating the incident e.g. carrying out a Root Cause analysis.

4.7. Monitoring Compliance

Clinical Leads and team leaders will monitor compliance of these guidelines by:

a) Clinical audits, including clinical record keeping audit and wound care audit.

b) Responding to any incidents reported on the Trust incident reporting system and ensuring appropriate lessons learnt are identified and action plans implemented and completed.

c) Monitor feedback from clinical staff and that any concerns raised are addressed.

5. REFERENCES

Consent to Assessment, Examination and Treatment Policy and Procedure (N-052)
Photographing, Video and Audio Recording Procedure (Proc 460)
Information Governance Policy (N-008)
Incident Reporting Policy and Procedure (N-038)
Records Management and Information Lifecycle Policy (N-044)

Appendix 1: Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Clinical Digital Photography SOP
2. EIA Reviewer (name, job title, base and contact details): Carol Wilson, Locality Matron
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

Main Aims of the Document, Process or Service
These guidelines primarily covers guidance on clinical photography relating to digital images supporting the wound management process but the basic concepts covered are still appropriate to any other type of clinical photography.   To provide a framework for the provision of safe and effective care in line with trust and national guidance.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	See below
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	See below
Sex	Men/Male Women/Female	Low	See below
Marriage/Civil Partnership		Low	See below
Pregnancy/ Maternity		Low	See below
Race	Colour Nationality Ethnic/national origins	Low	See below
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	See below

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay men Bisexual	Low	See below
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	See below

Summary

Please describe the main points/actions arising from your assessment that supports your decision. No indication that implementation of this procedure would cause any potential or actual impact with regard to the equality target groups listed.
EIA Reviewer: Carol Wilson

Date completed: 18 April 2024	Signature: C Wilson