Use of Digital Images for Wound Care:

This summary has been written to highlight key areas you must consider when taking digital images for clinical care purposes. More information can be found in the following documents:


In addition may be a local standard Operating Procedure for your Trust which you should refer to.

Key Reasons for Use of Imagery:

- To provide a record of the wound.
- To be able to let patients see their wound which will provide reassurance and may help with concordance with care.
- For the monitoring and assessment of wounds.
- To support the referral to other specialists if this is required.

If a referral is required then use of E mail must be through a safe and secure system which is considered such by official government status. NHS E mail is considered to be secure. If the matter is related to safeguarding then central and local government, Police and central justice E mails may be used, details of which can be found in https://www.imi.org.uk/wp-content/uploads/2019/04/2019_Apr_IMINatGuidelines_Wound-Management.pdf.

Governance:

- Each image should have a date and time attached. The equipment being used must have accurate date and time.
- All images should be logged and stored using a clear and secure system to enable quick identification and location of images.
- All/ digital Images should be downloaded to a secure server on a computer.
- All/ digital images must be stored in line with the local case note policy as they are part of an individual patient’s medical record.
- Personal mobile telephones (mobile phones that are not owned by a trust or health board) should never be used to take clinical photographs, as the act involves substantial unacceptable risks to the security and confidentiality of the images, with the potential for legal action to be taken against an individual or organisation, if a patient’s privacy or rights were to be compromised.

https://www.rcn.org.uk/professional-development/publications/pub-005705
**Data processing:** means obtaining, recording or holding (personal) data or carrying out any operation or set of operations on the data, including a) organisation, adaptation or alteration; b) retrieval, consultation or use; c) disclosure by transmission, dissemination or otherwise making available; or d) erasure or destruction of the data.

Data processing is therefore integral to all visual recordings in the healthcare environment, whether for direct care (treatment) or for secondary use (teaching, publication and research). Within GDPR legislation, there must be a valid lawful basis to process personal data (under Article 6 of the Data Protection Act 2018). In healthcare, personal data is further classified as special category data (data concerning health, racial or ethnic origin, or sexual orientation information) and therefore needs more protection.

To process special category data, there must be both a lawful basis and a separate condition (under Article 9). For the purposes of images, the most relevant bases and conditions for visual recordings are as follows: for direct clinical care (consent to treatment), for secondary purposes (teaching and publication) or research.

**Key Legislation:**

<table>
<thead>
<tr>
<th>The Data Protection Act (2018)</th>
<th>The Data Protection Act 2018 is a complete data protection system; as well as governing general data covered by the European Union’s General Data Protection Regulation (GDPR), it also covers all other general data, law enforcement data and national legislation.</th>
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<td>The Caldicott Report (1997)</td>
<td>The Caldicott Report (1997) and subsequent Caldicott or National Data Guardian reviews recommend that a series of principles be applied when considering whether confidential patient-identifiable information should be shared. All NHS organisations and local authorities which provide social services must have a Caldicott Guardian (a senior person responsible for protecting the confidentiality of people’s health and care information and making sure it is used properly).</td>
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<tr>
<td>The Common Law Duty of Confidentiality</td>
<td>The Common Law Duty of Confidentiality The Common Law Duty of Confidentiality is a form of law developed through decisions of the court rather than by statute or regulation. It infers that information given in circumstances where it is expected that a duty of confidence applies cannot normally be disclosed without the information provider’s consent.</td>
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<td>The Confidentiality: NHS Code of Practice (2003)</td>
<td>The Confidentiality: NHS Code of Practice (2003) outlines the four requirements that must be met in order to provide patients with a confidential service. – Protect: look after a patient’s information. – Inform: ensure patients know how their information is used. – Choice: allow patients to decide where and how their information can be shared. – Improve: look for better ways to protect, inform and provide choice to patients.</td>
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<td>The Human Rights Act (1998)</td>
<td>The Human Rights Act (1998), Article 8, refers to an individual’s right to respect for their private and family life, for their home and for their correspondence. This means that public authorities should take care that their actions do not interfere with these aspects of an individual’s life.</td>
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Consent:

- Valid consent is fundamentally important.
- It is important to gain informed consent where image taking is part of direct clinical care i.e. not being used for trial or research purposes.
- Adults can give consent. The only exceptions for others to give consent on behalf of another adult would be where there is a Power of Attorney or Welfare Guardian in place and in accordance with relevant legislation.
- Young people under 16: Under 16 year olds can, if in the opinion of a medical practitioner they have capacity and understanding to appreciate the implications of their decision (Gillick competency). Parents should be involved in the decisions, if possible.
- It is important to note that patients have a right to refuse.
- Patients lacking Capacity: An assessment of capacity must be checked/ completed and documented in the notes prior to seeking to take consent.
- Patients under Anaesthesia: Where patients are under anaesthesia and cannot consent then images should only be used for direct healthcare purposes and this must be documented in the notes. A discussion must then occur retrospectively to let the patient know an image has been taken.