Board of Directors (in Public)
23 July 2026

Report Title	Conveyance and Management of Deceased Patients
Author	Dr Shona McCallum, Executive Medical Director
Accountable Director	Dr Shona McCallum, Executive Medical Director
Previous committees/groups	N/A
Recommended action(s) (assurance, approval, information)	For Approval
Purpose of the paper	To provide the Trust Board with an update on the guidance against Recommendations 30-33 from the Fuller Inquiry relating to the conveyance, security, dignity and management of deceased patients.

Executive Summary

Yorkshire Ambulance Service NHS Trust has reviewed its current position against Recommendations 30–33 of the Fuller Inquiry and the NHS England requirements arising from the Nottingham maternity review findings on post-death care. The review confirms that governance arrangements and a Management of the Deceased Policy are already in place; however, further strengthening is required to ensure the Trust can provide clear Board-level assurance that deceased patients are conveyed, secured and managed with dignity, respect, security and appropriate oversight.

The key actions identified relate to improving data collection on the conveyance of deceased patients, making crew positioning explicit when a deceased patient is conveyed, strengthening guidance on covering and securing the deceased, clarifying arrangements for foetuses under 28 weeks' gestation, and setting out clear requirements for the use of photography. These amendments will be incorporated into the review of the Management of the Deceased Policy and presented to the Clinical Governance Group in September 2026, following which the revised guidance will be communicated across the organisation to support staff awareness, consistent practice and compliance.

The supporting clinical safety review of the ePR photo capture functionality provides additional assurance that the use of clinical imagery has been assessed and governed appropriately. The review identified risks relating to inappropriate image capture, consent, image storage and synchronisation, viewing of sensitive images, and potential delay to patient care. Mitigations include on-screen consent and information governance guidance, mandatory image classification and contextual notes, the ability to delete images prior to finalisation, audit logging, secure storage within the ePR rather than on the device, controlled viewing arrangements for receiving clinicians, and explicit prompts that photo capture must not delay care.

Following application of these controls, all identified residual risks associated with photo capture have been reduced to low and assessed as As Low As Reasonably Practicable. The clinical safety review concludes that the module is safe for deployment in its intended setting, while recommending continued monitoring during rollout, maintenance of the hazard log, incorporation of findings into the Clinical Safety Case Report, and consideration of a dedicated clinical photography policy or scope of practice to support long-term consistency and governance.

There are no financial implications identified. The principal risk is that failure to comply with national recommendations and strengthened local guidance could compromise the dignity, security and respectful management of deceased patients. The Board is therefore asked to note the assurance provided, support the planned policy updates and approve the assurance statement.	
Recommendation(s)	The Trust Board are asked to note the updated guidance to strengthen the policy to provide clearer guidance for staff and approve the assurance statement.
Link to Board Assurance Framework Risks (board and level 2 committees only)	1. Deliver a timely response to patients. 2. Provide access to appropriate care. 3. Deliver quality for patients.

Conveyance and Management of Deceased Patients

1.0 INTRODUCTION

1.1 This paper has been prepared in response to the NHS England letter dated 26 June 2026, issued to NHS Trusts and Integrated Care Boards following the Nottingham maternity review findings on post-death care and key actions required following the Fuller enquiry (link to report in Appendix 1). The letter asks NHS provider trusts to review their local arrangements for care, security, dignity and oversight of deceased patients, and to provide Board-level assurance that appropriate governance policies and action plans are in place.

2.0 BACKGROUND

2.1 YAS has undertaken a review of Recommendations 30–33 from the Fuller Inquiry relating to the conveyance and management of deceased patients. Whilst existing governance arrangements and policies are in place, further work has been identified to strengthen compliance and align with national recommendations. Actions are currently underway through policy review, governance oversight and service improvement initiatives. The current position and planned actions for each recommendation are detailed below.

3.0 PROPOSAL

3.1 **Recommendation 30**
Data on how often deceased patients are conveyed in ambulances, and the reasons for this, should be routinely collected and reported to NHS England and monitored to assess risk.

3.1.1 **YAS Response/Actions:**
YAS can provide data on cases where the clinical outcome was death, including conveyance location, patient age, gender and area. However, the reason for conveyance may not always be known. Clinical Effectiveness and Business Intelligence are working together to provide this data using ePR.

3.2 **Recommendation 31**
Every NHS ambulance service should have a policy setting out where ambulance crew members should sit when conveying deceased patients. This should include reference to the risk of abuse of deceased patients, as well as training requirements.

3.2.1 **YAS Response/Actions:**
YAS currently has a Management of the Deceased Policy in place. The policy is being reviewed and updated to ensure compliance with the recommendations arising from both the Fuller Inquiry and the Ockenden Review. Current practice in YAS is that crews are situated together at the front of the vehicle when conveying a deceased patient. This is not explicit in the current policy. The revised policy will include this guidance and further

staff responsibilities, awareness of potential abuse risks, and associated training requirements. The updated policy is scheduled for review and approval through the Clinical Governance Group (CGG) in September 2026.

3.3 **Recommendation 32:**
NHS ambulance services should have policies regarding the security and dignity of the deceased, including when the deceased should be covered and/or secured.

3.3.1 **YAS Response/Actions:**
The review of the Management of the Deceased Policy will strengthen guidance relating to the security, dignity and respectful care of deceased patients whilst in YAS care. Updates will include clearer expectations regarding the handling, covering and securing of deceased patients. Current practice in YAS is that snuggle pouches are used to convey deceased foetus under the age of 28-week gestation. This is not explicit in the current policy. The policy will be reviewed this guidance incorporated and brought to CGG in September 2026.

3.4 **Recommendation 33:**
Every NHS ambulance service must put policies in place regarding taking photographs of deceased patients, including any circumstances in which this may be required and ensure that staff are aware of and comply with them.

3.4.1 **YAS Response/Actions:**
As part of the wider review of the Management of the Deceased Policy, YAS will update and strengthen guidance relating to photography of deceased patients. This will include clarification of circumstances where photography may be necessary, governance requirements, and staff responsibilities. The updated policy will be presented to the Clinical Governance Group (CGG) in September 2026. Following approval, updates will be communicated across the organisation to ensure staff awareness and promote compliance. This work will support the wider objective of maintaining the dignity, security and respectful management of deceased patients at all times. There is a stand along policy on the management of patient photographs in Appendix 2 of this report.

4.0 FINANCIAL IMPLICATIONS

There are no financial implications.

5.0 RISKS

Failure to comply would result in a lack of security and dignity in conveying deceased patients.

6.0 RECOMMENDATIONS

6.1 The Board are asked to note the contents of the paper for assurance purposes and approve the assurance statement.

7.0 SUPPORTING INFORMATION

7.1 Attached Appendices:
Appendix 1: NHSE England Letter - Nottingham maternity review findings on post-death care and key actions required.
Appendix 2: Clinical Safety Review Photo Capture
Appendix 3: Board Assurance Statement
Appendix 4: Management of Deceased Patients Policy – separate attached document.

APPENDIX 1: NHSE England Letter - Nottingham maternity review findings on post-death care and key actions required

Classification: Official

To: NHS trusts and integrated care boards:

- chief executives
- chief operating officers
- chief nursing officers
- chairs
- medical directors
- clinical directors
- estates and facilities leads

cc. NHSE regional teams:

- regional directors
- chief nursing officers
- medical directors
- estates and facilities leads
- communications leads

NHS England

Wellington House

133-155 Waterloo Road

London

SE1 8UG

26 June 2026

Dear colleagues,

Nottingham maternity review findings on post-death care and key actions required following the Fuller inquiry

Publication reference: PRN02500

The NHS holds a special responsibility for the care of patients from birth, throughout their lives and in death. At every stage, we must deliver care with dignity, respect and compassion.

When dignity after death is not preserved, the NHS betrays the trust that is placed in it and not only fails those that have died, but also their loved ones, adding to their grief and harm. As leaders, we must ensure this never happens by putting in place the right support and oversight, so that all staff working in the NHS consistently uphold dignity and care.

The further instances of unacceptable care of the deceased, amongst the many distressing findings of Donna Ockenden's Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust (NUH), are shocking. We must remember that this is not the first time that unacceptable care and poor oversight of mortuaries have been uncovered, and there is already a clear set of actions to strengthen and improve this area of care. The findings of Donna Ockenden's report should be considered alongside the Phase 2 report of the independent inquiry into the heinous crimes of David Fuller, published in July 2025. The report made 75 recommendations to strengthen the protection, security and dignity of people after death, including 29 that are immediately relevant to the NHS.

In response to Donna Ockenden's review and the Human Tissue Authority's (HTA) recent report on NUH, the Government has announced that the HTA is taking immediate action with a new requirement for mortuaries to review HTA reportable incident (HTARI) internal records from 2015-2026. This audit will ensure that all reportable incidents during this period have been logged with the HTA, and that any missing incidents are reported retrospectively. A Regulatory update will be issued by the HTA in July setting out the parameters, timeframe, process and deadlines for the evidential compliance audit. The HTA will report findings to the Secretary of State in October.

We know that the NHS has been working hard to meet the recommendations following the independent inquiry into the actions of David Fuller. However, in light of these further terrible findings, we are asking you not only to ensure compliance, but that you are rigorously reviewing your mortuary departments on a regular basis. To do this, ask yourselves the question 'what do you really know about the culture of your services, and the values and behaviours of your staff?'.

No system or process can totally mitigate malign or malicious intent. However, every Board member and senior leader involved in the care of the deceased should read these reports and ask themselves if this could be happening in their organisation. They should explore this by visiting services, listening to staff, encouraging concerns to be raised and acted on, and asking themselves whether the care provided would be good enough for their own loved ones. Boards are responsible for maintaining clear oversight of mortuaries, related storage areas and any other areas where people who have died are cared for, and for ensuring dignity, security and post-death care are central to local planning, governance and delivery.

To support this oversight, **Annex 1** summarises the guidance and support NHS boards should consider, and **Annex 2** maps the NHS-focused Fuller Inquiry recommendations to this guidance.

Trusts are asked to cascade this letter to relevant teams, including estates, safeguarding, pathology, bereavement, mortuary, corporate services, and your Freedom to Speak Up Guardians. Issues requiring support or escalation should be raised through regional teams.

Every Board should continue to review its local position and assure itself that all deceased people cared for in NHS settings are treated with the respect, dignity, security and compassion they deserve. This goes beyond compliance; it is fundamental to compassionate care.

On the basis that all NHS providers may be involved in caring for people after they die, we need assurance that each Board has robustly tested its position. **All NHS Provider Trusts that have a mortuary, related storage area for the deceased, or routinely care for people after death, are asked to complete and return the Board Assurance Statement provided at Annex 3 by 31 July 2026.**

For NHS trust chief executives, medical directors and chief nurses, there will be a chance to discuss this and broader issues in maternity and neonatal care when we come together in London on Tuesday 30 June.

Thank you for all you have already done in response to the Fuller recommendations to date. However, there is still more work to do. We owe it to those who have died, and to their families and loved ones to ensure the findings of the Donna Ockenden review, the HTA report on NUH, and the Fuller Inquiry recommendations lead to meaningful and lasting change.
Yours sincerely,

Duncan Burton
Chief Nursing Officer for England

Sarah-Jane Marsh
NHS England Chief Operating Officer

Annex 1 - Summary of national updates made or planned in response to the Fuller Inquiry

1. **NHS Premises Assurance Model (PAM)** (15 April 2026)

The NHS Premises Assurance Model (PAM) supports boards, directors of finance and estates and clinical leaders to make more informed decisions about the development of their estates and facilities services and provides assurances that the estate is safe, efficient, effective and of high quality. The NHS Standard Contract requires providers to comply with the PAM. A new set of high-level self-assessment questions reflecting relevant recommendations made by the Fuller Inquiry has now been incorporated into the latest version of the PAM. The submission window for the NHS runs from 8 May 2026 to 8 September 2026.

For assurance by trust boards: Trusts should assure themselves against the latest version of the PAM self-assessment questions.

2. **Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services** (May 2023)

Health building notes (HBNs) give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities. Health Building Note 16-01: Facilities for mortuaries, including body stores and postmortem services was updated in 2023, to enhance levels of security, access and CCTV, however we will be providing further update during 2026 to provide additional guidance to NHS trusts on recommendations raised by the Fuller Inquiry.

For assurance by trust boards: Trusts should consider best practice guidance set out in the HBN for ongoing planning.

3. **Insightful provider board guide** (November 2024)

Trusts are reminded that the insightful provider board guide is intended to help boards to identify the information they need and the cultures, behaviours and governance required to ensure that information is used effectively. This guidance already references mortuary practices but will be updated later in 2026 and will incorporate relevant content to reflect Fuller findings and recommendations. It should be read alongside the Code of governance for NHS provider trusts (March 2026) and Guidance on good governance and collaboration (April 2023).
For assurance by trust boards: Trust boards should use the guidance provided to reflect and consider whether the leadership, culture, systems and processes they have in place are using information in the best way to lead their organisations effectively in respect of matters relating to mortuaries and body stores.

4. **Assessing provider capability: guidance for NHS Trust Boards** (August 2025)

Assessing provider capability: guidance for NHS trust boards provides a self assessment framework to strengthen boards' governance and assurance. These self-assessments are used by regional oversight teams along with their own views and information held by 3rd-party bodies (including the Human Tissue Authority) to take a view of management, governance and grip. This guidance is also due to be updated later in 2026.

For assurance by trust boards: As per Insightful provider board guide (see entry 3).

5. **Advanced Foundation Trust Programme** (12 November 2025)

For existing NHS foundation trusts and NHS trusts who wish to become advanced foundation trusts, the Advanced Foundation Trust Programme requires evidence that trusts applying for advanced foundation trust status have considered relevant insights and learning from inquiry recommendations and have implemented them or are in the process of implementing them (question 2, advanced foundation trust criteria – quality governance arrangements are effective in practice).

For assurance by trust boards: As per Insightful provider board guide (see entry 3).

6. **NHS Safeguarding accountability and assurance framework** (April 2026)

The NHS Safeguarding Accountability and Assurance Framework (SAAF) sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations. This includes requirements for an executive lead for safeguarding. In April 2026, the SAAF was updated to include reference to the deceased. Trusts should also note this addition will require a supporting reference to be made in the annual report about safeguarding children, adults and children in care. This must be submitted to the trust board.

NHS England is also updating related training to include reference to the deceased. These updates will be made during 2026.

For assurance by trust boards: Providers must demonstrate that these updates to safeguarding are embedded at every level in their organisation, with effective governance processes evident. Providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working.

In line with updates to the SAAF, executive leadership should now include oversight of arrangements for the deceased. Trust boards are encouraged to consider their

local arrangements accordingly. Executive leadership for safeguarding, estates and related security matters may vary according to local arrangements (for example, operating via a dual accountability between the executive lead for statutory safeguarding and the executive lead for estates) and trust boards should ensure this is clearly articulated.

Local take-up of safeguarding training and resources requires ongoing assurance by trusts.

7. Related Third Party Guidance

HTA Guidance

The Human Tissue Authority (HTA) Codes of Practice provide practical guidance to professionals carrying out activities within the scope of the HTA's remit, which includes licensed mortuary facilities in the NHS estate. This includes detail on the required appointment of a Designated Individual. The Human Tissue Authority have additionally published good practice guidance for those responsible for the dignity and care of the deceased. This is voluntary guidance and applicable to all settings, including unlicensed body stores.

Hospice UK Guidance

Hospice UK have several resources to support clinical and non-clinical staff in a hospice role. Their Care After Death guidance provides a comprehensive guide for all staff who are responsible for the care of a deceased adult.

Annex 2 – NHS specific Fuller Inquiry report recommendations and supporting guidance. Please refer to annex 1 for additional context on supporting guidance.

Recommendations 1 to 9 (relevant to security, CCTV, access and audit) The full text of these recommendations can be found in the Phase 2 Report (pp.264265).

Supporting guidance
NHS Premises Assurance Model (see entry 1 in Annex 1).

Health Building Note 16-01: Facilities for mortuaries, including body stores and postmortem services (see entry 2 in Annex 1).
Other third-party guidance: Human Tissue Authority code of practice and Human Tissue Authority voluntary guidance (see entry 7 in Annex 1).

Recommendations 10, 11, and 12 (relevant to the role of the Designated Individual)

The full text of these recommendations can be found in the Phase 2 Report (p.265).

Supporting guidance

Third party guidance: Human Tissue Authority guidance, including the role of the Designated Individual (see entry 7 in Annex 1).

Recommendations 13 and 14 (relevant to the role of the Mortuary Manager)
The full text of these recommendations can be found in the Phase 2 Report (pp.265266).

Supporting guidance

Local HR policies and resource allocations.

Recommendations 15, 16, 17 and 18 (relevant to the board assurance and reporting)

The full text of these recommendations can be found in the Phase 2 Report (pp.265266).

Supporting guidance

The Insightful provider board guide (see entry 3 in Annex 1). Assessing provider capability: guidance for NHS trust boards and third party information (see entry 4 in Annex 1).
Advanced Foundation Trust Programme (see entry 5 in Annex 1).

Recommendations 19, 20 and 21 (relevant to safeguarding)

The full text of these recommendations can be found in the Phase 2 Report (pp.266267).

Supporting guidance

NHS Safeguarding Accountability and Assurance Framework (see entry 6 in Annex 1).

Recommendations 24 and 25 (relevant to medical education settings) The full text of these recommendations can be found in the Phase 2 Report (pp.267268).

Supporting guidance

Where relevant to the NHS, these actions have been reflected in the NHS Premises Assurance Model (see entry 1 in Annex 1)

Recommendation 27 (relevant to hospice settings)

The full text of this recommendation can be found in the Phase 2 Report (p.268).

Supporting guidance

NHS trusts directly providing a hospice service that includes provision for either a mortuary or body store should be aware of wider updates, as set out in **annex 1**. Other related third-party guidance has also been updated in line with inquiry findings:

Hospice UK guidance (Care After Death) and Best practice guidance from the Human Tissue Authority (see entry 7 in Annex 1).

Recommendations 30 to 33 (relevant to ambulance policies and data)

The full text of these recommendations can be found in the Phase 2 Report (p.269).

Supporting guidance

The government's interim update sets out what action should be taken. A further update is expected in summer 2026.
In addition to the Government's interim update, ambulance trusts are individually responsible for introducing operational policies as described in the recommendation, and for ongoing monitoring of their use. Boards should assess compliance against these recommendations

APPENDIX 2: Clinical Safety Review

Clinical Safety Review

iPad EPR: Photo and Notes (within Assessment Module)

Directorate / Programme	Clinical Systems Development	**Project**	[Subject]
Director	Samantha Robinson	**Phase**	Delivery
Owner	Ola Zahran	**Version**	1.0
Authors	Michael Stead Paramedic Katie Rowe CSO	**Version issue date**	[Publish Date]

[Publish Date]
Published 20/01/2026

Document Management

Revision History

Version	Date	Summary of Changes
0.1	26/08/25	Photo Capture Hazard Workshop
0.2	17/11/25	Review Draft completed by Michael Stead
1.0	25/11/25	Reviewed by Katie Rowe CSO
1.1	20/01/2026	Final amendments by Katie Rowe and published for review

Reviewers

This document must be reviewed by the following people:

Reviewer name	Title / Responsibility	Date	Version
Dave Bird	Lead Engineer		1.1
Anthony Onwutalobi	Business Analyst		1.1
Barbara Wallington	Business Analyst		1.1
Sian Registe	Senior Project Manager		1.1
Michael Stead	Paramedic		1.1
Samantha Robinson	Chief Information Officer		1.1

Approved by

This document must be approved by the following people:

Name	Title	Date	Version	Sign
Ola Zahran	Chief Technology Officer		1.1	
Tim Millington	Consultant Paramedic	23/03/26	1.1	

Related Resources

These documents provide additional information and are specifically referenced within this document.

Ref	Document Type	Title	
1	DCB0129 Standard Specification	DCB (SCCI) 0129 Clinical Risk Management: its Application in the Manufacture of Health IT Systems. 02/05/18.	
2	DCB0160 Standard Specification	DCB (SCCI) 0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems. 02/05/18.	
3	EPR Hazard Log	EPR NG Hazard Log	iPad ePR Hazard Log
4	Hazard Workshop Minutes	Photo Capture Hazard Log Minutes	Hazard Workshop Meeting
6	DevOps Stories	User Story 13503 User Story 17232 User Story 13322 User Story 14028	
7	Consent policy	YAS Patient Consent Policy	
8	How to guide	How to Guide	

Summary Report

This Clinical Safety Review evaluates the Photo and Notes section within the Assessment module of the re-platformed iPad ePR system. The module supports structured capture of images of a scene or wound that has affected a patient's condition. This section has been assessed in a separate Clinical Safety case as it is a new function within the ePR and has not been utilised by the Trust in previous versions of EPR.

A Structured What-If Technique (SWIFT) analysis identified four key hazards:

Hazard	Risk Rating	
	Pre-control	Post-Control
Misuse of Photo Capture Function	Moderate (9)	Low (6)
Consent for Photo Capture	Low (6)	Low (2)
Failure to Sync Photos and Image Storage	Low (4)	Low (2)
Taking Image Causes Delay to Patient Care	Moderate (8)	Low (4)

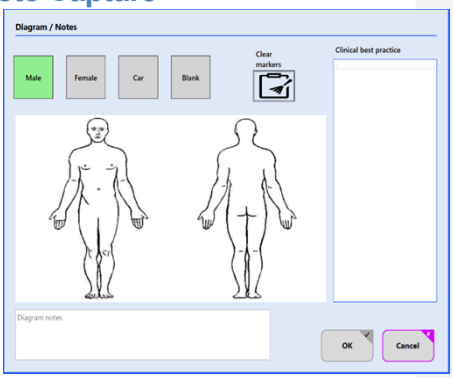
Each hazard was assessed using the DCB0129 risk classification matrix. Baseline mitigations include manual fallback procedures and the ability to only utilise the camera function within the ePR to upload images; these were further strengthened by system-level controls such as mandatory confirmation flows, audit logging, structured field prompts. All residual risks have been reduced to As Low As Reasonably Practicable (ALARP). No uncontrolled high-risk scenarios remain.

Commented [KR1]: Unverified identities?

The Photos and notes section of the iPad EPR system complies with DCB0129 requirements. Identified patient risks have been mitigated through a combination of system design and operational safeguards. The module is **considered safe for deployment** in its intended setting.

Table of Contents

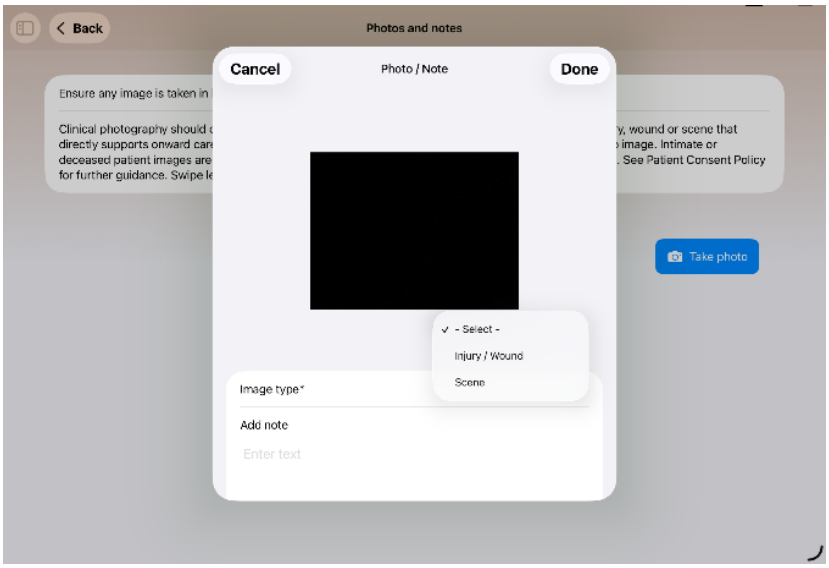
Evolution from annotated diagrams to Photo Capture



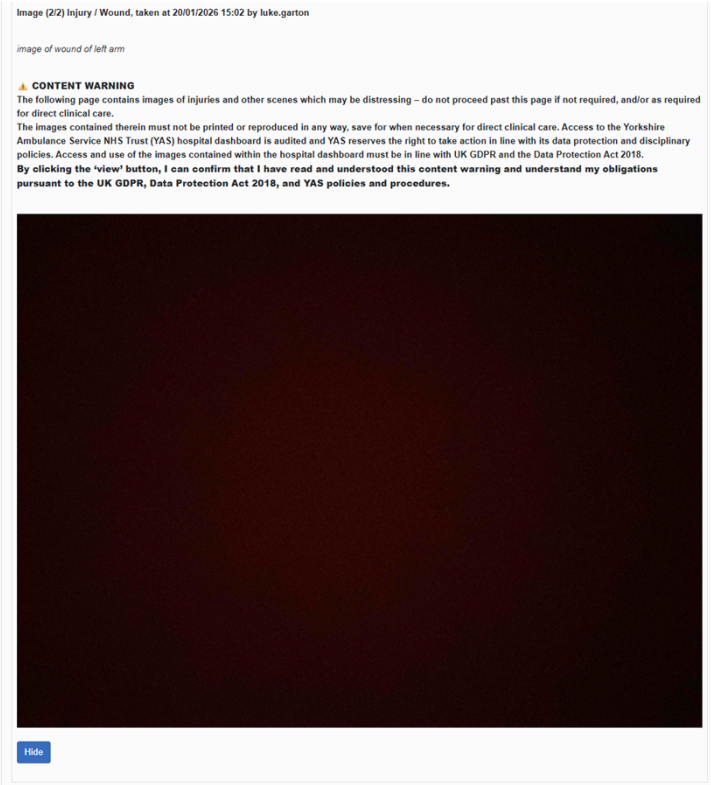
In classic ePR, clinicians documented injuries, wounds, or incident details using a diagrammatic interface (see diagram). This allowed users to select standardised templates (such as male, female, car, or blank), annotate diagrams with a marker, mandatory diagram free-text notes, and reference clinical best practice guidance (this is blank and of no value currently to the user). While this supported structured documentation without photographic images, the diagrammatic interface offered only limited clinical value. It provided basic visual representation but lacked the detail and accuracy required for comprehensive clinical assessment and effective communication of complex injuries or scenarios.

Due to these limitations, some users take photographs on their personal devices to supplement clinical documentation. This practice raised concerns around information governance and patient privacy, prompting an alert to staff and reference to the Patient Consent Policy. The use of personal devices risked images being stored insecurely, outside the patient record, and without proper audit or consent controls.

As part of the ePR replatforming, the introduction of a dedicated photo capture module was proposed and agreed. This new functionality aims to improve both patient care and governance by enabling secure, auditable image capture directly within the ePR. With photo capture integrated on one platform, images are not saved to the device itself but are transferred securely to the hospital and stored as part of the patient record. This ensures compliance with consent and privacy standards, supports clinical decision-making, and addresses the risks identified with previous workarounds.



The introduction of governed photo capture within the ePR represents a significant evolution from previous practice, where the absence of structured workflows meant that both image capture and image viewing carried risk. Consideration was given to receiving clinicians who may inadvertently view sensitive or distressing images without adequate warning or without clinical need. To mitigate this, the new system not only enforces mandatory image type selection and contextual notes at the point of capture, but also protects the receiving viewer through a controlled image viewing gateway: images are initially hidden behind a content warning wall displaying the image type, notes and a clear IG/GDPR advisory. The receiving clinician must actively choose to click “View” before image appears, confirming both that they understand the warning and that they are willing to proceed, ensuring sensitive imagery is viewed appropriately and deliberately within a governed clinical workflow.



The use of photo capture is governed by the YAS Patient Consent Policy (as agreed with the CCIO and Caldicott Guardian at the time Steven Dykes), on screen guidance and a 'how to guide'. It is also recommended that the Trust considers developing a dedicated clinical imagery policy to ensure robust standards for privacy, security, and clinical governance.

Component Overview

The photo capture module is a component of the ePR system, accessible through the Assessment section of the software. It can be utilised by users to capture images of the incident scene, accident or wounds a patient has suffered.
It allows for the presentation of visual information to support the patient assessment conducted by YAS clinicians utilising the in built iPad camera. The module also provides basic information for the clinicians regarding the considerations for information governance and the requirement for rationalising the need for photo capture. A maximum of five images can be uploaded to one ePR.

Functional Areas

The photo capture module is found within the assessment section of the ePR. It is a single area without subsections. On selecting the 'Photos and notes' section,

- *User is presented with information screen around the use of photo capture with brief text explaining the requirement for consent and guidance for when photo capture should be used.*
- A blue 'Take photo' button is present and when pressed, the in-built camera opens to take image.
- On first use of the camera within the ePR application, prompt will be asked to allow ePR to use the iPad camera.
- When an image is taken, the option to 'retake' or 'use photo' is prompted.
- If the 'use photo' is selected for use a mandatory drop down for image type is displayed. With options from; injury/wound or scene. The option to add notes in free text.
- If users wishes to cancel they are presented with warning that data will be lost and 'yes/no' to proceed
- User can swipe left on the image to delete before finalising ePR

All assessment data is timestamped and linked to the authoring clinician on finalisation. Records are stored locally on the device and synchronised to the central platform when connectivity permits. The interface uses native iOS components and adheres to platform accessibility and input standards

Integration and Interoperability

The photographs that are captured are encrypted and stored locally in the ePR database as binary strings. These are uploaded into the ePR application via the backend. Photographs are then removed from the device following finalisation and synchronised correctly. Put simply, the photographic data is not stored on the mobile device (iPad), ensuring they do not appear in the device photo gallery and do not have the ability to be shared outside of the ePR application.

The photos captured have no connection to PDS and are not shared back to any other external service other than the hospital dashboard.

Initially, this module will be monitored for usage, to assess the need for adjustments to server storage, initially a five-photograph limit imposed. When this analysis is completed, the data will be removed/destroyed.

Photographs uploaded are stored as a data within the ePR and are subject to the same viewing privileges allocated YAS staff have at this time. Post launch, an audit process regarding storage capacity and quantity of images to upload will take place to assess whether changes are required.

Clinical Relevance

The Photo Capture and Notes feature helps clinicians record clear, accurate visual information relevant to a patient's presentation or the scene they were treated in.
This visual information sits alongside a short, written description, helping the receiver to quickly understand what they're looking at without needing to rely only on verbal handovers.
The module uses structured fields, simple drop-down selections, and built-in safeguards to make sure the information recorded is accurate and appropriate. These include rules that prevent incomplete entries, indicators showing whether each section has been filled in, and timestamps so every photo can be traced back to the clinician who took it. This traceability supports auditing, investigation of clinical incidents, and compliance with legal and regulatory requirements.
All photos and notes form part of the clinical record. External regulators may also review this information as part of safety assurance under DCB0129.

Commented [MT2]: suggest reword... "record clear, accurate visual information relevant to the the patient's presentation or the scene in which they were treated..." (we might take photos of chronic wounds or tracking skin conditions eg cellulitis that might not be an injury as such

Methodology

The clinical safety assessment for the Photos and Notes (Photo Capture) feature was conducted using the Structured What If Technique (SWIFT). SWIFT supports systematic identification of clinical hazards by exploring plausible deviations from intended behaviour across routine, time critical and edge case usage scenarios. The assessment was informed by end to end workflow walkthroughs and review of user interface behaviour (including mandatory field logic, validation rules, prompts and navigation flows). Hazards were documented as hazardous scenarios with associated potential harms and were risk rated using the YAS risk classification matrix to determine pre and post control risk and confirm residual risk is reduced as low as reasonably practicable (ALARP).
The review focused on:

- Data entry workflows for each analysed section (e.g. capture of image, category selection, additional notes), including deletion prior to finalisation.
- Input validation rules, including mandatory fields, field constraints
- User navigation sequences and interaction patterns on the iPad interface, including time-pressured use in clinical settings.
- Interdependencies between this module and upstream/downstream clinical records (e.g. Patient Information module and inclusion within the wider clinical record for onward care).

Specific attention was given to foreseeable risks associated with consent/capacity, inappropriate image capture, deletion prior to finalisation, and ensuring photo capture does not delay patient care.

Review Inputs

The following artefacts were examined as part of the clinical safety analysis:

- User Interface (UI) walkthroughs of the module including Interaction logic and screen transitions
- Stakeholder walkthroughs via the Software Working Group
- Internal logic documentation (captured and tracked on the in-house Microsoft DevOps System) describing how identity is linked across records and synced to the central system
- External liaison (ambulance services): Peer engagement included review of external clinical photography policy material shared by NWAS and SCAS
- IG/legal liaison (on-screen warning text): The Photo Capture on-screen guidance/warning wording and receiving centres was reviewed with IG and legal: Helen Jones (Head of Risk & Assurance / DPO) and Benjamin Cowell (Deputy Head of Legal Services), with agreed wording captured via email
- Policies and staff guidance including Patient Consent Policy (Patient Consent Policy) and Staff Notice - Guidance on Clinical Photography (Guidance on Clinical Photography)

Stakeholder Involvement

Stakeholder engagement for Photo Capture included two formal hazard review sessions, peer benchmarking with other ambulance services on clinical photography policy, and IG/legal assurance of patient facing guidance text within the application.

- Initial Photo Capture hazard identification workshop – 26/08/2025 (iOS ePR injury site photos clinical hazard identification workshop). Attendees included: CCIO and Caldicott Guardian Steven Dykes. Documentation for the meeting can be found here: Photo Capture Hazard Workshop

- Follow up Hazard review – 08/12/2025 with key stakeholders. Documentation for this meeting can be found here: EPR Hazard Workshop

Scope of Assessment

This clinical safety assessment covers the functionality delivered by the photo and notes module within the assessment module iPad ePR system. It has been conducted in accordance with the scope and requirements of DCB0129/0160, which applies to Health IT systems used in the direct provision of care.

The purpose of this assessment is to identify and mitigate risks to patient safety arising from use of the module in clinical settings. It includes all functionality related to the structured capture of photographic data that informs diagnosis, treatment, and care planning during a patient episode.

This assessment is limited to the functionality implemented under the iPad Client workstream. It does not assess legacy platform functionality unless explicitly retained without change.

SWIFT Analysis

No.	What if Question	Answer	Possible Cause(s)	Hazardous Scenario	Potential Impact Harm	Controls	Story Refs
1.	What if inappropriate photos are taken?	Non-clinical or inappropriate images captured	- User error - Malicious intent - Lack of training/unclear guidance	Non-clinical / inappropriate images are captured and stored in the patient record. Images of intimate areas or deceased patients are taken contrary to guidance.	Patient dignity and privacy compromised; distress to patient/family. Information governance breach and reputational/legal risk.	1.On-screen guidance on the photo screen with explicit exclusions (intimate areas, deceased) and reference to Patient Consent Policy 2.On-screen guidance to obtain consent and document before capture; best-interest process where capacity is lacking. 3.Post-go-live review and user feedback to refine guidance. 4.Those accessing patient records are bound by there own duties in practice	#13503
2.	What if sensitive images are viewed inappropriately?	Sensitive photos accessed or viewed by staff not directly related to patient care	- Poor access control - Inappropriate storage of photo	Sensitive photos are accessed by staff not directly involved in the patient's care.	Breach of confidentiality and privacy; patient distress; disciplinary/IG action.	1.Images hidden behind a clear warning button on the receiving dashboard; require explicit click-through. 2.Comprehensive audit logging of access/attempts. 3. Those accessing patient records are bound by there own duties in practice 4. Images are taking via ePR and not stored on the device itself	#13503
3.	What ifi~~s~~ users doesn't know what they can/can't take photos of?	User takes unnecessary photos	- Lack of training - Unclear in-app guidance	Users take unnecessary or prohibited images due to lack of clarity.	Data minimisation breach; privacy risk; loss of trust; IG incidents.	1.Concise on-screen guidance stating what can/cannot be photographed for v1 (injury sites, wounds, RTC scenes) 2. Consent policy 3. How to guide	#13503
4.	What if patient cannot provide consent?	Images taken without valid patient consent	- Patient lacks capacity/unconscious/	Images captured without consent	Violation of consent principles and legal/ethical standards; complaints and claims.	1.On screen guidance informs users to gain consent where possible and document 2.Users having training to follow capacity assessment and best-interest decision-making; document rationale.	#13503

Commented [MT3]: is it worth mentioning the HCPC code of conduct here as a control? Do we limit photography to paramedics or registered clinicians only?

						3.If consent later refused prior to finalisation, delete images	
5.	What if patient would prefer to take photo on own phone?	Photos not recorded on EPR	- Patient wants to keep images - Patient not properly briefed by clinician on photo capture process, necessity and privacy information.	Clinical images are not recorded within EPR, reducing availability for onward care.	Loss of clinical context; reduced auditability.	1.If patient uses their own device, do not handle or store on staff devices; record in notes that patient-retained image was used.	
6.	What if receiving centre does not accept photos?	Photos not received for onward care	- Photographic representation of scene or wound not reviewed by receiving care provider - Technical, policy, or account issue	Receiving service cannot access/view images	Potential duplication of examinations; patient inconvenience.	1.Complete end-to-end testing with receiving sites prior to go-live; monitor ongoing. 2.Fallback to verbal handover if images are unavailable. 3.DATIX for rapid investigation and resolution.	
7.	What if taking a picture delays patient care?	Delay to treatment	- Crew spends excessive time capturing images, delaying treatment/transport.	Delay to Care	Clinical deterioration; missed intervention windows.	1.On-screen statement: "Do not allow photo capture to delay patient care."	#13503
8.	What if patient dies after picture is taken?	Image is capture of wound or scene is still part of patient assessment under YAS care.	- Image taken of wound then patient dies	Images exist for a patient who subsequently dies; or images taken of deceased contrary to policy.	Significant distress to family; reputational harm; complaints; IG risk.	1.Explicitly prohibit images of deceased patients in onscreen guidance. 2.If images were captured prior to death with consent/best-interest, retain within clinical record with restricted access and audit.	
9.	What if patient revokes consent?	Images can be deleted prior to finalising	- Patient agrees to photo capture but then refutes consent	Patient withdraws consent after images are taken.	Conflict between patient wishes and clinical record; potential complaints.	1.Allow deletion prior to finalisation/ submission 2. Communicate limitation with patient: once shared with receiving sites, images cannot be fully retracted and patient may exercise their GDPR rights	#13503
10.	What if patient is a minor?	Seek consent from responsible adult Consider Gillick Competence	- Photos are of a minor, with/without deemed competency to understand necessity of image requirements	Patient does not have ability to provide consent for image capture due to age or condition	Breach of MCA, safeguarding. IG and child protection SOP's.	1.Get parental consent in first instance and follow guidance as normal	#13503
11.	What if photos attached to incorrect patient ePR?	Clinician to consider all information and identity before photo capture.	- Details of patient incorrect - Multiple patient incident - Mismatch of information on spine	Images are associated with the wrong patient record due to misidentification or workflow error.	Wrong clinical decisions; privacy breach for both patients; IG incident.	1.Photos saved directly to EPR against current patient context; confirm patient details before capture.	#13503

		Option to delete prior to finalisation of EPR				2.User to raise incident via Datix if photos attached to incorrect patient	
12.	What if photo fails to synchronise between ePR and recipient?	Photo will not be reviewed by receiving treatment centre	- Loss of network connection - Device software issue(s) - User error	Image upload or delivery fails or is delayed; recipient cannot view in time.	Potential for repeat examinations; care delays.	1.Limit images per case to five to improve reliability 2.Fallback to verbal handover; service desk escalation. 3. Pre-go-live end-to-end testing with recipients; monitor failures post go-live. 4. Image will upload when connection returns	#13503 #13322
13	What if images persist on device storage?	Images remain on device cache/storage and are accessible outside EPR.	Device misconfiguration App crash mid-upload Local caching not purged	Images stored on device and accessible outside managed app	Privacy breach; IG incident; loss of trust	1.Images can only be captured in EPR and not uploaded from device 2. The photographs that are captured are encrypted and stored. Photographs are then removed from the device following finalisation and synchronised correctly	#13503
14	What if photo is received without contextual notes?	The receiving clinician may not have sufficient information to understand what the image rePResents or why it was captured.	- Clinician did not add contextual notes (notes field is optional). - Time critical environment leading to minimal documentation. - Assumption that the image content alone is self-explanatory. - Lack of training on when additional notes are beneficial.	A photograph is uploaded with the mandatory image type field completed (e.g., *injury/wound* or *scene*), but no accompanying notes. The receiving destination is unable to determine the clinical relevance, anatomical location, mechanism of injury, or associated findings solely from the image.	Misinterpretation of injury or clinical context. Delayed or incorrect assumptions during triage or assessment. Need for repeated examinations or questioning. Reduced value of the image as part of the clinical record. Possible IG concern if the image appears unclear or unnecessary without explanatory context.	1. Mandatory image type field and notes ensures a minimum level of classification. 2. Verbal handover used as fallback when clarification is required 3. Receiving centre is provided with image type and noted before opening the image	#13503

Commented [MT4]: via Datix?

Identified Hazards

Hazard ID	Hazard Type	SWIFT Q.	Hazard Title	Hazard Description	Harm
HAZ-EPR-1101	Inappropriate or sensitive image taken and/or viewed inappropriately	1,2,3	Misuse of Photo Capture Function	Clinician takes an inappropriate or sensitive image	Data breach, IG and safeguarding concerns.
HAZ-EPR-1102	Consent for photo not given/revoked	4,5,8,9,10	Consent for photo capture	Consent for a photo to be uploaded to EPR is not given, revoked or unable to be obtained due to condition or patient is a minor.	Continuity of care issues, IG and safeguarding concerns.
HAZ-EPR-1103	The receiving destination cannot see the uploaded images	6,11,12,13,14	Failure to sync photos and/or Storage of image	There is a network issue with syncing record to network or photos are uploaded to incorrect patient on ePR	Accuracy of patient record, continuity of care, IG and safeguarding concerns.
HAZ-EPR-1104	Delay to patient care	7	Taking an image causes a delay to patient care	The time taken for photo(s) delays time or treatment while in care of YAS.	Delay to patient care or to receiving destination, potentially fatal.

HAZ-EPR-1101 – Misuse of Photo Capture Function

Scenario
A clinician uses the photo capture function within the ePR but may not fully understand what constitutes an appropriate clinical image or may capture photos without sufficient contextual information. This could include:

- taking an inappropriate or sensitive image,
- capturing a photograph when a written description would have been adequate, or
- submitting an image with insufficient notes for onward clinical interpretation.

There is an additional risk that receiving clinicians may view sensitive images inappropriately, unless safeguards are in place to ensure they understand the nature of the content prior to accessing it.

Sequence of Events

1. Clinician opens the *Photos and Notes* section in the Assessment module.
2. On-screen prompts provide guidance on consent, IG requirements, and prohibited imagery.
3. Clinician selects Add Photo, opening the device camera.
4. Image is taken, with the option to *Retake* or *Use Photo*.
5. A mandatory Image Type field is presented and must be completed.
6. A mandatory freetext Notes field must be completed to provide clinical context.
7. The photo is finalised and committed to the clinical record.
8. Receiving clinician attempts to view the image:
    - The image is hidden behind a content warning wall,
    - The viewer sees image type and contextual notes before accessing the image,
    - A clearly displayed content warning explains that the image may be distressing or sensitive and outlines IG obligations,
    - The user must actively click “View”, confirming both:
        - (a) they wish to proceed, and
        - (b) they understand the IG and safeguarding responsibilities associated with viewing clinical imagery.

Commented [MT5]: unless doing so impacts patient care?

Harm
Inappropriate photos, unclear images, or images submitted without sufficient contextual information or viewed inappropriately can lead to safeguarding concerns, information governance breaches, misinterpretation of the patient’s condition, reduced clinical value for onward care, and potential delays or duplication in assessment and treatment.

Commented [MT6]: do we need to reiterate for time critical pts where this might cause delay that we accept this risk?

Existing Controls (Pre-Platform)

- Paper forms allowing written description of wounds/scenes
- Classic ePR allowed capture via diagrammatic interface
- Verbal handovers providing context and explanation

Pre-Control Rating

Pre-Control	Justification
Severity: 3 (Moderate)	Missed relevant information regarding a scene or wound can affect onward care. Improper sharing of inappropriate imagery can cause safeguarding and/or IG data breaches.
Likelihood: 3 (Possible)	May happen occasionally; reliant on user input and review; UI permits omissions.
Risk Rating: 9	**Moderate x Possible = 3 × 3 = 9**
Risk Level: Moderate	The absence of any governed mechanism to capture, store, or audit clinical photographs meant that images taken on personal devices could not be securely managed, monitored, or linked to consent processes, creating a possible likelihood of misuse, information governance breaches, and misinterpretation of patient information.

Additional Controls

- Mandatory image type selection for every photo.
- On-screen IG and consent guidance, including prohibited imagery.
- In app deletion available prior to finalising the record.
- Audit logging of all image capture, deletion and viewing activity.
- Images stored only within the ePR, never on the device.
- Secure transfer to receiving care providers.
- Workflow prompts to avoid delay to care.
- How-To Guide supporting appropriate use.
- Receiving-centre image-viewing safeguard:
  Sensitive images are initially hidden,
  Image type and contextual notes displayed first,
  A content warning wall outlines IG, GDPR, Data Protection Act obligations,
  Viewer must actively click “View” to confirm understanding and consent to proceed and view the image, this confirmation is explicitly recorded in the audit log.

Post-Control Rating

Post-Control	Justification
Severity: 3 (Moderate)	Missed relevant information regarding a scene or wound can affect onward care. Improper sharing of inappropriate imagery can cause safeguarding and/or IG data breaches.
Likelihood: 2 (Unlikely)	May happen occasionally; reliant on user input and review; UI permits omissions.
Risk Rating: 6	**Moderate x Unlikely = 3 × 2 = 6**
Risk Level: Low	With the introduction of the Photo Capture module, governed controls such as mandatory image-type classification, on-screen consent and IG guidance, audit logging, in-app deletion prior to finalisation, and clear guidance and workflow prompts now ensure that images are captured, stored, and transmitted securely within the clinical record, reducing the likelihood risk.

HAZ-EPR-1102 – Consent not obtained/revoked for Photo Capture

Scenario
Consent maybe gained or be gained then revoked by a patient such as a patient that absconds or expires within the care of the Trust. Consent of a minor is to be attained by a parent or responsible adult accompanying them while with YAS clinicians. Gillick competency of a minor must be understood and acknowledged when considering the use of digital imagery of a minor.

Sequence of Events

1. Clinician enters the Photos & Notes section.
2. On-screen guidance reminds user to obtain consent and avoid prohibited imagery.
3. Clinician proceeds to Add Photo.
4. Camera opens and a photo is taken.
5. User selects Use Photo and takes image
6. Consent may be:

   a) not obtained b) unable to be obtained (capacity/minor) c) later revoked.
7. User records consent or not
8. Photo remains in the assessment unless deleted before finalisation.
9. If not deleted prior to finalisation, image becomes part of the permanent clinical record and is sent to receiving organisations.

Harm
Capturing images without valid consent may lead to information governance breaches, safeguarding risks, loss of patient trust, complaints or legal escalation, and reduced clinical context for onward care if images must be deleted.

Existing Controls (Pre-Platform)

- Consent obtained for care as per YAS policy

Pre-Control Rating

Pre-Control	**Justification**
Severity: 3 (Moderate)	Images taken regarding a scene or wound without consent can affect onward care. Improper sharing of inappropriate imagery can cause safeguarding and/or IG data breaches.
Likelihood: 2 (Unlikely)	May happen occasionally; reliant on user assessment, input and review.
Risk Rating: 4	**Moderate x Unlikely = 3 × 2 = 6**
Risk Level: Low	Clinicians rely on paper forms and the classic ePR's diagrammatic interface to document wounds or scenes, supported by verbal handover, while some staff resorted to taking photographs on their own personal devices a workaround that created IG and consent risks.

Additional Controls

- Visual text prompts regarding consent and IG policy
- Audit log tracks confirmation action
- Images can be deleted if deemed inappropriate or consent not gained/revoked prior to finalisation
- User 'How to' guide available on photo capture screen

Post-Control Rating

Post-Control	**Justification**
Severity:3 Minor	Missing or incorrectly handled consent for clinical images can undermine onward care and create safeguarding or information-governance breaches if inappropriate imagery is shared.
Likelihood: 1 (Rare)	May happen occasionally; reliant on user input and review; UI permits omissions.
Risk Rating: 2	**Minor x Rare = 3 × 1 = 3**
Risk Level: Low	Clear on-screen consent and IG guidance, audit-logged confirmation actions, and the ability to delete images before finalising the ePR, the likelihood of capturing or retaining images without valid consent is reduced

HAZ-EPR-1103 – The receiving destination cannot see the uploaded images

Scenario
The iPad and/or ePR loses network connection or fails to synchronise with the recipient software/hardware. The recipient cannot see the uploaded images.

Sequence of Events

1. Clinician finalises ePR
2. ePR attempts to sync to network or the recipient
3. Synchronisation failure
4. System continues to attempt to reconnect/sync
5. If synchronisation failure occurs, recipient have process to follow to gain access to ePR manually

Harm
The inability to access relevant YAS documentation may result in lack of, or gaps in onward care. The reliance of a verbal handover may lead to missed or overlooked information relevant to patient care in the future.

Existing Controls (Pre-Platform)

- Paper forms with ability for written description of patient care journey with YAS.

- Verbal handovers covering key data.

Pre-Control Rating

Pre-Control	Justification
Severity: 2 Minor	Lack of correct documentation sharing can affect onward care.
Likelihood: 3 (Possible)	May happen occasionally; reliant on network connections and functionality of hardware/software.
Risk Rating:	**Minor x Possible = 2 × 3 = 6**
Risk Level: Moderate	Moderate risk due to potential clinical consequences

Additional Controls

- Constant automated process to reconnect to the Trust network
- Improved connectivity of Ipad vs Getach

Post-Control Rating

Post-Control	Justification
Severity:2 (Minor)	Ability to share documentation regarding patient journey is imperative to accurate and effective onward care.
Likelihood: 2 (Unlikely)	May happen occasionally; reliant on network connect and sustainability.
Risk Rating: 2	**Minor x Rare = 2 × 2 = 4**
Risk Level: Low	Care has been provided, images are supplementary

HAZ-EPR-1104 – Taking Image Causes Delay to Patient Care

Scenario

Specific clinical ~~wounds~~presentations or the events at the scene of an incident may benefit from being recorded as photographs for the receiving destination to understand and influence continued care. However, if an incident is time critical in nature, the act of taking and uploading relevant images and/or providing descriptive accompanying text may result in delayed treatment and or transport of a patient to a receiving destination.

Commented [MT7]: suggested re-word... "However, if an incident is time critical in nature, the act of taking and uploading relevant images, or providing descriptive accompanying text, may result in delayed.."

Sequence of Events

1. Clinician opens photos and notes to take photo or scene/wound/injury before attending to patient
2. Delay in patient care and potential harm to patient

Harm

The act of taking images of a scene or wound may divert the clinician from providing the required care or transporting a patient to a receiving destination. This action would cause the patients' right to Article 2 of the European Convention of Human Rights to be affected as well as contravene Trust policies and procedures.

Existing Controls (Pre-Platform)

- Paper forms with ability for written description of scenario and patient's condition.
- Verbal handovers covering key data.

Pre-Control Rating

Pre-Control	**Justification**
Severity:4 (Major)	Delay could cause patient harm
Likelihood: 2 (Unlikely)	Unlikely a crew member would delay care to capture a photo
Risk Rating:	**Major x Unlikely = 4 × 2 = 8**
Risk Level: Low	Risk due to potential clinical consequences and delayed onward care.

Additional Controls

- On screen warning to not allow photo capture to delay patient care
- Included in 'How to' guide

Post-Control Rating

Post-Control	**Justification**
Severity:4 (Major)	
Likelihood: 1 (Rare)	Should never happen. Rarely would a photograph be vital.
Risk Rating:	**Major x Rare = 4 × 1 = 4**
Risk Level: Low	Images taken regarding a scene or wound would not override the requirement to provide life-saving interventions or timely transport to a receiving destination.

Clinical Safety Officer (CSO) Review Summary

The Clinical Safety Officer (CSO) Review confirms that all risks associated with the Photo and notes within assessment module have been identified and appropriately mitigated. Risks such as inappropriate image capture, consent, or inadequate information governance have been addressed through agreed controls including mandatory fields, on-screen guidance, and comprehensive audit logging.

Following the application of these controls, the remaining risks meet the As Low As Reasonably Practicable (ALARP) standard required under DCB0129/DCB0160. The module now provides a consistent way to capture clinical images over current practice without introducing unacceptable clinical risk.

To strengthen practice further, the CSO recommends trust consideration of development of a formal policy or scope of practice to standardise how digital imagery should be used. However,

immediate safeguards including the consent policy, onscreen guidance, and the staff 'How To' guide are already in place and considered sufficient for deployment.

Optional Future Improvements / Recommendations

- Consideration of the development of a formal clinical photography policy or scope of practice to provide long-term consistency, governance, and clear expectations for staff.
- The addition of image type option (alongside injury/wound or scene) 'Other' with mandatory free text description field. Thus, to provide the ability to document other conditions or symptoms such as chronic skin conditions such as ulcers or cellulitis.
- Review and refine the wording used for receiving centres, with IG and Legal oversight, to ensure accuracy, clarity, and alignment with organisational standards.
- Explore additional appropriate use cases for photo capture, such as recording ECGs, patient provided information, or other clinically relevant documentation where imagery may further support patient care.
- Explore the possibility of role-based access to the use of digital imagery limited to YAS clinicians.

Safety Claim

This is justification for the following claim:

"The Photo Capture module has been developed in accordance with DCB0129 requirements. The risks to patients that may arise from its use have been identified, evaluated, and mitigated to a level that is as low as reasonably practicable (ALARP) for the intended clinical setting."

This claim is supported by structured hazard analysis, formal risk ratings, clinical walkthroughs, and confirmation that all key mitigations are implemented and active within the deployed module.

Next Steps

The following actions are recommended to ensure continued clinical safety assurance:

- **Hazard Log Maintenance:** The formal Hazard Log should be updated to reflect all identified hazards, including links to specific causes, implemented controls, and both pre- and post-control risk ratings. Any outstanding validation checks or draft entries should be completed prior to go-live.
- **Live Monitoring and Evaluation:** System usage should be monitored during early rollout and initial live deployment to detect unanticipated risks or workflow deviations. Audit trails, error logs, and structured clinician feedback should be analysed to assess the effectiveness of in-system controls and fallback processes.
- **Update to CSCR:** Findings from this Clinical Safety Review, including finalised hazard ratings and implemented mitigations, should be incorporated into the next

version of the Clinical Safety Case Report (CSCR). This will ensure end-to-end traceability and compliance with DCB0129 obligations.

- **Ongoing Clinical and Technical Collaboration:** Continued collaboration is required between clinical stakeholders, engineering teams, product managers, and operational leads. This will ensure that any design changes, user-reported issues, or workflow refinements are evaluated for clinical risk and appropriately mitigated.

Glossary

Term	Description
Clinical Risk	Combination of the severity of harm to a patient and the likelihood of occurrence of that harm.
Clinical Risk Estimation	Process used to assign values to the severity of harm to a patient and the likelihood of occurrence of that harm.
Clinical Risk Management	Systematic application of management policies, procedures, and practices to the tasks of analysing, evaluating, and controlling risk.
Clinical Risk Management Plan	A plan which documents how the Manufacturer will conduct clinical risk management of a Health IT System.
Clinical Safety	Freedom from unacceptable clinical risk to patients.
Clinical Safety Case	Accumulation and organization of product and business process documentation and supporting evidence, through the lifecycle of a Health IT System.
CSO	Clinical Safety Officer.
Deploying Organization	Organization that is deploying the health IT system used for a healthcare purpose.
Harm	Death, physical injury, psychological trauma and/or damage to the health or well-being of a patient.
Hazard	Potential source of harm to a patient.
Hazard Log	A mechanism for recording and communicating the on-going identification and resolution of hazards associated with a Health IT System.
Health IT System	Product used to provide electronic information for health or social care purposes. The product may be hardware, software, or a combination.

Health Organization	Organization within which a Health IT System is deployed or used for a healthcare purpose.
Likelihood	Measure of the occurrence of harm.
NHS Digital	The national information and technology partner to the health and social care system. NHS Digital is responsible for providing a range of digital services to the health and social care system in England.
Patient	A person who is the recipient of healthcare.
Release	A specific configuration of the software delivered to a Deploying organization by *System Name*.
Clinical Safety Case	The report that justifies achievement of the appropriate safety rating of the clinical system by means of a safety analysis, supported by safety arguments.
Safety Closure Report	The Safety Closure Report is raised in relation to the validation and assurance of the safety of a clinical system.
Safety Incident	Any unintended or unexpected incident which could have, or did, lead to harm for one or more patient's receiving healthcare.
Severity	Measure of the possible consequences of a hazard.

Appendix – Risk Classification Matrix

1.1 Risk Matrix

		SEVERITY				
		Minor	Significant	Considerable	Major	Catastrophic
LIKELIHOOD	Rare	1	2	3	4	5
	Unlikely	2	4	6	8	10
	Possible	3	6	9	12	15
	Likely	4	8	12	16	20
	Almost Certain	5	10	15	20	25

Risk Matrix Key - Severity

Score	Consequence	Description
1	NEGLIGIBLE	Minor injury not requiring first aid or no apparent injury
2	MINOR	Minor injury or illness, requiring minor intervention; No long-term consequences.
3	MODERATE	Moderate injury which impacts on an individual or a small number of people; Some degree of harm up to a year; RIDDOR/MHRA/agency reportable incident
4	MAJOR	Major injury leading to long-term incapacity/disability; Serious mismanagement of care with long-term effects
5	CATASTROPHIC	Death / life threatening harm; Multiple permanent injuries or irreversible health effects

Risk Matrix Key - Likelihood

Score	**Likelihood**	**Probability**	**Frequency**
1	RARE	Less than 0.001%(<1 in 100,000)	Event is theoretically possible but has not occurred. Would require multiple failures.
2	UNLIKELY	0.001% – 0.01% (1 in 100,000 – 1 in 10,000)	Could occur in exceptional or edge-case conditions. Not expected during normal use.
3	POSSIBLE	0.01% – 0.1% (1 in 10,000 – 1 in 1,000)	Reasonable chance under specific workflows or system states. May happen occasionally.
4	LIKELY	0.1% – 1% (1 in 1,000 – 1 in 100)	Anticipated to occur intermittently. Could recur under moderate usage patterns.
5	ALMOST CERTAIN	>1% (>1 in 100)	Expected to occur regularly under typical operating conditions. Likely monthly or more.

APPENDIX 3: Board Assurance Framework

Annex 3 – **Board Assurance Statement for NHS Provider Trusts.** Please return this assurance statement to the NHS England Inquiry Team by **31 July 2026** to: england.nhsinquiryteam@nhs.net

Assurance statement	**Confirmed (yes/no)**	**Additional comments or qualifications (optional)**
The roles and responsibilities between the relevant teams responsible for mortuary care, including estates, safeguarding, pathology, bereavement, mortuary and corporate services, are clear, understood and are tested on a regular basis.		Not applicable as the Trust do not store deceased bodies.
The Board has undertaken a review of progress against the 29 recommendations immediately relevant to the NHS as made by the Fuller Inquiry. Where the Trust is not fully meeting a specific recommendation, a time-limited action plan is in place to close any gaps.		Yes, we have reviewed against recommendations 30-33 and a review of the management of the deceased policy incorporating the new guidance will be presented to CGG in September 2026.
In line with updates to the NHS Safeguarding Accountability and Assurance Framework, executive leadership has been reviewed with clear oversight of arrangements for the safeguarding of people after they die.		Not applicable as the Trust do not store deceased bodies.
The Board can assure itself the organisation has a plan in place to ensure the effective oversight of matters relating to mortuaries, related storage areas (or wider facilities) where the deceased are cared for, including the correct information and governance arrangements. If it cannot, it has identified the actions necessary to		Partially applicable, the policy on conveyance of the deceased is being reviewed to incorporate the recommendations on where staff should sit during conveyance and the security and dignity of the deceased in the ambulance.

address this and a plan is in place to implement them as a matter of urgency.	
For all issues related to estates, there is an agreed timeline in place to undertake a self-assessment against the latest version of the NHS Premises Assurance Model and submit data within the current window (closing 8 September 2026), ensuring that your plan includes PAM sign-off from your Board prior to submission.	Not applicable as the Trust do not store deceased bodies.

Trust Name	Trust CEO/AO name	Date	Trust Chair name	Date
The Yorkshire Ambulance Service	Peter Reading	16.7.26	Martin Havenhand	16.7.26

APPENDIX 4 – Management of Deceased Patient Policy – separate attachment.