




SERVICE USER IDENTIFICATION FOR TREATMENT AND CARE

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Executive director	Executive Director of Quality and Safety (Chief Nurse)	
Policy lead	Associate Director of Clinical Governance	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy context

Misidentification of service users is increasingly being recognised as a widespread problem within Health and Social care organisations and the Patient Safety Agency has recognised misidentification as a significant risk across the NHS.

Service user misidentification can lead to various serious outcomes for individuals including:

- Serious delays in commencing treatment.
- The service user being given the wrong diagnosis.
- The service user receiving inappropriate treatment.
- Administration of the wrong medication
- Performance of the wrong procedure on a service user.

The challenge is for the Trust to ensure there are adequate systems for

- The recording of basic biometric information
- The use of routine checking procedures
- Systems to ensure the correct identification of service users for any aspect of their care and treatment or any procedure or intervention carried out by Trust staff.

Policy requirement

Correct patient identification begins with the patient's first contact with the service. It is the responsibility of all staff both clinical and administrative, involved in receiving the service user to ensure that correct details are obtained and recorded and that any queries are highlighted and addressed.

The first and most important step is to carefully check the patient's identity with the person themselves, wherever possible, asking their name, date of birth and address, and GP details.

Staff must ensure that the full birth-registered name of the service user is recorded. If this is not the same as the name that the individual likes to be known by, then this must also be recorded. Caution must be used if there are known to be two or more people using a service who have the same name. Staff must take all necessary precautions to ensure that the name is written in full within the electronic system used– whilst ensuring that a preferred name is also identified within the document. In this way staff can ensure the correct entry is being made about the correct person, in the electronic systems and any case files used.

Staff must ensure Connecting for Health's guidance on ethnic naming conventions is followed. Caution must be exercised in obtaining as much information as possible to support effective NHS number tracing whilst still considering the service user's sensitivity.

All new service users should have their NHS number verified using the Patient Demographic Service (PDS) which is incorporated within the Rio System.

All service users must be able to be always identified whilst being assessed or undergoing procedures / treatments within the Trust in all aspects of their care pathway and contact with services.

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1. Introduction

Misidentification of service users is increasingly being recognised as a widespread problem within Health and Social care organisations and the Patient Safety Agency has recognised misidentification as a significant risk across the NHS.

Service user misidentification can lead to various serious outcomes for individuals including:

- Serious delays in commencing treatment.
- The service user being given the wrong diagnosis.
- The service user receiving inappropriate treatment.
- Administration of the wrong medication
- Performance of the wrong procedure on a service user.

Mental Health Trusts face a difficult challenge in trying to minimise the number of incidents of misidentification of service users through treatment, care and information record keeping processes and interventions.

Service users come from all social and cultural backgrounds, and from all areas and communities of Birmingham and Solihull - and the wider population of the United Kingdom for some of the specialist services offered by the Trust.

Correct patient identification poses a challenge because of the number of interventions that are carried out, ranging from drug administration and phlebotomy to procedures such as Electro Convulsive Therapy (ECT). Furthermore, interventions occur in a variety of locations and are provided by large teams of clinical staff, many of whom may have a range of work patterns. Patients at the time of admission to an inpatient or residential unit, or on first contact with a community team may not be able to respond to questions in relation to their identity for a variety of reasons including:

- Language difficulties, or having communication disabilities (impaired hearing, speech, sight)
- Impaired cognitive functioning
- Emotional state, i.e., anxious, hostile, frightened etc.
- Impaired intellectual capacity
- Mental health symptoms such as paranoia, delusions, dementia, mania, depression, hallucinations etc.
- Substance misuse issues
- Being forced against their will to comply with legal or civil constraints e.g. The Mental Health Act (1983 MHA) and the Criminal Justice System
- Malicious or criminal intent to deceive.

The challenge is for the Trust to ensure there are adequate systems for

- The recording of basic biometric information
- The use of routine checking procedures
- Systems to ensure the correct identification of service users for any aspect of their care and treatment or any procedure or intervention carried out by Trust staff.

1.1 Rationale

The Department of Health in their publication Building a Safer NHS for Patients – Improving Medication Safety (DoH 2004) stated that *“Patient safety and risk reduction should be at the heart of improving quality and clinical care”*.

The National Patient Safety Agency (NPSA) recognised service user misidentification as a significant risk within the NHS and have issued guidance relating to this risk. (NPSA 2004 Right Patient Right Care)

Identification errors may occur in any part of the care pathway of a service user as an in-patient, outpatient, day patient or whilst being cared for in the community.

Such incidents are more likely to arise in emergency situations and when service users are transferred from one ward to another, or from one team to another or from one site to another (e.g., for Electroconvulsive Therapy or transfer of care), or when the Clinician has not met the service user previously.

1.2 Scope of the policy

The policy should be applied to all service users engaged with Trust services in all settings, not just relating to hospital or ward-based settings, but including service users whether at home, in hospital or in other settings and at any stage of their care pathway with the organisation.

1.3 Principles

This policy will attempt to balance choice, rights, privacy, differences and confidentiality of service users and the need of the organisation to ensure the right treatment and care are given to the right service user.

This policy sets out the protocol and best practice guidelines for staff to follow in order to ensure that all care delivered is of a safe and therapeutic nature and that all those who use the Trust’s services are properly identified prior to any care, treatment or interventions taking place.

2. Policy

Correct patient identification begins with the patient's first contact with the service. It is the responsibility of all staff both clinical and administrative, involved in receiving the service user to ensure that correct details are obtained and recorded and that any queries are highlighted and addressed.

The first and most important step is to carefully check the patient's identity with the person themselves, wherever possible, asking their name, date of birth and address and details of their GP. If the service user is unable to give this information, then the person accompanying the individual to the ward or the appointment can be asked to confirm these details, which must be recorded immediately. If the service user is not fluent in English an interpreter must be obtained as soon as possible to ensure that the correct details are gathered and that a clinical assessment can be undertaken. If there are problems with identification and communication due to disability or sensory impairment then assistance from an approved professional, carer, family member or friend must be sought. Staff must always check the electronic patient system to verify previous registrations of the service user if any or to update the details in the system if required.

Staff must ensure that the full birth-registered name of the service user is recorded. If this is not the same as the name that the individual likes to be known by, then this must also be recorded. Caution must be used if there are known to be two or more people using a service who have the same name. Staff must take all necessary precautions to ensure that the name is written in full within electronic systems– whilst ensuring that a preferred name is also identified on access to the record.

Staff must ensure Connecting for Health's guidance on ethnic naming conventions is followed. Caution must be exercised in obtaining as much information as possible to support effective NHS number tracing whilst still considering the service user's sensitivity.

All new service users should have their NHS number verified using the Patient Demographic Service (PDS) which is incorporated within the Rio System.

All service users must be able to be always identified whilst being assessed or undergoing procedures / treatments within the Trust in all aspects of their care pathway and contact with services.

- For all In-Patient Services all service users will have basic biometric information recorded within 6 hours of admission
- All service users receiving ECT will have an Identity Wristband attached before the commencement of any treatment.
- Identification Wristbands may be used in some in-patient settings following exceptional circumstances for short term situations.
- Other services located in a host organisation will use their system of Service User identification.

For specific requirements by each of the services in the Trust see the procedures and the guidelines of this policy

3. Procedure

3.1 Identifying the Service User

Just by acknowledging name and date of birth does not ensure that the right medication, treatment or observation is being given or carried out to the correct person.

The service user should be asked to give their name, date of birth and address, and this should be checked against available information.

Any problems with identification because of language or disability should be addressed by the use of an appropriate interpreter or sensory impairment communication aid.

3.2 Proof of Identification Criteria

Prior to entering Trust services individuals will have provided proof of identification through primary care services the following:

- Photographic identification, such as a passport, photographic driving licence, photographic identification from their place of employment, bus/train passes.
 - Written proof of identification with current address on such as driving licence, bank or building society statements, utility bills, other bills, benefit statement, or other correspondence with their name and address printed on.
 - Medical card with their NHS number on, national insurance card, or letter of testimony from a professional.
 - Verbal confirmation of the service user by a friend, relative, carer or associate
 - Visual confirmation of identity from an employee of the Trust or visiting Professional who knows the service user.
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- Verbal confirmation by the service user.

Staff should, wherever possible, endeavour to use the highest level of proof available to ensure a positive identification of a service user.

3.3 Ongoing Checking Processes

Staff should check the identity of the service user each time they carry out a treatment, intervention or procedure.

There should be no exceptions for checking the identity of any service user which should be against the best identification information available, including using identification equipment is in use such as Identification Wristbands or Photographic

identification if available (see Appendix 4, for guidance on the use of Identity wristbands and Appendix 6 for guidance on the use of photographs)

3.4 Information for Positive Identification

This section details the level of information required for service user identification within different services, teams, and settings within BSMHT.

3.4.1 Inpatient areas

All service users will have basic biometric information recorded within 6 hours of admission and will include:

- Height in Centimetres
- Weight in Kilograms
- Colour of hair
- Colour of eyes
- Colour of skin
- Speech or language impairments and include Accent.
- Build Type (e.g., athletic, slim, average, stocky, large, very large etc.)
- Distinguishing marks (including skin blemishes, birth marks, scars and tattoos and their location)
- Other relevant details such as mobility, any missing body parts (that are visible i.e., limbs, fingers, eyes, ears).

Where the information is not known or the service user refuses or is not able to comply with giving this information then an approximation of height and weight needs to record.

3.4.2 Day Services, Community Mental Health Teams, Home Treatment Teams, Assertive Out-Reach Teams, Older Adult Community Teams, EIS, Liaison Psychiatry, PDU/Street Triage Steps2Recovery Teams, Primary Care Liaison Teams, Secure Care Adult and Forensic CAMHS Community Teams

All service users will:

- Have (in all of the above Community Mental Health Teams) their basic biometric information recorded by the staff following the first face to face contact (***NB. only if there is to be further contact***) and will include basic biometric information as stated for in-patient services.
- Where the information is not known or the Service User refuses or is not in a position to comply with giving this information then an approximation of height and weight needs to recorded.

3.4.3 ECT Suites

Before any ECT treatments can take place, all service users will have an Identity Wristband attached with the following information:

- First Name
- Last Name
- Date of Birth (in the following format dd/mm/yyyy)
- NHS Number

The above information requirements conform to the guidelines issued by the NPSA in their document "*Wristbands for Hospital Inpatients Improves Safety. Safer Practice Notice 11*" (NPSA 2005)

In addition to the above information BSMHT requires the following information to be included:

- Ward
- RC (or admitting RC)

- See appendix 4 for full guidance on the use of Identity Wristbands
- See appendix 5 for the NPSA design specifications criteria for Service User identification wristbands.

3.4.4 Adult Secure Care Inpatient Services and Forensic CAMHS Inpatient Services

Secure Care Services have greater requirements for service user identification, relating to improving and maintaining security of service users and the safety of the public.

This is a particular requirement in the event of a service user absconding or other Serious Untoward Incident and the need for the Police to be able to positively identify an individual.

In order to fulfil this requirement, a current photographic image is to be stored and will be made available to the Police.

All Service Users will

- Have basic biometric information recorded within 6 hours of admission and will include Information as per other in-patient services.
- Have an approximation of height and weight recorded where the information is not known or the service user refuses or is not in a position to comply with giving this information.
- Have a photograph taken of their head and shoulders.

- Have the photograph taken within 5 working days from admission.
- Have copies of the photograph uploaded onto Rio and the EPMA (Electronic Prescribing Medicines Administration) electronic clinical information system in the Services Users Integrated Care Record.

See Appendix 6 for full guidance on Photographic Images in Secure Care Services.

3.4.5 Liaison Psychiatry, Prison Health Care

Staff working in settings where there are already agreed Service User identification protocols for treatment and care by the host organisation must follow these organisations procedures and policies for service users accessing their services.

These services are:

- Liaison Psychiatry services in the Acute Hospitals in Birmingham - the use of service user Identification Wristbands.
- Healthcare provision in Her Majesty's Prison (HMP) Birmingham – the use Prisoner Number and a Prison Identity Card is given by the Prison for the service user to identify themselves for Medication prescription and administration within HMP Birmingham.

3.4.6 Transfer of Service Users between Wards, Teams, and Sites

Service user identification information should be provided for the receiving ward, team, or site if a service user is to be transferred to another ward, team, or site.

These details should be available on the clinical records system and should be updated if required.

3.5 Training

Service user identification is a fundamental part of service user care and will be referenced on clinical induction.

If more specific training needs are identified, then the ward manager should ensure this is provided at a clinical level using this policy as training material.

3.6 Incidents of Misidentification - Management and Reporting Processes

Some of the main causes of service user misidentification are:

- Clerical and administrative errors
- Incorrect labelling
- Misfiling of results
- Transposing digits in hospital numbers
- Use of wrong addressograph
- Service user receiving care in different hospitals using same records.

- Incorrect, illegible, or incomplete documentation
- Failure of verification of Identity
- Inadequate or non-existent verification protocols
- Non-compliance with verification protocol
- Communication difficulties
- language barriers
- Mental state of service users
- Emotional States of service users
- Impaired functioning of service users to understand.
- Service users having the same or similar names and even the same date of birth.
- Deliberate, Criminal or Malicious deception
- Service users giving more than one name, date of birth or naming date due to cultural, social or religious reasons.
- Organisational culture
- Failure to record basic Biometric identification information.
- Failure to update biometric information when changes occur.

Misidentification errors often take place due to a breakdown in communication systems.

Service user misidentification cuts across all sectors of Health and Social care practice and with all aspects of a service user's contact and their care.

Service user Identification practice is intrinsically tied with verification practices and so to minimise misidentification of service users all Health and Social care providers should always verify that the person they are attending to is the one for whom the treatment is intended and match the treatment to that person accordingly.

The above list is not exclusive or exhaustive of the potential sources where Service User misidentification can occur.

Clinical settings where misidentification of service users may be particularly susceptible are where there is a high turn over of staff, or a high turn over of service users being admitted and discharged or where the use of temporary staffing has been high particularly where there are few "regular" staff, particularly if checking procedures are deficit or missing.

Correct service user identification poses a challenge to Trust staff because of the number of complex interventions that occur to service users, ranging from drug administration and phlebotomy to procedures such as body searching, resuscitation, physical or therapeutic observations, escorting and leave.

Interventions occur in a variety of locations and are provided by large teams of clinical and non-clinical staff, many of whom work shifts.

Activity levels of Health and Social care workers may force them to take ‘short cuts’ when carrying out service user identity checks.

If an untoward procedure, intervention, treatment, or information recording error is identified relating to service user misidentification, the Trusts Management of Untoward Incident or Management of Serious Incident policies are to be followed.

Such incidents should also be reported to the RC and the Ward/Team Manager at the time of the incident who will ascertain if any immediate action is required with respect to the service user’s care or treatment. This may later warrant further investigation.

An Incident report form must be completed and sent to the Risk Management department as soon as possible following all service user misidentification incidents or where a “near miss” occurs.

4. Responsibilities

Post(s)	Responsibilities	Ref
All Staff	All staff have a responsibility to ensure correct patient identification commencing with the patients’ first contact with Trust services.	National Health Service Resolution
Service, Clinical and Corporate Directors	<ul style="list-style-type: none"> • The role of leaders across the organisation is to ensure: • For all In-Patient Services all service users will have basic biometric information recorded within 6 hours of admission • All service users receiving ECT will have an Identity Wristband attached before the commencement of any treatment. • All service users will, when attending or utilising hospital or community services such as Day hospitals, Pharmacy Out-Patient or be visited by any community team or service such as Home Treatment or Primary Care; be firmly encouraged to bring or produce proof of identification. • In-patient Secure Care services will use photographic images in addition to other in-patient requirements. • Identification Wristbands may be used in some in-patient settings following exceptional circumstances for short term situations. • Other services located in a host 	HM Government (1998) <u><i>The Data Protection Act 1998</i></u>

	organisation will use their system of Service User identification.	
Executive Director of Nursing//Quality and Safety	The Executive Director of Nursing/Quality and Safety undertakes the role of ensuring delivery of safe standards of care. The role involves having oversight of system management, inclusive of audits to ensure appropriate systems are in place.	
Executive Director of Operations	The Executive Director of Operations has responsibility to ensure clinical teams are aware of the contents of this policy and ensure any breaches are addressed and systems reviewed to ensure a high level of patient safety.	

5. Development and Consultation process

Consultation summary		
Date policy issued for consultation	December 2023	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Where received	Summary of feedback	Actions / Response

6. Reference Documents

1. National Health Service Resolution
2. Department of Health. (2004). *Building a Safer NHS for Patients: Improving Medication Safety. A Report by the Chief Pharmaceutical Officer.*
3. National Patient Safety Agency. (2005). *Wristbands For Hospital Inpatients Improves Safety.. Safer Practice Notice 11*
4. National Patient Safety Agency (2004). *Right Patient Right Care.* London: National Patient Safety Agency
5. HM Government (1984) *Mental Health Act* London: HMSO

6. HM Government (2006) Mental Capacity Act London: HMSO

7. Bibliography

1. Department of Health. (2003). Design for Patient Safety.
2. Department of Health. (2001). Building a Safer NHS for Patients. Implementing an Organisation with a Memory.
3. HM Government (1998) The Data Protection Act 1998
4. National Audit Office. (2005). A Safer Place for Patients: Learning to Improve Patient Safety.
5. National Patient Safety Agency. (2005). Patient Safety Alert, Correct Site Surgery.
6. Bothwell. S. (2006). From Learning to Safer Patient Identification Review of Data from the National Reporting and Learning System (NRLS)
7. Royal College of Paediatrics and Child Health. (2005). Good Practice in Handover
8. University of Manchester. (2006.) Avoidable Deaths Five-year report of the national confidential inquiry into suicide and homicide by people with mental illness.
9. Guy, K, Bridge, J, Hayes, D. (Oct 2006). Patient Safety ID – Kevin White Unit - Photograph Scheme Liverpool: Mersey Care NHS Trust
9. Blunt, Richard. (Feb 2006). Trust Policy on Patient Identification (12b) Birmingham: The Dudley Group of Hospital NHS Trust
10. Beaumont, Debbie. (June 2006). Patient Identification Policy Bradford: Bradford Teaching Hospitals NHS Foundation Trust
11. Reeves, Paula. (March 2003). Patient Identification Policy Whittington: The Whittington Hospital NHS Trust
12. Graham. J. (2005). Patient Identification Policy London: The Luton and Dunstable Hospital NHS Trust
13. Mid Cheshire Hospitals NHS Trust. (2006). MCHT Patient Identification Policy Cheshire: Mid Cheshire Hospital NHS Trust

8. Glossary

CNST	Clinical Negligence Scheme for Trusts
EPMA	Electronic Prescribing Medicines Administration
NPSA	National Patient Safety Agency
DoH	Department of Health
NICE	National Institute for Clinical Excellence

CPN	Community Psychiatric Nurse
Biometric	The use of measurable, biological physical characteristics (such as physical characteristics) to identify a person
ECT	Electroconvulsive Therapy
ID	Identification
CAMHS	Children and Adolescent Mental Health Services
EIS	Early Intervention Services
AOT	Assertive Out-Reach
HTT	Home Treatment Teams
Secure Care	Service for Mentally Ill Offenders
RiO	Computerised Care Records system
RC	Responsible Clinician

9: Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Incidents in relation to: Serious delays in commencing treatment. The service user being given the wrong diagnosis. The service user receiving inappropriate treatment. Administration of the wrong medication Performance of the wrong procedure on a service user.	Deputy Director of Nursing	Audit, Eclipse, Rio	Quarterly	CGC

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Service User for Treatment and Care Policy		
Person Completing this policy	Gill Mordain	Role or title	Associate Director of Clinical Governance
Division	Nursing/Quality and Safety Directorate	Service Area	Governance
Date Started	June 2024	Date completed	June 2024
Main purpose and aims of the policy and how it fit in with the wider strategic aims and objectives of the organisation.			
<p>The aim of the service user d=for treatment and care policy is to demonstrate compliance that</p> <ul style="list-style-type: none"> ○ The recording of basic biometric information ○ The use of routine checking procedures ○ Systems to ensure the correct identification of service users for any aspect of their care and treatment or any procedure or intervention carried out by Trust staff. 			
Who will benefit from the proposal?			
All service users, staff, visitors and others using the Trust's services.			
Does the policy affect service users, employees or the wider community?			
The policy is primarily aimed at the protection of service users and will support employees in appropriate care delivery.			
Does the policy significantly affect service delivery, business processes or policy?			
<i>How will these reduce inequality?</i>			
This policy will help reduce inequality, by ensuring service users identification is accurate and correct as this could potentially have a negative impact and cause misdiagnosis and treatment. The policy recognises the importance of recognising a person as an individual ensuring that they receive the best and most appropriate standards of care.			
Does it involve a significant commitment of resources?			
<i>How will these reduce inequality?</i>			

This policy will significantly improve service delivery to our service user as their identification will be recorded correcting, therefore this policy should assist in reducing inequality.				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
N/A. The policy covers all individuals that come into contact with Trust services. The Trust is fully committed in reducing inequality and this policy will support service users by ensuring accurate information is recorded				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	X			The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. It is anticipated that age will not have an impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their age
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services.

				It is anticipated that disability will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their disability. This is dependent if the individual feel comfortable about being open about their disability especially where this may be a hidden disability. This can lead to potential misdiagnosis and treatment.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			X	The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. It is anticipated that gender will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their disability. This is dependent if the individual feel comfortable about being open about their gender as this can lead to potential misdiagnosis and treatment.
This can include male and female or someone who has completed the gender reassignment process from one sex to another. Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships			X	The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. It is anticipated that marriage or civil partnership will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership.

				This is dependent on the individual feeling comfortable about being open about their Marriage or Civil Partnership
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters. Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity			X	<p>The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. It is anticipated that Pregnancy or Maternity will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner. However, the Trust will provide necessary support and reasonable adjustment where required and this is dependent on service users feeling comfortable about being open about their or their partners pregnancy, including miscarriage.</p>
<p>This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?</p>				
Race or Ethnicity			X	<p>The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. It is anticipated that Race or Ethnicity will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of this and they are under our duty of care. This is also dependent on service users feeling comfortable about being open about their heritage or refugee status</p>
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups?</p>				

What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief			X	<p>The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services.</p> <p>It is anticipated that religion or belief will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on service users feeling comfortable about being open about their religion or belief. The Trust will provide necessary support and reasonable adjustment. Staff should also be aware of service users' cultural needs and should seek further support with the Spiritual Team if require further advice and or support.</p>
<p>Including humanists and non-believers</p> <p>Is there easy access to a prayer or quiet room to your service delivery area?</p> <p>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p>				
Sexual Orientation			X	<p>The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services.</p> <p>It is anticipated that sexual orientation will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of this.</p>
<p>Including gay men, lesbians and bisexual people</p> <p>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?</p> <p>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				
Transgender or Gender Reassignment			X	<p>The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services.</p>

				It is anticipated that Transgender or Gender Reassignment will not have a negative impact in terms of discrimination as this policy ensures that all service users should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on individuals feeling comfortable about being open about their being Transgender or undergoing Gender Reassignment. The hope is this policy will support colleagues in recording accurate, up to date information which will be conducive to the health, wellbeing and recovery of both service users and staff.
This will include people who are in the process of or in a care pathway changing from one gender to another. Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	X			The Service User for Treatment and Care Policy applies the same standards and requirements to all areas of the Trust and for all service users and others using the Trust's services. This policy applies to all
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			X	
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

Staff training and supervision. Regular audits.

How will any impact or planned actions be monitored and reviewed?

Regular audits and review of incidents.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Training in relation to the required standards and communication of the policy and expectations.

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Staff Roles and Responsibilities

The Chief Executive

Will ensure the Trust has a policy for Service User Identification

Director of Nursing and Medical Director (as Executive leads for Clinical Risk Management)

Will ensure that this policy is implemented operationally and monitored as part of the Clinical Governance Strategy

Associate Directors / Heads of Profession

Will ensure this policy is disseminated and implemented within their areas of responsibility.

Clinical Nurse/Service Managers

Service Managers are responsible for ensuring that their teams and their staff are aware of this policy and that they are implementing it fully and correctly. Service managers will also ensure that failures in compliance with this policy are investigated and that remedial action is taken to minimise the likelihood of any reoccurrence.

Clinical Nurses/ Service Managers.

Matrons /Team Leaders / Ward Managers

- Will ensure all staff are aware of and comply with the policy.
- Will ensure that failures to comply with the policy are reported via the incident reporting systems and take corrective action is taken to prevent a recurrence.
- Will perform monthly audits of compliance.

All staff

- Will adhere to this Trust policy.
- Will report all failures to comply with the policy via the Trust incident reporting system.

Do and Do Nots: - A Staffs Guide to Service User Identification

The following Do's and Don'ts are a guide on how to minimise or eradicate incorrect identification of Service Users

Do

- Identify the Service User correctly on admission or first contact. The first most important step is to correctly identify the Service User as soon as they make contact with the service. As far as Service User identification is concerned, the data is only as good as the information that is captured on registration.
- Ensure that you have the full birth-registered name of the Service User. Many Service Users will give you the name that they are known by (e.g., Mary, known to her friends as Molly). This is not acceptable. As far as the Integrated Care Record is concerned Mary Smith and Molly Smith will be two different people, even if they share the same D.O.B. Have you got the right care records?
- Check again with the Service User that all the details are correct, when you have placed the identification wristband on the Service User for ECT
- Regularly check the legibility of Identity Wristbands. Replace any Identity Wristbands, in which any part of the Service User's details has become illegible.
- Initial the addressograph label to demonstrate that you have checked that the Service User's details are correct.
- Always check the details of Service Users even if you think you know them well.
- Double check verbally and physically that the details of a Service User match the details on a fully completed request form, especially if another member of the Health and Social care team has completed the form.
- Take care in outpatients. Some people would admit to being anyone just to jump the queue!
- Label samples taken from the Service User straight away. The safest way is to label the bottles after the sample has been taken and before leaving the Service User

Do Not

- Read the Service Users details to them and allow them to passively agree with you
Ask the Service User to give you their full details.
- Take bloods from a Service User without checking the Service Users details against a fully completed request form.
- Label a sample bottle before you take blood. You may get distracted before you have completed the task.
- Perform two tasks at the same time e.g., taking bloods from several Service Users and labelling them afterwards or filling out requests' forms for several Service Users at the same time, giving medication to several Service Users at the same time.
- Perform tasks remotely from the service user if possible. Try to fill out request forms and complete tasks in the service user's presence.
- Print off more addressograph labels than are required at any given time. They have a habit of finding their way into other service user's care records.

And Remember

- Check for multiple service user registrations.
- Service users can give more than one name and date of birth/ naming date.

Guidelines for the Use of Service User Identification Wristbands

The use of Identity Wristbands ID bracelets of In-Service User will be explained to the Service User and information about Identity Wristbands is to be included in Service User information leaflets/booklets.

Where an Identity Wristband is being attached to a Service User it must have the following information recorded on the Identity Wristband

- First Name
- Last Name
- Date of Birth (in the following format dd/mm/yyyy)
- NHS Number

(Following the guidelines of the NPSA in their document “*Wristbands for Hospital Inpatients Improves Safety. Safer Practice Notice 11*” (NPSA 2005))

In addition to the above information BSMHT requires the following information to be included:

- Ward name or number
- RC (or admitting RC)

In extreme emergencies and possible life-threatening situations, clinical care may take priority over attaching an Identity Wristband to the Service User, or in exceptional circumstances where staff, Service User or others may be at a serious risk of violence and harm if an Identity Wristband is attempted to be attached.

ALL Service Users **MUST** be asked if they are allergic to anything when they are admitted / treated if they are allergic to the Identity Wristbands (Note that an ‘allergy’ can include latex and other material components as well as medicines), then the Service User will be exempted from having an Identity Wristband.

When this occurs the Nurse in charge is responsible to take the appropriate steps to identify the Service User and maintain safety until full identification is possible.

Placement of Identity Wristbands

The Identity Wristband will be placed on the Service Users wrist the choice of wrist is the Service Users.

Who is responsible for applying and removing Identity Wristbands?

Nursing staff will generally be responsible for the application of Service User Identity Wristbands.

The Health and Social care professional treating a Service User for ECT is responsible for ensuring an Identity Wristband is applied.

If a Health and Social care professional removes an Identity Wristband for any reason it is their responsibility to replace the band, or have it replaced immediately.

If a Health and Social care professional finds a Service User without identification it is their responsibility to ensure it is replaced (or have the Identity Wristband replaced) immediately.

Do not proceed with any procedure if the Service User is not wearing an Identity Wristband. The Identity Wristband must be replaced by the Health and Social care professional caring for the Service User before a procedure can begin.

If a Service User refuses to wear an Identity Wristband or if a Service User is unable to wear an Identity Wristband or it is not clinical viable or safe for a Service User to wear an Identity Wristband, then clear documentation must be made in the Service User's clinical records detailing the reason and the management strategy to ensure correct identification of the Service User.

If the person is already wearing an Identity Wristband check the details with your information, this is a positive check to confirm all information.

Changing Identity Wristbands

For infection control purposes Identity Wristbands should be changed if they become visibly soiled, otherwise they are not a risk. Breaches of the policy should be reported using the risk incident system.

If an Identity Wristband has become worn, obscured or illegible it should be replaced immediately.

Identity Wristbands if worn for longer than three months need to be changes.

Type of Identity Wristbands to be Used.

Only use Service User Identity Wristbands that comply with the NPSA's standardised design requirements (see appendix 3).

Use only a white Identity wristband with black text with no additional colours to indicate allergies or any special risk factor about the Service User.

NPSA Standards for Service User Identification Wristbands

Wristband Design Requirements for Safer Patient Care

Identity Wristbands must:

- Fit the range of sizes of patients from the smallest newborn babies through to the largest adults and accommodate swelling/oedema.
- Be soft and smooth to ensure comfort over prolonged use, have no sharp corners, profiling or sharp edges that can irritate or rub the skin and fastenings should not press into the skin.
- Be breathable, non-allergenic, easy to clean, waterproof and resistant to other fluids (e.g., detergents, alcohol gel, blood and other bodily fluids)
- Be secure and not fall off.
- Be quick and easy for all staff to use.
- Not catch on clothing, equipment or devices including IV lines (particularly fastenings and free ends).
- Allow sufficient space for the patient identifiers to be recorded clearly and unambiguously, including long names and hyphenated names.
- Allow the incorporation of new technologies that may be used to assist patient identification e.g., barcode technologies, without compromising any of the above requirements.

Patient identifiers should:

- Be in a standardised layout, order of information and information style.
- Be in pre-defined spaces for each identifier.
- Differentiate between first and last names.
- Give priority to the **Patient Name**. This can be achieved either through font size or style.
- Be in a black text on a white background to ensure the identifiers are clearly legible in reduced lighting conditions and by those with visual impairments.
- Identity bands should be easy to read including when exposed to water, detergents, alcohol gel, blood and other fluids. Information should be durable and not wear off throughout the patient's stay.

Source Document:

NPSA (2005) Wristbands for Hospital Inpatients Improves Safety. Safer Practice Notice 11 London: NPSA

**Guidelines for the Use of Photographs for Patient Identification
In Secure Care Services**

The use of photographic ID for Service Users will be explained by appropriate Health and Social care staff involved in the Service Users care at initial admission or contact.

Photographs will only be taken in an appropriate area on the Ward/Unit/House.

The photograph will be a head and shoulder.

The Service Users name, DOB, date taken, and Service User Trust ID number will be added to the photograph on the RiO Trust clinical information system.

The photograph will be taken within 5 working days from admission.

A copy of the photograph will be uploaded onto RiO and/or laminated into the Services Identity Card for the use in the Service Area escorting and leave procedures for inpatient Service Users.

Photographs will only be taken with equipment provided for this purpose.

The photographic equipment provided for this purpose will not be used for any other purpose.

Photographs will be taken by approved staff, authorised and trained in the use of the equipment. The staff with this authorisation will be decided by the Clinical Nurse/Service Manager for the service.

The photographic equipment is recommended to be digital in format so the images can be stored electronically in addition to a photographic print.

Any staff who misuse's the photographic equipment or photographic images of any Service User's will be managed through the Trust's disciplinary policy.

Service Users under the age of 12 must have parental or guardian consent before their photograph is taken.