Leicestershire Partnership
NHS Trust

Patient Identity Policy

Policy outlines responsibilities and procedures for ensuring correct identification of patients in Leicestershire Partnership Trust.

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Version:	6	
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Name of Author:	Vicky McDonnell – Trust Lead - Risk and Patient safety	
Name of responsible Committee:	Patient Safety Group	
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Type of Policy	Clinical ✓	Non Clinical
Which Relevant CQC Fundamental Standards?	Outcome 9	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	March 2012	Harmonised policy
2	February 2013	Amendments to the format of the policy
3	April 2013	Addition of section on photographs
4	June 2013	Amendment to sentence to 8.1.3
5	July 2013	Amendment of responsible committee and Authors
6	October 2016	Full review and revision. Addition of Eating Disorders process

For further information contact:
Trust Lead – Risk and Patient Safety
Leicestershire Partnership NHS Trust
County Hall
Glenfield
LE3 8TH

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

This policy sets out Leicestershire Partnership Trust's (LPT) policy for ensuring the correct identification of patients. Every effort has been made to ensure all equality groups (protected characteristics) are given equal access to service provision, especially in the context of disability. This is demonstrated through the identification of alternatives to the use of identity bracelets for patients with learning disabilities or enduring mental health conditions, for whom the use of bracelets may be distressing

The Due regard assessment template is Appendix 4 of this document

Definitions that apply to this Policy

Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Patient identification	The NPSA Safer Practice Notice 2005/11 recommends that all in-patients should wear wristbands (identity bracelets) which must contain accurate details that correctly identify them and match them to their care and to patient records and other documentation. Where inpatients do not wear wristbands other forms of identification are required to confirm that the correct patient receives treatment.

1.0 Purpose of the Policy

The purpose of this policy is to ensure that all patients within Leicestershire Partnership Trust (LPT) can be correctly identified by confirming the expected standards required to reduce and, where possible, eliminate, the risks and consequences of misidentification. This policy is applicable to all inpatient settings. Any exceptions are defined within the policy.

2.0 Introduction

The National Patient Safety Agency (NPSA) has recognised that failure to correctly identify in-patients constitutes one of the most serious risks to patient safety and cuts across all sectors of healthcare practice. Reducing and, where possible, eliminating these errors is central to improving patient safety.

The NPSA Safer Practice Notice 2005/11 recommends that all in-patients should wear wristbands (identity bracelets) which must contain accurate details that correctly identify them and match them to their care and to patient records and other documentation. NPSA Safer Practice Notice 2007/24 advocates the standardisation of wristbands to further improve patient safety.

This policy applies to all healthcare workers employed within LPT, who encounter patients in the course of their duties. This includes, but is not exclusive to, doctors, pharmacists, phlebotomists, nurses, podiatrists, healthcare support workers, porters and drivers. It includes staff working on bank, agency or honorary contracts within the Trust.

3.0 Duties within the Organisation

3.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

3.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

3.2.1 Directorate Directors and Heads of Service are responsible for ensuring that policy is embedded across their Directorate/Service.

3.2.2 Managers and Team leaders will be responsible for:

- Implementation of the policy within their clinical area;
- Overseeing/undertaking audits and any required service improvements;
- Investigating incidents of misidentification;
- Ensuring that action is taken to prevent recurrence of any cases of misidentification.

3.2.3 Responsibility of Staff with direct patient contact:

- Maintain the standards in this policy and accept accountability for their own practice;

- Report incidents and near misses relating to patient misidentification via the Trust's incident reporting system;

- Undertaking/cooperating with investigations and audits of practice within the clinical setting.

4.0 Patient Identification

4.1 Process for identifying all patients

It is the responsibility of all healthcare workers to confirm the identity of patients and match the correct patient with the correct care before that care is carried out. A minimum of three of the following five identifiers must be used to verify patients' identity:

- Patient's full name
- Patient's date of birth
- NHS number
- Patient's address
- A recent photograph of the patient which is attached to their record.

Patient identity must be verified on every occasion that a member of staff comes into contact with them to:

- Administer treatment or medication
- Collect a sample or specimen
- Perform an investigation or examination
- Undertake a clinical assessment
- Provide a diagnosis or management plan
- Give results
- Arrange an appointment
- Transport or transfer the patient
- See them in an outpatient clinic or other setting
- verification of death

This includes both face-to-face contact and telephone contact.

The means of identifying a patient should be undertaken in the following order (i.e. the first is preferable, but if it is not possible, undertake the second etc):

1. By asking the patient to tell you their name, date of birth and address. Check this is compatible with the patient identity bracelet (where worn), if an in-patient. For all patients patient identity should be confirmed by cross referencing with relevant sources such as: healthcare records, results form or the relevant document to which the contact relates.

2. If the patient is unable to tell you their name, refer to the identity bracelet if an in-patient and, if possible, verify the information by asking relatives, the carer or another member of staff who knows the patient. In areas where identity bracelets are not used, a photographic record on medication records/care file may be used.

3. By asking the patient's relative or carer to identify the patient by name, date of birth and address.

4. If none of the above are possible, seek advice from your line manager.

Patients should be encouraged to participate in decisions regarding their healthcare. This should include them having active participation in identification, being able to express concerns about safety and potential errors and to ask questions about the correctness of their care by confirming with staff the procedure they are about to undertake.

4.2 Patient identity bracelets

Patients in inpatient areas should be encouraged to wear wristbands but it is recognised that patients with acute mental health needs or confusion may not comply with wearing wristbands. In these cases a patient photograph should be taken with the consent of the patient to provide an alternative means of identification.

All identity bracelets must be applied as part of the initial admission process and contain the following information, with no additions or omissions:

- Last name
- First name
- Date of birth
- NHS number or unique hospital number if NHS number unknown

NB – Nicknames or familiar names **must not** be used. This will reduce the risk of incorrect identification of the patient.

In units where printing equipment is available, this should be used to print identity bracelets. In the event that a printer is unavailable for use, the following must be adhered to:

The same layout, order of information and information style should be used on all identity bracelets (Diagram 1). This helps make identity bracelets easier to read and avoids errors. Black text on a white background should be used to ensure the identity bracelet is clearly legible in reduced lighting conditions and by those with visual impairments.

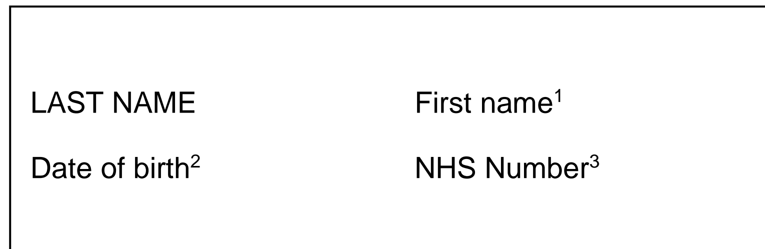

Diagram 1: Layout of information

[1]Priority should be given to the patient's name. First and last name should be clearly differentiated by using lower case letters for first name (with upper case first letter) and UPPER CASE for last name, and should b presented in the order: LAST NAME, First name, eg SMITH, John.

[2]The date of birth should be recorded in the short format, in the style recommended by the NHS Connecting for Health Common User Interface Design Guide as follows:

DD-Mmm-YYYY, eg 07-Jun-1965;

Where DD is the two-digit day;

Mmm is the abbreviated month name (eg Feb);

YYYY is the four-digit year.

Day values less than 10 should appear with a zero in the first position eg 07

Month names should abbreviate to the first three letters

Day, month and year separators should be hyphens

[3]The NHS Number consists of ten digits – the first nine digits constitute the identifier and the tenth is a check digit that ensures its validity. The format of the NHS Number in NHS systems must be 3-3-4, because this format aids accurate reading and reduces the risk of transposing digits when information is taken from a screen. If the NHS Number is not immediately available, a temporary number (eg unique hospital number, or the identifier on SystmOne) should be used until it is.

4.2.1 All inpatients should have a white identity bracelet unless they have an identified allergy.

4.2.2 All inpatients with an identified allergy must have either a red identity bracelet with black text on a white panel (Community Hospitals) or a white identity bracelet with a red colour code. The nature of any allergy should not be recorded on the identity bracelet. This information should be recorded in the

health record and transcribed onto the drug administration record.

4.2.3 All inpatients should have only one identity bracelet.

4.2.4 Wherever possible, patients should be asked to check the details recorded on their identity bracelet prior to application. It is safer to ask the patient what their name is and what their date of birth is, rather than asking whether they are John Smith, for example, in case they mishear or just passively agree.

4.2.5 When attaching the identity bracelet, the Nurse should explain the importance of it to the patient and ask them to report to staff if it falls off, if it is removed and not replaced or if it becomes illegible.

4.2.6 Some patients may have difficulty understanding the reason for wearing an identity bracelet. Every effort should be made to explain the reasons to them and, if possible, staff should enlist the assistance of relatives/carers to ensure compliance.

4.2.7 Patient identity bracelets do not remove the individual healthcare professional's responsibility to check the patient's identity. They are an important method of validating a patient's identity and should be used as such, to augment checking the identity verbally, directly with the patient.

4.3 Size of identity bracelet

Identity bracelets must fit the range of sizes of patients from the smallest to the largest. Identity bracelets must therefore be long enough to accommodate:

- Bariatric patients
- Patients with oedema
- Patients with IV lines and bandages

They should be small enough to:

- Be comfortable and secure

4.4 Comfort

4.4.1 Shape – there should be no sharp corners, profiling or edges that can irritate or rub the skin.

4.4.2 Edges – the edges of identity bracelet material must be soft and smooth to ensure comfort over a prolonged use.

4.4.3 Fastenings – fastenings should not be pressed into the skin.

4.4.4 Material – identity bracelet material should be flexible, smooth, waterproof, cleanable and non-allergenic.

4.4.5 The identity bracelet should not catch on clothing, equipment or devices, including IV lines. Special attention should be paid to fastenings and free ends.

4.4.6 Patients must wear only **one** identity bracelet.

5.0 Attaching the Identity Bracelet

5.1 Responsibility

The nurse/health care professional who is primarily responsible for admitting/meeting the patient is responsible for completing and applying the identity bracelet. This must be done as soon as possible and at least **within 1 hour of admission**.

Any healthcare professional performing any treatment is responsible for checking the identity bracelet beforehand to ensure the correct patient.

Any healthcare professional who removes an identity bracelet (perhaps to perform a procedure) is responsible for ensuring another is applied immediately. A supply of identity bracelets must be readily available in all wards and departments.

Should a healthcare professional identify a patient without an identity bracelet, they must assume responsibility for correct identification of that person and for ensuring a replacement identity bracelet is applied.

The identity bracelet must not be removed until discharge procedures are complete.

In the event of a patient being transferred between wards, the identity bracelet should be checked with the patient and/or case notes for accuracy. This may be from ward to ward, ward to department, or between hospitals.

6.0 Alert

ALERT! **DO NOT PROCEED if the identity of the patient cannot be confirmed.**

7.0 Photographs of patients

For patients where a wristband is not appropriate a photograph of the patient should be taken with the consent of the patient.

Another benefit of a photograph for vulnerable patients is that Leicestershire Police advice that the first few hours are critical in the safe return of a vulnerable person, and access to a current photograph would be of great benefit.

7.1 Consent for taking photographs

7.1.1 Taking and using a person’s photograph constitutes an invasion of privacy and so should only be undertaken with the person’s informed consent. Individual patients

must have the reason for taking their photograph explained to them, they have the right to refuse. They have the right to have their photograph returned to them at a later date should they change their mind after originally giving permission.

7.1.2 In the case of persons who are capable of giving informed consent, explicit informed consent is necessary before the photograph is taken and refusal of consent must be respected. Consent may be given to avoid medication error and provide a photograph to Police in certain circumstances where potential for being vulnerable of harm to selves or others has been identified.

7.1.3 It must be made clear to the patient that, while the Trust regards the taking of photographs as potentially beneficial in the delivery of high quality care, it is not a prerequisite to receiving care. Failure to explain this may render any consent given invalid and lay the Trust open to challenge on the issue of failure to respect human rights.

7.1.4 All patients with mental capacity to make the decision regarding having their photograph taken have the right to refuse, although should be advised of the benefits of a photograph being taken to comply with this policy. However, patients must not be coerced or pressurised to comply and the discussion and decision should be recorded in the patient's clinical notes. Where patients are formally assessed as lacking mental capacity using the capacity assessment tool to make the decision regarding having their photograph taken a 'Best Interest' decision will be made by either a doctor or senior nurse. This must be in accordance with the Mental Capacity Act 2005 and again documented in patients' notes.

7.2 Storage of the photograph

7.2.1 Only one printed photograph will be in existence at any one time. The photograph will be taken with a digital camera and stored on the electronic record if not printed off. The digital image will then be immediately deleted from the camera's memory in the presence of the patient so that no additional prints can be made.

7.2.2 Any patient who significantly changes their appearance whilst an inpatient (e.g. removal of beard) will have a new photograph taken and the old photograph destroyed or returned to them. (Consent will be re-affirmed prior to a new photograph being taken.)

7.2.3 The photograph will not be used for any other uses except identifying the patient at the time of treatment/medication administration and when a vulnerable person or forensic inpatient is reported as missing. The photograph will be on the patient's record and it will be considered to be the patient's property. Any additional usage can only be given with the patient's full consent or for patients who lack mental capacity to make the decision then the 'Best Interest' decision will be made on behalf of the patient.

7.2.4 All patients will be given a leaflet explaining the reasons for the photograph. (See Appendix 7 for leaflet.)

7.3 Providing Photographs to the Police

In relation to providing the photograph to the Police, the following considerations apply:

7.3.1 In the case of a person capable of giving informed consent the photograph should only be provided if the person explicitly consented to its use in this way.

7.3.2 In the case of a person who lacks mental capacity to give informed consent regarding sharing their photograph, then the photograph should only be provided as part of a "Best Interests" decision under the Mental Capacity Act 2005. This is a separate decision to the one which resulted in the photograph being taken and must take account of all the circumstances in which the release of the photograph is being sought. This must be documented in the patient record.

Notwithstanding the above, photographs taken in this way form part of a confidential record and can be disclosed in the usual circumstances where Trust staff can breach confidentiality namely:

- Where the patient is at risk of serious harm
- Where a third party is at risk of serious harm
- In order to prevent or detect serious crime
- If a statutory duty of disclosure exists
- If ordered to disclose by a court
- If a photograph is given to the Police they must be told to destroy it and any copies made, once it is no longer needed to identify the missing person.

8.0 Patient Records/Documentation

In order to ensure correct identification of the patient to their records it is essential that when verifying patients' details against their records and any addressograph labels, changes to personal details such as name or address are amended as soon as practically possible. Patients should be asked if they know or have a card with their NHS number on.

Where possible, the patient should be asked to give name, date of birth and address to check there is correct identification. **If there is any doubt about the information given by the patient, the details in the medical records must be checked and verified.**

9.0 Information to be contained on Patient Status-At-A-Glance Boards

White information boards are a valuable communication aid in many clinical areas. However, their position often makes them visible to other patients and members of

the public, with the danger that if careful control of the information shown is not exercised, sensitive or confidential information n may be displayed which will contravene the Caldicott Principles.

These principles state that:

i. Patient information held must be justified in its use
ii. Patient identifiable information must not be used unless absolutely necessary
iii. The minimum necessary patient-identifiable information should be used
iv. Access to patient-identifiable information should be on a strict need to know basis
v. Everyone should be aware of their responsibilities
vi. Understand and comply with the law

Information on boards should, therefore, be limited to the following:

- Patient surname and first name (where there may be more than one patient with similar names, a second first name may be used)
- Bed number (if appropriate)
- Consultant initials.

Under no circumstances should any clinical details be shown. (Trust approved symbols are allowed but the symbol code is not allowed to be displayed.)

10.0 Communication

Staff must ensure that the patient is able to understand what they are being told/asked and involve families and carers as appropriate.

- Sensory disabilities such as deafness must be considered
- The patient's mental capacity must be considered
- Any language barriers must also be identified and, if necessary, an interpreter arranged.

10.1 Extreme emergencies

In extreme emergencies and possibly life-threatening situations (such as an individual collapsing on the ward/reception/car park), clinical care may take priority over attaching an identity bracelet to the patient. Where this has occurred, the healthcare professional responsible for the patient **MUST** take appropriate steps to identify the patient.

<u>**Once the surname, forename, date of birth, gender and hospital identification number are confirmed, a new identity bracelet MUST be attached to the patient immediately.**</u>

10.2 Patients who do not or will not wear identity bracelets in inpatient areas

There are some situations where a patient may not wear identity bracelets:

- The patient refuses to wear the identity bracelet
- The identity bracelet causes skin irritation
- The patient continuously removed the identity bracelet

The patient must be informed of the potential risks of not wearing an identity bracelet. This discussion and the reason for the patient not wearing the identity bracelet **MUST** be witnessed by another member of staff and clearly documented in the patient's records.

11.0 Areas where Identity Bracelets are not used

Any area not using identity bracelets should use the photograph procedure outlined in Section 7 to ensure correct identification of service users within that area.

Death or severe harm as a result of administration of the wrong treatment following inpatient misidentification due to a failure to use standard wristband identification processes is classified as a never event (DoH, 2012/13, Never events list). This definition excludes those units where, by local agreement, wristbands are deliberately not used.

If the identity of a particular patient is not known, the staff member should refer to the patient identification process described in 4.1.

A local operating procedure is in place within the Leicestershire Adult Eating Disorder Service at the Bennion Centre as neither identity bracelets or patient photographs are utilised for practical and clinical reasons. Other control measures are implemented within the inpatient unit in order to minimise the risk to patient safety through misidentification. (Appendix 9).

A local operational procedure is in place within the Forensic Service at the Hershel Prins Centre. As part of the admission process, a photograph will be taken of the patient and this will added to a Patient ID form which is stored at the front of each patient's healthcare record. Any patient refusing to cooperate with this process will not be granted any external leave until a photograph is in place.

12.0 Training needs

No specific training needs have been identified but clinical staff must be aware of the process (Appendix 3).

13.0 Monitoring Compliance and Effectiveness

Compliance against the standards set out in this policy will be monitored via a yearly audit and actioned accordingly. A data collection form is included in Appendices 5

and 6. This will be monitored by the appropriate Directorate's Clinical Audit and Effectiveness Group.

The Policy will be reviewed every 3 years or sooner if required in light of any local or national guidance.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	It is the responsibility of all healthcare workers to confirm the identity of patients and match the correct patient with the correct care before that care is carried out.	4.1 page 7	To confirm identification by way of photo and / or bracelet and checking: Name DOB NHS Number Address	All healthcare workers	As required

14.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
All inpatients will have either an identity bracelet or photograph as a means of accurate patient identification (except eating disorders)	Annual Audit-Medication Administration
All in-patients within Learning Disability Services and Agnes Unit will have appropriate patient identifiers on their patient record, including an up-to-date photograph of the service user	Annual audit- Medication Administration

15.0 References and Bibliography

15.1 References and Associated Documentation

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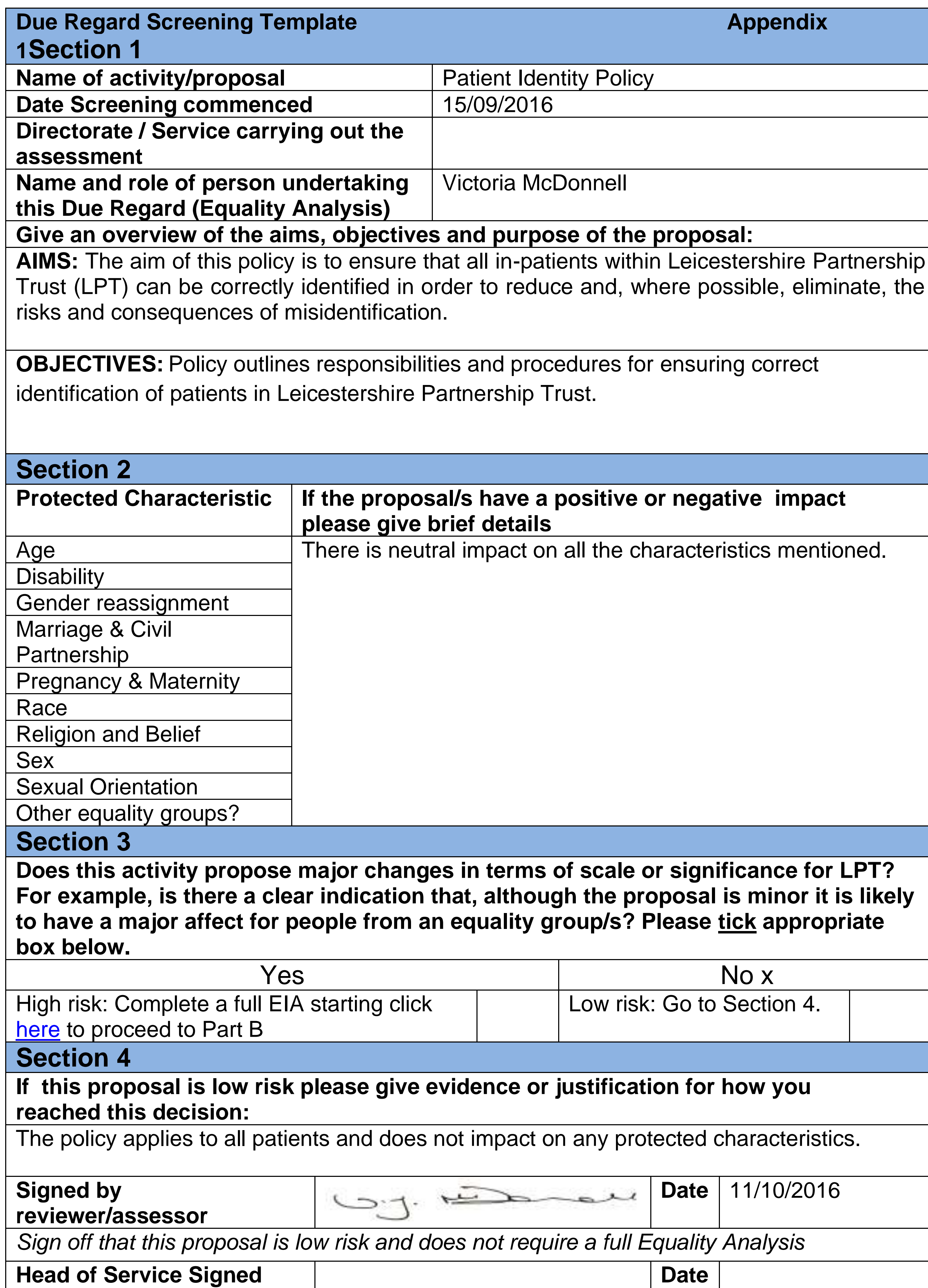

Due Regard Screening Template 1Section 1	Appendix
Name of activity/proposal	Patient Identity Policy
Date Screening commenced	15/09/2016
Directorate / Service carrying out the assessment	
Name and role of person undertaking this Due Regard (Equality Analysis)	Victoria McDonnell

Give an overview of the aims, objectives and purpose of the proposal:
AIMS: The aim of this policy is to ensure that all in-patients within Leicestershire Partnership Trust (LPT) can be correctly identified in order to reduce and, where possible, eliminate, the risks and consequences of misidentification.
OBJECTIVES: Policy outlines responsibilities and procedures for ensuring correct identification of patients in Leicestershire Partnership Trust.

Section 2

Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	There is neutral impact on all the characteristics mentioned.
Disability	
Gender reassignment	
Marriage & Civil Partnership	
Pregnancy & Maternity	
Race	
Religion and Belief	
Sex	
Sexual Orientation	
Other equality groups?	

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No x	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:			
The policy applies to all patients and does not impact on any protected characteristics.			
Signed by reviewer/assessor	[signature]	**Date**	11/10/2016
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

Appendix 2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	☐✓
Respond to different needs of different sectors of the population	☐✓
Work continuously to improve quality services and to minimise errors	☐✓
Support and value its staff	☐✓
Work together with others to ensure a seamless service for patients	☐✓
Help keep people healthy and work to reduce health inequalities	☐✓
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐✓

Training Requirements **Appendix 3**

Training Needs Analysis

Training Required	YES	NO x
Training topic:		
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐ Role specific ☐ Personal development	
Division(s) to which the training is applicable:	☐ Adult Mental Health & Learning Disability Services ☐ Community Health Services ☐ Enabling Services ☐ Families Young People Children ☐ Hosted Services	
Staff groups who require the training:	*Please specify…*	
Regularity of Update requirement:		
Who is responsible for delivery of this training?		
Have resources been identified?		
Has a training plan been agreed?		
Where will completion of this training be recorded?	☐ ULearn ☐ Other (please specify)	
How is this training going to be monitored?		

Stakeholders and Consultation **Appendix 4**

Key individuals involved in developing the document

Name	Designation
Vicky McDonnell	Trust Lead-Quality and Patient Safety

Circulated to the following individuals for comment

Name	Designation
Paul Williams	Head of Eating Disorder Service
Victoria Peach	Head of professional Practice and Education
Jacqueline Burden	Clinical Governance Lead, AMH/LD
Michelle Churchard- Smith	Head of Nursing, AMH/LD Services
Anthony Oxley	Head of Pharmacy
Claire Rashid	Trust Lead, Quality & Patient safety
Avinash Hiremath	Specialist Clinical Consultant, AMH&LD
Caroline Towers	Governance Manager, CHS
Victoria Peach	Head of Professional Practice and Education
Kerry Palmer	Medical Devices Asset Manager
Greg Payne	Training Delivery Manager
Jo Nicholls	Patient Safety Manager
Samantha Roost	Senior Health Safety & Security Advisor
Liz Tebbutt	Facilities Manager, LPT
Jenny Dolphin	Clinical Governance Manger, AMH/LD
Mia Morris	Incident Team Leader
Fern Barrell	Risk Manager, Assurance
Kerry Palmer	Medical Devices Asset Manager
Alison Scott	Clinical Dietetic Manager-Primary Care
Vicki Spencer	FYPC-Clinical Governance & Quality Lead
Joan Hawkins	Policy Lead, LPT

Audit Form for all areas **Appendix 5**

SMITH John	
07-Jun-1965	917-623-7294

Hospital/Ward: **Date:**

Name of auditor:

Criteria														
Does the patient have a name band on?														
Is the last name included in upper case?														
Is the first name included in lower case?														
Is the date of birth included in the format above?														
Is the NHS number included?														
Is the information recorded according to the layout above?														
No additional information is included														
Total number of ticks per patient														

Directions for use

- Complete audit on a minimum 50% of patients/clients/residents present on the day of audit.
- Check the information included on the identity bracelet against the medication administration record.
- Record your findings with a tick or cross against each of the seven criteria listed.
- For each patient calculate how many ticks were awarded in total.
- Return completed audit form to Line Manager.

Appendix 6

Audit form for use in areas where patient identity bracelets are not used

Criteria											
Is there an up-to-date photograph of the service user on their care file?											
Total											

Directions for use

I. Complete audit on a minimum of 50% of service users present on day of audit
II. Check the photograph on the care file corresponds to the correct service user
III. Check the photograph corresponds to the correct service user
IV. Record your findings with a tick or cross against each of the criteria
V. For each service user calculate how many ticks were awarded in total
VI. Return completed audit to Line Manager

Information Leaflet **Appendix 7**

Information leaflet and consent or decision form for the photographing of adult inpatients to reduce the risk of medication errors and for use when a vulnerable adult goes missing

It is Leicestershire Partnership NHS Trust's policy that all adults admitted to our inpatient units are photographed. There are two reasons for this:-

1. To reduce the risk of medication errors caused by patients being wrongly identified.

2. To assist in the early identification and return of missing vulnerable patients.

Leicestershire Partnership NHS Trust recognises the sensitivity of this issue but this process enables us to run a safe and effective service and to assist the Police in every possible way at times when vulnerable patients are missing.

While we recommend that all in-patients have their photograph taken you have the right to refuse and your refusal will not affect your care in any way. You can also agree to have your photograph taken for the use of reducing medication errors but refuse to have it released to the Police.

Only one printed photograph will be in existence at any one time. The photograph will be taken with a digital camera. The digital image will then be immediately deleted from the camera's memory in your presence so that no additional prints can be made.

We appreciate your co-operation with this policy and reassure you that the photograph will only be used for the reasons above and not for any other purpose. Should you be unhappy about the need to have your photograph taken, or wish to refuse, please talk to your Primary Nurse who will explain the reasons to you in more depth.

Thank you for your co-operation.

If you require this document in another format such as large print, audio or in another community language, please contact the Communications Team on 0116 295 0994

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Photographing of adult inpatients consent or decision form

Patient Name……………………………………………
Date of Birth…………………………………………….
Ward / Unit………………………………………………

Part 1 - Patient has the mental capacity to consent
The policy on the photographing of adult inpatients has been explained to me by:
Staff member's name……………………………………………….
Position…………………………………………… Ward……………………..

Consent to photograph being used in relation to medication
I agree/do not agree* to my photograph being taken and used to ensure the safe administration of medication *(*delete as appropriate*)
Signed (patient)……………………………………………………
Date……..…………………………………………..……………….
Witnessed by (staff) ……………………………………………….
Staff Signature ………………………………………………………………….

Consent to photograph being used by the Police.
I agree/do not agree* to my photograph being taken and used to assist the Police in locating and supporting me if I am at serious risk of harm *(*delete as appropriate).*
Signed (patient)…………………………………………………….
Date…………………………………………………………………...
Witnessed by (staff)…………………………………………………….
Staff Signature………………………………………………………………….

Part 2 – Best interest decision
An assessment of mental capacity has been made. Based on a lack of mental capacity to make this decision a 'best interest' decision has been made to take/not take* a photograph and the decision recorded in the notes *(*delete as appropriate).*
Signed (doctor or senior nurse)……………………………………
Name…………………………………………………………………..
Date…………………………………………………………………….

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Leicestershire Adult Eating Disorder Service

Local Procedure for Identification of Patients on Langley Ward

Langley Ward provides inpatient treatment to adults suffering severe anorexia nervosa. On admission, patients are typically emaciated and are preoccupied with their appearance, and are prone to making exaggerated judgements about their weight and shape and size. Typical areas of concern for them include the stomach, thighs, buttocks, shoulders and face. They are also highly preoccupied about food and diet and may also engage in abnormal weight control behaviours such as excessive exercising, self-induced vomiting and laxative abuse.

Inpatient treatment typically takes several months and all admissions are planned in advance. Langley Ward typically admits around thirty patients annually. In addition to re-feeding, treatment involves the gradual re-introduction of community based activities as well as time spent at home. Due to the specialised nursing required for this client group, Langley utilises a small pool of bank nurses with eating disorder experience to supplement the permanent nursing establishment. It is extremely rare for a nurse unfamiliar with the patients on Langley to be responsible for interventions such as medication.

In light of the above, it would not seem reasonable to expect inpatients on Langley Ward to wear identity bracelets for the many months of admission, during which time patients spend a considerable amount of time out in the local community.

The use of photographs would not be practical or clinically advisable. A patient's appearance on admission usually has little resemblance to their appearance even partially weight restored. Furthermore, the anorectic drive for thinness can be amplified by repeatedly being faced with a photograph of their emaciated selves.

Due to the length of stay, the small pool of staff, and low number of admissions, the patients are extremely well known to the staff on the ward. This is confirmed by the absence of any errors caused by patient misidentification reported on the E-irf system to date, which suggests that current practice serves as an effective control measure.

In addition to the control measures listed above, if a member of staff is not familiar to the ward, they are given a specific Induction and Guidelines sheet to read which clearly reminds them of the need to check the patients' identification in line with the 'Patient Identity Policy'. The accompanying Risk Assessment assesses the risk of patient misidentification during interventions as being low.