Western Health and Social Care Trust

Patient & Client Identification Policy

January 2017

Western Health and Social Care Trust

Title	Patient & Client Identification Policy		
Author(s)	Anne Witherow Assistant Director of Nursing for Governance, Quality & Performance Gillian McCorkell Lead Nurse Research and Development		
Ownership	Western Health and Social Care Trust (WHSCT)		
Approval by:	Trust Board	**Approval Date**	12 January 2017
Operational Date	January 2017	**Next Review**	January 2019
Version No	Version 2.0	**Supersedes**	Version 1 July 2008
Reference number	PrimCare08/12		
Links to other policies, procedures, guidelines or protocols	WHSCT (2016) Medicines Code Guidance on the Control and Administration of Medicines WHSCT (2014) Risk Management Policy WHSCT (2014)Incident Reporting Policy and Procedures WHSCT(2015) Policy for Blood Component Transfusion in Adults WHSCT(2015) Policy for Blood Component Transfusion in Children National Standard Demographic Dataset and Guidance for use in health and social care settings in Ireland (2013)		

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Throughout this document Patient ID Band refers to Patient Identification Band.

1.0 INTRODUCTION

The Public Health Agency, 2015 in the report on Serious Adverse Incidents(SAIs) relating to misidentification of patients, stated the 'need for all Health and Social Care(HSC) staff to be aware of the importance of patient verification processes at every stage of care'

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. Failure to correctly identify patients constitutes one of the most serious risks to patient safety.

Patient identification practice is intrinsically linked to verification practices. All healthcare providers must always verify that the person they are attending to is the one for whom the treatment is intended and match the treatment to that patient. Within this document the word 'patient' is used also to denote 'client.

1.1 Purpose

To reduce the likelihood of risk of misidentification of patients prior to any procedure, treatment and/or care.

Links to other policies, procedures, guidelines or protocols:

WHSCT (2016) Medicines Code Guidance on the Control and Administration of Medicines (amended Dec 2011).

WHSCT (2014) Risk Management Policy

WHSCT Incident Reporting Policy and Procedures (2014)

WHSCT Policy for Blood Component Transfusion in Adults (2015)

WHSCT Policy for Blood Component Transfusion in Children (2015)

World Health Organisation (WHO) Surgical check list and Implementation Manual (2008)

2.0 SCOPE OF THE POLICY

This policy is relevant for all staff caring for patients in any Western Health and Social Care Trust in-patient facilities and some outpatient facilities were patients receive treatment such as Chemotherapy Room.

Haemovigilance

All patients (in-patients; out-patients; day case patients; patients for Home Transfusions) requiring a pre-transfusion sample and / or administration of a blood component must have a Patient ID band insitu.

3.0 ROLES/RESPONSIBILITIES

3.1 Chief Executive
The Chief Executive has ultimate accountability for ensuring there are appropriate processes in place for the effective and reliable identification of patients but delegates this responsibility through the Assistant Director of Nursing for Governance, Quality & Performance.

3.2 The Assistant Director of Nursing for Governance, Quality & Performance has responsibility for monitoring the effectiveness of the processes.

3.3 Clinical Directors, Directorate Managers, Heads of Department, Ward Managers are responsible for:

- Adequately disseminating and implementing this policy within their areas of responsibility
- Adequately training/inducting staff, to ensure they are competent to undertake consistently accurate patient identification requirements
- Implementing any required action to address areas of non-compliance

3.4 All Staff are responsible for:

- Complying with this policy and ensuring that when performing any procedure, investigation or providing care they assume responsibility for checking the identification of a patient, to prevent the occurrence of adverse incidents or near misses arising from misidentification.
- Completing an adverse incident reporting form in accordance with the Trust Policy for any instances of misidentification or refusal to wear, or loss of, an identification band.

4.0 KEY PRINCIPLES

All in-patients MUST wear a Patient ID Band for safety purposes. If the Nurse in charge of the shift believes that this is contrary to the patient's well-being or

the patient refuses to wear one, this decision and rationale must be clearly documented in the patient's case notes.

5.0 OPERATIONAL POLICY

5.1 The Patients ID Band must contain the patient's:

Unique Identification number*

Surname

First name

Date of Birth

Gender

*Within the WHSCT, the H&C number is the unique identification number to be used. In exceptional circumstances where the patient does not have an H&C number, the Hospital Number is to be used. For the unknown patient or the situation whereby the patient identification details are uncertain, the details on the Patient ID Band will be 'Unknown Male' or 'Unknown Female' and an AE number.

5.2 Printed ID Bands

In the Spring of 2016 the Western Trust introduced printed ID bands which are generated directly from PAS which contain the above and are both water and fluid proof. These ID bands contain the HCN as a barcode which can be used by some data capture and point of care devices. This must be attached as soon as possible to the patient being admitted or before treatment is commenced.

If it is not possible to have the appropriate printed ID band / computer generated label, with information from PAS, then the patient details must be written in black ink and must be legible. Handwritten details should be in block capitals.

5.3 Applying the ID band

The staff member should where possible prior to applying the ID band, verify the details with the patient. (Appendix 1) Staff must clearly identify the patient (who is capable of giving and accurate and reliable response) prior to applying the ID Band and prior to delivering any treatment or care by;

Ask the patient:-

- What is your official first name as it appears on your birth certificate?
- How do you spell your first name?
- What is your surname?
- How do you spell your surname?
- What is your date of birth?

If this is not possible, confirm with the patient‘s family or carer by asking that the patients relative or carer identify the patient by name, date of birth and/or address;

Cross reference the confirmed patient identification details with the patient’s case notes.

An interpreter must be used if English is not the patient’s first language and there is a communication problem.

Once the surname, first name, date of birth and Unique Identification Number are confirmed, an ID Band MUST be attached to the patient IMMEDIATELY.

If any discrepancy with patient identification details do no proceed until discrepancy issue addressed.

Any staff member that realises a Patient that does not have an ID band or finds that the details are not legible has to assume responsibility for correctly identifying them and applying an ID band before treatment or care can be given.

DO NOT PROCEED with any procedure if the patient has no ID Band

5.4 Specialist Areas

In specialist areas e.g. maternity services, where it is necessary for ID Bands to be applied to both, mother and baby, the following process must be followed

Identification of new-borns

If an ID band is produced by a non-regulated person (i.e. Maternity Care Assistant), it must be counter-checked by a registered professional.

ID Band information: mother

- SURNAME, first name
- Date of birth
- Unique identification number

ID Band x 2 information: baby

- Infant IofII, InfantIIofIII (if applicable) until Infant has a name.
- Mother's SURNAME, baby gender M/F
- Date of birth
- Time of birth
- Baby's unique identification number

All mothers and babies must wear (1) ID Band mother and (2) ID Band baby each.

For babies needing urgent transfer to Neonatal Intensive Care Unit (NICU) or specialist unit post delivery

- Before the baby is removed from the delivery suite, some form of reliable identification must be applied - wherever possible this should be as outlined.
- However, when babies are very premature some ID bands may cause damage to their skin and an alternative method of identification may be more appropriate and practical as an interim measure in such cases the ID band must be placed in the incubator with the baby prior to the baby being transferred from Labour Ward or Theatre. The ID band should then be attached to the incubator in the Neonatal Unit.

If an ID Band becomes detached from the baby:

- Produce and apply a new ID band.
- If both ID bands are lost:
- Inform the midwife in charge of the shift;
- Check every other baby's ID band on the ward before ID bands are replaced;
- Complete an incident form.
- If two or more babies do not have ID bands, follow local policies for identification.

Neo Natal Unit

Babies have two ID Bands which have their full Name (once available), Health & Care number, Date of Birth and Gender.

6.0 IMPLEMENTATION

It will be the responsibility of the Directorates and Divisions to ensure the implementation of this policy in their clinical areas.

6.1 Exceptions

Emergency Department

Within the Emergency Department(ED) the application and use of Patient ID Bands is not routine. However the ED has a system in place for some vulnerable patients:

- Those that are cognitively impaired e.g. Patients with dementia or those with a learning disability
- Patients who require a conscious sedation
- Patients who have a similar name to others that are waiting with the Emergency Department for Assessment and investigation
- Patients who are for Theatre
- Patients requiring Haemovigilance.

This list is not exclusive. The nurse in charge of each shift is accountable in ensuring the patients receive the correct Patient ID Band.

6.2 Use of other ID Methods

In certain clinical settings, it is not always appropriate to use ID bands – e.g. Dermatology where there is a heightened risk of allergy and in long-term facilities, which are seen as 'home' for the Patient, this can be the case.

In these cases, alternative means of identification must be sought, i.e. photograph ID. Consideration should be given to a yearly renewal of photograph ID.

However, if the patient requires a pre-transfusion sample or a blood component to be administered, he / she must have a Patient ID Band in situ.

7.0 MONITORING

The Trust has a care bundle around correct patient ID. Monitoring of compliance with the care bundle has been in place within the Trust for a number of years. This monitoring was historically completed on a monthly basis but following several years of monitoring and compliance rates of 95-100% achieved this audit is now completed at the discretion of the lead nurses.

8.0 REFERENCES

Department of Health Social Services and Public Safety (2004) Use and Control of Medicines. Guidelines for Safe Prescribing. Administration. Handling, storage and custody of medicinal products in the Health and Personal Social Services. DHSSPS Belfast.

Department of Health Social Services and Public Safety (2009) S&Q Learning Communication Risk to patient safety of not using the H+C Number as the regional identifier for all patients and clients 05/09 https://www.dhsspsni.gov.uk/sites/default/files/publications/dhssps/HSC%20SQSD%20Learning%20Communication%2005-09_0.pdf

National Patient Safety Agency. Medicine Governance. Northern Ireland.www.npsa.gov.uk

National Patient Safety (2007) Standardising wristbands improves patient safety www.npsa.gov.uk

National Patient Safety Agency (2008) Identification of Neonates Antenatal and Postnatal.www.npsa.gov.uk

Nursing and Midwifery Council(NMC) (2010) Record Keeping Guidance for Nurses and Midwives (2010). NMC (2010)

Nursing and Midwifery Council (NMC) (2010) Standards for Medicines Management Nursing and Midwifery Council, London. www.ncmc.uk.org

WHSCT (2016) Medicines Code Guidance on the Control and Administration of Medicines. Western Health & Social Care Trust, available on Trust intranet

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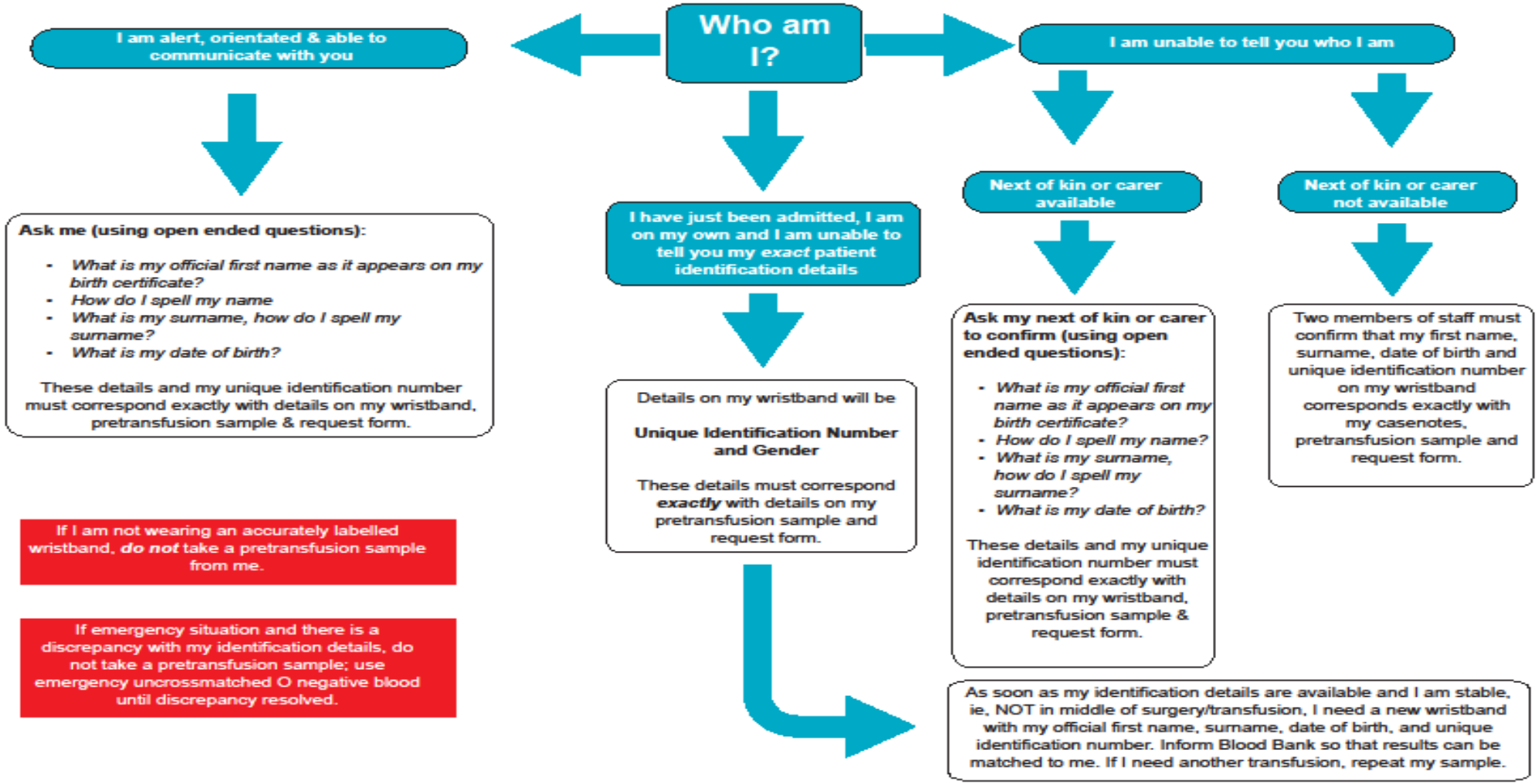
Patient identification process prior to the use of patient ID band

prior to obtaining a Pretransfusion Sample

10.11.14



Western Health and Social Care Trust

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: Patient & Client Identification Policy	
Lead Manager: Anne Witherow	**Title: Assistant Director of Nursing for Governance, Quality & Performance**
Directorate: Primary Care and Older People's Services	**Department: Professional Nursing**
Contact details: Anne Witherow **Address: Trust Headquarters, MDEC Building, Altnagelvin Area Hospital site, Glenshane Road, Londonderry BT47 6SB** **Tel: 028 7129 6141** **Email: anne.witherow@westerntrust.hscni.net**	
Short Description of Policy This policy aims to give advice to all staff working within Western Health and Social Care Trust (WHSCT) facilities to assist in minimising the likelihood of risk of misidentification of patients prior to any procedure, treatment and/or care.	
Final Recommendations: (please tick as appropriate)	

1.	**GREEN: No equality issues/impact: no further action**	✓
2.	**AMBER: Minor equality issues/impact: actions identified**	
3.	**RED: Major equality issues/impact: full EQIA recommended**	

Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net **For further information on quality assurance see page 3, section 3.**
Final Approval Date:

New ECNI Guidance: Please Note:

1. Why Equality Screen?

The Western Health and Social Care Trust is required by law, under Section 75, NI Act (1998) to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making. This template sets out a process that provides that evidence:

- What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major /none)
- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

2. Quarterly Reports on Equality Screening on Trust Website

Under the new ECNI Section 75 Guidance, the Trust is required to provide quarterly reports on which policies/decisions have been equality screened. Both the policies and the completed screening form must be available for downloading from the Trust website, to the general public and staff. All consultees will be informed of the quarterly reports.

3. Quality Assurance

To ensure that the equality screening has been carried out appropriately, all equality screening forms need to be quality assured by the Equality and Human Rights Unit. The Equality and Human Rights Unit requires a minimum of 3 weeks to facilitate this. Please send the draft document to equality.admin@westerntrust.hscni.net.

4. Monitoring Compliance

Internal audit are now monitoring levels of compliance in relation to the Trust's statutory duty to equality screen policies/proposals.

5. Support and Assistance

Staff **MUST** attend Equality Screening Training (within the last 2 years) before undertaking equality screening. If you require further assistance or information on equality screening training, contact the Equality and Human Rights Unit (Tel: 028 8283 5278). There are also Equality Screening Guidance Notes available on the Trust Intranet under 'Useful Documents'.

Use the Guidance Notes to help you complete this document.

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal
Policy for the Use of Patient / Client Identification (ID) Band

1.2 Description of policy or proposal

The Public Health Agency, 2015, in the report on Serious Adverse Incidents (SAIs), relating to misidentification of patients, stated the 'need for all Health and Social Care (HSC) staff to be aware of the importance of patient verification processes at every stage of care'.

Patient misidentification is increasingly being recognised as a widespread problem within healthcare organisations. Failure to correctly identify patients constitutes one of the most serious risks to patient safety.

Patient identification practice is intrinsically linked to verification practices. All healthcare providers must always verify that the person they are attending to is the one for whom the treatment is intended and match the treatment to that patient. Within this document the word 'patient' is used also to denote 'client.

Purpose
To reduce the likelihood of risk of misidentification of patients prior to any procedure, treatment and/or care.

This policy is relevant for all staff caring for patients in any Western Health and Social Care Trust (WHSCT) in-patient facilities.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

WHSCT Staff Service users, relatives, carers and the public

1.4 Other policies or decisions with a bearing on this policy or proposal

Western Health and Social Care Trust (WHSCT) (2016) Medicines Code Guidance on the Control and Administration of Medicines
WHSCT Risk Management Policy (2014)
WHSCT Incident Reporting Policy and Procedures (2014)
WHSCT Policy for Blood Component Transfusion in Adults (2015)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.
Members of the professional nursing team involved in the development of this policy have reviewed best practice guidelines that have been developed by several statutory bodies including the Royal College of Nursing and The Nursing and Midwifery Council. 2011 census data from the Western Health and Social services area has been collected to assess the impact to services users. In addition to this current Workforce Planning information from the WHSCT has been used.

2.1.2 How did you involve people? The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders. **Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.
This policy has been developed by the Professional Nursing Team. Following development the policy has been circulated to various designations of staff (Nursing, Medical, Allied Health Professionals (AHPs) within the WHSCT for initial review and comment.

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup **(%)** of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	**Service Users, etc.** WHSCT Area Census data 2011	**Staff** **Nursing & Midwifery, Allied Health Professionals (AHPs) and Medical & Dental Staff Only (1 June 2016)**
Gender	Male: 146,051 Female: 148,366	Male: 882 Female: 4661
Age	0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	16-24 : 171 25-34: 1445 35-44 : 1591 45-54: 1657 55-64: 653 65 +: 26
Religion	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) Religion not stated: 19,128 (6.50%)	Protestant: 1366 Roman Catholic: 3614 Not Determined: 563
Political Opinion	Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist: 381 Broadly Nationalist: 767 Other : 683 Do Not Wish to Answer/Not known: 3712
Marital Status	Single: 87,557 Married: 106,383 In registered same-sex civil partnership: 161 Separated but still legally married: 9,678 Divorced or formerly in a same-sex	Married: 3558 Single: 1684 Other: 301

	civil partnership which is now legally dissolved: 11,063 Widowed or surviving partner from a same-sex civil partnership: 14,487	
Dependent Status	All families in households: 77,758 Households with no dependent children: 37,650 Households with children: 76,204 Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924	Yes; 1887 No: 1453 Not known : 2203
Disability	Persons with: Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078	Yes: 143 No: 3549 Not Known: 1851
Ethnicity	White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)	Black African: 11 Bangladeshi : 2 Black Caribbean:1 Chinese: 7 Indian :87 Irish Traveller: 3 Pakistani :18 White: 4729 Mixed Ethnic Group :11 Other :58 Filipino: 23 Black other: 1 Not known :592
Sexual Orientation	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	Opposite sex: 3149 Same sex: 57 Same and Opposite Sex: 4 Do not wish to answer/Not known : 2333

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	**Service Users, etc.**	**Staff**
Gender	No identified issues	No identified issues
Age	Information provided to service users will need to be age appropriate. Carers/family members will be provided with information in addition to the service user.	No identified issues
Religion	No identified issues	No identified issues
Political Opinion	No identified issues	No identified issues
Marital Status	No identified issues	No identified issues
Dependent Status	Some services users may have carers and/or family members who are involved in their care. Families and carers will be provided with information as required.	No identified issues
Disability	Information is provided to patients/families and carers in writing and verbally by clinical staff. Information can also be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc.	Information can be provided in alternative formats on request, including e.g. provision of sign language interpreters, Braille, large font etc. The Loop hearing system is available with the WHSCT buildings where training is delivered .Training can also be adapted on request to meet the needs of disabled members of staff.
Ethnicity	Information will be provided to service users/families/carers that do not have English as their first language by booking interpreters and providing written translations of information, in line with Trust guidance.	No identified issues
Sexual Orientation	No identified issues	No identified issues
Other Issues: e.g. Rurality	No identified issues	If required Training can be provided to groups of staff outside of the acute hospital setting.

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

No identified issues

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Age	Information provided to service users will need to be age appropriate
Dependent Status	Some services users may have carers and/or family members who are involved in their care. Families and carers will be provided with information as required.
Disability	Information for patients/families and carers is provided in writing and verbally by clinical staff and can be provided in alternative formats on request, including e.g., provision of sign language interpreters, Braille, large font, etc.
Disability - Staff	Information can be provided in alternative formats on request, including e.g., provision of sign language interpreters, Braille, large font, etc. The Loop Hearing System is available with the WHSCT buildings where training is delivered. Training can also be adapted on request to meet the needs of disabled members of staff.
Ethnicity	Information can be provided to service users who do not have English as their first language by booking interpreters and providing written translations of information, in line with Trust guidance.

Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest ensuring that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	No issues identified	
Political Opinion	No issues identified	
Ethnicity	No issues identified	

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?
Not Applicable

(4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights? Complete for each of the Articles.

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1st protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No

It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (Refer to Guidance Notes for guidance on impact)

Please tick:

GREEN: No impact	✓
AMBER: Minor impact	
RED: Major impact	

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

Yes	
No	✓

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

It is anticipated that this policy will have a positive impact. The policy aims to give staff within WHSCT appropriate information in relation to the use of patient/client Identification. The policy gives details to Trust staff on the provision of safe, planned care using best practice guidelines. It is hoped that the policy will allow staff to provide safe and dignified care for all service users.

The screening has highlighted the need to ensure provision of information to staff, patients, carers and families in alternative formats, in line with Trust guidelines, e.g., Braille, large font, use of interpreters etc. In addition, training for staff will be adapted as required.

The contents of the policy will be communicated to staff via team meetings, Sisters' meetings and Trust Communication.

- **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?
Incidents, complaints, comments and compliments will be monitored and considered.

Approved Lead Officer:	**Mrs A Witherow**
Position:	**Assistant Director Nursing**
Policy/Proposal Screened By:	**Gillian McCorkell**
Date:	**31st May 2016**

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.