PATIENTS PROPERTY POLICY & PROCEDURES

(Includes guidance for NHS health bodies on the secure management of patient’s property)

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.
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1. EXECUTIVE SUMMARY

This policy covers the complete procedure for patients' property within the Trust. It includes the process for documenting all patients' property and the procedure for reporting and investigating loss of patients' property, along with the secure management of the patient's property during their admission, stay, transfer and discharge from healthcare services and facilities.

2. INTRODUCTION

2.1 The staff of the Isle of Wight NHS Trust have a legal obligation to safeguard the property of patients in the care of the Trust against loss or damage. Staff whose duties involve handling the effects of patients must be aware of the following procedures and adhere to them at all times. Patient compliance is encouraged for their protection. Patients/carers are asked to declare all valuables in the patient’s possession and hand them to their admitting nurse/midwife for safekeeping. The Trust recognises the importance of safe and secure handling of all patients’ property and in the event of patients’ property being lost or mislaid during any episode of care/treatment an apology will be offered to patients and their families/carers for any losses incurred together with an assurance of a prompt and thorough investigation.

PLEASE NOTE: Ambulance and Mental Health Services

Different arrangements apply to these areas due to the nature of the service they provide and their relevant procedures/protocols are included in this document as follows:-

- Appendix E Ambulance Service
- Appendix F Seagrove Ward, Sevenacres
- Appendix G Osborne and Afton Wards, Sevenacres
- Appendix H Childrens Ward

3. SCOPE

3.1 This Policy applies to all staff and extends to cover all services where the Trust owes a statutory duty of care and responsibility to employees, patients and visitors, this includes: volunteers, contracted staff, students and the public in general.

4. PURPOSE

4.1 The main purposes of this document are:

- to provide a secure environment where the risk of loss of or damage to patients' personal belongings is minimised.
- to minimise the NHS health body's liability for lost or damaged property are dealt with swiftly and effectively.

4.2 Voluntary and involuntary bailment

4.2.1 In general, the Trust only becomes liable for one of its patients’ property if it can be shown that it has assumed some responsibility for it. Clearly this happens where a patient hands in an item of property to staff for safe custody. However, the Trust’s duty of care towards patients means that it will usually have some obligation to look after their property even where no explicit transfer of responsibility has occurred. So while patients have a responsibility to look after their own property, where they don’t hand it in for safekeeping, the Trust may also have responsibilities in relation to it, and the extent of this responsibility will depend on the circumstances of the case.

4.2.2 Where the Trust assumes responsibility for a patient’s property, whether explicitly or implicitly, they enter into a relationship which is known in law as bailment. The Trust acts as a bailee of the property entrusted to it by the patient, the bailor. On agreeing to become a bailee the Trust
undertakes to look after the property, and has the duty to return it to the bailor (the patient) upon request.

4.2.3 If the property is lost or damaged while in the Trust's care, the patient may seek to obtain compensation for negligence through the civil courts. Once the existence of the bailment is established, it is not for the patient to establish negligence by the Trust, but for the Trust to show that it exercised all reasonable care for the items and was not negligent.

4.2.4 The clearest example of bailment occurs where the patient hands over property to the Trust for safe custody. This is known as voluntary bailment, as it originates from an agreement between the patient and the Trust and begins with a handover of property from the patient to the Trust's staff.

4.2.5 However, a Trust may also assume responsibility for patients' property without a formal handover, simply by virtue of its duty of care towards them. This duty means that where a patient is unable to look after their property, the Trust will have to do so. This is known as involuntary bailment, as it arises not from a decision by the patient to hand over property, but from the nature of the relationship between patient and Trust. This can be seen in Emergency situations such as the Emergency Department or Operating Theatre.

4.2.6 Involuntary bailment may arise, for instance, where a patient lacks capacity to make decisions about their property, either on admission (e.g., patient brought unconscious into A&E) or at any time during their stay (e.g., patient entering a coma). In these cases, the Trust automatically becomes a bailee of the property and will have the same duty in relation to it as in the case of voluntary bailment.

4.2.7 Unless they are unable to do so, patients generally have a responsibility to look after their own property where they have not handed it in for safekeeping. However, this does not mean that the Trust has no responsibility at all in respect of this property. Any patient in a clinical setting is likely to be unable to fully look after their property. So by taking the patient into its care, the Trust implicitly assumes some responsibility to look after their property as well. While the level of responsibility will vary depending on the circumstances of the case (for example, the extent to which the patient is able to look after their property), a Trust should never assume to be entirely free of obligations in relation to a patient's property, because of its duty of care towards the patient. This means the Trust may face claims for negligence if a patient's property is lost or damaged, and it may be liable for the loss or damage, whether or not the property was in its safe custody when the loss or damage occurred.

4.2.8 A Trust is not responsible for loss of or damage to patients' property if this is due to natural causes that could not reasonably have been foreseen (e.g., flood, fire etc.), unless it was attributable to the negligence of staff.

4.2.9 If a patient wishes or needs to keep property on the Trust's premises, they should be encouraged to hand it over to the Trust for safe custody. The Trust will need to have suitable arrangements in place for taking the property into its care and for keeping it safe. The Isle of Wight NHS Trust has ward safes on every ward to provide temporary safe keeping for patients. However, for long term stays money is deposited in the Cashiers Office as detailed in this policy.

4.2.10 Thirdly, where a patient decides not to hand over property for safekeeping but opts to retain it with them on the premises, the Trust will need to inform the patient that doing so carries a higher risk of loss of or damage to the property, and that it intends to limit its liability if loss or damage occurred. Notices, forms and other written materials are normally used to inform patients and their relatives that the Trust accepts no responsibility for loss or damage of any property that is not handed over to it for safekeeping. Where a patient decides to retain their property with them, they are usually asked to sign a disclaimer to the same effect.
4.2.11 The role of such a disclaimer is to exempt the Trust from liability where negligence on its part, or on the part of its staff, has led to a patient property being lost or damaged. This exemption is effective so long as it is reasonable. This requirement of reasonableness is set out in the Unfair Contract Terms Act 1977.

4.2.12 Finally, the Trust should have appropriate security arrangements in place to ensure that patient care is delivered in a safe and secure environment. Having effective physical security measures in place (e.g. access control systems, CCTV, alarms and lockable lockers), supported by robust policies and procedures within the overall context of an anti-crime culture, reduces the risk of unauthorised access to patients' property in all circumstances.

4.3 Mental capacity and the management of patients’ property

4.3.1 Anyone who works with or cares for an adult who lacks capacity must comply with the Mental Capacity Act (MCA). This applies no matter what type of decision is involved, so decisions about patients’ property are also covered by it.

4.3.2 When a patient needs to make a decision, staff should always start from the assumption that the patient has capacity to make it, and should make every effort to help them make the decisions themselves.

4.3.3 Where there is reason to believe that the patient lacks the capacity to make the decision, it may be necessary to make an assessment of capacity. In addition, under the MCA healthcare staff are required to make an assessment of capacity before carrying out any care or treatment. Any assessment of capacity is ‘decision-specific’, i.e. it relates only to the particular decision that has to be made at a particular time. More details on how assessments of capacity should be carried out and recorded are provided in the Code of Practice.

4.3.4 Staff are not expected to undertake formal, recorded assessments of capacity for day-to-day decisions about patients’ routine care. Normal planning arrangements for care should already provide sufficient information on patients’ capacities, needs and abilities; staff must ensure that records for these arrangements are in place and regularly reviewed. All assessments of capacity, including informal ones, must be based on the five principles of the MCA.

4.3.5 If a patient has been assessed as lacking capacity, then any action taken, or any decision made for, or on behalf the patient, must be made in their best interests. The person who has to make the decision will normally be the carer responsible for the day-to-day care of the patient, or a professional such as a doctor or a nurse. The Code of Practice provides a ‘best interests checklist’ setting out the factors that need to be considered when making a decision on behalf of a person who lacks capacity.

4.3.6 The MCA provides legal protection from liability for carrying out certain actions in connection with the care and treatment of people who lack capacity to consent, provided that the person carrying out the actions: has observed the principles of the MCA; has carried out an assessment of capacity and reasonably believes that the person lacks capacity in relation to the matter in question; reasonably believes the action taken is in the best interests of the patient. The types of actions that may have protection from liability are not defined further by the Act. However, the Code of Practice gives a list of examples both in the area of personal care (e.g. helping with eating and drinking) and in the area of healthcare and treatment (e.g. providing nursing care).

4.3.7 Actions taken by staff to protect a patient’s personal belongings when they are unable to make a decision about them can be considered to be taken “in connection with the care and treatment” of the patient. They may therefore enjoy protection from liability. Actions, however, should be evaluated on a case by case basis having regard to the conditions set out above and to the other requirements of the MCA and the Code of Practice.
4.3.8 In addition to the appropriate records of assessments of capacity and best-interests decisions, records made in relation to the management of patients’ property will also help staff to show that they have acted in compliance with the MCA, by providing evidence of the action taken.

4.3.9 It is important to note that the protection from liability does not extend to cases of negligence. This means that if a member of staff makes a decision regarding a patient’s property in line with the requirements of the MCA but then is negligent in handling the property, they (and the NHS health body) may be liable for any loss or damage that occurs.

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive
- Is responsible for monitoring and ensuring compliance with Secretary of State Directions on NHS security management, including the overall responsibility for controlling and coordinating security.
- Is responsible for ensuring that patients or their relatives/guardians are informed before or at admission that the Trust will not accept responsibility or liability for patient property brought onto premises unless handed in for safe custody.

5.2 Director of Finance
- Is responsible for agreeing arrangements for opening and operating separate accounts for patients’ monies.

5.3 Assistant Director of Health and Safety and Security
- Is responsible for carrying out a spot check once a year, in a selected area, to ensure ward safes only contain the correct Patients Property and all documentation is completed correctly.

5.4 Local Counter Fraud Specialist
- Is responsible for tackling fraud affecting patients’ money.

5.5 Matrons
- Matrons will carry out spot checks every three months to ensure policy is followed.

5.6 Senior Sisters/ Senior Charge Nurse’s / Department Head
- To ensure that an apology is given to the patient/family and that they are aware the issue will be investigated immediately.
- To ensure that all staff within their area are aware of, and adhering to the policy.
- To initiate a complete ward search, following the Patients Missing Property Checklist (Appendix D) if they receive notification that a patient’s property has been misplaced and ensure the appropriate incident form is completed to alert the Risk Office.
- To ensure that all patients have the correct property with them on discharge/transfer.
- To ensure that safe checks are undertaken every 24 hours.
- To ensure that all patients property is documented on the correct documentation in a timely manner.
- To ensure arrangements are made for replacement e.g. Maxillofacial for dentures/Audiology for NHS hearing aids etc. after liaising with the Risk Management Department.

5.7 Registered Nurses
- To ensure that the policy is followed at all times.
- To ensure that if a patient deteriorates whilst on the ward, and is unable to retain safe custody of their property, it is taken into safe keeping and an NHS Patient Property Receipt (Appendix B) completed.
- To ensure that a Daily checklist is completed (see Appendix I).
5.8 Ward Clerks & Healthcare Assistants
- To ensure that there is sufficient / relevant paperwork on the ward to comply with the policy i.e. NHS Patients Property Receipt Book (Appendix B) and Patients Property Disclaimer Forms (Appendix C) etc.
- To advise cashiers of patients’ property that has been placed in the drop safe.
- To advise cashiers if a patient whose property has been taken in for safekeeping is transferred to another ward.
- To advise cashiers if a patient whose property has been taken in for safekeeping has died on the ward.
- To advise cashiers of patient’s requiring their property on discharge, this is to include those patients being discharged out of hours and at weekends.

5.9 Ward Sister and Staff of Poppy Ward (off site Rehab Ward)
As Poppy Ward is not on St. Mary’s site and, therefore, do not have access to the drop safe, a different process will apply.
- Patient will be transferred with their property the same as between wards on St. Mary’s site.
- Receiving nurse will sign the Patient Property Form/NHS Receipt as applicable.
- Valuables will be placed in the Poppy Ward safe in the Blue Patient Property Bag until the patients discharge.
- Daily checks will be made of other property e.g. dentures/glasses/hearing aids using Appendix I attached.

5.10 Cashiers
- To ensure that the drop safe has been emptied by 12pm Monday - Friday once notified that patients’ property has been placed within.
- To ensure that the patients property is ready for collection on patients discharge.

5.11 Bereavement Officers
- To liaise with the bereaved families and ensure that any property is returned to the family in a timely manner.

5.12 Main Reception
- To maintain accurate log of unclaimed Patients Property in their safe/other storage (In accordance with NHS Protect guidance) and liaise with Risk Office during search for property.
- To send unclaimed valuables to auction after specified time, and supervise destroying of non-valuable property (in accordance with NHS Protect guidance).

5.13 Risk Office
- To monitor Patient Property Investigations following loss of property.
- To liaise with wards/relatives / carers to agree responsibility for replacement dentures / glasses etc if applicable.
- To arrange for ex gratia payment to be made should the Trust be deemed responsible for property loss.
- To ensure that a letter of apology is written when investigation has found the Trust was negligent.

5.14 All staff
- All staff are required to uphold security arrangements at the Trust, to comply with financial procedures and ensure propriety in all their activities. Ensuring that policies and procedures relating to patient property are followed at all times is part of these duties.
6. DEFINITIONS

6.1 Some terms that it might be useful to define, along with sample definitions, are the following (the list is not exhaustive):

**property:** for the purposes of this policy, property includes money and any other personal property.

**valuables:** for the purposes of this policy, valuables include any item of value, whether monetary, sentimental, or other. When called upon to judge whether an item is valuable or not, staff should use their common sense and if in doubt seek appropriate advice.

Examples of valuables commonly brought by patients on healthcare premises include (the list is not exhaustive):
- cash
- credit/debit card
- cheque book
- personal documents (e.g. driving licence, passport)
- house/car keys
- handbag/wallet
- jewellery and watches
- mobile phone
- portable electronic devices
- medical devices and equipment.

**deposited property:** this is property which the Trust takes into its care for safekeeping following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.

**undeposited property:** this is property which patients retain with them on Trust premises.

**premises:** for the purposes of this policy, this includes any place whatsoever, including vehicles and moveable structures.

7. POLICY DETAIL / COURSE OF ACTION

7.1 PROCEDURE

Patients should be discouraged from keeping large amounts of money (e.g. more than £20) or valuables in hospital. Relatives or persons accompanying the patient should be strongly encouraged to take away money or valuables as soon as possible after admission. All money / valuables handled in this way must be documented in the property book and signed for. This property is known as Deposited Property.

The Trust will only accept responsibility for articles formally handed over for safe keeping. The Patient Property Disclaimer must be completed for valuables including, hearing aids, spectacles, dentures etc being retained by the patient.

Medicines brought into hospital are the patient’s own property and the protocol for Patients Own Drugs must be adhered to all times.

All wards should be provided with a safe or secure box (cube locker) solely for patients’ property that needs to be kept on the ward **for less than 24 hours** (see Point 7.12). The ward safe key must be kept on the Drug Cupboard Key Ring (exceptions only Emergency Department, ITU and Children’s Ward) and held at all times by a Registered nurse/midwife. Day Surgery Unit now has lockable lockers and patients must be encouraged to place their belongings in there. Patients who
are attending Diagnostic Imaging for a MRI scan are asked to put their belongings in the locker provided in the scanning room. Patients attending for a normal x-ray or CT scan take their belongings with them into the room and collect them when scan completed.

Each ward/department will maintain the following two sets of documentation:-

**NHS Patients Property Receipt Book** (to be completed when property taken into safe keeping - deposited property)

**Patients Property Disclaimer** (to be completed when patient retains property – undeposited property)

Every ward/department must complete the Daily Checklist (Appendix I) so that potential missing property can be identified as quickly as possible and a search initiated.

When valuables are taken in for safekeeping and put in the drop safe, the cashier must be notified by telephone. Cashiers must also be notified (by the transferring ward) when a patient is transferred, either on the day of transfer or at the start of the next working day (Monday – Friday).

Cashiers will be notified 24 hours in advance of anticipated discharge to enable the property to be available for return in good time. Should anticipated discharge be on a Sunday or Monday, then the Cashiers must be advised on the previous Friday. However, this should not delay the patient’s discharge and arrangements for repatriating patients property will need to be made following the patient’s discharge.

Requests for new Property Books – Only Ward and Department Managers Band 6 and above can request new books.

Lost/Misplaced Property Books – If the ward property book is either lost or misplaced, the cashier’s office should be notified immediately, to allow the relevant property form numbers to be invalidated. This process must be followed prior to a replacement book being requested.

### 7.2 ADMISSION AND STAY DEPOSITED PROPERTY (See Flowchart - Appendix A)

This procedure will be implemented for ALL patients being admitted to any area - this includes Emergency Department, OPD, MAAU, Endoscopy, Diagnostic Imaging, Day Surgical Unit, Diabetes Unit and St Helen’s Ward and Mental Health Units.

**Valuables**

Document all valuables as follows: -

Property handed in for safekeeping must be documented on the **NHS Patients Property Receipt Form** (please see Appendix B). This should be completed by the registered nurse/midwife in the presence of the patient/carer (wherever possible) and witnessed by another member of the nursing team/healthcare assistants/ward clerk.

**PLEASE NOTE:** The terms “gold”, “silver”, “diamond” etc. must not be used. Use instead “yellow metal”, “white metal”, “white stone”, make of watch etc.

The official patients’ property blue bag should contain all the patient’s valuables and must be sealed and signed across the flap by both witnesses. During office hours valuables should be taken to the cashiers office by one of the people who signed the bag seal. Valuables taken into safe custody out of office hours should be placed in the drop safe (located at the cashiers office) documented in the patients nursing notes and the Ward Diary. The ward clerk will advise the cashiers office when any property has been placed in the drop safe.

**PLEASE NOTE:-** should any of the valuables be “contaminated” with bodily fluids etc. then please use the new clear patient property bags so that cashiers office/patients/relatives can review the property without opening the bag.

Copies of form to be distributed as follows:-

**White copy** – given to patient/carer
Pink Copy – attached to the blue property bag and sent to Cashiers Office (or drop safe out of office hours)
Yellow copy – filed in patients’ notes
Blue copy – retained in book.

7.3 ADMISSION AND STAY UNDEPOSITED PROPERTY

Property retained by Patient (undeposited property) must be documented on a Patients Property Disclaimer Form (please see Appendix C)
This should be completed by the registered nurse/midwife and signed by the patient, as soon as possible after admission.

**Items such as hearing aids, spectacles, dentures, wheelchairs, mobility aids, nebulisers etc which will normally be retained by the patient are considered valuable and MUST ALWAYS be documented on a Patients Property Disclaimer Form (Appendix C). NB: Spoiled copies should be marked “Cancelled”**

Copies of form to be distributed as follows:-
White copy – given to patient/carer
Yellow copy – filed in patient’s notes
Blue copy – retained in book

Once the Patient Property Disclaimer Form has been completed with a full list of undeposited property items, the patient should be asked to sign the disclaimer. The form should then also be signed by the member of staff and filed with the patient notes. If the patient declines to sign the disclaimer, a note of this should be made on the Patient Property Disclaimer Form, and the form should be signed by two members of staff.

**In all cases where a patient has undeposited property, and where that property is deemed to be valuable (e.g. money, dentures, spectacles, hearing aids) the ward staff concerned must follow the daily checklist to ensure that the property, as listed, remains with the patient every day, and to enable an immediate search to be undertaken on any occasion when property listed on the checklist cannot be located.**

7.4 TEMPORARY CUSTODY- (e.g. if the patient leaves the ward – to theatre, X-ray etc).

All bed spaces should now have a lockable locker and patients should be advised to place their property in this locker and use the secure swipe card. The card must then be handed to a member of staff for safe keeping

Should there not be a lockable locker (e.g. it is broken) then please list any items taken in for temporary custody on a separate NHS Patient Property Receipt Form. Mark the property form “Temporary Custody” and note the time. List the property and sign and witness as for admission procedure. Give the patient/carer the white copy. Retain items in the ward safe. When the items are returned to the patient, make sure that the patient signs the copies retained in the book. File the yellow copy with the patient’s notes.

**Please note that it is OUR responsibility to ensure patient’s property is safe/secure if the patient is temporarily away from the ward.**

PLEASE REPORT ANY DEFECTIVE LOCKERS TO PHARMACY AS SOON AS POSSIBLE.

7.5 TRANSFER (See Flowchart - Appendix A)

7.5.1 DEPOSITED PROPERTY
For every transfer to another ward/hospital and if items have been handed to the cashier, the staff member will document in the patients nursing/midwifery notes and Ward Diary (if out of hours the Nurse in Charge must document in diary). Details of the transfer should be noted by a nurse/midwife on the **NHS Patient Property Receipt** and/or the **Patients Property Disclaimer**. If property has been held temporarily in the ward safe, it must be transferred with the patient and the **NHS Patient Property Receipt** signed by the transferring and receiving wards.

**NB No property should be held for more than 24 hours in the ward safe (see No. 7.12) - unless previously arranged (as in weekend discharges).**

The nurse/midwife on the receiving ward will check the property with the patient and sign the transfer section on the yellow (notes) copy of the **Patient Property Disclaimer** to indicate that all property has been successfully transferred from the previous ward.

### 7.5.2 UNDEPOSITED PROPERTY

If any valuables are transferred with the patient from one ward safe to another then the yellow (patient's notes) and blue (book) copies of the **NHS Patient Property Receipt** will also be signed by both the transferring and receiving nurse.

### 7.6 DISCHARGE OF PATIENT (See Flowchart - Appendix A)

#### 7.6.1 RETURN OF DEPOSITED PROPERTY

Prior to the discharge of a patient the ward clerk will notify the cashier to ensure the property is available for return and document this in nursing/midwifery notes and Ward Diary. The cashier will hand over the valuables directly to the patient and obtain the patients signature on the **NHS Patient Property Receipt Form** accordingly, obtaining witness signatures as appropriate.

Where discharge is likely to take place outside office hours the cashier will be asked to arrange to have valuables ready and stored in the ward safe. The registered nurse/midwife will sign the cashier's copy of the **NHS Patients Property Receipt Form** (Pink) and ensure the patients signs on receipt of property. The nurse/midwife must ensure the (white) patients copy and the yellow (patient's notes copy) are signed by patient/identified next of kin. Another member of staff should witness the patient/next of kin signature.  

**NB: if the patient/next of kin is unable or unwilling to sign for the property, the Trust must not allow the property to be released.**

#### 7.6.2 RETURN OF UNDEPOSITED PROPERTY

Any property retained by the patient should also be checked against the **Patient Property Disclaimer Form** and the discharge section of the form signed by the patient and the discharging registered nurse.

If the patient is unable to take charge of their own property/valuables then these can **only be handed to the identified next of kin** as documented on the admission form in the nursing notes. If staff have concerns with regard to identity or relationship to the patient they should contact their line manager (or out of hours senior manager on call) for advice.

If any property is found on the ward (or returned from the laundry) following a patient's discharge, then ward staff should contact the patient and ask them to collect or have it collected. If the patient fails to collect as arranged, then the property should be sent to the lost/found property department (Main Reception) stating the name of the patient and the date the patient was contacted. (Please refer to SEE (Quality) Department Procedure regarding timescales for disposal of property handed in to main reception).
Property of patients who are receiving treatment in the Department (and will then be discharged) will not be documented for safe keeping unless the patient is considered, by the nurse/doctor, not able to be responsible. Only for these patients (and patients being admitted to hospital) will the Patients Property Policy and Procedure be implemented.

7.7 DEATH IN HOSPITAL DURING OFFICE HOURS

Patients who die in the Emergency Department

a) Patients who die whilst in the department will have their clothing and loose jewellery removed, documented on the **NHS Patients Property Receipt Form** and stored in a Patients Property Bag. **Valuables and money** must be documented, placed in a blue plastic patient property bag (or a clear plastic patient property bag if the property is soiled) and placed in the drop safe at Cashiers to be collected by the Bereavement Office following the same procedure as outlined in section 7.71 and that outlined in Section 7.2 (DEPOSITED).

b) Jewellery, which is either secure or tight fitting, will be left on the patient’s body (rings should be loosely covered with tape) and documented on the **NHS Patient Property Receipt Form** and the Deceased Patients Details sheet that accompanies patient to the mortuary.

c) Any bags or accessories that were with the patient when brought into Emergency Department will be opened and all contents documented.

d) Patients who are certified dead on arrival at Emergency Department (at the doors of the Department) are the responsibility of the Police.

e) The property of patients whose death is being treated as suspicious by the Police is the responsibility of the Police. Staff must ensure that Police sign for any property handed to them by the ward/department using the appropriate documentation. Property should not be removed from the Trust without a recognised level of receipt.

7.7.1 In the event of a patient’s death on a ward/dept the following procedure should take place:

Non-valuable (e.g. clothes etc.) belongings of the patient who has died must be clearly marked by ward staff with the patients name and taken to the Bereavement Office in the green property bag, along with the completed **NHS Patient Property Receipt Form (white and pink copy)**.

Green (non valuable) property bags should be completely sealed before leaving the ward and a second bag should be used if the first cannot be closed/sealed.

The Bereavement Office is open from 9am – 3.30pm (Monday – Friday) and during these times; any valuables should be documented and taken direct to the Bereavement Office by the Ward Staff.

At times when the Bereavement Office is closed, ward staff should either deposit valuables in the drop safe, or hand them direct to the hospital cashiers (using the blue “valuable” patient property bags)

Property bags should be clearly marked ‘B’ (for bereavement). All valuables removed from the drop safe will be taken collected from cashier’s office by the Bereavement Advisor.

The Bereavement Advisor must be notified of the patient’s death by the nursing staff as soon as possible, and advised whether any property has previously been sent to the cashiers.

If patient has soiled / fouled property these must not be sent to either lost property or Bereavement Office. The property must be retained at ward level and next of kin contacted (via Bereavement) to see if they wish the property to be returned or disposed of. Should they wish it to be returned it must be rinsed out on the ward and packaged appropriately before going to Bereavement Office.
Appropriate communication then needs to be made to lost property / Bereavement Office, so that collection (or disposal) can be discussed with the next of kin.

The ward clerk must inform the cashiers of the patients’ death in order for property held by them to be taken direct to the Bereavement Advisor.

7.7.2 Jewellery which is either secure or tight fitting will be left on the patient’s’ body (rings should be loosely covered with tape) and documented on the NHS Patients Property Receipt Book.

7.7.3 On receipt of the property, the Bereavement Advisor will retain the white and pink copies.

7.7.4 Green (non-valuable) property bags must not be left unattended in either the Ward Corridors or Bereavement Office.

7.7.5 Any unclaimed property is kept for two months and then general items will be thrown away or donated where appropriate. Valuables would be kept in Bereavement safe and they will keep in contact with the family and potentially offer to post by special delivery if they are unable to collect. Cash would be held in the office safe for one month then sent to cashiers as unclaimed property. Other valuables would be forwarded to Main Reception for disposal as per their guidelines – Procedure available from SEE (Quality) Department.

7.8 DEATH IN HOSPITAL OUT OF OFFICE HOURS

When death occurs out of office hours the next of kin should be asked to contact the Bereavement Advisor after 9am on the next working day, and the property should be given to the Bereavement Advisor as early as possible on the next working day. An answer phone is available in the Bereavement Office for ‘out of hours’ calls (Ext. 4615), to advise the relatives of when the office is next open.

Patient’s property should be stored securely on the ward/dept until it can be passed to the Bereavement Advisor, the Drop safe must be used for valuables.

NB: Property envelopes deposited in the drop safe must be clearly marked ‘B’ (for bereavement).

7.9 DETERIORATING PATIENT

If a patient has retained their property and signed a Patient Property Disclaimer, but then deteriorates in health and is unable to look after their property, it is the responsibility of all staff on the wards to ensure that this property is taken in for safe keeping and either held in the ward safe temporarily (no more than 24 hours), sent to Cashiers Office or returned to the next of kin. This must be documented on an NHS Patient Property Receipt.

7.10 PATIENT ADMITTED TO WARDS FROM EMERGENCY DEPARTMENT

Patients who are being admitted to a hospital ward must have their property recorded on a NHS Patient Property Receipt Form and/or Patients Property Disclaimer before leaving the Admission/Assessment Ward/Department. The property book should accompany the patient for the blue copy of the form to be signed by the receiving ward as a receipt.

7.11 DOCUMENTATION

Documents for recording patients’ property should be readily accessible to all staff, who must be familiar with them and with the policies and procedures that describe their use. Some types of patient property documents are usually controlled stationery such as the patient property book.
Completed patient property records should be filed securely. It should also be easily available for patients or their relatives/carers to view upon request.

Once filled in, documents should not be amended or altered in any way. This is required in order not to compromise the integrity of the audit trail. If during completion an amendment is considered essential, the person making it should initial it, and erasures should be made with a single line so the original text is still readable.

7.12 WARD SAFES

Ward safes must be checked daily to ensure all property envelopes have seals and signatures in place. This must be recorded in the safe check log book by the person undertaking the task. NB Records of daily safe checks will be monitored by the Risk Management Committee on a quarterly basis.

All blue (valuable) patients property bags to be sent to hospital cashier after 24 hours. Any discrepancies to be reported to the Department Head/Matron immediately. When patients are transferred from one ward to another, this must be entered in the safe check log book. This is the responsibility of the ward sister/charge nurse.

7.13 LOSS OF PATIENT PROPERTY

If a patient’s deposited property is reported missing, staff responsible for its storage must launch an enquiry immediately. If the property can’t be found, or if the circumstances seem suspicious, staff must inform their Matron/Line Manager who will notify the Local Security Management Specialist (LSMS) who will start an investigation. In addition, an incident report must be raised. It is the NHS health body’s responsibility to inform the police if the loss is suspected to have resulted from criminal action.

If a patient’s undeposited property is reported missing, staff responsible for the care of the patient should assist in looking for the property. If the circumstances are suspicious, the Matron/Head of Department must inform the LSMS and an incident report raised. However, it will be the responsibility of the patient or their representative to report the loss to the police if it seems to have resulted from criminal action. The patient or their representative must be reminded that the NHS health body will not accept liability for loss of the property.

Where a patient/relative/carer reports a problem regarding property or valuables, the matter must be referred to and investigated by the Nurse in Charge.

The ward should then follow the Patients Missing Property Checklist (Appendix D).

AT NO TIME SHOULD ANY MEMBERS OF STAFF “OFFER COMPENSATION” TO A PATIENT WHO HAS LOST ANY PROPERTY.

If property is not found, an Incident Report form should be completed in the normal manner. Any supporting evidence e.g. copies of any property forms, witness statements or any appropriate nursing documentation should be sent to the Risk Office as soon as possible.

If a patient wishes to make a claim they must write to the following address giving a full description, cost, age of the missing item and enclose any receipts they may have:

Risk Administrator
Corporate Governance & Risk Management
Isle of Wight NHS Trust
St. Mary’s Hospital
Newport
Should the proper documentation for the patient not have been completed by the admitting and/or receiving wards (i.e. NHS Patient Property Receipt and Patient Property Disclaimer), and the result of the investigation shows that the Trust are liable to make an ex gratia payment, the expense will be charged against that relevant ward’s budget.

Should, on transfer of a patient from one ward to another, neither ward complete the transfer section of the NHS Patient Property Receipt Form and/or Patient Property Disclaimer Form (Appendix C) and the result of the investigation shows the Trust are liable to make an ex gratia payment, the expense will be charged split between ward budgets.

Procedure regarding how the Trust deals with “Found Property” can be obtained from the SEE (Quality) Team on request.

**Dentures/Spectacles/Hearing Aids**

In the event of a patient’s dentures/spectacles/hearing aids being mislaid, the search procedures listed in 7 above should be carried out. If the dentures/spectacles/hearing aids are still not found, an incident form is to be completed **WITHIN FOUR HOURS OF THE LOSS BEING NOTICED/REPORTED**. The Corporate Governance & Risk Management department will liaise with wards/relatives/carers to ensure replacement of these dentures/spectacles/hearing aids with either the Maxillofacial Department/Patients own Dentist for dentures or Patient’s own Optician for spectacles etc.

**PLEASE NOTE:** IF YOU HAVE A SUSPICION THAT AN INCIDENT IS FRAUD RELATED SUCH AS THE ALLEGED FALSIFICATION OF DOCUMENTS FOR EXAMPLE PATIENT PROPERTY RECEIPTS OR DISCLAIMERS, PLEASE ENSURE YOU HIGHLIGHT THIS TO THE DEPARTMENT MATRON/HEAD WHO WILL CONTACT THE RISK OFFICE WHO WILL IMMEDIATELY CONTACT THE TRUST’S LOCAL COUNTER FRAUD SPECIALIST OR EXECUTIVE DIRECTOR OF FINANCE.

**7.14 UNCLAIMED PROPERTY**

7.14.1 In some cases a patient's property is not claimed by the patient or their representatives when the patient is discharged or dies. In these cases, every effort should be made to return the property to the patient or their representative as soon as practicable. If it proves impossible to identify or contact the rightful owner, the property should be retained in safe custody and may be disposed of within appropriate timescales, as set out below.

In the case of valuable items, it is particularly important to make an effort to trace and contact the owner. If the efforts to contact the patient or their representative are unsuccessful, valuable items should be kept for a reasonable time before disposal. Based on provisions in the Limitation Act 1980, a period of six years should be considered reasonable. However, it is good practice to seek independent advice before disposing of the items, even after six years.

In the case of items of low value, the requirements on the Trust are less stringent. Soiled items are an exception as they can be disposed of immediately (following discussion with relatives/next of kin) Once in possession of all the unclaimed items, staff responsible for their storage will inform the patient and ask them to contact the Trust to arrange for their collection.

If property of low value is not claimed within a short period of time (usually three months is considered acceptable), it may be assumed to have been abandoned and the Trust can dispose of it as it pleases. The letter written to the patient to arrange for collection of the property should also inform them of this timescale.
Before any items are disposed of, it is good practice to try to ascertain their value. If there is any doubt about the value of an item, expert advice should be sought.

### 7.14.2 Managing the monies of long-stay patients e.g. Rehab

The Trust must have special arrangements in place to handle the monies of patients who stay for an extended period of time. This arrangement is already a common occurrence in some settings, particularly, mental health. Where a patient hands over money for safekeeping or otherwise accumulates monies above £200 and maintains this balance over a period of three months, an appropriate sum should be reserved for their day-to-day needs and the rest deposited in a savings account (see below).

If the patient is willing and capable of doing so, they should be encouraged to open an account in their own name, and offered assistance in all operations relating to it. If the patient lacks capacity, or is unwilling to open an account in their own name, their deposited money should be paid (under the circumstances described above) into a savings account opened in the name of the Trust.

All documents relating to patients’ accounts should be kept in safe custody. Appropriate safeguards need to be in place to prevent misappropriation. For example, patients’ accounts opened in the name of the Trust should be operated by nominated officers, and all aspects of the management of patients’ monies must be regularly reviewed by the Trust’s internal audit function. Health bodies should open and maintain a separate banking facility for patients’ monies. Paying cash deposited by patients for safe custody into the Trust’s own accounts is not best practice.

The management of patients’ monies must be supported by adequate accounting arrangements. Separation of duties in the management of patients’ monies accounting systems is essential. For example, periodic reconciliations of patients’ monies cashbooks to the relevant patient accounts should be performed by staff not directly responsible for the day-to-day management of the patients’ monies accounting system.

All requests for withdrawal of cash from a patient’s account must be made in writing using a dedicated form. The patient should make the request themselves if capable of doing so, otherwise a member of staff should make it on their behalf. Before any payments are made, the patient’s account must be checked to ensure availability of funds. If money is given to the patient or their representative, they should be asked to sign to acknowledge receipt. Where money is collected by a member of staff for shopping on behalf of the patient, receipts for expenditure must be obtained and returned to the NHS health body, to be filed with the money request form.

More detailed guidance on these and other aspects of the financial management of patients’ monies is provided in the Healthcare Financial Management Association’s guide Patients’ monies and belongings: A practical guide (2005).

### 8. CONSULTATION

This policy has been approved by all Stakeholders.

### 9. TRAINING

- This policy will be ratified in accordance with the Trust’s Policy Management Policy.
- The Risk Administrator will be responsible for reviewing the policy within the agreed timescales.
- Patients Property Training will be given within the Corporate Induction Programme.
- A Patients Property E-learning module will be available for all staff who will handle patients' property, and must be completed on commencement of employment and every three years thereafter.
• The policy will be available on the Trust Policy Site and notification sent to all wards/managers and other stakeholders.

This Patient Property Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-
• Patient Property E-Learning

10. DISSEMINATION PROCESS

10.1 When approved this document will be available on the Intranet and will be subject to document control procedures. Approved documents will be placed on the Intranet within five working days of date of approval once received by the Risk Management Team.

10.2 When submitted to the Risk Management Team for inclusion on the Intranet this document will have fully completed document details including version control. Keywords and description for the Intranet search engine will be supplied by the author at the time of submission.

10.3 Notification of new and revised documentation will be issued on the Front page of the Intranet, through e-bulletin, and on staff notice boards where appropriate. Any controlled documents noted at the Trust Executive Committee / Policy Management Group will be notified through the e-bulletin.

10.4 Staff using the Trust’s intranet can access all procedural documents. It is the responsibility of managers to ensure that all staff are aware of where, and how, documents can be accessed within their areas of work.

10.5 It is the responsibility of each individual who prints a hard copy of any document to ensure that the printed hardcopy is the current version. Current versions are maintained on the Intranet.

11. EQUALITY ANALYSIS

11.1 This procedure has undergone an equality analysis please refer to Appendix L.

12. REVIEW AND REVISION ARRANGEMENTS

12.1 This document will be reviewed by the Corporate Governance & Risk Management Department every three years.

13. MONITORING COMPLIANCE AND EFFECTIVENESS

• An audit will be carried out annually by Internal Auditors to ensure compliance with this Policy and outcome monitored by the Risk Management Team.
• Assistant Director of Health and Safety and Security will report outcome of annual spot checks on safe documentation to the Risk Management Team.
• Modern Matrons will report outcome of three monthly spot checks on ward compliance to Patient Property Policy to the Risk Management Team.
• All Ex Gratia payments resulting from loss of Patients Property will be reported monthly to the relevant Directorates via the monthly Directorate Corporate Governance & Risk Management Report and included in the quarterly Governance & Assurance Report.

14. LINKS TO OTHER ORGANISATION POLICIES/DOCUMENTS

• Incident Reporting and Management Policy
• SIRI Policy and Procedures
• Protocol for Patients Own Drugs
• Claims Handling and Management Policy
• Counter Fraud and Corruption Policy
• Security Policy
• Lost Property Procedure main reception (SEE (Quality) department)
• Raising Concerns (Whistleblowing) Policy

15. REFERENCES

NHS Protect
Mental Capacity Act 2005: Code of Practice (2007), available at:

16. DISCLAIMER

16.1 It is the responsibility of all staff to check the organisation intranet to ensure that the most recent version / issue of this document is being referenced.
APPENDIX A

ISLE OF WIGHT NHS TRUST
PATIENTS PROPERTY FLOW CHART

STAGE 1
ADMISSION

Patient retaining responsibility for property?

YES

Disclaimer form to be completed, signed and yellow copy filed on notes. White copy retained by patient.

NO

Patient’s property form completed/signed and yellow copy filed on notes. White copy of form retained by the patient.

Property envelope and pink copy of property form handed to cashier or placed in drop safe.

STAGE 2
TRANSFER

Patient transferred to another ward (or temporary transfer to e.g. Theatre, Endoscopy).

All property held by patient checked on departure and arrival. Valuables placed in ward safe/temporary custody if appropriate.

黄色 copy of disclaimer form completed by transferring and receiving ward.

STAGE 3
DISCHARGE

Patient Deceased
Check all property retained by patient and take directly to Bereavement Office (use drop safe out of hours for valuables). Inform cashiers if any property held in safekeeping. Advise relatives to contact Bereavement Office to arrange collection.

Patient Discharged
All property retained by patient checked and yellow (notes) copy of disclaimer form signed by patient or relative, and witnessed. All ‘valuables’ held in safe custody returned to patient. Patient signs white, pink and yellow copies of property form as receipt.

If possible, arrange for valuables to be collected by relatives etc. Document all property in property book and ensure book is signed by person removing the property. Witness the signature.

If patient transferred to another ward inform Hospital cashiers by phone. If valuables are transferred from ward safe to ward safe, yellow and blue copies of property form must be signed by transferring and receiving ward.

Patient planned for discharge, request return of property from Hospital cashiers.

Decision to Admit Patient
## APPENDIX B

### ISLE OF WIGHT NHS TRUST

#### NHS PATIENT PROPERTY RECEIPT

<table>
<thead>
<tr>
<th>Ward:</th>
<th>Patient Name:</th>
<th>IW No:</th>
</tr>
</thead>
</table>

### SECTION A - PATIENT PROPERTY TAKEN INTO SAFE CUSTODY

**CASH:**

**OTHER PROPERTY:** (please give description of each item)

I agree with items listed in Section A above

**Signature of Patient:**

**Witness:**

(Member of Ward staff)

**Print Name:**

**Date:**

If Patient unable to sign, two ward staff members must sign on their behalf

**Signature:**

**Print Name:**

**Date:**

**Signature:**

**Print Name:**

**Date:**

### SECTION B - CASH/VALUABLES PASSED TO CASHIERS OFFICE

**Signature of Cashier:**

**Date:**

### SECTION C - CASH/VALUABLES RETURNED TO PATIENT

**Signature of Patient:**

**Date:**

**Signature of Cashier:**

**Print Name:**

**Date:**

**Signature of Witness:**

**Print Name:**

**Date:**

### SECTION D – PLEASE NOTE:– THIS SECTION SHOULD NOT BE USED IN RESPECT OF DECEASED PATIENTS PROPERTY WITHOUT PRIOR APPROVAL FROM THE BEREAVEMENT OFFICER.

**CASH/VALUABLES HANDED TO SOMEONE OTHER THAN THE PATIENT**

I agree to indemnify the NHS against any claim made by any other person in respect of the money and property listed in Section A and taken by me. (Indicate on list in section A any items not taken)

**Signature:**

**Date:**

**Address:**

**Print Name:**

**Date:**

**Witnessed by:**

**Date:**

### NOTICE TO PATIENT

Property handed in for safe keeping will be held in a safe or banked and will be available for return during normal office hours:

**MONDAY – FRIDAY**

No responsibility can be accepted for any cash or articles you retain or fail to disclose

Top (white) copy to patient/carer, Second (pink) attach to the property envelope & send to cashiers office, Third copy (yellow) for patients notes, Fourth copy (blue) to be retained in book
APPENDIX C

ISLE OF WIGHT NHS TRUST
PATIENTS PROPERTY DISCLAIMER OF RESPONSIBILITY

WARD ........................................... DATE FORM COMPLETED ..............................
The Isle of Wight NHS Trust accepts no responsibility for the loss of money or loss or damage to property retained by the patient.

I (PATIENTS FULL NAME IN BLOCK LETTERS) I.W. No. ...........................................
understand that I am responsible for the safekeeping of all cash and property as listed below that has been retained by me:

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>No.</th>
<th>Item</th>
<th>Description</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash £</td>
<td>Spectacles pair</td>
<td></td>
<td>Cheque Book</td>
<td>Hearing aid</td>
<td></td>
</tr>
<tr>
<td>Credit Cards</td>
<td>Denture top</td>
<td></td>
<td>Keys</td>
<td>Denture bottom</td>
<td></td>
</tr>
<tr>
<td>Watch</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Patient: ................................ Print Name: ................................ Date: ..................
Signature of Witness: ................................ Print Name: ................................ Date: ..................
Title: ................................................................

Transfer

<table>
<thead>
<tr>
<th>I confirm patient has all the above items (unless stated)</th>
<th>Comments (e.g. glasses missing or rings missing etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed: ................................ Print Name: ... Date: ....</td>
<td></td>
</tr>
<tr>
<td>Transfer Ward: ................................</td>
<td></td>
</tr>
<tr>
<td>Signed: ................................ Print Name: ... Date: ....</td>
<td></td>
</tr>
<tr>
<td>Receiving Ward: ................................</td>
<td></td>
</tr>
</tbody>
</table>

Transfer

<table>
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<th>I confirm patient has all the above items (unless stated)</th>
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<td></td>
</tr>
<tr>
<td>Transfer Ward: ................................</td>
<td></td>
</tr>
<tr>
<td>Signed: ................................ Print Name: ... Date: ....</td>
<td></td>
</tr>
<tr>
<td>Receiving Ward: ................................</td>
<td></td>
</tr>
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<tbody>
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<td></td>
</tr>
<tr>
<td>Transfer Ward: ................................</td>
<td></td>
</tr>
<tr>
<td>Signed: ................................ Print Name: ... Date: ....</td>
<td></td>
</tr>
<tr>
<td>Receiving Ward: ................................</td>
<td></td>
</tr>
</tbody>
</table>

Top (white) copy to patient/carer. Second copy (yellow) for patient's notes, Third copy (blue) to be retained in book.
PATIENT’S MISSING PROPERTY CHECKLIST

(If a patient’s property is identified to be missing then please complete the following immediately):

<table>
<thead>
<tr>
<th>Patient’s Name: (In Block Capitals)</th>
<th>IW Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward:</td>
<td>Date:</td>
</tr>
<tr>
<td>Detailed Description of Missing Property:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action</th>
<th>Tick</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Search the bed / ward area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Check with all staff on duty.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Inform patients carers / relative(s) and check missing Item(s) have not taken out of the hospital.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Search the non-clinical waste.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Check with Main Reception / Lost Property (ext 4600).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Check with Linen / Laundry Room (ext 4277).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Inform the Risk Management Dept (ext 4063).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Complete an incident form on-line within 12 hours.</td>
<td></td>
<td>Incident form No: WF</td>
</tr>
<tr>
<td>9. Send a copy of this completed form along with the Patients Property Disclaimer form / NHS Patients Property Receipt form and any other information from the patients notes to the Risk Management Dept.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SIGNED:…………………………………...………………….. TITLE:………………………….. DATE:……………………
(please sign & print name)

**PLEASE REMEMBER:** At no time must compensation be offered to the patient / relative / carer. If an individual wishes to make a claim they must write to the Risk Management Dept Office, who will investigate the matter and deal directly with the person concerned.
ISLE OF WIGHT AMBULANCE SERVICE  
DEALING WITH PATIENT’S PROPERTY

Ambulance staff are often placed in a position of trust when they enter private property or deal with vulnerable people, some of whom are incapacitated and unable to look after their possessions.

These patients will want, and expect, their possessions to be cared for by the Ambulance Staff attending.

These possessions can take any form. Often these possessions will be valuable – intrinsically, intellectually or sentimentally.

The utmost integrity and honesty will be adopted by Ambulance Staff when temporarily looking after this property.

Ambulance staff will, therefore:-

- If possible remove items for safe keeping witnessed by a colleague
- Accurately note the details of the property removed on the Patient Clinical Record
- Securely place the items within the attending vehicle
- Inform the patient
- Handover at destination to a responsible person the details of the property, the property itself and have the responsible person sign receipt, after checking again the written note

The destination could be

- The Hospital
- Nursing home
- Patients home

The recipient may not be a Healthcare Professional
PROPERTY DISCLAIMER FOR INPATIENTS ON SEAGROVE WARD

NAME............................................................................... IW Number..............................................

DATE..........................................................................................

Whilst in Hospital it is advisable not to keep large sums of cash, or valuables with you. It is suggested that if you do have cash or valuable items including jewellery, chequebooks, cash or credit cards etc that you may wish to ask a friend of relative to take this home for safe keeping

If you are not able to arrange for someone to take your cash or valuables home or you wish to keep them in the Hospital you are advised to hand them in for safe keeping in the hospital safe facilities.

- I confirm that I have handed in any items of property that I wish to be held for safe-keeping.
- I have signed and received a receipt for any items of property I have handed in.
- If I bring further belongings into the ward I will let my named nurse know if I want them put in the safe. A further receipt will be given.
- I hereby take full responsibility for any item of my property that is not handed in for safekeeping.
- I understand that unless I hand property in for safekeeping and IOW Trust holds no responsibility for damage or loss.
- I have given all medication bought in to the ward to my named nurse.
- Electrical items need to be checked by Estates Department before use.
- Charging leads will be retained by staff and are not allowed in patients bedrooms. Please hand your mobile phone etc in to staff for charging.
- You are reminded that any knives, dangerous articles, illicit substances or alcohol will be removed from you and destroyed by staff in line with Trust Policy.
- For reasons of safety and security certain items are classified as restricted and are not permitted within the unit. The following list is not exhaustive and common sense should prevail:
  - Stereos (excluding personal stereos)
  - Glass bottles or containers
  - Cutlery, knives of any sort
  - Alcohol or drugs (legal or illegal)
  - Tin cans (of either food or drink)
  - Mobile phones with photographic capabilities may only be used for voice conversations, and all mobile phones must be handed to nursing staff when not being used.
  - Edged objects e.g. razors, razor blades, scissors etc.
  - Toiletries which are flammable e.g. deodorant, hairspray
  - Lighters and matches (there is a wall mounted cigarette lighter in the smoking room for you to use).
  - Electrical equipment must be agreed with the nurse in charge and checked by estates.
  - Coat Hangers
  - Pornographic Literature
  - Glue
  - String/wool/rope
  - Dental floss

N.B. These items if present will be stored in a locked cupboard for individual use.

-------------------------------------------------------------------------------
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-------------------------------------------------------------------------------

Patient Signature.............................................................. Date..............................................
Named Nurse Signature.................................................... Date........................................
**Variance Recording**

Document all incidents where a variance from the pathway or associated time/clinical standards has occurred.

**Variance Codes** –
A - Patient refused
B - Patient absent at time intervention due
C – Patients not able to cooperate due to mental state
D – Staffing/resourcing difficulties
Other - please state in reported variance section

<table>
<thead>
<tr>
<th>Date</th>
<th>Variance / Omission</th>
<th>Variance Code</th>
<th>Action taken</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Uncontrolled when printed
PROPERTY DISCLAIMER FOR INPATIENTS AT SEVENACRES

NAME................................................................................... IW Number...........................................

DATE........................................................................................................

Whilst in Hospital it is advisable not to keep large sums of cash, or valuables with you. It is suggested that if you do have cash or valuable items including jewellery, chequebooks, cash or credit cards etc that you may wish to ask a friend of relative to take this home for safe keeping.

If you are not able to arrange for someone to take your cash or valuables home or you wish to keep them in the Hospital you are advised to hand them in for safe keeping in the hospital safe facilities.

☐ I confirm that I have handed in any items of property that I wish to be held for safe-keeping.
☐ I have signed and received a receipt for any items of property I have handed in.
☐ If I bring further belongings into the ward I will let my named nurse know if I want them put in the safe. A further receipt will be given.
☐ I hereby take full responsibility for any item of my property that is not handed in for safekeeping.
☐ I understand that unless I hand property in for safekeeping and IOW Trust holds no responsibility for damage or loss.
☐ I have given all medication bought in to the ward to my named nurse.
☐ Electrical items need to be checked by Estates Department before use.
☐ Charging leads will be retained by staff and are not allowed in patients bedrooms. Please hand your mobile phone etc in to staff for charging.
☐ You are reminded that any knives, dangerous articles, illicit substances or alcohol will be removed from you and destroyed by staff in line with Trust Policy.

-------------------------------------------------------------

Patient Signature.............................................................. Date……………………………..

Named Nurse Signature.................................................... Date……………………………

Variance Recording
Document all incidents where a variance from the pathway or associated time/ clinical standards has occurred

Variance Codes –
A – Patient refused
B – Patient absent at time intervention due
C – Patients not able to cooperate due to mental state
D – Staffing/ resourcing difficulties
Other - please state in reported variance section

<table>
<thead>
<tr>
<th>Date</th>
<th>Variance / Omission</th>
<th>Variance Code</th>
<th>Action taken</th>
<th>Signed</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Patient Property Policy
Version 7

Page 29 of 42
# PAEDIATRIC PATIENTS PROPERTY DISCLAIMER OF RESPONSIBILITY

**CHILDREN’S WARD**

The Isle of Wight NHS Trust accepts no responsibility for the loss of money or loss or damage to property retained by the patient whilst on their premises.

<table>
<thead>
<tr>
<th>Personal Items</th>
<th>Other Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ITEM</strong></td>
<td><strong>DESCRIPTION</strong></td>
</tr>
<tr>
<td>Cash</td>
<td>Spectacles, pair</td>
</tr>
<tr>
<td>Keys</td>
<td>Mobile Phone</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

Signature of Patient/Parent: ___________________________  Print Name: ___________________________  Date: ___________________________

Signature of Witness: ___________________________  Print Name: ___________________________  Date: ___________________________

Title: ___________________________  Date: ___________________________

## Transfer

<table>
<thead>
<tr>
<th>I confirm patient has all the above items (unless stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed: ___________________________  Print Name: ___________________________  Date: ___________________________</td>
</tr>
<tr>
<td>Transferring Ward: ___________________________  Date: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments (eg glasses missing or rings missing etc)</th>
</tr>
</thead>
</table>

## Daily Check

<table>
<thead>
<tr>
<th>I confirm patient has all the above items (unless stated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed: ___________________________  Print Name: ___________________________  Date: ___________________________</td>
</tr>
<tr>
<td>Signed: ___________________________  Print Name: ___________________________  Date: ___________________________</td>
</tr>
<tr>
<td>Signed: ___________________________  Print Name: ___________________________  Date: ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments (eg glasses missing or rings missing etc)</th>
</tr>
</thead>
</table>
## Patient Property Checklist

To be completed on admission for all patients and checked daily. Indicate any items taken home by friends or family.

<table>
<thead>
<tr>
<th>Date</th>
<th>Cash</th>
<th>Credit/debit card</th>
<th>Cheque book</th>
<th>Keys</th>
<th>Mobile phone</th>
<th>Jewellery</th>
<th>Hearing aid</th>
<th>Glasses</th>
<th>Dentures</th>
<th>Top/bottom</th>
<th>Signature</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

If any property is missing, it must be reported to the nurse in charge immediately and the missing property checklist implemented.

---

Risk Assessment - Approved version 4 26/02/13
CHECKLIST FOR THE DEVELOPMENT AND APPROVAL OF CONTROLLED DOCUMENTATION

To be completed and attached to any document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Title of document being reviewed:</th>
<th>Y/N/Unsure</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Title/Cover</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the title clear and unambiguous?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Does the title make it clear whether the controlled document is a guideline, policy, protocol or standard?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>2. <strong>Document Details and History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have all sections of the document detail/history been completed?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>3. <strong>Development Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the development method described in brief?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Are people involved in the development identified?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>4. <strong>Review and Revision Arrangements Including Version Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the review date identified?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is the frequency of review identified? If so, is it acceptable?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Are details of how the review will take place identified?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Does the document identify where it will be held and how version control will be addressed?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>5. <strong>Approval</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the document identify which committee/group will approve it?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Consultation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have evidence of who has been consulted?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>7. <strong>Table of Contents</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the table of contents been completed and checked?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>8. <strong>Summary Points</strong></td>
<td></td>
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</tr>
<tr>
<td>Have the summary points of the document been included?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>9. <strong>Definition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is it clear whether the controlled document is a guideline, policy, protocol or standard?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Title of document being reviewed:</td>
<td>Y/N/Unsure</td>
<td>Comments</td>
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<td>----------------------------------</td>
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<tr>
<td>10. <strong>Relevance</strong></td>
<td></td>
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</tr>
<tr>
<td>Has the audience been identified and clearly stated?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>11. <strong>Purpose</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the reasons for the development of the document stated?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>12. <strong>Roles and Responsibilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the roles and responsibilities clearly identified?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>13. <strong>Content</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the objective of the document clear?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is the target population clear and unambiguous?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Are the intended outcomes described?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Are the statements clear and unambiguous?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>14. <strong>Training</strong></td>
<td></td>
<td></td>
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<tr>
<td>Have training needs been identified and documented?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>15. <strong>Dissemination and Implementation</strong></td>
<td></td>
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<tr>
<td>Is there an outline/plan to identify how this will be done?</td>
<td>Y</td>
<td></td>
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<tr>
<td>Does the plan include the necessary training/support to ensure compliance?</td>
<td>Y</td>
<td></td>
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<tr>
<td>16. <strong>Process to Monitor Compliance and Effectiveness</strong></td>
<td></td>
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<tr>
<td>Are there measurable standards or Key Performance Indicators (KPIs) to support the monitoring of compliance with and effectiveness of the document?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is there a plan to review or audit compliance within the document?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Is it clear who will see the results of the audit and where the action plan will be monitored?</td>
<td>Y</td>
<td></td>
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<tr>
<td>17. <strong>Associated Documents</strong></td>
<td></td>
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<tr>
<td>Have all associated documents to the document been listed?</td>
<td>Y</td>
<td></td>
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<tr>
<td>18. <strong>References</strong></td>
<td></td>
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</tr>
<tr>
<td>Have all references that support the document been listed in full?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>19. <strong>Glossary</strong></td>
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<tr>
<td>Has the need for a glossary been identified and included within the document?</td>
<td></td>
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<tr>
<td>20. <strong>Equality Analysis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has an Equality Analysis been completed and included with the document?</td>
<td>Y</td>
<td></td>
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<tr>
<td>21. <strong>Archiving</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have archiving arrangements for superseded documents been addressed?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Has the process for retrieving archived versions of the document been identified and included within?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Title of document being reviewed:</td>
<td>Y/N/Unsure</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------</td>
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<tr>
<td><strong>22. Format and Style</strong></td>
<td></td>
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</tr>
<tr>
<td>Does the document follow the correct style and format of the Document Control Procedure?</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td><strong>23. Overall Responsibility for the Document</strong></td>
<td></td>
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</tr>
<tr>
<td>Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

**Committee Approval**
If the committee is happy to approve this document, please sign and date it and forward copies for inclusion on the Intranet.

<table>
<thead>
<tr>
<th>Name of Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Signature of Chair</td>
</tr>
</tbody>
</table>
IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Summary of Impact Assessment (see next page for details)

<table>
<thead>
<tr>
<th>Document title</th>
<th>Patient Property Policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manpower Costs</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Staff</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td>Nil</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Summary of Impact:

Risk Management Issues:

Benefits / Savings to Trust:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If “YES” please specify:

Use additional sheets if necessary.
IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<table>
<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operational running costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional staffing required - by affected areas / departments:</td>
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<tr>
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<td></td>
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<tr>
<td>Totals:</td>
<td>Nil</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected areas / departments</td>
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<tr>
<td>e.g. 10 staff for 2 days</td>
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</tr>
<tr>
<td>Totals:</td>
<td>Nil</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery / publicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolling replacement of equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td>Nil</td>
<td></td>
</tr>
</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:

Signature & date of financial accountant:

Funding / costs have been agreed and are in place:

Signature of appropriate Executive or Associate Director:
IMPACT ASSESSMENT ON DOCUMENT IMPLEMENTATION - CHECKLIST

Points to consider

Have you considered the following areas / departments?

- Have you spoken to finance / accountant for costing?
- Where will the funding come from to implement the policy?
- Are all service areas included?
  - Ambulance
  - Acute
  - Mental Health
  - Community Services, e.g. allied health professionals
  - Public Health, Commissioning, Primary Care (general practice, dentistry, optometry), other partner services, e.g. Council, PBC Forum, etc.

Departments / Facilities / Staffing

- Transport
- Estates
  - Building costs, Water, Telephones, Gas, Electricity, Lighting, Heating, Drainage, Building alterations e.g. disabled access, toilets etc
- Portering
- Health Records (clinical records)
- Caretakers
- Ward areas
- Pathology
- Pharmacy
- Infection Control
- Domestic Services
- Radiology
- A&E
- Risk Management Team / Information Officer– responsible to ensure the policy meets the organisation approved format
- Human Resources
- IT Support
- Finance
- Rolling programme of equipment
- Health & safety/fire
- Training materials costs
- Impact upon capacity/activity/performance
Equality Analysis and Action Plan

This template should be used when assessing services, functions, policies, procedures, practices, projects and strategic documents.

STEP 1 Identify who is responsible for the equality analysis.

Name: Pauline Woodford
Role: Risk Administrator

Other people or agencies who will be involved in undertaking the equality analysis:

<table>
<thead>
<tr>
<th>Protected Groups</th>
<th>Staff</th>
<th>Service Users</th>
<th>Wider Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Reassignment</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex and Sexual Orientation</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnerships</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Rights</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and Maternity</td>
<td>YES</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STEP 2 Establishing relevance to equality
Show how this document or service change meets the aims of the Equality Act 2010?

<table>
<thead>
<tr>
<th>Equality Act – General Duty</th>
<th>Relevance to Equality Act General Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eliminates unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act.</td>
<td></td>
</tr>
<tr>
<td>Advance equality of opportunity between people who share a protected characteristic and people who do not share it</td>
<td></td>
</tr>
<tr>
<td>Foster good relations between people who share a protected characteristic and people who do</td>
<td></td>
</tr>
</tbody>
</table>
STEP 3  Scope your equality analysis

<table>
<thead>
<tr>
<th>Scope</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the purpose of this document or service change?</td>
<td>To ensure that staff are aware of their responsibilities around looking after patient property within the hospital</td>
</tr>
<tr>
<td>Who will benefit?</td>
<td>Patients</td>
</tr>
<tr>
<td>What are the expected outcomes?</td>
<td>Decrease in patient property losses</td>
</tr>
<tr>
<td>Why do we need this document or do we need to change the service?</td>
<td>To prevent patient property losses within the hospital and outlying areas.</td>
</tr>
</tbody>
</table>

It is important that appropriate and relevant information is used about the different protected groups that will be affected by this document or service change. Information from your service users is in the majority of cases, the most valuable.

Information sources are likely to vary depending on the nature of the document or service change. Listed below are some suggested sources of information that could be helpful:

- Results from the most recent service user or staff surveys.
- Regional or national surveys
- Analysis of complaints or enquiries
- Recommendations from an audit or inspection
- Local census data
- Information from protected groups or agencies.
- Information from engagement events.

STEP 4  Analyse your information.

As yourself two simple questions:

- What will happen, or not happen, if we do things this way?
- What would happen in relation to equality and good relations?

In identifying whether a proposed document or service changes discriminates unlawfully, consider the scope of discrimination set out in the Equality Act 2010, as well as direct and indirect discrimination, harassment, victimization and failure to make a reasonable adjustment.

Findings of your analysis

<table>
<thead>
<tr>
<th>Description</th>
<th>Justification of your analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>No major change</td>
<td>Your analysis demonstrates that the proposal is robust and the evidence shows no potential for</td>
</tr>
</tbody>
</table>
STEP 5 Next steps.

5.1 Monitoring and Review.
Equality analysis is an ongoing process that does not end once the document has been published or the service change has been implemented.

This does not mean repeating the equality analysis, but using the experience gained through implementation to check the findings and to make any necessary adjustments.

Consider:

<table>
<thead>
<tr>
<th>How will you measure the effectiveness of this change?</th>
</tr>
</thead>
<tbody>
<tr>
<td>When will the document or service change be reviewed?</td>
</tr>
<tr>
<td>Who will be responsible for monitoring and review?</td>
</tr>
<tr>
<td>What information will you need for monitoring?</td>
</tr>
<tr>
<td>How will you engage with stakeholders, staff and service users?</td>
</tr>
</tbody>
</table>

5.2 Approval and publication
The Trust Executive Committee / Policy Management Group will be responsible for ensuring that all documents submitted for approval will have completed an equality analysis.

Under the specific duties of the Act, equality information published by the organisation should include evidence that equality analyses are being undertaken. These will be published on the organisations “Equality, Diversity and Inclusion” website.

Useful links:
Equality and Human Rights Commission