



## Policy for Care of Patient's Property Clin Corp 72

### Target Audience

Who should read this policy:	Planned Care CBU	Urgent Care CBU	Specialist Services CBU	Corporate
All Staff	✓	✓	✓	✓



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## EXPLANATION OF TERMS USED IN THIS POLICY

### **Property**

For the purpose of this policy, property includes money and any other personal property.

### **Valuables**

For the purpose of this policy, valuables include any item of value (including but not limited to monetary value). This would include

Credit cards

Cash

Portable electronic devices

Jewellery

Personal documents

Handbag /wallet

Home and car keys

Mobile phone

Watches

### **Deposited Property**

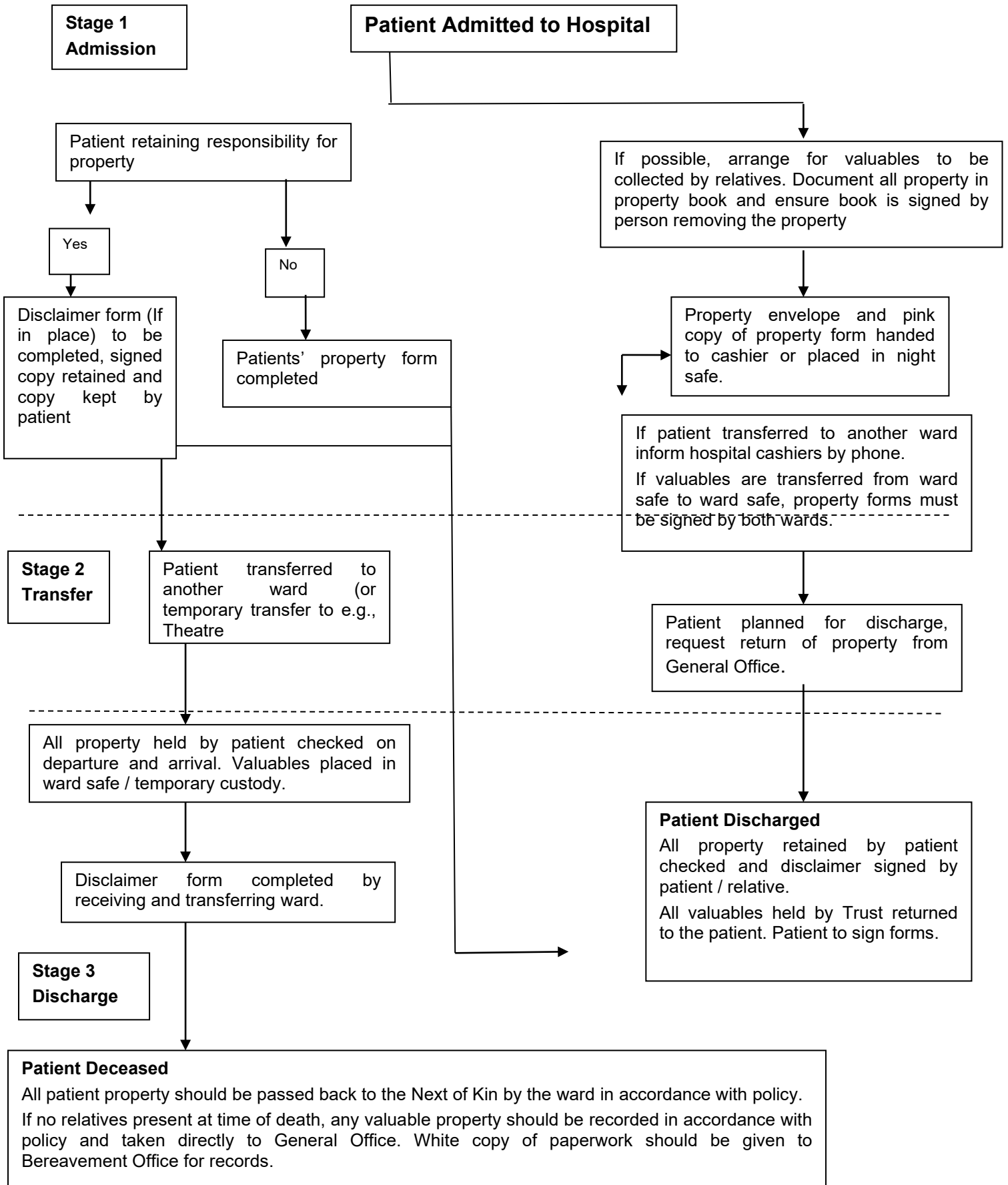
This is property which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.

### **Un-deposited Property**

This is property which patients retain with them on the Trust's premises.

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# FLOWCHART



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## 1. INTRODUCTION

The National Health Service (NHS) Protect has recognised that patient property needs to be managed appropriately by NHS organisations. This policy sets out the key processes for managing patient property in Southport and Ormskirk Hospital NHS Trust. The policy will enable the Trust to meet its legal responsibilities set out by secretary of state directions, commissioning contract and statutory regulations.

## 2. PURPOSE

The purpose of this policy is to ensure that appropriate measures are in place for the secure management of patient's property, so that the risk of loss or damage to the property is minimised. This is part of delivering a safe and secure environment of care in line with statutory and regulatory obligations.

The Trust aims to:

- Provide an environment where the risk of loss or damage to personal property is minimised.
- Minimise the organisations liability for lost or damaged property
- Ensure that the loss or damage to property is dealt with swiftly and effectively.

## 3. OBJECTIVES

This policy applies to all clinical areas within Southport and Ormskirk Hospital NHS Trust. The policy applies to all staff, clinical and non-clinical, full and part time and Trust volunteers, locum and agency staff.

Patient property should be documented through all phases of their visit to hospital and should commence when the patient arrives at hospital which quite often is via Emergency Department.

## 4. SECURE MANAGEMENT OF PATIENTS PROPERETY PROCESS

This section sets out the key principles for the secure management of all patients' property in all phases of the patients' stay (see Appendix A).

### 4.1 Engagement with patients and their relatives / carers.

Elective admissions/ day cases will receive an information leaflet prior to admission with the letter confirming the date of their admission.

As part of the admission procedure all patients must be advised that the Trust does not accept liability for any valuable property lost or stolen during their stay in hospital, unless the property is given to the Trust staff to be put into safe keeping. Patient property will be documented on nursing documentation through all phases of the patient stay, including checking of property on transfer between wards.

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All patients must be given the opportunity to deposit valuable property in safe keeping. The Trust information leaflet pack should be available to all admissions.

#### 4.1 **Vulnerable Persons**

All property must be checked and listed for patients who are unable to take responsibility for their own property (e.g., unconscious or confused patients). The patients copy should be stored in the patient's case notes.

Patients who are admitted as an unplanned admission receive information within the patient's information pack held on the ward. The same principles are applied as above, valuables should be handed over for safe keeping, and patients need to be informed that the Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping. Also, the patient should be advised to keep property to a minimum and any items which are not needed should be handed to a relative or carer to take home.

#### 4.2 **Documentation**

Patient property which is remaining with the patient will be documented on nursing documentation through all phases of the patient stay, including checking of property on transfer between wards the patient should sign the relevant nursing documentation to indicate that they take responsibility for the safe custody of their property.

For property, which is deposited for safekeeping, a formal record of all property handed in by the patient should be taken using the property books available in each area. It is essential that there be a single, unambiguous record of any deposited property. The valuables book is a controlled piece of stationery and should be signed out from the finance department. There should only be 1 book per area. This should be kept in a secure area and should be always available for use and inspection by authorised staff. The patient should be informed that the Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping.

On death the valuable and patient property details should be listed on the patient property form and on the ADA form.

#### 4.3 **Systems for the secure storage and transfer of patients' property**

##### **Deposited Property**

Deposited property must be checked by **two** members of ward staff so there is witness, and recorded in the patient's valuable property book as follows:

The top portion of the form (both sides) of the valuable property record must be completed in triplicate by the person accepting the property. The cash amount must be recorded, and other property detailed. Watches and jewellery must be recorded as yellow metal or white metal; on no account must it be referred to as gold or silver.

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In-patients should be advised that if their stay is expected to be longer than 5 days, and they have more than £100.00 cash, then this will be returned in the form of a bank transfer.

The right-hand side of the deposit property form must be signed and witnessed by another member of staff from the ward. The patient must also sign the form where possible. Any alteration to the form must be crossed out with a single line (Tippex must not be used) and initialled by both parties. Any cancellation of the form must be struck through the whole page with two lines and “cancelled”, written between the two lines, the forms must remain in the book on the ward/department

The top right-hand copy should then be given to the patient. The two pink copies and the other white copy must be attached to the property envelope along with the patient’s valuable property and sealed. Both members of staff who witnessed the form must sign across the seal of the envelope. The patient should also sign wherever possible. The blue copy of the form must remain in the book on the ward. If it is not possible to give the copy to the patient, it should be stored in the patient’s case sheets.

The property envelope is the responsibility of both members of staff who have checked and witnessed the property, and it remains their responsibility until the envelope is deposited with the General Office/Cashier’s Office, or in the night safe. During office hours, it is essential that a member of staff who has witnessed the property and signed the forms, takes the envelope to the General Office/Cashier’s Office, and signs the white copy along with a member of the General Office/Cashier’s Office. The white copy should be returned to the ward and attached to the blue copy in the book held on the ward.

In exceptional circumstances, where the envelope cannot be taken to the General Office/Cashier’s Office immediately, the envelope must be kept in the ward safe (If there is a ward safe available, if not this must be kept in a bedside locker) and the deposit of this to be witnessed by both members of staff involved in the record, until it can be taken to General Office/Cashier’s Office/night safe or it can be collected by a member of staff from the General Office/Cashier’s Office. It is the responsibility of both staff on the ward to ensure that the property envelope has been taken to General Office/Cashier’s Office/night safe, before they go off duty.

#### 4.4 Variations to deposited property and full or partial withdrawals

If the list of items changes for any reason it is good practice to create a new entry in the property book. Two members of staff are responsible for ensuring the amendments are documented within the new entry in the patient property book, one must be a qualified member of staff. **Amending an existing entry by adding or removing items should not occur**, as this may give rise to disputes about the legitimacy of the amendments and compromises the document.

#### 4.5 Short Term Custody

Some patients may require safe custody of valuable property should be recorded in the Short-Term custody property book, placed in a “valuable property envelope”

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and the seal signed by both patient and nurse. The property is then placed in a secure cupboard and the key is kept with the nurse in-charge of the ward.

Two members of ward staff must be present each time the security cupboard is opened. On returning the property the patient signs the Short-Term custody book for receipt of the property. On no account should the controlled drug cupboard be used to store patient's property.

Property placed in the secure cupboard for short term custody must be returned to the patient on the same day. If the patient is unable to accept return of property at that time the procedure for care of patients' valuable property must be followed and the property sent to General Office/Cashier's Office.

#### **4.6 Undeposited Property**

Patients will need to keep personal clothing, day or nightwear, toilet items, hearing aids, dentures and spectacles with them as they are necessary to assist in normal activities of daily living. Staff should take special care and assist patients to look after these items as their loss can cause severe distress and upset to the patient and their relatives.

Common precautions include the use of carrying cases and labelling the items with the patient's name should be taken at all times.

Patient property which is remaining with the patient will be documented on nursing documentation through all phases of the patient stay, including checking of property on transfer between wards. The patient should sign the documentation to indicate that they take responsibility for the safe custody of their property, which is a disclaimer by the Trust, if property goes missing providing the patient has capacity to manage their own property. If a patient refuses to sign the disclaimer, this must be documented in the patient nursing records.

During the patients in patient stay there may be variations in undeposited property. If there are discrepancies found, then ward /department staff will contact relatives to ensure the property has not been taken home and a local search will be made of the department /wards and previous wards or department will be contacted

#### **4.7 Transfers**

All patients' property should be listed prior to transfer. The list must be signed by the person who has listed the property. Staff must ensure that the patient's valuable property is retrieved from the General Office/Cashier's Office prior to transfer, during office hours.

If emergency transfer General Office/Cashier's Office should be informed next working day. If a patient is transferred into the hospital, all property coming into the Trust with the patient should be checked against the list that came from the transferring area. Any discrepancies should be immediately highlighted and promptly investigated. Communication between the two areas is essential for this to happen.

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When a patient is transferred to a different ward or NHS organisation, the patient's property must be covered in the handover between the transferring wards/departments as a matter of routine.

#### **4.8 Discharge**

Any property handed to the General Office/Cashier's Office for safe keeping can only be recovered during office hours. Patients who may be discharged over the weekend should be advised to recover anything they may need e.g., house keys, on the Friday afternoon.

General Office/Cashier's Office should be informed when a patient requires any property to be returned, they will ensure the property is returned to the patient, and that the patient signs for the receipt of the property.

#### **4.9 Missing or damaged property**

If a patient's deposited property is reported as missing, staff responsible for storage should commence a full investigation and complete an incident form. If the property cannot be found, or if there are suspicious circumstances, staff should inform the Security Manager/Health & Safety Team. It will be the Trusts security Manager/Health & safety Team's responsibility to inform the police if the loss is suspected to have resulted from criminal action.

If a patient's property becomes damaged whilst in the Trusts custody, the reasons why this has happened should be determined. The patient should be informed immediately. They should also be reminded that the Trust will not accept liability for such losses. The patient can make a formal complaint and they should be informed how to do so. This may lead to a claim for compensation.

#### **4.10 Mental capacity and the management of patient's property**

The Mental Capacity Act introduced a framework by which health care professionals can make decisions on behalf of patients who lack the capacity to do so and sets out how they can. This also applies to any decisions made about patient's property. When a patient needs to make a decision, staff should always assume that the patient has capacity to make it and should make every effort to help them to make the decision themselves. If the patient does not have capacity, a two-stage capacity test should be completed before carrying out any treatment or making any decisions on the patient's behalf. Any decision made should be in the patients 'best interests'. Before making any decisions in relation to patient's property, when the patient lacks capacity, staff should consider if there is anyone with authority to make decisions on behalf of the patient. This may be someone who has a 'Lasting Power of Attorney' for property and affairs, or a Deputy appointed by the Court of Protection. In practice, the deputy may often be a relative or friend of the patient. Usually, if a patient has relatives or carers who are responsible for their welfare, they should be included in any decision making (Trust Policy Clinical Corporate 61) provides further detail on MCA and its application. Appropriate records of the two-stage capacity test and any best interest's decisions

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should be documented. This will enable staff to demonstrate that they have acted in accordance with the Mental Capacity Act.

#### **4.11 Death**

There are two distinct procedures which must be followed when dealing with personal belongings following the death of a patient.

#### **4.12 Valuables**

Valuables include for example - cash, credit cards, jewellery, personal documents, etc. The only exception being a wedding ring which is usually left in place or other rings which are not removable due to swelling or deformity of the fingers or where it has been the request of a patient or relatives for items of jewellery to be left on the body. If the deceased patient is wearing a wedding ring or other items of jewellery, please state this fact on the patient's nursing documentation and All Deaths Audit (ADA) form, using sensitive terminology for example "Ring left with ..." state patient's name. All jewellery should be described as either yellow metal or white metal not gold or silver. Likewise stones in jewellery should be described by their colour for example, white stone, not diamond.

All other valuables should be removed from the body, patients' belongings and details should then be entered in the ward property book.

Procedures are the same deposited property processes; valuables should be checked by two people and placed on the outside of the property envelope along with two pink and one white copy from the ward property book and valuable property book. The envelope should be sealed and then signed across the seal.

If not collected by the Next of Kin at the time of death and it is during normal office hours, the member of staff who has completed the deposited property documentation will take the property envelope, containing valuables to the General Office/Cashier's Office. The next of kin must sign the property book as proof of receiving the items. The relevant (white) copy should also be passed to the mortuary in the event of a patient death.

If the Next of Kin is not present and it is outside normal office hours, the nurse in charge of the ward must ensure that valuables are placed in a property envelope which is then deposited in the night safe on the main corridor, ground floor of Southport hospital and the main corridor level 2 of Ormskirk hospital to be collected by a member of the General Office/Cashier's Office staff, the morning of the next working day.

Wherever possible, dentures should be placed in the deceased's mouth, otherwise placed in a clean dry container clearly labelled with the patients details, documented and sent with the body. Ensuring dentures are sent with the deceased or placed in the mouth is of paramount importance. Relatives can become very distressed if the teeth are lost or mislaid and it adds to their grief.

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The nurse must ensure that belongings do not contain valuable items, for example, in pockets and bags.

#### **4.13 Used and soiled items of clothing**

Used and soiled items of clothing should be sealed in a red alginate bag, the red alginate bag should then be placed & sealed in a white bag and handed to the family member. In situations where this is not possible then the clothing should be discarded in line the with the Trust Waste Management Policy.

#### **4.14 Other property**

All the property should then be listed and placed in a patient white and black property bag which is ordered through supplies ordering process and the list of items placed inside the bag. The patient's name and case note number should be clearly displayed on the property bag. This should be stored in a secure place on the ward for collection by the deceased's relatives.

When more than one container is used, for example suitcases or bags, each should be separately and clearly labelled.

#### **4.15 Unclaimed and lost property**

Unclaimed property relates to those items left behind by patients or relatives following the patients discharge, transfer or death. Lost property refers to the items found on the Trusts premises potentially because they have been lost by their owner during a visit to the trust.

Every effort should be made to return the items to their owners. This is particularly important in the case of valuable items. If this is not possible, the items should be sent to General Office for safekeeping **within 4 hours** of the property being found.

If the details of the patient are known, the Trust should write to the patient or their representative asking them to return to the Trust to collect the property, this is the responsibility of the ward where the property book has been filled in for the patient. If this fails further attempts should be made. This should all be documented.

If all attempts at contact fail, the items should be kept for a reasonable time prior to disposal. The processes of Southport and Ormskirk Hospital NHS Trust policy, Corporate 24, Losses & Special Payments policy will be followed. Low value property should be kept for a reasonable period, usually three months. Valuable items should be kept for a reasonable time before disposal, the Trust will keep such items for a minimum of 6 years.

If the items are of low value, the requirements are less stringent. The attempts at contacting the patient remain the same as for valuables. Soiled items are an exception and can be destroyed or disposed of immediately.

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After these retention periods, the Trust will donate any unclaimed property to a charity of its choice or organise the re-sale of any items to which proceeds will be donated to the Trust's S&O charity. Non-value items will be disposed of.

A flow chart to act as an easy source reference for staff regarding the management of deposited property is at Appendix 2.

#### **4.16 Patient Property in Therapy Areas**

##### **4.16.1 Rehabilitation**

Patients who attend the Trust for Rehabilitation (Physiotherapy & Occupational Therapy) retain their property on their person.

Any items that left in the Trust are taken to General Office as soon as practicable.

##### **4.16.2 Radiology & other short stay procedures**

Patient who attends for Radiology examinations and other short stay procedures, may leave property in lockers that are provided for the safe keeping of personal property.

### **5 PROCEDURES CONNECTED TO THIS POLICY**

None

### **6 LINKS TO RELEVANT LEGISLATION AND STANDARDS**

#### **6.1 Links to Relevant Legislation**

None

#### **6.2 Links to Relevant National Standards**

NHS Protect: Guidance for NHS health bodies on the secure management of patient property July 2012.

#### **6.3 Links to other key policy/s**

Southport & Ormskirk Hospital NHS Trust Corporate Governance Manual/Standing Financial Instructions

Policy for the Reporting and Management of Incidents (RM06)

Losses and Special Claims Policy (Corp 24)

Policy and Procedure for Handling of Clinical Negligence, Employers and Public Liability Claims (RM18).

#### **6.4 References**

Not Applicable

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## 7 ROLES AND RESPONSIBILITIES FOR THIS POLICY

Title	Role	Responsibilities
Staff Nurses and all other staff	Adherence	<p>Staff Nurses (or midwives) are responsible for ensuring that all patients' property is documented following the correct procedure and in a timely way. When property is documented, this must normally be checked and witnessed by at least one qualified nurse or midwife.</p> <p>Staff Nurse or midwives are also responsible for making patients and their representatives aware of their rights and responsibilities in this area and make them aware of the NHS Organisations policies and procedures with regards to patient property.</p> <p>All staff are responsible for ensuring that all patients' property is documented following the correct procedure and taken to the General office immediately during office hours or on the next working day following receipt of the patient property. All staff are responsible for completing appropriate documentation and for the implementation of the policy.</p>
Complaints team	Advice	The Complaints team will provide assistance and support patients in relation to the management of their property by the Trust. If there are issues relating to patient property, they will provide information about the complaint's procedure; assist the patient with claims for compensation, and liaison with relevant departments to facilitate investigations about missing property.
Bereavement Service	Support	The Bereavement Service provides a supportive role to bereaved relatives and friends.
General Office	Storage	The General office will provide a central safekeeping facility for valuables taken into the care of Southport and Ormskirk Hospital NHS Trust and log all items on the day of receipt.
Ward Clerks and Admin Staff/ Porters and Domestic teams	Compliance	The Ward clerks and supporting administration staff are responsible for ensuring that the correct patient property documentation is available and to liaise with the General office about and any property held.

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Title	Role	Responsibilities
		Porters and Domestic Teams must inform the ward of any property found and ensure this is handed to the nurse in charge to ensure that the enclosed processes within this policy are followed.
Ward, Clinical and Departmental Managers	Adherence	<p>All Managers are responsible for: informing staff, on appointment, of their responsibilities and duties for the administration of patients' policy. They are also responsible for ensuring the policy, and all other relevant policies and procedures, are implemented in the department, ward or unit.</p> <p>When patient property is reported as missing the managers are responsible for initiating local searches and informing the patient of the outcome of the search.</p>
Security Manager/Health & safety Team	Advisory	<p>The Local Security Management Specialists are responsible for taking forward security management work locally in accordance with national standards. In liaison with key colleagues, they promote security management, which includes the security of patient property.</p> <p>The local security management specialists respond to incidents and security breaches relating to patient's property and review any themes or trends.</p>
Asst Directors of Nursing (ADN's)/Matrons and Service Managers	Compliance	The ADN's and Matrons are responsible for ensuring that the Trust policy on patient property is complied with within all areas of their responsibility.
Associate Medical Directors and Clinical Directors	Compliance	The Associate Medical Directors and Clinical Directors are responsible for ensuring that the Trust policy on patient property is complied with within all areas of their responsibility.
Executive Directors	Compliance	The Executive Directors are responsible for ensuring that the Trust policy on patient identification is complied with within all areas of their responsibility.
Executive Director of Finance		Executive Director of Finance is responsible for implementing the NHS health body's financial policies, including those relating to patients' monies and other property.

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Title	Role	Responsibilities
		<p>The Director of Finance is responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to their premises) for all staff whose duty is to administer, in any way, the property of patients. The Director of Finance is also responsible for agreeing arrangements for opening and operating separate accounts for patient's monies.</p> <p>The Director of Finance is also responsible for leading and communication at Executive Board level on security management in the organisation.</p>
Chief Executive	Accountable	<p>The Chief Executive is responsible for monitoring and ensuring compliance with the Secretary of State Directions on NHS security management with security management provisions in NHS commissioning contracts, and with all other relevant statutory, regulatory and contractual requirements. This includes overall responsibility for controlling and coordinating security.</p> <p>With specific regard to patients' property, the Chief Executive is responsible for ensuring that patients or their guardians are informed before or at admission that the NHS health body will not accept responsibility or liability for patient property brought onto premise unless handed in for safe custody.</p>

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## 8 TRAINING

What aspect(s) of this policy will require staff training?	Which staff groups require this training?	Is this training covered in the Trust's Mandatory and Risk Management Training Needs Analysis document?	If no, how will the training be delivered?	Who will deliver the training?	How often will staff require training?	Who will ensure and monitor that staff have this training?
Ward Procedures	All ward based staff	No	At operational level	Senior Nurse(s)	Upon commencement of employment	Senior Nursing staff at ward level.

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## 9 EQUALITY ANALYSIS ASSESSMENT

Southport & Ormskirk Hospital NHS Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group. The Equality Impact Assessment for this policy is readily available from the policy coordinator. If you require this policy in a different format e.g., larger print, Braille, different languages or audio tape, please contact the Trust Secretariat/Corporate Governance.

EQUALITY ANALYSIS ASSESSMENT	
Analysis Completed By	Matt Stephen
Date Completed	23/05/2022
Barriers Identified	None
Action Plan Completed	N/a
Nominated lead for Managing Action Plan	N/a
Completed Assessments held by	Matt Stephen

## 10 DATA PROTECTION AND FREEDOM OF INFORMATION

This statement reflects legal requirements incorporated within the Data Protection Act and Freedom of Information Act that apply to staff who work within the public sector. All staff have a responsibility to ensure that they do not disclose information about the Trust's activities in respect of service users in its care to unauthorised individuals. This responsibility applies whether you are currently employed or after your employment ends and in certain aspects of your personal life e.g., use of social networking sites etc. The Trust seeks to ensure a high level of transparency in all its business activities but reserves the right not to disclose information where relevant legislation applies.

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## 11 MONITORING THIS POLICY IS WORKING IN PRACTICE

All policies and procedure must identify the arrangements that are in place for ensuring and monitoring compliance. This should include ensuring compliance with all external requirements, such as legal requirements, Care Quality Commission standards, NHS Resolution Risk Management Standards and Monitor Compliance.

Methods may include:

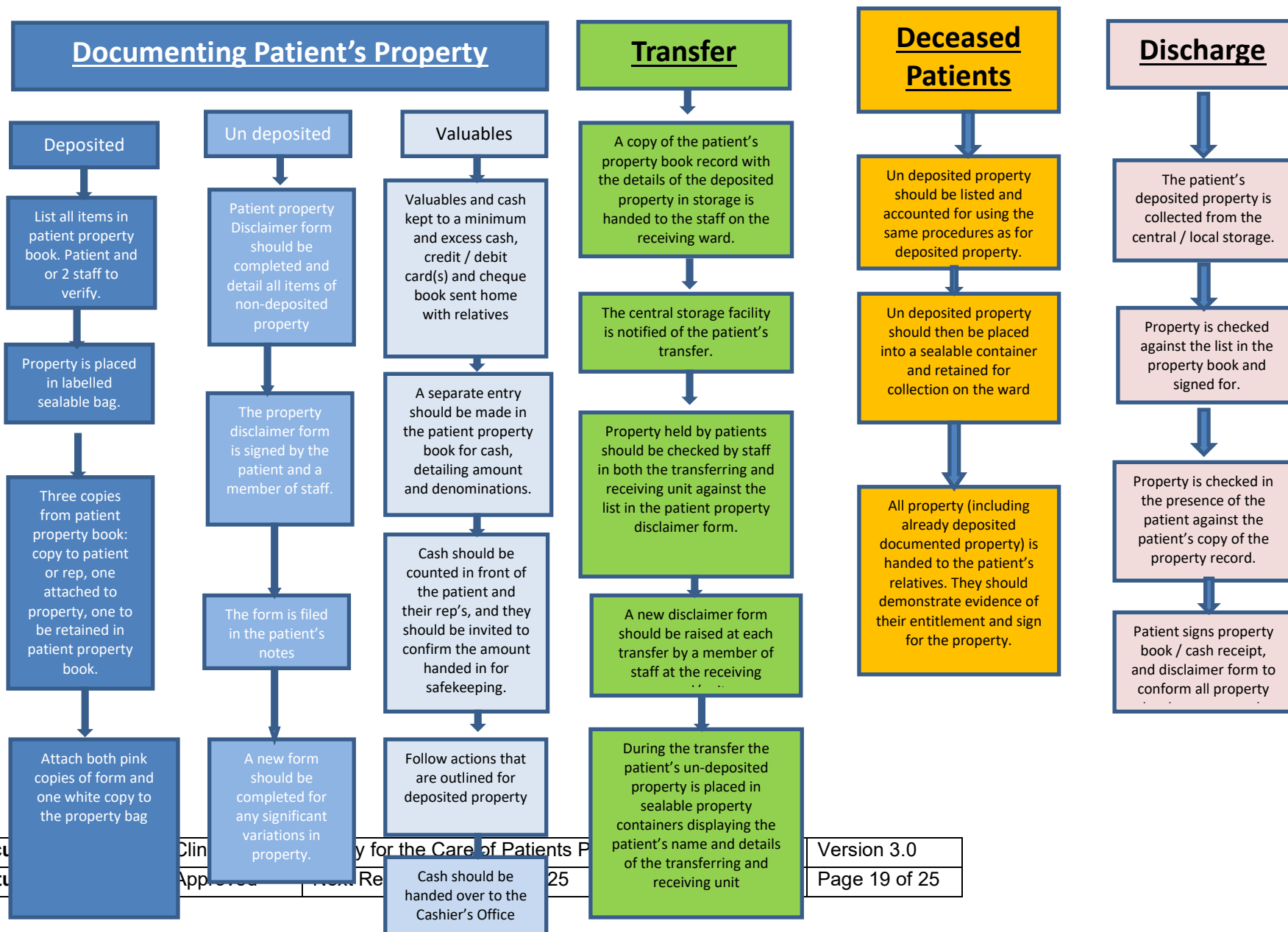
- monitoring and analysis of incidents, performance reports and training records;
- reports to assurance committees and the Board
- audit;
- checklists;
- monitoring of delivery of actions plans through CBUs and departments.

Using the table below identify how the Trust will ensure that the policy is working effectively in practice

Monitoring this policy is working in practice What key elements will be monitored? (measurable policy objectives)	Where described in the policy?	How will they be monitored? (method + sample size)	Who will undertake this monitoring?	How Frequently?	Group/Committee that will receive and review results	Group/Committee to ensure actions are completed	Evidence this has happened
Audit to ensure the Implementation and adherence to the policy.	Section 4	Review of nursing documentation for patient property as per policy	Heads of Nursing	Annual	Quality and Safety Committee	Quality and Safety Committee	Documentation Audit(s)

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12 **12.1 Appendix 1 - Guidance for NHS Organisations on the Secure Management of Patients' Property**

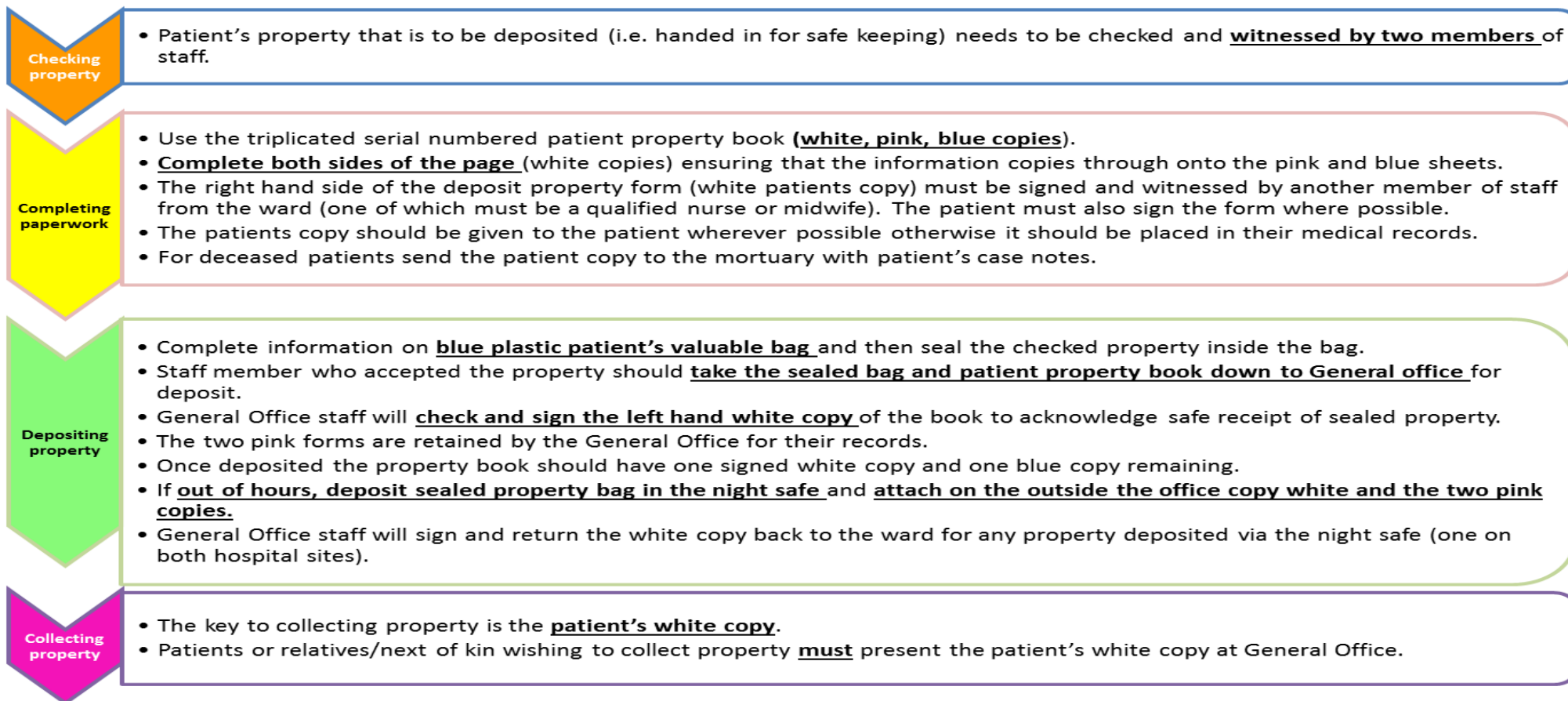


**12.2 Appendix 2**

**Flow Chart Regarding Deposited Patient's Property**

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## Deposited Patient's Property



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## Policy Implementation Plan

An Implementation template document for policy leads to use is available in a Word document on the intranet

<b>Policy Title</b>	Policy for the Care of Patients Property
<b>Is this New or revision of an existing policy</b>	Revision
<b>Name and role of Policy Lead</b>	Matt Stephen (Asst Director of Integrated Governance)
<b>Give a Brief Overview of the Policy</b>	
This policy sets out the Trust's organization and arrangement for managing patient's property.	
<b>What are the main changes in practice that should be seen from the policy?</b>	
There are no changes in practice. Some policy amendments have been made following a review from MIAA.	
<b>Who is affected directly or indirectly by this policy?</b>	
All staff who handle patient's property.	

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Implications

Implications	
<b>Will staff require specific training to implement this policy and if yes, which staff groups will need training?</b>	
<p><b>Explain the issues?</b></p> <p>Staff who handle patient property must be trained in the correct procedures to be followed.</p>	<p><b>Explain how this has been resolved</b></p> <p>This should be addressed as part of induction processes at operational level in the Trust.</p>
<b>Are other resources required to enable the implementation of the policy e.g. increased staffing, new documentation?</b>	
<p><b>Explain the issues?</b></p> <p>N/A</p>	<p><b>Explain how this has been resolved</b></p> <p>N/A</p>
<b>Implications cont'd/...</b>	
<b>Have the financial impacts of any changes been established?</b>	
<p><b>Explain the issues?</b></p>	<p><b>Explain how this has been resolved</b></p>

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**Approval of Implementation Plan**

**Enter Name and Title of Policy Lead whose portfolio this policy will come under**

Lynne Barnes, Director of Nursing, Midwifery and Therapies

**Signature** .....  .....

**Date Approved** ..... March 2022

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## Policy Details

<b>Title of Policy</b>	Care of Patient's Property
<b>Unique Identifier</b> for this policy is	Clin Corp 72
State if policy is <b>New</b> or <b>Revised</b>	Revised
<b>Previous Policy Title</b> where applicable	Care of Patient's Property
<b>Policy Category</b> Clinical, HR, H&S, Infection Control, Finance etc.	Clinical
<b>Executive Director</b> <i>whose portfolio this policy comes under</i>	Director of Nursing, Midwifery and Therapies
<b>Policy Lead/Author</b> <i>Job titles only</i>	Assistant Director of Integrated Governance
<b>Committee/Group responsible for the approval of this policy</b>	Matrons, Ward Managers meeting
<b>Month/year consultation process completed</b>	April 2022
<b>Month/year policy approved</b>	April 2022
<b>Month/year policy ratified and issued</b>	April 2022
<b>Next review date</b>	April 2025
<b>Implementation Plan completed</b>	Yes
<b>Equality Impact Assessment completed</b>	Yes
<b>Previous version(s) archived</b>	23 May 2022
<b>Disclosure status</b>	Fully
<b>Key words</b> for this policy	

For more information on the consultation process, implementation plan, equality impact assessment, or archiving arrangements, please contact Corporate Integrated Governance.

## Review and Amendment History

Version	Date	Details of Change
1.0.0	October 14	New policy
2.0.0	Nov 2017	Section 4.14 – Added details of how to obtain bags. Section 4.15 – Removed reference to sending property to General Office.
3.0	May 2022	Updated policy with changes to the process for completing the form for general office. Process for wards to complete when managing patient property and where it should be stored. Update to process flow chart. Changes made to reflect actions from MIAA audit for Patient Property.

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