



**University Hospitals of
Morecambe Bay**
NHS Foundation Trust

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Policy

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CORP/POL/082

Document Title:

Version Number:
6

Patients' Property

Status:
Ratified

Scope:
All Trust staff managing property within wards and departments

Classification:
Organisational

Author / Title:
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Responsibility:
Corporate Nursing

Replaces:
Version 5, Patients' Property, Corp/Pol/082

Head of Department:
Bridget Lees, Executive Chief Nurse

Does this document refer to and account for the prescribing, supply, storage or administration of medication (especially via electronic media)? **No**

Validated By:
Chief Nurse Formal Meeting

Date:
04/11/2022

Ratified By:
Trust Procedural Document Group

Date:
14/12/2022

Review dates may alter if any significant changes are made

Review Date:
01/06/2026

- Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes**
- Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes**

Document for Public Display: Yes

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1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust (the Trust) attaches great importance to providing clear and effective guidance that will safeguard all patients' belongings and will also protect the interests of all the staff who are responsible for their safekeeping. The Trust has a duty to provide safe custody for any belonging (that is personal property) formally handed in by patients, or in the possession of unconscious or confused patients temporarily or permanently incapable of handling their own affairs.

2. PURPOSE

It is important that there is a robust system of recording the receipt and return of all patients' belongings. Failure to comply with the procedure may result in losses or other occurrences resulting in the Trust being required to make compensation payments. Therefore, failure to comply with this policy will be considered an extremely serious matter and may result in disciplinary action being taken. The Trust's Standing Financial Instructions on Patient's Property requires managers to inform staff of these procedures. All relevant staff must familiarise themselves with these procedures.

This policy stipulates the mandatory arrangements for safe custody of patient's property.

Implementation of the policy will lead to a:

- Reduction in the number of claims for loss and damage to property and,
- Reduction in the amount of time required to investigate such claims.

3. SCOPE

This policy applies to all inpatient areas within University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB).

The Trust has a responsibility to provide safe custody for money; valuables and other items of personal property handed in by patients or found in the possession of patients who are unconscious or who subsequently die on our premises.

Four broad principles need to be considered

1. Patients should be advised to minimise the amount of property they keep on the premises
2. Patients deciding to keep property on the premises should be encouraged to hand it over for safekeeping; there are property books kept on the ward for valuables that can be used for this purpose.
3. Patients deciding to keep property on the premises which they decline to hand over for safekeeping should be informed of the risks of loss or damage and must sign a disclaimer to this effect.
4. NHS property should be safe and secure

The Trust accepts no responsibility or liability for the loss of, or damage to, personal property of any kind, in whatever way the loss or damage may occur, **unless the property has been deposited for safe keeping.**

3.1 Roles and Responsibilities

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Role	Responsibilities
Trust Board	The Trust Board is ultimately accountable for ensuring effective controls are in place to support safekeeping of patient's property.
Chief Executive, Executive Chief Nurse and Medical Director	Accountable to the Trust Board for ensuring compliance with these standards in all parts of the Trust.
Care Group Associate Directors of Operations, Associate Directors of Nursing and Clinical Directors	Responsible to the Chief Executive, Executive Chief Nurse and Medical Director for ensuring these standards are implemented within their nursing and medical teams by: <ul style="list-style-type: none"> Ensuring nursing and medical staff are aware of the standards Monitoring and auditing practice relating to the standards
Matrons and Service Managers	Responsible to the Care Group Management Team for ensuring this policy is implemented within own teams by: <ul style="list-style-type: none"> Ensuring all line managers are aware of the standards Identifying training needs
Ward / Department Managers	Responsible to the Matron/Service Manager for implementing, monitoring and evaluating compliance with the standards It is the responsibility of all Ward/ Department Managers to ensure that whenever a patient is admitted or transferred between wards/ units, the appropriate documentation is completed by members of their team
Finance and Information	Responsible for ensuring the standards are monitored and reviewed via annual progress reports of policy compliance.
Health Care Staff	It is the responsibility of all health care staff: <ul style="list-style-type: none"> To complete all the required documentation regarding patient property on admission to, discharge from, and transfer between wards/ units To ensure that patient property is properly labelled on transfer between wards /units To be accountable for ensuring their practice will promote and protect the interests and dignity of patients and their property, irrespective of gender, age, race, ability, sexuality, economic status, lifestyle, culture and religious or political beliefs. To ensure patients are aware of their rights and responsibilities and that disclaimers are signed. Comply with this policy at all times

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4. POLICY

4.1 Communications with Patients

Patients should be informed before admission or at the time of admission that the Trust will not normally accept responsibility or liability for patients belongings brought into Trust premises. In circumstances where it is unavoidable, the patient may hand belongings in for safe custody and an official receipt issued.

- Information concerning responsibility for belongings should be made available to patients through the various methods available, such as:
- Within pre-admission information and as part of the admission process.
- Ward information leaflets
- Patients / relatives signing the disclaimer form
- Notices displayed on wards and other associated areas.

They do however, in cases of dispute show that the Trust has taken all reasonable steps to ensure safe custody and are likely to lessen the Trust's liability.

4.2 Patient Belongings

Every opportunity should be taken to persuade patients not to bring belongings with them that are not essential to their stay in hospital. When patients arrive with such items, staff should encourage them to give the items to a bona fide personal representative for safe keeping so that the Trust does not have to accept responsibility. In cases where patients say they have no valuables or other property, staff should document no property present on admission in the patient record. A note of any items that have been taken by the carer/relative/friend after admission should be made in the patient's record, and a counter signature should be obtained.

Patients should be advised they must not put valuables in their bedside lockers but should give them up to staff for storage in the hospital safe. In circumstances where the staff are concerned about the potential value of such items, the issue should be brought to the attention of the Ward Manager.

If the individual insists on maintaining responsibility for the items during their stay in hospital, the patient should be formally advised, preferably by the senior nurse on duty that the Trust will accept no responsibility for the items and this should be recorded.

It is possible that staff may discover other inappropriate or dangerous items in the possession of a patient (e.g. knives or other potentially offensive weapons, unmarked or unspecified medication). If this happens, then staff must ensure that these types of items are held securely and the Head of Department/Ward Manager/Site Co-ordinator should be informed immediately as should the Trusts Local Security Specialist.

Some religious icons and other paraphernalia may be seen as something that could be used to cause potential harm (such as a small dagger or 'Kirpan' from a Sikh patient or a Catholic patient's rosary). Due consideration would be given to the patient's religious and spiritual beliefs, their culture and the broader issues of equality and diversity and will be addressed in line with the Trusts Local Security policy and procedure.

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As part of every admission to a ward, the disclaimer notices (See Appendix 1) must be brought to the attention of the patient, and every patient should be asked if they have any property that they would like to hand in for safe keeping. It is imperative that they are asked to sign a disclaimer form, which indicates that they understand that they are responsible for any property that is not handed in for safe keeping. This will need to be verbally explained to them. This also applies to any property that is brought into the Trust after the initial admission.

It is appropriate that staff should assist patients to safeguard any items of clothing that they bring into hospital and will try to ensure they are provided with reasonable facilities to store and maintain such items. It should, however, be made clear that the Trust cannot accept any responsibility for such items and that their attention should be drawn to the disclaimer notices on display.

When patients and their property are transferred between wards/departments and hospitals, property must be recorded in a Patient Property Form (see Appendix 2), by 2 members of staff before the patient leaves the ward/unit, and then checked by the staff at the receiving ward/ unit. The receiving member of staff should sign the Patient Property Form to state that the Patient Property Form accurately reflected the property that had arrived with the patient.

When patients are unconscious or are unable to manage their own affairs for any other reason of incapacity, there is a duty of care upon the Trust to check clothing/ possessions to determine whether there are any articles that need to be taken into safe custody; it must take place in the presence of two members of staff and any property deposited within the Trust for safekeeping.

Lasting Power of Attorney

A Lasting Power of Attorney (LPA) is a legal document that allows a person to appoint one or more people to help make decisions on their behalf (known as an Attorney). In order to make an LPA, a person must be 18 or over and have mental capacity. This form must be registered with the Office of the Public Guardian. The LPA allows Attorneys to make decisions when the patient is unable to do this. It should be noted there are two types of LPA:

- Health and Welfare
- Property and Financial Affairs

4.3 Valuables

To ensure that the appropriate levels of control are in place and the correct procedures are applied, examples of valuables are shown below:

- Keys
- Bank/ credit cards/charge cards
- Cash
- Cheque books building society books, benefit cards/ books
- All official documentation (e.g. driver's license, passports, etc.).
- All jewellery, including rings, brooches, decorative pins and watches.
- All miscellaneous valuable documentation (e.g. tickets for travel or admission to events, lottery and raffle tickets, gift vouchers, etc.).

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- All items of personal equipment, (e.g. mobile phones, iPads, Tablets, laptops etc.)
- All medical aides or appliances (e.g. dentures, spectacles, hearing aids, prostheses, etc.)

This list is not exhaustive, so if a member of staff is in doubt about what to include on the form, they should consult the Head of Department or Ward Manager.

There are certain items, which should not be used within the Hospital (e.g., all smoking materials). In-patients should be clearly advised of this fact and be instructed that smoking is not permitted within hospital premises or grounds. Whilst mobile phones may be used within the hospital, staff should advise patients to use mobile phones discreetly, outside of the bed areas and be sensitive to the needs of other patients. The use of camera facilities on mobile phones is not permitted in Trust premises.

When it is impossible for items of value and large sums of money to be taken home they should be handed to the ward staff for safe custody. The recording of these valuables in the **Valuable Patients' Property Book** must be accurate with the signature of the patient/relative / carer and a staff witness, and the member of staff accepting the items.

Valuable items or money handed in to staff for safe custody must be kept securely in a locked facility within General Office. The place of storage must be recorded in the patient's records. Outside of general office opening hours each hospital has a safe where monies and valuables entrusted for safe-keeping must be deposited at the earliest opportunity, (see Appendix 3). During busy periods or when minimal staffing levels on duty, the bleep-holder/Clinical site manager should be contacted. It is imperative that monies/valuables are **not** retained on the ward in drawers, cupboards or drug cabinets (see Appendix 3)

Money must be counted, placed in a **secure envelope** and signed and witnessed by two members of staff, across the seal. This should then be placed in the hospital safe.

Patients with valuable property such as wedding or engagement rings, who decide not to send them home or hand them over for safekeeping do so at their own risk and must sign a property disclaimer. The recording of these valuables in the Patient's Notes must be accurate.

4.4 Recording of Valuables

The handling of patients' valuables is an extremely sensitive area and to ensure that the interests of all parties are fully recognised, two members of nursing staff are required to deal with patients' valuables. It is essential that both members of staff ensure the correct documentation is fully completed. Whenever possible, this should be done in the presence of the individual depositing the valuables or their representative. Disagreements should be referred immediately to a senior member of staff.

Agreeing the record and obtaining a signature from the patient or the patient's representative is considered to be extremely important. Where possible, the patient must sign the form and the member of staff must witness the signature. Where the patient is incapable of signing or is cognitively impaired, the second member of staff witnessing the transaction, should note on the form '**patient unable to sign**' where the patient would normally sign.

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Before taking responsibility for valuables, it is appropriate to ensure that the patient is made aware of the following facts:

- All valuables handed in will be placed in a safe within the General Office and will normally only be available for return during normal opening hours.
- The patient will be required to assist with the accurate completion of the appropriate documentation and will be required to present their copy of the document, and will be required to produce some formal means of identification, when they wish to recover the items.
- When a sum of money exceeding one thousand pounds (£1,000.00) is handed in for safekeeping it will be banked and recorded on the general office income sheet. The Finance Department shall also be notified. Monies will be returned by means of a direct bank transfer to the patient's nominated bank account. On request, a patient may receive up to one hundred pounds (£100.00) of the amount owing in the form of cash on the day of discharge.

4.4.1 Completion of Valuable Patients' Property Book

The book has three copies which should be completed as follows:

- The top **blue** copy is to be handed to the patient as a receipt. If the patient is incapable of looking after the receipt then this copy should be retained in the patient records.
- The second **yellow** copy will be affixed to the seal of the Patients' Property envelope.
- The third **white** copy will remain in the book as a permanent record and receipt for staff.
- In all cases the property handed over for safe keeping should be examined, listed and signed for, by two members of staff. The patient should also sign, if possible, indicating their agreement that the list is correct.
- The **Valuable Patients' Property Book** should be the only official record for this purpose. If, in case of error, (or any other reason) a form is void all copies must remain in the book and "cancelled" should be written across them.
- The **Valuable Patients' Property Book** must always be kept for safe-keeping and be immediately available for inspection by authorised staff. Full books to be returned to and retained by general office on each site.
- The **Valuable Patients' Property Book** is ordered as controlled stationery
- Once cash has been recorded in the book, no alteration must be made to the figures. In the event of an amount being recorded in error, the form should be cancelled and a new form issued. An appropriate amount of detail should be recorded in respect of all items retained to ensure they can be clearly identified:
- Negotiable Instruments: value and serial number.
- Bank Cards, Credit Cards: name, expiry date and last 4 digits.
- Tickets etc. – purpose: official number and value.
- Official Documents: registered number.
- It is particularly important to ensure that a full description of any jewellery or watches etc. is provided and these details are recorded. Whenever possible, inscriptions, markings or reference numbers and makers' details should be recorded.
- Items handed to staff for safe custody, and recorded in the **Valuable Patients' Property Book** must be described by appearance. Do not use words such as **gold** or **silver**, but describe the items as **yellow** or **white** metal. Likewise do not say **diamond** or **sapphire**, but **clear** stone or **blue** stone.

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4.5 Custody of Valuables

The property should be taken to general office in the sealed envelope by a ward member of staff. The general office staff will sign the **Valuable Patients' Property Book** and the envelope seal. The contents will not be checked at general office, as long as the property is in a sealed envelope, signed for by two individuals and that there is no evidence of tampering having occurred. The only variation to this is when more than £1,000 is included in the Patient's property envelope. In this instance the money will be removed from the envelope and banked and the envelope resealed with a note attached of the income sheet number and date the cash was banked.

The general office member of staff will complete the property register with the following details: date, patients' name, ward number, contents of envelope, property sheet number. The property will be kept in alphabetical order with the register in the safe.

Patients' valuables handed over by patients for safe keeping during normal office hours should be taken to the General Office without delay. Outside normal office hours, patients' valuables must be deposited in the night safe (see Appendix 3)

Staff from the General Office should maintain a record of patients' valuables submitted by wards/departments in line with documented procedures.

4.6 Return of Cash and Valuables

The General Office is responsible for the return of all patients' valuables deposited, in line with documented procedures.

4.7 Deceased Patients' Property

When a patient is deemed to be in the dying phase and family have been made aware of this, property should be returned to the patient's representative including any valuables that have not yet been placed in general office.

The General Office is responsible for the return of all patients' valuables deposited, in line with documented procedures.

The bereavement office will contact the ward following a patient's death to ascertain what property remains. The bereavement office will ask the patients representative if they would like the property returning or disposing, a note will be made in the patient record to reflect this discussion. The ward will be contacted to dispose of property or to pack sensitively into a bereavement bag and transfer to the bereavement office. The procedure is the same as property of unconscious patient transfers between wards (See section 4.3).

The bereavement office will arrange with the patient representative to collect and sign for any property held. Property will be held for 4 weeks. The patient representative will be contacted in this time first by phone and then in writing prior to disposal.

Watches should be removed and treated as a valuable. Jewellery can be removed or left on the patient but should be clearly documented on the body label.

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If a Police Officer takes any rings, valuables etc., then they must sign for them (and include their Collar Number).

If the property of the deceased is valued in excess of £5,000 the production of probate or letters of administration are required before the property can be released.

4.8 Unclaimed / Left Property

Property held in safekeeping must be reviewed regularly by General Office staff to ensure that items belonging to discharged/deceased patients are not overlooked.

4.9 Discharged Patients' Property

The patient should be contacted by telephone and / or letter, and also advised of the Trust's disposal policy for unclaimed property.

4.10 Disposal of Patient's Valuables

The Trust will endeavour to return deposited items of value to the patient or next of kin, but where valuables are identified as unclaimed, documented procedures will be followed for their disposal.

4.11 Patients with no known Next Of Kin

When a patient dies with no will and no next of kin are known to the Trust, if the property is worth more than £500 then it belongs to the Duchy of Lancaster. In these circumstances, the Bereavement Team should be contacted, and details will be passed to the City Council as they are responsible for arranging the funeral. The City Council will contact General Office to ascertain if any finances have been deposited.

4.12 Return of Property to Patients Deposited with General Office

Where the return of property is requested by the patient, the Ward Staff will take the **Valuable Patients' Property Book** to General Office. The member of staff from General Office and the Ward Staff will check the property. The Ward Staff will sign the property Register to confirm receipt.

The **secured envelope**, property sheet and the **Valuable Patients' Property Book** taken to the patient where all three copies (**blue**, **yellow** and **white**) are signed by the patient to confirm receipt of the property. The **yellow** copy is then returned to General Office for filing.

Where money has been banked - When the patient is being discharged the Ward informs General office advising details this should be done as an email or a memo which can then be copied. One copy is filed with the **yellow** copy from the **Valuable Patients' Property Book** and the second copy is forwarded to finance.

Written consent from the patient and a Trust Indemnity Form, completed by the third party, must be received prior to the handing over of any property to the third party.

The General Office is open 08:30 – 16:30 Monday to Friday, excluding Bank Holidays.

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In the event of relatives requesting the return of patient property outside these times, alternative arrangements can be pre-made with the General Office Manager or Clinical Site Manager.

5. ATTACHMENTS		
Number	Title	Separate attachment
1	Patient's Personal Property – Disclaimer Notice	Y
2	Patient Property Checklist	Y
3	Location Of Safes for Depositing Valuables When General Office is Closed	N
4	Infection Prevention Poster - Segregation of Patients Personal Belongings	Y
5	Monitoring	N
6	Values and Behaviours Framework	N
7	Equality & Diversity Impact Assessment Tool	N

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
The latest version of the documents listed below can all be found via the Trust Procedural Document Library intranet homepage.	
Unique Identifier	Title and web links from the document library
Corp/Proc/003	Claims Management

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
Every effort been made to review/consider the latest evidence to support this document?	Yes
If 'Yes', full references are shown below:	
Number	References

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
UHMB	University Hospitals of Morecambe Bay NHS Trust
RLI	Royal Lancaster Infirmary
WGH	Westmorland General Hospital
FGH	Furness General Hospital

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name/Meeting	Job Title	Date Consulted
Jane Stanley	Head of Financial Services	03/08/2022
Amy Mbuli	Clinical Lead for Infection Prevention	03/08/2022
Barry Rigg	Head of Patient Experience	01/08/2022
Mel Woolfall	Associate Director of Nursing, Medicine Care Group	01/08/2022

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Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name/Meeting	Job Title	Date Consulted
Katherine Mason	Matron Medicine Care Group RLI	01/08/2022
Jacqueline Pennington	Matron Medicine Care Group FGH	01/08/2022
Sarah Maguire	Associate Director of Nursing, Surgery and Critical Care Group	01/08/2022
Andrew Thompson	Matron for Surgery, RLI	01/08/2022
Lynn Dack	Matron for Surgery, FGH	01/08/2022
Kim Crabtree	Interim Associate Director of Nursing for Community Care Group	01/08/2022
Sharon Moore	Ward Manager for Abbey View	01/08/2022
Tamsin Crisp	Head of Midwifery	01/08/2022
Nicola Askew	Associate Director of Nursing Children/Young People	01/08/2022
Rysz Detko	Patient Services Manager	01/08/2022
Lindsay Anderson	Bereavement Specialist Nurse	01/08/2022

10. DISTRIBUTION & COMMUNICATION PLAN	
Dissemination lead:	Care Group Associate Directors of Nursing
Previous document already being used?	Yes
If yes, in what format and where?	UHMB SharePoint
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this procedural document? No		
If 'Yes', training is shown below:		
Action by	Action required	To be completed (date)

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	August 2010	9.4 last bullet point	Bullet point removed as book is use	August 2012
3	October 2013		Whole document in new format to comply with September 2013 guidelines	May 2016
4	April 2016		Whole policy in new format	July 2019
4.1	06/10/2017	Page 3	BSF page added	01/07/2019
5	12/06/2019	Section 4	New section on power of attorney	01/06/2022

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
6	14/12/2022	Section 4.8	Changes to Deceased Patient Section	01/06/2026
		Section 4.12	City Council arrange funerals for patients with no NOK	
		Section 4.13	Opening times of General Office added. Out of Hours arrangements.	
		Appendix 2	Addition of glasses, hearing aids & glasses to checklist.	

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Appendix 1: Patient's Personal Property – Disclaimer Notice

Link to printable version: [Patient's Personal Property - Disclaimer Notice.docx](#)

Patient's Personal Property – Disclaimer Notice

Patient's name..... Ward.....

Patient's Number

You are advised to restrict to a minimum the amount of property including cash, which you bring into hospital. Please hand any articles you wish to be kept in safe custody to the ward nursing staff as soon as possible. A receipt will be given to you for these articles.

You are responsible for property, including cash, not handed over for safe custody.

The Trust accepts no responsibility for the loss of, or damage to, personal property of any kind, in whatever way the loss or damage may occur, unless the property has been deposited for safe custody.

I understand and acknowledge the above statement.

Signature of patient (or relative, friend etc.).....

Relationship to patient

Date

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Appendix 2: Patient Property Checklist

Link to printable version: [Patient Property Checklist.docx](#)



**University Hospitals of
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This form should be used to record items of patient property at admission, transfer and discharge / death. Note the number of each item.

Patient Name _____

Date
Department
Hearing Aids
Dentures
Glasses
Outdoor Coat
Jacket
Trousers
Hat
Scarf
Gloves
Shoes
Boots
Cardigan
Jumper
Fleece
Dress
Skirt
Blouse
Shirt
Tee-shirt
Knickers
Bras
Underpants
Socks
Tights
Stocking
Slippers
Pyjama top
Pyjama bottom
Nightie
Dressing gown
Bed sock
Towel
Toiletries bag
Case / bag

Signature of Nurse making
this entry
Signature of Witness

Signature of Patient

Printed Name

Date

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Appendix 3: Location of Safes for Depositing Valuables When General Office is Closed

	Site	Location	Access
RLI		By General Office Med Unit 1	General officer personnel
RLI		Accident and Emergency	Key holder / Nurse in charge
WGH		Switchboard	General officer personnel
FGH		Medicine Care Group Office, level 6	Bleep holder and General office personnel
FGH		Level 4, near chapel	Bleep holder / General Office personnel

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Segregation of Patients Personal Belongings

Information for all staff

Reminders

Please ensure that all patients belongings are appropriately segregated to reduce cross contamination occurring

- **Clean items not to be bagged with unclean items**
- **Items soiled with body fluids MUST be bagged separately**
- **Footwear, including slippers, to be bagged separately from clothing**
- **Toiletries to be bagged separately from clothing / footwear**

It is essential that the above be adhered to on transfer and discharge

Standard infection prevention & control precautions to be employed at all times for all patients

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Appendix 5: Monitoring

Section to be monitored	Methodology (incl. data source)	Frequency	Reviewed by	Group / Committee to be escalated to (if applicable)
All sections	Number of complaints/PALS in relation to missing property	Annually	Care Groups	Patient Experience Group
All sections	Patient Experience Surveys	Quarterly	Patient experience Team/ Care Groups	Patient Experience Group
All sections	Annual place assessment	Annual	Facilities Care Group	Patient Experience Group

[Click here](#) for a guide to completing this section of the procedural document template

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Appendix 6: Values and Behaviours Framework

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a positive workplace culture. By following our own policies and with our **ambitious** drive we can cultivate an **open, honest and transparent culture** that is truly **respectful and inclusive** and where we are **compassionate** towards each other.

<p>We are... Compassionate</p>  <p>We will:</p> <ul style="list-style-type: none"> • Be kind and caring to each other; our patients and families and our partners • Consider the feelings of others • Work together to deliver safe care and a safe working environment • Be proud of the role we do and how this contributes to patient care <p>www.uhmb.nhs.uk</p>	<p>We are... Respectful and inclusive</p>  <p>We will:</p> <ul style="list-style-type: none"> • Show respect to and for everyone • Act professionally at all times • Communicate effectively – listen to others and seek clarity when needed • Value each other and the contribution of everyone 	<p>We are... Ambitious</p>  <p>We will:</p> <ul style="list-style-type: none"> • Go beyond traditional boundaries; being positively receptive to change and improvement • Work with colleagues and system partners to improve services for our patients, families and carers • Support each other to listen, learn and develop • Collaborate with and empower each other 	<p>We are... Open, honest and transparent</p>  <p>We will:</p> <ul style="list-style-type: none"> • Seek out feedback and act on it • Take personal responsibility and accountability for our own actions • Not be afraid to be challenged • Ensure consistency and fairness in our approach <p>@UHMBT  </p>
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Appendix 7: Equality & Diversity Impact Assessment Tool



University Hospitals of
Morecambe Bay
NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Corporate Nursing	
Lead Assessor	Emma Fitton	
What is being assessed?	Patients' Property	
Date of assessment	05/11/2022	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Network for Inclusive Healthcare?	NO
	Staff Side Colleague?	NO
	Service Users?	NO
	Staff Inclusion Network(s)?	NO
	Personal Fair Diverse Champions?	NO
	Other (including external organisations): PHSO	

1) What is the impact on the following equality groups?

	Positive:	Negative:	Neutral:
	<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments	
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal? 	
Disability (Including physical and mental impairments)	Neutral		
Sex	Neutral		
Gender reassignment	Neutral		
Religion or Belief	Neutral		
Sexual orientation	Neutral		
Age	Neutral		
Marriage and Civil Partnership	Neutral		
Pregnancy and maternity	Neutral		
Other (e.g. carers, veterans, people from a low socioeconomic background,	Neutral		

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people with diverse gender identities, human rights)		
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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review once approved/noted by Trust Procedural Document Group.
For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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