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Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
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BEHAVIOURAL STANDARDS 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 workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

University Hospitals 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. Patient's deciding to keep property on the premises should be encouraged to hand it over for safe keeping
3. Patient's 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.**

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4. POLICY

4.1 Duties

4.1.1 Trust Board

The Trust Board is ultimately accountable for ensuring effective controls are in place to support safekeeping of patient's property.

4.1.2 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.

4.1.3 Divisional General Managers, Assistant Chief Nurses 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:

- Ensuring nursing and medical staff are aware of the standards
- Monitoring and auditing practice relating to the standards

4.1.4 Matrons and Service Managers

Responsible to the Divisional Management Team for ensuring this policy is implemented within own teams by:

- Ensuring all line managers are aware of the standards
- Identifying training needs

4.1.5 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

4.1.6 Finance and Information

Responsible for ensuring the standards are monitored and reviewed via annual progress reports of policy compliance.

4.1.7 Health Care Staff

It is the responsibility of all health care staff:

- 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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4.2 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.

It is the responsibility of Departmental and Ward Managers to ensure that appropriate disclaimer notices are issued and displayed in prominent positions.

Disclaimer notices (see Appendix 1) do not revoke the Trust's responsibility if patients retain their monies/valuables and they are subsequently lost or stolen. 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.

4.3 Patient's 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

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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.

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.

4.4 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.).
- 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

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is only permitted in designated patient smoking areas. 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.

4.5 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.

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 (£1000.00) is handed in for safekeeping it will be banked and recorded on the general office income sheet. The

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Finance Department shall also be notified. Monies will be returned by means of a crossed cheque drawn on the Trust's 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.

4.5.1 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.

4.6 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 £1000 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.

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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.

4.7 Return Of Cash And Valuables

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

4.8 Deceased Patients' Property

If the claimant is the immediate next of kin (i.e. husband, wife or only child) and the property is of little value, it is usual to hand this over to the next of kin when they collect the death certificate. The most senior nurse on duty on the ward must ensure that the family member is the next of kin, as named in the case notes, and that he/she signs the **Patient Property Form**. The form must be witnessed and signed by the most senior nurse on duty on the ward. All non-valuable property, not collected by the next of kin, is sent to the bereavement office for RLI or to the General office at FGH and WGH with a completed **Patient Property Form**. Any soiled items should be bagged separately and labelled as soiled.

All valuables that can be removed from a deceased patient must be removed, checked by 2 staff, documented in the **Valuable Patients' Property Book** and deposited with the General Office, unless a specific request has been made by the patient or next of kin and noted in the records (for example, not to remove jewellery, teeth, religious artefacts). The request must be adhered to, if possible, and recorded on the body label attached to the person. The ward must inform the mortuary staff of the request.

Wedding rings must be left on the deceased patients and taped in place (unless there are specific instructions to the contrary from the next of kin – see bullet point below). When anything is left on the body, a record must be made on the **body label** and noted on the **Patient Property Form**

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

The General Office must be informed of all deaths where **Valuable Patients' Property** has been deposited for safe keeping. The appropriate arrangements can then be made to deal with this property. A ward/ department member of staff can collect, return and document that any valuable property or monies be collected by the next of kin and or a legal representative. On such occasions the person collecting the property must sign the **Valuable Patients' Property Book** with a second member of staff as witness.

If the property of the deceased is valued in excess of £5000 the production of probate or

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letters of administration are required before the property can be released.

4.9 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.

4.10 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.

4.11 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.

4.12 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 as they are responsible for arranging the funeral and then forwarding the documentation onto the finance department. The finance department liaise with the solicitor to the Duchy

4.13 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.

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5. ATTACHMENTS	
Number	Title
1	Patient's Personal Property – Disclaimer Notice
2	Patient property checklist
3	Location Of Safes for Depositing Valuables When General Office is Closed
4	Infection Prevention Poster - Segregation of Patients Personal Belongings
5	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
No	References
Bibliography	
	NHS Protect (2013)Guidance for NHS organisations on the secure management of patients' property Version 2. [Online] Available at: http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_patient_property_Updated_September_2013.pdf (accessed 9.5.16)

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	Job Title
Jane Stanley	Head of Finance
Angela Richards	Matron Infection Prevention

10. DISTRIBUTION PLAN	
Dissemination lead:	
Previous document already being used?	Yes - version 3
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

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11. TRAINING		
Is training required to be given due to the introduction of this policy? No		
Action by	Action required	Implementation 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

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Appendix 1

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

SAMPLE

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Appendix 2

Patient property checklist

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					
Outdoor Coat					
Jacket					
Trousers					
Hat					
Scarf					
Gloves					
Shoes					
Boots					
Cardigan					
Jumper					
Fleece					
Dress					
Skirt					
Clouse					
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 Division 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 / foot wear

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: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	N	
	• Disability	N	
	• Race	N	
	• Sex	N	
	• Religious belief – including no belief	N	
	• Sexual Orientation	N	
	• Gender reassignment	N	
	• Marriage and civil partnership	N	
	• Pregnancy and maternity	N	
2.	Is there any evidence that some groups are affected differently?	N	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	N	
4a	If so can the impact be avoided?	N/A	
4b	What alternative are there to achieving the policy/guidance without the impact?	N/A	
4c	Can we reduce the impact by taking different action?	N/A	

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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