The Newcastle upon Tyne Hospitals NHS Foundation Trust

Patients Property Policy & Procedure

Version No.: 5.0
Effective From: 5 August 2015
Expiry Date: 5 August 2018
Date Ratified: 11 May 2015
Ratified By: Corporate Governance Committee

1 Introduction

This policy is designed to ensure that appropriate measures are in place for the secure management of patients’ 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.

This policy fits within the overall context of security management within the Trust (see the Trust's Security Policy).

2 Policy scope

This policy applies to all members of staff working within The Newcastle upon Tyne Hospitals NHS Foundation Trust who are involved in any aspect of handling patients’ property at any point during the patients’ journey.

This policy applies to all areas in the Trust in which NHS care is provided, and to all clinical settings.

3 Aim of the policy

The correct application of this policy will ensure secure management of patients’ property. Intended policy outcomes:

- to provide an environment where the risk of loss or damage to patients’ personal belongings is minimised
- to minimise the Trust’s liability for lost or damaged property and ensure incidents of loss or damage are dealt with swiftly and effectively.

4 Duties (Roles and responsibilities)

4.1 Chief Executive

The Chief Executive has overall responsibility for the provision of a safe and secure environment for patients and their property whilst on Trust premises.

4.2 Finance Director

The Finance Director has responsibility for implementing the Trust’s financial policies, including those relating to patients’ money and other property.
4.3 **Non-Executive Directors**

The non-executive directors are responsible to support, scrutinise and, where appropriate, challenge the Executive Board on issues relating to security management and matters relating to the protection of patients’ property whilst on NHS premises.

4.4 **Nursing and Patient Services Director and Heads of Nursing**

The Nursing and Patient Services Director and Heads of Nursing are responsible for writing the Patient Property Policy, for ensuring it is disseminated appropriately and to ensure systems are in place to monitor compliance.

4.5 **Directorate Managers and Matrons**

Directorate Managers and Matrons are responsible for monitoring overall compliance with patient property policies and procedures in their areas of responsibility.

4.6 **The Nurse in Charge of the ward**

The Nurse/Midwife in charge of the ward is responsible for ensuring the inspection of the Valuables and Clothing Books and the ward safe on a weekly basis to ensure that no property is being held for a patient who has been transferred, discharged or died, and that an efficient system operates.

If a patient or their carer report missing property, the Nurse/Midwife in Charge must instigate a prompt local search and the outcome of this must be documented.

4.7 **All Staff**

All staff (e.g. Registered Nurses, Midwives and Healthcare Assistants) are responsible for ensuring that all patients’ property is documented following the correct procedure and in a timely way. Staff taking custody of property must record all details in the patient’s nursing notes as well as in the relevant book. They are also responsible for making patients and their representatives aware of Trust policies and procedures with regard to patients’ property.

4.8 **Staff in cashiers office**

The Cashier will open the sealed property envelope in front of the Ward/Department staff and ensure that the valuables listed are correct.

The Cashier will sign on behalf of the Trust, the Patient Property Book as accepting responsibility for the safekeeping of the valuables. The Cashier will also enter a sequential property register number into the book and onto the resealed envelope. The Cashier will retain the yellow copy of the Patient Property Book and attach this to the property envelope.
Where cash is deposited, an official receipt, together with a letter will be given to the Ward/Department staff for retention by the patient.

All valuables received by the Cashier will be entered into a “Property Register” and then stored in safekeeping.

4.9 Bereavement Officers

Bereavement Officers are responsible for liaising with bereaved relatives and ensuring property is returned to the appropriate patient representative in a timely way.

4.10 Patient Advice and Liaison Service (PALS) staff

PALS staff are responsible for providing information about the complaints procedure, assisting with claims for compensation, and liaising with relevant departments to facilitate investigations of claims about missing property.

4.11 Security Personnel

Staff should be adequately trained and made aware of security practices and procedures in relation to patient property, including care and custody of Lost Property.

4.12 Local Counter Fraud Specialist (LCFS)

The LCFS role is to ensure that the risks of fraud, bribery and corruption are minimised through a structured programme including preventing, detecting and deterring economic crimes against the Trust, as well as holding the perpetrators to account for their actions. This includes the strengthening of Trust procedures to prevent and deter fraudulent activities and the investigation of circumstances that may include elements of fraud (e.g. false claims for items lost / stolen, misuse of payment cards etc).

4.13 NHS Protect

NHS Protect, a division of the NHS Business Services Authority, has responsibility for the management of security in the NHS in England. This includes creating a safe and secure environment in the NHS.

5 Definitions

This policy applies to all staff when dealing with patients’ property, including valuables, clothing and other items. It will be of particular interest to all staff involved with the management of patient property within the Trust.

Patients’ valuables can be broadly classified into three types

- **Patients’ Valuables**: for the purposes of this policy, patient’s valuables include any item of value (including, but not limited to, monetary value) such as cash, credit/debit cards, portable electronic devices and jewellery; which may also have personal or religious significance.
• **Patients' Clothing:** for the purpose of this policy, patients’ clothing includes shoes, suitcases, handbags, dentures, spectacles etc.

• **Other Items:** for the purpose of this policy, other items includes Offensive weapons, Medicines or Illegal substances which should be dealt with in accordance with the agreed policies, e.g. Persons Suspected of Taking / Dealing in Illegal Substances on Trust Property Policy. Should it be necessary, please contact the Patients Service Co-ordinator for further advice.

Terms such as ‘gold’ and ‘silver’ must not be used when describing items of jewellery. Descriptions such as ‘yellow metal’ or ‘white metal’ must be used instead.

Stones in rings or other jewellery must not be described as ‘diamond’ or ‘ruby’, etc., instead the terms ‘white stone’ or ‘red stone’ must be used.

6 Management of patients’ property:

6.1 Providing information and advice to patients

Information is provided to patients giving advice on managing their property. This information is available as a printed booklet which must be sent to patients prior to planned admission or given to them if they are admitted as an emergency. This information is also available on the Trust Internet webpage.

Communication support must be provided for patients where this is required so they understand the processes involved in keeping their property safe.

It is the Trust’s responsibility to advise patients:

• To send property home whenever possible/bring as little as possible with them. Patients should keep as little property as possible on the Trust’s premises, and this particularly applies to valuables. They should hand any item they do not need to a relative/carer to take home. Where this is not possible patients should be advised to deposit any money or valuables which are not immediately required into the Trust’s safekeeping.

• To avoid bringing valuables into hospital. The Trust cannot accept responsibility for the loss of personal property or valuables unless they have been handed over for safe keeping to the nursing staff and a receipt provided.

Wherever possible, patient’s property must be sent home with a relative or carer. Where this is not possible the Trust, as a matter of good practice, will ensure that property is lodged in a secure place. Monosol patient clothing bags are available for the transport of fouled patient clothing home for laundering (refer to Used Laundry Management Policy).

6.2 Key messages for managing patients property during admission and stay

Every ward/department must display a Trust standard disclaimer notice relating to patient’s property in a prominent position.
As a general principle it is the patient’s responsibility to ensure the storage and safekeeping of their property unless it is handed over for safekeeping.

The Trust is responsible for making patients aware of this policy and for its correct application.

**Property must follow the patient.**

Where valuables are held at ward level this must be the shortest possible period of time and no longer than 24 hours.

Where money/valuables are held by the Cashiers, **they must be informed by the transferring ward**, when patients are transferred between wards or discharged.

If the Trust fails to obtain a signed disclaimer and the property remains with the patient, the Trust could be liable for loss due to negligence. Completion of the disclaimer must be a routine part of all hospital admissions.

The Nurse in Charge of the ward is responsible for ensuring that the Patient property books and the ward safe are inspected on a weekly basis to ensure that no property is being held for a patient who has been transferred, discharged or died, and that an efficient system operates.

Patient property can be seized by the Police if they suspect that an item or items is involved in an offence that they are investigating. Staff should obtain a receipt from the Police for the items taken.

Normally property should not be handed over by the Trust to third parties without the consent of the patients, but articles of small value and clothing may be handed to their relative or carer and a signature obtained in the relevant clothing/valuables book. However, money, valuables and house keys should be retained by the Trust until patients have recovered sufficiently to give instructions as to their disposal. If this is not done, patients have the right to sue for conversion and breach of responsibility.

If the patient is not able to consent to property being released and the ward staff have doubts about the eligibility of the person collecting the property, they should arrange for it to be stored in safekeeping until eligibility has been confirmed.

Only one property and valuables book should be in use at any one time in an area. New books can be obtained (see ‘documentation’ section). The issuer must check it is the previous book and that it has been completely used: this should prevent two books being in use at any one time. However, it will allow for two books to overlap for a limited period, until patients are discharged / transferred.

The wards are responsible for retaining completed books in accordance with Trust policy for a period of six years.
All Departmental Induction Programmes will include training and education in the application of the Patient’s Property policy.

6.3 Procedure for dealing with property taken into safekeeping:

Property handed over for safekeeping should be examined, recorded in the appropriate property book and signed for by two members of staff. A signature should be obtained from the patient (where possible) to acknowledge the list of property handed over for safe custody is complete and correct. Details of any action taken must be documented in the patient’s nursing records, (including patient’s refusal to sign), and must be witnessed by two members of staff and noted on the disclaimer form.

In the case of clothing, all items should be placed into an appropriate bag and a receipt from the Patients Clothing Book attached, clearly identifying the patient’s name, hospital number and ward. The bag must be stored in an appropriate, secure area in the ward or department.

When recording valuables, the following details should be noted:

**Social Security Cards**

**Bank/Building Society**, including the date and amount of the last Pass Book balance shown.

**Credit Cards** the type of card, e.g. Barclaycard and Access.

**NB: In the interest of security, the card number should not be recorded.**

All valuables should be placed in a valuables envelope and sealed. Details of contents must be recorded on the front of the valuables envelope. The envelope must also record the page number from the valuables book and the patient MRN. The signature of two members of staff, who have checked the contents, must then be recorded on the front of the envelope and over the seal.

Patients admitted to wards at CAV may require access to house keys for the purpose of home visits. If it is deemed necessary for these to be taken into safekeeping then it is acceptable for these to be stored in the safe on Cherryburn where a locally agreed process for issuing and return of keys is implemented.

Patients should be advised that any property lodged with the Cashier may not be accessible at weekends or ‘out of hours’.

6.4 Transfer of valuables during office hours:

Where cash, credit cards, cheque books, and other valuables are involved, a member of staff from the ward / department will take the sealed valuables envelope and book to the Cashiers office for custody.

The receiving person will open the sealed valuables envelope in front of the member of staff and ensure that the contents listed are correct; any
discrepancies must be highlighted, documented, promptly investigated and reported to the Head of Department.

The receiving person will sign the book on behalf of the Trust, accepting responsibility for the personal belongings. The receiving person will also enter a sequential property register number into the book and onto the resealed envelope. The receiving person will retain the yellow copy of the book and attaché this to the envelope. The member of ward staff will return the signed pink copy to the patient.

All cash received will be entered into a register and stored in the designated safe.

6.5 Transfer of cash and valuables outside of office hours:

Outside office hours and during weekends, valuables should be dealt with as above (section 6.3) at the RVI/FH and should be logged with the Patient Services Co-ordinators, and at CAV with the Senior Nurse on duty. Cash and other valuables are entered into the Valuables Book and the sealed valuables envelope given to the Patient Services Co-ordinator at RVI / FH and the Senior Nurse on duty at CAV.

The Patient Services Co-ordinator/ Senior Nurse on duty at CAV will enter details of the patient and the number of envelopes received into their safe register. The valuables will then be placed in the safe in the Patient Services Co-ordinators office (FH and RVI) or the safe on Cherryburn (at CAV).

The property should be transferred by the Patient Services Co-ordinator or Senior Nurse on duty at CAV on the next working day to the Cashiers Office at RVI/FH as appropriate.

6.6 Special circumstances:

Staff should ensure that patients attending theatre or procedures, such as x-ray or endoscopy, are not in possession of personal items, which could be removed without their knowledge. Jewellery of personal and religious significance will be discussed individually with patients. If these are to remain with the patient this will be at their own risk. Staff should also ensure that the patient has not left any property lying around on the ward. In such circumstances valuables should be taken into temporary custody.

Temporary custody of property should only be undertaken on wards and departments as a short-term measure, e.g. patients attending procedures or theatre, until their property can be returned to them or their relative or carer. In all cases the temporary custody section of the Valuables book MUST be completed and the property lodged in the department’s designated secure location, e.g. this may be the ward safe (valuables should be held for the shortest time possible and no longer than 24 hours, see also 6.2).
On transfer of patients between wards in the same hospital, where valuables are already in custody in the Cashiers office, the transferring ward are responsible for informing the Cashier and the receiving ward.

Where property is already in custody the receiving ward must treat it as a new admission and also sign off the original ward’s book.

Where a patient's condition deteriorates and they are no longer capable of managing their own disclaimed property, the nurse should ensure that personal items are processed in accordance with section 6.3. For further information regarding patients who lack capacity see section 6.11.

If ward sisters have any difficulties following this policy due to local circumstances, a local policy variation can be agreed with the relevant Head of Nursing.

6.7 Discharge:

The transfer of patients to other hospitals, within or outside the Trust, constitutes a discharge, within the terms of the Patients’ Property Policy.

In cases where the patient is unable to accept responsibility and/ or sign the receipt then the Trust should retain the property until the patient has recovered sufficiently to give instructions as to their disposal.

Patients discharged from hospital can reclaim any property held by the hospital for safekeeping, by producing their receipt, given to them at the time their property was handed in.

Where property has been lodged with the Cashiers office, the Nurse in Charge of the ward should inform the Cashiers, wherever possible, at least two working days in advance of an impending discharge.

The Cashier will arrange for the valuables to be taken to the ward, as near to the time of discharge as possible.

Where money is involved the Nurse in Charge of the ward will inform the Cashier, in advance, whether or not the patient will accept a cheque. It will be explained to the patient that in the interests of security it may be advisable to accept a cheque rather than cash.

Where the patient insists on cash, the Cashier will arrange for the cash to be taken to the ward, as near to the time of discharge as possible. The patient will be asked to produce their receipt, and sign a petty cash voucher. A member of the ward staff will witness this voucher.

The Cashiers Property Register must be signed by the person collecting the valuables from the cashier, patients or staff. Staff collecting valuables and returning them to patients must ensure that the patient signs the Ward Valuables Book.
Where it is known that a patient is due to be discharged at a weekend or a back holiday, the Cashier should be contacted in advance to ensure that arrangements are made for the property to be obtained prior to the date of discharge. The cashier will arrange for the property to be stored by the Patient Services Co-ordinators, on a temporary basis, from where it can be returned at the time of discharge. Any staff retrieving property must ensure that the relevant documentation is completed.

6.8 Documentation:

Valuables and Clothing Books are obtained by returning the completed valuables book to Leazes or New Victoria Wing reception desks at the RVI or to NCCC reception desk at Freeman Hospital, where a new one will be issued.

Each ward/department should only have one valuables and clothing book in use at any one time.

Pages must be used sequentially.

Completed valuables and clothing books are retained by the ward for six years.

The Valuables Book is in triplicate with the distribution of copies as follows:

- **Pink:** Patient’s copy. If the patient is not able to receive this copy it should be retained with the patient’s medical records until such time as they or their relative or carers are able to receive it.
- **Yellow:** accompanies cash and valuables and is retained by the Cashier.
- **White:** retained in book.

The Clothing Book is also in triplicate, with the distribution of copies as follows:

- **Pink:** Patient’s copy. If the patient is not able to receive this copy it should be retained with the patient's medical records until such time as they or their relative or carers are able to receive it.
- **Yellow:** remains with clothing. When clothing is returned to patient, patient signs as receipt of goods
- **White:** retained in book.

All spoiled copies are to be retained in the Valuables or Clothing Book and clearly marked ‘Cancelled’, an explanation for the cancellation written and signed by the author.

In accordance with the Trust's Standing Financial Instructions (Section 19.6), staff should be informed on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of patients' property.
Once completed, documents should not be amended or altered in any way. This is required in order not to compromise the integrity of the audit trail. If during completion an amendment is considered essential, the person making it should initial it, and erasures should be made with a single line so the original text is still readable.

6.9 Death:

It is the responsibility of nursing staff to inform the Cashier as soon as possible upon the death of a patient, for whom valuables are being held.

Nursing staff should not write ‘RIP’ or ‘deceased’ on valuables and clothing books as they may be seen by relatives.

The Cashier will inform the Bereavement Officer that valuables are being held in the Cashier's office.

Property remaining on a deceased person received into the Hospital Mortuary must be entered into the Mortuaries Patients Property Receipt Book by the Technician. The pink copy of the patient’s valuable/clothing book will be given to the patient’s relatives or representative to acknowledge receipt of the property.

Where a patient is dead on arrival at the hospital and taken direct into the Mortuary out of hours, the Patients Service Co-ordinator is to be contacted to assist in dealing with cash and valuables.

If a patient dies, having already logged property with the Cashier/PSCs, this will be released to the Bereavement Office who will release it to the next of kin at the time the death certificate is issued. A signature is obtained from the next of kin on an Indemnity Form, which can be supplied by the Bereavement Officer. This is then filed with the yellow copy of the Valuables Book.

In Emergency Department RVI, property may be returned to immediate next of kin, large amounts of cash will not be released as verification of next of kin can be problematic in some circumstances. A limit of £50 is suggested as good practice and the Valuables Book should be signed by the next of kin to confirm receipt of the sum.

If a patient dies “in hours” and valuables or cash have not been logged with the Trust, this should be transferred to the Cashiers Office.

If a patient dies “out of hours” and property and valuables have not been logged with the Trust:

(a) At FH and RVI, valuables and cash should be logged with the Patient Services Co-ordinators.

(b) At CAV, valuables and cash should be logged with the Senior Nurse on duty.
(c) At FH and RVI, clothing should be kept on the ward until the next working day when it should be taken to the Bereavement Office.

(d) At CAV clothing should be kept on the ward and relatives will be asked to collect it by the Bereavement Office.

Ward staff must not dispose of patient’s property with the exception of soiled clothing and this must only be with the explicit permission of relatives, which must be documented in the nursing notes. Staff must be aware, relatives may have differing opinions on disposal or care of patient’s property. If there are any concerns regarding infection prevention then advice must be sought from an IPCN on an individual basis about how to handle specific items.

Repayment of a deceased patient’s money to a relative amounting to more than £100 is to be repaid by cheque only. The cheque request will be raised following receipt of a signed indemnity form by Financial Services and sent direct to the next of kin’s home address. In exceptional circumstances, e.g. where the next of kin does not have a bank account or a fixed home address, alternative arrangements will be made.

An indemnity form (available from the cashiers) is required for all claims.

Amounts over £5,000 should only be released by cheque to the Executor of the estate on production of a Grant of Probate, or in the case of a person leaving no will, on the production of Grant of Letters of Administration.

The Trust owes a duty of care to the deceased patient that any money or property (e.g. house keys) is handed to the correct relatives. If the Trust were to release money or property to the incorrect relatives the Trust may have to make good anything made over to the incorrect person.

6.10 Unclaimed property:

All attempts will be made to reunite property with the rightful owner. However, after a period of 6 months, following discharge or death, unclaimed property will be disposed of. Care should be taken to ascertain whether articles are of value and expert advice sought where there is any doubt about the value. The supplies department should be contacted to arrange valuation of such items.

If unclaimed articles are valuable, reasonable efforts should be made to trace the owner. If the trace is unsuccessful the articles should be kept for a reasonable time before disposal. Under the Limitation Act 1949, a period of six years would normally be reasonable in the case of property deposited although this period of recovery may be extended in the case of disability acknowledgement, part payment, fraud and mistake. The disposal of the property would be arranged by the Trust Supplies Department.

Unclaimed cash and the proceeds of the sale of abandoned or unclaimed property should be credited to a control account. In the event of a patient or some other person eventually claiming property which has been disposed of,
the amount due would be payable out of this account. The Trust's Financial Services Department will arrange this.

All unclaimed bank books or pension cards should be forwarded by the Trust’s Financial Services Department to the appropriate bank/ DWP office, with an explanation of the circumstances in which they came into the Trust’s possession.

All unclaimed cash which exceeds the sum of £500, held on behalf of a deceased patient, must be referred to the Treasury Solicitor if the Financial Services Department have been unsuccessful in tracing any next-of-kin.

Where cash is held on behalf of patients, the Financial Services Department should make routine checks with the wards, on a monthly basis, to ensure the patient has not been discharged.

6.11 Patients who lack capacity:

The Trust can assume responsibility for patients’ property without a formal handover. This may arise, for instance, where a patient lacks capacity to make decisions about their property, either on admission (e.g. patient brought unconscious into ED or has cognitive impairment) or at any time during their stay (e.g. patient entering a coma, becomes increasingly confused). In these cases, the Trust automatically assumes responsibility of the property.

Where staff have a reasonable belief that a patient lacks the mental capacity to make a particular decision about their property they should consider whether everything has been done to support the patient to make the decision and if it is not possible to wait until the patient may regain capacity, then staff should make an assessment of the patient’s mental capacity in relation to the decision. If the patient has been assessed as lacking capacity to make the decision, then any action taken or decision made must be in their best interests. This must be done following the requirements of the Mental Capacity Act (MCA) and the related Code of Practice. Staff should refer to the Trust MCA policy (Mental Capacity Act Policy) for details on how to make assessments of capacity and take best-interests decisions, and on how records should be made.

Staff should bear in mind that even where a patient is assessed as lacking capacity to make a decision, they should continue to be involved as fully as possible in the decision. For example, when deciding which of a patient’s belongings to remove from their bedside, every effort should be made to consider their wishes and feelings in this regard.

Actions taken by staff to protect a patient’s property can be considered to be related to their “care and treatment”, however the MCA does not protect staff from liability, therefore if staff places a patient’s property into safe custody in line with the MCA, but then is negligent in handling it, they will still be liable for any loss or damage that occurs.

Before taking the patient’s property and placing it into safe custody, staff should consider whether there is anyone with authority to make decisions on behalf of
the patient, either a holder of a ‘property and affairs’ Lasting Power of Attorney or a deputy appointed by the Court of Protection. In practice the attorney or deputy will often be a relative or friend of the patient. If an attorney or deputy is available, they must be consulted on what to do with the patient’s property.

The attorney or deputy should be encouraged to remove from the premises any property (especially valuables) that the patient does not need, or otherwise to hand it over for safekeeping. In cases where an attorney or deputy is not immediately available, staff may decide to take part or all of the patient’s property into safe custody, if this is in the best interests of the patient.

The procedure for taking into safe custody the property of a patient who lacks mental capacity is the same as for deposited property generally (see 6.3). Where the patient is not attended by an attorney or deputy, two members of staff will need to complete the Cash and Valuables procedure. The property will then be placed into safekeeping until the patient regains capacity to decide what should be done with it, or until the property can be given to an attorney or deputy. Where items are handed over for safekeeping by the attorney or deputy, their signature is required wherever the patient’s signature is required.

6.12 The handling/security of lost property:

Where items have been found on Trust property and are deemed to be lost property, these should be handed to the relevant sites Main Reception, the reception staff will forward to the Portering Services Management team and the appropriate lost property paperwork completed. All attempts must be made to locate the owner of the property as quickly as possible after its discovery.

The Lost Property Book is in triplicate and will be completed with the distribution of copies as follows:

- **White**: given to the person handing in the property
- **Blue**: attached to the item / item containing the lost property
- **Yellow**: retained in book

All lost property will be held in a secure cabinet inside a secure room. The keys for these cabinets must be held in a secure location.

The finder should be informed that they can make claim to the item if not claimed within 6 months, however if the real owner is identified the item or the value of the article must be returned to its rightful owner.

The item of lost property must be held secure until it can be handed to the Portering Services Manager for his / her attention. Items should be handed to the Portering Services Manager as soon as possible.

No items will be returned to owner / finder unless prior arrangements have been made, this will only be carried out by a Portering Services Manager. An appointment should be made with the relevant site Portering Services Manager and those attending to claim lost property must attend with relevant identification, this should be passport or driving licence.
Claims / enquiries regarding lost property should be directed to the Portering Services Manager for the relevant site.

Claimants must have relevant information regarding details of what is being claimed, and proof of ownership of the item.

6.13 The disposal of unclaimed and lost property:

The Portering Services Manager is responsible for dealing with the provisions under this section.

Where an owner is known, reasonable efforts will be made to return the property by the Portering Services Manager.

Where, despite a reasonable effort being made to establish ownership and the owner is not known, Standing Financial Instructions will be followed. The property will be handed over to the Trust’s Supplies Department who will arrange for them to be sold and the proceeds credited to the Trust’s Charitable Fund.

7 Training

There is no specific training required for the implementation of this policy.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring Section

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<td>• Monthly verification through Clinical Assurance Toolkit</td>
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<td>Audit of cash and valuables held in the Cashiers Office</td>
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</table>
10 Consultation and review

This policy will be reviewed every 3 years. Comments, queries and suggested amendments should be addressed to the relevant Head of Nursing.

11 Implementation (including raising awareness)

This policy will be available for all staff on the Intranet. It will be flagged as an updated policy to staff via the Policies Update newsletter.

All Nursing staff will be made aware of this policy at local induction.

12 References

- Limitation Act, 1949

13 Associated Documentation

- Mental Capacity Act 2005 (including the Deprivation of Liberty Amendment 2009)
- Security Policy
- Standing Financial Instructions

Author: Senior Nurse Practice Development
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis  Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. Assessment Date: **26/03/2015**

2. **Name of policy / strategy / service:**
   - Patients’ Property Policy

3. **Name and designation of Author:**
   - Suzanne Medows, Senior Nurse Practice Development

4. **Names & designations of those involved in the impact analysis screening process:**
   - Suzanne Medows, Senior Nurse Practice Development and Lucy Hall, Equality and Diversity Lead

5. **Is this a:**
   - Policy ✔
   - Strategy ☐
   - Service ☐

   **Is this:**
   - New ☐
   - Revised ✔

   **Who is affected**
   - Employees ✔
   - Service Users ✔
   - Wider Community ☐

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
   
   This policy is designed to ensure that appropriate measures are in place for the secure management of patients’ 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.

7. **Does this policy, strategy, or service have any equality implications?**
   - Yes ✔
   - No ☐

   These have been addressed in the final version of the policy.
   
   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
   - Consideration has been given to each of the protected characteristics, evidence is outlined below.
### 8. Summary of evidence related to protected characteristics

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<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
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<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>For some groups of people, return of deposited cash in the form of a cheque may be unacceptable. The policy therefore makes provision for this to be returned as cash. Patients whose first language is not English may not understand the written information that is provided. The policy therefore makes reference to the provision of communication support.</td>
<td>Potential for indirect discrimination has been addressed in the policy</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>There is no relevant good practice in relation to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy services are available to provide information and support in relation to religious items</td>
<td>Patients may wish to keep some personal or religious items. Highlight this in 5.1</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>There is no relevant good practice in relation to this policy</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Dementia friendly services are in place. The policy refers to people who lack capacity to make decisions about their property.</td>
<td>Potential for indirect discrimination has been addressed in the policy</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>For some groups of people, return of deposited cash in the form of a cheque may be unacceptable. The policy therefore makes provision for this to be returned as cash. Patients with learning difficulties, sensory impairment and cognitive impairment may not understand the written information that is provided. The policy therefore makes reference to the provision of communication support.</td>
<td>Potential for indirect discrimination has been addressed in the policy</td>
<td>No</td>
</tr>
</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

<table>
<thead>
<tr>
<th>Gender Re-assignment</th>
<th>There is no relevant good practice in relation to this policy</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marriage and Civil Partnership</td>
<td>There is no relevant good practice in relation to this policy</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>There is no relevant good practice in relation to this policy</td>
<td>No</td>
</tr>
</tbody>
</table>

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes ☐ No ☑

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

| Maternity / Pregnancy | There is no relevant good practice in relation to this policy | No |

PART 2

Name: Suzanne Medows, Senior Nurse Practice Development

Date of completion: 26/03/2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)