



Brighton and Sussex University Hospitals

Management of patients' property policy

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1. Introduction

- 1.1 Brighton and Sussex University Hospitals NHS Trust (the Trust) has a duty under the Health & Safety at Work Act (1974), and other subordinate legislation, to ensure, so far as is reasonably practicable, the health, safety and welfare of employees, and those persons who are not employees who might be affected by the activities of the Trust. 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 of 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.
- 1.2 The Trust is committed to managing the physical security of its premises, buildings, departments to minimise the loss or damage of its assets, or assets of staff, patients and visitors.
- 1.3 The Trust will take all reasonable precautions to safeguard patients' property whilst they are on Trust property and in the Trust's care.

2. Purpose

- 2.1 The purpose of this policy is to outline procedures that must be adhered to by staff within Brighton & Sussex University Hospitals NHS Trust in order to:
 - provide an environment where the risk of loss of or damage to patients' personal belongings is minimised
 - minimise the NHS organisation's liability for lost or damaged property
 - ensure incidents of loss or damage are dealt with swiftly and effectively.

3. Definitions

- 3.1 **Property:** for the purposes of this policy, property includes money and any other personal property.
- 3.2 **Valuables:** for the purposes of this policy, valuables include any item of value (including, but not limited to, monetary value). Examples would be items commonly brought by patients such as cash, credit/debit cards, portable electronic devices and jewellery.
- 3.3 **Deposited property:** this is property which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.
- 3.4 **Undeposited property:** this is property which patients retain with them on the Trust's premises.

4. Responsibilities, Accountabilities and Duties

4.1 The Chief Executive

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

4.2 Responsibilities of the Chief Financial Officer

In accordance with the Trust Standing Financial Instructions, must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients

Where Department of Health instructions require the opening of separate accounts for patients' moneys, these shall be opened and operated under arrangements agreed by the Chief Financial Officer.

4.3 Security Management Director (SMD)

The SMD is the Executive Director responsible for security management in the Trust.

4.4 Non-executive Director (NED)

The NED, nominated from the non-executive directors in the Trust, is appointed to support, scrutinise and, where appropriate, challenge the SMD and Hospital Management Board on issues relating to security management.

4.5 Trust Security Manager

It is the responsibility of the Trust Security Manager to ensure that regular audits of ward safes are carried out and that appropriate investigations into any thefts or losses are carried out.

4.6 Security Officers

It is the responsibility of Security Officers to

- Fully familiarise themselves, and staff within their management with this Policy
- Ensure compliance with control measures

4.7 Cashiers

It is the responsibility of Cashiers to

- Fully familiarise themselves, and staff within their management with this Policy
- Ensure compliance with control measures
- Ensure patient property documentation is available at all times.

4.6 Responsibility of Matrons

- Fully familiarise themselves with this Policy and make the policy available to staff under their management.
- Ensure that staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- Ensure that ward staff co-operate fully with investigations into thefts and losses in a timely manner.

4.7 Responsibility of Ward staff

Make themselves familiar with and conform to this policy for managing patient's property.

4.8 Responsibility of Bereavement Officers

Make themselves familiar with and conform to this policy for managing patient's property. This includes liaising with bereaved relatives and ensuring property is returned to the appropriate patient representative in a timely way.

4.9 Responsibility of all staff

All staff are required to uphold security arrangements with Trust premises, and comply with financial procedures, complying with this policy for managing patients property is part of that responsibility.

5. Policy

- 5.1 For most people, coming to hospital is often an anxious time and as such they may be less aware of potential risks of theft than they are in other situations, such as out shopping, walking etc. Therefore, it is reasonable to regard patients as a vulnerable group where their property is concerned.

5.2 Provision for patient property in Out-patients / Day Surgery

- 5.2.1 It is assumed that the majority of out-patients will be able to look after their property at all times, e.g. in waiting rooms and in consulting rooms. For those patients attending out-patient appointments who may be confused or otherwise unable to look after any property brought with them, it is assumed that their accompanying carer will undertake this responsibility, or staff member if a carer is not present.
- 5.2.2 Some out-patients may be required to undergo diagnostic tests or day-surgery procedures which will prevent them from taking their property with them for technical or infection control reasons. In these areas, patients will be offered the opportunity to give their belongings to a member of staff for safe keeping, who will sign for receipt of the property, and will be returned immediately once the procedure has been undertaken.
- 5.2.3 Departments will have arrangements in place to inform their outpatients prior to their appointment what facilities, if any, are available for securing their personal property. Outpatients should also be advised, regardless of lockers provided, to minimise the amount of valuable personal property they bring into the hospital and that the Trust cannot take responsibility for property that is lost or stolen.

5.3 Provision for patient property as an In-patient

- 5.3.1 The Trust's Welcome Booklet for elective patients clearly states that valuables brought into hospital should be kept to an absolute minimum, but compared to 10 or 15 years ago, people possess and expect to use more valuable property such as MP3 players, mobile phones, laptops or palmtops. However, as far as possible, all patients should be encouraged to minimise the amount of personal possessions they bring into hospital. The Trust is only able to take responsibility for personal possessions if these are formally handed in for safe keeping and this is documented as required by this policy.
- 5.3.2 Upon admission, patients will be asked: if they have any valuables with them which can be returned home; to surrender any valuables into Trust care or; to sign a disclaimer for any valuables they retain whilst admitted. Staff are to ensure that the procedures for handling patients property and disclaimers are adhered to. Patient's property should not be held in ward safes for any more than 24 hours before transfer to the night safe, cashiers or return to patient.
- 5.3.3 Currently, patients' property may be held in one of four locations:
 - a. Retained by the patient. There is currently no facility to lock away property at all bedsides across our hospitals.
 - b. In the ward safe temporarily, until it can be transferred to the Cashiers Office or the Night Safe (out of hours).

- c. In one of two night safes currently located on the 3rd floor of the Barry Building or the Emergency Department, until collected by cashiers at the RSCH or the night safe, 1st floor Admin, PRH.
- d. In the Cashiers Office at either *RSCH* or *PRH*. This is the final location until the property is returned to the patient.

5.4 Property lists – Patient’s Property Receipt

Property lists should be completed for all patients who choose to surrender their valuables for safe keeping or who, because of the nature of their illness/problems are not able to look after their own property/valuables e.g. confused, unconscious or deceased patients. Patient’s Property Receipt books are available from the Cashiers office.

5.5 Disclaimer Forms

- 5.5.1 Patients must be asked to sign a disclaimer for property retained in their own possession (Patient’s Property Receipt) and if unable to do so, then the patient’s first “family” visitor (see Appendix A) must be requested to complete the disclaimer.
- 5.5.2 If the patient or “family” visitor refuses to sign the disclaimer, a member of staff must make it clear to them that the Trust can only accept responsibility for items handed in for safe keeping and must document on the disclaimer form the date and time at which the information was given, and the person to whom the information was given. The disclaimer must then be filed in the patient’s records. The member of staff must make sure that the signatory is able to read and understand what they are signing.

5.6 Confused or unconscious patients

- 5.6.1 It should be carefully explained to the patient’s first “family” visitor that the hospital cannot take responsibility for any item not handed in for safekeeping and that personal property kept at the hospital should be minimised.
- 5.6.2 It is the responsibility of the nurse in charge of the ward/department to ensure that valuables (cash, jewellery, keys) are taken to the cashiers’ office: a nurse from the ward, the ward clerk or the night sister may be able to help ensure that this happens without delay.
- 5.6.3 In exceptional circumstances, security may be contacted for assistance. The cashiers’ office opening hours are Monday - Friday 09.00 – 17.00. When the cashiers’ office is closed, the valuables should be taken to a night safe which can be found in the main building (third floor) or in A&E on Level 5 of the Tower Block, and the outside the Cashier’s Office, 1st Floor, PRH. Indicate which safe is used on the Property Form.

5.7 Property given to next of kin

Refer to Appendix A for identification of next of kin and next friend. If at all possible, check with the patient their wishes regarding to what extent property may be given to any other “family” visitor and document this. This may become particularly significant if the patient dies.

5.8 Care of property on discharge

On leaving the hospital, patients with property in the cashiers’ office safe must reclaim it. If they are not able to come in person, a “family” visitor or the ward clerk can come in their place. However, whoever comes for the property must provide sufficient identification and preferably a letter of authorisation from the patient.

5.9 Care of property when patients are transferred from ward or hospital

When patients are transferred to another ward, area or hospital within the Trust, existing property lists must be checked as correct, signed and dated again by two members of staff and this must be documented in the patient’s notes. It is good practice to always check for every patient immediately before and after transfer that they have any glasses, hearing aids and dentures with them.

5.10 Care of essential personal items

Patients may need to keep with them items which are necessary to the normal activities of daily living for example dentures, spectacles, hearing aids. The Trust needs to take special care to help patients look after these items and prevent accidental loss as part of their duty of care towards their patients.

5.11 Property of deceased patients

If a patient dies, all of their property should be listed and accounted as in 5.4 and held securely either on the ward or in the areas identified in 5.3.3, pending arrangements to hand over the property to the patient’s representatives who will be required to produce appropriate documentation proving their entitlement to it.

5.12 Patients’ Own Drugs (PODs)

All PODs remain the patient’s property

Transfer within the hospital

Where patients are transferred from one ward to another during their inpatient stay, the registered nurse co-ordinating the transfer must ensure that medicines

stored in the patient's POD locker are transferred in a secure manner to the receiving ward.

Transfer to another hospital

When a patient is transferred to another hospital the contents of the patient's bedside cabinet and POD locker must be removed and placed in a paper bag with the patient's name and hospital number recorded on the outside. These medicines along with the patient's other property must be transferred in a secure manner with the patient following the Trust's guidelines for the Safe and Secure Handling of Medicines for Registered Nurses and Midwives and the Trust's Procedure for the Discharge of Adults from Brighton and Sussex University Hospitals NHS Trust.

6. Training

Implementation of the policy will be supported by ward-based training.

7. Monitoring Arrangements

The effectiveness of the policy will be monitored through the periodic review of reported incidents and complaints; and audits of ward safes and associated documentation.

The effectiveness of this policy may also be monitored through inspection by external bodies, including but not limited to:

- Care Quality Commission
- NHS Litigation Authority
- Health & Safety Executive
- NHS Security Management Service

8. Links to other Trust policies

Discharge Policy for Adults and Children

Guidelines for the use of Patients Own Drugs

Standing Orders, Scheme of Reservation, Scheme of Delegation, Standing Financial Instructions

9. Associated documentation

The Brighton and Sussex University Hospitals NHS Trust Welcome Booklet

10. References

Guidance for NHS organisations on the secure management of patient's property
Tracking fraud and managing security. July 2012 NHS Protect

Appendix A

Identification of next of kin

Identification Of Next Of Kin

Most adult patients are able to identify to the staff the person they want to have regarded as their “next friend” for the purpose of their stay in hospital. However, details should also be obtained and documented whenever possible of the patient’s next of kin. This person may have particular status in connection with a patient’s property if the patient dies while property is being held on their behalf by the Trust. As a rule of thumb, the first surviving relative encountered on the following list is next of kin to the patient.

In Order of Priority

1. Surviving spouse (not divorced or judicially separated) or
2. Children (including illegitimate children)
3. Parents
4. Brothers or sisters (or their children if deceased)
5. Half brothers or sisters
6. Grandparents
7. Uncles and aunts (or their children if deceased)
8. Half uncles and aunts

Appendix B

Request Form For Item(s) Held In Safekeeping

Hospital _____

PART A

Patient's Name _____

Ward _____

**Item(s) Requested
from safekeeping** _____

I authorise a member of nursing staff / ward clerk to collect the above items on my behalf.

Signature of Patient _____ **Date** _____

Signature of Witness _____ **Date** _____

PART B

Issued By _____

Designation _____

Received By _____

Designation _____

Date _____

PART C

I hereby acknowledge that the above item(s) have been returned to me correctly. I accept sole responsibility for this property that is now in my possession.

Signature of Patient _____ **Date** _____

Signature of Witness _____ **Date** _____

Signature of 2nd Witness _____ **Date** _____
(if patient is unable to sign)

Appendix C

Completing the Patients' Property Receipt Book

1. A member of nursing or health care staff must be primary lister/checker.
2. Use black pen, place exclusion card under pink copy and ensure details copy legibly onto all 3 sheets (white/pink/yellow).
3. Property Form number to be written on nursing notes and property envelope and listed in patient's nursing notes.
4. Hospital number to be written on Property Forms. If Hospital number is not available then the A&E number is to be documented.
5. Every property item to be described and listed separately; a line should be drawn through remaining blank spaces.
6. Jewellery must be described as e.g. yellow or white metal not *gold or silver*, red stone not *ruby* etc.
7. Patient and two nurses to sign property list (or "family" visitor if patient unable to sign)
8. Once all items have been listed in the book, money, keys and other valuables are placed in a patient's property envelope. The two nurses then sign across the seal of the envelope and seal the signatures with sellotape. A nurse, ward clerk or in exceptional circumstances a security officer shall then immediately take the envelope with the yellow copy to the cashiers' office or if outside office hours place the envelope and yellow copy in one of the night safes.
9. The Patient's Property Receipt is in triplicate; the top copy is white and goes to the patient, (for confused patients the white copy should go in the nursing notes) the second copy is yellow and goes with the property to the cashiers' office or into the night safe (it should already be attached to the envelope), the third copy is pink and stays in the Patient's Property Receipt Book on the ward. The nurse listing there property must make it clear to the patient that over £50 will be returned in the form of a cheque.
10. A patient's property green carrier bag should be used for clothes. The handles should be tied closed, the patient's printed I.D. label attached and it must accompany the patient to the ward if they are transferred from elsewhere in the Trust.

11. A patient's property receipt shall be completed for clothing as well as valuables.

12. Contaminated or torn/cut clothes should be kept and listed. Do not discard unless requested to do so by patient or next friend. This must be documented (including details of relative as appropriate).

Appendix D

Ward Safes

1. It is the responsibility of the ward manager to ensure that the contents of the ward safe are checked daily; that this is documented daily, identifying the person who has carried out the check; and that the record is available for audit purposes. No item may remain in the ward safe for more than 24 hours. If any such item is identified, the person checking is responsible for either returning it to the patient or taking it to the night safe/cashiers office.
2. Ward safes must only be used for patients' property. If the patient requests it, less than £20 in cash, jewellery, keys etc may go into the ward safe temporarily if the patient is returning to the ward that day and likely to be able to reclaim their property. These items must be listed in the Property Book and then placed in a property envelope, which must be sealed; two members of staff must sign over the seal and cover signatures with cellotape and sign in the book. The white copy from the Property Book must be given to the patient and the yellow and pink copies left in the book.
3. More than £20 in cash must be taken to one of the two night safes or the cashiers' office with the yellow copy from the Property Book. Indicate which safe is used on the property form. The nurse listing the property must make it clear to the patient that over £50 will be returned in the form of a cheque.
4. When the patient returns and has recovered sufficiently, the valuables should be promptly returned and the patient must sign the pink copy of the Property Book to confirm this. This signature must be witnessed by a member of staff who must sign the book to confirm this. If the patient is able to receive the valuables back but is not able to sign for receipt, two members of staff must witness and sign in the book to confirm the handover.
5. If, after 24 hours from leaving the ward the patient is unable to receive the valuables back, they must be taken immediately to the cashiers' office/night safe with the yellow copy. Document that the property form has been completed in patient's notes, recording the form number.
6. Keys to the ward safe must be kept separately from all other ward keys and held by the person in charge of the ward.

Appendix E

Cashiers' Procedure Notes - Patients' Property

1. Patients Property

- 1.1 Every morning two cashiers will visit the night offices in the main building (third floor) and in the A&E Department (on Level 5 of the Tower Block). In each of these offices is a safe in which any valuables or money belonging to patients is placed for temporary safe keeping.
- 1.2 Both cashiers, on checking the Night Safes together, sign for any property left in them.
- 1.3 When property is brought to the cashiers' office any property belonging to a deceased patient must be identified immediately. This property goes directly to the registration officer who has responsibility for all deceased patients' property.
The remaining property is then opened and checked by two cashiers. Any keys belonging to patients are recorded in the Patients' Key Book, with details of the patient's name, ward, Patient's Property Receipt Number, date received and Key Tag Number, together with the signature of the cashier. The same details are also recorded on a tag attached to each key. The keys are then kept in a separate box in the Patients' Property safe.
- 1.4 If all the property recorded on the Patients' Property Receipt is there, the property excluding any patients' keys is re-sealed in the envelope. Any property that is not present may have stayed with the patient. Its location should be checked by phoning the ward that the patient has been admitted to, or by talking to the nurses who filled in the Property Receipt and a record made of any discrepancy between listed property and what is actually present. An Incident Form must be completed and an investigation carried out by the nurse in charge. If anything is reported missing, the nurse in charge must inform security (7474) immediately.
- 1.5 Cashiers will hold property in a safe for safekeeping.
- 1.6 The cashier must record property placed in the general safe in the cashiers' grey book.

2. Patients' Money

- 2.1 When patients' property is taken to the cashiers' office there is often money with it. This money is banked.

- 2.2 Any money is checked against the itemised list on the Patient's Property Receipt. Once this is completed and found to be correct the cashier will telephone the ward where the patient has been admitted and confirm that the patient has a bank account.
- 2.3 Although the patient can have up to £50.00 of their money returned to them in cash, the remainder will be returned as a cheque which can be in the form of an open cheque if required. Cash can be returned in exceptional circumstances if the cashiers have adequate advance notification. **This must be made clear to the patient** by the nurse listing the property with the patient and recorded in the Patients' Property Book.

3. **Patients' Keys**

- 3.1 Unless the patient is reclaiming them on the same day, all patients' keys handed over for safe custody must be kept securely in the cashiers' office safe and not on the ward. The cashiers will look after the patients' keys between Monday 0915 and Friday 1645. If any patient needs their keys (for their relatives or because they are being discharged), they will need to inform the nursing staff before the cashiers' office closes at 1645.

Over the weekend (between Friday 1645 and Monday 0900) the patients' keys will be transferred from the cashiers' office to the security office, on Level 5 of the Tower Block, so that if the need arises the nursing staff can still obtain keys for a patient.

3.2. **Reclaiming Patients' Keys**

Should a patient need his/her keys over the weekend period the following procedure should be followed:

- a) A qualified nurse should contact the 24-hour security office on extension 7474 and inform the security officer on duty that he/she needs to collect some keys for a patient.
- b) The qualified nurse should give his/her name so that the security officer knows who to expect (the nurse's identification will be checked and confirmed on arrival at the security office).
- c) The qualified nurse should take the patient's (white) copy and ward copy (pink in book) of the Patients' Property Receipt with them as proof of the patient's identity and property. The security office will check the receipt number (top right hand corner) before handing over any keys. If the patient is well enough to go to level 5, the nurse must accompany him/her to collect the keys, since

the security officer will require a signature from the nurse confirming that the keys have been handed back to the patient.

- d) On receipt of the keys from the security officer, the nurse will print and then sign his/her name in the 'OUT' Section of the Patients' Keys Log Book held by security indicating time and date.
- e) The qualified nurse shall obtain and witness a signature from the patient for receipt of the keys on the ward copy (pink) of the Patients' Property Receipt Book.

Appendix F

Procedure notes for ward clerks/nursing staff

Reclaiming patients property and money

Introduction

On leaving the hospital, patients with property in the cashiers' office safe must reclaim it. If they are not able to come in person, a "family" visitor or the ward clerk can come in their place. However, whoever comes for the property must provide sufficient identification and preferably a letter of authorisation from the patient. (Appendix C) property held in the cashiers' office is not available outside working hours - (Monday - Friday 09.15 - 16.45) It is the responsibility of the ward manager to ensure that patients are always encouraged to take home their property held in the cashier's safe and on the ward, prior to discharge.

1. When property is being reclaimed the patient, or their representative, gives the cashier their white copy of the Patient's Property Receipt.
2. The cashier checks this copy of the Patient Property Receipt against the file of yellow copies which are kept in the office. When a match is found the cashier then looks for the envelope number written in section C of the receipt and then checks the office Patients' Property Book for that number.
3. The appropriate envelope is then taken from the safe by the chief cashier and handed, unopened, to the cashier. Then, in front of the patient, or their representative, the envelope is emptied and the contents checked against the two copies of the Patient's Property Receipt.
4. When the recipient is satisfied that all the contents are present and correct they sign for the property in section D on the cashier's yellow copy.
5. The cashier retains this signed copy on their file. This copy is kept as proof of collection in the event of any future query.
6. If there is any discrepancy or other problem, the matter must be reported to the Assistant Director of Finance (Treasury) without delay and a Datix Incident Form completed by the cashier.

Appendix G

Procedure notes for ward clerks/nursing staff

'Patients' monies request book'

The pages are self-carbonating; please ensure that the cardboard is positioned correctly.

1. Patients' Monies Request Book

When a patient requests part or all of his money to be returned; the ward, name, date and patient's name is to be completed at the top of the page in the Patients' Monies Request Book.

2. Part A

2.1 Enter in the 'amount' and 'reason for request' e.g. 'spending money' or 'patient being discharged' etc.

2.2. Ask the patient to sign that the above given details are correct in the space provided for the 'patient's signature'.

2.3. Witness the patient's signature by signing in the 'witness signature' space. If the patient is unable to sign, a second member of the ward staff must sign as witness.

2.4. Take the Request Book to the registration officer.

3. Part B

3.1. If there are adequate funds in the patient's account, the registration officer will complete Part B in the Request Book and issue a 'Patients Monies Accounts Voucher'.

3.2. Take the Request Book and the Voucher to the cashiers' office.

4. Part C

4.1. The cashier will check that the above has been correctly completed and then hand over the cash.

4.2. Count the cash received.

4.3. Complete Part C by entering the amount of cash received. Sign the book and print name underneath in the spaces provided.

4.4. The cashier will remove the top copy and hand the Request Book back. The duplicate copy will remain in the book as a record for the ward.

5. Patients Monies Account Voucher

- 5.1.** The 'Patients Monies Account Voucher' and cash should be taken back to the patient. The patient and two witnesses should sign this voucher as evidence that the cash has been received. If the patient is incapable of signing the voucher then 2 witnesses, including one qualified nurse, should sign on the patient's behalf
- 5.2.** The voucher should then be returned to the cashiers' office as soon as possible. Staff should ensure that the voucher is not retained by the patient or lost as it protects the ward staff against any possible allegation of mishandling cash.

Appendix H

Procedure Notes For Property Found

Introduction

If any property is found on a ward or in a department, the staff must take steps to return it to its owner. If this is unsuccessful, lost property must be handed into the cashiers' office for safe keeping and falls into one of two categories; ordinary lost property and valuable lost property.

1. Ordinary Lost Property - Action by Cashiers' Dept

- 1.1 Lost property can come to the cashiers' office from various sources e.g., wards, reception, restaurant etc.
- 1.2 Attach label identifying when and where found.
- 1.3 Itemise the property in the Lost Property Book and issue a number.
- 1.4 Seal the item in a bag and attach a label bearing the appropriate number for that lost item.
- 1.5 Place the labelled bag in the Lost Property Cupboard.
- 1.6 Ordinary lost property is kept for 3 months and then, if not collected, it is destroyed or given for jumble sales.

2. Valuable Lost Property

- 2.1 Valuable lost property usually consists of items such as rings, watches, credit cards etc.
- 2.2 Outside office hours valuable property should be placed in an envelope with details of where and when found, and by whom, and placed in a night safe. Bulky items should be handed to security. Security will keep a written record of all such items which will be countersigned by cashiers when handed to them at the next opportunity.
- 2.3 This property is also itemised in the Lost Property Book and allocated a number by cashiers.
- 2.4 The property is now placed in an envelope, sealed with the number written clearly on the front and then given to the chief cashier. It is kept in safe custody for 6 months.

- 2.5 After this period the valuables are passed to the financial accountant and an assistant, who check the items, sign the Lost Property Book and enters the details of the property in the Finance Property Disposal Book with both their signatures.
- 2.6 The financial accountant periodically and at least bi-annually arranges with the NHS Supplies Manager the controlled disposal of lost property.
- 2.7 The Financial Accountant ensures that the valuables are retained securely in a locked security cabinet in a locked room. The key to the cabinet is held in the Cashier's safe and the key to the locked room is held by the Financial Accountant.

Appendix I

Procedure Notes Re Patients' Property Specific To Critical Care - Level 7

Some individual areas may need to develop clear qualities to cover specific issues. The following is an example for ITU.

All patients' property must be listed as per Brighton & Sussex University Hospitals NHS Trust Patients' Property Policy and Procedure Notes

1. Property not directly required to aid care must be returned to next friend or "family" visitor (see Appendix A) as soon as possible. A signature must be obtained for any items given to the next friend or "family" visitor. Only a wash bag, dentures, glasses, hearing aids and photographs may be kept on the unit.
2. Wards will be expected to return property to patient's next friend or "family" visitor prior to elective admission to either HDU or ITU. Only property as listed in (1) above will be required on ITU/HDU. Patients admitted from wards within Brighton Health Care as an emergency will have their property returned to a friend or "family" visitor as soon as possible. Property unable to be returned to a friend or "family" visitor within 24 hours should be sent to Cashiers by the ward from which the patient is being transferred. If the cashiers' office is closed, security staff will take the items. (See Ward Safes Appendix G).
3. The ward clerk will check the ward safe daily to ensure that any property is either returned to a friend or "family" visitor or forwarded to the cashiers' department.

Appendix J

Statutory responsibilities relating to the secure management of patients' property

1. NHS Protect

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

2. Care Quality Commission

The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 ('the Regulations') set out essential standards, which providers are required to meet in order to register with CQC. Under these regulations providers "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" (Regulation 11, paragraph (1)). The relevant meaning of 'abuse' includes "theft, misuse or misappropriation of money or property" (ibid. paragraph (3)).

The guidance states that in order to meet the requirements of Regulation 11, providers should:

- ensure that patients and service users are protected as staff are not able to benefit financially or inappropriately gain from them (unless it is in line with arrangements for the service), use their property for personal use, borrow money from them or lend money to them, and sell or dispose of their property for their own gain;
- ensure that, where the service looks after people's money or valuables in a long-term way (e.g. mental health or learning disability residential settings), detailed records are kept, the property is not used for the running of the service and service users can access the property in a timely way.

Providers must ensure that service users and others having access to the provider's premises are "protected against the risks associated with unsafe and unsuitable premises", by means of, among other things, "appropriate measures in relation to the security of the premises" (Regulation 15). For example, the guidance states that in order to meet the requirements of Regulation 15, providers should ensure that "measures are in place to protect the personal possessions of people who use services".

4. NHS Litigation Authority (NHSLA)

The NHSLA handles civil legal liability claims through a variety of membership schemes of which most providers of NHS care are members. Claims relating to patients' personal belongings may be covered under the Liabilities to Third Parties Scheme and the Property Expenses Scheme, known collectively as the Risk Pooling Schemes for Trusts.

Appendix K Due Regard Assessment Tool

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Gender identity	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
	• Marriage and civil partnership status	No	
	• Pregnancy and maternity status	No	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?		