

# INPATIENT PROPERTY PROCEDURE

<b>Document Reference</b>	Proc487
<b>Version Number</b>	1.0
<b>Author/Lead, Job Title</b>	Dani Wilkinson, Safewards Divisional Lead Nigel Hewitson, Modern Matron (Mental Health inpatient) Lisa Clark, Team Leader, Westlands
<b>Lead Director name</b>	Hilary Gledhill, Director of Nursing, Allied Health and Social Care Professionals
<b>Consultation</b>	RRI Co-production Group July-23 RRI Group July-23
<b>Date of Last Changes</b>	22 August 2023
<b>Date of Next Review</b>	August 2026
<b>Name of approving group</b> <b>Date of approval</b>	Operational Development Group (ODG) 22 August 2023

**VALIDITY – Policies should be accessed via the Trust intranet to ensure the current version is used.**

### CHANGE RECORD

Version	Date	Change details
1.0	Aug 2023	<i>New Trust Procedure written as part of recommendation from IIR. Approved at ODG (22 August 2023).</i>

## Contents

1. INTRODUCTION .....	3
2. SCOPE .....	3
3. PROCEDURE STATEMENT.....	3
4. DUTIES & RESPONSIBILITIES.....	3
5. PROCEDURES.....	4
5.1. Valuable Items: .....	4
5.2. Contraband/Controlled Items and other Patient Property: .....	5
5.3. Visitors/Relatives: .....	5
6. EQUALITY & DIVERSITY .....	6
7. IMPLEMENTATION .....	6
8. MONITORING & AUDIT.....	6
9. RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES .....	6
Appendix 1 - Equality Impact Assessment (EIA).....	7

## 1. INTRODUCTION

The aim of this procedure is to ensure the safe receipt, storage and return of patients' property and valuables which are either handed in for safe keeping, or removed from patients' personal possession as a consequence of security or clinical need, and sets out the procedures for the safe storage of valuable items and contraband/controlled items, as well as patients' property within Acute Inpatient Services.

This Procedure should be read in conjunction with the Trust Patients' Property Procedure (Proc433).

## 2. SCOPE

This procedure applies in principle to all staff, and services of inpatient, and should be read in conjunction with the Trust Patients' Property Procedure (Proc433).

## 3. PROCEDURE STATEMENT

The Trust will take due care of patients property whilst the patients are in our care receiving our services. Within this, the Trust assumes that those patients capable of managing their own property will do so within the requirements of the Trust services they access. The Trust carries a liability in relation to patients property taken in for safe keeping but can have no liability for property retained by patients (see other policies regarding discretionary claims).

## 4. DUTIES & RESPONSIBILITIES

**Chief Executive** - Has responsibility for the oversight of the local implementation of this procedure. Executive Management Group Has the delegated responsibility for local implementation and monitoring of this procedure.

**Directors** - Have responsibility for ensuring that services under their direction use and follow the procedure and for the assurance and any financial audit regarding the use of the procedure.

**Heads of Service** - Have responsibility for ensuring appropriate local procedures are in place and operating successfully and safely.

**Departmental Heads** - Ensure that local procedures are followed. Finance Have responsibility to ensure that financial procedures and guidelines are adhered to.

**Modern Matrons/Service Managers** - Are responsible for ensuring that all areas under their sphere of responsibility have appropriate procedures in place and these are adhered to.

**Charge Nurses/Ward Sisters** - Are responsible for ensuring that local procedures, if required, are in place which fit within this procedure policy and agreed with the Financial Controller are adhered to by staff and that any appropriate training is identified and attended.

## 5. PROCEDURES

### 5.1. Valuable Items:

On admission the identified member of staff is to ascertain if there are any items of property that may be classed as valuable items money, jewelry etc.

Patients returning to the ward must be asked if they have any new valuables on their person.

Any valuable items are to be logged on the patients' property sheet and an entry in the property book is to be made with the signatures of the receiving members of staff as well as the patient. A quadruplicate receipt from the Patients Cash and Property Record must be given to the patient.

The items are to be placed in the approved pouches, relevant sections completed, signed and tagged in the presence of the patient, if clinically appropriate. If the patient is not able to witness the process, two members of staff should continue to sign.

Any items removed from the patient's property must be signed out on the patient's property record and any items returned or any new items brought in must be added and signed in by staff as well as the patient.

Any monies returned to the patient and any monies brought in must be clearly recorded patient property record, with a clear running total of all monies in and out. This must be signed for by staff and the patient following every withdrawal or addition.

Upon discharge/transfer the valuable items should be checked against the records and either returned to or transferred with the patient.

Should a patient prefer that the ward does not store their valuable items they may opt for their nearest relative to take possession or for the item to remain on their person. If the patient keeps possession of the item(s) they must be informed of the Trusts position re liability, as set out in the Physical Security of Premises and other Assets Policy and Lockdown Procedures (F-017). Wards are to ensure that warning signs are displayed in all areas of the building disclaiming liability for loss or damage to property.

Where patients choose to keep any valuables on their person then staff must ensure that they show the patient how to utilize the safe that is located in each bedroom. As well as reiterating that the patient is responsible for any items that remain in their possession.

Where possible efforts should be made to ensure personal valuables should be permanently removed from the premises and stored safely elsewhere. This storage facility should be operated by a third party not connected to the Trust, when such an appropriate alternative exists (i.e. banks, safety deposit facilities, family).

## **5.2. Contraband/Controlled Items and other Patient Property:**

All property brought onto the ward by a patient must be recorded on the Patient Property sheet at point of admission/transfer.

All controlled/contraband items will be removed and stored as per procedure.

Patients should be present when this procedure is carried out and asked to sign to say they agree with the record of contents.

If it is not clinically appropriate for this to happen this must be recorded on the Property sheet and in the patient's clinical notes. This must be carried out by 2 staff members who both sign the form.

Access to Controlled/Contraband areas/rooms must be limited to staff only. This is to reduce risk of patients accessing items that may be deemed as harmful or increased risk to self or others, as well as reduce access to other patients' property. Please see the Search Policy for full list ([Search Policy Inpatient M-013.pdf \(humber.nhs.uk\)](#))

The individuals Controlled/contraband items may be accessed by the patient under staff supervision or if clinically appropriate, for specific periods of time independently and then returned to the appropriate storage area. These decisions will be patient specific and reflected in the risk management plan.

If patients take any property home or bring any new items onto the ward the property sheet must be amended to reflect this and the patient asked to sign.

Copies of the Property sheet must go with the clinical notes at point of transfer/discharge.

A copy must be kept on the transferring/discharging ward in case of any discrepancies/claims.

If the patient refuses to sign the form or have valuables/items stored safely they must be informed of the Trusts position re liability for loss/damage of items, as per the Physical Security of Premises and other Assets Policy and Lockdown Procedures (F-017).

## **5.3. Visitors/Relatives:**

All visitors and relatives must be asked before seeing the patient if they have brought any items for the patient. If they have they must be asked what these items are.

If on the agreed contraband list they must be informed that the items are not permitted onto the ward. If the visitor refuses to comply with this request then the visitor is not permitted to go onto the ward. This must be logged in the patient record as well as a Datix completed.

For items that are on the controlled list they are to be removed by the staff member and recorded onto the patient property sheet and stored in the patient property boxes. If it is an electrical item it must not be given to the patient until it has been PAT tested, unless the item is battery operated. Any items with electrical cording

need to be risk assessed prior to been given to the patient and this must be recorded in the patients' Safety plan. If it is felt to be clinically unsafe to give the item to the patient this must be explained to them and recorded in the clinical notes. The item can be stored in the patients' property and given to them when agreed to be clinically safe to do so or returned to a relative to take home.

Any other items that do not fit into the above categories, such as clothing, must be recorded on the patient property sheet as per the normal process for recording of patient property.

Please refer to the Inpatient Search Policy (M-013) and Policy on the use of Global Restrictive Practices (Blanket Restrictions) Inpatient Units (M-025), for further instruction and guidance.

## **6. EQUALITY & DIVERSITY**

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA.(appendix 1)

## **7. IMPLEMENTATION**

This procedure will be disseminated by the method described in the Trust's Document Control Policy and will be disseminated across all units and continuously monitored.

The implementation of this procedure requires no additional financial resource.

## **8. MONITORING & AUDIT**

Monitoring will be via the review of the implementation and operation of the Local Operational Procedures in each ward/service area at least once a year by the senior service manager or their delegate.

As per Search policy, all patients' belongings will be searched upon initial admission onto the inpatient wards. Refer to the Search Policy for further Monitoring and Audit information regarding the search process.

Further monitoring and audit may result following reported incidents/concerns/issues via Datix or the complaints and feedback team with regards to patient property or in relation to contraband/controlled items.

## **9. RELEVANT HFT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES**

- Inpatient Search Policy (M-013)
- Policy on the use of Global Restrictive Practices (Blanket Restrictions) Inpatient Units (M-025)
- Patients' Property Procedure (Proc433).

## Appendix 1 - Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Inpatient Property Procedure**
2. EIA Reviewer (name, job title, base and contact details) **Dani Wilkinson, Safewards Lead**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Procedure**

<b>Main Aims of the Document, Process or Service</b>		
<i>The aim of this procedure is to ensure the safe receipt, storage and return of patients' property and valuables which are either handed in for safe keeping, or removed from patients' personal possession as a consequence of security or clinical need, and sets out the procedures for the safe storage of valuable items and contraband/controlled items, as well as patients' property within Acute Inpatient Services.</i>		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
Age	<b>Equality Impact Score</b> Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or
Disability		
Sex		
Marriage/Civil Partnership		
Pregnancy/Maternity		
Race		
Religion/Belief		
Sexual Orientation		
Gender re-assignment		

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	LOW	Applicable across the lifespan, to all ages who are admitted to our inpatient units (excluding early years).
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	LOW	This policy is consistent in its approach regardless of disability. For individuals who have a communication need or have English as their second language information will be provided in the appropriate format to support understanding.
Sex	Men/Male, Women/Female	LOW	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any gender related preferences, needs or requirements.
Married/Civil Partnership		LOW	There is no procedure in the application of this that would affect married/civil partnership.
Pregnancy/Maternity		LOW	There is no procedure in the application of this that would affect pregnant/antenatal women.
Race	Colour, Nationality, Ethnic/national origins	LOW	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to

			and appropriate accommodation of any preferences, needs or requirements related to race or ethnicity. This policy is consistent in its approach regardless of race. It is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the Trust interpretation procedure.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	LOW	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to religious or other belief systems.
Sexual Orientation	Lesbian, Gay Men, Bisexual	LOW	The MHA Code of Practice details the need for non-discriminatory practice and application of the MHA as well as highlighting the requirement for awareness of, sensitivity to and appropriate accommodation of any preferences, needs or requirements related to sexual orientation.
Gender re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	LOW	This policy is consistent in its approach regardless of the gender the individual wishes to be identified as. We recognise the gender that people choose to live in hence why the terms gender identity and gender expression ensure we are covering the full spectrum of LGBT+ and not excluding trans, gender fluid or asexual people. Specific guidance is given in relation to gender and trans. As a guiding principle, everyone will be treated as an individual and gender should not be a barrier.

## Summary

<i>Please describe the main points/actions arising from your assessment that supports your decision above</i>	
The standards and principles set out within this procedure aim to advise and guide the practitioner to ensure this procedure is followed to meet the needs of the patient as well as appropriately risk assess the use and access of controlled/contraband items as well as care of valuables/monies. This is reviewed on an individual level with each patient.	
This procedure also follows standards, guidance and policies set out within the Search Policy, Patient Property Procedure and Blanket Restrictions.	
EIA Reviewer	Dani Wilkinson
Date completed;	20/07/23
Signature	D Wilkinson