



# GUIDANCE FOR THE SECURE MANAGEMENT OF PATIENT PROPERTY

**Version 4.1**

Safeguarding Patients Property

## **EQUALITY IMPACT**

The Trust strives to ensure equality of opportunity for all both as a major employer and as a provider of health care. This policy has therefore been equality impact assessed by the Trust Adult Safeguarding Board to ensure fairness and consistency for all those covered by it regardless of their individual differences, and the results are shown in Appendix 9.

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<b>Authorised by:</b>	<b>Security Management Group</b>
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## VERSION CONTROL SCHEDULE

### Patient Property Policy

#### Version : 4.1 Final

Version Number	Issue Date	Revisions from previous issue
1 (final)	October 2008	Original issue. Approved by Trust Executive Group
2	August 2012	Approved by Risk Management Committee. Amended section 8.4 to read: Patients' property which has not been placed into safe keeping (e.g. jewellery etc which the patient is wearing) must be recorded on the disclaimer which is contained within the hospital admission documentation. If the patient does not have capacity to sign the disclaimer then a relative should be asked to sign if possible. It must be made clear to patients and their relatives that the Trust cannot be held responsible for any items retained by the patient, as it is possible that they may be removed moved from the Ward at any time by a relative, or lost by the patient.
3		Complete re-write following guidance issued by the NHS Protect 'Guidance for NHS Organisations on The Secure Management of Patients Property, Version 2 – September 2013'
4	02/06/17	Reviewed by the Security Management Group Amended the Trust name
4.1	22/10/2018	Amended to include intermediated care locations

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## 1. INTRODUCTION

- 1.1 Admission to hospital or intermediate care can be a stressful time for patients and their families and whilst in the care of Tameside and Glossop Integrated Care NHS Foundation Trust (the Trust), patients should expect a safe and secure environment and the assurance that their belongings are safe and secure during their stay. However it is always preferable that valuables are not brought with patients but kept safe either at home or in the care of a trustee.
- 1.2 The Trust has a responsibility to provide safe custody for money and other personal property handed in by:
- Patients,
  - In the possession of unconscious or confused patients, or
  - Found in possession of patients who are dying or dead on arrival to their place of stay.
- 1.3 This Policy explains what to do with patient property, both of a valuable and of a no value nature. It is applicable to all staff involved with the management of patient property within the Trust and is designed to clarify the requirements of all staff who manage the property of patients as part of their work within the Trust and in relation to:
- Admission to wards and departments within the Trust
  - Transfer to other departments within the Trust
  - Discharge either to intermediate care, other health care providers or home.
- 1.4 Patients or their guardians (as appropriate) shall be informed of the measures to be taken before or at the time of admission by:
- Information contained in the Patient Handbook, as well as notices posted in clinical areas
  - Verbal information given by nursing and clerical staff involved in the admissions process:
- 1.5 The Trust aims to deliver safe, effective and personal care, so therefore ensuring the safekeeping of patient's property at all stages of their care and treatment is of high priority.
- 1.6 **Further Guidance**

This policy should be read in conjunction with the following:

- Mental Capacity Act 2005 Policy
- Safeguarding Adults Policy
- Medicines Policy

## 2. AIM

2.1 The aim of this policy is:

- To clarify the accountability of staff within the Trust who have responsibility for managing patient's property.
- To ensure that there are safe and appropriate procedures in place to manage patients property.
- To provide key procedures and processes to ensure the safekeeping of patient property.

2.2 The principle concern of the Trust is to ensure the safekeeping of patient's property at all stages of their care and treatment.

## 3. SCOPE

3.1 This policy applies to all staff employed by the Trust

3.2 This policy will cover the management of patient's property, valuable and of no value.

## 4. DEFINITIONS

4.1 For the purpose of this policy the definition of "patient" is anyone who is receiving clinical care or treatment at Tameside and Glossop Integrated Care NHS Foundation Trust.

4.2 Property can be defined as anything owned by the patient, which is of value to the patient. Whilst this definition clearly includes items such as money and jewellery, it is important to remember that items owned by the patient may have great personal or sentimental value, and such items also need to be regarded and treated as property under this policy. It is also important to remember that items such as clothing, walking aids, books, house keys, dentures and so on are also patient property and can cause considerable distress and inconvenience to the patient, and unnecessary additional work and expense for the Trust, if lost.

## 5. DUTIES

5.1 **The Chief Executive** is ultimately responsible for ensuring the provision of high quality, safe and effective care within the Trust

5.2 **The Director of Finance** is responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping and

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disposal of patient's property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty it is to administer in any way the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to patients. This can be found in the Trust's Standing Financial Instructions.

- 5.3 **Departmental and Ward Managers** are responsible for informing staff, on appointment, of their responsibilities and duties for the administration of patients' property. They are also responsible for ensuring policies and procedures around patients' property are implemented in their ward or unit. This includes monitoring and auditing compliance. Ward managers may also have further responsibilities relating to specific aspects of managing patients' property. For example, they may be responsible for ensuring patient information material is developed at ward level, or for initiating a local search if a patient's property is reported missing.
- 5.4 **The Healthcare Professional** is responsible for advising patients or their legal representative:
- To send property home where possible.
  - To advise patients / representatives that they must advise staff when additional valuables are brought into hospital.
  - To complete a disclaimer form
  - Ensuring all patients' property is documented following the correct procedure and in a timely way.
- 5.5 **The Bereavement Service** will advise bereaved families/representatives of the process for collecting patient property as required, for example: valuables are to be collected from the finance department and clothing from the appropriate ward.
- 5.6 **The PALS and Complaints Department** will provide information about the complaints procedure, assisting with claims for compensation, and liaising with relevant departments to facilitate investigations about missing property.

## 6. GENERAL PRINCIPLES

- 6.1 The Trust will take all reasonable steps to ensure that a Patient's property is secure, in order to minimise the risk of loss of or damage to patients' property. It will also help to limit or exclude the Trust's liability if loss or damage do occur.
- 6.2 In order to safeguard Patient property the following actions are taken:
- Advise patients to minimise the amount of property they keep on the Trust premises, and to avoid keeping valuable items there altogether.

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- If a patient wishes or needs to keep property on the Trust premises, they should be encouraged to hand it over to the Trust for safe custody.
  - Where a patient decides not to hand over property for safekeeping but opts to retain it with them on the premises, the Trust will need to inform the patient that doing so carries a higher risk of loss of or damage to the property, and that it intends to limit its liability if loss or damage occurred. Notices, forms must be displayed detailing that the Trust accepts no responsibility for loss or damage of any property that is not handed over to it for safekeeping. Where a patient decides to retain their property with them, they will be required to sign a disclaimer to the same effect (**see Appendix 1**).
  - The Trust will put in place appropriate security arrangements to ensure that patient care is delivered in a safe and secure environment.
- 6.3 On discharge, or transfer to intermediate care/another healthcare provider the patient should be sent home with the property they came in with.
- 6.4 If the patient is transferred to another ward/department, the receiving ward should be made aware of what patient property has been handed in to the Finance department for safekeeping. A photo copy of the property form (**see Appendix 3**) must be sent to the receiving ward and included in the patient's notes.
- 6.5 **Mental capacity and the management of patients' property**
- 6.5.1 The MCA introduced a legal framework by which the Trust can make decisions on behalf of patients who lack the capacity to do so. This applies to decisions about patients' property.
- 6.5.2 It must be assumed that patients have the mental capacity for the management and safekeeping of their property. If there is a concern to indicate otherwise a Mental Capacity Assessment (MCA) must be undertaken, in line with the Mental Capacity Act (2005)
- 6.5.3 If a patient has been assessed as lacking capacity, then any action taken, or any decision made for them, or on their behalf, must be made **in their best interests**. The person who has to make the decision will normally be the carer responsible for the day-to-day care of the patient, or a doctor or a nurse.
- 6.5.4 The MCA provides a checklist which will contribute to protection from liability for carrying out certain actions in connection with the care and treatment of people who lack capacity to consent, provided that the person carrying out the actions:

- Has observed the principles of the MCA
- Has carried out an assessment of capacity and reasonably believes that the person lacks capacity in relation to the matter in question
- Reasonably believes the action taken is in the best interests of the patient.

6.5.5 Appropriate records of assessments of capacity and best-interests decisions should be made and stored. Records made in relation to the management of patients' property will help staff to show that they have acted in compliance with the MCA, by providing evidence of the action taken.

6.5.6 It is important to note that the protection from liability does not extend to cases of negligence. This means that if a member of staff makes a decision regarding a patient's property in line with the requirements of the MCA but then is negligent in handling the property, they (and the Trust) may be liable for any loss or damage that occurs.

## 6.6 Duty to provide a safe and secure environment for care

- Providing a safe and secure environment for care is a legal duty under the regulations which underpin the quality standards for healthcare providers overseen by the Care Quality Commission (CQC). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 make specific references to the protection of patients' property.
- Regulation 13 says that providers "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" and includes "theft, misuse or misappropriation of money or property" within the relevant meaning of 'abuse'.
- Regulation 15 requires providers to ensure that service users 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". According to CQC guidance, having "measures... in place to protect the personal possessions of people who use services" will help providers to comply with this regulation<sup>2</sup>. Appropriate measures may include the use of dedicated locked cabinets which are under the control of the patient or other secure storage for patients' property.

## 6.7 Voluntary and involuntary bailment



- The Trust only becomes liable for patient property if it can be shown that it has assumed some responsibility for it. However, in certain circumstances the Trust's duty of care towards patients means that it will inherit an obligation to look after their property even where no explicit transfer of responsibility has occurred.
- The Trust acts as a *bailee* of the property entrusted to it by the patient, the *bailor*. Where the patient hands over property to the Trust for safe custody, this is known as *voluntary bailment*.
- The Trust can assume responsibility for patients' property without a formal handover. This is known as *involuntary bailment*. This type of bailment may arise, for instance, where a patient lacks capacity to make decisions about their property, either on admission (e.g. patient brought unconscious into A&E) or at any time during their stay (e.g. patient entering a coma). In these cases, the Trust becomes a bailee of the property and will have the same duty in relation to it as in the case of voluntary bailment.

## 7. MANAGEMENT OF PATIENT PROPERTY

- 7.1 All staff should be made aware of their responsibilities and duties for the administration of the property of patients by the appropriate Departmental/Ward Manager.
- 7.2 When handling patient property and valuables, care should be taken to be sensitive to any cultural or religious beliefs and values that the patient or carers may hold.
- 7.3 **Classification of Property** - Patient's property can be generally classified into four types:
- **Valuable Property** - This is property of a high financial value, and will include cash but can also include cheque books, bank / credit cards and jewellery. This should be recorded on the Patient Property Book, sample found in **Appendix 3**
  - **Non Valuable Property** - This is property of low or little monetary value. This, clothing and other items below, should be recorded on the Patient Property Disclaimer Form in **Appendix 1**.
  - **Patients Clothing** - Includes shoes, suitcases, handbags, dentures and spectacles etc.
  - **Other Items** - This may include offensive weapons, medicines or illegal

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substances. These should be dealt with in line with other policies i.e. Illicit Substance Policy

- 7.2 The Patient Property Disclaimer Form (**Appendix 1**) and the wording within should be brought to the attention of the patient. If the patient is unconscious on arrival, the notice must be brought to their attention as soon as possible.
- 7.7 A patient's property **must** follow them (see 6.4)
- 7.8 Use of terms such as '**gold**' and '**silver**' must not be used when describing items of jewellery. Descriptions such as '**yellow metal**' or '**white metal**' should be used instead.
- 7.9 Precious stones in rings or other items of jewellery must not be described as '**diamonds**' or '**ruby's**' but terms such as '**white stone**' or '**red stone**' used instead.
- 7.10 Only one property book or list, and valuables book should be used at any one time in an area. These items should be treated as 'controlled stationery' and consecutively numbered or referenced. They should be used sequentially. This includes subsequent lists raised and for any additional property though these should be cross referenced to the patient.
- 7.11 The patient property receipt book must be kept in an area for access by staff and should be monitored by a senior member of staff. Under no circumstances should this book be used in a different ward/department. If the property book is misplaced, an incident form must be completed by the ward/department staff, and the cashiers informed.
- 7.12 Property Books are Controlled Stationery and are specific for each area. They should be ordered by an Authorised Signatory (i.e. Sister/Ward Manager or equivalent). Requests must be sent by email to: [cashiers@tgh.nhs.uk](mailto:cashiers@tgh.nhs.uk)
- 7.13 The Ward is responsible for retaining books and forms in accordance with Trust policy for a minimum of 6 years.
- 7.14 If patient's property is returned to a patient, a relative or carer at any time during the patient's stay within the hospital or clinical area, a signed receipt that includes a list of all the property returned is required. This will make it clear what has been returned to minimise dispute at a later stage and must be obtained and stored in patient's notes. This is especially in relation to money or jewellery. (See section 8.11 for information regarding returning patient property to a relative / carer when it is not possible to obtain consent).
- 7.15 Patient Property Disclaimer notices must be displayed in prominent locations around ward and clinic areas (**see Appendix 2**)

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## 8. INFORMATION AND ADVICE FOR PATIENTS AND THEIR RELATIVES/CARERS ON ADMISSION

- 8.1 Patients should be advised to bring only minimum amounts of property and valuables into hospital and when transferred to intermediate care.
- 8.2 Patients should be advised in the 'Information for In-Patients' booklet that valuables should not be brought into hospital when they are admitted
- 8.3 Where this has not been possible, e.g. in the case of emergency admission, patients should be advised to have valuables taken home as soon as possible. This must be reinforced at the time of admission.
- 8.4 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.
- 8.5 If the patient declines to hand over their property and a disclaimer is signed and retained in the Patient's notes (**Appendix 1**), the Trust cannot accept liability for any loss incurred. Where a patient refuses to sign a disclaimer this must be noted on the disclaimer form by the staff and signed by two members of staff. This should also be brought to the attention of the ward manager and documented in the Patient's notes.
- 8.6 Patients must be asked to sign a disclaimer form when admitted, in the knowledge that any property brought into hospital or intermediate care, not deposited is held at their own risk. The form should be kept within the patient nursing records and copy to patient. (**Appendix 1**)
- 8.7 Where valuables are held at ward level this must be for the shortest possible period of time.
- 8.8 All valuables kept on a ward or unit should be kept in the ward safe. Where there is no safe available the minimum standard would be in a locked cupboard or drawer inside a locked room that has limited access to anyone other than the key holder.
- 8.9 Where property/valuables are being held by the Cashiers Office, where available, they must be informed when patients are transferred between wards or discharged. See also Paragraph **10.3**
- 8.10 Wherever possible, patient's property must be sent home with a relative or carer. This must be recorded in the property book and would apply to both valuable and non-valuable items at all times. The relative's name must be

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recorded and a date and time of the removal also be inserted. Ideally the relative should confirm receipt in writing.

- 8.11 Normally property should not be handed over by the Trust to third parties without the consent of the patient, but articles of small value and clothing may be handed to their relative or carer and a record kept as good practice and if possible. As above, names, dates and time should be inserted along with person's relationship with patient.
- 8.12 If the patient is not able to consent, or take responsibility, to property being released and the ward staff have doubts about the eligibility of the person collecting property, they must arrange for it to be stored in safekeeping until eligibility has been confirmed. Advice should be sought from Senior Nurse or Manager

## **9. MEDICINES MANAGEMENT**

### **9.1 Medicines Brought Into Hospital by Patients**

- 9.1.1 It is the Trust's policy that patients should be asked to bring their current medicines with them on admission so that the hospital doctor and / or pharmacist can see what treatment the patient is following and to enable medicines reconciliation to be undertaken.
- 9.1.2 These medicines are the property of the patient and should not therefore be destroyed or otherwise disposed of without the consent of the patient or their representative.
- 9.1.3 It is the doctor's responsibility to advise the patient on whether or not to continue with these medicines in the future. When it is considered safe, the patient's medicines (including Controlled Drugs) may be returned to a relative or other representative or if necessary kept for the patient on the ward in the patient medicine cabinet or other locked medicines cupboard. Action taken should be recorded in the Patient Admissions (or other approved) document. If appropriate, the medicines should be sent by the nurse to the pharmacy in a locked box where they will be retained for 7 days in case they are required.
- 9.1.4 A patient may, in certain circumstances be administered their own medicine e.g. when the medicine they are taking is not kept by the ward or in the Emergency Pharmacy Room. A doctor, nurse or pharmacist, at his / her own discretion and with the approval of the patient where necessary, will assess that the medicines are in an acceptable condition and that the labelling and directions are clear. If the pharmacist's checks are satisfactory, they must annotate the prescription sheet (**POD**). The doctor or nurse must be

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completely sure of the identity and quality of the medicine and the pharmacist must confirm subsequent arrangements on the next visit.

- 9.1.5 Patients' own medicines (PODs) must not be administered if there is any doubt as to their identity or quality, and should be returned to the pharmacy for destruction (with the patient's approval). Patients' own medicines must not be used for any other individual.

N.B Patients own oral liquid medicines should not be used because it is not possible to identify the contents of any liquid medicine container and it is possible that the contents may have become contaminated. It is therefore safer for the patient not to continue with the administration of liquid medicine bought in by patients into hospital but to get a 'fresh' supply from the hospital pharmacy.

Provided that the patient's own medication is consistent with the discharge prescription, it may be returned to the patient. In such a case the medicines must be checked by a pharmacist or registered nurse to ensure that the labelling e.g. dose and frequency of administration are consistent with the prescription.

- 9.1.6 If a patient is admitted with a drug controlled under the Misuse of Drugs Act 1971 (Controlled Drugs) the drug should be stored in the Controlled Drug Cupboard.

- A record of receipt should be made in the back of the ward Controlled Drug Register in chronological order indicating the: - Name and Strength of Drug; Quantity Received; Date Received; Name of Patient.
- It is not necessary for a separate page to be allocated to each drug and the drug **must not** be added to the ward stock.
- The drug must be treated as detailed in section 9.1.1 and 9.1.2 (but if the drug is to be returned to the pharmacy it must only be via a pharmacist who will witness the return by signing the register).
- Section 9.1.4 may also apply. In this situation a record of administration should be maintained in the back of the register as if the drug had been received as ward stock, until such time as a supply has been issued from the pharmacy.

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- On discharge the patient's own medicines may either be returned to the patient in the case of discharge and a witnessed entry made in the back of CD register or destroyed on the ward by the pharmacist or returned to the pharmacy for destruction. Ward destruction must be witnessed by a registered nurse and the appropriate records made in the back of the CD register. Patients own Controlled Drugs must never be returned to ward or pharmacy stock.

9.1.7 Patients admitted to hospital with a **monitored dosage system** (MDS) (i.e. a commercially available individual dose system typically dispensed for nursing / residential home patients) should have the MDS regarded as patient's own medicines and treated according to this policy.

## 9.2 Managing medicines brought in by parents of children in hospital, for personal use

See Section A5.18 of the Medicines Policy

## 9.3 Medicines Management following the death of a patient

### 9.3.1 Where the death is expected

- All medication supplied for the deceased patient EXCEPT stock medicines and controlled drugs and including any PODs dispensed by a community pharmacy, must be returned to the hospital pharmacy
- Controlled drugs (CDs) can only be returned by a member of the Pharmacy team. Out-of-pharmacy hours, the CDs must be retained on the ward until such time as a pharmacist is available (see also section 9.1.6)
- Controlled drugs belonging to patients can be destroyed on the ward by the ward pharmacist using a special denaturing kit or will be returned to the hospital pharmacy for destruction

### 9.3.2 Where the death is unexpected

- For inpatients it will not usually be necessary to retain medication following an unexpected death unless it is required for consideration or examination by the police or coroner. If not required follow procedure in section 9.3.1

### 9.3.3 Control of Medicines in the Mortuary

- Prescription medicines or social drugs of abuse may be found on the body when checking cadavers in the mortuary each morning

- In such cases 2 members of mortuary staff must log the name( or description) of the substance and the amount find
- For medicines , contact the pharmacy and take medicines to pharmacy with a list of those medicines and the name of the deceased
- Hand over the medicines and obtain a signature for them
- For suspected illicit substances, notify Trust security to collect and hand over to Trust Security and obtain a signature for them in mortuary register

## **10. DISCHARGE OR TRANSFER**

- 10.1 The transfer of patients to other hospitals, within or outside the Trust, or to intermediate care provided by the Trust, constitutes a discharge, within the terms of the Patient's Property Policy.
- 10.2 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. Should a receipt be lost patients will have to provide a form of ID before items can be returned to them.
- 10.3 On transfer of patients between wards in the same hospital or to intermediate care provided by the Trust, where valuables are already in custody in a Cashier's office, the transferring ward are responsible for informing the Cashier and the receiving ward. A copy of the patient's property form should be made and passed to the receiving ward. Receiving ward or unit should treat the arrival as a new admission. This will help to prevent any disputes and protect staff.
- 10.4 Where property has been lodged with a Cashiers' office, the Nurse in Charge of the ward must inform the Cashiers, wherever possible, at least two working days in advance of an impending discharge.
- 10.5 The Cashier, if available must arrange for the valuables to be taken to the ward, as near to the time of discharge as possible.
- 10.6 Where money is involved, the Nurse in Charge of the ward will inform the Cashier (if available), in advance, whether or not the patient will accept cash or a bank transfer. It will be explained to the patient that in the interests of security it may be advisable to accept a bank transfer/cheque rather than cash.

- 10.7 Where the patient insists on cash, a 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 Patient Money Record form. A member of the ward staff will witness this form.
- 10.8 A Cashiers Property Register must be signed by the person collecting the valuables from the cashier.
- 10.9 Where it is known that a patient is due to be discharged at a weekend or a bank holiday, a 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 handed back to the patient. The Ward is then responsible for asking the patient whether they want to put their property/valuables in temporary storage on the Ward, until their discharge. This property must be recorded in the Patient Property Disclaimer form (**Appendix 1**) and retained in the Patient's notes.

## **11. DEATH OF THE PATIENT**

- 11.1 It is the responsibility of nursing staff to inform the Cashiers Office ext. 6033, as soon as possible upon the death of a patient, for whom valuables are being held.
- 11.2 Nursing staff must not write 'RIP' or 'deceased' on property books as they may be seen by relatives. This should be left blank.
- 11.3 The Bereavement officer will contact the Cashiers Office (ext. 6033) to check whether there are any valuables being kept in the Finance department for safekeeping.
- 11.4 Property remaining on a deceased person, who is received into a Hospital Mortuary, must be entered into the Mortuaries Patients Property Receipt Book by a Technician. A copy of the patient's valuable/ clothing book will be given to the patient's relatives or representative to acknowledge receipt of the property.
- 11.5 If the deceased person is removed by local funeral directors, property left on the patient must be checked and signed over to them before the body is removed from the ward.
- 11.6 If a patient dies, having already lodged property with a Cashiers Office, the property will be held in Finance until the next of kin / patient representative makes contact. The next of kin / patient representative must produce identification and a 'Will' if available in order to claim the patient's property. A



signature must be obtained from the next of kin on receipt. This is then filed with the Finance Department.

- 11.7 If the next of kin / patient representative present at the Ward or Bereavement Office, staff must make contact with the Cashiers Office (ext. 6033) to inform them that the next of kin / patient representative is on their way to collect the property.
- 11.8 Staff must ensure that they inform the next of kin / patient representative that they need the relevant documentation to collect the patient's property

## 12. SECURE MANAGEMENT OF PATIENT PROPERTY

- 12.1 Property handed over for safekeeping must be examined, recorded in the Patient's Cash / Property Receipt Book (see sample in **Appendix 3**) 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 records, (including any patient's refusal to sign), and must be witnessed by two members of staff.
- 12.2 In the case of clothing, all items should be placed into an appropriate bag and documented on the 'Patient Property Retained on Ward / Department Form' (**See Appendix 4**). A copy of the Property List should also be attached to the bag, (clearly identifying the patient's name, hospital number and ward. The bag must be stored in a secure area in the ward or department. Wherever possible, the clothing list must be cross referred to the Patient's Cash / Property Receipt Book (see sample in **Appendix 3**). *NB. In the case of valuables, a separate page must be used for cash, and for other valuables, as these could be lodged in different locations.*
- 12.3 When recording valuables, the following details should be noted:
- Social Security Cards and Card numbers
  - Bank/Building Society – the date and amount of the last pass book balance shown
  - Credit cards – The type of card e.g. Visa, and record expiry date.
- 12.4 Valuable property should be placed in a suitable envelope and sealed. A copy of the Patient's Cash / Property Receipt Form (**Appendix 3**) should be placed inside the envelope. The envelope should have the Patients Name, Date of Birth and NHS Number written on it along with the page number from the valuables book that the contents correspond with. The names of the two members of staff who witnessed the form must be printed and signed on the

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front of the envelope.

- 12.5 Patients must be advised that any property lodged with a Cashier, is accessible at weekends or 'out of hours'. Normal working hours of the Cashiers Office is 9am to 4pm, Monday to Friday.

### **13. TRANSFER OF PROPERTY/VALUABLES DURING OFFICE HOURS**

- 13.1 Where cash, credit cards, cheque books, jewellery etc. are involved, a member of staff from the ward/ department will take the sealed envelope and book to the Cashiers' office for custody, if applicable. The receiving person will open the sealed envelope in front of the member of staff and ensure that the contents listed are correct.
- 13.2 Where other valuables are involved, a member of staff from the ward/department will take the sealed envelope to Cashiers Office, if applicable.
- 13.3 The receiving person will sign the book/list on behalf of the Trust, accepting responsibility for its safekeeping. The receiving person will retain a copy of the list and attach this to the envelope. The member of ward staff will return a signed copy to the patient and keep a record in patient's notes.
- 13.4 All cash received must be entered into a cash register and stored in the designated safe.

### **14. DEPOSITING PROPERTY / VALUABLES OUT OF OFFICE HOURS**

- 14.1 Where patients are capable of caring for their own property, the receiving ward must ensure that a Patient Property Disclaimer Form (**Appendix 1**) has been signed
- 14.2 Outside office hours and during weekends, valuables should be dealt with in the following way:
- Cash and valuables are entered in to the patient property book (**See sample in Appendix 3**) and put in a sealed envelope and signed by 2 members of staff. The staff members must sign and PRINT their names on the envelope and on the form.
  - Valuables including chequebooks, credit cards etc. are entered in to a different page of the Patients Property book (**Appendix 3**) and placed

- in a separate envelope
- The property should be placed by two members of staff into one of the three night safes, located in the following areas:
  - Emergency Department, lower ground corridor rear staff entrance)
  - Outside entrance to Ward 41 - Ladysmith Building
  - Deposit box on the wall outside the Postroom, rear of the Charlesworth Building.
- The night safes should only be used for any patients admitted out of normal working hours. The safes are emptied daily by the Cashiers' Office. It is important that the property is accompanied by the Patients' Property form.

14.3 All cash is banked by the Cashiers on receipt of that cash coming into the cashiers' office. When banking larger sums of money i.e. over £50, staff must request a Security Escort.

## 15. SPECIAL CIRCUMSTANCES

15.1 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. They should also ensure that the patient has not left any property lying around on the ward or waiting area. In such circumstances valuables should be taken into temporary custody. Safe storage facilities must be provided for patients e.g. lockers.

15.2 Temporary custody of property and valuables should only be undertaken on wards and departments as a short-term measure, e.g. patients attending procedures or theatre, X-ray etc., until their property and valuables can be returned to them or their relative or carer.

15.3 In all cases the property must be documented in the 'Patient Property Retained on Ward / Department Form' (**See Appendix 4**) 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).

15.4 Where property is already in custody the receiving ward must treat it as a new admission and retain the copy of the Property Form received, in their own Property Book.

15.5 If a patient feels that an item of theirs has gone missing / stolen, Security must be informed and the patient should be asked if they want the police to be

notified. A thorough search for the missing item should take place and documented in the patients notes. The patient and / or relatives should be directed to the PALS and Complaints team to make a formal complaint. Lost property should also be reported as an incident.

## **16. PATIENT PROPERTY RECEIPT BOOK**

- 16.1 Each Ward/Department should only have one Patient Property Receipt book in use at any one time. The Patient Property Receipt book must be treated as controlled stationery and be properly referenced.
- 16.2 Pages must be used sequentially and in the event of an error being made, the 3 copies must be made void, and the green copy forwarded to the Finance department for reference.
- 16.3 Completed Patient Property Receipt books must be returned to the cashiers' office to enable a new book to be issued. The old Property Receipt book must then be retained by the Ward / department and kept for six years.
- 16.4 The patient property receipt book must be kept in an area for access by staff and should be monitored by a senior member of staff. Under no circumstances should this book be used in a different ward/department. If the property book is misplaced, an incident form must be completed by the ward/department staff, and the cashiers informed.
- 16.5 The Patient Property Receipt book is in triplicate with the distribution of copies is as follows:
- The top copy (white) is a receipt for the patient for cash and valuables handed over for safekeeping. Two members of staff must sign and PRINT their names on the property sheet, one of whom should normally be the qualified nurse in charge of the patient's care at that time.
  - The second copy (green) must be sent along with the property to the Cashiers Office.
  - The third copy (yellow) is retained in the book on the Ward/Department for reference.
- 16.6 In accordance with the Trust's Standing Financial Instructions, staff should be informed on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of patients' property.

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## 17. UNCLAIMED PROPERTY

- 17.1 Unclaimed property relates to those items left behind by patients or their relatives following the patient's discharge, transfer or death. All attempts will be made to reunite property with the rightful owner.
- 17.2 If there are unclaimed articles of value, reasonable efforts, which should be recorded along with dates and times, 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 Limitations Act 1980 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.
- 17.3 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 Finance Department will arrange this. If selling property, preferably three valuations from reputable dealers should be sought. This will assist in showing that the Trust has been diligent in its dealing with the property. Lost property folder should be updated to state what has happened to the property and where any value and proceeds of sales are held.
- 17.4 All unclaimed bank books or pension cards should be forwarded by the Trust's Finance Department to the appropriate bank/ DSS office, with an explanation of the circumstances in which they came into the Trust's possession. Property books should be completed to reflect this and property signed for by a member of staff at the Finance Dept.
- 17.5 All unclaimed cash and property which exceeds the sum of £500, held on behalf of a deceased patient, must be referred to the Treasury Solicitor if the Bereavement Office have been unsuccessful in tracing any next-of-kin. The Treasury Solicitor does not deal with cases where:
- There is a valid will, even if the executor and beneficiaries cannot be traced or do not wish to deal with the estate
  - There is known to be, or likely to be, entitled relatives even if these have subsequently died, cannot be traced or do not wish to deal with the estate
  - The estate is insolvent (there are more debts than assets)

## 18. LOST AND FOUND PROPERTY

### 18.1 Lost property

- Any reports of lost property should be made to the Security Office, Charlesworth building. This will ensure that any subsequent recovery can be dealt with as quickly as possible.
- If any loss is thought to be suspicious, it must be reported to the Trust's Security Manager immediately.
- Procedure for when a patient or relative reports a patient's property is missing, is included in a flowchart (appendix 6)
- If a person contacts the Security Office to ask if property has been handed in, and the property hasn't, the Security Officer must take their contact details and description of property, in case it is handed in at a later time.

## **18.2 Found property**

- Any property found must be handed to the Security Department, Charlesworth building.
- Details of property found will be documented by Security in a register held within the department.
- The Security department will make every effort to return found property to the patient or rightful owner as soon as practicable.
- When property is handed over to Security, provide as much information as possible, i.e. ward name, patient's details if known.
- Staff must advise members of the public to hand any property found on Trust premises to the Security Control, Charlesworth building.

## **18.3 Recording and disposal of found property**

Security will record the following details: **(See Appendix 7)**

- Date the property was found
- Name and ward/department/address of person finding the property
- Description of the property
- Where the property was found

## **18.4 Disposal of Found Property**

- Security will hand over any Cash and valuables to the Finance department after 3 months. Finance will then dispose of accordingly.

- Clothing, hearing aids, dentures and other possessions will be disposed of after 6 weeks, by the Security Department. A record of disposal must be recorded and handed to the Finance department.

## 19. CLOTHING

- 19.1 During clinical interventions it may be necessary to remove patients clothing in situations where the patient can assist.
- 19.2 In non-emergency situations, patients' clothing should be stored safely and securely and labelled where appropriate to avoid loss or misidentification
- 19.3 Heavily soiled clothing belonging to the patient should be placed in an appropriate property bag for soiled clothing, and laundered in the usual manner.
- 19.4 Trust clothing even if damaged during removal should be returned to the Trust system for processing.
- 19.5 In emergency situations where the patient is conscious and damage to the clothing is unavoidable or where expedience is paramount, verbal consent should be sought before removing patients clothing.
- 19.6 Where the patient is unconscious or otherwise unable to give consent, the relatives consent should be sought. If neither is possible then the removal of the clothing and damage should be reported as an exception through the risk management system and documented in the patients nursing notes.
- 19.7 If any heavily soiled clothing is no longer required by the patient this should be bagged as clinical waste and consent sought to dispose of the property with the patients or relatives consent, and this should be documented in the Nursing Record. **(See appendix 5)** for Guidelines on the removal of patient clothing during clinical interventions

## 20. POLICY DEVELOPMENT & CONSULTATION

- 20.1 This policy has been developed by a task and finish group consisting of representatives from Quality & Governance, Security, Finance and the Mortuary

## 21. IMPLEMENTATION

- 
- 21.1 This policy will be made available on the Trusts Intranet site, awareness of the policy will be made via the Senior Nurse Managers' Forum and through the Finance Department.

## **22. MONITORING**

- 22.1 The effectiveness of this policy will be monitored by the Security Management Group
- 22.2 In the event of an incident, information obtained following the post incident review will determine compliance to this policy.

## **23. REFERENCES**

- 23.1 The Healthcare Financial Management Association (HFMA) Accounting and Standards Committee: Patients' Monies and Belongings
- 23.2 NHS Protect, Guidance for NHS Organisations on The Secure Management of Patients Property, Version 2 – September 2013

## **24. APPENDICES**

- 24.1 The following appendix is attached to support this policy:
- Appendix 1 Patient Property Disclaimer Form
  - Appendix 2 Property Disclaimer Notice
  - Appendix 3 Patient's Cash / Property Record (Sample)
  - Appendix 4 Patient Property Retained on the Ward / Department
  - Appendix 5 Guidelines on the removal of patient clothing during clinical interventions
  - Appendix 6 Procedure to follow once alerted to lost property
  - Appendix 7 Lost & Found Property Form (Sample)
  - Appendix 8 Managing Patient Property Flowchart
  - Appendix 9 Equality Impact Assessment

## **25. REVIEW**

- 25.1 This policy will be reviewed by the Security Management Group, at the request of the Finance Department, 2 years after approval, or earlier depending on the results of monitoring.





## Appendix 1

# Tameside and Glossop Integrated Care NHS Foundation Trust

## Patient Property Disclaimer Form

Patient Name:		NHS Number:	
Hospital Number:		Date of Birth:	

### Notice:

Please note that Tameside Hospital NHS Foundation Trust (Trust) accepts no responsibility for the loss of or damage to personal property of any kind, including money, in whatever way the loss or damage may occur unless the property has been handed in to the Trust for safe custody and an official receipt has been obtained. Patients are advised to hand over to the Nurse-in-Charge of the ward / inpatient area any money or valuable items brought into hospital with them or received since their admission.

### Declaration by Patient

I have read the above and accept sole responsibility for any money and / or property retained in my possession. I have been advised by Tameside Hospital NHS Foundation Trust Staff to hand this in for safekeeping but have decided to retain my property myself. I have also been advised that it would be safer to return this property home with a representative.

### Valuables / Property not deposited with the Trust for Safekeeping

Item	Quantity	Property sent home / handed to relative	Date
Cash			
Cheque Book			
Bank/Credit cards			
Watch			
Mobile Phone / Charger			
Jewellery*			
House/car keys			
Handbag/wallet			
Medical devices and			

equipment			
Portable electronic devices			
Personal documents e.g. driving license, passport			
All medical aides or appliances (e.g. dentures, spectacles, hearing aids, prostheses etc.)			
Clothing / Other Items			

\* Individual items should be listed and described using terms such as yellow or white metal. Stones should also be described by their colour.

Name of Patient		Patients Signature	
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Name of Witness 1:		Witness Signature 1:	
Job Title:			

Name of Witness:		Witness Signature 2:	
Job Title:			

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## Appendix 2



**Tameside and Glossop  
Integrated Care**  
NHS Foundation Trust

# Property Disclaimer Notice

Tameside Hospital NHS Foundation Trust is committed to providing excellent healthcare. Unfortunately, whilst you or your loved ones are receiving care we are unable to provide a general property management service and strongly advise all patients and their loved ones that valuables should be taken home. This includes cash, bank / credit cards, cheque books and jewellery.

It is advised that patients should not keep more money than would be required to purchase a paper or magazine.

Tameside Hospital NHS Foundation Trust cannot accept any liability in respect of any property or belongings unless they have been handed in to staff for safekeeping. In this case you or your representative will be issued with a receipt which should be kept safe in order to retrieve your belongings at a later date.

It is also advised that all cash will be banked by our staff in line with our Managing Patient Property Policy and following discharge arrangements will be made to return any cash / valuables handed in for safekeeping. You will be informed of this at the time of deposit.

## Appendix 3

# PATIENT'S CASH / PROPERTY RECEIPT

## STAFF NOTES ON COMPLETION

1. Check over the property and list with a witness.  
Describe jewellery / stones etc. as 'yellow metal', 'white stones, as appropriate
2. Carbon papers are not required in this book. Make sure however, that a backing board is used behind each set of numbered forms
3. Please ensure the form is **signed** and **witnessed** by **two** members of staff.
4. After completion of sections A, B & C hand the **white copy** to the patient.
5. The property / cash and the **green copy** property receipt must be given in to the Finance Department, Mellor House.
6. The **yellow copy** will be retained in the Patient's Cash / Property Receipt book.
7. Outside office hours property / cash must be placed in the night safe with the **green copy** receipt
8. If a receipt is cancelled receipts the **white and yellow copy** will be retained in the book and the **green copy** must be sent to the Finance Department
9. If cash is required when a patient is discharged, contact the Finance Department as the earliest opportunity
10. Patient's Private Property Receipt Books should be kept in a locked drawer or cabinet
11. If property / cash is returned to the patient / next of kin etc.  
Please ensure Section D is completed. A signature of receipt must be obtained and signed by 2 members of staff

**Cashiers Office**  
**Finance Department, Mellor House**  
**Ext: 6033**

**TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST**

PATIENT'S COPY

**PATIENTS CASH / PROPERTY RECORD**

<b>PATIENTS NAME</b>		<b>HOSP NO</b>	
<b>PATIENTS ADDRESS</b>		<b>WARD</b>	
		<b>DATE OF ADMISSION</b>	
		<b>D.O.B.</b>	

**NEXT OF KIN**

<b>Name</b>	<b>Address</b>

**A. CASH**

The sum of \_\_\_\_\_ Pounds \_\_\_\_\_ Pence

£	p

**B. PENSION BOOKS / BANK / BUILDING SOCIETY BOOKS / CREDIT CARDS ETC**

**C. OTHER VALUABLE PROPERTY (Please give full description of property)**

**D** I confirm the items listed above have been handed over for safe custody and a receipt issued to patient or relatives.

<b>Date</b>	<b>Staff Signature</b>	<b>Witness (Member of staff)</b>

**ALL PATIENTS MUST BE ENCOURAGED TO DEPOSIT CASH AND VALUABLES WITH THE TRSUT FOR SAFEKEEPING. PLEASE GIVE AS MUCH NOTICE AS POSSIBLE TO THE FINANCE DEPARTMENT WHEN CASH / VALUABLES ARE TO BE RETURNED**

**THE ABOVE ITEMS LISTED HAVE BEEN RETURNED TO PATIENT / NEXT OF KIN / RELATIVE / OTHER (PLEASE SPECIFY)**

In receipt of items listed A, B and C above

<b>Signature</b>	<b>Print Name</b>	<b>Witness (Member of staff)</b>	<b>Print Name</b>

**FOR FINANCE USE ONLY**

The above items have been received in the Finance Department for safe custody

<b>Date</b>	<b>Cashiers Signature</b>	<b>Receipt No (for cash only))</b>



**Appendix 4**

**Tameside and Glossop  
Integrated Care**  
NHS Foundation Trust

**Patient Property Retained on Ward / Department for Safekeeping  
(Valuables/Non Valuables)**

Patient Name:		NHS Number:	
Hospital Number:		Date of Birth:	

**Valuables**

Item	Quantity	Returned
Cash*		
Cheque Book*		
Bank/Credit cards*		
Watch		
Mobile Phone / Charger		
Jewellery **		
House/car keys		
Handbag/wallet		
Medical devices and equipment		
Portable electronic devices		
Personal documents e.g. driving license, passport		

\* May need to be stored with the Cashiers / sent home for safe keeping. Please note that cash should be banked and patients / relatives informed of this and receipt given

\*\* Individual items should be listed and described using terms such as yellow or white metal. Stones should also be described by their colour.

Name of Patient		Patients Signature	
-----------------	--	--------------------	--

Name of Witness 1:		Witness Signature 1:	
Job Title:			

Name of Witness:		Witness Signature 2:	
Job Title:			

## Appendix 5

### Guidelines on the removal of patient clothing during clinical interventions

#### Introduction

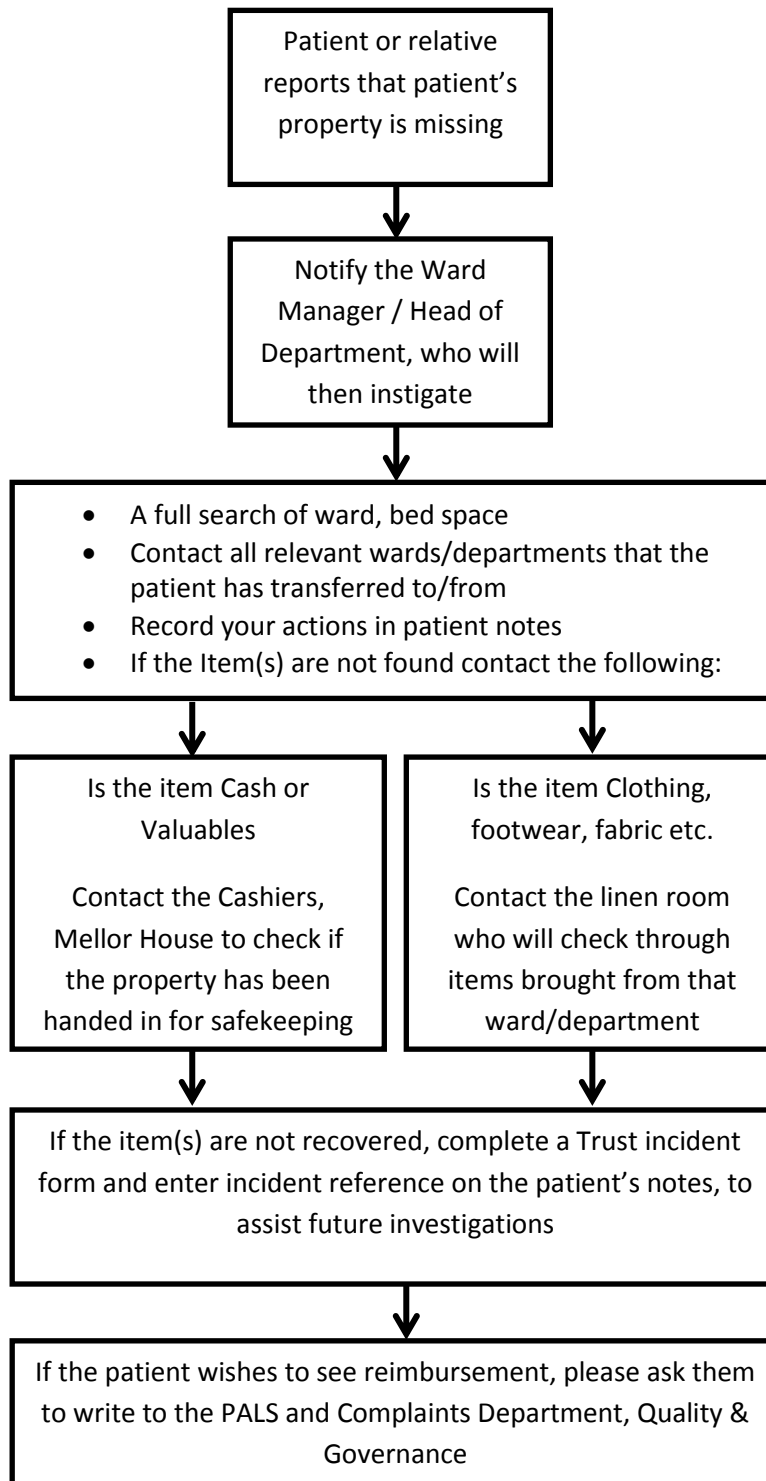
This guideline outlines the criteria for the assisted removal of clothing during clinical interventions.

#### Non emergency situations

- Should patients need to remove clothing during non emergency situation for a nursing, clinical procedure or intervention to take place a full explanation must be given to the patient and verbal consent obtained.
- Wherever possible the patient should remove their own clothing and assistance only given after having ascertained that it is required and with the patient's verbal consent. . Reference should be made to the Trusts chaperone policy.
- Clothing belonging to the Trust or to the patient should be removed without damage to the clothing. If this can not be done advice should be sought from a senior member of staff and discussion must take place with the patient. The cutting off of clothing belonging to either the Trust or the patient must not take place unless there is no other option and verbal consent should be sought. This should be documented in the nursing record.
- Should the patient not have capacity to consent relatives should be asked wherever possible.
- Should the patient refuse to remove clothing and this affects their care or treatment this should be documented and reported to the nurse in charge.
- The privacy and dignity of the patient should be maintained at all times.

## Appendix 6

### Flowchart: Procedure for Lost Patient Property







**Appendix 7**

**Lost & Found Property**

**You must adhere to LOP/SEC051**

**Report No.**

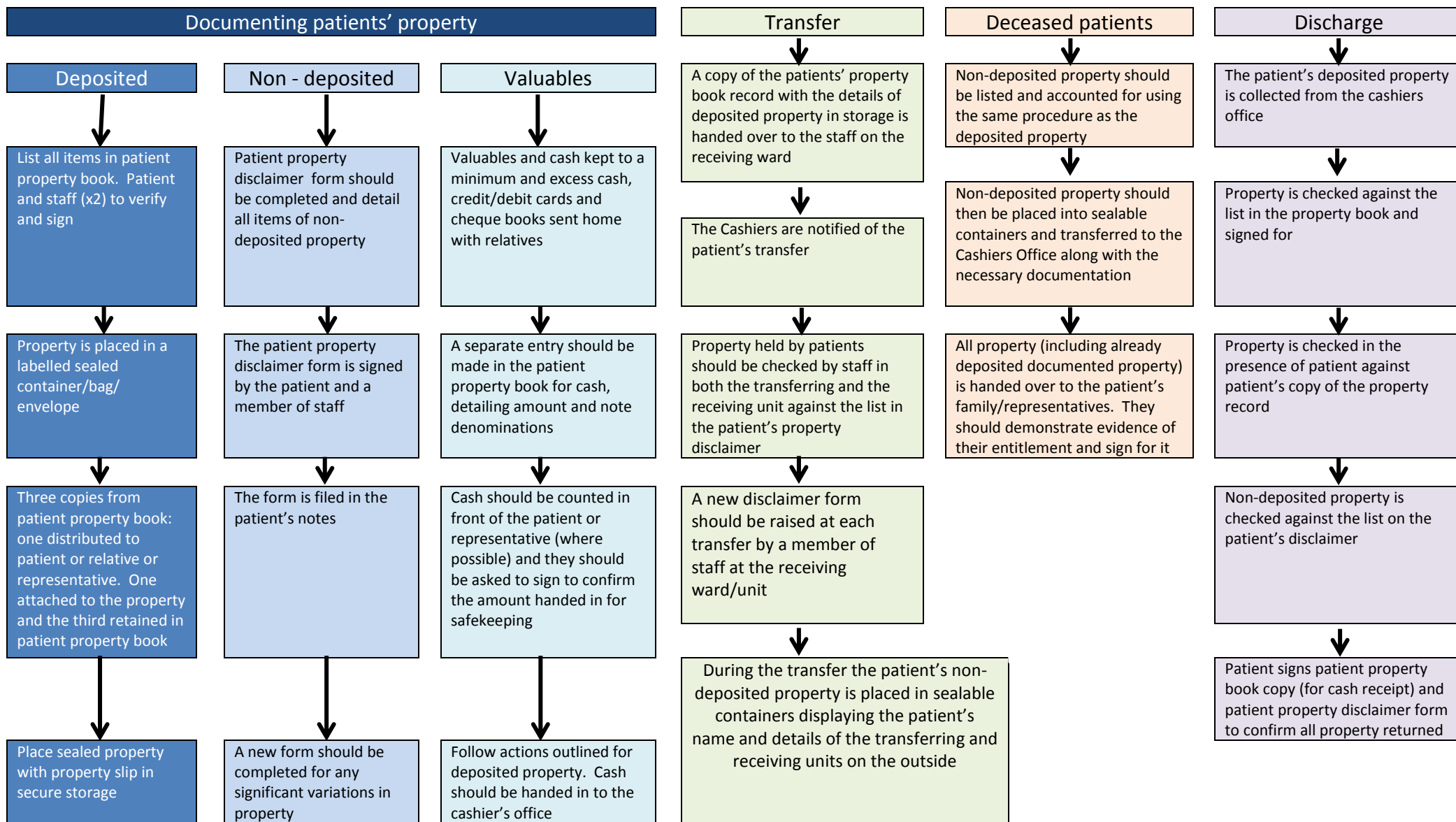
Name of Security Staff:	Date and Time of Report:
Date, Time and place where property was found:	
Name, Address, department and contact no. of finder:	
Full description of property, including all monies:	
Signature of finder:	Signature of Security Staff:
Action to be taken by the Security Staff to locate owner:	

**DISPOSAL OF PROPERTY**

<u>To owner:</u> Enter owner's name, address, dept & telephone no, signature & date:
<u>To Trust General Office:</u> Recipient must sign & date this section:
<u>To Other Person:</u> Full details required:

**Appendix 8**

**Managing Patients' Property Flowchart**



## Appendix 9 Analysis of Effects (AoE)

**Title of Policy: Guidance for the Secure Management of Patient Property**

### Short description of Policy

The aim of this policy is to clarify the accountability of staff within the Trust who have responsibility for managing patient's property and to ensure that there are safe and appropriate procedures in place to manage patients' property.

### Date of assessment:

02/06/17

**Person responsible for assessment: Steve Peet, Head of Facilities**

**Is this a proposed new policy/proposal? No**

**Is this a review of an existing policy/proposal? Yes**

### 1. Who is responsible for the policy/proposal?

*(Consider the following;*

- i. Who is accountable?*
- ii. Who implements it?*
- iii. Who is responsible for policing/monitoring?*
- iv. Who enforces the policy?)*

*Trust Internal Safeguarding Group*

*Steven Peet*

*Security Management Group*

<p><b>2. Who are the main stakeholders in relation to the policy/proposal?</b></p> <p><i>(Consider the following;</i></p> <p><i>i. Who needs to be consulted / informed about the policy/proposal?</i></p> <p><i>ii. Who is the policy/proposal intended to involve in the wider sense? For example; Staff/professionals, the public/community...</i></p>	<p>This policy was initially approved by the <i>Trust Internal Safeguarding Group</i></p>
<p><b>3. What outcomes are expected / desired from this policy/proposal?</b></p> <p><i>(Consider the following;</i></p> <p><i>i. Who will benefit from this policy/proposal and in what way will they benefit?</i></p> <p><i>ii. Does the policy/proposal explicitly involve the elimination of inequality, or the promotion of equality?)</i></p>	<p>This Policy explains what to do with patient property, both of a valuable and of a no value nature. It is applicable to all staff involved with the management of patient property within the Trust and is designed to clarify the requirements of all staff who manage the property of patients as part of their work within the Trust and in relation to:</p> <ul style="list-style-type: none"> <li>• Admission to wards and departments within the Trust</li> <li>• Transfer to other departments within the Trust</li> <li>• Discharge either to other health care providers or home.</li> </ul>

<p>4. The following section requires you to assess the likely <b>negative impact</b> and <b>positive impact</b> of your policy/proposal on the nine Protected Characteristics as defined by the Equality Act as follows. Please support any answers with evidence.</p>		
Protected Characteristics	Answers to: What likely adverse impact will this Policy / Service have on the public or staff, giving particular regard to potential impacts <b>negative</b> and <b>positive</b> in relation to:	Evidence: <i>(What is your evidence for this answer?  Consider; both quantitative and qualitative existing data.)</i>
<b>a. Race</b>	Positive	The promotion of this policy will raise awareness to staff of their responsibilities.  This policy applies to all those employed by and / or using the Tameside Hospital NHS Foundation Trust site, including volunteers, students and contractors
<b>b. Disability</b>	Positive	As above
<b>c. Sex</b>	Positive	As above
<b>d. Religion and belief</b>	Positive	As above
<b>e. Sexual orientation</b>	Positive	As above

<b>f. Age</b>	Positive	As above
<b>g. Carers</b>	Positive	As above
<b>h. Gender Reassignment</b>	Positive	As above
<b>i. Marriage &amp; Civil Partnership</b>	Positive	As above
<b>j. Pregnancy &amp; Maternity</b>	Positive	As above
<b><u>K. Human Rights</u></b>	Positive	As above
<b>5. Is there any further evidence / data that you would consider relevant or necessary in order to answer the above question? If so, please detail. *</b>	Not applicable	
<b>6. Are any of the above impacts (detailed in 4a – K) justifiable, valid or legal?  Please explain?</b>	None	
<b>7. Is this policy/proposal missing a valid opportunity to promote equality of opportunity for one or more of the groups (see 4a)</b>	Not applicable	

<p><b>concerned? expand.</b></p> <p><b>Please</b></p>	
<p><b>8. Based on the above, do you consider that this policy/proposal now requires a full impact assessment?</b></p>	<p>Yes – outlines employee/management responsibilities in the policy.</p>

Signed (Responsible Manager for Policy/proposal).....

Date.....