Policy: P6b

Broadmoor Hospital - Patients Personal Possessions

Version: P6b/13
Ratified by: Broadmoor SMT
Date ratified: 27th March 2014
Title of Author: Security Services Manager
Title of responsible Director: Director of High Secure Services
Governance Committee: Broadmoor SMT
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Target audience: All staff at Broadmoor Hospital
Disclosure Status: B Can be disclosed to patients and the public

EIA / Sustainability
Implementation Plan

Other Related Procedure or Documents: S16: Searching of Patients, their Rooms, Lockers & Personal Effects and Hospital / Ward Searches; M6 – Patients’ Mail and Postal Packets Policy (Broadmoor Hospital), The Restricted and Prohibited Items Lists (R16p)
### Equality & Diversity statement

The Trust strives to ensure its policies are accessible, appropriate and inclusive for all. Therefore all policies will be required to undergo an Equality Impact Assessment and will only be approved once this process has been completed.

### Sustainable Development Statement

The Trust aims to ensure its policies consider and minimise the sustainable development impacts of its activities. All policies are therefore required to undergo a Sustainable Development Impact Assessment to ensure that the financial, environmental and social implications have been considered. Policies will only be approved once this process has been completed.
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1. SUMMARY FLOWCHART

Prior to admission, the prospective patient & the referring unit will be advised (using the standard letters contained in the appendices of this policy) of the relevant points pertaining to the management of possessions at the point of admission.

On admission patients’ possessions will be searched & recorded in accordance with the detail of this policy.

All patients’ possessions (consumables not withstanding) will be recorded using the Patients Possessions Register (PPR) in accordance with the detail of the policy.

Patients will only be allowed to store quantities of possessions that accord with the volumetric limits set out within the policy. Where the volume of a patient’s possessions exceed these limits, the policy sets out the options & process for the disposal of excess property.

Patients will not be allowed to retain items which are prohibited by the Hospital (according to procedure R16p – Restricted & prohibited items list) and the same options process as for excess property will apply.

Any transactions between patients must be carefully considered by the relevant Clinical Teams and documented in accordance with the detail of the policy.

Any transactions between patients and staff (or vice-versa) are strictly prohibited.

Please note that the above is a brief summary & not a process / procedure flow chart.

Specific flowcharts relating to ward transfers & A/V media are contained in the appendices to the policy.
2. **INTRODUCTION**

2.1 The hospital is responsible for the health, safety and security of all patients within its care and therefore has a statutory duty to provide a therapeutic and safe living and working environment for patients and staff and to protect the public. This includes not only protecting others from the consequences of a patient’s activity but also protecting patients from their own actions (e.g., self harm, drugs, illicit materials and fraud). To achieve and maintain this, it is essential that restrictions be placed on the amount of possessions that a patient may have. Mandatory standards in respect to patients’ possessions are contained within the High Security Psychiatric Services (Arrangements for Safety and Security) Directions 2013 and associated guidance. The arrangements described in this policy also comply with the National Clinical Security Framework.

2.2 For safety and security reasons the hospital has to achieve a minimum standard of all patients’ rooms being searched at least once a month. To facilitate this and minimise fire hazards, the amount of furniture and personal possessions a patient may have within their room has to be limited to allow a room to be searched within 30 minutes.

2.3 Lists of Restricted and Prohibited Items for patients are contained within the ‘Restricted & Prohibited Items Lists’ document which is available via the Trust Intranet and updated copies are kept in ward areas. This list is not exhaustive and is subject to changes and additions. Any changes to the list will be ratified by the Broadmoor Hospital Senior Management Team. If there is any uncertainty over whether, or not an item is prohibited, the query should be referred to the appropriate Security Liaison Nurse, who may need to consult with other colleagues in the Security Directorate.

2.4 The purpose of this policy is:

- To provide direction and guidance on the amount and type of personal possessions that each patient may retain in their room, and have stored on or off the ward.
- To ensure that appropriate systems and procedures are in place for the management, storage and movement of patients’ personal possessions.

2.5 This policy links to, and should be read in conjunction, with the Trust’s other policies and documents including:

- S16: Searching of Patients, their Rooms, Lockers & Personal Effects and Hospital / Ward Searches;
- M6 – Patients’ Mail and Postal Packets Policy (Broadmoor Hospital)
- The Restricted and Prohibited Items Lists (R16p)
3. **SCOPE**

This policy applies to all staff involved in the management of patients’ possessions at Broadmoor Hospital including but not limited to; Clinical Teams, Ward staff, Security staff, Estates & Facilities staff.

4. **DEFINITIONS**

4.1 Patients’ Possessions refers to any item / article belonging to an individual patient that is held by the patient, or by the Hospital on the patient’s behalf.

5. **DUTIES**

5.1 **Chief Executive**

The Chief Executive is responsible for ensuring that the Trust has policies in place and complies with its legal and regulatory obligations.

5.2 **Accountable Director**

The accountable director is responsible for the development of relevant policies and to ensure they comply with applicable standards and criteria. They must also contain all the relevant details and processes as per P3. They are also responsible for trustwide implementation and compliance with the policy. The accountable Director for this policy is the Director of High Secure Services. The Director of High Secure Services is also responsible for deciding on appeals by patients against decisions taken by Clinical Teams with reference to the storage of possessions.

5.3 **Managers**

Managers are responsible for ensuring policies are communicated to their teams / staff. They are responsible for ensuring staff attend relevant training and adhere to the policy detail. They are also responsible for ensuring policies applicable to their services are implemented.

5.4 **Policy Author**

Policy Author is responsible for the development or review of a policy as well as ensuring the implementation and monitoring is communicated effectively.
throughout the Trust via CSU / Directorate leads and that monitoring arrangements are robust.

5.5 **Clinical Team**

5.5.1 It is the responsibility of the Clinical Team to assess the needs, capabilities and risk(s) associated with individual patients. On a day-to-day basis, ward staff are responsible for compliance with this Policy and ensuring the maintenance of accurate records of patients personal possessions, whilst they are held on the Ward.

5.5.2 For those patients who are unable to make informed decisions about their personal possessions, they will be assisted, as appropriate, in consultation with their Responsible Clinician and Primary Nurse.

5.5.3 Each ward must maintain an up-to-date inventory of the personal possessions held by each patient on the ward.

5.5.4 The Clinical Team must consider whether there should be any other restrictions placed on the material the patient may view or listen to, in accordance with the procedure for patients access to sexually explicit & sexually violent material (S20).

5.6 **Patients’ Property Stores Staff**

Stores staff are responsible for the management, storage & documentation relating to items held centrally in the stores in accordance with the detail of this policy.

5.7 **Postal Monitors**

Postal Monitors are responsible for the proper checking and processing of possessions that are delivered for patients, they are also responsible for screening and tagging of Audio Visual Media items and the appropriate documentation in relation to these processes, in accordance with the detail of this policy.

5.8 **All Staff**

All other staff involved in the management of patients’ possessions, who are not specifically referred to above are responsible for ensuring that their practice with regard to patients’ possessions is carried out in accordance with this policy.
6. SYSTEMS / DOCUMENTATION

Recording & documentation relating to patients’ possessions is carried out using the Patients’ Property Register (PPR) which is an application housed within the Trust intranet. Detailed instructions regarding the use of the PPR are contained in section 10 below.

7. PATIENTS PERSONAL POSSESSIONS – MANAGEMENT & STORAGE

7.1 Details of items that are not permitted within the hospital, or that are restricted are detailed in the ‘Restricted and Prohibited Items Lists’ (which is available on the Trust Intranet and updated hard copies are available on ward areas) along with specifications for permitted electrical items. These lists are not exhaustive and further restrictions may be influenced by individual assessments of need and risks by the Clinical Team and the ward operational policy.

7.2 The hospital will not store any item with a value over £350 on behalf of any patient, with the exception of electrical items, which must meet the specifications set out in R16p – (Broadmoor Hospital Restricted & Prohibited items lists). The value of each item will be determined by the staff of the Trust. Patients must not therefore be allowed to buy / order any item with a value over £350 (barring the above exception). A patient with capacity (within the meaning of the Mental Capacity Act - 2005) who has an item with a value over £350 must discuss how best to store this item with their Approved Mental Health Professional (“AMHP”) or Social Worker. In a situation where a patient is deemed not to have capacity, the AMHP or Social Worker shall decide what means of storing the possessions will be in the best interests of the patient, or if appropriate, shall refer the matter to the Court of Protection.

7.3 Patients Room Storage & Contents

Each room may be furnished with the following items:

* Bed
* Wardrobe
* Chest of drawers or equivalent
* Writing table or integrated shelving that can be used as a desk
* Upright chair
* Bedside table or cabinet

Items must NOT be stored under beds or on top of wardrobes.
7.3.1 Where it is not practicable to provide the agreed amount of furnishing then other alternatives will be considered on an individual basis in consultation with the patient’s Clinical Team with advice from the appropriate Security Liaison Nurse and the Fire Safety Advisor. The agreed alternative must not exceed the maximum amount and no items of furniture may be duplicated.

7.4 **Ward Storage**

A secure room will be provided on each ward for the storage of patients' personal possessions. Patients are permitted to store a maximum of two storage boxes within this facility if space allows. Subject to safety and security requirements, patients must be able to retrieve possessions from the Ward Stores within 24 hours of submitting a request.

7.4.1 In addition to any general ward storage of patients’ possessions, each ward will have the following provision for patients’ personal possessions that are not permitted to be retained in patients’ rooms:

* Secure storage for personal hygiene products - e.g., perfume; deodorant; aftershave, etc.
* Appropriate secure storage facility for patients’ food - both perishable and non-perishable. **No food is to be stored in patients’ rooms.**
* Secure storage facility for personal electrical items - hair dryers; hair clippers; shavers etc.
* Secure storage for Videos (5) OR DVD’s/Blu-Ray Discs/Games Discs/Vinyl Records (5) (this can be a combination of the different types of discs named above, but not a combination of both discs and video cassettes) plus up to a maximum, if storage space permits, 24 audiocassettes.

**(NB the numbers are per patient and are in addition to the number permitted in a patient’s room).**

* Secure storage place for additional items e.g. musical instruments

* Secure storage for risk items associated with hobbies e.g. paints/calligraphy ets, etc.

7.5 **Off-Ward Storage of Patients’ Personal Possessions**

7.5.1 The Patients Property Central Stores will maintain an up-to-date inventory for each patient of all the personal possessions they hold within the Central Stores. Valuable items will be held and recorded in the Finance Department, subject to 7.2 above.
7.5.2 The Patients Property Central Stores will hold seven storage boxes for personal possessions for each patient within the hospital secure perimeter. *(One further storage box will be allocated in the Patients Property Central Stores for each patient if that patient’s ward only has sufficient space to store one box in the Ward’s store - see paragraph 7.4).* The Stores must issue possessions to patients from the Patients Property Central Stores within 48 working hours of receipt of the written request (not including weekends or public holidays). Requisitions must be date stamped for auditing purposes.

7.5.3 In addition to the boxes detailed in paragraph 7.5.2 above, the Patients Property Central Stores will also allocate one storage box per patient for Audio Visual media (i.e. CDs, audio cassettes, DVDs, BDs, Games Discs, video tapes and Vinyl Records) and will provide a weekly delivery/exchange service.

7.6 **Excess Personal Possessions**

7.6.1 Any patient possessions which exceeds the 10 boxes (8 in stores, 2 on ward) allocated to each patient will constitute “excess possessions”.

7.6.2 The disposal of excess or unwanted personal possessions can be through family, friends or visitors, given to charitable organisations, sold through independent evaluation (the realised value is credited to the patient’s account, less any disposal fee) or disposed of in a safe and secure manner in accordance with the “Disposal of Patients Excess Possessions” as per appendix A. All disposal routes will be recorded and signed by the patient, the patient’s Responsible Clinician and other staff, as appropriate, using the ‘Patients Property for Disposal Form’, available on each ward.

7.7 **Management of Prohibited and Risk Items**

7.7.1 Patients are not permitted to retain any of the prohibited items as listed in the ‘Restricted and Prohibited Items Lists’ which is accessible via the Trust Intranet & hard copies are available on each ward.

7.7.2 Requests for restricted items held in Stores or Finance must be sent via the appropriate Security Liaison Nurse. The Security Liaison Nurse, in consultation with the ward Clinical Nurse Manager, must ensure that there are appropriate security arrangements in place for the management of these items before they are issued.

7.7.3 If a patient is admitted with a prohibited item, the Trust will be responsible for the following:

7.7.3.1 Recording the fact that the prohibited item will be withheld (Patients Property Central Stores will advise Clinical Teams to list all prohibited items on the appropriate form.)
7.7.3.2 Informing the relevant patient that the prohibited item will be withheld and the reasons for withholding it and:

7.7.3.3 Informing the relevant patient that he has the right to have the decision to withhold reviewed if he makes an application to the Care Quality Commission within six months of receiving notification that a prohibited item will be withheld. This right to appeal does not apply where the prohibited item(s) are food, tobacco, or tobacco products (meaning a product consisting wholly, or partly of tobacco and intended to be smoked, sniffed, sucked or chewed).

7.7.4 If a patient decides not to appeal the Trust’s decision to withhold their prohibited items, then Clinical Teams will liaise with that patient with regard to the disposal arrangements for those prohibited items, in accordance with the procedures set out in, Disposal of Patients Excess Possessions, Appendix A.

7.7.5 If a patient has applied to the Care Quality Commission to have the decision to withhold any prohibited item reviewed, then arrangements for disposal of such prohibited items may only take place after the Care Quality Commission has provided its decision.

7.8 Management of Possessions Upon Admission

7.8.1 Prior to admission, patients and their referring unit will be advised of the limitations on the volume and type of possessions that they are permitted to bring to the hospital. No more than ten boxes* of possessions will be permitted. The Mental Health Act Office will send a copy of Appendix 5 and Appendix 6, and a copy of the prohibited items list, with the letter to the holding unit, advising of the bed offer. (*the size of the boxes is defined by the hospital, see Appendices 5 and 6)

7.8.2 Where the referring unit has decided that the patient lacks capacity to deal with his possessions, it will be the responsibility of the referring unit to ensure the patient does not bring excess or inappropriate possessions to the hospital. Once resident in the hospital, the allocated Individual Primary Nurse will review the information in Appendix 5 with the patient. Following admission, patients will not be allowed to store in excess of 8 boxes in Stores & 2 on ward. Any possessions which will not fit within the 10 boxes will be stored privately in accordance with the patient’s wishes, or disposed of as per the patient’s instructions (see section 9 – external storage & appendix A - Disposal of Patients’ Possessions).

7.8.3 The patient and referring unit are also advised to prepare a bag containing sufficient property for approximately one week, separate from the bulk of their possessions, an example list of suggested items (appendix 5) is sent to the patient and referring unit.
7.8.4 Upon admission, a patient’s possessions must be x-rayed and checked in the Leave of Absence Dispatching Area and then hand-searched by Intensive Search Staff, as allocated by the Dedicated Search Team Coordinator. All items (except possessions in the separate 1 week bag which after being x-rayed and hand searched may be taken to the ward) will be removed and held in a secure area within the LOA Dispatching Area or in the Patients Property Central Stores pending search by the Dedicated Search Team.

7.8.5 Once the search has been completed the possessions will be taken to Patients’ Property Central Stores and the details of the possessions will be entered on to the Patients’ Property Register (PPR). Details of the items held within the 1 week bag will be entered on to the PPR by a designated member of ward staff. A printout of the PPR for that patient must then be signed by the patient and a member of ward staff, on behalf of the Hospital. If the patient refuses to sign then a second member of staff must countersign the printout, which is then retained on the ward.

7.8.6 The entry made by the designated member of staff will be viewable by the Central Stores and vice-versa. A printout of the PPR entry for that patient will also be retained on the ward.

7.8.7 Valuables must be sent in a secure locked box to the Finance Department.

7.8.8 If a patient is admitted to the hospital with any prohibited items the Clinical Team will arrange for the matter to be discussed with the patient. Then in consultation with the Stores and, as appropriate, the Security Directorate, the Clinical Team will arrange for the prohibited items to be held by the Stores pending disposal, or sent to relatives or friends. **Prohibited items being held in the temporary Stores pending disposal must not be issued to a ward under any circumstances.**

8. **DEATH OF A PATIENT**

8.1 If a patient dies, then the Trust will make a reasonable attempt to contact the next of kin of that patient to inform them that the Trust holds possessions for that deceased patient.

8.2 If the trust is unable, after making a reasonable attempt, to locate the deceased patient’s next of kin, then the Trust will refer the matter to the relevant AMHP / Social Worker for the deceased patient, who will liaise with whoever has been appointed the Personal Representative for the deceased patient, to decide how the possessions should be distributed.
9. **EXTERNAL STORAGE**

9.1 In exceptional circumstances, the Trust may enter into a contract with an external provider to provide additional storage for a patient. The patient should liaise with a representative of the Trust to establish whether or not this service is available.

9.2 If the Trust enters into a contract with an external party pursuant to paragraph 9.1, then the patient, whose possessions are being stored externally will be responsible for reimbursing to the Trust any storage costs incurred. The trust will invoice the patient for this cost every month and the patient must settle any payments due within 28 days of the date when the invoice was issued.

9.3 If a patient fails to settle a payment as detailed in paragraph 9.2, the Trust reserves the right to dispose of the possessions in accordance with, Disposal of Patients Excess Possessions, Appendix A.

9.4 If a patient relocates to another hospital, the Trust is entitled to terminate any external contract that has been entered into to provide additional storage for that patient. The Trust will notify the patient of its intention to terminate the contract, at which point the patient is personally responsible for the reallocation of the possessions previously stored in external storage.

9.5 If a patient dies, the Trust is entitled to terminate any external contract that has been entered into to provide additional storage for that patient. The trust will notify the patient’s next of kin (if contactable) of the Trust’s intention to terminate the contract, at which point, the patient’s next of kin will be personally responsible for the reallocation of the possessions previously stored in external storage. If it is not possible for the Trust to contact the patient’s next of kin, then the Trust will dispose of the possessions, taking into account the options available to the Trust and any other relevant considerations.

9.6 Where a patient’s possessions are being held in external storage the Patients’ Possessions Register will be amended for the relevant items to show their location as ‘external storage’.

10. **PATIENTS’ POSSESSIONS REGISTER (PPR)**

10.1 All patients’ possessions will be recorded by a designated member of staff on the Patients’ Possessions Register (PPR), which will identify the patient by name and hospital number; the date and the location of the items (i.e. room / ward or Stores). Whenever entries are made by the designated ward staff a printout must be signed by the patient and staff member, (or where
the patient refuses to sign, a second staff member) and the signed printouts will be retained on the ward.

10.2 The patients’ possessions held within the Patients Property Central Stores will also be recorded on the Patients’ Property Register. This paragraph also applies to patients who are admitted to the hospital on a short-term basis.

10.3 Access to the PPR will be limited to Patients’ Property Central Stores staff and designated members of staff on the wards, in Postal Monitors and the Finance Department.

10.4 All boxes held within the Patients Property Central Stores will be tagged and sealed. Receipt of an appropriately authorised requisition will provide the Patients Property Central Stores with the authority to access the boxes to remove the items requested (up to a maximum of ten single items per request) re-seal the box and amend the PPR accordingly.

10.5 The items will be clearly recorded and described in terms of quantity and quality, and for electrical goods the serial number noted.

The quality of the items will be recorded as follows:

<table>
<thead>
<tr>
<th>N</th>
<th>WT</th>
<th>BR</th>
<th>M</th>
<th>S</th>
<th>SC</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>Wear and Tear</td>
<td>Broken</td>
<td>Marked</td>
<td>Soiled</td>
<td>Scratched</td>
<td>Torn</td>
</tr>
</tbody>
</table>

When completing the record, staff should take care to describe items accurately and not to use terms that could be ambiguous. For example, the terms ‘gold’, ‘silver’, or ‘diamond’ etc should be avoided, and descriptive terms such as ‘yellow metal’, ‘grey metal’ or ‘white stone’ etc should be used instead.

10.6 Items purchased by patients to be given away as gifts must be recorded, controlled and monitored by ward staff by means of a Gifts Register which will detail the date on which the item is to be forwarded on. Any item that has not been forwarded on by the date must be entered on to the PPR.

10.7 Ward staff must ensure that all mains electrical items (i.e. televisions, video recorders, DVD players, games consoles, audio equipment) arriving at the
hospital, which have not been purchased brand new direct from the Patients Shop, are checked for security and electrical safety. Ward staff must ensure that the equipment is sent to the Radio Shop for checking before it is retained by the patient.

10.8 All videocassettes, DVDs and games discs entering the hospital must be sent to the Postal Monitors for screening and tagging. These items will then be sent to the Central Stores from where they can be requisitioned by the patient. (see appendix C)

11 EXCHANGE OF POSSESSIONS

11.1 Items may be requested from the Patients Property Stores at any time using a Patients' Property Request Form. The requisition can be for a whole/full box exchange or for up to 10 individual items. Items being sent from the Stores must be placed in either a sealed case or box, as appropriate, for transportation and the Patients' Property Register (PPR) amended as appropriate.

11.2 The delivery note will be signed on receipt of the possessions by a member of staff on the patient’s ward and also, if in attendance at the time of the delivery, the patient. If the patient refuses to sign, (or is unavailable) a second member of staff will sign. Copies must be distributed as indicated on the form.

11.3 Items being sent to the Stores must be placed in either a sealed case or box as appropriate. A copy of the inventory form must be completed by the ward staff, detailing the items being sent to the Stores. The inventory form must be signed by both a member of staff and the patient and enclosed within the sealed box/bag. If the patient does not agree (or lacks capacity) to sign, the inventory form must be signed by two members of staff. Inventory forms are available on each ward.

11.4 The Stores will be contacted in writing to arrange collection. On receipt, the Stores will amend the database of possessions accordingly. Copies must be distributed as indicated on the form.

11.5 Audio CDs, videos, DVDs etc. may be requested in the same way as other possessions but must be listed on a separate requisition. Such items will come via the Postal Monitors for checking/re-checking (see appendix C).

11.6 When new electrical items are purchased by a patient to replace an existing item, the approval to purchase will only be given on the basis that the patient agrees to the disposal of the replaced item via the methods stated within this policy (refer to paragraph 7.6.2).
11.7 Under no circumstances will underwear and/or soiled clothing be exchanged through the Stores.

12 **WARD TRANSFERS**

12.1 When a patient transfers from a ward to another ward the procedure will be in accordance with Appendix 2 attached to this policy.

13 **APPEAL**

13.1 In the event of a patient disagreeing with the decision of the Clinical Team as to how an item should be stored, the Clinical Team will refer the matter in writing to the Executive Director of High Secure Services.

13.2 Taking into account this policy, the opinion of the Clinical Team and any other appropriate persons and after considering the representation that the patient has made, the Executive Director of High Secure Services will decide the appropriate action to be taken.

14 **PATIENT-TO-PATIENT TRANSACTIONS**

14.1 Where a patient wishes to sell items of their personal possessions to another patient, a Patient-to-Patient Transaction Form must be completed in full (these forms are available from Patient’s Finance on request).

14.2 The hospital’s Finance Department will obtain an independent valuation of all items for sale to ensure the procedure is open and fair for both parties.

14.3 The patients’ Clinical Teams must document all such transactions in the patients’ MDT notes. This will enable them to keep an up to date record of patients’ possessions and to identify the appropriateness of the transaction(s).

14.4 The authorised patients’ transactions signatory should only sign the form for the buyer once they are satisfied that the patient has sufficient funds in their account to afford the purchase.

14.5 The Responsible Clinician will then sign the form to indicate that the patient has the necessary capacity to understand and consent to the sale/purchase.

14.6 Once the sale/purchase is complete the relevant patients’ PPRs must be amended by the designated member of ward staff, in accordance with section 10 above.
15 **PATIENT TO STAFF TRANSACTIONS**

15.1 *Any Transactions of any kind (e.g. passing of gifts) between patients and staff (and vice-versa) are not permitted under any circumstance.*

16 **REPLACEMENT OF TRUST ITEMS**

16.1 Any patient who wishes to replace an item provided by the hospital with their own item, must obtain the Trust’s authority for the replacement. The Trust shall have absolute discretion in deciding whether or not to grant any such request. Any such requests should be made to the relevant Service Director. The Trust shall retain any item that is being replaced for future use.

17 **VIDEOCASSETTE TAPES/DVD’S/BLU-RAY DISCS/GAMES DISCS/VINYL RECORDS**

17.1 Clinical Teams are to consider whether there should be any restrictions on the content of DVDs, Blu-Ray Discs (BDs) or Video Cassettes. The Clinical Team should consult the procedure for Patients Access to Sexually Explicit & Sexually Violent Material in doing so and must inform the relevant Security Liaison Nurse of these restrictions. All videocassette tapes, Games Discs, DVD’s, or Blu-Ray Discs(BDs) entering the hospital, including those accompanying a patient on admission to the hospital, must be submitted to the Postal Monitors for screening and security labelling with the patient’s name before a patient is permitted to have access to them. **No patient will be permitted to have access to a videocassette tape, DVD, or BD that carries an 18R classification, nor any media with ‘PIN protected’ content.**

17.2 Patients may only obtain videocassette tapes (whether blank or pre-recorded) and pre-recorded DVD’s/BDs/Games Discs/Vinyl Records that are the original manufacturer’s material. No privately recorded material will be permitted apart from exceptional circumstances and with the approval of the Clinical Team (see paragraph 17.3).

17.3 In exceptional circumstances, a Clinical Team may give written approval for a patient to receive a videocassette tape/DVD-R, etc *(re-writable media, eg. DVD-rw is not to be allowed)* which is not brand new. This might be a recording of a special occasion (e.g., family wedding) from a relative or friend.

17.4 If the recording is to be left as a gift at Reception, a copy of the approval must be forwarded to the Reception Manager prior to the recording being deposited.
17.5 On receipt of the recording the nurse in charge of the patient’s ward must arrange for the recording, with a copy of the approval, to be sent to the Postal Monitors for processing.

17.6 Patients may receive videocassette tapes or DVD’s / BDs on loan as part of a formal educational programme (i.e., from the Open University). The Patients Education Centre must forward these tapes or DVD’s to the Postal Monitors for screening and tagging before being given to the patient.

17.7 Short-term loans of videotapes or DVDs/BDs/Games Discs/Records between patients must be approved by the Clinical Nurse Manager or Primary Nurse / Nurse in Charge and recorded in the ward diary and the Patients’ MDT notes. Any videocassette tapes or DVD’s/BDs/Games Discs/Records that are permanently exchanged/given to another patient must be approved by the Clinical Nurse Manager then submitted to the Postal Monitors for re-tagging before the transfer takes place.

17.8 Although a permanent exchange of the above items may take place between patients on different wards, there must be no short term loans between patients on different wards.

18 AUDIOCASSETTE TAPES AND AUDIO CDS

18.1 Patients can only obtain/receive audiocassette tapes (whether blank or pre-recorded) and pre-recorded audio CDs that are the original manufacturers material. No privately recorded material will be permitted apart from exceptional circumstances and with the approval of the Clinical Team (see paragraph 17.3).

18.2 All audiocassette tapes must be checked by ward staff BEFORE a patient is allowed access to them.

18.3 CDs are a restricted item which can be retained temporarily for a patient in a secure facility on the ward. These items must be subject to controlled limited access (held in a ward secure cupboard, signed in/out, checked at agreed times) and must only be given to a patient for the purpose of transferring the material on to an MP3 player. Once the transfer is complete the CD should be returned to the Patients Property Central Stores.

18.4 Short-term loans of audiocassette tapes between patients must be approved by the Clinical Nurse Manager or Primary Nurse/Nurse in charge and recorded in the ward diary and the Patients’ MDT notes. Any audiocassette tapes that are permanently exchanged/given to another patient must be approved by the Clinical Nurse Manager. Ward staff must screen all items before the exchange is completed. There must
be no short term loans of such items between patients on different wards. Due to their restricted nature; CDs must not be loaned / exchanged between patients.

19  PATIENTS RECORDINGS

19.1 Under no circumstances will an audiocassette tape or audio CD, or other media containing music made and recorded by patients be allowed to leave the secure perimeter of the hospital without the agreement of the patient’s Responsible Clinician, the Director of Security and the Executive Director of High Secure Services. All music and songs recorded by patients onto cassette, disc, or other media under the supervision or guidance of hospital staff and/or using hospital equipment must be labelled as follows:

19.1.1 “Sound recording and © and (P) West London Mental Health NHS Trust

19.1.2 The copyright in this sound recording is owned by the West London Mental Health NHS Trust. All rights are reserved and any unauthorised copying, hiring, lending, public performance and broadcasting of this sound recording is prohibited.” The recording must also be timed and dated appropriately.

19.2 Cassette tapes and discs used for the purposes of recording patients’ music and songs will be supplied by the hospital. Patients may retain these* with their personal possessions providing it is within the permitted levels.

(* In the case of discs – these must be managed in line with 18.4 above)

20. REFERENCES / SUPPORTING DOCUMENTS


The Clinical Security Framework, High Security Hospitals

Broadmoor Hospital Restricted & Prohibited Items Lists (R16p)

WLMHT Policy M6 – Management of Patients’ Mail and Postal Packets

WLMHT Policy S16 – Searching of Patients, their Rooms, Lockers and Personal Effects and Hospital / Ward Searches

WLMHT Policy S20 – Patients’ access to Sexually Explicit & Sexually Violent Material
21. MONITORING AND REVIEW

21.1 Compliance with this policy is subject to external audit by the National Offender Management Service (NOMS) audit team on an annual basis.

22.2 The Patients’ Personal Possessions policy will be reviewed every 3 years, or sooner where a need is identified (i.e. change in relevant legislation). The Director of Security is responsible for ensuring the reviews are carried out.

22.3 See appendix 4 for full monitoring plan

22. TRAINING

22.1 All staff working in the High Secure Service receive security induction training, which includes general awareness of the processes involved in the management of patients’ possessions including the reasons for those processes.

22.2 Those staff with a specific role in relation to the management of patients’ possessions (i.e. Postal Monitors, ward staff, stores staff, etc) receive a secondary induction specific to their role which includes policies/procedures that apply to their role.

23. FRAUD STATEMENT

23.1 West London Mental Health NHS Trust is absolutely committed to maintaining an honest, open and well-intentioned culture within the Trust. It is therefore committed to the elimination of any fraud within the Trust.

23.2 If Fraud or Corruption is suspected please report to the Trust’s Local Counter Fraud Specialist, or Director of Finance or ring the National Fraud and Corruption reporting line on 0800 028 40 60

23.3 Please refer to the Trusts Counter Fraud Policy and Reporting Procedure (F2/03) for details; the policy is available on the Countering Fraud Exchange Page.
24. **GLOSSARY OF TERMS / ACRONYMS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMHP</td>
<td>Approved Mental Health Professional</td>
</tr>
<tr>
<td>BD</td>
<td>Blu-Ray Disc</td>
</tr>
<tr>
<td>CD</td>
<td>Compact Disc</td>
</tr>
<tr>
<td>CNM</td>
<td>Clinical Nurse Manager</td>
</tr>
<tr>
<td>CSU</td>
<td>Clinical Service Unit</td>
</tr>
<tr>
<td>CTM</td>
<td>Clinical Team Meeting</td>
</tr>
<tr>
<td>DVD</td>
<td>Digital Versatile Disc</td>
</tr>
<tr>
<td>LOA</td>
<td>Leave of Absence</td>
</tr>
<tr>
<td>MDT</td>
<td>Multi Disciplinary Team</td>
</tr>
<tr>
<td>PPR</td>
<td>Patients’ Property Register</td>
</tr>
<tr>
<td>NOMS</td>
<td>National Offender Management Service</td>
</tr>
</tbody>
</table>

25. **APPENDICES**

Appendix 1 - Disposal of Patients Excess Possessions

Appendix 2 - Ward Transfers

Appendix 3 – A/V Media items entering / moving within the Hospital

Appendix 4 - Monitoring Template

Appendix 5 – pre-admission letter (patient copy)

Appendix 6 – pre-admission letter (Referring unit copy)
APPENDIX 1

Disposal of Patients Excess Possessions

1. Options for disposal of possessions

1.1 Any patient who has been informed that they have excess possessions or prohibited possessions (which has already gone through the process of review, if requested, in accordance with paragraph 7.7.3.3 of the Policy P6), is required to dispose of that property using one of the following methods:

1.1.1 Dispose through appropriate Trust procedures;
1.1.2 Arrange for relative or friend to collect the excess possessions;
1.1.3 Pay for private storage with a storage company external to the hospital, but paid for by the patient; or
1.1.4 Any alternative option that the patient wishes to implement which will not breach policy or security or cause harm or loss to others, including reputation of the hospital.

1.2 If the patient makes a choice from paragraph 1.1.1 – 1.1.4 above, then the procedure is complete.

1.3 If the patient refuses to nominate from the options listed in paragraph 1.1.1 – 1.1.4 above then a formal procedure is instigated as detailed below.

2. Establishing capacity

2.1 As an initial step, the Clinical Nurse Manager (CNM) will contact the patient’s Responsible Clinician (RC) to establish whether the patient has the capacity to understand the proposed disposal, agree to it, and nominate an option.

2.2 If the patient’s RC establishes that the patient has capacity in this respect, the CNM will proceed to follow the formal procedure set out below.

2.3 If the patient’s RC establishes that the patient does not have capacity in this respect, the CNM will liaise with the patient’s AMHP / Social Worker to discuss the most appropriate way of disposing of the possessions (taking into account the best interests of the patient pursuant to section 4 of the Mental Capacity Act 2005).

2.4 The Executive Director of High Secure Services in liaison with the patient’s AMHP / Social Worker may consider making an application to the Court of Protection to obtain an Order regarding disposal of the possessions in question, if this is deemed to be appropriate in the circumstances of the particular case.
Procedure to be adopted where capacity has been established.

3. **Stage 1**

   After fourteen days from the initial discussion between the CNM and the patient, the Trust will carry out the following procedure:

   3.1 **First Letter**

       3.1.1 The CNM will write a letter to the patient formally setting out the excess possessions or prohibited possessions held by the Trust and the options available to the patient in line with Policy P6b. The Trust will request that the patient responds within fourteen days, selecting one of the options stipulated in paragraph 1.1.1 – 1.1.4 above. The letter will refer to the Trust's policy and highlight that the Trust reserves the right to dispose of the excess possessions/prohibited possessions in accordance with the requirements of the policy. The patient will be advised to speak to their primary nurse, solicitor, or relatives and friends in order to assist the decision-making process. The first letter will be copied to the patient’s AMHP/Social Worker.

       3.1.2 If the patient makes a choice and this is deemed acceptable by the Trust, then the CNM will implement the patient’s choice.

       **Procedure Complete.**

       3.1.3 If the patient refuses to nominate one of the options listed in paragraph 1.1.1 – 1.1.4 above then Stage 2 will commence.

4. **Stage 2**

   After fourteen days from the issue of the first letter, the following procedure will be adopted:

   4.1 **Second Letter**

       The CNM will write another letter to the patient formally setting out the excess possessions or prohibited possessions held by the Trust and the options available to the patient. The Trust will request that the patient respond within fourteen days, selecting one of the options stipulated in paragraph 1.1.1 – 1.1.4 above. The letter will refer to the Trust’s policy and highlight that the Trust reserves the right to dispose of the excess possessions/prohibited possessions in accordance with the requirements of the policy. The patient will be advised to speak to their primary nurse, solicitor, or relatives and friends in order to assist the decision-making process. The letter will be copied to the patient’s AMHP/Social Worker.

       4.1.1 If the patient makes a choice and this is deemed acceptable by the Trust, then the CNM will implement the patient’s choice.

       **Procedure Complete.**

       4.1.2 If the patient refuses to nominate one of the options listed in paragraph 1.1.1 – 1.1.4 above or then Stage 3 will commence.

5. **Stage 3**

   After fourteen days from the issue of the second letter, the following procedure will be adopted:
5.1 The CNM will write a third letter warning the patient that unless the patient responds within fourteen days of the date of the third letter, agreeing to dispose of the excess possessions or prohibited possessions using one of the options listed in paragraphs 1.1.1 – 1.1.4 above, then the Trust will be entitled to dispose of the possessions under option 1.1.1. The patient will be advised to speak to their primary nurse, solicitor, or relatives and friends in order to assist the decision-making process. The letter will be copied to the patients AMHP / Social Worker.

5.1.1 If the patient makes a choice and this is deemed acceptable by the Trust, then the CNM will implement the patient’s choice.

**Procedure Complete.**

5.1.2 If the patient refuses to nominate on of the options listed in paragraph 1.1.1 – 1.1.4 above then Stage 4 will commence.

6. **Stage 4**

After fourteen days from the issue of the third letter, the following procedure will be adopted:

6.1 **Final letter**

A final letter is sent to the patient (clearly displaying the words “Final Letter”) stating that arrangements will be made to dispose of the possessions identified in the letter after fourteen days if the patient does not nominate one of the options set out in paragraphs 1.1.1 – 1.1.4. The letter will be copied to the patient’s AMHP / Social Worker.

6.2 The letter will set out the patient’s right to challenge the decision to dispose of his possessions within fourteen days of the date of the letter, in accordance with paragraph 7.

7. **Final Stage – Action by hospital**

7.1 After fourteen days have expired from the issue of the final letter, the CNM will contact the patient’s AMHP / Social Worker to ensure that arrangements are made for the disposal of the possessions.

7.2 In the event that the patient’s AMHP / Social Worker does not assist with the disposal, a decision will be made by appropriate managers of the Trust as to how the relevant possessions should be disposed of, taking into account the options available to the Trust any other relevant considerations. Disposal will then take place in accordance with the option nominated by the Trust.

7.3 The Trust will inform the patient (or the patient’s next of kin if appropriate) in writing of the decision made about the disposal of the possessions.

8. **Appeal Against Compulsory Disposal**

8.1 If the patient wishes to challenge the decision made by the Trust to dispose of the possessions, then the patient may lodge an appeal to his Service Director (or whoever the Trust may nominate from time to time).
8.2 This appeal must be made within fourteen days of receipt of the final decision from the Trust (referred to in paragraph 7.3). The Trust will consider the appeal and issue the patient with a written response within twenty eight days. This written response will outline the reasons for upholding or dismissing the appeal.

8.3 If the appeal is dismissed, the patient will be given a further opportunity to nominate an option in paragraphs 1.1.1 – 1.1.4. Once again, the patient will be advised to speak to their primary nurse, solicitor, or relatives and friends in order to assist the decision-making process.

8.4 If an option is not nominated within seven days of receipt of the Trust’s written response, the Trust is entitled to dispose of the possessions, taking into account the options available to the Trust and any other relevant considerations.
Appendix 2

Ward Transfers

1. Confirmation that patient will be / has transferred to another ward.

2. 48 Hours
   - Itinerary of Patients Possessions to be agreed with patient and signed by both parties.

3. 72 Hours
   - Patients Possessions to be collected and placed into a secure box / bag held in a secure ward store pending collection, contact E & F by Help Desk number 4444.

4. 72 Hours
   - Estates and Facilities acknowledge contact, raise docket and move possessions to the new ward / Patients Property Central Stores as applicable

5. 48 Hours
   - New ward receipts possessions and issued to patient in accordance with Ward Operational Policy and amends Patients Possessions Register to new ward.
   - Patients Property Central Stores receipt possessions, places back into stores and amends Patients Possessions Register accordingly.
**AUDIO/VISUAL MEDIA ITEMS ENTERING/MOVING WITHIN THE HOSPITAL**

- **Media items delivered by Royal Mail**
- **Media Items delivered by Courier Services**
- **Media items deposited by Visitors**
- **Media Items ordered through Patients Shop**
- **Media Items in Newspapers & Magazines**
- **Media Items from Patients Property Stores**
- **Media Items on transfer between patients or donated to Wards by patients**

**Send to all Media items to the Postal Monitors Office.**
All Media items recorded onto the Patients Property/Valuables Database. A copy of the listings of Property/Valuables sheet will be sent (by email) to wards daily.

- **Original manufacturer’s**
  - **Privately recorded material**
    - **Privately recorded material i.e. Births/Weddings etc.**
      - Media items containing prohibited, “pirated” or unsuitable material will be returned to sender or forwarded to **Long Term Property Stores**
      - Media items checked for content suitability
        - **Suitable Media**
          - Referred to Clinical Team for clearance & written approval
            - Item(s) returned to sender, or forwarded to **Long Term Property Stores**.
        - **Unsuitable Media**
          - Media Items Not approved
    - Media items checked for content suitability
      - **Approved Media**
        - Media Items Not approved

- **“Pirated” Media**

- **New patients**
  - Media items checked with regards to privately recorded or original manufacturer’s material
    - Media checked and security marked as appropriate. Register updated to show relevant changes
      - On completion of all checking, tagging and security marking, media items are passed to **Patient Property Stores** or returned to Wards if ward property

- **Current patients**
  - Media re-checked and security marked as required
    - On completion of all checking, tagging and security marking, media items are passed to **Patient Property Stores**

- **All items tagged, security marked and recorded in Media Register with relevant details regarding certification and content. A copy of listings made available for Ward Staff (by Email) and a further copy is printed for Stores Staff to sign upon receipt of items**

- **All to Postal Monitors Office for action as follows**

- **To Postal Monitors with appropriate Appendix 4 & 6 completed**

- **Sent to all Media items to the Postal Monitors Office.**

- **Item(s) returned to sender, or forwarded to **Long Term Property Stores**.
## APPENDIX 4

### MONITORING

<table>
<thead>
<tr>
<th>Minimum Requirement to be Monitored</th>
<th>Where described in policy</th>
<th>WHO (which staff / team / dept)</th>
<th>HOW MONITORED (Audit / process / report / scorecard) - list details</th>
<th>HOW MANY RECORDS (No of records / % records)</th>
<th>FREQUENCY (monthly / quarterly / annual)</th>
<th>REVIEW GROUP (which meeting / committee)</th>
<th>OUTCOME OF REVIEW / ACTION TAKEN (Action plan / escalate to higher meeting)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with the High Security Psychiatric Services Directions</td>
<td>Several references throughout</td>
<td>External Auditors (NOMS)</td>
<td>NOMS Audit baselines</td>
<td>Random samples</td>
<td>Annual</td>
<td>SMT, Trust Board, CSPF</td>
<td>Action plans are developed &amp; agreed by the board to address any deficiencies found.</td>
</tr>
<tr>
<td>Content of policy</td>
<td>Sect 25</td>
<td>Security Services Manager</td>
<td>Review policy as per Trust policy P3</td>
<td>n/a</td>
<td>3 yearly (or as required, i.e. legislative changes)</td>
<td>SMT</td>
<td>Consultation / re-publication</td>
</tr>
</tbody>
</table>
Appendix 5 (patient copy)

Direct Line : 01344-754060
Switchboard : 01344-773111

Date
Dear Mr

Admission to Broadmoor Hospital - Personal Property

Prior to your admission to Broadmoor Hospital, your property must be listed and an inventory list attached to each property bag.

We do not have facilities for storing large quantities of possessions. We will only accept a quantity of property that would fit into ten storage boxes (boxes measure approximately 24 inches (61cm) long, 16 inches (40.5cm) wide and 13 inches (33cm) tall) you should dispose of any excess or prohibited items (see attached) prior to admission.

On admission you will be searched thoroughly and any belongings you bring with you will be checked and x-rayed prior to them being placed onto a computerised property list. You will not, under any circumstances, be permitted to bring or have access to any prohibited items, as outlined in the prohibited items list enclosed with this letter.

If necessary, you will need to make arrangements to store any excess or prohibited items at a private storage facility away from the hospital site, alternatively you may choose to make arrangements with a relative or friend to have the property delivered to an alternative address. You will need to cover any costs associated with such storage. Please do not bring food items, or tobacco / related products as these will be disposed of. Please also be aware that the Hospital does not store individual items with a value of more than £350 and if you have such possessions you will need to make alternative arrangements for their storage.

You should prepare a bag containing sufficient property for one week, separate from the bulk of your possessions. The contents of this bag should be limited to:

- 5 x pairs of underwear
- 5 x pairs of socks
- 5 x T-shirts / Shirts
- 5 x jumpers / sweaters
- 4 x jeans / jogging bottoms
- 1 x outdoor coat
- 2 x shorts
- 1 x pair outdoor footwear
- 1 x pair flip flops
- 1 x pair slippers
- 1 x toothbrush
- 1 x toothpaste
- 1 x deodorant (non – aerosol)
- 1 x shower gel / soap
- 1 x shampoo
- 1 x pair of pyjamas
- 1 x dressing gown
- Shaving equipment (Electric only)
- Glasses
- Dentures
- 2 x books
- Religious Texts
- Religious artefacts i.e. prayer mat

The Hospital has a Policy for the storage of Patients’ Personal Possessions (P6b). A number of items are not permitted anywhere in the Hospital. Included with this letter is a copy of the restricted and prohibited items list which illustrates the type of items not allowed within Broadmoor Hospital, as well as items which are restricted and specifications for electrical equipment.

If you require any further information, please contact the Clinical Nurse Manager of your intended admission Ward.

Yours sincerely

Mental Health Act Office

Enc.
Dear ___________________

Re: ______________________

I am writing to confirm that a bed will be available for the admission of the above named on ________________ ward on_____________________.

It is essential that a separate letter be brought with the patient giving details of the present physical and mental state of the patient and any medication that he is currently receiving and the date on which his medication first started under this detention.

Please advise the patient that we do not have the facilities to store large amounts of property and he can, therefore, only bring an amount which would fit into 10 x property boxes (boxes measure approximately 24 inches (61cm) long, 16 inches (40.5cm) wide and 13 inches (33cm) tall). He should also be advised to pack a week’s worth of essential clothing / items, separate from the bulk of his possessions. In this regard please pass him the enclosed letter confirming the permitted volume of possessions, the list of prohibited items which are not permitted in the hospital, and a suggested list of items for the 1 week bag.

Please ensure that Mr __________________ does not arrive with excess or prohibited items, as these will not be accepted. Furthermore if Mr ________________ lacks capacity to deal with his possessions in this respect, please ensure that appropriate arrangements are made, prior to his transfer to ensure the patient does not bring excess or inappropriate possessions to the Hospital.

If you have any queries please do not hesitate to contact me.

Yours sincerely

_________________

MHA Office/Health Records