



THE STATE HOSPITALS BOARD FOR SCOTLAND

PATIENT PROPERTY POLICY

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Lead Author	Clinical Security Liaison Manager	
Contributing Authors	Security Managers	
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Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)

Changes required to policy (evidence base checked)

Summary of changes within policy:

January 2023 Review

- **Change of definitions for documentation of items:**
 - Restricted (patients have restricted access too)
 - Prohibited (patients are not allowed)
- **Updates to sections:**
 - **11. Management of possessions on admission**
Upon admission, a patient's possessions will be x-rayed, tested with the Rapiscan, then hand searched by security staff.
 - **12. On admission at security, any opened toiletries and perishable goods will be disposed of using The Patients Property Disposal Form**
Any opened toiletries and perishable goods will be disposed of using The Patients Property Disposal Form
 - **13. Nursing Staff**
All clothing will then be laundered prior to the patient receiving them and to be checked every 3 months.
 - **15. Items brought in by Visitors**
Any patient identified by their Clinical team as High Risk, will have all receiving items tested by the Rapiscan.
 - **17. Items via Mail**
Any patient that has been identified by their Clinical Team as High Risk, mail will be tested with the Rapiscan.
- Addition of Appendix A: Letter to RMO's.
- Update to Appendix B: Patient Personal Property on the maximum items held within a patient's bedroom

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1. Introduction

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 upon the amount and type of possessions that are contained within the hospital.

For safety and security reasons the hospital has to achieve a minimum standard of all patient rooms being searched at least once a month. To facilitate this, the amount of personal possessions a patient may have in their room has to be limited.

The Mental Health (Safety and Security)(Scotland) Regulations 2005 Authority for measures 4.(c) provides powers to The State Hospital (TSH) to place restrictions on the kinds of things that specified persons may have with them in the hospitals in which they are detained and the removal from them of articles kept in breach of such restrictions.

The Mental Health (Safety and Security) Regulations 2005 General Conditions 5(a) states that these measures may only be applied in respect of any specified person where, in the opinion of the person's Responsible Medical Officer, not to apply them would pose a significant risk to the health, safety or welfare of any persons in the hospital or the security or good order of the hospital

The Mental Health (Specified Persons' Correspondence) (Scotland) Regulations 2005) states that mail may be withheld where the hospital managers take the view that mail sent to or by a "specified person" should be withheld on grounds of potential distress to the addressee or any other person not on the staff of the hospital, or cause danger to any person, or that a postal packet received by that patient might not be in the interests of the health and safety of the patient or might be a danger to any other person.

2. Aim

To ensure that appropriate systems and procedures are in place for the management, storage and movement of patient's personal possessions.

To ensure patients and their relatives are reassured that valuables brought into the hospital are accounted for and looked after responsibly by either the patient or staff.

To provide direction and guidance on the amount and type of personal possessions that each patient may retain in their room, and stored on or off the ward.

3. Scope

This policy applies to all staff involved in the management of patient's possessions at TSH including but not limited to; clinical teams, ward staff, Security staff, Estates, Procurement and Finance.

A failure to follow the requirements of the policy may result in investigation and management action being taken as considered appropriate.

4. Definitions

Patient's possessions refer to any item/article belonging to an individual patient that is held by the patient, or by the hospital on the patient's behalf.

Restricted items are items that the patient has access to under staff supervision.

Prohibited items are items that the patient will not access due to the risk associated with said item.

Excess patient's property includes any items that exceed the approved storage limits or any prohibited items.

5. Patient's Personal Possessions – Management and Storage

RMO's will be contacted by the Security Information Office via letter to agree to restrictions of Patients Property, detailed in Appendix A.

Details of the items that are permitted within a patient's room or that are restricted are detailed in Appendix B.

The hospital will not accept liability for any item with the value over £50 on behalf of any patient, with the exception of a TV (£150), which must meet the specification set out in the Technology and electronic devices within The State Hospital Policy and Procedure (SP28).

TSH will not accept liability for any loss or damage to any patient's property caused by unforeseen circumstances such as fire or flood unless the loss or damage was due to negligence by State Hospital staff.

For making a claim for loss or damage see section 23 below.

6. Ward Storage

A secure room (pack store) will be provided on each ward for storage of patient's personal possessions. Patients are permitted to store a maximum of 5 storage boxes within this storage facility. Subject to safety and security, patients must be able to retrieve possessions from the ward store within 24hrs of submitting a request.

In addition to any general ward storage of patient's possessions, each ward will provide secure storage for personal hygiene products – e.g. deodorant, aftershave, razors, etc.

7. Off Ward Storage of Patient Personal Possessions

A secure room will be provided on each Hub for storage of patient's personal possessions. Patients are permitted to store a maximum of 5 storage boxes in this facility if space allows. Subject to safety and security requirements, patients must be able to retrieve possessions from the Hub store within 24 hrs of submitting a request.

Finance will hold all patients financial and personal documents including but not limited to bank cards, birth certificates, bank books and gift vouchers.

Security will hold any prohibited items or any item that is deemed to be dangerous. These items will only be issued to the patient on leaving the hospital.

8. Excess Personal Possessions

Any patient possessions which exceeds the 10 storage boxes (5 in the ward and 5 on the Hub) allocated to each patient will constitute "excess possessions".

The removal or disposal of excess or unwanted personal possessions can be through family, friends or visitors, given to charitable organisations, or disposed of in a safe and secure manner in accordance with the disposal of patient's possessions. All disposal routes will be agreed in advance then recorded and signed by the patient, the patient's RMO and other staff, as appropriate, using the Patient Property Disposal Form.

For disposal of a patient's possessions following death please refer to the Death of Patient/Palliative and End of Life Care (incl Sudden Death) Policy (CP49).

9. Management of Prohibited and Risk Items

Patients are not permitted to retain any prohibited items.

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

- Recording the fact that the prohibited item will be withheld by security and listed on the prohibited items form
- Informing the relevant patient that the prohibited item will be withheld and the reasons for withholding it

10. Procedure for disposing of inappropriate patient property.

Any inappropriate property that requires disposing of will be dealt with in the following way:

- The patient will be asked what he would like to happen to the property
- The patient can advise staff of the following methods of disposal:
 - Send to a relative or friend
 - The property can be disposed of
 - The patient, with assistance from the hospital, can arrange for external storage.
 - The patient would have to meet the costs of any storage agreement with any external business

11. Management of Possessions upon Admission

- Upon admission it is the responsibility of the security operator to ensure they receive all patient belongings from the escorting staff
- All patient belongings will be held at security for searching and recording
- Upon admission, a patient's possessions will be x-rayed, tested with the Rapiscan, then hand searched by security staff

12. Security Staff

- The property will be recorded in the appropriate electronic Patient's Property Form
- Restricted items such as toiletries will be recorded on the Withheld Patient Property Form and delivered to the ward to be kept in their restricted items store
- Any opened toiletries and perishable goods will be disposed of using the Patients Property Disposal Form
- Prohibited items and or valuable items will be stored within security. All items will be recorded in detail on the Prohibited Patient Property Form. Items placed in a secure bag, sealed with a security tag and placed within the Security Void area
- All other property will be delivered to the ward where a member of nursing staff will check the belongings against the list and sign for the same
- Valuable items such as monies or bank cards will be logged on Patient Property Form. Finance will then collect these items. Out of hours the items would be stored in the secure box within the Carers Centre with a copy of the Patient Property Form, an email sent to Finance, who will collect and sign for same
- A copy of property lists will be retained by Security, logged and filed
- An email of the master copy of items will be sent to the ward
- Security Team Leaders will conduct an audit of all prohibited items held within the Security Department once every twelve months

13. Nursing Staff

- On receiving the patient's belongings nursing staff will be responsible for confirming the items against the property list provided by security for accuracy
- Patient's should sign a Property Disclaimer (see Appendix C) with an appropriate member of staff
- Nursing staff and patient should sign the property list as confirmation that all property is recorded
- All clothing will then be laundered prior to the patient receiving them
- Any discrepancies should be noted with any additional items found added to the property list.
- Any missing items to be recorded on a Patient Property Loss / Damage Form (see Appendix D) which is held on the Intranet
- The list will be updated as new goods are acquired by the patient. This is the responsibility of all nursing staff
- All belongings stored in the wards are to be checked against the property list every 3 months. The records must be signed by two nursing staff and the patient
- If the patient is unable to be present during this property check, it should be postponed until such times as the patient is able to review and evidence the check, every effort should be made to ensure that all checks are completed within the 3 monthly timeframe
- If the patient refuses to sign the property sheet it should be signed by two nursing staff and noted that the patient refused to sign
- Any restricted/excess items will be stored securely in appropriate ward or hub store and checked 3 monthly. All other patient's belongings will be stored within the patient's room or locker within dayroom

14. Finance Staff

- Finance will hold all patients financial and personal documents including, but not limited to, bank cards, birth certificates, bank books, driving License and passports etc
- When a patient is admitted to the hospital security staff will inform the finance department if there are any items to be stored in the patient's bank for recording and safekeeping until the patient is discharged or transferred
- All monies and valuable items, which are to be retained by Finance, will be initially recorded by security staff and then collected by Finance. Out of hours all items will be placed in the secure box in the Carers Centre
- Any monies handed in by patient's families or friends will be placed, in the carers presence, in a sealed finance bag and deposited in the secure Finance mail box within the carers reception
- Finance staff will collect these envelopes from reception on Monday, Wednesday and Friday. These will then be taken to the patient's bank to be recorded and stored

15. Items brought in by visitors

- Any items that are brought in by a visitor will be x-rayed and hand searched by Security Staff, if the items are allowed they can be taken to the ward
- Any patient identified by their Clinical team as High Risk, will have all receiving items tested by the Rapiscan
- Ward staff will then add this item to the patient's property list
- Any items that are prohibited or have tested positive on the Rapiscan will be handed back to the visitor on their departure or given back on their next visit to the hospital

16. Items ordered through procurement

- Any items ordered through procurement will be delivered to procurement
- Procurement staff will deliver this item to the ward
- Nursing staff will sign the delivery note
- Nursing staff are responsible for adding newly purchased items to the property list

- Items of jewellery, footwear and belts must have been approved by the Clinical Security Liaison Manager before order being placed

17. Items via the post

- Any patient that has been identified by their Clinical Team as High Risk (Mail) will be tested with the Rapiscan
- All items via post will be x-rayed by security and any package that is thought to contain a prohibited item will be taken to the ward to be opened in the presence of the patient
- The item will then be checked by security to ensure it is allowed and if approved Security will record details in the receipt book
- If there is any doubt as to whether the item is prohibited or not, it will be returned to the Security Department where clarification will be provided. (i.e. if a CD or DVD is genuine or fake)
- If the package contains an item that is not permitted, it will be returned to security. The patient/nursing staff will inform the sender, to discuss the return/disposal of same
- All other items that do not appear to be a risk following an x-ray will be delivered to the ward by the mail person
- Nursing staff will add all items to the patient's property list
- If it is not possible to return to the sender the items should be retained or disposed of as described in sections 9 and 10 of this policy

18. Items purchased during Suspension of Detention

- It is the responsibility of the escorting staff to ensure that the patient does not return to the hospital with any prohibited items
- Any items purchased on a suspension of detention must be handed over to security for x-ray and hand searching. Any items withheld by security for checking must be recorded in the receipt book
- Once all items have been checked Security will hand back all approved items to the escorting staff
- All items will be added to the patient's property list by nursing staff

19. Items Purchased by Patients to be given as gifts

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 located within the ward which will detail the date on which the item is to be forwarded on. Any item that has not been forwarded on by that date must be entered on the appropriate property list.

20. Recording items on the property lists

When completing property lists 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 not be used and descriptive terms such as 'yellow metal', 'grey metal' or 'white stone' etc. should be used instead.

The following descriptors will be recorded for each item listed: Date, Item, Description, Serial/Model number, Colour, Quality, Location and Security tag number.

The quality of the items will be recorded as follows:

- N = New
- B = Broken
- U = Used
- T = Torn
- M = Marked

21. Checking Patient Property

- Ward held patient's property must be checked every 3 months by nursing staff
- Ideally the patient should be present during their property search or give their permission for 2 members of nursing staff to complete
- Following a complete check of the patient's property the patient will be given the property list to check and sign confirming everything is accounted for
- Any discrepancies should be highlighted to the patient and investigated
- Prohibited items held within the Security Department will be checked by security staff on an annual basis
- Monies and Valuable items held by Finance department will be checked in accordance with the Patients Funds Policy (QP08)

22. Patient Transfers

- An inventory of patients property to be agreed with the patient and signed by both patient and nursing staff
- Patient possessions, where possible, will be placed in a secure box/bag sealed with a tamperproof numbered tie
- There will be a separate inventory for each box/bag with the number from the tie recorded
- A copy of the signed forms will be sent to medical records to be recorded on the patient's file
- A copy will go with the escorting staff to be handed to the receiving staff
- The receiving staff must sign the property list on receipt of each box/bag

23. Making a claim for loss or damage to patient's property

- Where patient property has been lost or damaged by the hospital, the patient may be compensated for that loss or damage, with a possible deduction made for wear and tear based on its age. The maximum pay-out will not exceed the limits set out in section 5 above
- Items purchased in the hospital charity shop will only be reimbursed for the price the patient has paid
- A Patient Property Loss / Damage Form should be completed and passed to the relevant Senior Charge Nurse (see Appendix D)
- The incident should also be logged on the DATIX system and reference number obtained.
- If theft is suspected the Duty Clinical Security Liaison Manager and relevant Senior Charge Nurse must be informed as soon as you are aware that the loss has taken place.
- The Duty Clinical Security Liaison Manager will liaise with the Duty Director and then the Police on the hospitals behalf
- If the item has been damaged, an estimate of the cost of repair will be required. The key worker should complete a non-stock requisition and send to procurement along with the damaged item stating that an estimate is required for repair of item
- Should the patient require assistance in completing the form, they can contact a Senior Charge Nurse, advocate, named contact or the key worker
- Following completion of the form the patient must sign and date it as an accurate record of events
- The form should now be passed to the Senior Charge Nurse or Lead Nurse

24. Senior Charge Nurse / Lead Nurse / Manager receiving a Patient Property Loss / Damage Form

- Please ensure that the person reporting the loss has fully completed the form. If this is not the case please ensure that this is complete before continuing
- If you become aware that the loss is a potential theft the Duty Clinical Security Liaison Manager should be contacted immediately. The crime reference number should be recorded on the form. If the police investigate the incident, their findings should also be recorded on the form

- The manager should also sign the form to confirm that the details are complete, correct and that the repair or to-be destroyed goods have been seen and verified
- In some cases, a Clinical Security Liaison Manager will also be required to sign this form
- A damaged item should be inspected and an assessment of the repair or damage made and confirmed on the form
- The completed form, along with all quotes and the damaged item to be disposed of (if the item cannot be repaired) should be passed to the Finance department for recording and processing

25. Finance Department

For all items:

- Ensure that form is completed and signed appropriately
- Log on losses register
- For items lost, check lost property for the item described

For compensation claims:

- Ensure that the property and original purchase receipts / quotes are attached
- Invoke department loss payment procedures
- Check the purchase / repair receipt provided agrees with the claim form received
- If there are three quotes, summarise these for the Director of Finance and eHealth to review
- Check that the damaged goods have been inspected and evidenced by the line manager
- Confirm to the claimant when the form has been received. Inform them of any missing information and ensure that they understand the claim cannot be processed without it

26. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

27. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
The Board	N
Carers	N
Volunteers	N

28. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within TSH via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients.

The Security, Resilience, Health & Safety Oversight Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed every three years or earlier if required.

The State Hospital

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Lanark
ML11 8RP
Telephone 01555 840293



Consultant Forensic Psychiatrist

Date
Our Ref
Enquiries to
Direct Dial

Dear

The Security and Resilience Group is tasked with identifying any items that, in use, could adversely affect the health and safety of anyone within the Hospital or its security and good order. An excerpt from the advice to patients on admission relating to Specified Persons Status is at Appendix 4 (see enclosed).

In order to ensure that the prohibition of any such item is compliant with the Mental Health (Care and Treatment) (Scotland) Act 2003 and the associated safety and security regulations, I am requesting that you complete the enclosed form (Appendix 1) with regards to your patient, (...) and confirm that there are no exceptions to the list included in the form that are applicable to them or that you detail any exceptions you have identified. The enclosed flowchart (Appendix 2) shows the route to be taken for decisions.

The form will be scanned into RiO by Security so as to ensure the decision is recorded. If, at any time following completion of the form, you review the decision, a new form should be completed. This may be due to a regular review of care and treatment or the patient exercising his right to a review under the Act.

You will see from the form that we have given some examples of types of items. It is impossible to include all potential items so judgements will continue to be required by Security for each item type. These judgements can be reviewed as required by the Clinical Team.

Of course, there is always the possibility that an item may arrive with a patient or visitor that has not previously been encountered and it may be that the item needs to be prohibited or restricted until it has been assessed. If this should happen Security will withhold the item until further assessment and discussion with the Clinical Team can take place.

In making your decision please also give consideration to the enclosed Appendix 3, the list of items that are not allowed in patients' rooms and the quantity limits introduced to ensure that a room can be quickly and effectively searched when required.

Please also ensure that you have given full consideration of the impact on your patient, the possible impact should the item come into the possession of another patient and the overall impact on safety and good order of the item being in the hospital.

If there are any items on this list that you think should generally not be prohibited than please let me know so that consideration can be given to that item at the next meeting of the Security and Resilience Group.

Yours sincerely

Head of Security

PROHIBITED AND RESTRICTED ITEMS – INDIVIDUAL PATIENT REVIEW FORM

PATIENT:

HOSPITAL NUMBER:

RMO:

WARD:

Restricted / Prohibited Items List for Patients and their Visitors

The use or possession of the following item types is not permitted in the hospital without permission. In order to ensure safety and security some of the definitions are broad; staff will exercise their judgement and discretion as to whether items are fall within those definitions.

- Items that may be used to cause or be adapted to cause injury
e.g. metal items, sharp items, glass, umbrellas.
- Items that could be used to assist in an escape
e.g. maps, sat navs or other Global Positioning System, rope, blue tac, chewing gum.
- Substances that may be abused
e.g. drugs, alcohol.
- Items that can be used to access funds
e.g. cash cards, bank books.
- Items that can be used to create or support an identity
e.g. passport, driving license, ID cards.
- Items that are being brought into the hospital if their use may be for the purpose of trading.
(We recognise this is a broad definition and decisions will be taken by staff on a case by case basis)
- Items used to assist unauthorised communication
e.g. mobile phones, any item containing a SIM card, pagers.
- Items that can be used to take a photograph
e.g. cameras, phones, iPods, handheld games.
- Electrical items that can be used to connect to the internet via a wireless connection or have Bluetooth facility
e.g. computers, smart phones & watches, Activity Trackers (with Screen) computer games.
- Any item that is illegal to have or use
- Items that can be used as pornography and have not been authorized by the clinical team
- Items that assists in the use of tobacco related products including tobacco
e.g. tobacco, cigarettes, electronic cigarettes, lighters, gas, matches - The State Hospital is a totally smoke free environment.
- Electronic devices that use includes capability of recording or playback of recorded media
e.g. Dictaphones, tape recorders, DVDs, CDs, memory sticks.

- Any item that could be used to undermine security.
(We recognise this is a broad definition and decisions will be taken by staff on a case by case basis)

Tick as appropriate

- I confirm that the items described above should be withheld from the patient under the Mental Health (Care and Treatment) (Scotland) Act 2003 and associated Health and Safety Regulations
- With regard to this patient, there are exceptions to the list above. These are: *(please list below)*

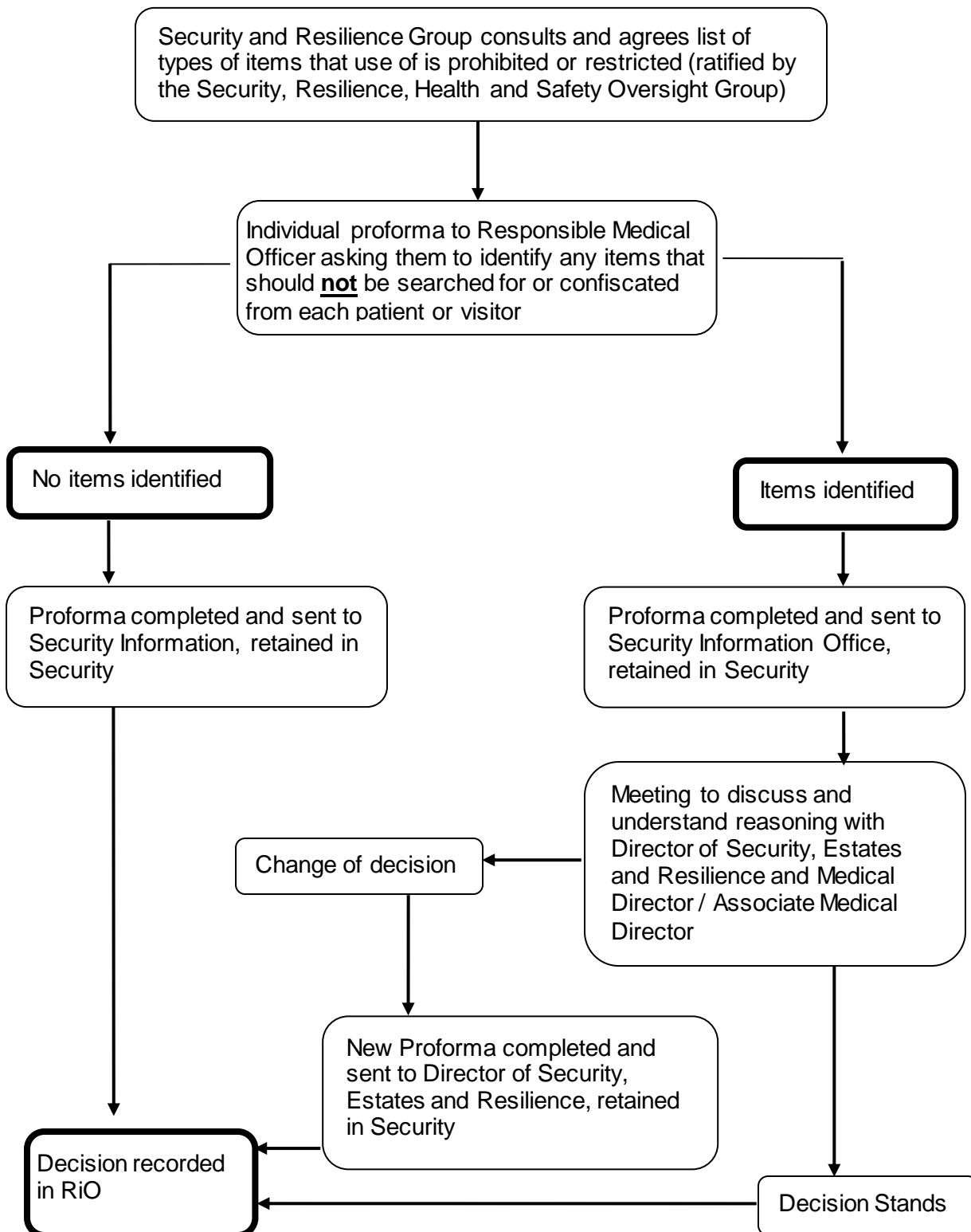
SIGN:

NAME:

DATE:

Please forward completed form to the Security Information Office

Flowchart for restriction and prohibition of items



Items not allowed in patients rooms

- **Aftershave, Shaving Foam, Fixodent and Steradent**
- **Electric Shaver, Hair clippers or Electric Toothbrush**
- blue-tak*
- sharp or metal tins*
- stringed musical instruments
- electrical cables which are not currently in use
- coinage or notes*
- metal pens
- accumulation of old batteries
- heavy buckle belts* (see note below)
- heavy boots/Steel toe capped or similar* (see note below)
- glass containers*
- fitness equipment, apart from a stepper
- Any items of clothing that resembles staff uniforms (i.e. blue polo shirt)
- Any clothing or bedding made of Disruptive Pattern Material (Camouflage)
- Any Hi-Vis clothing.
- Any other items that may affect the safety and security of The State Hospital (see note below)

Note regarding footwear, belts and any other items with additional capacity to cause harm:

Due to the wide range of footwear and belt buckles available it is impossible to give a complete definition of the types that are not allowed. Any item has the potential to cause harm if used as a weapon. The purpose of the policy is to exclude any footwear (or other item) that has features that have the potential to create significant additional harm. This could be because of the weight of a boot, the type of toecap, protruding metal eyelets, protruding hard sole or any other feature that makes the item significantly more dangerous than other footwear. The same logic should be applied to belt buckles or any other item that may have design features that create additional risk.

The final decision on the suitability of **any** item is the responsibility of the Clinical Security Liaison Manager on behalf of the Clinical Team.

Room Furnishing and Fittings

- 1 bed with appropriate bedding requirements
- 1 wardrobe
- 1 chest of drawers
- 1 writing desk
- 1 chair
- 1 mirror attached to wall
- 1 pair of curtains

Patient's Personal Items

Please find below the maximum number of personal items to be kept between the individual's person, room and locker.

Clothing

60 items of clothing (including underwear) and footwear, which must be stored in a neat and tidy manner within the storage units provided.

Private Property

- Combination of 4 electrical items e.g. TV, DVD, Digibox, PlayStation, Hi-fi etc
- TV screen size must not exceed 24 inches
- Hi-Fi / sound equipment must not exceed 5 components, no item to exceed 30x30x30cm
- Maximum of 30 DVDs, tapes, CDs, books etc

- Personal items neatly stored and of reasonable size
- 1 box for keeping all paperwork i.e. Letters, legal documentation etc. (no other paperwork outside box)
- No excess toiletries to be kept. (1 Full + 1 in use)

Specified Persons

The Mental Health (Care and Treatment)(Scotland) Act 2013 (referred to as The Act) states that all patients admitted to the State Hospital are automatically deemed to be “**Specified Persons**”.

Being a Specified Person means that you are subject to certain regulations as laid down within The Act and the Mental Health (Safety and Security) (Scotland) regulations 2005 (referred to as The Regulations).

This leaflet will explain what that means for you. You can also discuss this with your Doctor, your Key Worker or the Security Manager who is part of your Clinical Team.

Specified persons are subject to the following measures:

1. Searching of patients and their belongings

Regular Searches

In order to maintain a safe and therapeutic environment for you and everyone else in the hospital, you, your belongings, your room and your locker will be regularly searched whilst you are detained in the hospital. These searches will take place at least once a month and possibly more often. As well as informing you of these regular searches we will also inform your Named Person that regular searching takes place. The notification to yourself and your named person will be recorded in your clinical record.

Targeted Searches

In addition to these regular and routine searches that take place we may also search you, your belongings your locker and your room if we are concerned that you may have items in your possession that could be dangerous to you or others. We call this a “Targeted Search”. If you are subject to a Targeted Search we will record this in your clinical notes and inform your named person that a targeted search has taken place.

Consent

On each occasion you are searched your consent will be sought. If you do not consent we may need to consider searching you without your consent and / or placing you under special observation. We will only do this as a last resort.

Types of Searching

Our normal search of a person is a “rub down” search. This means that you will remain in your normal clothing, though we may ask you to remove any outer garments.

On very rare occasions, when we are particularly concerned about your safety or the type of item you may have on your person, we may ask you to comply with a “removed clothing” search. Your consent will also be sought for this. If you do not consent we may consider undertaking the search without your consent. A “removed clothing” search will always be undertaken by a male member of staff in a way that does as much as possible to maintain your dignity and privacy.

2. Restriction on Patients belongings

There will be restrictions on various items that you are allowed whilst you are in the State Hospital; if you have any of these items they will be removed from you and an explanation given. If any such items arrive for you through the post or with a visitor they will not be allowed into the hospital.

Similar restrictions are also in place for visitors and staff. The hospital is allowed to do this under the Act and the Regulations in order to ensure that the hospital is a safe and secure place for you, other patients, staff and visitors. A list is available of the types of things that are not permitted and a copy of that list is enclosed with this letter. The prohibited items include tobacco products.

Following medical advice the State Hospitals Board has decided that use of any tobacco products on the hospitals premises is not permitted. The Board has made this decision under the powers

granted to it under the National Health Service (Scotland) Act 1978. If you do use tobacco then support is available to help you with this; please discuss it with your Doctor or any of the other staff.

As the use of tobacco is not allowed we have also decided that tobacco products should not be allowed on site. This is because we think that the presence of tobacco on site when smoking is not allowed will cause danger to staff, patients and visitors through such things as attempting to smoke covertly or trading in tobacco and lighters. The Board has made this decision after consideration of its powers and duties under sections 1 and 286 of the Act and under the Regulations.

3. Restrictions on visitors

In the same way as there are restrictions on the items that you may be allowed in hospital there are also restrictions on the items which visitors may bring with them into the hospital; there are also restrictions on the entry of visitors into the hospital. All visitors to the State Hospital may be searched and have their visits restricted or prohibited either as a consequence of such a search or if they refuse to be searched. Items they carry with them will be searched and they may be refused entry to the hospital unless they agree to this and to the removal of any prohibited items. Your visitors will be supplied with the list of types of prohibited items prior to their first visit. This list is not exhaustive and any item not listed above may be withheld by Security on arrival.

We may also prohibit some visitors if we think that their visit may create a risk to you, other patients, other visitors or staff

4. Surveillance of Patients and Visitors

Patient areas are now covered by internal CCTV with the exception of their bedroom and bathrooms. A full explanation is available within the CCTV Policy (SP04). The MSR toilet is covered and a separate protocol for viewing CCTV images is attached within that policy (Appendix 2).

As we have a CCTV system that covers all of the public areas at the reception, in the car park and in the grounds of the hospital some level of surveillance of visitors will take place. Notices are in place informing visitors of this.

5. Monitoring and Restricting Post to or From patients

Mail sent by you can be checked by staff and held back from the post if it is sent to someone who has asked not to get letters from you, or if it is thought that what you want to send is likely to cause distress or put someone at risk. Any letter addressed to any of the people below cannot be stopped:

- **Ministers of the Crown or a Scottish Ministers**
- **Members of Parliament (European, Westminster, Scottish or Northern Ireland Assembly)**
- **Mental Welfare Commission**
- **The Parliamentary Commissioner for Administration**
- **The Scottish Public Services Ombudsman**
- **A Local Authority**
- **Any Judge or Clerk of Court**
- **The Mental Health Tribunal for Scotland**
- **The Managers of the State Hospital**
- **A Health Board**
- **A Special Health Board**
- **A National Health Service Trust**
- **An Independent Advocate**

- **A lawyer giving you legal advice**
- **The European Court of Human Rights**

Mail sent to you can be checked by staff and withheld from you if it is thought necessary to do so in your interests or to protect others. Any mail sent to you by any of the people listed above will not be opened where it is clear from whom it is sent.

If the person you are sending a letter to has told us that they do not want to receive mail from you then we do not need to inform you or anyone else that we have withheld it. In all other circumstances when we withhold mail that you wish to send or withhold mail from you sent from someone else we will always inform you, the sender and the Mental Welfare Commission (Contact details below) that we have done this. The letter will explain how you can appeal to the Mental Welfare Commission against our decision.

6. Monitoring and Restriction of Telephone Calls

Telephone calls from patients in The State Hospital can be intercepted and monitored and the people to whom you are allowed to make telephone calls can be restricted. When we are monitoring calls we may interrupt or stop the call if we think it necessary. If someone requests that you do not phone them then we can stop you phoning them.

We cannot stop you phoning any of the people listed above.

7. Taking samples

It may be necessary for samples, such as blood, urine or hair for example, to be taken for examination during your stay in the hospital. The staff will use a degree of privacy compatible with ensuring that the sample has not been tampered with. Your consent will always be sought for a sample to be taken. If you do not consent to giving a sample we may consider taking it without your consent, though that is very rare. If we do decide to take a sample without your consent we will not use physical force. We may also need to consider other measures such as close supervision if you do not consent.

8. Request for review of the way in which we are implementing the Regulations

We are only allowed to implement these regulations if your Doctor thinks that it is necessary to address a significant risk to the health, safety or welfare of anyone in the hospital or the security or good order of the hospital. If you are unhappy about the way in which we are implementing these regulations with regard to yourself then you or your named person can request that your Doctor reviews these risks.

If you are unhappy about our implementation of the regulations or any other aspect of your care and treatment you can also discuss this with The Mental Welfare Commission:

The Mental Welfare Commission are an independent body created to protect the rights of any patients in Scotland subject to compulsory detention under mental health legislation

Patient Personal Property

NOTE: Items below marked with an asterix (*) are not allowed in patient's possession anywhere on site.

Guidelines for Patients:

Individual patients are responsible for the safe storage of items within their bedrooms and The State Hospital will not be held responsible for any loss or damage which may occur.

Items not allowed in rooms:

- **Aftershave, Shaving Foam, Fixodent and Steradent**
- **Electric Shaver, Hair clippers or Electric Toothbrush**
- blue-tak*
- sharp or metal tins*
- stringed musical instruments
- electrical cables which are not currently in use
- coinage or notes*
- metal pens
- accumulation of old batteries
- heavy buckle belts* (see note below)
- heavy boots/Steel toe capped or similar* (see note below)
- glass containers*
- fitness equipment, apart from a stepper
- Any items of clothing that resembles staff uniforms (i.e. blue polo shirt)
- Any clothing or bedding made of Disruptive Pattern Material (Camouflage)
- Any Hi-Vis clothing.
- Any other items that may affect the safety and security of The State Hospital (see note below)

Note regarding footwear, belts and any other items with additional capacity to cause harm:

Due to the wide range of footwear and belt buckles available it is impossible to give a complete definition of the types that are not allowed. Any item has the potential to cause harm if used as a weapon. The purpose of the policy is to exclude any footwear (or other item) that has features that have the potential to create significant additional harm. This could be because of the weight of a boot, the type of toecap, protruding metal eyelets, protruding hard sole or any other feature that makes the item significantly more dangerous than other footwear. The same logic should be applied to belt buckles or any other item that may have design features that create additional risk.

The final decision on the suitability of **any** item is the responsibility of the Clinical Security Liaison Manager on behalf of the Clinical Team.

Room Furnishing and Fittings

- 1 bed with appropriate bedding requirements
- 1 wardrobe
- 1 chest of drawers
- 1 writing desk
- 1 chair
- 1 mirror attached to wall
- 1 pair of curtains

Patient's Personal Items

Please find below the maximum number of personal items to be kept between the individual's person, room and locker.

Clothing

60 items of clothing (including underwear) and footwear, which must be stored in a neat and tidy manner within the storage units provided.

Private Property

- Combination of 4 electrical items e.g. TV, DVD, Digibox, PlayStation, Hi-fi etc
- TV screen size must not exceed 24 inches
- Hi-Fi / sound equipment must not exceed 5 components, no item to exceed 30x30x30cm
- Maximum of 30 DVDs, tapes, CDs, books etc
- Personal items neatly stored and of reasonable size
- 1 box for keeping all paperwork i.e. Letters, legal documentation etc. (no other paperwork outside box)
- No excess toiletries to be kept. (1 Full + 1 in use)



Property Disclaimer

Patient Name:

Hospital Number:

Property

I understand that:

- I am responsible for all items that I have in my room, dayroom locker or on my person. I undertake to be responsible for looking after and maintaining it. I accept responsibility for any loss or damage while it is in my care. Thus I free The State Hospital of any claim by me on my behalf for damage or loss of property.
- The State Hospital liability for compensation in the event of any upheld claim relating to any item of property is limited to £50 with the exception of a TV where the maximum will be £150.
- I have been advised to send out any property I consider as being valuable.
- The hospital will accept no responsibility for any consumables such shop purchases i.e. food stuffs.
- I am not allowed to buy, borrow or otherwise receive any item of property from any other patient without it being authorised by the Clinical Team.

Disposal of Property

- I must not dispose of any item of property. An application must be made to the Clinical Team to dispose of any item of property stating the course of action I wish to take. Only once the item of property is disposed of will the property record be amended.

Patient Signature:

Date:

Staff Name (PRINT):

Date:

Staff Signature:

Date:

PATIENT PROPERTY LOSS / DAMAGE FORM		
SECTION 1:		Loss report file ref
TO BE COMPLETED BY PERSON DISCOVERING LOSS OR DAMAGE		
PARTICULARS OF PERSON REPORTING LOSS, THEFT OR DAMAGE		
Patient's Name:		
Person reporting loss on behalf of Patient:		Contact Phone Number:
Location :		
PARTICULARS OF LOSS, THEFT OR DAMAGE		
Date of Discovery:		Time:
Location:		
Nature of loss/ description of event:		
Other People/Equipment involved:		
Any other information:		
Witnesses:		
Estimated Value (if known):		
Receipt(s)/ quote(s) attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		
ACTION TAKEN		
Senior Charge Nurse Informed Date;	Time:	Senior Charge Nurse Name:
Other Informed: Yes <input type="checkbox"/> No <input type="checkbox"/>	Time:	Other Name:
Other:		
Accident/Incident form completed: date;	Datix Reference:	Risk rating given:
Signature of reporter:		Date:
SECTION 2:		

TO BE COMPLETED BY SENIOR CHARGE NURSE / LEAD NURSE	
NOTES FOLLOWING OCCURRENCE / PREVENTATIVE ACTION TAKEN	
Check section 1 has been fully completed Yes <input type="checkbox"/> date	
Estimate Cost/Value of loss/damage:	
Details of receipt(s), quote(s) received:	
ACTIONS TAKEN	
If a suspected theft, when were the police called	Crime reference number
Details of any action taken by the police	
Any other actions taken to prevent further loss/ damage?	
ADDITIONAL INFORMATION	
Did you contact anyone else e.g. security, witnesses etc?	
If so record your actions / findings:	
Do you support claim? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Comments (including confirmation you have seen the damaged goods and that it is beyond repair):	
Signature of Senior Charge Nurse / Lead Nurse:	Date:
PLEASE SEND THIS FORM AND ALL ATTACHMENTS TO THE FINANCE DEPARTMENT	

SECTION 3: FINANCE DEPARTMENT USE ONLY		
Director of Finance & eHealth Comments:		
Director of Finance & eHealth approval: Yes/No	Amount: £	Date:
Director of Finance & eHealth signature:		
Loss register completed:		Date:
Date of write-off authority:	Reference:	
Internal Audit notified:	Remarks:	