# Patient Property Policy

This policy describes the process for the management and safe keeping of patient property within the Trust.

<table>
<thead>
<tr>
<th>Key Words:</th>
<th>Patient Property, valuables, safe keeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
<td>8</td>
</tr>
<tr>
<td>Adopted by:</td>
<td>Quality Assurance Committee</td>
</tr>
<tr>
<td>Date Adopted</td>
<td>15 November 2016</td>
</tr>
<tr>
<td>Name of Author:</td>
<td>Linda Bull, Matron</td>
</tr>
<tr>
<td>Name of responsible Committee:</td>
<td>Patient and Carer Experience Group</td>
</tr>
<tr>
<td>Date issued for publication:</td>
<td>November 2016</td>
</tr>
<tr>
<td>Review date:</td>
<td>December 2017</td>
</tr>
<tr>
<td>Expiry date:</td>
<td>June 2018</td>
</tr>
<tr>
<td>Target audience:</td>
<td>Trust staff</td>
</tr>
<tr>
<td>Type of Policy</td>
<td>Trust staff X</td>
</tr>
<tr>
<td>Which Relevant CQC Fundamental Standards?</td>
<td>Regulation 13, 17</td>
</tr>
</tbody>
</table>
REFERENCES AND ASSOCIATED DOCUMENTATION

Appendix 1  Policy Training Requirements.................................19
Appendix 2  NHS Constitution Checklist ........................................20
Appendix 3  Stakeholder and Consultation.......................................21
Appendix 4  Due Regard Screening Template Statement ................22
Appendix 5  Disclaimer..............................................................23
Appendix 6  Losses and Special Payment report Form.....................24
Appendix 7  Cash and Valuables accepted for Safekeeping..............27
Appendix 8  Cash Release Request................................................28
Appendix 9  Cash Release on Discharge........................................29
Appendix 10 Form of Indemnity.......................................................32
Appendix 11 Claim for Deceased Patient Property..........................33
Appendix 12 Property left behind following discharge..................35
## Version Control and Summary of Changes

<table>
<thead>
<tr>
<th>Version number</th>
<th>Date</th>
<th>Comments (description change and amendments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3rd January 2012</td>
<td>First working draft</td>
</tr>
<tr>
<td>2</td>
<td>15th February 2012</td>
<td>Changes made following discussions between originators</td>
</tr>
<tr>
<td>3</td>
<td>23rd February 2016</td>
<td>Changes made following discussions between originators</td>
</tr>
<tr>
<td>4</td>
<td>8th March 2012</td>
<td>Changes made following wider consultation process</td>
</tr>
<tr>
<td>5</td>
<td>1st June 2012</td>
<td>Changes made following input from Finance and the Equalities Team</td>
</tr>
<tr>
<td>6</td>
<td>June 2016</td>
<td>Formatting and presentation changes</td>
</tr>
<tr>
<td>7</td>
<td>21st June 2012</td>
<td>Changes made following input from the PSEG and Policy Group</td>
</tr>
<tr>
<td>8</td>
<td>15 September 2016</td>
<td>Policy robustly reviewed and amended</td>
</tr>
</tbody>
</table>

For further information contact:

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

Did you print this document yourself?
Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

**Divisional Lead Nurse**

**Equality Statement**

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.
It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

**Due Regard**

LPT must have due regard to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

**The Due regard assessment template is Appendix 4 of this document**

**Definitions that apply to this Policy**

<table>
<thead>
<tr>
<th><strong>Patients’ Property</strong></th>
<th>The use of the term patients property shall be taken to include money and valuables, clothing and other items brought on to Trust property by patients (and relatives/friends on their behalf).</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients’ property can be broadly classified into three types:</td>
</tr>
<tr>
<td><strong>Patients’ Valuables</strong></td>
<td><strong>Patients’ Valuables</strong>, including monies or cash equivalent property, credit cards, cheque books, bank books, jewellery, electrical goods, etc.</td>
</tr>
<tr>
<td><strong>Patients’ Clothing</strong></td>
<td><strong>Patients’ Clothing</strong>, including, shoes, suitcases, handbags, dentures, spectacles, etc.</td>
</tr>
<tr>
<td><strong>Other Items</strong></td>
<td><strong>Other Items</strong>, i.e. Offensive weapons, medicines or Illegal substances should be dealt with in accordance with the agreed policies.</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>To refer to any inpatient or outpatient unit, ward, home or day unit within the Trust</td>
</tr>
<tr>
<td><strong>Ward manager</strong></td>
<td>To refer to any senior nurse with accountability for a clinical area, including hospital or ward matron, team manager or nurse manager etc.</td>
</tr>
<tr>
<td><strong>Patient</strong></td>
<td>To refer to any individual receiving Trust clinical services, in some areas terms such as service user, client or resident are also used</td>
</tr>
<tr>
<td><strong>Cashier</strong></td>
<td>To refer to a member of staff with a specific responsibility for</td>
</tr>
<tr>
<td><strong>Handling patients' cash</strong> – in some areas, titles such as home administrator are used. In areas where such roles do not exist, the nurse in charge is responsible.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital booklet</strong></td>
<td>To refer to information given to patients in a booklet, pack or leaflet</td>
</tr>
<tr>
<td><strong>Capacity</strong></td>
<td>To refer to a person’s capacity to make decisions as defined in the Mental Capacity Act</td>
</tr>
<tr>
<td><strong>Due Regard</strong></td>
<td>Having due regard for advancing equality involves:</td>
</tr>
<tr>
<td></td>
<td>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</td>
</tr>
<tr>
<td></td>
<td>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</td>
</tr>
<tr>
<td></td>
<td>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</td>
</tr>
<tr>
<td><strong>Ex gratia payment</strong></td>
<td>These are payments that the Trust is not obliged to make or for which there is no statutory cover or legal liability, including damage to or loss of patients’ property.</td>
</tr>
<tr>
<td><strong>Losses and special payments request</strong></td>
<td>This is a request for an ex gratia payment following damage to or loss of patients’ property. Any payment made following such a request is made without any admission as to liability.</td>
</tr>
<tr>
<td><strong>Claim</strong></td>
<td>This is an allegation of negligence and/or demand for compensation made following an adverse incident where the claimant intends to instigate legal proceedings against the Trust. Claims regarding damage to or loss of patients’ property fall under the NHS Litigation Authority Liability to Third Parties Scheme.</td>
</tr>
</tbody>
</table>
1.0. Purpose of the Policy

The aims of the policy are:

1. To safeguard valuable property for the patient.
2. To protect staff from being held inappropriately responsible for loss of property incurred by patients.
3. To avoid any liability for the Trust.

2.0. Summary and Key Points

2.1 This policy describes the process for the management and safe keeping of patient property within the Trust.

3.0. Introduction

3.1 The key factors in a successful and effective approach to managing patients’ monies and belongings are:
- Open and transparent arrangements
- Effective financial procedures
- Awareness of relevant guidance
- Positive and timely liaison with internal audit

3.2 The care of patients’ property for patients of Leicestershire Partnership Trust is an integral part of the service that the organisation provides.

3.3 This policy defines the Trust’s responsibilities and procedures in respect of property entrusted to it by patients. This procedure is complementary to, and should be read in conjunction with, the Trust’s Standing Orders and Financial Procedures.

3.4 It is the responsibility of the ward manager to ensure that the procedures are complied with. The ward manager and cashier will undertake an audit of the temporary custody register and compliance with procedures related to cash and valuables on a quarterly basis.

4.0. Flowchart/process chart

All relevant documentation is contained within the appendices.

5.0. Duties within the Organisation

5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

5.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

5.3 Divisional Directors and Heads of Service are responsible for ensuring that arrangements are in place for adherence to the policy and that staff have clear instructions and access to the document.
5.4 Managers and Team leaders are responsible for ensuring that the policy is followed and understood and that appropriate systems for training, induction, audit and information governance are in place.

5.4.1 Cashiers will be responsible for:

- Issuing official receipts
- Ensuring cash and valuables are held safely and securely
- Regular reconciliations are undertaken of the patient's property and money held to the relevant supporting documents
- Keeping appropriate records in support of the complete accurate receipt and banking of cash
- Ensuring appropriate authorisation for all expenditure from patients' monies
- Inform patients at regular intervals of the balances in their account
- Retaining evidence of the return of property/money to the patient or next of kin, with authorisation from the issuer and recipient
- Notifying Finance HQ of any balances still held in respect of discharged or deceased patients and timely updating of their records

5.5 Overall responsibility for implementing and auditing procedures related to patients' property lies with the Trust Director of Finance. However, the ward managers and administrative and cashier staff are responsible for ensuring procedures are implemented appropriately on behalf of the Director of Finance.

5.6 All staff members have an individual responsibility to be aware of how this policy impacts on their practice and to follow its specific requirements.

5.7 Ward staff are responsible for:

- checking property brought on to hospital premises
- advising patients that the Trust cannot be held responsible for property not handed in for safety keeping
- keeping accurate records of property handed in and returned
- ensuring safe return of property on discharge or transfer

5.8 Clinicians and other staff working in the community will be responsible for discussing this policy with patients before admission to hospital to encourage them not to bring valuables on to Trust premises.

6 Justification for policy

6.1 This policy has been developed to ensure that the Trust safeguards valuable property for patients and that staff are aware of their responsibilities, follow best practice for patient benefit and keep appropriate records.
6.2 The policy will protect staff from being held inappropriately responsible for loss of patient property and will avoid liability for the Trust.

7 Stakeholders and Consultation

7.1 The following groups, committees and key stakeholders have been consulted:

- Patient Safety and Experience Group
- Lead nurses within all divisions
- Matrons and ward managers
- Finance Department
- Estates Department
- Administrators and cashiers
- Policy Group
- Divisional Directors
- Service user groups via Patient Experience and Partnerships Department and Acute Care Action Group

8 Patient responsibility and disclaimers

a) Patients must be made aware at every opportunity that they are responsible for any property they choose to keep with them whilst they are being cared for in hospital. They should also be encouraged to ask their relatives or friends to take away from hospital anything for which they have no immediate need. An obligation of Trust's liability will be displayed prominently in all areas of the hospitals (see disclaimer notice in Appendix 5).

b) On admission, all patients will be asked to sign a disclaimer form having had the Trust's property procedure explained to them and the obligation of Trust liability. This disclaimer should then be kept in the patient’s documents. The disclaimer will vary depending on the service line.

c) However, if a patient refuses or does not have the capacity to sign the disclaimer form, the named nurse responsible for the admission should place a copy of the form in the patient’s notes with a record to that effect, countersigned by another member of the ward staff.

8.1 Lost/damaged property and losses and special payments requests

a) Provided that it has been clearly explained to patients that they are responsible for their property and they have signed a disclaimer, then property which has been their responsibility that appears to have been lost cannot be the subject of losses and special payments request or a claim against the Trust. However, if the patient can demonstrate that members of Trust staff have been in anyway careless in handling their property even though they have accepted responsibility for it, they may be able to make a losses and special payments request for any property lost or damaged.
b) In the case of any property which has been handed to the organisation for safe keeping and has been clearly recorded but subsequently lost or damaged, the patient or their family may make a losses and special payments request to the Trust.

c) In the first instance if a patient believes that property has been lost, a thorough search should be made to see if the property has been misplaced. In the case of property handed into the Trust for safekeeping, a full investigation of the documentation and audit trail should be made. If it appears that the patient’s property has been lost or damaged and it appears that the Trust has been the cause, then the patient or their relatives should be asked to complete the losses and special payments request form (Appendix 6). This should then be handed to the ward manager for the losses and special payments request to be processed, and an incident report must be completed. Lost and potentially stolen property must be reported to the Local Security Management Specialist.

d) If patients or their relatives are dissatisfied with the outcome of their losses and special payments request they should first make a complaint to the Customer Services Team. If they are still dissatisfied at the end of the complaints process, they are able to make a claim against the Trust.

9 Procedure for hospital inpatients and day units

9.1 Procedure on inpatient and day unit admission

9.1.1 When admitting a patient, staff must ensure that they offer a full explanation regarding the care of their belongings and valuables. This must include drawing their attention, and that of their carers, to the publicly displayed disclaimer notices and the information in the hospital booklet, including action to be taken in the event that they leave property behind on discharge from hospital.

9.1.2 The patient’s property and monies disclaimer form must be completed for all inpatients on admission.

9.1.3 On admitting a patient, staff must check to see what money, property or valuables the patient may have with them. If the patient has any of the above staff should:

9.1.4 If none of the above are identified:

   a) Advice that items not required should be taken home by a relative.
   b) That patients retain responsibility for their property.
   c) That valuables may be handed in for safekeeping.

9.1.5 If none of the above are identified:

   a) Document clearly in the patient’s notes that no items of money, property or valuables have been brought into hospital.
   b) For any property that is retained by patients, a disclaimer form must be completed and filed in the patient’s documents (see appendix 1).
c) Where items are to be handed in either at the request of the patient or because it is considered a patient is not capable to take responsibility for them, then a ‘Patients Cash and Valuables Accepted for Safekeeping’ form (appendix 7) should be completed.

9.1.6 In the case of cash or valuables, all belongings should be placed in a sealed bag or envelope. In hours, the bag should be taken to the main hospital cashier or out of hours, on a temporary measure only, should be placed in the secure ward safe ensuring that it is entered into the ward temporary custody register.

Be Alert:
When a patient goes on leave or a home visit they may return with valuables or other items that may require records to be made.

Visitors may also bring additional valuables or money which staff should be aware of.

9.2 Return of monies to patients whilst resident

a) If a patient requests release of cash whilst resident, a patient’s cash release request form (Appendix 8) must be completed. It must be signed by the patient and witnessed by a member of the ward staff.

b) The form must be taken to the hospital cashier. The cashier will release the funds, if available, to the ward staff and keep a copy of the form.

c) The ward staff will take a copy of the form and the cash to the patient and get it signed and witnessed then return the copy of the form to the cashier.

d) Within Learning Disability Services Short Breaks Homes, due to the isolated geographical nature of the units, small amounts of patients’ monies may be kept in the home safe to enable patients to access money for shopping and outings etc. The balance retained for any individual patient must not exceed £50. A cash balance sheet must be completed with two signatures obtained for each transaction. Receipts must be retained with the cash balance sheet, and all paperwork must be stored for audit/inspection.

9.3 Discharge procedure

9.3.1 Staff must identify whether items were handed in for safekeeping

9.3.2 If cash has been handed in, staff must complete a patient’s cash release request on discharge form (appendix 9). Where cash balance is over £200, arrange with the patient for a cheque to be issued to the patient’s home address with the balancing amount. This form must then be returned to the cashier’s office and ensure that the release of the cash is signed for. If a patient (on a short term admission) comes in with a large amount of cash in excess of £200 and claims not to have a bank or building society account, then this must be left in a sealed yellow bag and put in the safe for safe keeping until the patient is discharged.
9.3.3 Identify whether any other valuables have been handed in for safekeeping in the cashier’s safe. Contact the cashier one working day prior to discharge to enable valuables to be available. Ensure the patient or their relatives sign the form.

9.3.4 Once the cash and/or valuables have been handed over to the patient or relative, ensure that they sign the cash release request form. A copy of the form must be returned to the cashier’s office.

9.3.5 Unclaimed jewellery or valuables with any residual value will be disposed of by auction. Property with no value will be disposed of by the Ward/premises Manager as domestic waste”

10.0 Procedure for day unit attendees

a) Staff should identify the patient’s capacity to understand the Trust’s disclaimer in relation to property and record this in their records.

b) Patients must be discouraged from bringing valuables and large sums of money when attending the day unit, and carers advised of this.

c) If staff become aware that a patient, for whatever reason, has valuables with them when attending, a record must be made in the patient’s notes.

d) If the patient will agree, the valuables may be taken into temporary custody.

11.0 Procedure on the death of a patient

a) On the death of a patient all property, including non-valuable items not previously taken into custody, must be recorded on a Patients Cash and Valuables Accepted for Safekeeping form (appendix 7). Separate forms must be completed for valuables and cash and for non valuable property.

b) Two members of staff will complete the property forms and both of them will sign to certify their agreement of the property recorded and taken into custody.

11.1 Non valuable items

Non valuable items such as clothing, must be placed in a plastic patients’ property bag. Valuable items must be deposited in a patients’ property bag, sealed, and the seal number recorded on the corresponding property form (this applies where bespoke property bags are provided; otherwise a sealed envelope must be used). Copies of the property form will be distributed as normal with the exception that one copy must be retained until the property is handed over to the next of kin or other authorised person.

11.2 Valuable items

Valuable property must be kept in the ward safe and entered into the Temporary Custody for up to 48 hours. During this time the next of kin or authorised person must be contacted to collect all valuables. All non-
valuable property will be kept securely in the ward office. The next of kin must be contacted to collect this as soon as possible.

11.3 **Return of deceased patients' property**

11.3.1 Non-valuable patients' property may be returned to patient’s relatives or next of kin by a member of ward staff. The relatives must sign the Patients Cash and Valuables Accepted for Safekeeping form (Appendix 7) and the indemnity form (Appendix 10).

11.3.2 Valuable property may be returned to patient’s next of kin by the ward staff. Before handing over the valuable property, Patients Cash and Valuables Accepted for Safekeeping form (Appendix 7) and the indemnity form (Appendix 10) must be signed. Cash up to the value of £100 may be returned to the patient’s designated next of kin on completion of an indemnity form signed by the next of kin.

11.3.3 Where there is any confusion or conflict in determining who the next of kin is, or where there is no known next of kin, the ward staff should refer to their line manager.

11.3.4 Valuables and cash with a value in excess of £100, will not be released until investigations have been undertaken to confirm the identity of the next of kin and complete a Claim for Deceased Property Form (appendix 11), which must be retained and filed).

11.3.5 On completion of these investigations, the line manager will take one of the following courses of action:

a) Release property held on completion of the indemnity form (appendix 10), which must be retained and filed, signed by the individual or individuals identified as having equal claims against the property.

b) Release the property held to the executor named in the deceased’s will, verified by sight of the will on completion of the indemnity form.

c) Release property to the administrator of the deceased patient’s estate as shown in letters of administration, i.e. where there is no will. In such an instance, a copy of the letters of administration should be kept and a signed indemnity form is not required.

12. **Transfer of patient property and money to other hospitals**

12.1 If a patient is being transferred permanently to another hospital, patients’ property must be returned to the patient provided they are considered to be capable of assuming responsibility for the property during transfer. Property will be discharged to the patient’s care as it would be if they were being discharged home.

12.2 Where a patient is not able to take responsibility for their property, the senior nurse responsible for arranging the transfer will ensure that the property to be transferred is fully recorded; cash and valuables on a
separate form to non-valuable property, and the property will be stored in the usual property bags. The nurse in charge is responsible for safe transfer and acknowledgment of receipt of the patient’s property. (Appendix 7)

12.3 If it is judged that a patient is being transferred to another hospital on a temporary basis, then the following may occur:

a) Following discussion with the patient, patients will take such property as they may need at the hospital. If the patient is capable of taking responsibility for this property, they will take it with them and assume responsibility for it. If they wish to take valuables with them, then this must be discharged to the care of the patient in the normal manner if they are capable of taking responsibility for the valuables.

b) If the patient is not able to take responsibility for their property, ward staff will have to make a judgement as to what property accompanies them to the other hospitals if they are expected to return. Any property going with the patient must be clearly documented on the relevant form (Appendix 7) and the receiving hospital must sign and return the copy. The cashier should be informed that this has occurred so that any forms not returned can be followed up. If the patient stays at the other hospital, the ward staff should contact the next of kin to collect the property from the hospital and follow the procedure for discharge of the patient.

c) A copy of the property forms must be processed and filed by the cashier on their return from the other hospital. The cashier at the transferring hospital must notify their counterpart at the hospital to which the patient is being transferred of any funds held by the cashier at the transferring hospital. If the patient has been transferred on a permanent basis and they have either a bank account or monies banked by the transferring hospital, an interdepartmental transfer note should be completed, and the receiving hospital informed of the monies being sent.

12.4 If the patient is being transferred to a hospital outside of LPT and has monies banked, a patient monies urgent payment voucher should be completed and coded to the appropriate patient monies code and sent into the payments section for processing. LPT staff must inform the receiving hospital of the pending transfer of the money by phone and ascertain who the cheque should be made payable to. In the case of a transfer to a hospital outside of LPT where the patient has a bank account, a cheque must be made payable to the patient.

12.5 The Month End Checklist must be completed by the cashier in line with the financial procedures manual, section G6.

12.6 **Descriptions of property items**

The following standards for describing property must be adhered to:
a) All property recorded on the property forms (Appendix 7) must be described as accurately as possible. However, value must not be attributed to the property. For example, with respect to jewellery, the terms gold, silver, diamond etc. must not be used. Terms such as yellow metal, white metal, white stones etc. must be used.
b) Money – exact sums of cash must always be recorded. It is not sufficient to say ‘ten pound note plus change’.

a) Handbags and wallets – contents of handbags and wallets must be described individually. It is not sufficient to put ‘handbag plus contents’ or ‘wallet containing three credit cards’.
b) Pass books – enter the name of the institution, the account number, the balance held and date of last transaction.
c) Cheque books – record the name of the institution, account number and the number of the first unused cheque. Also ensure that consecutive cheques are left in the book.
d) Bank and Credit Cards – record the name of the institution, type of card, card number and date of expiry.
e) Benefit books – record the type of allowance, the national insurance number and the date of the next order.

13. Monitoring compliance and effectiveness

13.1 Key Internal Controls for Patient Property

The following controls although, not an exhaustive list should be in place to ensure patient’s property and monies are appropriately safeguarded, recorded and accounted for on receipt, retention and return.

14 Recording of Patient’s property and monies

- Consistent procedures should be in place across the Trust for recording patient’s property and monies.
- Controlled stationery should be issued to ensure that standard forms are in use and are appropriately authorised by the patient and nursing staff.
- Appropriate arrangements should be in place to ensure that all property is accounted for in the event of a patient’s death.

14.1 Security

- Procedures should be in place for the security and custody of property and monies to include: -
  - Restricted access to safes;
  - Sealing patients’ property and the recording of seal numbers;
  - Banking of monies over £250
  - Labelling of property to clearly identify the owner.
  - An agreed procedure should be in place to account for property not returned/collected.
14.2 Income and Expenditure

- Cash withdrawals on behalf of patients should only be made by nominated authorised staff on production of authorised cash requisitions and production of an identity card.
- Expenditure on behalf of patients should be appropriately authorised either by the patient/carer or other approved person. All receipts should be retained and any unspent monies accounted for.
- Any additional income received should be formally recorded and receipted.

14.3 Returns/Discharges of Property and Monies

- Consistent procedures should be in place across the Trust in respect of return and discharges of property and monies.
- Returns of property and/or cash whilst the patient is still resident should be signed for by the patient and two members of Trust staff.
- Patients’ property and monies should be discharged to the patient or their representative on the discharge or death of the patient;
- Procedures should be in place for the discharge of patients’ property and monies on the transfer of the patient to another hospital / residential home.

14.4 Audit and Evaluation

- Each clinical area will nominate a responsible manager or administrator who will undertake a minimum of monthly, as well as ad hoc, checks to ensure accuracy and diligence. Any discrepancies will be reported through the Trust’s electronic reporting system.
- Complaints and incidents regarding patients’ property will be reviewed and managed via divisional governance structures.

15 References and Associated Documentation

This policy was drafted with reference to the following:

- Leicestershire Partnership NHS Trust Financial Procedures manual
- Huntingdonshire PCT Patients Property Procedure
- The Newcastle upon Tyne Hospitals NHS Foundation Trust Patients Property Policy and Procedures, 2011
- Royal Free Hampstead NHS Trust Patient Property Policy, 2010
- Guidance for NHS health bodies on the secure management of patients’ property (NHS Protect)

16.0. Training needs

Statement 2
There is no training requirement identified within this policy
17.0. Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Ref</th>
<th>Minimum Requirements</th>
<th>Evidence for Self-assessment</th>
<th>Process for Monitoring</th>
<th>Responsible Individual / Group</th>
<th>Frequency of monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pg 4</td>
<td>To safeguard any valuable property for the patient</td>
<td></td>
<td>Monthly safe checks</td>
<td>All staff</td>
<td>monthly</td>
</tr>
<tr>
<td>Pg. 4</td>
<td>To protect staff from being held responsible for the loss of patient property</td>
<td></td>
<td>Safe checks</td>
<td>All staff</td>
<td>As required</td>
</tr>
<tr>
<td>Pg 4</td>
<td>To avoid liability for the Trust</td>
<td></td>
<td>Monitoring of patient property forms</td>
<td>All staff</td>
<td>As required</td>
</tr>
</tbody>
</table>

18.0. Standards/Performance Indicators

<table>
<thead>
<tr>
<th>TARGET/STANDARDS</th>
<th>KEY PERFORMANCE INDICATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 13 - Safeguarding service users from abuse and improper treatment</td>
<td>Safe checks</td>
</tr>
<tr>
<td>'abuse' means— a. theft, misuse or misappropriation of money or property belonging to a service user, or</td>
<td></td>
</tr>
<tr>
<td>Regulation 17 – Good governance</td>
<td>Monitoring of patient property forms</td>
</tr>
<tr>
<td>assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</td>
<td></td>
</tr>
</tbody>
</table>
19.0. References and Bibliography

Policy was drafted with reference to the following:

- Leicestershire Partnership NHS Trust Financial Procedures manual
- Huntingdonshire PCT Patients Property Procedure
- The Newcastle upon Tyne Hospitals NHS Foundation Trust Patients Property Policy and Procedures, 2011
- Royal Free Hampstead NHS Trust Patient Property Policy, 2010
- Guidance for NHS health bodies on the secure management of patients’ property (NHS Protect)
## Training Needs Analysis

<table>
<thead>
<tr>
<th>Training Required</th>
<th>YES</th>
<th>NO ✓</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training topic:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of training:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(see study leave policy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Mandatory (must be on mandatory training register)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Role specific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Personal development</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Division(s) to which the training is applicable:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Adult Mental Health &amp; Learning Disability Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Community Health Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Enabling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Families Young People Children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Hosted Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Staff groups who require the training:</strong></td>
<td>Please specify…</td>
<td></td>
</tr>
<tr>
<td><strong>Regularity of Update requirement:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Who is responsible for delivery of this training?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Have resources been identified?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Has a training plan been agreed?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Where will completion of this training be recorded?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ULearn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other (please specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How is this training going to be monitored?</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2

The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shape its services around the needs and preferences of individual patients, their families and their carers</td>
<td>x</td>
</tr>
<tr>
<td>Respond to different needs of different sectors of the population</td>
<td>x</td>
</tr>
<tr>
<td>Work continuously to improve quality services and to minimise errors</td>
<td>x</td>
</tr>
<tr>
<td>Support and value its staff</td>
<td>x</td>
</tr>
<tr>
<td>Work together with others to ensure a seamless service for patients</td>
<td>x</td>
</tr>
<tr>
<td>Help keep people healthy and work to reduce health inequalities</td>
<td></td>
</tr>
<tr>
<td>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</td>
<td>x</td>
</tr>
</tbody>
</table>
## Stakeholders and Consultation
### Appendix 3

**Key individuals involved in developing the document**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claire Armitage</td>
<td>Lead Nurse</td>
</tr>
<tr>
<td>Louise Carpenter</td>
<td>Operational Governance Lead</td>
</tr>
<tr>
<td>Linda Bull</td>
<td>Matron</td>
</tr>
</tbody>
</table>

**Circulated to the following individuals for comment**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Wilson</td>
<td>Lead Nurse</td>
</tr>
<tr>
<td>Michelle Churchard-Smith</td>
<td>Head of Nursing</td>
</tr>
<tr>
<td>Paresh Patel</td>
<td>Finance</td>
</tr>
<tr>
<td>Liz Tebbutt</td>
<td>Estates</td>
</tr>
<tr>
<td>Vicky Quinn</td>
<td>Business Manager</td>
</tr>
<tr>
<td>Sam Kirkland</td>
<td>Head of Information Governance</td>
</tr>
<tr>
<td>Emma Wallis</td>
<td>Lead nurse CHS</td>
</tr>
<tr>
<td>Lesley Thornton</td>
<td>Facilities Support Officer</td>
</tr>
<tr>
<td>Kathy Feltham</td>
<td>Lead nurse MHSOP</td>
</tr>
<tr>
<td>Heather Darlow</td>
<td>Governance Lead CHS</td>
</tr>
<tr>
<td>Jacquie Burden</td>
<td>Governance Lead AMH and LD</td>
</tr>
<tr>
<td>Vicki Spencer</td>
<td>Governance Lead FYPC</td>
</tr>
<tr>
<td>Sandy Zavery</td>
<td>Equalities lead</td>
</tr>
</tbody>
</table>
Section 1

<table>
<thead>
<tr>
<th>Name of activity/proposal</th>
<th>Patients Property policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Screening commenced</td>
<td>October 2016</td>
</tr>
<tr>
<td>Directorate / Service carrying out the assessment</td>
<td>Patient Safety Group</td>
</tr>
<tr>
<td>Name and role of person undertaking this Due Regard (Equality Analysis)</td>
<td>Linda Bull</td>
</tr>
</tbody>
</table>

Give an overview of the aims, objectives and purpose of the proposal:

AIMS:

- To safeguard valuable property for the patient.
- To protect staff from being held inappropriately responsible for loss of property incurred by patients.
- To avoid any liability for the Trust

OBJECTIVES:
To ensure the process for the management and safe keeping of patient property within the Trust is robust.

Section 2

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>If the proposal/s have a positive or negative impact please give brief details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>No impact</td>
</tr>
<tr>
<td>Disability</td>
<td>No impact</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>No impact</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
<td>No impact</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
<td>No impact</td>
</tr>
<tr>
<td>Race</td>
<td>No impact</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>No impact</td>
</tr>
<tr>
<td>Sex</td>
<td>No impact</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No impact</td>
</tr>
<tr>
<td>Other equality groups?</td>
<td></td>
</tr>
</tbody>
</table>

Section 3

Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.

- Yes
- No

High risk: Complete a full EIA starting click here to proceed to Part B
Low risk: Go to Section 4.

Section 4

If this proposal is low risk please give evidence or justification for how you reached this decision:

Discussion at PSG

Signed by reviewer/assessor  | Linda Bull | Date  | 13.10.16 |
Sign off that this proposal is low risk and does not require a full Equality Analysis

Head of Service Signed | Date |
Patients, Visitors, Staff and all other persons using these premises are informed of the following:

The Trust cannot accept any responsibility in respect of theft, loss or damage to any items of property brought onto and/or left on these premises.

Chief Executive
CLAIMANT DETAILS

Name of Claimant  ................................ Location of Occurrence  ........................

Grade (If Staff) .................................. Ward (If Patient)  ................................

Address ..............................................................................................................................

.................................................................................................................. Post Code  ........

Patient’s account number (if applicable) .................................................................

DETAILS OF OCCURRENCE

Date  .................................................  Time  .....................................................

Place......................................................................................................................................

Incident

Details..................................................................................................................................

............................................................................................................................................

Details of Item(s) lost or damaged..............................................................................

Is the damaged article still available for inspection (if applicable)? Yes/No

Estimated cost of repair or replacement £.................................................................

(Whenever possible a minimum of two estimates should be obtained. Approval by the Service Director must be obtained before repair or replacement is undertaken. A copy of the paid invoice may be required.)

Name of Witnesses ..........................................................................................................

(Please attach supporting statement(s) by witness (es)

INITIAL ACTION

When was the occurrence reported? .................................................................

To whom was the occurrence reported? ..............................................................

Police notified by? ......................................................... Date  ..................

(Police notification is only required in cases where there is a prima facie evidence of theft or arson. If fraud is involved, refer to the Fraud and Corruption procedures.)
ALL CATEGORY 1 LOSSES OF CASH MUST BE REPORTED IMMEDIATELY TO EAST MIDLANDS INTERNAL AUDIT SERVICE (EXT 3163/3164)

REPORTED BY: ................................. Tel No:- .................................

SIGNATURE OF CLAIMANT .............................. DATE ..............................

Report of Head of Department/Hospital Administrator/Service Manager on result of investigation, assessment of the Trust's liability, estimate of the cost of replacement or repair, advice given to claimant etc.

Signature ........................................ Date .................................

Name ......................................................

Head of Service comments and recommendations to Chief Executive if over £250 (Including compensation if appropriate. Attach supporting reports if necessary.)

Signature ........................................ Date .................................

Name ......................................................

METHOD OF REIMBURSEMENT

For Losses & Special Payments under £250 (to be coded to cccc6835aaaa) please tick as appropriate, attach copies if relevant and sent directly to the Assistant Financial Accountant:

Reimbursed through Petty Cash [ ] Cheque requested [ ]
(Up to £50.00 Only)
(Please attach Urgent Payment Request Form, duly authorised by the Budget Holder)

Forward the completed forms for claims over £250.00 to the relevant Divisional Accountant, where it will be passed to the Managing Director
of Finance, Performance & Information/ Deputy CEO for write-off if 
appropriate. 
Losses and Special payments exceeding £1,000.00 require a check list 
to be completed. 

Chief Executive/Designated Officer’s approval to write off items over 
£250. 

Signature ................................................................. Date

FOR OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>Date Received</th>
<th>HQ Register Ref Number:</th>
<th>Service</th>
<th>Payee</th>
<th>Value</th>
<th>Category</th>
<th>GL Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PATIENT’S CASH & VALUABLES ACCEPTED FOR SAFEKEEPING

ADDRESS: .................................................................

................................................................. DATE: :............................... 

QUANTITY DESCRIPTION

We certify that all items listed above have been checked and accepted by us on behalf of Leicestershire Partnership and deposited in the valuables bag.

Seal No: .................................................................

Patient’s signature: ........................................ Date: : ........................................

Signed: ................................................................. Designation: ........................................ Date: : ........................................

Signed: ................................................................. Designation: ........................................ Date: : ........................................

B GENERAL OFFICE USE ONLY – (TRANSFER OF RESPONSIBILITY)

I acknowledge that I have received the above named patient’s property bag. The seal (No…….) and bag have been checked to ensure that they are intact.

Receiving Signature: ........................................ Designation: ........................................ Date: : ........................................

Dispensing Signature: ........................................ Designation: ........................................ Date: : ........................................

C GENERAL OFFICE USE ONLY – INTERIM OPENING OF SEALED BAG

We have opened valuable bag (Seal No………….) and agree as correct the above property. £………… has been banked (Official C&D receipt no………….) / (delete if not applicable) the pensions or benefits book has been removed and the remaining property has been deposited in a valuables bag.

New Seal No: .................................................................

Signed: ................................................................. Designation: ........................................ Date: : ........................................

Signed: ................................................................. Designation: ........................................ Date: : ........................................

D GENERAL OFFICE USE ONLY – (TRANSFER OF RESPONSIBILITY PRIOR TO DISCHARGE)

I acknowledge that I have received the above named patient’s property bag. The seal (No…….) and bag have been checked to ensure that they are intact.

Receiving Signature: ........................................ Designation: ........................................ Date: : ........................................

Dispensing Signature: ........................................ Designation: ........................................ Date: : ........................................

E RETURN OF PROPERTY ON PATIENT’S DISCHARGE

Deceased patient Y/N Date of Death ………/……/……

I certify that all the items listed above (except cash) have been returned to me.

Seal No: .................................................................

Patient’s Signature: ........................................ Date: : ........................................

Signed: ................................................................. Designation: ........................................ Date: : ........................................

Signed: .................................................................

NOTE: Please ensure the indemnity form is completed overleaf if appropriate. In these cases the patient’s signature on discharge should be replaced by that of the next of kin.
LEICESTERSHIRE PARTNERSHIP NHS TRUST
CASH RELEASE REQUEST (£100 MAXIMUM)

HOSPITAL: ........................................
WARD: ........................................
PATIENT’S NAME: ................................
ADDRESS: ........................................
............................................................................................
............................................................................................
DATE: ...................................................

I request the release of
....................................................................................................................

Amount in words

Patient’s signature: ........................................ Witness
signature: ........................................
Designation: ........................................ Designation: ........................................

if signing on behalf of patient

PAID TO ..........................................THE SUM OF ......................................
Ward Staff ........................................ Amount in words

IN RESPECT OF

The relevant patients’ monies card had been updated

Cashier’s signature: .................................................................

RECEIVED THE SUM
OF .................................................................

Signed: ........................................ Date: ........................................
Designation: ........................................

RECEIVED THE SUM OF ........................................ Patient’s
Signature: ........................................
Witness Signature: .............................................. Date: ............................................................

......

Designation: ....................................................

Witness Signature: .............................................. Date: ............................................................

......

Designation: ....................................................

RETURN OFFICE COPY OF THE FORM TO THE FINANCE/GENERAL OFFICE FOR FILING WITH PATIENT MONIES CARD
PATIENT’S NAME: ............................................... HOSPITAL: ............................................... 
ADDRESS: ......................................................... WARD: ............................................... 
............................................................................................................... DATE: ............................................... 
............................................................................................................... 
I request the release of 
............................................................................................................... Amount in words (in 
cash and the remaining 
monies................................................................. Amount in words) 
to be sent to me in the form of a cheque as soon as possible. £100 being the maximum to be 
discharged in cash, or £200 maximum on discharge) 

Patient’s signature:................................................. Witness 
s Ignat ure: ................................................. 
Designation: ..................................................... 
Designation: ..................................................... if signing on behalf of patient 

PAID TO.......................................................... THE SUM 
OF................................................................. Ward Staff Amount in words 
IN RESPECT 
OF PATIENT...................................................... P/C VOUCHER 
No................................................... 
The relevant patients’ monies card had been updated and patient monies request voucher 
no............. completed. 
PAYEE............................... 
ADDRESS: ................................................................. 
Cashier’s 
signature: ................................................................. 

RECEIVED THE SUM 
OF................................................................. 
Signed: ................................................................. Date: ................................................................. 

LEICESTERSHIRE PARTNERSHIP NHS TRUST 
CASH RELEASE REQUEST (£100 MAXIMUM) AND 
PATIENTS MONIES RELEASE (£200 MAXIMUM) DOCUMENT 
ON DISCHARGE FROM THE HOSPITAL
Desination

RECEIVED THE SUM OF

Patient’s Signature

Witness Signature: Date:

Designation

Witness Signature: Date:

Designation

RETURN OFFICE COPY OF THE FORM TO THE FINANCE/GENERAL OFFICE FOR FILING WITH PATIENT MONIES CARD AND FOR COMPLETION OF THE CHEQUE REQUEST VOUCHER
LEICESTERSHIRE PARTNERSHIP NHS TRUST

HOSPITAL  ....................................................

FORM OF INDEMNITY

To:  Director of Finance

From:  ...............................................................

.............................................................  (Discharged)

IN CONSIDERATION of your paying me the sum of £.............. and/or handing over to me the property listed below, being the assets now in your hands of the estate of the above named deceased, I, being:-

 a)  The person responsible/appointee for the affairs of

 b)  His/her next of kin

 c)  The Solicitor acting for the Sole next of kin

HEREBY UNDERTAKE to indemnify you and keep you indemnified against all actions, proceeding, claims or demands, whatsoever which may be taken or made against you by any person claiming to be interested in the estate of the above named deceased, or otherwise, and against any costs or expenses, whatsoever, which may be incurred or become payable in respect thereof.

Signed: ............................................................... 

Relationship: ...........................................................

Date: ........................................................................

Witness:  Signed: ..................................................

Name: .................................................................

Address: ...............................................................

........................................................................

Occupation: .........................................................
LEICESTERSHIRE PARTNERSHIP NHS TRUST
CLAIM FOR DECEASED PATIENT’S PROPERTY

Name of Deceased ........................................ Patient's Hospital Number ........................................

1. Claimant:
   a. Name (Surname first in block capitals) .................................................................
   b. Permanent Address ........................................................................................................
   c. Occupation or status ......................................................................................................
   d. Age if under 18 years (if over 18 years, write "over 18") ..............................................
   e. Relationship to the deceased .........................................................................................

2. If the deceased left a Will please state:
   a. If Probate of the Will has been obtained or is intended to be obtained.
      .................................................................................................................................
   b. The names(s) and address (es) of the deceased's Executors and of their solicitors (if known)
      .................................................................................................................................
      .................................................................................................................................
      .................................................................................................................................

3. If the deceased left no Will, please state:
   a. Whether or not Letters of Administration have been or are intended to be taken out in respect
      of the deceased Estate ....................................................................................................
      if so,
   b. The name(s) and address (es) of the deceased's Administrators or intended Administrators
      and of their solicitors (if known).
      .................................................................................................................................
      .................................................................................................................................
      .................................................................................................................................

4. If Probate of the Will or Letters of Administration have not been or are not intended to be obtained
   please give the full name(s) and address(es) of the following living relative(s) of the deceased:

Details in boxes overleaf
<table>
<thead>
<tr>
<th>RELATIVE</th>
<th>NAME &amp; ADDRESS (SURNAME FIRST)</th>
<th>WHETHER OVER 18 YEARS OF AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Husband or wife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Child(ren) including issue of any Child(ren) who may have died before the deceased.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Father and/or mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Brother(s) and/or sister(s) including issue of any brother(s) and/or sister(s) who may have died before the deceased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Brother(s) and/or sister(s) of the half-blood including issue of any half-brother(s) and/or sister(s) who may have died before the deceased.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Grandfather and/or grandmother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Uncle(s) and/or aunt(s) including issue of any uncle(s) or aunt(s) who may have died before the deceased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Uncle(s) and/or aunt(s) of the half-blood including issue of any half-uncle(s) and/or aunt(s) who may have died before the deceased.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR IF NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I/We declare that the reply furnished by me/us to the foregoing questions are correct.
Date………………………………………………
Signed………………………………………………

N.B. The classes of relatives set out above are graded from (a) the nearest to (h) the most distant. In completing this statement it is only necessary to supply details of the nearest class of living relatives and no entries need then be made in the more distant groupings i.e. if you have supplied details of a surviving husband, or wife under (a), then leave (b) to (h) blank.

Please continue on a separate sheet of paper if necessary.
Dear ..........................

RE: PROPERTY LEFT BEHIND FOLLOWING YOUR DISCHARGE FROM

WARD.................., HOSPITAL ...........................................

I recently telephoned you on ............................... to inform you that you had left ................................................................. behind when you were discharged from the above ward.

This letter is by way of a further reminder that you left property behind, and to ask that either yourself or a representative contact the ward on ......................... to make arrangements for your property to be collected.

It is our policy to store left property for three months. If we do not hear from you by ................................., we will assume that you do not wish to reclaim your property and will dispose of it in accordance with our Property Policy.

Yours sincerely

WARD MANAGER