

Patient Property Policy

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

Key Words:	Patient, Property, Money, Valuables	
Version:	11	
Adopted by:	Quality Assurance Committee	
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Name of Author:	Jane Martin, Deputy Head of Nursing Directorate of Mental Health	
Name of responsible Committee:	Patient and Carer Experience Group	
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Target audience:	Trust staff	
Type of Policy	Trust staff x	Non-Clinical
Which Relevant CQC Fundamental Standards?	Regulation 9 Regulation 13 Regulation 17	

Equality Statement

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Version Control and Summary of Changes

Version number	Date	Comments (Description change and amendments)
1	3 rd January 2012	First working draft
2	15 th February 2012	Changes made following discussions between originators
3	23 rd February 2016	Changes made following discussions between originators
4	8 th March 2012	Changes made following wider consultation process
5	1 st June 2012	Changes made following input from Finance and the Equalities Team
6	June 2016	Formatting and presentation changes
7	21 st June 2012	Changes made following input from the PSEG and Policy Group
8	15 th September 2016	Policy robustly reviewed and amended
9	3 rd July 2018	Policy robustly reviewed and amended. Format changed to be specific for each Directorate
10	15 TH November 2021	Policy robustly reviewed and amended – Appendices reviewed by Directorates with no change
11	5 th July 2022	Policy Review

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 considers 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.

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 1) of this policy
For further advice go to the LPT Due Regard Toolkit on e-source

Definitions that apply to this Policy

Patients' Property	Property: property includes money and any other personal property.
Patients' Valuables	Valuables: valuables include any item of value, whether monetary, sentimental, or other . When called upon to judge whether an item is valuable or not, staff must use their common sense and if in doubt seek appropriate advice. Examples of valuables commonly brought by patients on healthcare premises include (the list is not exhaustive): • Cash • Bank cards • Personal documents (e.g., driving license, passport) • House/car keys • Handbag/wallet/Purse • Jewellery and watches • Mobile phones • Portable electronic devices • Laptops/Tablets • Medical devices and equipment e.g., hearing aids, false teeth

Deposited Property	Deposited property: this is property which the NHS health body takes into its care for safekeeping, either following an explicit agreement with the patient, or because the patient is incapacitated or otherwise unable to look after it.
Undeposited Property	Undeposited property: this is property which patients retain with them on the NHS health body's premises.
Other Items	Other Items, i.e., Offensive weapons, medicines or Illegal substances should be dealt with in accordance with the agreed policies.
Premises:	Premises: for the purposes of this policy, this includes any place whatsoever, including vehicles and moveable structures.
Ward manager	To refer to any senior nurse with accountability for a clinical area, including hospital or ward matron, ward sister/charge nurse, team manager or nurse manager etc.
Patient	To refer to any individual receiving Trust clinical services, in some area's terms such as service user, client or resident are also used
Cashier	To refer to a member of staff with a specific responsibility for handling patients' cash. In areas where such roles do not exist, the nurse in charge is responsible.
Hospital booklet	To refer to information given to patients in a booklet, pack, or leaflet
Mental Capacity	To refer to a person's capacity to make decisions as defined in the Mental Capacity Act
Due Regard	Having due regard for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Ex gratia payment	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.
Losses and special payments request	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.
Claim	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.

1.0. Purpose of the Policy

- 1.1 The Trust cannot accept liability in respect of any loss or damage to patients' property unless it has been handed over to a member of Trust staff for safekeeping and for which the Trust has issued a receipt.
- 1.2 This document sets out the Trust policy and procedures for the management of patient's property when it is taken by the Trust for safekeeping.
- 1.3 This policy aims to effectively manage patients' property which is taken by the Trust into safekeeping by:
 - a) Advising patients (who are conscious and have mental capacity) pre-admission and/or on admission that they only have essential property with them whilst in hospital.
 - b) Explaining the property disclaimer to all patients' (who are conscious and have mental capacity).
 - c) Providing clear procedures and guidance for taking patients property into safekeeping.
 - d) Providing a procedure for the safe keeping of the property of patients who are not conscious or do not have mental capacity.
 - e) Advising the patient's NOK, family and/or carers of the procedure for the safe keeping of the property of patients

The aims and outcomes of the policy are:

- 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.

2.0. Summary and scope of the Policy

- 2.1 This policy describes the process for the management and safe keeping of patient property within the Trust.
- 2.2 This policy and procedures apply to all staff employed by LPT (including bank, agency, and those on honorary contracts).
- 2.3 This policy applies to all inpatient areas in LPT.

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.

4. Patients who lack mental capacity

4.1 Relatives/carers should be advised to take home all non-essential property and belongings (valuable and non-valuable). The property disclaimer must be explained to them. It must be documented what has been taken away and by whom. When a relative takes valuable property home, their name and relationship to the patient must be documented in the patient's electronic record

4.2 Where there are no relatives/carers to take any valuables away, these must be managed in line with this policy.

4.3 Items that are required by the patient to assist them in maintaining their daily living activities such as dentures, spectacles and hearing aids must remain with the patient unless there are clearly documented reasons why this would not be in their best interests. Reasonable effort should be made by staff to ensure these belongings are kept with the patient however the property disclaimer still applies in these cases, and this must be explained to the relatives/carers.

4.4 If the patient is likely to experience long term mental capacity issues, then staff should refer to the Trust guidance on making capacity assessments via the Deprivation of Liberty Act Safeguards Policy and Procedures.

5.0. Flowchart/process chart

All relevant documentation is contained within the appendices.

6. Statutory responsibilities

6.1 NHS Counter Fraud Authority (NHSCFA)

NHSCFA has responsibility for the management of security in the NHS in England. This includes creating a safe and secure environment in the NHS. The responsibilities of NHSCFA in this area are underpinned by Secretary of State Directions and the standard NHS contracts for NHS health bodies.

6.2 Care Quality Commission

The Care Quality Commission (CQC) was established under the health and Social Care Act 2008 as the independent regulator for health and adult social care in England. The CQC has introduced a new system of registration. All health and adult social care providers must be registered with CQC. This is designed to make sure that people receive services that meet

essential standards of quality and safety.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 set out these essential standards, which providers are required to meet in order to register with the CQC.

These stipulate that:

- Providers 'must make suitable arrangements to ensure that patients are safeguarded against the risk of abuse' (Regulation 11, paragraph (1)). The relevant meaning of "abuse" includes 'theft, misuse or misappropriation of money or property'
- Patients are protected as staff are not able to benefit financially or inappropriately gain from them (unless it is in line with arrangements for the service), use their property for personal use, borrow money from them or lend money to them, and sell or dispose of their property for their own gain.
- Where the service looks after people's money or valuables in a long-term way (e.g., mental health or learning disability residential settings), detailed records are kept, the property is not used for the running of the service and patients can access the property in a timely way.
- Providers must ensure that 'measures are in place to protect the personal possessions of people who use services.'

6.3 Health and Safety Executive

The Health and Safety Executive enforces workplace health, safety, and welfare legislation, as set out in the Health and Safety at Work etc Act 1974 and the Management of Health and Safety at Work Regulations 1999.

7.0.Duties within the Organisation

- 7.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 7.2 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 7.3 Directorate 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.
- 7.4 Ward 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

7.5 Cashiers/other identified, nominated individuals 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
 - It is the responsibility of the ward manager to ensure that the procedures are complied with. The ward manager and/or cashier will undertake an audit of the ward safe/temporary custody register and compliance with procedures related to cash and valuables on a quarterly basis.
- 7.6 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.
- 7.7 All staff members have an individual responsibility to be aware of how this policy impacts on their practice and to follow its specific requirements.
- 7.8 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 safe keeping
 - keeping accurate records of property handed in and returned
 - ensuring safe return of property on discharge or transfer
- 7.9 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.
- 7.10 Areas to ensure that patient money cards i.e., credit/debit cards and PIN numbers are securely stored separately
- 7.11 Mental Capacity Assessments and Best Interests Decisions to be in place regarding finances if reason to doubt capacity
- 7.12 Under **NO** circumstances should staff withdraw patients' money from cash

machines (ATM) using a patient's PIN, make contactless payments or undertake internet banking on behalf of patients

7.13 Money laundering is a process by which the proceeds of crime are converted into assets which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises. Legislation defines money laundering as 'concealing, converting, transferring criminal property or removing it from the UK; entering into or becoming concerned in an arrangement which you know or suspect facilitates the acquisition, retention, use or control of criminal property by or on behalf of another person; and/or acquiring, using or possessing criminal property.' The Money Laundering Regulations 2007 apply to cash transactions more than €10,000 (approximately £8,500). However, the Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash, or bank transfers. Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2007 may be considered and investigated in accordance with this Policy.

8. Secure management of patients' property: general aspects

8.1 Engagement with patients and their relatives/carers

On admission, it is important to advise patients and their relatives that:

- Patients must keep as little property as possible with them on any of the hospital premises of Leicestershire Partnership NHS Trust
- Families/Carers are to be asked to remove excess property to minimise risks associated with property and removal of items for safe keeping.
- The Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping.
- Any dangerous, illicit, or contraband items will be managed through the Searching of Inpatients and their Property Policy, staff should refer to this policy in such instances. The Offensive Weapons Act 2019 should be acted on if applicable items are found on or within patient's property

9. Justification of the policy

9.1 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.

9.2 The policy will protect staff from being held inappropriately responsible for loss of patient property and will avoid liability for the Trust.

10. Training Needs

There is no training requirement identified within this policy

11. Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Pg. 9	To safeguard any valuable property for the patient		Monthly safe checks	Ward Matron	monthly
Pg. 9	To protect staff from being held responsible for the loss of patient property		Safe checks	Ward Matron	As required
Pg. 9	To ensure accuracy and diligence		Any discrepancies will be reported through the Trust's electronic reporting system	Ward Sister	Monthly
Over all	To understand patient and carer experience		Complaints and concerns regarding patients' property will be reviewed	Patient and Carer Experience Group	Quarterly

12. Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Regulation 13 - Safeguarding service users from abuse and improper treatment 'abuse' means— a. theft, misuse or misappropriation of money or property belonging to a service user, or	Safe checks
Regulation 17 – Good governance 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;	Monitoring of patient property forms

Appendix 1: Due Regard Screening Template

Section 1			
Name of activity/proposal		Patients Property policy	
Date Screening commenced		March 2022	
Directorate / Service carrying out the Assessment		Directorate of Mental Health	
Name and role of person undertaking this Due Regard (Equality Analysis)		Jane Martin, Interim Head of Nursing, Directorate of Mental Health	
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, valuables and money within the Trust is robust.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	May have a negative impact if the patient is elderly and has a cognitive impairment e.g., memory loss and have a negative impact – this is mitigated under section 4 of this policy under patients who may lack capacity.		
Disability	May have a negative impact in the patient has a visual impairment in relation to reading and understanding the disclaimer – this will be mitigated through the review and reprovision of patient information on the ward welcome pack, using alternative methods of communication		
Gender reassignment	No impact		
Marriage & Civil Partnership	No impact		
Pregnancy & Maternity	No impact		
Race	No impact		
Religion and Belief	No impact		
Sex	No impact		
Sexual Orientation	No impact		
Other equality groups?			
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 <u>tick</u> 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 PCEG			
Signed by reviewer/assessor	Jane Martin, Interim Head of Nursing, Directorate of Mental Health	Date	12 April 2022
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed	Alison KIRK, Head of Patient Experience, and Involvement	Date	12 January 2023

Appendix 2

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment. The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.			
Name of Document:	Patient Property Policy		
Completed by:	Jane Martin		
Job title	Interim Head of Nursing, Directorate of Mental Health	Date	12 April 2022
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records, or other information that people would consider to be particularly private.			No

8. Will the process require you to contact individuals in ways which they may find intrusive?	No
If the answer to any of these questions is 'Yes', please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.	
IG Manager approval name:	
Date of approval	

Appendix 3:

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

Shape its services around the needs and preferences of individual patients, their families, and their carers	X
Respond to different needs of different sectors of the population	X
Work continuously to improve quality services and to minimise errors	X
Support and value its staff	X
Work together with others to ensure a seamless service for patients	X
Help keep people healthy and work to reduce health inequalities	X
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	X

Appendix 4

Stakeholders and Consultation

Key individuals involved in developing the document

Name	Designation
Alison Kirk	Head of Patient Experience and Involvement
Jenny Malin	Occupational Therapist, Community Health Services
Haseeb Ahmed	Head of Equality, Diversity, and Inclusion
Tracey Kelly	Patient Experience and Involvement Facilitator
Diane Harrison	Patient Experience and Involvement Administrator
Hayley Cocker	
Simon Guild	Deputy Head of Nursing, MHSOP
Carmela Senogles	Deputy Head of Nursing, FYPC/LD
Fiona McGuigan	Deputy Head of Nursing Community Hospitals
Sayed Al-Haddad	Assistant Finance Manager

Circulated to the following individuals for comment

Name	Designation
Site Administrators	All Directorates
Ward Matrons	All Directorates
Team Managers	All Directorates
Lead Nurses	All Directorates
Members of the Patient Experience and Involvement Group	Patient Leaders; Directorate Representatives; Head of Equality, Diversity, and Inclusion; Volunteer Manager; Patient Experience and Involvement Team members

Appendix 5

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)
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust, Patient Property and Valuables, Nov 2012
- Southern Health NHS Foundation Trust, Management of Patients' Property Policy, January 2017
- Camden and Islington NHS Foundation Trust Policy for the Safekeeping of Patients' Property and Other Valuables November 2020
- University Hospitals Leicester, Patient Property Policy, June 2021
- Leicestershire Partnership NHS Trust Scheme of Delegation from Standing Financial Instructions (V10)

CQC Fundamental Standards – (with effect) 1st April 2015

The **Fundamental Standards** of quality and safety came into effect from 1st April 2015 and replace the 16 Essential Standards (2010).

There are 13 **Fundamental Standards** associated with the quality and safety of care which every staff member must comply with. The Care Quality Commission register, inspect and rate all NHS providers of care to ensure they are demonstrating compliance with the expected **legal minimum standards when delivering patient care**.

Here is a summary of the **standards** that everybody has a right to expect when they receive care, standards which our care must never fail to achieve.



- Regulation 9 Person-centred care**
The care and treatment of service users must be appropriate, meet their needs and reflect their preferences.
- Regulation 10 Dignity and respect**
Service users must be treated with dignity and respect.
- Regulation 11 Need for consent**
Care and treatment of service users must only be provided with the consent of the relevant person.
- Regulation 12 Safe care and treatment**
Care and treatment must be provided in a safe way for service users.
- Regulation 13 Safeguarding service users from abuse and improper treatment**
Service users must be protected from abuse and improper treatment.
- Regulation 14 Meeting nutritional and hydration needs**
The nutritional and hydration needs of service users must be met.
- Regulation 15 Premises and equipment**
All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose, for which they are being used, properly used, maintained and appropriately located for the purpose for which they are being used.
- Regulation 16 Receiving and acting on complaints**
Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
- Regulation 17 Good governance**
Systems or processes must be established and operated effectively to ensure compliance with these regulations.
- Regulation 18 Staffing**
Sufficient numbers of suitably qualified, skilled and experienced persons must be employed.
- Regulation 19 Fit and proper persons employed**
Persons employed must be of good character, have the qualifications, competence, skills and experience.
- Regulation 20 Duty of Candour**
Providers are open and transparent with people who use services and other 'relevant persons' in relation to care and treatment.
- Regulation 20A Requirement to display performance assessments**
When providers have received a CQC inspection for their service, ratings must be displayed legibly at each location delivering a clinical service and on the Trust website.

Every member of staff has a duty to ensure they are demonstrating compliance with the **Fundamental Standards**, in their day to day practice. If you have any concerns about your ability to demonstrate compliance with these standards, please discuss this with your line manager in the first instance, your Governance Lead, or the Regulation and Assurance team – contact via email @ Compliance@leicspart.nhs.uk

Appendix 7:

ADULT MENTAL HEALTH IN-PATIENT SERVICES, MENTAL HEALTH SERVICES FOR OLDER PERSONS and LANGLEY WARD

1 Patient responsibility and disclaimers

- 1.1 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 (form 1).
- 1.2 On admission, all patients will be asked to sign a disclaimer form (form 2) 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.
- 1.3 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 on admission and after leave where applicable.

2 Lost/damaged property and losses and special payments requests

- 2.1 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 or damaged 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 or other patients 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, and if appropriate reported to the Police obtaining a crime number. An eIRF should be completed.

- 2.2 Patients and staff to be aware of financial caps for claim reimbursement as follows

2.3 EX GRATIA LIMITS FOR THE LOSS OF OR DAMAGE TO THE PERSONAL EFFECTS OF STAFF AND SERVICE USERS

2.4 Clothing

The maximum amount that may be claimed for a single item of clothing is £75.

2.4.1 Spectacles/ Dentures/Hearing Aids

For loss or damage to spectacles/dentures/Hearing Aids, the maximum amount that may be claimed is £300.

2.4.2 Damage to Vehicles

A contribution to the carrying excess of a claimant's insurance policy will be considered to a maximum of £100.

2.4.3 Valuables (Rings/Watches etc)

Where loss or damage occurs, the maximum amount that may be claimed is £250.

2.4.4 Property Spoiled by Service Users (vomit, blood etc)

Full cost of cleaning or the cost of replacement as per above thresholds.

2.4.5 Please Note

As each claim is appraised, the relevant Service Director may approve compensation above or below the set limits depending on the circumstances of each case.

Actual final payment approval is as per delegated limits in Standing Financial Instructions (SFIs).

2.5 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.

2.6 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 (form 3). 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.

2.7 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 can make a claim against the Trust.

3 Procedure for hospital inpatients and day units

3.1 Procedure on inpatient and day unit admission

- 3.4.1 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 (form 1) and the information in the hospital booklet, including action to be taken if they leave property behind on discharge from hospital.
- 3.4.2 The patient's property and monies disclaimer form (form 2) must be completed for **all** inpatients on admission.
- 3.4.3 On admitting a patient, staff must check to see what money, property, or valuables they may have with them.
- 3.4.4 If any 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, using lockers provided.
 - c) All property, including phones and electrical items to be identified on property form
 - d) Valuables may be handed in for safekeeping.
 - e) For any property that is retained by patients, a disclaimer form must be completed and filed in the patient's documents (form 2).
 - f) 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 (form 5) should be completed.
- 3.1.5 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.
- 3.1.6 In the case of cash, valuables and property, belongings should be placed in a sealed bag or envelope. Cash should be placed in one sealed bag/envelope, property should be in another sealed bag/envelope.
- 3.1.7 In hours, the bag should be taken to the main hospital cashier at the Bradgate unit or patients' family are requested to take valuables home (subject to capacity assessment and/or LPA).
- 3.1.8 Out of hours, on a temporary measure only, should be placed in the Clinical Duty Managers safe ensuring that it is entered and signed out of the Ward safe/ward temporary custody register.
- 3.1.9 Out of hours, For MHSOP service (Evington centre), on a temporary measure, the yellow bag will be kept in the ward safe and transfer to the patient bank at Bradgate centre, or on the following working day.

Be Alert:

When a patient goes on leave or a home visit they may return with valuables or other items that require an additional disclaimer form to be completed (form 2).

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

4 Return of monies to patients whilst resident

- 4.1 If a patient requests release of cash whilst resident, a patient's cash release request form (form 6) must be completed. It must be signed by the patient and witnessed by a member of the ward staff.
- 4.2 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.
- 4.3 The ward staff will take 2 copies of the form and the cash to the patient and get it signed and witnessed, handing one copy to the patient, and filing the second copy in the ward notes.

5 Discharge procedure

- 5.1 Staff must identify whether items were handed in for safekeeping.
- 5.2 Staff to contact cashier/responsible individual to clarify if patient due for discharge has any valuables, money in cashier's office/central safe to initiate safe return on discharge.
- 5.3 If cash has been handed in, staff must complete a patient's cash release request on discharge form (form7). Where cash balance is over £200, arrange with the patient for BACS transfer. A cheque will only be issued in exceptional circumstances where the patient does not have a bank account. This form must then be returned to the cashier's office and ensure that the release of the cash is signed for.
- 5.4 If a patient (on a short-term admission) comes in with a large amount of cash more than £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. Where it is known that a patient does not have a bank account staff should liaise with social services regarding arranging a bank account for the patient.
- 5.5 Once the cash (using form 7) and/or valuables (using form 5) have been handed over to the patient or relative, ensure that they sign the forms. A copy of the form must be returned to the cashier's office.
- 5.6 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".

- 5.7 If a patient assessed as having capacity specifically requests the removal/disposal of their property they are leaving behind, they should give authorisation in writing i.e., wish to donate items to charity.

6 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.

7 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 (form 5). 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 will sign to certify their agreement of the property recorded and taken into custody.

7.1 non-valuable items

Non valuable items such as clothing must be placed in a plastic patients' property bag. The property form must be completed to identify property identified and returned

7.2 Valuable items

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 Patient's cash and valuables accepted for safekeeping form (form 5) 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 another authorised person.

Valuable property must be kept in the ward safe and entered the Temporary Custody for up to 48 hours.

7.3 Return of deceased patients' property

- 7.3.1 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 (form 5) and the indemnity form (form 8).

- 7.3.2 Valuable property may be returned to patient's next of kin, once established, by the ward staff. Before handing over the valuable property, Patients Cash and Valuables Accepted for Safekeeping form (form 5) and the indemnity form (form 8) 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.
- 7.3.3 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.
- 7.3.4 Valuables and cash with a value more than £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 (form 9), which must be retained and filed.
- 7.3.5 On completion of these investigations, the line manager will take one of the following courses of action:
- a) Released property held on completion of the indemnity form (form 8) 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.

8 Transfer of patient property and money to other hospitals

- 8.1 If a patient is being transferred permanently to another hospital, patients' property must be returned to the patient provided they can assume 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.
- 8.2 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.
- 8.3 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 can take 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 can take 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 valuable property going with the patient must be clearly documented on the Patients Cash and Valuables Accepted for Safekeeping form (form 5) 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.
- 8.4 If the patient is being transferred to a hospital outside of LPT and has monies banked, a patient monies urgent payment voucher (form 4) 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.
- 8.5 The Month End Checklist must be completed by the cashier in line with the financial procedure's manual.

9 Descriptions of property items

- 9.1 The following standards for describing property must be adhered to, using a property form
- a) All property recorded on the property forms 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) Phones and electrical items – name, make and model, robust description of condition of item.
 - c) 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.

Photographs of property can be taken for identification, particularly items of value and uploaded onto the EPR

9.2 On receiving items to recharge on behalf of patient's staff should note the condition of the item, if appropriate agree this with the patient and note this in the patient's electronic record. This should also be completed on return of the item to the patient.

10. Monitoring compliance and effectiveness

10.1 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.

10.2 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.

10.3 Security

Procedures should be in place for the security and custody of property and monies to include: -

- Restricted access to safes:
- Sealing patients' property/cash/valuables and the recording of seal numbers:
- Safekeeping of monies:
- Labelling of property to clearly identify the owner, not using a formal EPR label due to confidentiality
- An agreed procedure should be in place to account for property not returned/collected.

10.4 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.

10.5 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 valuables and/or cash whilst the patient is still resident should be signed for by the patient and two members of Trust staff, using patient cash and valuables kept for safekeeping form (form 5) and/or Cash release request form (form 6), ensuring the patient signs the forms on receipt of goods/cash.
- 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.

Appendix 8

COMMUNITY HEALTH SERVICES INPATIENT WARDS AND LEARNING DISABILITY (AGNES UNIT) AND CAMHS INPATIENT (BEACON UNIT)

1 Patient responsibility and disclaimers

- 1.1 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 (form 1).
- 1.2 On admission, all patients will be asked to sign a disclaimer form (form 2) 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 and uploaded onto the patient's electronic record. (This is not applicable to LD Short Break Homes).
- 1.3 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 on admission and after leave where applicable.

2 Lost/damaged property and losses and special payments requests

- 2.1 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 or other patients 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.
- 2.2 Patients and staff to be aware of financial caps for claim reimbursement – see AMH Inpatient SoP (2.4) for details.
- 2.3 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.
- 2.4 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 (form 3). 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 and if appropriate reported to the Police obtaining a crime number. An eIRF should be completed.

- 2.5 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 and/or PALS. If they are still dissatisfied at the end of the complaints process, they can make a claim against the Trust.

3 Procedure for hospital inpatients

3.1 Procedure on inpatient admission

- 3.1.1 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 (form 1), including action to be taken if they leave property behind on discharge from hospital.
- 3.1.2 Patients to only bring in the amount of cash, clothes and belongings required for an inpatient hospital admission.
- 3.1.3 Any belongings in excess of this should be returned to where the patient usually resides and Local Authority/patient arrange belongings to go into storage.
- 3.1.4 The patient's property and monies disclaimer form (form 2) must be completed for all inpatients on admission.
- 3.1.5 On admitting a patient, staff must check to see what money, property or valuables they may have with them.
- 3.1.6 If any 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 and money
 - c) All property to be identified on property form
 - d) In short breaks and Community Hospitals, property form (Form 12) should be completed, detailing all property.
 - e) Valuables may be handed in for safekeeping in the ward safe, this is to be recorded on property form.

- f) For any property that is retained by patients, a disclaimer form must be completed and filed in the patient's documents (form 2).
- g) Photographs of property can be taken for identification, particularly items of value and uploaded onto the EPR

3.1.7 If none of the above are identified:

Document clearly in the patient's notes that no items of money, property or valuables have been brought into hospital.

3.1.8 In the case of cash, valuables and property belongings handed over for safe keeping, these should be placed in a sealed bag or envelope. Cash should be placed in one sealed bag/envelope, property should be in another sealed bag/envelope and these placed in ward safe.

3.1.9 Patient money should be recorded on individual patient cash balance sheet (form 11) and recorded in ward safe book (Not applicable to Community Hospitals).

Be Alert:

When a patient goes on leave or a home visit they may return with valuables or other items that require an additional disclaimer form to be completed (form 2).

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

4 Patient income and expenditure (Not applicable to Community Hospitals).

4.1 All patient expenditure requires an official company receipt and this is to be stored with the cash balance sheet (form 11).

4.2 All expenditure to be recorded on cash balance sheet and Ward safe book changed and counted accordingly with 2 staff signatures.

4.3 Money provided for patients due to having Power of Attorney will be acknowledged with a written receipt, this receipt will be stored with cash balance sheet. Income to be entered on cash balance sheet and ward safe book.

5 Discharge procedure

Learning Disabilities

5.1 Staff must identify whether items were handed in for safekeeping in the safe

- 5.2 Money released to patient and/or care provider, amending the cash balance sheet with 2 staff signatures. Receipt to be completed and signed by staff and patient/care provider. Receipt to be attached to case balance sheet.
- 5.3 Cash balance sheet to be retained on Unit in line with management of records policy.
- 5.4 Property form to be completed on discharge identifying items returned, to be uploaded onto the patient's electronic record.
- 5.5 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.
- 5.6 If a patient assessed as having capacity specifically requests the removal/disposal of their property they are leaving behind, they should give authorisation in writing i.e. wish to donate items to charity.

Community Hospitals

- 5.7 Staff must identify whether items were handed in for safekeeping in the safe. Property form (form 12) and Disclaimer (form 2) to be completed and uploaded onto System One.
- 5.8 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.
- 5.9 If a patient assessed as having capacity specifically requests the removal/disposal of their property they are leaving behind, they should give authorisation in writing i.e. wish to donate items to charity.

6 Procedure on the death of a patient

6.1 Non valuable items

Non valuable items such as clothing, must be placed in a plastic patient's property bag. The property form must be completed to identify property identified and returned. Form 12 for short break homes and Community Hospitals.

6.2 Valuable items

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).

Valuable property must be kept in the Unit safe and retained until the property is handed over to the next of kin or another authorised person.

6.3 Return of deceased patients' property

6.3.1 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 property form.

6.3.2 Valuable property may be returned to patient's next of kin, once established, by the ward staff. Before handing over the valuable property, the indemnity form (form 8) 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.

6.3.3 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.

- Valuables and cash with a value more than £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 (form 9), which must be retained and filed.
- On completion of these investigations, the line manager will take one of the following courses of action:
 - a) Released property held on completion of the indemnity form (form 8) 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.

7 Transfer of patient property and money to other hospitals

7.1 If a patient is being transferred permanently to another hospital, patients' property must be returned to the patient provided they can assume 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.

7.2 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.

8 Descriptions of property items

8.1 The following standards for describing property must be adhered to, using a property form for short breaks and Community Hospitals use form 12.

- a) All property recorded on the property forms. (Short breaks and Community Hospitals use form 12) 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'.
- c) 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'.
- d) Phones and electrical items – name, make and model, robust description of condition of item.
- e) Pass books – enter the name of the institution, the account number, the balance held and date of last transaction.
- f) 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.
- g) Bank and Credit Cards – record the name of the institution, type of card, card number and date of expiry.

8.2 On receiving items to recharge on behalf of patient's staff should note the condition of the item, if appropriate agree this with the patient and note this in the patient's electronic record. This should also be completed on return of the item to the patient.

9. Monitoring compliance and effectiveness

9.1 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.

9.2 Recording of Patient's property and monies

- Consistent procedures should be in place across the Trust for recording patient's property and monies.

- Appropriate arrangements should be in place to ensure that all property is accounted for in the event of a patient's death.

9.3 Security

Procedures should be in place for the security and custody of property and monies to include: -

- Restricted access to safes:
- Sealing patients' property/cash/valuables and the recording of seal numbers:
- Safekeeping of monies:
- Labelling of property to clearly identify the owner:
- An agreed procedure should be in place to account for property not returned/collected.

PERSONAL PROPERTY

DISCLAIMER NOTICE

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

Form 2

Patient label here.

DISCLAIMER FORM FOR MONEY OR VALUABLES

Does the patient have the capacity to understand the property procedure and accept responsibility for their belongings whilst in hospital? YES/NO

If no, detail because and document:

Comments:

Valuable in the hospital safe? YES/NO

Valuables kept by patient. YES/NO

Valuables returned to family/NOK YES/NO

If yes state what valuables.....

STATEMENT BY PATIENT

I understand the Leicestershire Partnership NHS Trust accepts no responsibility for the property or money retained by me on the ward, which has not been handed in for safekeeping.

I also confirm that the risks of keeping any money / property myself have been explained to me, and that I accept complete responsibility for this.

PATIENTS SIGNATURE: DATE

RELATIVES SIGNATURE DATE

(Where possible)

NURSES SIGNATUREDATE

NURSES NAME: DATE:

DESIGNATION:

Return of patient's property on discharge

Signature:Date:

Comments on what has been returned:

Patient Signature:

Staff Signature

APPENDIX 2

**LEICESTERSHIRE PARTNERSHIP
NHS TRUST
LOSSES AND SPECIAL PAYMENTS REPORT / CLAIM FORM**

To be completed by LPT staff only

CLAIMANT DETAILS

Name of Claimant Location of Occurrence

Grade (If Staff) Ward (If Patient)

Home Address

..... Post Code

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)?

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 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 360
ASSURANCE LOCAL COUNTER FRAUD SERVICES**

REPORTED BY: **Tel No:**

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

Head of Department/Ward Matron/Service Manager to provide details of incident, the result of the 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 to make recommendations to prevent future incidents.

Attach supporting report, if necessary, e.g., E-IRF.

.....
.....

Signature Date

Name

METHOD OF REIMBURSEMENT

For Losses & Special Payments under £1,000 (to be coded to xxxx/6835/xxxx) please tick as appropriate, attach copies if relevant and send directly to LPTFinance@leics.nhs.uk

Reimbursed through Petty Cash ☐
(Up to £50.00 Only)

BACS requested ☐
(Please attach Urgent Payment Request Form, duly
authorised by the Budget Holder)

Forward the completed forms for claims over £1,000.00 to the relevant Divisional Finance Manager, where it will be passed to the Director of Finance for write-off if appropriate.

Losses and Special payments exceeding £1,000 require a separate check list to be completed (see Appendix 1)

Approval to write off items and make special payments:

- Financial Controller up to £1,000
- Deputy Director of Finance up to £5,000.
- Director of Finance up to £10,000.
- Chief Executive and Director of Finance up to £100,000
- Board over £100,000

Signature of approver

Date

APPENDIX 3

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

Shape its services around the needs and preferences of individual patients, their families, and their carers	☐
Respond to different needs of different sectors of the population	☐
Work continuously to improve quality services and to minimise errors	☐
Support and value its staff	☐
Work together with others to ensure a seamless service for patients	☐
Help keep people healthy and work to reduce health inequalities	☐
Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance	☐

LEICESTERSHIRE PARTNERSHIP NHS TRUST**URGENT PAYMENT REQUEST VOUCHER****TO ACCOUNTS PAYABLE****DATE****PHONE NUMBER****FROM:****DEPT:****Payment via BACS/WIRE will be made where appropriate. Cheques only in exceptional cases****SORT CODE****BANK ACCOUNT NUMBER****PAYEE NAME:15 CHARACTERS MAXIMUM****AMOUNT:****£****Amount in words****PAYEE ADDRESS: MUST INCLUDE A FULL POST CODE****REASON FOR REQUEST****TICK IF ANY ATTACHMENTS TO
BE SENT WITH THE PAYMENT****SUPPLIER NUMBER****REFERENCE TO BE QUOTED ON REMITTANCE****COST CTR EXP NO ANALYSIS****POUNDS****PENCE****TOTAL****PREPARED BY:****AUTHORISED BY:**

FOR GENERAL ENQUIRIES ON THE USE OF THESE REQUEST FORMS PLEASE CONTACT

stacey.hollis@nhs.netjessica.heath3@nhs.netEMAIL FORM TO:- lep-tr.lptinvoices@nhs.net

HOSPITAL.....

PATIENT'S CASH & VALUABLES ACCEPTED FOR SAFEKEEPING

PATIENT'S NAME..... WARD.....

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.....) / 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 Date of Death/...../.....

I certify that all the items listed above have been returned to me Seal No:

Patient's Signature..... Date.....

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

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

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.....

If signing on behalf of patient

Designation.....

PAID TO.....THE SUM OF.....

Ward Staff

Amount in words

IN.....RESPECT.....OF
PATIENT.....

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**

GLoucestershire Partnership NHS Trust

PATIENTS MONIES RELEASE (£200 MAXIMUM) DOCUMENT
ON DISCHARGE FROM THE HOSPITAL

PATIENTS 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 via BACS payment to my bank account. £200 being the maximum to be discharged in cash.

Name of Bank.....
 Account Name.....
 Account number.....
 Sort code.....

Only in exceptional circumstances will a cheque be issued.

Patient's signature.....

Witness
 (If signing on behalf of patient)

Designation.....

PAID TO..... (Ward staff)

The sum of £
 (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 (Only to be completed if a cheque is to be issued to relative or next of kin)

ADDRESS.....

Cashiers signature.....

RECEIVED THE SUM OF £.....

Signed..... Date.....

Designation.....

RECEIVED THE SUM OF £.....

Patients 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 ORDER.

Form 8

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:

RELATIVE	NAME & ADDRESS (SURNAME FIRST)	WHETHER OVER 18 YEARS OF AGE
A. Husband or wife OR IF NONE		
B. Child(ren) including issue of any Child(ren) who may have died before the deceased. OR IF NONE		
C. Father and/or mother OR IF NONE		
D. Brother(s) and/or sister(s) including issue of any brother(s) and/or sister(s) who may have died before the deceased OR IF NONE		
E. Brother(s) and/or sister(s) of the h a l f - blood including issue of any half- brother(s) and/or sister(s) who may have died before the deceased. OR IF NONE		
F. Grandfather and/or grandmother OR IF NONE		
G. Uncle(s) and/or aunt(s) including issue of any uncle(s) or aunt(s) who may have died before the deceased OR IF NONE		
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. OR IF NONE		

I/We declare that the replied 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 a separate sheet of paper if necessary.

Date as postmark

Dear

**RE: PROPERTY LEFT BEHIND FOLLOWING YOUR DISCHARGE FROM
WARD....., HOSPITAL**

I recently telephoned you on to inform you that you had leftbehind 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

**PATIENTS PRIVATE MONIES
PATIENTS CASH BALANCE SHEET**

Ward / Home

Patient's name

	Cash Received		Cash Withdrawn		Signature of paying Officer	Signature of witness	Date	New Balance		Remarks (Reasons for withdrawal)	Amount Spent	
	£	P	£	P				£	P		£	P
	B/F:											
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												
32												
33												
Balance Carried Forward:												

COMPLETED FORMS WILL BE COLLECTED BY THE CASHIER FOR THE PATIENTS AFFAIRS OFFICER.

Guidance notes on the use of these forms:

1. This form must be completed at the time that transactions are made which ensures that the total of all patient balances equals the cash held.
2. Two signatures must be obtained for all transactions.
3. All receipts must be attached to the reverse of this form (i.e., this side) and the line number of the relevant cash withdrawal printed on the receipt.
4. No patient balance should ever exceed £100. All excess cash should be repaid to the cashier.
5. No patients balance should become overdrawn – you are effectively spending someone else's money.

Notes for completing each column.

Cash received – All cash received must be entered into this column whether it be cash from the cashier, or relatives, or change from shopping.

Cash withdrawn – all cash taken from the float must be recorded against the patient(s) it is intended to be spent upon (see note 1 above).

Signature of Paying Officer – This is the person who holds the safe key.

Signature of witness – The person who receives the money.

Date - The date each individual transaction takes place.

New Balance – The amount of cash held for each individual patient (see notes 4 & 5 above).

Remarks (reasons for withdrawal) - although the space is limited, it is important to reference:

- a) Items of expenditure e.g., clothing, holiday, toiletries, sweets, Chinese meal. Small amounts given to the patient to spend should be marked '**C**'. Cash returned to the cashier's office should quote the cashiers receipt no. which should be attached.
- b) **Change** – please cross reference with withdrawal line number.
- c) **Type of income** – e.g., for top ups quote cashier's voucher number or from which relative received.

Amount Spent – When entering amount of change into the cash column, the amount of expenditure

Form 12

**Short Breaks & Community
Hospitals Property Form**

PATIENT LABEL

Sheet of

Admission Date..... PRINT..... Sign

Discharge Date PRINT Sign

ITEM	COLOUR	QTY	LOGO / LABEL	NAMED	PACKED	DISCREPANCY
