

Patient Property Policy

This policy sets out the procedures in place to protect patients' property and minimise the risk of loss or damage.

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Policy On a Page

This policy sets out the overarching Trust's responsibilities and procedures in respect of property entrusted to it by 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.

The policy provides guidance to staff, to ensure they are aware of their individual responsibilities with regards to the management of patient property and to recognise the impact of poor policy compliance.

When handling patient property and valuables, care should be taken to be sensitive to any cultural or religious beliefs. Values held by the patient or family, regarding their property, should be respected.

This Policy is further supported by directorate specific Standard Operating Procedures related to patient property.

1. Introduction and Purpose

The purpose of this policy is to set out the procedures in place to protect patients' property and minimise the risk of loss or damage.

This policy and procedures apply to all staff employed by Leicestershire Partnership NHS Trust (LPT), including temporary workforce, and those on honorary contracts, and to all inpatient areas in LPT.

This Policy is further supported by directorate specific Standard Operating Procedures related to patient property.

2. Policy Requirements and Objectives

All hospitals have a responsibility to safeguard patients' valuables and cash. This includes making suitable arrangements for safekeeping, and to ensure people using Trust services are safeguarded against the risk of abuse including theft, misuse or misappropriation of money or property (Health and Social Care Act 2018).

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.

The policy provides guidance to staff, to ensure they are aware of their individual responsibilities with regards to the management of patient property and to recognise the impact of poor policy compliance.

The policy also contains information that patients and families should be made aware of ensuring an open and consistent approach to patient property arrangements across the Trust.

The policy explains the process in place for the fair and proportionate consideration of redress for damaged or lost items of property.

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.

3. Process

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

The Trust cannot accept liability in respect of any loss, theft 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.

The Trust is not responsible for loss or damage to deposited or undeposited patient property if this is due to natural cause (e.g., fire or flood) unless it was attributable to negligence of staff.

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

Patients must be made aware 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. A copy of the Trust's disclaimer notice (Appendix 3) will be prominently displayed at receptions and entrances to all services and departments reminding patients and families that the Trust cannot be held responsible for any valuables unless they are handed in for safekeeping (deposited items).

This policy aims to effectively manage patients' property which is taken by the Trust into safekeeping by:

- 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.
- Explaining the property disclaimer to all patients' (who are conscious and have mental capacity).
- Providing clear procedures and guidance for taking patients property into safekeeping.
- Providing a procedure for the safe keeping of the property of patients who are not conscious or do not have mental capacity.
- Advising the patient's NOK, family and/or carers of the procedure for the safe keeping of the property of patients

There are limited facilities available to store patient property, the Trust reserves the right to place reasonable limits on the quantity of items patients have on the ward.

Essential personal items such as dentures, hearing aids and glasses are integral to a patient's recovery and wellbeing and therefore should be checked as part of care planning and delivery. Measures that are reasonable and practical should be put in place to help safeguard these items such as adopting good housekeeping measures and using named storage boxes where available.

The Trust needs to be able to demonstrate that it exercised all reasonable care for the items. Where loss or damage occurs due to action or omission by staff, fair and proportionate redress can be considered. This is usually a contribution towards a replacement (Appendix 4 identifies Ex Gratia Limits). The Trust needs to consider its responsibility in ensuring appropriate use of public funds as well as fair and proportionate redress.

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.

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 5). 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.

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 PALS and Complaints Team. If they are still dissatisfied at the end of the complaints process, they can make a claim against the Trust.

When handling patient property and valuables, care should be taken to be sensitive to any cultural or religious beliefs. Values held by the patient or family, regarding their property, should be respected.

3.1 Secure management of patients' property: general aspects

On admission, it is important to advise patients and their relatives/carers 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.

It should be assumed that patients have the mental capacity to make their own decisions about the safekeeping of their own property. However, if it is deemed that a patient does not have capacity, staff must follow procedures in assessing and recording capacity in line with the Mental Capacity Act, 2005.

3.2 Patients who lack mental capacity.

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.

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

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.

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.

3.3 Money Laundering

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.

4. Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Lead Executive Director

- The Director Nursing, AHP & Quality is responsible for ensuring that this policy is carried out effectively, is addressed and managed effectively across the organisation.
- Will communicate, disseminate, and ensure Directorates implement the policy and provide assurance through the Trust's Quality Governance Framework.

Policy Authors

- To ensure the policy is reviewed in accordance with identified timescale and implementation of monitoring and effectiveness has been planned and is reviewed by the Directorates and appropriate governance group.

Operational leads

- Responsible for ensuring that arrangements are in place for adherence to the policy and that staff are aware of the policy, have clear instructions and access to the document.

Senior Managers, Matrons and Team Leads

- Are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area always adhere to the principles. Any deficits identified will be addressed.

Cashiers/Ward Sister, Charge Nurse 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 team 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.

Staff

- All staff members have an individual responsibility to be aware of how this policy impacts on their practice and to follow its specific requirements.
- 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
- 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.
- Ensure that patient money cards i.e., credit/debit cards and PIN numbers are securely stored separately.
- Mental Capacity Assessments and Best Interests Decisions to be in place regarding finances if reason to doubt capacity
- 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.

5. Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered.

Appendix One: Definitions

Patients' Property: property includes money and any other personal property.

Patients' Valuables: This includes 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: This is property which the organisation 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: This is property which patients retain with them on the organisation's premises.

Other Items: i.e., Offensive weapons, medicines or Illegal substances should be dealt with in accordance with the agreed policies.

Premises: For the purposes of this policy, this includes any place whatsoever, including vehicles and moveable structures.

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/Welcome booklet: Refers to information given to patients in a booklet, pack, or leaflet.

Mental Capacity: Refers to a person's capacity to make decisions as defined in the Mental Capacity Act

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.

Appendix Two: Governance

Version control and summary of changes

Version number	Date	Description of key change
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
12	Sept 2025	Policy review and transfer to new policy template

Responsibilities

Responsibility	Title
Executive Lead	Director of Nursing, AHP & Quality
Policy Author	Assistant Director of Nursing & Quality
Advisors	Heads of Nursing, each Directorate
	Finance
	Legal Team
	Patient experience and involvement team
	Patient and Carer Experience Group Meeting
Policy Expert Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	Quality Forum
Level 2 Delivery Group for policy approval and compliance monitoring	Patient and Carer Experience Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Complaints and concerns regarding patients' property will be	Complaints Review Group, 6 monthly

reviewed to identify themes and learning	
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Training Requirements

Training

There are no specific education requirements for the implementation of this policy.

References

References

- Leicestershire Partnership NHS Trust Financial Procedures manual
- Royal Free Hampstead NHS Trust Patient Property Policy, 2010
- Guidance for NHS health bodies on the secure management of patients' property (Protect)
- Camden and Islington NHS Foundation Trust Policy for the Safekeeping of Patients' Property and Other Valuables November 2020
- University Hospital Dorset (2022), Policy for Managing Patient Property
- University Hospitals Leicester, Patient Property Policy, June 2021
- Leicestershire Partnership NHS Trust Scheme of Delegation from Standing Financial Instructions (V10)
- Rotherham Doncaster and South Humber (2023), Patients' monies and property procedures
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17

Appendix Three: Disclaimer notice

Personal property

NHS
Leicestershire Partnership
NHS Trust



Hearing devices / dentures



Items of clothes



Jewellery



Money and wallet

Disclaimer Notice

Patients, Visitors, Staff, and all other persons using these premises are informed of the following:

The Trust cannot accept any responsibility for theft, loss or damage to any items of property brought or left on these premises unless it has been handed to member of staff for safe keeping and a receipt is obtained.

*These are just examples of personal property. This list is not exhausted.

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Appendix Four: Ex Gratia limits for the loss of or damage to the personal effects of staff and service users

Clothing

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

Spectacles/ Dentures/Hearing Aids

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

Damage to Vehicles

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

Valuables (Rings/Watches etc)

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

Property Spoiled by Service Users (vomit, blood etc)

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

Please Note

As each claim is appraised, the relevant Directorate 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).

Appendix Five: 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**

Ward Sister/Charge Nurse/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)

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Forward the completed forms for claims over £1,000.00 to the relevant Directorate 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 (available from Finance)