



Patient Property and Valuables

This procedural document supersedes: PAT/PA 12 v.4 – Patient Property and Valuables



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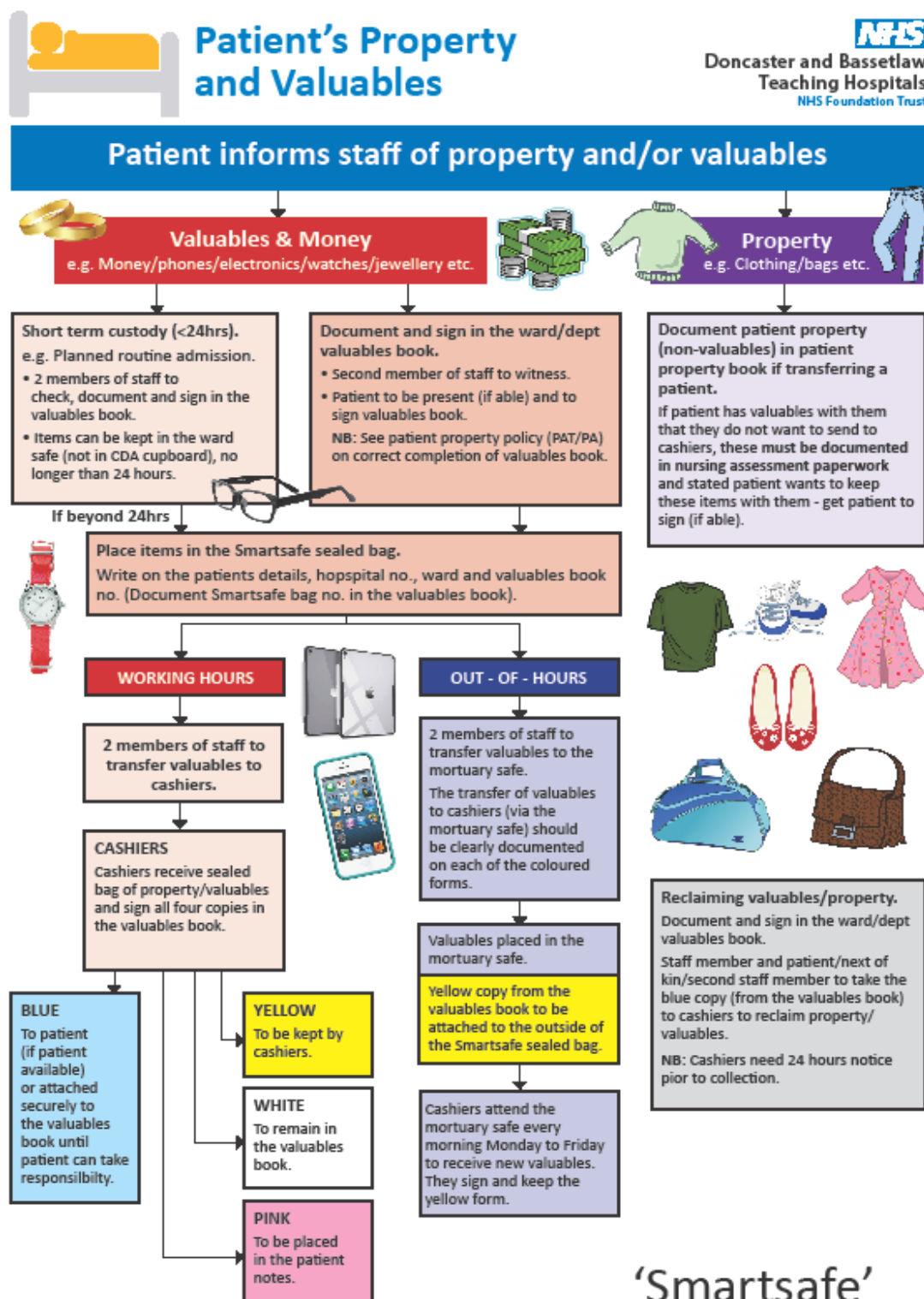
Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 5	30 March 2021	<ul style="list-style-type: none"> Smartsafe bags are used instead of keepsafe bags 	Kate Carville
Version 4	18 December 2017	<ul style="list-style-type: none"> Appendix B removed as information regarding valuables is on the nursing assessment form for signing. Keepsafe bags to be used instead of envelopes 	Kate Carville
Version 3	23 October 2013	<ul style="list-style-type: none"> Content transferred to new format Change in title to facilitate search Application of patient sticker on property envelope 4.3 Hospital number replaced by district number various places Reimbursement of cash at MMH & BDGH £50 due to availability of petty cash Terminology changed throughout the document to mental capacity Clarification on valuables for an unconscious patient. Examples of what constitutes a high value item Clarification of process for patients who are dead on arrival at the hospital Clarification of lost and damaged property including liability and completion of loss and compensation documentation Procedure if patients refuse to sign disclaimer form Addition of CQC outcome 7 Platinum and white gold added to be described as white metal Left property added to 4.5 During intra hospital transfers the patients property to be labelled with the ward name and the receiving ward 	Andrea Clegg/ Kate Carville
Version 2	Dec 2010	<ul style="list-style-type: none"> New Format Numerous procedural changes made throughout, please read document in full New Appendix A added 	Andrea Clegg

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PROCESS FLOWCHART



1. INTRODUCTION

The safe custody of patients' property, valuables and cash is a service the Trust must provide to protect the interest of patients, staff and the Trust. (Care Quality Commission outcome 7).

The Trust has a responsibility to provide safe custody for any items handed in by patients for safe keeping, or where items are found to be in the possession of patients admitted to hospital, who are unconscious, confused, lack capacity (Mental Capacity Act 2005), or who subsequently die whilst in hospital.

Patients admitted to hospital shall be actively discouraged from bringing valuables, cash and other non-essential items of property with them.

Wherever possible, prior to admission to hospital, patients shall be given information regarding what property, valuables and cash that can be brought into hospital, and the facilities available for the safe keeping of valuables and cash.

2. PURPOSE

This policy provides a framework for the organisation and all its employees to comply with the Care Quality Commission essential standards outcome 7.

The CQC are the regulator of health and adult social care in England, they ensure that the care people receive meets essential standards of quality and safety.

Outcome 7 of the essential standards which state "Safeguarding people who use services from abuse" this includes theft, misuse or misappropriation of money or property. (CQC 2010).

3. DUTIES AND RESPONSIBILITIES

General Managers, Heads of Nursing and Matrons

Will ensure implementation and compliance of the policy within their areas of responsibility.

Ward and Department Managers

Will ensure all employees responsible for handling patient property are aware and comply with the policy.

Trust Employee

Have a responsibility to ensure that they comply with the Trust policy at all times and that they make all patients and/or relatives aware of the policy on admission to hospital

Information notices shall be displayed in all outpatient and inpatient areas advising patients and relatives of the Trust's policy regarding the safe keeping of valuables.

Each ward **MUST** hold both a patient's **property book** (WPR 10780A) and patient's **valuables book** (WPR 135A) together with a supply of patient smartsafe© valuables bags. These can be ordered from the Oracle supplies system.

Each ward and department should have a ward safe that is fixed to a desk or work surface. This is for the temporary storage of valuables.

The patient valuables book **MUST** be kept securely in a suitable **locked** drawer or cupboard.

3.1 When Should a Patient's Property be removed for Safekeeping?

Patients are ultimately in control of their own valuables and property unless they lack capacity and therefore unable to manage their own affairs.

Nursing staff **MUST** proactively ask the patient if they have any cash or valuables in their possession. The patient shall be advised of the desirability of sending the items home with their next of kin. Until this can happen (or if not feasible) the patient shall be advised to have the items taken into safe custody, a record made in the valuables book and a signature of receipt obtained.

A record of advice given to the patient regarding retention of cash and valuables will be recorded in the patient's nursing assessment document and the patients must sign the disclaimer notice for all cash and valuables they keep with them in hospital.

Guidelines as to when it is appropriate for others to be involved in decisions relating to a patient's property and valuables are set out in the Mental Capacity Act 2005. Guidelines re current practices are set out in Appendix A. Details of next of kin and anyone else entitled to be involved in such decisions must be recorded on admission or as soon as feasibly possible. If the patient has no next of kin or executor, this should also be recorded.

Property and valuables of patients **MUST** be taken into safe custody if the following occurs:

- the patient dies in hospital
- the patient is dead on arrival at hospital – unless specifically requested not to by police or coroner (this would be known when patient brought in)
- the patient is unconscious on arrival at hospital
- the patient lacks mental capacity

3.2 Patients who Lack Mental Capacity

If the patient is confused or lacks capacity on admission, the nurse should discuss the safekeeping of the property with the next of kin. Any decision taken on behalf of the patient must be in the patient's best interest and clearly documented in the nursing record. In case of doubt, reference should be made to the Mental Capacity Act 2005.

If a patient is unconscious and cannot take responsibility of their own property that duty transfers to the Trust. We should therefore make safe, and or remove any valuables or property they have, log it properly and return it when they are in a fit position to take back responsibility of their property. If we release property to members of the family we should have them sign for it and document we have passed such property to them.

If the next of kin wishes the patient to retain his/her personal effects, the risk involved should be explained to them and the Trust cannot accept responsibility for loss and/or damage to any valuables not handed in for safekeeping.

The next of kin **MUST** be asked to sign the Trust disclaimer form, in the nursing assessment, as the patient's representative.

3.3 Children/Young People (Aged 0-16 Years)

Children/young people will be encouraged to send any valuables home with their parent/guardian; this is outlined in the patient/parent information leaflet that is available in all the rooms. They are informed that they are responsible for the safekeeping of their personal valuables.

Resident parents/guardians in attendance or resident in either children's or neonatal services will be informed on admission that they are responsible for the safe keeping of their personal valuables during the time that they are resident.

4. PROCEDURE

4.1 Instruction for Staff Receiving Valuables from a Patient

One nurse shall enter items to be handed over in the **valuables book** in the presence of a second staff member, and wherever possible in the presence of the patient. This is to protect staff in the event of dispute.

The members of staff receiving the valuables MUST complete the patient valuables book in full.

Both staff members shall then sign the valuables book. The patient shall also sign the valuables book unless restricted by physical or lacks mental capacity.

Both members of staff shall countersign any alterations.

If the patient is capable, they will be given the **blue** copy after the valuables have been taken to Cashiers. Otherwise it will be attached securely to the valuables book until the patient is able to take responsibility themselves, or to await the arrival of the next of kin.

The money or valuables shall be placed in a Smartsafe© sealed bag with a patient sticker placed on the front along with the ward and valuables book number written on the sticker. The barcode sticker should be stuck in to the valuables book.

4.2 Custody of Valuables during Office Working Hours

The Nurse/Ward Clerk shall take the valuables/cash and the patients' valuables book to the Hospital Cashier as soon as possible and under **no** circumstances later than the end of the shift of the person accepting valuables.

Where cash in excess of £300 or items, which could be of high value e.g. mobile phones portable electrical and IT equipment are to be transported, a **second person must** accompany the individual transporting the cash/valuable items.

The Hospital Cashier staff will receive the sealed bag and sign all four of the sheets in the valuables book.

The **yellow** copy from the valuables book will be kept by the Hospital Cashier.

The **pink** and white copies will remain in the valuables book which will be taken back to the ward by the nurse/ward clerk.

The **pink** copy shall then be removed from the book and placed in the patient's notes.

The **blue** copy shall be given to the patient as a receipt.

4.3 Custody of Valuables Outside Office Working Hours

The nurse and second member of staff shall:

- Detach **yellow** copy receipt and place it with the cash/valuables in the Smartsafe© bag provided for the purpose. A patient sticker should be placed on the Smartsafe© bag with the ward name and valuables book receipt number.
- Seal the Smartsafe© bag.

A member of staff is to contact the Clinical Site Manager to arrange for cash/valuables to be deposited in the night safe. At MMH this should be the bleep holder for the site.

Where cash in excess of £300 or items, which may be of high value, are to be transported, a **second person must** accompany the individual transporting the cash/valuable items.

On the next working day, two members of staff from the Hospital Cashiers will together open the night safe and remove the valuables bags to the cashier safe.

The **blue** copy shall be given to the patient as a receipt.
The Cashier must notify the appropriate ward of any discrepancies/queries for investigation **as soon as possible**.

Where patients are brought in dead on arrival or directly to the mortuary, the patient's cash/valuables will be dealt with as stated in the Handling Clothing and Valuables in Mortuary SOP. This will be completed by the mortuary staff. If property has not been returned to next of kin this will be deposited by the mortuary staff into the mortuary safe and collected on the next working day by the cashiers accompanied by the **blue** copy of the valuables book in addition to the **yellow** copy. Both copies should be signed by the Hospital Cashier and then the **blue** copy should be returned to the mortuary.

Mortuary staff **must not** direct relatives/next of kin to the Cashiers office to collect possessions etc. - they should be advised to contact the Bereavement Office.

4.4 Completion of the Valuables Book

Care must be taken in describing valuables when they are listed, e.g. A watch should be shown for example, as a wristwatch or pocket watch.

The type of stones in a ring should not be described as diamonds or rubies for instance, however the number of stones must be stated, for example, "a ring with 3 red stones" and "a ring with 1 clear stone".

"Yellow metal" should be used to describe possible gold jewellery etc and similarly "white metal" for potential silver, platinum or white gold.

Valuables must be entered in the patients' valuables book only if they have been physically taken into safe custody. Only when valuables are listed in the book and taken into safe custody, can the Trust accept any responsibility.

4.5 Lost, Damaged and Left Property

Where patient's property is damaged beyond repair or is infected and has to be destroyed, a patient's property receipt will be completed. The pockets and linings of any clothing will be checked for valuable items/cash. No item of property will be destroyed without obtaining the patient or next of kin's consent.

Where the patient has been discharged and has left items of property on the ward, the Ward Sister/Charge Nurse will write to the patient/next of kin (see Appendix B) advising them of the items which need collecting (and that if not collected within four weeks from the date of the letter, the items will be subject to disposal).

The Trust is only liable for loss of valuables and property which have been placed in safekeeping, or loss of property and valuables which has occurred during transfer of care with the exception of property of patients who do not have capacity. In these cases of lost items of property and valuables the Ward/Department manager will investigate the

loss. If it is found that the loss of the property and valuables is due to the actions or omissions of staff then a loss and compensation form should be completed by the Ward/Dept Manager. Appendix C. The completed form and detailed investigation findings should be forwarded to the Matron.

If there is any suspicion that items of property have been stolen then the Trust's Security Manager should be informed.

4.6 To Reclaim Cash/Valuables

Cashier staff will only sign valuables over to a patient in the presence of a member of staff from the ward. **Ward staff shall inform the Hospital Cashier, General Office at Bassetlaw and MMH, by telephone, wherever possible giving 24 hours notice**, before a patient is discharged and there is cash or valuables (held by the Cashier) to be returned.

Trust will accept **no** liability, under any circumstances, for cash or valuables after they have been handed back to the patient/next of kin.

Nursing staff shall make every reasonable endeavour to ensure the patient's competence to take responsibility for their own cash/valuables. Where this is in doubt, they should arrange for an appropriate person e.g. the next of kin to receive the cash/valuables.

If valuables are to be returned to a patient before they have been taken to the Hospital Cashier then the patient must sign for receipt on the **yellow, pink and white** copies of the patients' valuables book. The nurse returning the valuables (including cash) **must** then sign these copies as witness to the patient's signature.

When the items are collected by the next of kin he/she should sign the patient valuable book against the possessions they have taken. The **blue** copy of the form shall be given to the next of kin and the **pink** copy filed in the patient's notes.

4.7 Short-Term Custody

When patients are admitted to hospital for planned routine admissions the pre-operative and pre admission literature should advise them of the Trust policy on safe keeping of valuables and property. This will help to minimise the need for valuables being taken into short-term custody.

Generally, all cash/valuables handed in for safekeeping **must** be transferred to the Hospital Cashier as quickly as possible.

However, cash/valuables may be kept in the designated ward safe custody boxes for short-term storage without the Hospital Cashier involvement **under the following circumstances only:**

- When placed in safe custody solely for the duration of an operation and subsequent recovery period.
- When handed in by patients undergoing a day case procedure.
- When handed in by day patients outside of the Hospital Cashier's normal working hours.
- When handed in by short stay patients admitted after office hours and due for discharge before the Hospital Cashier's next working day.
- When handed in by longer stay patients on admission and to be collected by relatives visiting outside of the Hospital Cashier's normal working hours

Cash/valuables must **not** remain in short-term storage on a ward for longer than 24 hours other than over a weekend or bank holiday.

4.8 Procedure for Taking of Valuables/Cash for Short-Term Custody

A qualified nurse shall take cash/valuables into short-term custody and a second member of staff. In the presence of the patient, they shall:

- Enter the details of the property into the valuables book.
- Sign the valuables book to acknowledge receipt of items.
- Place the cash/valuables in a Smartsafe© bag provided for the purpose.
- Seal the Smartsafe© bag, mark it with the patient's name, address and valuables book number.

The envelope should then be handed in to the sister/nurse in charge who will lock it in the safe custody box.

The nurse will enter details of the transaction in the patient's care plan.

4.9 Procedure for Returning Cash/Valuables to Patient after Short-Term Custody

When the cash/valuables are to be returned to the patient, they shall be removed from the custody box by the sister/nurse in charge of the ward who shall then:

- Return the sealed bag to the patient.
- Obtain the patient's signature in the valuables book to acknowledge the return of the valuables.
- The nurse who signs the valuables book also, to witness the patient's signature and enter the details of the transaction in the patient's care plan.

4.10 Procedure for the Operation of the Ward Safe Custody Box

The ward safe custody box shall at all times be in the sole control of the sister/nurse in charge of the ward.

The sister/nurse in charge shall check the envelopes in the safe custody box against the valuables book at least once in 24 hours and this should be recorded.

Matrons shall check and record the contents of the custody box of every ward for which they are responsible at least once per month.

4.11 Procedure for Emergency Admissions

Prior to transfer Accident and Emergency or Assessment Unit staff shall check with the patient whether they have any cash or valuables on their person, and if found they should be advised of the Trust policy regarding property and valuables.

If the next of kin is present staff shall encourage them to take all valuable items home for safekeeping. The valuables shall be entered in the valuables book and the next of kin asked to sign to confirm receipt. If no next of kin is present, the patient shall be encouraged to hand over valuable items for safekeeping. If the patient decides to keep their valuables on their person, a disclaimer form should be completed and stored in the patient's notes. Staff on the receiving ward should be informed of the patient's decision on transfer. If the patient is not prepared to sign the indemnity, this fact should be noted on the form and signed by one trained nurse and one other member of staff.

Where cash or valuables have been taken into safe custody in the Accident and Emergency Department or Assessment Unit, these shall be itemised in the valuables book, and shall wherever possible be sent to the Hospital Cashier (during office hours) as soon as is practicable by Accident and Emergency/ Assessment Unit staff. If it is not possible to transfer valuable items to the Hospital Cashier, these items may be held in the short-term custody box in the Accident and Emergency Department/Assessment Unit until the patient is transferred to a ward.

Where Accident and Emergency/Assessment Unit staff have taken valuables into short term custody and the patient is to be transferred to a ward, the designated healthcare worker transferring the patient will carry the valuables and the valuables book. On arrival at the receiving ward the healthcare worker and the nurse in charge will jointly check the sealed bag and hand over for safekeeping against the valuables book. The nurse in Charge will sign to acknowledge receipt of the valuables and will be given the **pink** copy from the valuables book which will be placed in the patient's nursing notes.

If the patient is unconscious or lacks capacity, the patient will be accompanied by a nurse from the Accident and Emergency Department/Assessment Unit and the valuables will be

handed over to the nurse in charge of the receiving ward for safekeeping, following the process as laid out above.

The nurse in charge on the receiving ward shall ensure that the valuables are transferred to Hospital Cashier as soon as possible within office hours, or follow arrangements for outside office hours. If the valuables are transferred to cashiers they would need the yellow copy of the valuables book for their records

On the patient's return to consciousness should they wish the valuables to be returned, the patient shall sign the **yellow** and **pink** copies of the property book receipt to acknowledge the return of their belongings.

4.12 Procedure for Inter-Ward and Inter-Hospital Transfers

This applies where a patient is transferred and has already placed valuables into safekeeping:

- Between wards in the same hospital.
- Between hospitals within the Trust.
- To hospitals in other Trusts.
- To private sector hospitals or nursing homes.
- Unless specifically requested to do so, the Trust would not normally take any items of property into safe custody during a transfer, which had previously been in the patient's own possession.
- Patients must therefore be reminded that the Trust does not accept responsibility for any valuables/property unless specifically requested to do so.
- Where valuables have already been taken into safe custody by the Hospital Cashier, It is the nursing staff responsibility to inform the Hospital Cashier by telephone of the patient's new ward and hospital if applicable.

For inter-hospital transfers, the Hospital Cashier shall arrange a physical transfer of valuables to the appropriate office of the receiving hospital.

If clothing or other non-valuable property is to be transferred along with the patient, a member of the nursing staff shall list all items in the property book and pack everything into patient property bags, ensuring that all the bags are clearly marked with the patient's name and the ward they have been transferred from and to.

The top copy of the property book listing all the patients property will be sent with the patient's property.

They shall then inform the receiving ward/hospital/nursing home by telephone of the number of bags being sent to them.

4.13 Procedure for Deceased Patient's Property

Cash and Valuables:

When a patient dies in hospital, the nursing staff **must first check** for any cash/valuables held by the patient or have been deposited with the Hospital Cashier for safekeeping.

Cash or valuables belonging to the patient and present on the ward at the time of death shall be entered in the patients' valuables book in the normal manner.

If the next of kin is present at the time, they may, if they wish, have the cash and valuables released to them so long as the nurse is confident that their identity is beyond doubt.

If the identity of the next of kin is in doubt, or if they do not wish to take the cash/valuables, or if no next of kin is present, they shall not be released.

Under normal circumstances, with the exception of the patient's wedding ring, all jewellery should be removed from the patient prior to transfer to the mortuary **UNLESS** it is the expressed wish of the next of kin that it remains in place.

Where jewellery is to remain on the patient this shall be recorded in the nursing care plan in the normal manner.

For items that remain on the body, this shall also be entered clearly on the mortuary form.

The **blue** patient copy of the valuables form shall be attached to the shroud along with the mortuary form.

Where jewellery is left on the patient it shall, as far as possible be made secure, e.g. rings should be taped on.

To prevent any disputes nursing staff should check with the service assistant any valuables documented on the mortuary form are present before the body leaves the ward. This will protect the service assistants against possible future disputes.

During office hours, the cash and valuables shall then be taken to the Hospital Cashier and handed over for safekeeping.

Cash/valuables taken by the next of kin must be signed for by them in the patients' valuables book.

The entry by the nurse shall state explicitly against the specific item, the name of the person who has received them and the individual should sign against the entry.

All entries made in the valuables book shall be signed by one trained nurse and one other member of staff.

The Bereavement Officer shall contact the relatives and inform them that valuables are being held, and advise relatives that an appointment can be made so that the valuables can be released.

Relatives shall be advised that valuables can only be returned to the next of kin/executor, or, if they are unable to attend, a person nominated in writing by the next of kin/executor. Proof of identity (e.g. passport, driving licence) **must** be provided before any items can be released.

Ward staff must not direct relatives/next of kin etc to the Cashiers Office or Bereavement Office to collect valuables/property.

When relatives arrive to collect valuables, the Bereavement Officer shall accompany them to the Hospital Cashiers Office, the Hospital Cashier will hand over the valuables in accordance with the procedure.

Non Valuable Property:

Non valuable property is dealt with by the Bereavement Officer. Such items should be sent to the bereavement office in a sealed Smartsafe© bag with the Blue Copy of the patient's property receipt, before the death certificate is released. If the certificate has already been released it is the wards staff responsibility to contact the next of kin and arrange for collection of the items.

Patients' property (non-valuable items) and clothing will be listed (with clear descriptions) in the **patients' property** (non-valuables) book.

They shall be **carefully packaged**, using bags provided by the Trust, and marked with the patients' name. Should any item of clothing be soiled, nursing staff shall offer the next of kin the option of having the items laundered prior to taking them home or disposal.

Dentures or prostheses should **NOT** be placed with the property, they should be sent to the mortuary with the deceased.

Personal cards should be placed in an envelope marked "cards".

Two members of staff shall sign the **property book** receipt.

The property may be released to the next of kin or close family member. In this case an indemnity form must be completed and signatures obtained from the relative or close family member on the indemnity form and **property book** receipt.

The top copy of the **property book** receipt will be given to the relative or close family member after signature.

The third copy will be placed in the patient's notes.

The second copy will remain in the book.

Any bags of property not collected promptly shall be stored in a safe place on the ward.

The next of kin shall be contacted to ask if they would like to collect the items.

If any property remains uncollected one month after the date of death, it shall be disposed of at the discretion of the Bereavement Officer.

If appropriate, property may be retained for hospital use.

The method of disposal shall be recorded on the **property book** receipt.

Accident and Emergency:

In cases where patients have died in Accident and Emergency and have cash/valuables and items of property with them, Accident and Emergency staff should document these items in the **valuables and/or property book**.

These items should then be taken in to short term custody and arrangements should be made for their collection within the department.

Relatives/next of kin should not be directed to the Cashier's Office to collect valuables/property.

Cases referred to the Coroner:

In such situations, the bereavement officer will contact the next of kin/Executor of the Will to arrange an appointment to collect valuables and property.

4.14 Theft and Fraud Involving Patient's Property

Any loss where theft is suspected must be reported to the Local Security Management Specialist (LSMS) via DATIX in accordance with the Security Policy. If fraud is suspected (i.e. records or documents have been amended or falsified to cover or hide the loss) then it must be reported to the Local Counter Fraud Specialist (LCFS) for investigation in accordance with the Fraud, Bribery and Corruption Policy & Response Plan. Reports of suspected fraud can also be made anonymously to the NHS Fraud & Corruption Reporting line on **0800 028 4060** or via www.cfa.nhs.uk/reportfraud

It must be remembered that delays in reporting alleged theft or fraud events may lead to loss of evidence.

5. TRAINING/SUPPORT

Locally devised training and induction should exist in all wards and department to ensure all new starters are aware of the policy and its application to the area of practice.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Report to
Audit the contents of the ward safe against the entries in the valuables book.	Ward/Department Manager	Weekly	This will be checked as part of the matron ward round.
Check that all entries in the property book are as per policy	Ward/Department Manager	Weekly	This will be checked as part of the matron ward round.
Compliance of staff in all aspects of the policy	Internal Audit	Audit schedule agreed annually	Finance Director

7. DEFINITIONS

Patient's property is divided into the following:

- Patient's valuables
- Patient's property

The term **valuables** includes, but is not limited to the following: cash, cheques, credit/debit cards, foreign currency, travellers cheques, jewellery, watches, glasses, pension books and benefit books (the type of benefit or pension and the date of the next cashable order must be recorded), rent books, official documents e.g. driving licence, hearing aids, bank or building society books, cheque books, saving certificates, keys, mobile phones, laptops.

The term non valuable property includes clothing, toiletries and all other items not included in the above.

8. EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix D).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

PAT/PA 19 - Mental Capacity Act 2005 Policy & Guidance, including Deprivation of Liberty Safeguards (DoLS)

CORP/FIN 1(B) - Standing Financial Instructions

CORP/HSFS 15 – Security Incorporating Bomb Threat/Suspect Packages

CORP/FIN 1 (D) – Fraud, Bribery and Corruption Policy and Response Plan

CORP/EMP 27 – Equality Analysis Policy

CORP/EMP 4 – Fair Treatment for All Policy

10. DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11. REFERENCES

Care Quality Commission 2010 Summary of Regulations, Outcomes & Judgement Framework.

APPENDIX A – GUIDELINES REGARDING OTHERS WHO MAY BE INVOLVED IN DECISIONS RELATING TO A PATIENT’S PROPERTY

Guidelines regarding others who may be Involved in decisions relating to a Patient’s Property

These guidelines are based on current practice and may change from time to time in conjunction with changes in legislation.

Next of kin/ significant other - may be involved in decisions about the property:

- a. When the patient gives them consent
- b. When the patient is incapable of managing their own affairs
- c. Following the death of the patient
- d. When the patient is a child/young person aged 0-16 years

Details of the next of kin should be recorded on admission, for possible future reference.

If the patient has no next of kin or executor, this should also be recorded. If the patient agrees, the hospital Social Services Department should be informed and this recorded in the nursing documentation. This is important in case the patient dies whilst an in-patient; the Social Services Department can only assume responsibility for the patient’s property after death if they have assumed the responsibility when the patient was alive. If the patient refused to allow the Social Services Department to become involved, or the Social Services Department was not informed, the hospital General Office / Admin Office and/or Finance Department should be informed.

Carer/Partner/Relative – can only be involved with the patient’s consent. If the patient wishes them to have legal responsibility for their property, the hospital Social Services Department must be contacted for advice.

Power of Attorney – patients who anticipate incapacity or who require assistance during illness can grant a Power of Attorney to another adult. However, this power is revoked if the patient becomes mentally incompetent. If mental incapacity is likely or anticipated, the patient must authorise a Lasting Power of Attorney (or have authorised an Enduring Power of Attorney prior to 1 October 2007) – this extends the Power of Attorney to include times when the patient is mentally incapacitated.

Court of Protection – When a patient becomes mentally incapable of managing their own affairs, the Court of Protection can appoint a deputy to act on their behalf. Further information about the wide-ranging powers of the Court of Protection can be found in the Mental Capacity Act 2005.

APPENDIX B – ITEMS LEFT IN WARD AND DEPARTMENT



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Bassetlaw Hospital
Kilton Road, Worksop
Nottinghamshire
S81 0BD

Tel: 01909 500990
Fax: 01909 502246

Doncaster Royal Infirmary
Armthorpe Road, Doncaster
South Yorkshire
DN2 5LT

Tel: 01302 366666
Fax: 01302 320098

Minicom: 01302 553140
(only for people who are deaf)

Montagu Hospital
Adwick Road, Mexborough
South Yorkshire
S64 0AZ

Tel: 01709 585171
Fax: 01709 571689

Ward/Department: _____

Date: _____

Dear _____

Patients' Properties and Monies Procedure

It has been brought to my attention that the Trust still holds some of your personal belongings:

These items are:

Please contact the ward on telephone number _____ to confirm that you will either be returning to the ward to collect your belongings or that you wish the Trust to dispose of them. If I do not hear from you within four weeks from the date of this letter, then I will arrange for the disposal of these items.

Yours sincerely

Ward Manager

APPENDIX C - REPORT OF LOSS/DAMAGE COMPENSATION FORM



NHS
Doncaster and Bassetlaw
Teaching Hospitals
 NHS Foundation Trust

Report of Loss/Damage Compensation Form

	Losses & Compensation Registration Number	
Location:		
Details of loss or damage including where appropriate, original and replacement costs and approximate costs and approximate age. (Attach receipt)		
Amount recommended for payment or write-off:		
Details of circumstances in which loss or damage occurred:		
Name and Address of any claimant(s):		

Ward/Departmental Manager's comments, recommendations and investigation:		
Disclaimer Form completed	Yes	No
If Disclaimer Form not completed document why:		
Ward/Departmental Manager:	Signature:	Date:
General Manager/Head of Nursing of the Care Group:	Signature:	Date:
Considered by:	Signature:	Date:
	Chief Executive	
	Chief Operating Officer	
	Director of Finance	
Decision:		

APPENDIX D - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Patient Property and Valuables PAT/PA 12 v.5	Corporate	Kate Carville	Existing	5 February 2021
1) Who is responsible for this policy? Kate Carville, Divisional Director of Nursing for Medicine				
2) Describe the purpose of the service / function / policy / project/ strategy? Patient Property and Valuables policy				
3) Are there any associated objectives? No				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/beliefs - No				
• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] –				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: February 2024				
Checked by: Stacey Nutt		Date: 8/2/2021		