

OP18

Patients' Property Policy

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1 Policy Statement

- 1.1 The purpose of this Policy is to ensure the correct administrative procedures are followed in the handling of patients' property during their stay anywhere within the Trust.
- 1.2 The Policy is designed to protect the interests of staff and patients; any failure to comply will result in the logging of a formal complaint, investigation and possible disciplinary action. The Trust's Anti-Fraud and Anti-Bribery Policy GP02 must be followed at all times.
- 1.3 This policy has been reviewed in light of the relevant DOH documentation – [Guidance for NHS Organisations of the secure management of Patients Property – Records Version 2/9/2013.](#)
- 1.4 This policy applies to all staff working at The Royal Wolverhampton NHS Trust, including substantive and temporary staff, as well as volunteers, when managing patient's property. This policy supersedes all previous policies, guidance or protocols relating to patients' property

2 Definitions

This Policy details the arrangements for Patients' Property including the following stipulations.

- Disclaimer Notice for Patients ([Appendix A](#)) - a notice that must be signed by the patient on each admission as liability for loss of property.
- Disclaimer Notice for Wards and Department ([Appendix B](#)) - a notice included in bedside folders on all wards and departments that deal with patients' property detailing the Trust's position on loss of property.
- Patient Property Disposal Checklist ([Appendix D](#)) - this is for General Office staff purpose only.
- Patients' Property Receipt Book - this is controlled stationery for the purposes of recording cash, valuables and property.
- Lost property - any items found on the Trust premises potentially been lost by their owner.
- Losses and compensation claim form ([Appendix F](#)) – this form should be completed by the claimant (or their representative) as soon as possible and returned to the ward/department manager.
- Losses and compensation claim manager's investigation form ([Appendix G](#)) – form to be completed by the ward or department manager.

3 Accountabilities

- 3.1 The Board of Directors is responsible for ensuring there is a robust, safe and systematic process for dealing with patients' money and property, all procedures are listed in [Appendix C](#)
- 3.2 The Chief Executive is ultimately responsible for ensuring effective finance systems are in place within the Trust and therefore supports Trust-wide implementation of this policy.

- 3.3 The Chief Finance Officer is responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property.
- 3.4 The Chief Nursing Officer, through Heads of Nursing and Midwifery and Matrons, is responsible for ensuring that nursing staff are aware of the policy and its contents and comply with all the procedures and processes.
- 3.5 Divisional Medical Directors, Deputy Chief Operating Officers and Group Managers have the responsibility for ensuring full compliance within their respective areas. This includes monitoring compliance of disclaimer forms and regular safe checks.
- 3.6 Ward and department managers (budget holders) are responsible for conducting investigations into Loss & Compensation Claims in their areas and for detailing the outcome and provisional decision on the Manager Investigation Report ([Appendix G](#)). They must also ensure patient property disclaimer notices are displayed in all patient areas.
- 3.7 This policy applies equally to all employees of the Trust who have a responsibility for dealing with patients' property and will apply to all sites managed by the Trust. Staff must make patients aware of the Trust's policy in relation to patients' property.

4 Policy Detail

4.1 Nursing Responsibilities for patients' cash and property

- 4.1.1 Patients must be advised that the hospital cannot accept responsibility for their property unless it is handed to the ward staff for safe keeping and an official Patients' Property Receipt obtained.
- 4.1.2 When completing the Nursing Assessment sheet the nurse must ensure that a disclaimer notice ([Appendix A](#)) or an admissions booklet that incorporates a disclaimer form is completed and placed in the patient's notes. A record MUST be made in the Nursing Documentation stating whether a disclaimer has been obtained or not.
- 4.1.3 Patients who are admitted as emergency cases must sign a form on admission; the form is scanned then either filed in the patient notes if admitted or kept in the Emergency Department if discharged.
- 4.1.4 When a patient lacks capacity, and jewellery etc. is left in situ, a relative or representative must sign a disclaimer and a note must be made on the patient property form.
- 4.1.5 Where there is no relative or representative, two members of staff must witness the process and declare this on the white copy of the patient property form.
- 4.1.6 The nursing staff are responsible for completing a patient property form upon the death of a patient.

4.2 General Office Responsibilities

- 4.2.1 The General Office issues Patients' Property Receipt Books and as such are in a position to control the return of all copies both normal and temporary.
- 4.2.2 The instructions inside the Patients' Property Receipt Book ensure that all office (pink) copies are to be returned. It is the responsibility of the General Office staff to carry out numerical sequence checks on all patients' property sheets to ensure their correct usage, and that all copies are received. Any "spoilt" or incorrect copies must be marked cancelled and kept for filing: **they must not be destroyed.**
- 4.2.3 General Office staff would normally have to return any valuables to the patient on the ward when requested and complete the appropriate paperwork. However, during any pandemic or infection prevention episode where wards are closed to the public or any staff not working on the ward, the ward staff have to collect for the patient from General Office.
- 4.2.4 The Bereavement Office staff monitor the timeliness of deceased patients' property being sent to the office within the stipulated 1-3 days following death.

More detailed procedures for every eventuality are listed within this policy and contained in Appendix C.

4.3 Patient property losses and compensation claims procedure detail

- 4.3.1 The procedure is shown in the flowchart in Appendix E.
- 4.3.2 When a patient or carer sustains loss or damage to property and they wish to make a request for compensation, they must be given a Losses & Compensation Claim Form ([Appendix F](#)). They must be advised to complete this and return it to the relevant ward or department manager. They must provide a receipt and documentation (i.e., quotations) as to the value of the claim and full details as to how the figure is arrived at. An electronic file must be opened for each claim made and updated by the department or division with any documentation. This will be saved and kept within each department's or division's electronic folders.
- 4.3.3 Whilst liaising with the claimant, the ward or department manager should inform them (only if they are not the patient) that if the claim is successful, payment will only be made to the patient's bank account unless the Trust is provided with an indemnity letter signed by the patient or a power of attorney or a solicitor's letter stating the details of the relevant person.
- 4.3.4 In the case of claims requiring dental treatment (e.g., lost or damaged dentures), the RWT Special Care Dental Service (SCDS) should be consulted to establish whether treatment can be provided 'in house',

with the ward being invoiced internally by the SCDS.

- 4.3.5 The ward or department manager must investigate the claim, ensuring that in the first instance a search is made to establish that any lost property cannot be found (including contacting Lost Property via General Office).
- 4.3.6 The Manager's Investigation Report must be completed ([Appendix G](#)). At the conclusion of the investigation the manager must decide whether, in their opinion, the Trust should compensate the claimant to the amount claimed.
- 4.3.7 The Investigating Manager must check the patient disclaimer form, patient property documentation and transfer forms, and note whether these have been completed on the Managers Investigation Form.
- 4.3.8 Once the investigation is completed the ward or department manager should send all relevant supporting documents, with either a draft letter of rejection or acceptance addressed to the claimant, to their DCOO for review and monitoring, and in the case of acceptance this should include all supporting information, the Manager's Investigation Report and completed Losses and Compensation Claim Form, as per the Trust SFI's.
- 4.3.9 The DCOO will review to ensure governance process has been followed and approve as necessary. Where they disagree, they must advise the ward or department manager who will re-draft the correspondence accordingly. Where the DCOO agrees they will sign the relevant letter and for rejection letters they will return to the manager for sending to the claimant, and for acceptance letters they will send to the Finance Department with the accompanying documentation including completed Claim Form. The Finance Department must create an electronic file for each claim made and keep updated with any documentation. This will be saved and kept within the Finance Departments electronic folders.
- 4.3.10 The Finance Department must create an electronic file for each claim made and keep updated with any documentation. This will be saved and kept within the Finance Departments electronic folders. If the Finance Department agrees they will process accordingly, including the Authority to Pay Form if applicable. If they disagree they will discuss with the DCOO accordingly.
- 4.3.9 Finance must send the outcome letter and Purchase Ledger Data Form (if applicable) to the Claimant.
- 4.3.10 Where payments are to be made, Finance must await the Claimant's submission of their bank details (via the Purchase Ledger Data Form), reconcile them with the claim paperwork and make payment. Finance must advise the ward/department manager when payment has been made.

5 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No

By following the correct procedures for recording the receipt of Patients Property and ensuring the initial completion of a disclaimer notice there will be no Financial Risk for the Trust.

6 Equality and Diversity Risk Assessment

This Policy has been assessed as not affecting the equality and diversity of any one group or person. Implementation of accountabilities and responsibilities applies to all staff.

7 Maintenance

This policy and its related procedures must be reviewed every 3 years by the Directorate Manager Patient Services. The Policy may also be reviewed following any suspected breaches. Any updates will be agreed with the Chief Finance Officer or their representative prior to being agreed through Trust Management Committee.

8 Communication and Training

- 8.1 This Policy once ratified will be displayed on the Trust Intranet site.
- 8.2 All staff involved must be made aware of their roles and responsibilities for application of this Policy through local induction and line management briefings.
- 8.3 The Directorate Manager Patient Services will ensure that any change in procedures that are attached to this Policy will be communicated to all relevant staff.

9 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee/ Group
Monitoring arrangements for compliance and effectiveness	Directorate Manager Patient Services	Patients Property books checked for completeness	Yearly	Patient Services Directorate Governance Meeting
Internal Auditors	Deputy Chief Finance Officer	Internal auditors – Grant Thornton perform audits. Scope agreed by IA lead	Yearly	Trust Audit Committee

The Standing Financial Instructions of the Trust form the basis of all the systems and must be complied with at all times.

Failure to comply with this policy by all staff could result in dismissal from the Trust or civil or criminal proceedings against both the individual and the Trust. Therefore any breaches will be dealt with promptly and in line with the Trust Anti-fraud and Anti-bribery policy.

10 Appendices

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Policy number and Policy version: OP18 Version 6.0	Policy Title Patients Property Policy	Status: Final		Author: Directorate Manager Patient Services Chief Officer Sponsor: Chief Finance Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	Oct 03	Patient Services Manager	Introduction
	V2	July 06	Organisational Services Manager	Review of Policy
	V3	Sept 2009	Patient Services Manager	Review
	V4	January 2013	Patient Services Manager	Review and updates
	V5	Feb 2015	Patient Services Manager	Review and updates due to new Government guidance
	V5.1	June 2016	Divisional Head of Nursing	Updated following recommendations from an internal audit report
	V5.2	Nov 2017	Healthcare Governance Manager	Inclusion of Appendices regarding patient property losses and compensation claims
	V5.3	May 2019	Patient Services Manager	Review by Director of Finance extended to September 2019 – Pending full review
	V5.4	Nov 2019	Patient Services Manager	Review by Chief Operating Officer extended to November 2020 – Pending full review
	V5.5	Jan. 2021	Directorate Manager Patient	Review by Chief Financial Officer extended to

			Services	September 2021 –
	V5.6	Nov. 2021	Directorate Manager Patient Services	Review by Chief Financial Officer extended to February 2022 – Pending full review
	V5.7	May 2022	Directorate Manager Patient Services	Review by Chief Financial Officer extended to July 2022 – Pending full review
	V6.0	January 2023	Directorate Manager Patient Services	Review and updates from Governance/Finance and Patient Services

Intended Recipients: Staff, Patients and Carers

Consultation Group / Role Titles and Date: Governance/Finance/Patient Services

Jo Colgan Healthcare Governance Manager Div 1; Kelly Emmerson Healthcare Governance Manager Div 2;

Emma Greybanks Treasury Manager & RWT Charity Accountant; Claire Price Financial Controller;

Elaine Roberts, Directorate Manager Patient Services

4 Oct 2021, 21 Oct 2021, 25 Nov 2021, 21 Dec 2021, 7 Jan 2022

Name and date of Trust level group where reviewed	Trust Policy Group January 2023
Name and date of final approval committee	TMC January 2023
Date of Policy issue	February 2023
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	January 2026 (3 Yearly)

Training and Dissemination: No Training needs, Trust staff will be notified of updated Policy via the Intranet – any changes for Nurses to be aware of will be discussed with Senior Matrons

Publishing Requirements: Can this document be published on the Trust’s public page:

Yes

Liability for Loss of Property

You are asked **NOT** to bring jewellery, valuables or large amounts of money into the hospital. If this is unavoidable, all such items must be handed to the Nurse in charge of the unit / ward as soon as possible for safe custody. A receipt will be given to you.

The Trust cannot accept any liability for patients' cash and property unless it is handed to the hospital for safekeeping and a receipt obtained.

The Trust does not accept responsibility for loss or damage to patients' personal property (including money) howsoever caused, unless such property has been deposited in safe custody.

When cash is accepted from patients for safekeeping it must be explained that up to £100 cash can be given on discharge, and any balance due will be transferred by BACS into their bank account. A Cheque will only be issued as a last resort. In addition patients may withdraw up to £20 per day during their stay.

DECLARATION:

I have read the above and agree to accept full responsibility for cash and personal property not deposited with the hospital for safe custody.

_____ Date _____

Signature of Patient or Relative (Delete as appropriate)

_____ Date _____

Print name in capital letters

_____ Date _____

Relationship to Patient (if applicable)

Name of Patient _____ (Block Capitals)

Unit / Ward _____ Hospital: _____

Patient is requested to sign the Declaration and hand it to: _____

The completed form must be placed in the patient's notes. A record **MUST** be made in the Nursing Documentation stating whether a disclaimer has been obtained or not.

LIABILITY FOR LOSS OF PROPERTY

The Trust cannot accept any liability for a patient's cash and valuables unless it is handed to the hospital for safekeeping.

You are asked not to bring jewellery, valuables or money into hospital. If this is unavoidable, all such items must be handed to the nurse in charge of the ward / department as soon as possible for safe custody.

Safe & Effective | Kind & Caring | Exceeding Expectation



Procedures for dealing with Patients' Property

1 Disclaimer Notices

- 1.1 A disclaimer notice ([Appendix A](#)) **MUST** be completed by patients on each admission. This can be completed either at pre-assessment or on admission according to the route of admission. The nurse admitting the patient is responsible for ensuring the disclaimer is signed. The signed disclaimer or equivalent must be filed in the patient's case notes.
- 1.2 A notice must be incorporated in the patients' bedside folder and the out-patient or day case appointment letter requesting patients not to bring valuables with them.
- 1.3 A disclaimer notice must be included in patients' bedside folders and must be displayed throughout the hospital; in particular, it is the responsibility of the Ward Manager to ensure that there are disclaimer notices on the ward either within folders or displayed, as per the wording in ([Appendix B](#)).
- 1.4 When cash is accepted from patients for safekeeping, it must be explained by the nursing staff that up to £100 cash can be given on discharge, and any balance due will be transferred by BACS into their bank account. A cheque will only be issued as a last resort and with agreement from the Deputy Chief Finance Officer. In addition, patients may withdraw up to £20 per day during their stay. BACS details are kept securely by the Finance department

2 Use of Patients' property receipt book

- 2.1 Where property is to be handed over for safe custody, these instructions together with those printed in the Patients' Property Receipt Book are to be followed in conjunction with Standing Financial Instructions.
- 2.2 The Patients' Property Receipt Book must be the only official record for the purposes of recording cash, valuables and property. The property books are controlled stationery and must be held securely in a locked drawer or cupboard in the ward or department under the supervision of the nurse in charge of the ward or department.
- 2.3 The patient's (white) copy of the Patients' Property Receipt must be handed immediately upon completion to the patient (except where paragraph 2.5 below applies).
- 2.4 Once a patient has been admitted, nursing staff must only hand over cash, valuables or property to the patient if on a temporary receipt. If a request of this nature is made by a relative or friend, they must be referred to the General Office during working hours or the "on call" manager outside of working hours.
- 2.5 Property in respect of patients unable to manage their own affairs must be recorded in the Patients' Property Receipt Book and the white copy of the receipt book must be placed in the patient's notes.

- 2.6 Property of deceased patients must be recorded in the ward's Patients' Property Receipt book and the white copy placed with the belongings. All belongings must be taken to the Bereavement Centre within 24 hours of the death.
- 2.7 Where the Patients' Property Receipt Book has been completed in respect of *Section A - valuables*, the items and the book must be taken to the General Office for receipting as soon as possible.

3 Outside office hours

- 3.1 When property is handed over for safe custody outside office hours, it is possible, if it is believed that the patient may be discharged before the general office next opens, to hold the property on the temporary receipting procedure.
- 3.2 Where it is known that the patient will be in hospital in excess of the temporary holding limits the normal patients' property procedures must apply and property taken to the night safe in the General Office, location A11.
- 3.3 All property listed in section A must be placed in an envelope, together with the office (pink) copy of the Patients' Property Receipt. The envelope must then be sealed, and the **two** nurses involved in the receipting must sign over the seal of the envelope. The details of the patient must be clearly marked on the outside of the envelope.
- 3.4 The envelope must be deposited in the night safe, if not on a temporary receipting. Security Personnel will accompany staff to do this if required.
- 3.5 It is essential that the Patients' Property Receipt Book is taken to the General Office, for receipting purposes, as soon as the office re-opens.
- 3.6 The cashier will empty the contents of the property envelopes which have been deposited in the night safe in the presence of a witness.

4 Temporary receipting procedures

- 4.1 Arrangements exist for the temporary security of patients' cash and valuables, where the patient and their cash and property are to be separated for a short period of time, not exceeding 24 hours. At weekends and Bank Holidays, this period may be extended, where it is known that the patient will be fit for discharge before the General Office re-opens.
- 4.2 The cash and valuables are then to be placed in a Patients' Property envelope. The patient's name, address, unit or ward and their case note and patients' property receipt number are to be entered on the outside of the envelope, the envelope sealed and both members of staff sign across the seal.
- 4.3 It is essential that the DATE and TIME the cash and valuables are taken into safekeeping is clearly marked on the envelope and marked **Temporary**.
- 4.4 The envelope is then to be placed in the agreed secure location, normally the ward safe.

- 4.5 On discharge a signature will be obtained on the office (pink) copy and the book (blue) copy of the Patients' Property Receipt Book. Both copies must still be in the book. A trained nurse must witness the patient's signature on receiving the property and sign the sheet accordingly.
- 4.9 Where a patient is incapable of signing due to physical incapacity but is mentally able to state their wishes concerning property, the reason for the patient not signing must be stated. A signature must be obtained from the recipient of the cash or property stating their relationship to the patient. The office (pink) copy must then be forwarded to the General Office
- 4.10 The key to the safe or designated secure area will be kept with the controlled drug keys and will be the responsibility of the nurse in charge of the unit or ward and subject to the same security.
- 4.11 At each change of shift, when the responsibility for the key(s) changes, the contents (number of sealed envelopes) of the safe or secure areas, must be checked and noted by the two nurses involved in the handover. Both nurses will sign the checking sheet to indicate this has been done.**
- 4.12 It is the responsibility of the person in charge on the morning shift to check the safe or secure area contents and also identify any property envelopes which have been lodged for longer than 24 hours. All such envelopes are to be regarded as permanently receipted and must be taken together with the Patients' Property Receipt Book to the General Office to be officially receipted.

5 Return of Property

- 5.1 Nursing staff must not hand over patient's cash or property to relatives or friends (except where 5.2 applies). The Patient Property receipt book must also be signed and dated by two members of staff undertaking the handover to confirm release of the property.
- 5.2 Where a patient is incapable of signing due to physical incapacity but is mentally able to state their wishes concerning property, the reason for the patient not signing must be stated. A signature must be obtained from the recipient of the cash or property stating their relationship to the patient and the reason why they are taking the property.
- 5.3 In certain cases, medical advice must be sought from a senior nurse in charge of the patient as to the patient's ability to manage their own affairs before any property is handed over. The Directorate Manager Patient Services can also give advice on this process
- 5.4 In cases where the patient dies in hospital, all cash, valuables and property, including items recorded and transferred from the wards, must be transferred to the Bereavement Centre to be dealt with in accordance with normal administrative procedures.

6 Requests for Withdrawal of Cash

- 6.1 A patient may receive up to £20 per day provided firstly no restriction upon cash handling is in force, and secondly that individual patients are not accumulating excessive amounts of cash on the ward.
- 6.2 Whenever the cashier receives a request from the ward staff for a withdrawal of cash from a patient's account during the patient's stay, they will visit the patient in question and hand over the cash in the presence of a member of the ward staff. The Patient Receipt /Payments form must be signed by the patient as recipient and 2 members of Trust staff member as witness.
- 6.3 On discharge, a patient may be given up to £100 in cash, which must be paid out of the Patients' Cash Imprest account. Cheques will only be issued as a last resort and must be agree by the Deputy Chief Finance Officer
- 6.4 Where a patient requests more than £100 on discharge, approval must be sought from the Deputy Chief Finance Officer, Directorate Manager Patient Services or Assistant Financial Accountant or Treasury Manager, and it needs to be fully documented.
- 6.5 Any queries regarding Patients' Cash and Property Procedures must be directed to the Deputy Chief Finance Officer and Directorate Manager Patient Services.

7 Transfers between Hospitals / Authorities

- 7.1 Ward staff must immediately notify the General Office of a transfer of a patient if the patient has any cash or valuables. They will then be returned to the patient by the General Office prior to the transfer; if the patient is able to sign the patient property book, they can confirm acceptance of their items, and everything deposited will be returned to them.
- 7.2 If the patient has been assessed as not having the ability to handle their own affairs, the property must be retained by the General Office until appropriate official documentation is received enabling the property to be handed to another party.
- 7.3 **It is essential that the General Office is advised of a transfer as soon as possible to allow a speedier return of property on discharge or to arrange the transfer of cash and other items.**

8 Patients admitted to units or wards from Emergency Department and transfers between wards

- 8.1 Those patients transferred between Emergency Departments and wards, or between wards, must already have signed a disclaimer and been given the opportunity to hand cash, valuables and property in for safe keeping. **Those patients who have not, must sign a disclaimer** or be given the opportunity to hand over their property on arrival at their new ward, in accordance with normal procedures.

- 8.2 Where the patient is capable, cash and valuables which have been temporarily receipted **MUST** be returned to the patient before their transfer to another hospital. A signature from the patient must be obtained on the book (blue) copy and office (pink) copy and witnessed by a nurse. The patient will already have the white copy of the patient's property receipt with them
- 8.3 If a patient becomes incapable following transfer from another unit / ward, the patients' property procedure must be followed.

9 Patients brought in dead (BID)

- 9.1 All property must be recorded, and then transferred to the Bereavement Centre. If any property is left on the body, this fact must be recorded against such items in the Patients' Property Receipt Book.
- 9.2 If a police or Coroner's Officer wishes to take possession of any articles, they must sign the Property Book, or attach their own official form in the appropriate section to certify the receipt, and an indemnity obtained.

10 Deceased Patients

- 10.1 A patient property form must be completed upon the death of a patient to record any property that was not already in safe custody.
- 10.2 Where a patient dies in hospital, all cash, valuables and property must be recorded in the Patients' Property Receipt Book and transferred to the Bereavement Centre within 24 hours of the death but up to a maximum of 3 days to account for Bank Holidays etc. All items listed as cash and valuables in Section A of the property form must be put into a Patient's Property envelope and be separated from non-valuable items. The sheet must be marked deceased. The envelope containing valuables and, or cash must be sealed and signed across the seal by 2 members of ward staff.
- 10.3 Any jewellery required to remain on a deceased patient must still be entered on the Patients' Property Receipt Book, with a note to indicate that these items have been left with the patient. All such items must also be noted on the labels attached to the body in line with District Mortuary Policy and also noted on the deceased patient transfer form
- 10.4 In cases where there are no cash or valuables held by the deceased patient, two nurses must complete a nil return on the patient property form and both sign.
- 10.5 Patient property must not be returned to the deceased's relatives at the time of death. The return of all deceased patient's property must be arranged through the Bereavement Centre. Whilst it may be difficult for staff to discourage patient property being removed by a relative, the nurses must document any occasion where this happens in the nursing notes and ensure it is clearly stated on the patient property form and signed by 2 staff members.
- 10.6 Property forms must be delivered to the Bereavement Centre along with any deceased patient property on all occasions.

11 Unclaimed Patients Property

- 11.1 Every effort must be made to return property to the patient or next of kin where the patient is deceased. Written evidence of communication must be kept. Wards must deal with patient's unclaimed clothing; General Office will deal with cash and valuables.
- 11.2 Items of clothing may be disposed of immediately if soiled or from a ward with Norovirus, Covid 19 or any other very infectious disease or kept for 14 days before being destroyed.
- 11.3 Once in possession of all the valuable unclaimed items, the General Office must send a letter to the patient or their representative asking them to contact the Trust to arrange collection of the unclaimed property. This letter must indicate that failure to collect after the appropriate retention period will lead to disposal of the said items, letters to be sent by recorded delivery so that it can be tracked. If the first attempt to make contact fails, all reasonable steps must be taken to make further contact and detailed records must be kept of these efforts.
- The first letter will be sent within 2 weeks of the patient leaving Hospital and a second letter sent within 2 months if no collection has been made.
- 11.4 If it proves impossible to identify or contact the rightful owner, the property must be retained in safe custody by the General Office and may be disposed of within appropriate timescales.
- 11.5 If efforts to contact the patient or representative are unsuccessful, valuable items must be kept for a reasonable time before disposal. Based on provisions in the Limitations Act 1982, a period of six years must be considered reasonable. In the case of low value items, once efforts are unsuccessful, items not claimed must be retained for 3 months then can be disposed of following the procedure below.

12 Missing Property

- 12.1 If patients' deposited property is reported missing, staff responsible for its storage and safe keeping must advise the nurse in charge or Matron who must launch an enquiry immediately.
- 12.2 If the property cannot be found, or if circumstances seem suspicious, staff must immediately inform the nurse in charge who will start an investigation. In addition, an incident must be logged on Datix. If the loss is suspected to have resulted from criminal action, it must be reported to the Chief Finance Officer or on call Executive Manager who will involve the police.
- 12.3 If a patient's undeposited property is reported missing, staff responsible for the care of the patient must assist in looking for the property. If the circumstances are suspicious, the nurse in charge or Matron must be informed, and an incident logged on Datix. The patient or their representative must be reminded that the Trust will not accept responsibility for the loss of the property, and if the loss seems to have

resulted from criminal action that the responsibility of reporting the loss to the police is that of the patient or their representative.

- 12.4 Having a full documented audit trail of patient's property (both handed over to the Trust and retained by the patient) from admission is essential in order to make effective enquiries when property goes missing.
- 12.5 Staff must seek to identify any discrepancies in the audit trail and try to ascertain their cause. All departments who have been involved in the care of the patient must be contacted to ascertain the whereabouts of the property.
- 12.6 Staff making enquiries must pay particular attention to patient transfers, which sometimes result in property being left behind in local storage or elsewhere during the transfer process.

13 Damaged Property

- 13.1 If a patient's deposited property is reported damaged, staff responsible for its storage must make enquiries as soon as reasonably practicable to ascertain the causes.
- 13.2 Patients must be advised of any damages to their property as soon as practicable.
- 13.3 An incident report must be logged on Datix.
- 13.4 If the damage is suspected to have resulted from criminal action, it must be reported to the Chief Finance Officer or on call Executive Manager who will involve the police.
- 13.5 If a patient's undeposited property is damaged, staff responsible for the patient's care must make enquiries and alert the nurse in charge or Matron if criminal action is suspected. The patient must be reminded that the Trust does not accept liability for the damage.

14. Lost Property

- 14.1 Lost property is defined as items found on the Trust premises potentially because they have been lost by their owner.
- 14.2 If it proves impossible to identify or contact the rightful owner, the property must be retained in safe custody by the General Office and may be disposed of within appropriate timescales.

15. Disposal of Property

- 15.1 Once the retention period has expired (6 years unclaimed property and 12 months for lost property), please refer to the Patients' Property Disposal Checklist ([Appendix D](#)) as to where the items are transferred to.
- 15.2 In respect of items being listed and transferred to Procurement, these items will be valued and sold via auctioneers or specialist suppliers who have been contacted and instructed by Procurement to perform a quotation exercise.

- 15.3 The proceeds from the sale of these items will be transferred to the General Office lost property fund and generally used to offset costs incurred when arranging hospital funerals.
- 15.4 The Trust must keep detailed records of all attempts made to trace the owner of unclaimed property. Records are kept of each disposal within General Office. In the event of the owner coming forward after items have been disposed of, the Trust must be able to demonstrate the actions it has taken and the length of time the property was kept, thus proving that the owner must have no claim on their unclaimed property.

UNDER NO CIRCUMSTANCES MUST PROPERTY BE HANDED TO A THIRD PARTY BY WARD STAFF, WITHOUT THE AUTHORITY OF A SENIOR MANAGER.

PATIENTS' PROPERTY DISPOSAL CHECKLIST

(For use by General Office staff only)

Once the retention period has expired (6 years unclaimed; 12 months lost property), please see list below as to what to do with Property

- Hearing Aid - send to West Park
- Mobile Phone - send to Telecommunications RWT
- Money - pass to cashier to deal with
- Glasses - send to Eye Infirmary for Charity
- Lighters - ask Trust Security to collect
- Sharp Objects - ask Trust Security to collect
- Gold & Silver - Send list to Procurement (valuation)
- Watches - Send list to Procurement (valuation)
- Keys - Destroy - Estates
- Costume Jewellery - Eye Infirmary charity shop RWT
- Any Other - Valuable – keep for Manager to
Check Non-Valuable - destroy

Safe & Effective | Kind & Caring | Exceeding Expectation



PATIENT PROPERTY LOSSES AND COMPENSATION PROCEDURE

Claimant advises department/division of loss or damage to personal property. Ward/department manager conducts initial search including asking General Office to check lost property. Ward/department manager to check the disclaimer form (Appendix A) and patient transfer forms. Department/division issue Losses and Compensation Claim Form (Appendix F) to claimant, if required.

Claimant submits the Losses and Compensation Claim Form to ward/department manager, including details of relevant insurance, copies of quotes and/or receipts for item(s). The claim is logged on a department/divisional claims register. An electronic claim folder is created for this claim and all correspondence relating to this claim must be saved in this folder. Whilst liaising with the claimant, the ward/department manager should inform them (only if they are not the patient) that if the claim is successful, payment will only be made to the patient's bank account unless the Trust are provided with an indemnity letter signed by the patient or a power of attorney/solicitor's letter stating the details of the relevant person.

Ward/department manager conducts investigation, completes Manager's Investigation Report (Appendix G) and gathers supporting evidence. At this point a claim reference is generated and added to all correspondence in relation to the claim. The reference number will be the patient's hospital number and the month (MM) and year (YY) the claim was made e.g., X123456-1021. Investigating manager makes an initial decision regarding liability and whether in their opinion the claim should be upheld or rejected.

IF CLAIM IS ACCEPTED BY WARD/DEPARTMENT MANAGER

Department/Division completes and sends all necessary paperwork along with a draft acceptance letter in the name of their DCOO for their review and signature. This should contain all supporting information including substantiating the value of the claim e.g. insurance documents, receipts and/or quotes for item(s) to be claimed, the Manager's Investigation Report, and completed Losses & Compensation Claim Form, as per the Trust SFIs.

The DCOO will review to ensure governance requirements have been met and approve or disagree as necessary. If approved they will sign and send all documents on to Finance Department by email to: rwh-tr.lossesandsp@nhs.net. Any queries or in the event it is declined by the DCOO, the DCOO will direct back to Department and Investigating Manager. The DCOO through their management team will also monitor and manage operational performance with regard to use of disclaimer notices and management of patient property.

Finance will then update the Finance Losses & Compensation Claims Register and create a Finance electronic claim folder for each individual claim, where all correspondence must be saved. Both the register and claim folder must be kept up to date. Any queries by Finance will be managed back through the DCOO.

Once the purchase ledger/bank details form has been returned from the claimant, a payment is processed and made to the claimant. Finance then updates the relevant register and folders and informs the department/division that the claim is complete and can now be closed. The department/division will then update their registers and folders for completeness.

IF CLAIM IS REJECTED BY WARD/DEPARTMENT MANAGER

Department/Division drafts rejection letter in the name of their DCOO and forwards to them for signature.

DCOO returns signed paperwork to the department/division. Any queries are directed to Investigating Manager.

Department/Division Manager sends rejection letter to claimant and updates the department/division claims register and saves copies of paperwork to the electronic claim folder.

LOSSES AND COMPENSATION CLAIM FORM

Incident Report Form No

DETAILS OF CLAIMANT

Please print in capital letters all names associated with this claim throughout the document

Name in full

Home address

.....

.....

Status (e.g. Staff/Patient/Visitor)

Ward/Dept where incident occurred

DETAILS OF PATIENT (if different from Claimant)

Name in full

Home address

.....

BRIEF DESCRIPTION OF OCCURRENCE GIVING RISE TO THE CLAIM

(To include date, time, place, details of any property damaged and circumstances)

.....

.....

.....

.....

.....

.....

(please continue on a separate piece of paper if necessary)

DETAILS OF WITNESSES (please state if there were no witnesses)

Each witness must complete a statement form. Failure to do so may result in the claim being delayed.

Name

Address

.....

Status/Grade (if staff)

Name

Address

.....

Status/Grade (if staff)

DETAILS OF LOSS

(To include value of claim and full details of how this figure is arrived at, together with supporting documentation, receipts etc)

.....

.....

.....

DETAILS OF INSURANCE

You are required to provide information of any insurance held by you which would cover the compensation claimed. Failure to do so will result in your claim being delayed. Your attention is drawn to the declaration below.

Is the item insured? YES/NO

For what value?

DECLARATION

I declare that the information given above is true to the best of my knowledge and belief and I understand that if I have made any statement which I know is false or do not believe to be true, I may render myself liable to legal action including criminal prosecution.

I further declare that this is my sole claim and that I shall not be submitting a claim to my insurance company.

Signature of claimant

Date

This form should be completed as soon as possible and returned to:
(To be completed by Ward / Department Manager)

THE ROYAL WOLVERHAMPTON NHS TRUST

LOSSES & COMPENSATION CLAIM

MANAGER'S INVESTIGATION REPORT

Name of claimant:	
Hospital number:	
Claim reference number: This is the Hospital number above - month (MM) and year (YY) the claim was received. E.g., X12345-1021	
Department / ward where alleged incident happened:	
Specialty:	
Cost Centre/ Budget Code:	
Date Losses & Compensation Claim Form received:	
Date of alleged incident:	
Value of claim:	
<p><u>Manager's investigation notes:</u> <i>Was the Trust policy followed? Please answer the following by checking the relevant boxes.</i></p> <p>Liability for Loss of Property form completed: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Liability for Loss of Property form signed: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Patient's valuables recorded: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Property checklist completed if the patient was transferred between areas: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Has General Office/ Lost Property been contacted (ext. 85091/ 85092/ 85093) in case item has been handed in: Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>Description of item(s) lost:</p>	
<p><u>Were there any witnesses?</u> <i>If so, please list their names, designations and contact details here and include their witness statements when you return this document.</i></p>	
<p><u>Cause of loss or damage to property and any conclusions from the investigation (if additional space is required please use next page):</u></p>	

What measures is the area putting in place to minimise the chances of recurrence of this type of incident?

After completing the investigation, in my opinion the Trust

Is liable

Is not liable

Form completed by:

Signature:

Date:

➤ **IF YOU HAVE DEEMED THE TRUST LIABLE**

Please return this form to the Finance Department – Losses and Special Payments at rw-tr.lossesandsp@nhs.net along with all the relevant documents. Please use the checklist below to ensure all documents have been collated and fully completed.

Losses and Compensation Claim Form (completed by claimant)

Receipts and/or quotes for item(s) claimed for

Insurance documents (if the claimant has stated the items are insured)

Managers Investigation Report

Please also inform the claimant (only if they are not the patient) that if the claim is successful, payment will only be made to the patient's bank account unless the Trust are provided with an indemnity letter signed by the patient or a power of attorney/solicitor's letter stating the details of the relevant person.

➤ **IF YOU HAVE DEEMED THE TRUST NOT LIABLE**

Please proceed to draft a rejection letter to be signed by your Deputy Chief Operating Officer and sent out to the claimant.

➤ **IF YOU ARE UNSURE OF THE FULL PROCESS**

Please see the Patients Property Losses and Compensation Procedure found in policy OP18 Appendix E.

Additional space if required: