# PATIENT PROPERTY POLICY

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This policy will be reviewed in line with the Document Control Policy, please read the policy in conjunction with any updates provided by National Guidance.
**DOCUMENT HISTORY**

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.
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1 Executive Summary

This policy outlines the processes for documenting and keeping safe all patients’ property within the Trust and provides an effective process to ensure the secure management of patients’ property during their time spent accessing Trust services and facilities. This includes their outpatient appointment, ambulance journey, patient transport journey, and inpatient episode (admission, stay, ward transfer and discharge including to the Bereavement Office).

Staff have a duty of care in the handling of patient's property including the process for documenting all patients’ property and the procedure for reporting and investigating loss of patients’ property, along with the secure management of the patient's property during their admission, stay, transfer and discharge from healthcare services and facilities. The policy clarifies the roles and responsibilities of staff and patients in the handling of patients’ belongings and explains the different types of property a patient may bring into the hospital.

The policy encourages both staff and patients to keep property to a minimum whilst patients are in the Trust's care. This is supported by the ‘Patient Property Guidance’ patient information leaflet. (Appendix A) Patients should be discouraged from keeping large sums of cash or valuables in hospital or the Trust’s services. Relatives – including persons accompanying the patient - should be encouraged to take non-essential property away as soon as possible.

On admission, patients and relatives are to be informed clearly that the Trust is only responsible for cash and valuables taken into safekeeping.

A secure environment is essential to the provision of health care to ensure that staff, patients, and their property are protected from theft and to provide an environment in which high-quality clinical care can be provided. This can be achieved by ensuring that facilities, equipment, and staff are available through the application of robust security procedures and measures.

2 Introduction

The staff of the Isle of Wight NHS Trust have a legal obligation to safeguard the property of patients in the care of the Trust against loss or damage if the patient does not have the capacity to look after it themselves.

The staff who are involved in handling the effects of patients must be aware of the procedures within this policy and adhere to them.

As part of the pre-admission guidance (Patient information leaflet: Patient property guidance), patients are informed they can bring personal items such as reading glasses, books, photographs, or anything that would make them more comfortable. However, they are asked to limit personal items due to the limited amount of space in patient areas. They are also informed not to bring:

• Excess clothing
• Jewellery, other valuables, or large sums of money
• Electrical equipment (except razors)
There is also clear notification that the Trust cannot accept liability for loss or damage to anything they bring with them unless it has been handed over to the staff for safe-keeping and they have been provided with an NHS Patient Property Receipt. (Appendix B)

Where patients are conveyed in an ambulance or patient transport or admitted as an emergency or unscheduled route, the patient and/or their representative will also be made aware as soon as practically possible of the Trust’s guidance in terms of their property.

Where patients lack mental capacity, all valuables should be taken into safekeeping or given to their representative to be safeguarded and removed from the emergency or inpatient setting.

Where patients have personal aids, these should be retained by the patient, and this should be documented on the NHS Patient Property Receipt. Labelled pots for their safe storage when not being worn will need to be issued to the patient.

3 Definitions

**Bailee:** The Trust, after they have assumed responsibility for the patient’s property through the acceptance of deposited property and the issuing of a NHS Patient Property Receipt.

**Bailment:** The formal agreement by a patient or representative to deposit the property with the Trust for safekeeping (voluntary bailment) or the formal decision by the Trust to take a patient’s property into safekeeping (involuntary bailment). The contractual document is the NHS Patient Property Receipt.

**Bailor:** The patient who hands over property for safekeeping (deposited property).

**Deposited property:** This is property which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient (voluntary bailment) or because the patient lacks capacity or otherwise is unable to look after it (involuntary bailment). (NB The patient’s state of mind may change during their admission). An NHS Patient Property Receipt should be completed.

- Electronic devices (e.g. laptops, mobile telephones), bags, keys etc should be stored securely in the clinical area/ward. This ensures that discharges are not delayed.
- Valuable property items should be transferred to the cashier’s office.
- Personal aids should be retained by or with the patient.

**Electronic equipment/devices:** Includes chargers, razors, laptops, tablets, and mobile telephones.

**Found property:** Property that has been misplaced within the Trust’s premises and is handed in as property which a patient or representative may claim.

**Large sum of cash:** An amount of cash over £500.

**Lost property:** Property that has been reported as missing by a patient of their representative.

**LSMS:** Local Security Management Specialist.

**Mental capacity:** A clinical assessment of the patient’s ability to make a decision “in connection with the care and treatment” of the patient under the Mental Capacity Act. (MCA) (2005).

**Mental Capacity Act Hampshire Tool kit:** System to assess mental capacity. Available as an e-form on eCareLogic or a free-standing document available on the MCA intranet pages [MCA and DoLS (xiow.nhs.uk)]

**Personal Aids:** Any item that the patient requires to maintain their day-to-day life. This includes glasses, reading glasses, dentures, hearing aids, mobility aids and prosthetics. These items should be documented in the Patient Risk Assessment and Care Plan (Appendix C).
**Premises:** Any clinical or non-clinical area or transport belonging to, or operated on behalf of, the Trust.

**Property:** Any article of tangible property or personal chattels, including cash in the form of notes and/or coins.

**Representative:** The patient or a person accompanying the patient and deemed to be able to take responsibility for the patient’s property whilst they are in the care of the Trust. This could be a relative, neighbour, friend or next of kin, etc.

**Undeposited property:** This is property which the patient retains with them on the Trust premises. The admission documentation should be completed to indicate that no property has been deposited.

Other items, such as illegal substances, offensive weapons, medicines etc., should be dealt with according to agreed policies.

**Valuable property:** This includes cash, jewellery, bank/credit cards, cheque books. It does not include electronic devices such as laptops or mobile telephones.

**Yellow Patient Property Boxes:** For use via the planned/unplanned care pathways to keep personal aids and valuable items safe whilst being kept in the patient’s possession.

### 4 Scope

Trust staff (including permanent, locum, secondee, students, agency, bank and voluntary) must follow the policies agreed by the Trust. Breaches of adherence to Trust policy may have potential contractual consequences for the employee.

In the event of an infection outbreak, pandemic or major incident, the Trust recognises that it may not be possible to adhere to all aspects of this document. In such circumstances, staff should take advice from their manager, and all possible action must be taken to maintain ongoing patient and staff safety.

### 5 Purpose

The purpose of this document is:
- to provide a secure environment where the risk of loss or damage to the patient’s personal property is minimised.
- to set out the parameters of the Trust’s liability for lost or damaged property
- to detail the effective resolution of lost/found property issues.

### 6 Roles and Responsibilities

**Local Security Management Specialist (LSMS)**

Provide professional skills and expertise in safe management of property.

- Manage the Security Department to provide an environment that is safe and secure for all.
- Receive reports on any offences in connection with crime or misconduct on Trust premises and assist the Police with any investigation that is required because of theft, criminal damage, and assault, as and when necessary.
- Ensure that staff are aware of their responsibilities in handling patient’s property in accordance with the policy.
All staff, contractors, and volunteers
Security is the responsibility of all employees, and they are expected to cooperate with management to achieve the aims, objectives, and principles of this policy. Staff should be aware of their responsibilities in always protecting, the assets/property of patients, visitors, and the organisation. Staff must always abide by the published procedures.

All staff, contractors and volunteers are reminded that it is an offence to remove property belonging to a patient, colleague, or the organisation without permission. This permission should come in the form of written authority to prevent undue allegations. Failure to seek authority may result in disciplinary action or criminal proceedings being taken.

Bereavement Office
Liaise with bereaved relatives over the deceased patient’s property and arrange its timely return to the appropriate patient representative according to proper procedures.

The Board
Ensure that legal obligations are met in line with the risk management agenda and that resources are made available to ensure that the premises are maintained in as physically secure a position as possible.

Care Quality Commission
The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (‘the Regulations’) set out essential standards which providers are required to meet to register with CQC.

Regulation 11(1) states that “providers must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse”. The relevant meaning of ‘abuse’ includes “theft, misuse or misappropriation of money or property”.

Regulation 15 states that providers must ensure that service users and others having access to the provider’s premises are “protected against the risks associated with unsafe and unsuitable premises”, by means of, among other things, “appropriate measures in relation to the security of premises”. The Trust must make sure that “measures are in place to protect the personal possessions of the people who use its services”.

Cashier’s Office
- Ensure that the drop safe is emptied and items logged by 12 p.m. Monday – Friday
- Secure deposited property and control access to these items.
- Ensure the return of deposited items when a patient is discharged or transferred from the Trust.
- Oversee the disposal of valuable items of found property in conjunction with the Patient Property Team.

Chief Executive
- Ensure that the Isle of Wight NHS Trust complies with current security directions and legislation.
- Has overall responsibility and accountability for security to ensure that Trust policies and procedures are developed with minimum standards of good practice, and subsequently embedded within the organisation.
- Nominate a board-level director (Security Management Director) who will be accountable to the Chief Executive for all aspects of security matters.

Director of Estates
• Identify deficiencies in the existing buildings, and internal and external areas, which affect overall security, and programme remedial work to be carried out within a reasonable timescale.

Director of Finance
• Ensure that written instructions are in place for the management of financial procedures that are associated with patient’s property.
• Approve special payments on behalf of the Trust.
• Ensure that the necessary monies to secure the premises are made available and spent wisely.

Director of Nursing, Midwifery & AHPs
• Ensure that all nursing staff are aware of their responsibilities for the safekeeping of patients’ property.

Divisional Operations Directors and Heads of Service
• Ensure the operational implementation of the Policy, liaising with their Divisional teams/ Service teams in matters of patient property security as appropriate.

Nursing and Midwifery staff
• Make patients and their representatives aware of their rights and responsibilities regarding patient property, as well as of the contents of this Policy.
• Ensure that all patients’ property is documented in accordance with this Policy. Specifically, ward staff are responsible for the management of the following:
  o Informing patients that the Trust does not accept responsibility for the undeposited property and ensuring a disclaimer is signed within the admission documentation.
  o Encouraging the patient’s relatives and friends to take home any unnecessary items.
  o The safekeeping and secure control of deposited property in accordance with this Policy.
  o Ensuring the safekeeping of property belonging to a patient who is unconscious, vulnerable or confused/lacks the capacity to make the decision about the safekeeping of their property. The management decision for property on admittance may need to be reviewed and amended during the patient’s stay.
  o Keeping the patient and their representative informed about the process of investigating lost property.
  o Reporting lost/stolen, damaged and found property to ward colleagues and the Patient Property Team.
  o Returning found patient property to the patient or their representative – including after discharge from the ward.
  o Assisting in the reporting and investigation process.
  o Ensuring that the patient has the correct property with them on discharge or transfer to another clinical area. This includes deposited property.
  o Ensuring recording of the return or transfer of deposited property in the NHS Patient Property Receipt.
  o Documenting and coordinating with the Bereavement Office regarding the deceased patient’s property and the return of property to the relatives/representatives.
  o Undertaking safe checks every 24 hours to confirm that all property is transferred to the cashier’s office or returned from the cashier’s office when the patient is discharged from the Trust.
Inform the cashier’s office when a patient transfers to another ward or dies.

Main Reception staff / Patient Advice and Liaison Service (PALS)
- The Main Reception Staff will maintain a log of found property and store this appropriately.
- The PALS team will provide information about the complaint’s procedure.

Patient Experience Sub-Committee
- Receive quarterly reports on the management of patient property.
- Receive quarterly assurance that safe checks are undertaken as specified in this policy.

Patient Property Team
- Maintain a log of lost or damaged property notifications.
- Work with clinical areas to locate lost property.
- Assist with claims for compensation relating to lost or damaged property.
  - Agree responsibility for the loss with the patient/relative/clinical area.
  - Raise the ex-gratia payment if responsibility is accepted by the Trust.
  - Ensure that an outcome letter is sent to the patient or their representative (this can be by email). This could include an apology where the Trust has been negligent.
- Send unclaimed valuable found property to auction after specified time.
- Supervise the destroying of non- valuable found property after the specified time.

See Appendix D for the process to be followed in an event that patient property is lost.

The Patient Property Team can be contacted on 01983 822099 Extn 2363 or iownt.patient-property@nhs.net or at Patient Property Team, 1st Floor South Block, St. Mary’s Hospital, Newport, Isle of Wight, PO30 5TG.

Local Security Management Specialist
- All aspects of security management matters, with priority for dealing with matters of crime against the Trust, its staff, and patients, ensuring the following are considered:
  - Reports are made to regulatory bodies.

Ward Managers, Matrons and Departmental Heads
- Inform staff, on appointment, of their responsibilities and duties for the administration of patients’ property.
- Ensure the implementation of this policy and associated procedures in their ward or unit. This includes monitoring and auditing compliance.
- Report all incidents to security and ensuring that a full search of the ward/unit area is carried out immediately.
- Ensure that all instances of missing patient property are reported immediately after the search has concluded via the DATIX system.

7 Policy detail/Course of Action

7.1 Providing information and advice to patients on managing their property
Patients and their relatives/carers should be given clear and comprehensive information on their rights and responsibilities with respect to property brought into the Trust’s premises and should reflect the circumstances of their admission, whether it is an emergency or planned admission.

For emergency admissions, information should be provided during the process at the earliest opportunity – this would be prior to conveying for Ambulance admissions, and at the point of admission for Acute, Community, and Mental Health and Learning Disabilities patients. The representative should be strongly encouraged to take away money or valuables as soon as possible after admission. This should be recorded on the Patient Risk Assessment and Care Plan under property.

A ‘Patient Property Guidance’ patient information leaflet should be provided before admission for planned admissions, including day case patients and outpatients.

For all patients, the messages should be:
- Patients should limit the amount of personal property kept with them in the Trust’s services.
- Patients should be discouraged from keeping any cash or valuables (including jewellery) in the hospital.
- The Trust will not accept liability for loss of or damage to undeposited property.
- For all deposited property, the patient will receive a copy of the NHS Patient Property Receipt.
- Where patients decide to keep property with them, the Trust will not accept liability for loss of or damage to it, and patients are requested to sign a disclaimer within the admission documentation.
- The Trust will only accept responsibility for personal aids where these are recorded in the Patient Risk Assessment and Care Plan. In the event that these are lost, they will be replaced with NHS-equivalent personal aids only.

All information produced should be accessible to patients and their relatives/carers; it should also be offered in languages and formats relevant to the Trust’s patient demographic in accordance with the Equality Act 2010.

7.2 Description of patient property
When documenting patient’s property, all staff should take care to describe items accurately and not to use terms that could be ambiguous.

Do not use fixed terms like:
- ‘gold’,
- ‘silver’, or
- ‘diamond’

Do use descriptive terms such as
- ‘yellow metal’,
- ‘white metal’ or
- ‘white stone’

7.3 Property for patients who have the capacity to make an informed decision about their property.
Patients should be discouraged from keeping large amounts of money or valuables in hospitals or the Trust’s services. Patients’ valuable property and personal possessions will remain the patient’s responsibility during their hospital stay. However, if the patient is not capable of looking after their own possessions the staff have a duty of care to protect those possessions. Relatives or persons accompanying the patient should be encouraged to take non-essential property away as soon as possible after admission.

Upon admission to the Emergency Dept/Ward, if a patient is identified as having personal aids or valuable items and able to safeguard their own items, they shall be issued with a yellow patient property box to keep their items in. Yellow Patient Property Boxes – for use via the planned/unplanned care pathways to keep personal aids and valuable items safe whilst being kept in the patient’s possession.

The box shall be clearly labelled with the patient’s identity sticker, and a member of staff will be required to complete the property checklist on the front of the box. This checklist will be a concise list of all items within the box and can be used as a prompt to staff to check that patients have their personal aids and valuables with them. If a yellow patient property box is issued, this will need to be clearly documented in the patient’s notes. All deposited property must be logged using an NHS Patient Property Receipt, and valuable items must be sent to the cashier’s office for safekeeping.

Where deposited property includes cash, there is to be a separate entry made in the NHS Patient Property Receipt to document the overall amount, individual note denominations and serial numbers. This is particularly important where large sums of cash are involved. Cash should be counted by two members of staff in front of the patient or their representative (where possible). The patient or their representative should be invited to sign to confirm the amount handed in for safekeeping.

Any valuables handed in are to be put into a Patient’s Property blue bag, sealed and signed across the flap by the patient or their representative and a member of staff or by two members of staff if the patient is unable to do so. All property needs to be stored safely – see section 7.11.

The Day Surgery Unit has lockable lockers, and patients must be encouraged to place their belongings in there.

Patients who are attending Diagnostic Imaging for an MRI scan are asked to put their belongings in the locker provided in the scanning room. Patients attending for a normal X-ray or CT scan take their belongings with them into the room and collect them when the scan is completed.

Patients’ valuables or other possessions must not be held in the controlled drug cupboards. Each ward has an assigned safe. No property should be held for more than 24 hours in the ward safe (unless by prior agreement, such as when an out-of-hours discharge is planned). Ward safes should be checked daily by the nurse in charge to ensure that only appropriate Patient Property blue bags are retained on the ward. The signatures on the seal should be checked to ensure that no tampering has occurred. Any discrepancies must be reported to the Department Head or Matron immediately. This check should be documented in the Ward Diary by the person undertaking the check. This process will be monitored monthly as part of the matron’s spot check.

Large sums of Cash (over £500) are not to be stored locally, and every precaution should be taken against loss or theft during their transfer to the cashier’s office. Staff transferring large sums of cash are to have a security escort for the transfer. This is to be arranged via the Security Team (Extn 4500 or bleep via switchboard).
If patients choose to keep their property, including any amount of cash, with them in the hospital or the Trust's services, the patient must be made aware that the Trust does not accept liability for undeposited property. This discussion, and not a list of the property, needs to be documented in the Patient Risk Assessment and Care Plan.

### 7.4 Patients lacking the capacity to make an informed decision about their property.

When a patient lacks the capacity to make an informed decision about their property, staff may have to make the decision in their best interests. This must be done following the requirements of the Mental Capacity Act (MCA). The capacity of patients needs to be reviewed and determined throughout their stay to ensure that appropriate action is taken with regard to their property.

Where staff have a reasonable belief that a patient lacks the capacity to make a particular decision about their property (e.g. handing certain items to the Trust for safekeeping), they should consider whether everything has been done to help and support the patient to make the decision; and whether the decision needs to be made without delay, and if not, whether it is an option to wait until the person has the capacity to make the decision for himself or herself (e.g. where the patient is under the effect of medication).

If everything has been done to support the patient in making the decision and it is not possible to wait until the patient may regain capacity, then staff should assess the patient’s capacity in relation to the decision. If the patient has been assessed as lacking the capacity to make the decision, then any action taken, or decision made must be in their best interests. Staff should refer to the Mental Capacity Act Hampshire Tool kit for further guidance and the Mental Capacity Act Policy.

Provided certain conditions are met, staff are protected from liability for carrying out actions in connection with the care and treatment of patients who lack the capacity to consent. The conditions relate to compliance with the principles of the MCA and with requirements around assessments and the best interest’s decision-making. Actions taken by staff to protect a patient’s property can be related to their “care and treatment” and may thus be protected from liability.

The MCA does not, however, protect staff from liability for negligence. Therefore, if staff place a patient’s property into safekeeping in line with the MCA but then are negligent in handling it, they may still be liable for any loss or damage that occurs.

The most common action staff may consider taking in relation to a patient’s property when the patient lacks capacity, is to make a decision regarding taking the property into safekeeping, thus meeting the Trust’s obligations as an involuntary bailee of the property. Before doing so, staff should consider whether there is anyone with authority to make decisions on behalf of the patient, either a holder of a Lasting Power of Attorney or a deputy appointed by the Court of Protection. In practice, the attorney or deputy will often be a relative or friend of the patient.

If an attorney or deputy is available, they must be consulted on what to do with the patient’s property. They should be informed that the Trust will not accept liability for the patient’s undeposited property. They should be encouraged to remove from the premises any undeposited property that the patient does not need or otherwise hand it over for safekeeping.
In cases where an attorney or deputy is not immediately available, staff may decide to take part or all the patient’s property into safekeeping if this is in the best interests of the patient. An attorney or deputy will, however, have to be involved in later decisions about the property.

Where property is taken into safekeeping, the same procedure should be followed for all deposited property items handed over for safekeeping. An NHS Patient Property Receipt must be completed, and valuable items sent to the cashier’s office for safekeeping.

7.5 Additions and removals to deposited property and full or partial withdrawals.

If the list of deposited property changes for any reason, a new NHS Patient Property Receipt is to be created. The old NHS Patient Property Receipt should be retained in the Patient Risk Assessment and Care Plan after being struck through and the date annotated on the strike-through. Attempts to amend an existing NHS Patient Property Receipt by adding or removing items is not to occur, as this would give rise to disputes on the legitimacy of the amendments and compromise the whole record and the audit trail.

When a patient asks to withdraw all or part of their deposited property, staff should remind them of the risks of keeping undeposited property on the premises and advise them to send property home if possible.

7.6 Temporary custody of patients’ property

If a patient is temporarily away from the ward/unit for a period, for example, to go to the theatre or the x-ray department, they should be informed that they can hand in any for safekeeping property, and they should be encouraged to do so as the Trust does not accept responsibility for undeposited property.

Where property is taken into temporary custody, the same procedure should be followed for all items of deposited property, with the difference that the items should be stored locally in the ward safe.

7.7 Transfers

When a patient is transferred to a different ward/department within the Trust or to another hospital or site, patients should be reminded by the discharging clinical area that the Trust does not accept responsibility for the undeposited property and that they should check their space to ensure that they have taken all their belongings with them. Staff in the receiving clinical area should record a conversation about undeposited property on the Patient Risk Assessment and Care Plan.

If the patient is deemed to lack capacity and unable to safeguard their belongings and their property has been deposited or taken into safekeeping during their admission, the receiving ward within the Trust should be informed that the patient has deposited property as part of the handover process. Where this is stored in the clinical area, it should be handed over with the patient, and all staff handling the deposited property should be annotated on the NHS Patient Property Receipt. Where valuables have been deposited with the cashier’s office, the cashier’s office should be informed of the transfer by the transferring ward (in addition to the receiving clinical area).

Where a patient is transferred to another Trust, the deposited property should be transferred with the patient following the process set out in the discharge section. All staff handling the deposited property should be annotated on the NHS Patient Property Receipt.
7.8 Discharge

When a patient is discharged from the hospital, arrangements should be made for all deposited property to be returned to the patient or their representative where they lack capacity. The cashier’s office should be contacted when discharge is confirmed so that the deposited property can be collected by a member of the ward staff; the valuables may be stored in the ward safe until the time of discharge. The valuables returned from safekeeping should be documented in the Patient Risk Assessment and Care Plan. (A clear record of who handles the Patient’s Property blue bag needs to be documented in the NHS Patient Property Receipt).

NB The cashier’s office is not accessible out of hours (after 4 p.m. on a weekday and at weekends). If arrangements were not made for out-of-hours discharges, the patient would need to contact the cashier’s office to collect their valuables. In some circumstances, special delivery may be arranged.

Any deposited property that is left when the patient is discharged is kept in the cashier’s office for six years. Every effort should be made by the cashier’s office to return the deposited property to the patient or their representative.

7.9 Deceased patients

When a patient dies, the Trust has a duty to look after their property until such time as it can be handed over to the appropriate person(s). All undeposited property relating to the deceased should be placed in green patient property bags or blue bags, which are clearly labelled with the patient’s name and hospital number. These bags should be passed to the Bereavement Office along with a completed NHS Patient Property Receipt.

Any valuable items should be placed in the Patient Property blue bag, taken into safekeeping, and deposited with the cashier’s office or held in the ward safe in line with the deposited property section of this policy. The Ward Clerk must inform the cashier’s office of the patient’s death. The Bereavement Office is responsible for collecting any deposited property to return to the patient’s representative.

Any property belonging to patients with an infection such as COVID / Norovirus / Clostridium Difficile should be double bagged before being received by the Bereavement Office or the next of kin.

Any soiled property should be disposed of in accordance with the Trust Waste Management Policy; the reason for disposal should be documented in the Patient Risk Assessment and Care Plan.

Jewellery should be removed from the deceased unless it is tight-fitting and impossible to remove. Where jewellery is left on the deceased, rings should be loosely covered with tape. Any items left on the body must be listed in the appropriate space at the bottom of the Deceased patient detail form (Appendix E). Staff can then pass this information on to the relatives. This information should also be recorded in the mortuary.

When the patient’s representative presents to collect the property, the relevant documentation proving their entitlement should be checked by the Bereavement Office, and they should be given a copy of the list of the patient’s property. The process for returning property, as set out under the discharge section, should be followed.

Copies of all completed property documents are to be filed in the deceased patient’s notes, and copies are also saved in the Bereavement Office for a period of two years.
If at any stage there is doubt as to the patient representative’s entitlement to the property, items must be retained in safekeeping pending further enquiries.

7.10 Missing or damaged property

7.10.1 Deposited property
If a patient’s deposited property is reported missing, staff responsible for its storage should launch an enquiry immediately. Where deposited property is missing the staff involved in the patient’s care should assist in trying to locate the deposited property. If the deposited property cannot be found, or if the circumstances seem suspicious, staff should inform security and the LSMS, who will start an investigation. In addition, a Datix form is to be raised immediately.

For deposited property the LSMS should inform the police if the loss is suspected to have resulted from criminal action.

The patient or their representative should be informed as soon as practicable, and the matter referred to the Patient Property Team for resolution. No member of the ward staff should discuss compensation with the patient or their representative.

If a patient’s deposited property is reported damaged, staff responsible for its storage should make enquiries as soon as reasonably practicable to ascertain the causes. Patients should be advised of any damage to their property as soon as practicable. A Datix form is to be raised immediately. The incident should be reported to the Patient Property Team for resolution. If the damage is suspected to have resulted from criminal action, the LSMS should be informed, and he should inform the police.

7.10.2 Undeposited property
For undeposited property, it is the responsibility of the patient or their representative to report the loss to the police if it seems to have resulted from criminal action. The patient or their representative should be reminded that the Trust does not accept liability for loss of undeposited property.

If the patient’s undeposited property is reported damaged, staff responsible for their care should make enquiries and alert Security and the LSMS if criminal action is suspected. They should, however, remind the patient that the Trust does not accept liability for the damage, and it is the responsibility of the patient or their representative to report the damage to the police if it seems to have resulted from criminal action.

7.10.3 Personal Aids
Where a patient’s personal aids are misplaced during their admission, the clinical area where the patient is being treated must plan for their replacement to avoid a detrimental impact on the patient’s recovery and treatment. In the first instance, the clinical area should liaise with the patient and their family or carer to support arranging a replacement personal aid as soon as possible.

Should teams require any support with this, please contact either the Patient Property Team via email iownt.patient-property@nhs.net or call extension 2363.

The replacement will be at the NHS equivalent to restore the faculty and may not be equivalent in value or design to those lost. The cost will be charged to the clinical area.
7.10.4 Making a Claim
The patient or their representative can make a complaint for missing or damaged deposited property and make a claim for compensation to the Patient Property Team.

Where the Trust accepts liability, the cost of the compensation is charged to the clinical area where the property was misplaced or damaged.

7.10.5 Found Property
Any property that is named and found in a clinical area must be returned to the owner by the staff in that clinical area. Named found property must not be left at the main reception.

If the clinical area's efforts to contact the patient are unsuccessful after four weeks, the clinical area should pass the property to the Patient Property Team, who will make one further attempt and then dispose of the unclaimed found property as set out below.

All unnamed property found within the Trust should be handed into the main reception.

A Found Property Log should be kept at the main reception of:

a) the date, place, and time the property was found
b) a description of the property

NB Items of clothing contaminated with bodily fluids must be disposed of by the clinical area. For all other contaminated items, the clinical area must double bag the items in clear plastic property bags, and the valuables need to be placed in a Patient property blue bag (Appendix F).

7.10.6 Disposal of unclaimed found property
The Patient Property Team will maintain oversight of all found property deposited in storage by the Trust's main reception team. If the efforts to trace and contact the owner or representative are unsuccessful, it may be assumed that the property has been abandoned and it can be disposed of appropriately by the Trust.

All items of clothing will be disposed of after six weeks. Electronic items will be disposed of after six months, and all valuable items will be handed to the cashier’s office for secure storage. The actions relating to items will be recorded in the Found Property Log.

It is good practice to seek independent advice before disposing of valuable items. Generally, all valuable items will be disposed of after six years in accordance with the provisions of the Limitation Act 1980. The cashier’s office will dispose of bank cards within 72 hours and maintain a log of any cards that are destroyed.

7.11 Storage facilities for patients' property
All staff should ensure that deposited property is appropriately stored.

The Trust has provided each inpatient ward/department with a ward safe for the secure local storage of patients’ valuable property (some wards share safes). The ward safes are to be used to store patients’ property for a maximum of 24 hours. However, if significant amounts of cash and/or property of significant value are involved, the cashier’s office should be used even for shorter periods of time.

The Patient’s Property blue bag must be transferred as soon as practicable to the cashier’s office by a member of the ward staff (a clear record of who handles the bag needs to be documented in the NHS Patient Property Receipt and Ward Diary). The cashier’s office will
acknowledge receipt of the NHS Patient Property Receipt. The valuables taken for safekeeping should be documented in the Patient Risk Assessment and Care Plan.

Where valuables taken into safekeeping out of hours (when the cashier’s office is closed) need to be deposited in the central storage, the Patient’s Property blue bag should be placed in the drop safe (located at the cashier’s office). The drop safe may be accessed using the hospital number preceded by two zeros (i.e., 00XXXX). The ward clerk will advise the cashier’s office when the property has been placed in the drop safe. The cashier’s office will clear the drop safe at the start of every working day.

Access to the ward safe is to be strictly limited to specifically identified and authorised members of staff. The ward safe key must be kept on the Drug Cupboard Key Ring (exceptions only Emergency Department, ITU and Children’s Ward) and held at all times by a registered nurse/midwife.

The contents of the ward safe are to be checked regularly, and documented that this has been completed. Patient Property blue bags that are to be kept in safekeeping for longer than 24 hours should be transferred to the cashier’s office every working day.

The ward diary should be used to record the deposit, removal, and transfer of any items from or into the ward safe, as well as the results of routine checks. The ward manager/matron should ensure adequate arrangements are in place for the monitoring of these records and promptly investigate any discrepancies that emerge.

Where non-inpatient ward areas, such as imaging, do not have lockers available to patients for the safe storage of their property, the departmental safe may be used for temporary storage of property during a procedure. This should be logged in the patient’s records on receipt and return of the property to the patient.

7.12 Corrections, Errors, and Spoiled Forms
As with any medical record, patient property forms must be completed accurately and retained for audit purposes. If errors are made on any patient property form, the staff completing the form should neatly line through the error and get the patient or the representative to sign against the correction.

If the NHS Patient Property Receipt is completely spoiled, it should be crossed through on the entire page, and the spoiled copy should be retained with the pad for audit purposes.

NB The NHS Patient Property Receipt should not be amended for items added to or removed from safekeeping. The procedure in section 7.5 should be followed.

8 Managing the monies of long-stay patients
This arrangement applies mainly to patients in the Community, Mental Health, and Learning Disabilities Division.

The Trust must make special arrangements to handle the monies of patients who stay for an extended period of time. Where a patient hands over money for safekeeping and maintains a balance above £200 over a period of three months, an appropriate sum should be reserved for their day-to-day needs, and the rest deposited in a savings account. More detailed guidance is available from the Director of Finance.
9 Consultation

Consultation of the policy and its associated documentation will be undertaken by the Deputy Directors of Nursing with relevant senior nursing staff and practitioners across all divisions of the Trust. The Associate Director of Corporate Affairs will consult with the Patient Property Team, Patient Experience Team, Security Team, and the cashier’s office with regard to the operation of the processes relating to lost property, found property and use of the cashier’s office for the storage of valuables.

The policy will be submitted to the Patient Safety Sub-Committee for approval. This will ensure that all service areas are aware of the policy and its requirements.

The impact of this revision of the policy and the associated documentation is across all clinical areas of the Trust and some corporate services such as the cashier’s office, Patient Property Team, St Mary’s Hospital Main Reception and Security Team.

10 Training

Directorate leadership teams and matrons or Ward/Department Managers are to ensure all their staff are fully competent to undertake their duties regarding the protection of patient property and compliance with this policy.

This Patient Property Policy does not have a mandatory training requirement, but the following non mandatory training is recommended:

- All senior nursing staff, including midwives and Health Care Assistants and Allied Health Professionals, will require a briefing on the revised policy.
- All clinical staff will need to be briefed by senior leaders on the new policy and the specific implementation within the individual's clinical area.
- All clinical staff will need regular reminders of the policy and actions required within the clinical area. This includes all bank, agency, and locum staff.

Ongoing training and awareness will be required to ensure that staff are complying with the policy.

11 Monitoring Compliance and Effectiveness

Matrons will carry out a minimum monthly spot check to ensure that the Patient Property Policy is followed.

Senior ward staff will carry out at least monthly spot checks and audits to ensure that staff are compliant with the Patient Property Policy which will be monitored by the Ward Matron. Appropriate actions will be put in place to address any issues of non-compliance.

The Associate Director of Corporate Affairs (or a nominated delegate) will carry out monthly spot checks and audits of the processes relating to lost and found property undertaken by the Patient Property Team.

Compliance with any outcomes of the above monitoring processes will be reported in the quarterly patient property report to the Patient Experience Sub-Committee.
12 Links to other Organisational Documents

- Claims Handling and Management Policy
- Complaints, Concerns and Compliments Policy
- Counter Fraud and Corruption Policy
- Divisional Property Procedures
- Incident Management Policy
- Lost Property Procedures
- Mental Capacity Act Policy
- Medications Policy
- Protocol for Patients Own Drugs
- Raising Concerns (Whistleblowing) Policy
- Security Policy
- Waste Management Policy

13 References


14 Appendices

Appendix A  Patient Property Guidance – Patient Information Leaflet
Appendix B  NHS Patient Property Receipt (Acute services)
Appendix C  Patient Risk Assessment and Care Plan
Appendix D  Missing Patient Property - Flowchart
Appendix E  Deceased Patient Detail Form
Appendix F  Patient Property blue bag (image)
Appendix G  Equality Impact Assessment (EIA) Screening Tool

For internal staff, appendices A-E can be found here: Intranet > Home > Corporate > Corporate Governance > Claims Management (Non Clinical) (iow.nhs.uk)

For members of the public, appendices A-E can be found here:
Appendix F - Patient Property Bag
Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore, this form should not be completed where the resources are already deployed, and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Patient Property Policy</th>
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<tr>
<td>Totals</td>
<td>WTE</td>
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<tr>
<td>Manpower Costs</td>
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<td>Training Staff</td>
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<td>Equipment &amp; Provision of resources</td>
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Summary of Impact:

Risk Management Issues:

Benefits/Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES
- Are there any reported equality issues? NO

If “YES” please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training, and equipment carefully and that ALL aspects are covered.

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<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
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<td>---------------</td>
<td>-------------------</td>
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<td>IT Hardware/software/licences</td>
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<td>Stationery/publicity</td>
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<td>Travel costs</td>
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- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:
Signature & date of financial accountant:
Funding/costs have been agreed and are in place:
Signature of appropriate Executive or Associate Director:
Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by the Equality Act 2010.

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<td>Responsible department:</td>
<td>Corporate Governance</td>
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<tr>
<td>EIA Author:</td>
<td>Deputy Director of Nursing</td>
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Who was involved in the consultation of this document?

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<tbody>
<tr>
<td>12 September 2023</td>
<td>Patient Experience Sub-Committee</td>
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Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting information can be found by following the link: [www.legislation.gov.uk/ukpga/2010/15/contents](http://www.legislation.gov.uk/ukpga/2010/15/contents)

![Protected Characteristic](protected_characteristics.png)

**Stage 2: Full impact assessment**

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<td>Pregnancy &amp; maternity</td>
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<tr>
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<tr>
<td>Sexual orientation</td>
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**What is the impact?**

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<th>Monitoring of actions</th>
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