

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-072024-000994

Date: 12/07/2024

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

Request

Please may you forward the trust policy that items kept on person are the responsibility of the individual.

Response

Please find attached Trust policy relating to patient property.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team
The Dudley Group NHS Foundation Trust**

PATIENT'S PROPERTY AND MONEY POLICY	DOCUMENT TITLE:	PATIENT'S PROPERTY AND MONEY POLICY
	Name of Originator/Author /Designation & Specialty:	██████████ Head of Financial Services ██████████ Divisional Chief Nurse, Surgery, Women and Children.
	Director Lead:	Interim Chief Nurse
	Target Audience:	All Trust staff who have dealings with patients and their property.
	Version:	6.0
	Date of Final Ratification:	07 March 2024
	Name of Ratifying Director Lead/Sponsor:	██████████
	Review Date:	31/03/2027
	Registration Requirements Outcome Number(s) (CQC)	Safe Caring Responsive
	Relevant Documents /Legislation/Standards	
	Contributors:	Designation: Deputy Divisional Chief Nurse Deputy Director of Infection Prevention & Control Head of Patient Experience
The electronic version of this document is the definitive version		

CHANGE HISTORY

Version	Date	Reason
1.0	July 2007	This is a new document
2.0	December 2010	Revised and updated
3.0	March 2014	Revised and updated
3.1	April 2016	Updated to include Patient Property Audit recommendations
3.2	December 2016	Full revision of document – draft for comment
4.0	February 2017	Revised document
5.0	September 2020	Updated to include Covid requirements and a flow chart which is to be stored on the front of the book, on ward station and in ward storeroom.
6.0	March 2024	Scheduled full review

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

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THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT'S PROPERTY AND MONEY POLICY

1. INTRODUCTION

This Policy is designed to protect both the interest of Trust staff (including those working full and part time, substantive, temporary, voluntary) as well as patients about the management and security of patient property and money. Failure to comply with the content of the policy may result in the logging of a formal incident, investigation, and potential disciplinary action.

This Policy should be read in conjunction with the Trust [Standing Financial Instructions](#).

Staff should also note the following points concerning this policy:

- The Trust solicitors have advised that any money that is left as part of a deceased patient's property cannot be returned to the next of kin unless they have provided evidence to show they are the executor of the estate, or they have a Grant of Representation that shows them to be the legally authorised person to deal with the deceased patient's estate and any potential assets.
- Whilst the Policy is applicable Trust wide, please note specific sections for handling property in the Emergency Department (section 5.2; [Appendix 7](#)) and Critical Care Unit (section 5.2; 5.5; [Appendix 8](#); [Appendix 9](#)) and handling property of patients with communicable/transmissible disease (section 5.14).
- When reference is made to checking of property and completing Patient Property Book, these checks can be made by two staff members using any combination of roles from the following staffing groups: Registered Nurses; Registered Midwives; Registered AHPs; Clinical Support Workers; Midwifery Support Workers.

2. STATEMENT OF INTENT/PURPOSE

The aim of this policy is to ensure that property and money of patients is safeguarded in a systematic, effective way and to ensure that all monies handed over to the Trust are receipted.

It protects service users' property from theft, loss, or damage whilst under the care of the Trust.

3. DEFINITIONS

AHP: Allied Health Professional
ASAP: As soon as possible
CSW: Clinical Support Worker
DoLS: Deprivation of Liberty Safeguards
ED: Emergency Department
IP: Inpatient.
LPA: Lasting Power of Attorney
MCA: Mental Capacity Act
MSW: Midwifery Support Worker
PPE: Personal Protective Equipment

4. DUTIES (RESPONSIBILITIES)

4.1. Trust Board

The Trust Board is responsible for ensuring there is a robust safe and systematic process for dealing with patients' money and property.

4.2. Chief Executive Officer

The Chief Executive Officer is ultimately responsible for ensuring effective finance systems are in place within the Trust and therefore supports Trust-wide implementation of this policy.

4.3. Director Lead

The Director of Finance is the delegated Director Lead and responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property.

4.4. Chief Nurse

The Chief Nurse is responsible for ensuring that nursing, midwifery and AHP staff are aware of this policy and its contents.

4.5. Divisional Chief Nurse/AHP

The Divisional Chief Nurse/AHP are responsible for monitoring incidents and complaints that identify situations where this policy was not followed, instigating further investigation as appropriate.

4.6. Matrons

Matrons are responsible for ensuring that Lead Nurses and Midwives implement this policy within their teams.

4.7. Departmental and ward managers

Ward and departmental managers are directly responsible for ensuring this policy is implemented in their ward and unit. This includes monitoring compliance.

4.8. Bereavement Office Staff

Bereavement office staff are responsible for receiving and checking deceased patients' property, updating the Bereavement and Mortuary book, and ensuring property is collected by next of kin.

4.9. All Nursing/Midwifery/AHP Staff

All Nursing/Midwifery/AHP staff are responsible for following this policy, ensuring that all patients' property is kept safe and documented on admission. They will ensure a liability form for property brought into hospital is signed by the patient (or next of kin) on admission. Staff will encourage patients to send valuables home and keep personal property in the hospital to a minimum.

5 PROCESS

5.1 Pre-Admission

Information should be conveyed to all planned admission patients discouraging unnecessary property/valuables from being brought into hospital. This may be by sending the Trust "[Your Stay in Hospital](#)" booklet and/or in specific admission letters.

5.2 Admissions

A record of Patients Property **MUST** be completed in respect of **EACH** and **EVERY** admitted patient. This record must be in the form of either the [Patient Disclaimer Declaration form \(Appendix 5\)](#), when property is retained by the patient, or the Patients Property Book where property is handed over to the Trust for safekeeping.

The Patient's Property Book is a 4-part No Carbon Required (NCR) form (see [Appendix 1-4](#)):

- 1st copy White – Patient copy
- 2nd copy Pink – Finance copy
- 3rd copy Green – Mortuary copy
- 4th copy Blue – Ward copy

All patient's property and valuables **MUST** be recorded in the Patient's Property book if handed over for safe keeping, signed and dated by two staff members. (Any

two staff members from the following staff groups may be signatories: Registered nurse/midwives/AHPs and Clinical/Maternity Support Workers)

Entries should be written clearly on a firm surface so that details are legible on all 4 copies.

Patients bringing in property/valuables, which they will not require in hospital, should be encouraged to hand them over to relatives or friends on admission to take home. For guidance on the handling of patients own medicines refer to the [Medicines Management Policy](#).

Patients are advised to avoid keeping more than £10 of cash with them during their admission. They are asked to deposit cash and any valuables with a combined excess value of £100 with the General Office.

Emergency Department Admissions – Please refer to flow chart in ([Appendix 7](#)).

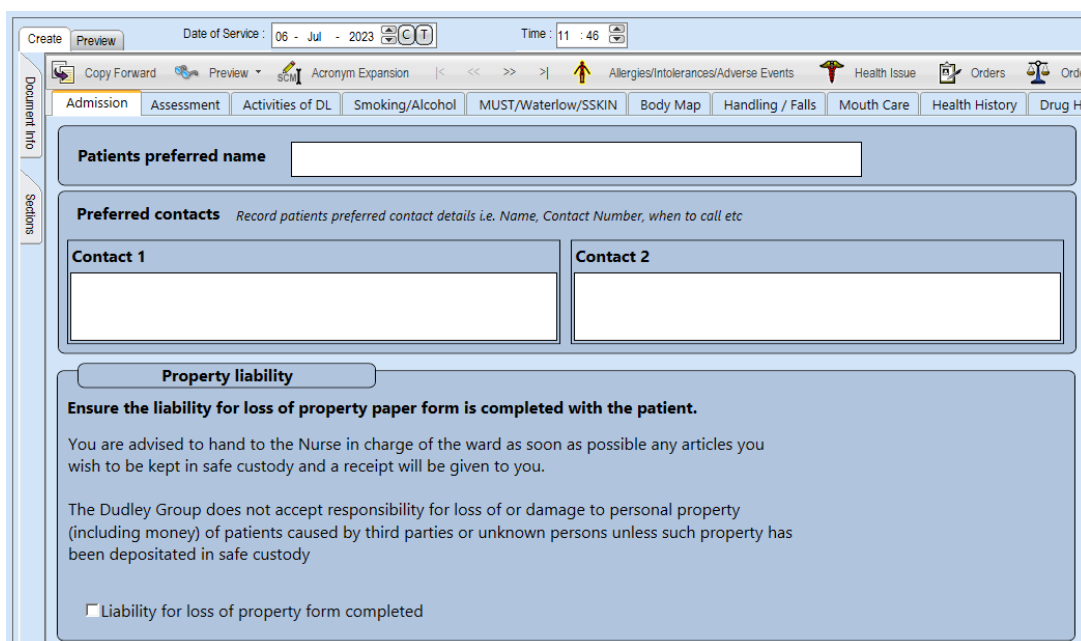
Critical Care Admissions – Please refer to flow chart in ([Appendix 8](#)).

5.3 Disclaimers

Patients are to be advised that the hospital cannot accept responsibility for their property unless it is handed to the ward staff for safekeeping and an official receipt obtained.

As part of the admission process, a [Patient Disclaimer Declaration form](#) **MUST** be signed and dated by all patients (other than those who are not capable of signing for clinical reasons – in which case this must be documented on the form and be completed by two people, either a relative (if present) and a member of staff or two members of staff, or in the case of children, their parents or carers. This form is then either filed in the patient medical records or it can be scanned and uploaded to the patients record on Sunrise.

A record **MUST** also be made in the Nursing IP Admission Document on Sunrise stating whether a disclaimer has been obtained or not. The screenshot below shows where this is found on the Sunrise Nursing IP admission document. Staff just need to tick the box to indicate completion.



The screenshot shows a web-based patient record form. At the top, there are navigation tabs: 'Admission', 'Assessment', 'Activities of DL', 'Smoking/Alcohol', 'MUST/Waterlow/SSKIN', 'Body Map', 'Handling / Falls', 'Mouth Care', 'Health History', and 'Drug His'. Below these are three main sections:

- Patients preferred name:** A single text input field.
- Preferred contacts:** A section with the instruction 'Record patients preferred contact details i.e. Name, Contact Number, when to call etc'. It contains two sub-sections, 'Contact 1' and 'Contact 2', each with a large text area for input.
- Property liability:** A section with a title 'Property liability' and a bold instruction: 'Ensure the liability for loss of property paper form is completed with the patient.' Below this is a paragraph of text: 'You are advised to hand to the Nurse in charge of the ward as soon as possible any articles you wish to be kept in safe custody and a receipt will be given to you. The Dudley Group does not accept responsibility for loss of or damage to personal property (including money) of patients caused by third parties or unknown persons unless such property has been deposited in safe custody.' At the bottom of this section is a checkbox labeled 'Liability for loss of property form completed'.

5.4 Patient's Property Book

Where property is to be handed over for safe custody, the instructions printed in the Patient's Property Book **MUST** be followed in conjunction with [Standing Financial Instructions](#).

The Patient's Property Book is the only official record for the purpose of recording property. The Property Books are controlled stationery and must be held securely in a locked drawer/cupboard in the ward/department under the supervision of the nurse/midwife in charge of the ward.

Once a patient has been admitted, nursing/midwifery staff should not hand over cash/valuables to relatives or friends without:

- Gaining written permission of the patient who signs to that effect.
- Obtaining a signature of the receiver
- Documenting the relationship of the receiver to the patient
- Documenting their name and address on the **pink** copy in the property book.

When a patient is unable to give permission e.g., unconscious or does not have capacity (see below) then nursing/midwifery staff must ensure that all their cash/valuables are delivered to the General Office and staff there will deal with any requests from relatives.

If the patient's ability to handle their own affairs is in doubt, staff must, in reference to the [Mental Capacity Act 2005](#) (MCA), seek a medical opinion to determine capacity. The reason for the patient not signing must be stated and staff signatures confirming this **MUST** be completed. Consideration should be made in these cases

if it is necessary to report patients as a vulnerable adult or they may require a [Deprivation of Liberty Safeguards](#) (DOLS) application.

The Patient's Property Book **MUST** be used to record all property taken into safe custody when found in the possession of patients who have been assessed as not having the capacity to deal with their own property and affairs. Examples where this may be applicable are:

- Certain Psychiatric disorders
- Confused and/or disorientated.
- Dying in hospital
- Severely incapacitated for any other reason
- Found to be dead on arrival and brought into the hospital.
- Mortuary staff will deal with those patients who are certified dead in an ambulance.
- Brought into ED and are incapacitated.

5.4.1 Completion of the Patients Property Book

The Patient's Property Book is to be used to record only those items handed over to representatives of the Trust. Sections A and B on the white copy, (applying sufficient pressure to the pen to enable copying onto the pink, green and blue copies), are to be used for cash and valuables including debit/credit cards and cheque/bank books. Specific card numbers and bank account numbers **MUST NOT** be recorded; only which organisation they are from.

When recording money handed in to staff, please record accurately.

For example:

- A patient hands in £150 in £50 notes, enter 3 x £50 in the box next to £50.
- A patient hands in £100 in £20 notes, enter 5 x £20 in the box next to £20.
- A patient hands in £50 in a mix of notes, enter, for example, 1 x £20, 1 x £10, 4 x £5 next to the relevant denomination box.
- Silver and bronze are the total amount and **do not** require breaking down into individual coinage.

CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

The pink copy of the patient's property form **MUST** be stored with the items that have been handed over for safe keeping.

Sums of cash or valuables (usually jewellery) with a combined excess value of more than £100 must be taken to the General Office in working hours. If there is any doubt regarding the possible value of non-cash items, then advice can be sought from the General Office.

Outside of working hours, valuables more than £100 must be placed in the nearest ward safe and transferred to the General Office on the next working day.

Cash and Valuables below £100 must be placed in the nearest ward safe. Ward Safes are at the following locations:

- Children’s Ward Coronary Care Unit/High Dependency Unit
- Critical Care Unit Maternity Unit
- Emergency Department (also to be used as ‘Night Safe/Out of normal Hours’)
- Ward A1 Ward A2 Ward A3
- Ward B2 Ward B3 Ward B4
- Ward B5 Ward B6 Ward C2
- Ward C3 Ward C5 Ward C7
- Ward C8 Ward C4
- Rainbow Unit: Ground floor in the Ops Room
- Rainbow Unit: 1st floor in the nurse office

If a safe is not located on the ward where the patient is, items should be taken to the nearest ward safe and handed over to receiving ward staff who must place the items inside their safe, and two signatures and dates obtained to record this relocation of property.

5.4.2 Summary of Property Book Use

	Complete all details clearly, using sufficient pen pressure to populate all 4 copies of the document
White copy	Given to the patient or relatives as a record of property handed in for safe keeping (Appendix 1)
Pink copy	If valuables are deposited, this copy is held by the ward or General Office. It is signed by the patient or relatives when they receive the property (Appendix 2)
Green copy	This copy is used when the patient is deceased, taken to the Bereavement Officer with the blue copy. Once signed as accepted items, the blue copy and book returned to the ward. (Appendix 3)
Blue copy	Retained in the Patient Property Book on the ward (Appendix 4)
Used full property book	Return the used Patient Property Book to the General Office. A new book will be issued. The Finance Department will retain the pink and blue copies for 18 months after the end of the financial year.

5.5 Deceased Patients

Where a patient dies in hospital, or is certified dead in the Emergency Department, the Trust has a duty to look after their property until such time as it can be handed over to the appropriate person(s). Personal effects which require attention will include any items brought by or for the patient from home, their clothes, and any jewellery removed during preparation of the body. Where there is a confirmed next of kin, personal effects will need to be returned to them. More valuable items will constitute part of the patient's estate, and therefore need to be passed to the executor or administrator (which may or may not be the next of kin). Importantly, the Trust should document what happens to the deceased's belongings.

The Bereavement Officer should be notified of deceased patients daily for Medicine, Orthopaedics, Surgery and Paediatrics/Neonatal Unit.

Upon the death of a patient, all their property (that is not already in safe custody) should be listed and accounted for using the same procedures for recording of property for safe keeping, i.e., all property should be recorded in the Patient's Property Book. Any opened food and drinks items will be disposed of by staff.

If valuables are left on the body at the request of the next of kin, this should also be entered into the Patient's Property Book, ticking the box which states, "left on body" and initialled by the member of staff undertaking last offices. The list of valuables left on the body also needs to be stated on the notice of death that is attached to the shroud.

When the body is taken to the mortuary from Emergency Department, nursing staff will ensure porters take all the patient's property with them. The property must be tagged and have a property list with it. Out of hours, mortuary staff must transfer any property left by porters to the bereavement office the next working day.

When relatives are not expected to collect items from the ward on the same day of the patient's death, the deceased patient's property should be taken to the Bereavement Office within 48 hours or within the next working day if a Bank holiday.

Property and valuables should be taken by the ward clerk to the Bereavement Office for storage until collected by relatives. The white and pink copies from the Deceased Patient's Property Book are to be given to the Bereavement Officer. The relative who receives the property will be asked to sign the forms. The white copy will be given to the relative and the pink copy returned to the ward.

The Bereavement Officer may store cash and valuables for up to 2 working days. Any valuables not collected by relatives within 2 working days should be passed to General Office.

In accordance with advice provided by the Trust solicitors, the identity of the next of kin must be verified prior to the release of any of the deceased patient's property. A form of identity, in the form of the deceased patient's will, or evidence to support

that they are the person named in the deceased patients medical records, must be checked.

Property and valuables will only be returned to the next of kin.

As per the Trust solicitor's advice, money **must not** be returned but retained by the Trust. The first charge on a deceased person's estate is the funeral expenses and the Trust has an obligation to ensure that any money it holds is discharged in this manner. The General Office Manager will require evidence that the funeral account has been paid prior to releasing the balance of patient monies owed. Next of kin should be advised that the balance of any money above £100 would not be available immediately.

Where a patient dies and there is no Will, a Grant of Representation needs to be produced by the person collecting any monies held by the Trust that shows them to be the legally authorised person to deal with the estate and any potential assets.

When property is returned it must be checked against the entries in the Patient's Property Book, initialled and dated by the staff member. This procedure should be conducted in front of the next of kin and their signature and date obtained to confirm receipt of the property.

In the absence of any known next of kin, the General office should be informed immediately or on the next working day if outside of normal office hours.

In all cases details must be entered on the property form to indicate where money and valuables have been sent.

Any property sent to the Bereavement Office must have a completed property sheet otherwise it will be returned to the ward.

Money from deceased patients and any valuables which have not been left on the body must be taken to the General Office.

Section B of the Patients Property Sheet (Mortuary Green Copy) is to be used to identify jewellery and other items left on the deceased (initialled and dated by Ward or ED staff). This form must be completed and signed before the body leaves the Ward or Emergency Department.

The Bereavement Officer must verify the items left with the body and sign and date the green mortuary copy (retained for mortuary records) to confirm this.

For patients who die in Critical Care, please see ([Appendix 9](#)).

5.6 Ward Safe Checks

Monthly ward safe checks will be undertaken by Finance staff to ensure any cash and valuables held at ward level are transferred to the General Office.

5.7 Care of Cash and Valuables

Full details of the patient must be entered in the Patient Property Book in capital letters; all entries should be legible and written in black/blue ballpoint pen.

All cash handed over must be clearly recorded on the form in the appropriate section and clearly detail in value by the denominations of each coin/note (**see section 5.4.1**). The counting and recording of this money must be undertaken by two members of staff, who must sign and date the property form as a record of the value handed over, in the presence of the patient who must also sign to confirm that this is the amount handed over (if possible). It should be noted that friends or a relative may be present during this process if the patient is unable to see this happening.

This money must be then placed in a sealed envelope which is signed and dated by both members of staff and the patient (if possible). A patient identification label should be applied to the envelope. The sealed envelope must then be taken to the General Office, or if outside of office hours, placed in the ward safe and the General Office staff notified the next working day so that they can arrange collection.

Items such as jewellery, watches and any other valuables **MUST** be described. In describing items of jewellery, watches etc., descriptions such as “gold”, “silver”, or “diamond” etc., **must not be used**. Instead, yellow/white, coloured metal, stones etc., should be used. These items must be placed in a sealed envelope which has been signed and dated by two members of staff and the patient to confirm the contents.

Any spoiled copies in the patient property book should be clearly marked “cancelled” and the copies should be retained in the property book on the ward or department.

Details of property comprising bank and savings books, premium bonds credit/debit/bank cards etc. should be entered including name of bank. Specific card numbers and bank account numbers **MUST NOT** be recorded; only which organisation they are from.

The member of staff completing the entries in the Patient’s Property Book acts as the receiver of the patient’s property and sign and date the form.

A second member of staff should check the entries and sign and date as “witness” that the details that have been entered are correct.

This procedure should be carried out in the presence of the patient, whenever possible, and they should sign the book agreeing to the items entered. If it is not possible to undertake this in the presence of the patient the reason must be stated in the appropriate space. All those who signed originally should initial any corrections.

Where this procedure is not followed, a Datix Incident Form will be completed.

5.8 Care Of Clothing

Section C of the Patient's Property Book is to be used for clothing and other non-valuable personal effects, which are to be retained by the patient on the ward.

When a patient is admitted and is not able to take responsibility for their clothing, this should be placed in a patient property bag. Where there is soiled clothing, this should be placed in a separate bag within the property bag and labelled as soiled. Relevant information about the condition of clothing should be provided as applicable.

Where a patient is deceased, relatives will be advised of any clothing that is heavily soiled and not suitable to be returned to the next of kin. Permission to destroy such property will be sought from the next of kin.

Hospital laundering service for patients clothing can be arranged if there are no relatives/friends who can remove soiled clothing for laundering on behalf of the patient.

5.9 Short Term Custody of Valuables

When patients are undergoing procedures away from the ward, i.e., theatre, X-ray department, Endoscopy unit etc., small items of jewellery may be locked away for safekeeping using a ward safe or lockable drawer/cupboard.

Relevant details must be documented in a designated small cash receipt book, which is kept solely for this purpose, and all entries and removal of items must be signed for by the patient. Alternatively, the patient must send such items home with their relative/friend.

5.10 Transfers to other Hospitals/Departments/Wards

5.10.1 Transfers Between Hospitals

Ward staff must immediately notify the General Office of a transfer of a patient if the patient has cash or valuables entered in Section A and B. These will then be returned to the patient by the General office staff prior to transfer, if the patient is able to sign a receipt, and the patient will sign the accompanying paperwork to confirm acceptance of their items and that everything deposited has been returned to them.

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 proof of next of kin identity or LPA is received enabling the property to be handed to another party.

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.

5.10.2 Transfer Between Wards/Departments

Prior to any transfer the patient property records must be checked to determine what property has been handed over for safe keeping and its location.

All property retained on the ward in the ward safe must be taken with the patient at the time of transfer, and the patients property book updated to record the date and details of the location of the department the patient is transferring to. This entry must be signed and dated by two members of staff.

At the time the patient is handed over between the departments, the property and paperwork associated with the patient's property must be completed and signed and dated by the receiving ward to acknowledge receipt and take the items into safe custody.

Where patients are unable to sign for their property that is entered in Section C, staff must state on all the property book copies that the patient is being transferred (include destination and date). All property listed in Section C must transfer with the patient and the receiving ward must then account for the property on admission. The receiving ward must sign and date the pink copy on receipt of the property, thus completing the audit trail.

Any discrepancies between the paperwork and property transferred must be thoroughly investigated by the Ward or Department Manager.

General Office must be informed of the transfer where items have previously been entered in Section A and B.

5.11 Requests For Withdrawal of Cash/Valuables

If the patient requires withdrawal of some of their cash during their stay, a request (in the form of a Petty Cash voucher) should be passed to the General Office.

When the cash is paid over to the patient on the ward by a member of staff from the General Office, the patient must sign and date general office paperwork in acceptance of the amount and a member of the ward nursing team must also sign and date as a witness to the handover.

The patient must also sign a disclaimer form, and informed that the Trust cannot accept any liability for any loss of money that is not handed over for safekeeping. This form should be filed or scanned into the patient's records.

Cheques can also be requisitioned to cover such things as household bills etc.

Upon discharge, ward/department staff are asked to remind patients that the maximum cash that can be reimbursed is £100, the remainder will be provided in the form of a cheque or direct payment to the patients' bank account. Patients will be asked to confirm their bank details where bank transfers are made. If there are exceptional circumstances a Senior Finance Manager must be contacted.

5.12 Missing or Damaged Property

5.12.1 Missing Property

If a patient's deposited property is reported missing, staff responsible for its storage and safe keeping should advise the Ward/Department Manager/Matron who must launch an enquiry immediately.

If the property cannot be found, or if circumstances seem suspicious, staff should immediately inform the Ward/Department Manager/Matron immediately who will start an investigation. In addition, an incident should be logged on Datix. If the loss is suspected to have resulted from criminal action this must be reported to the Director of Finance who will involve the Police.

The patient or next of kin should be directed to the Patient Experience Team who can support them with a claim form from the Trust if required.

If a patient's non-deposited property is reported missing, staff responsible for the care of the patient should assist in looking for the property. If the circumstances are suspicious, the Ward/Department Manager/Matron should be informed, and an incident logged on Datix. The patient or their representative should 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.

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 to make effective enquiries when property goes missing.

Staff should 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 should be contacted to ascertain the whereabouts of the property.

Staff making enquiries should pay particular attention to patient transfers which sometimes result in property being left behind in local storage or elsewhere during the transfer process.

5.12.2 Damaged Property

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.

An incident report must be logged on Datix.

If the damage is suspected to have resulted from criminal action, this must be reported to the Director of Finance who will involve the Police.

If a patient's non-deposited property is damaged, staff responsible for the patient's care should make enquiries and alert the Ward/Department Manager/Matron if criminal action is suspected. The patient should be reminded that the Trust does not accept liability for the damage.

5.12.3 Claim for Loss/Damage

Where a claim for loss of property or money is made, an initial investigation must be undertaken by the Ward/Department Manager/Matron. Should there be any concerns regarding the legitimacy of the claim, investigating staff should refer to the policy for guidance.

In cases where a patient is deceased, the Trust will not consider any monetary claims from relatives for lost dentures, hearing aids or spectacles.

Staff should also be aware of and consider possible fraudulent claims and should consider this for every claim. Should there be any cause for concern, staff must inform the nominated Local Counter Fraud Specialist (LCFS) or The Trust's Director of Finance immediately, unless the Director of Finance or LCFS is implicated. If that is the case, they should report it to the Trust Chairman or Chief Executive, who will decide on the action to be taken.

Any misuse of patient monies will be reported to the Local Counter Fraud Specialist and will be managed in line with the Trust [Anti-Fraud and Bribery Policy](#).

5.12.4 Claims for Missing Dentures

Nursing/Midwifery staff complete a Mouth Care Assessment on admission that identifies if a patient has dentures. Patients with dentures will be provided with a denture pot labelled with their name. The patient is advised to ensure that the pot is used to store dentures as required to prevent accidental loss. In addition, a liability for loss of property form is completed on admission.

Should the dentures subsequently go missing, a local search should be made and a Datix incident form completed if they are not located.

[NHS England guidance](#) (2023) for managing loss of dentures should be followed.

Any reimbursement for the cost of lost or broken dentures will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own dentures. Reimbursement would not be offered in this instance.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the mouthcare assessment was not completed on admission, then reimbursement of replacement denture costs should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.12.5 Claims for Missing Hearing Aids

Nursing/Midwifery staff will complete the Activity of Daily Living Assessment on admission to the ward. The communication section will note if hearing aids are worn and with the patient at that time.

Patients will be advised to ensure their hearing aids are stored safely when not in use. A named box, provided by the Patient Experience Team, for the hearing aids will be provided and the patient advised to use this when their hearing aids are not in situ. A liability for loss of property form is completed on admission.

Should the hearing aids go missing, a local search should be made and a Datix incident form completed if they are not located.

Any reimbursement for the cost of lost hearing aids will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own hearing aids. Reimbursement would not be offered in this instance.
- The patient should be asked if the hearing aids are already covered by any household insurance policy. The Division may wish to decline reimbursement if this is in place.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the Activity of Daily Living assessment was not completed on admission, then reimbursement of replacement hearing aid costs should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.12.6 Claims for Missing Glasses

Nursing/Midwifery staff will complete the Activity of Daily Living Assessment on admission to the ward. The communication section will note if glasses are worn and with the patient at that time.

Patients will be advised to ensure their glasses are stored safely when not in use. A named box, provided by the Patient Experience Team, can be provided in the absence of a named glass case. A liability for loss of property form is completed on admission.

Should the glasses go missing, a local search should be made and a Datix incident form completed if they are not located.

Any reimbursement for the cost of lost glasses will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own glasses. Reimbursement would not be offered in this instance.
- The patient should be asked if the glasses are already covered by any household insurance policy. The Division may wish to decline reimbursement if this is in place.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the Activity of Daily Living assessment was not completed on admission, then reimbursement of replacement glasses cost should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.13 Return of Property

Where property is returned a signature and date acknowledging receipt must be obtained from the patient whenever property is returned.

Where upon discharge the patient cannot sign, the relative or other authorised guardian should sign and date the form and state their relationship to the patient.

The Patients Property records must also be signed and dated by two members of staff undertaking the handover to confirm release of the property.

5.14 Handling Property of Patients with a Suspected or Confirmed Infectious/Transmissible Disease

Where patients are suspected to have, or are confirmed to have, **any infectious/transmissible disease**, their property must be handled with care as per the [Isolation of Patients with suspected or confirmed Infections SOP](#) by staff using PPE (personal protective equipment).

Items that can be safely wiped down such as jewellery should be cleaned with, for example, Clinell universal wipes. These should be placed in a sealed bag. A property sheet should be completed and attached to the outside of the sealed bag.

Where a patient suspected to have an infectious disease receives a negative result, their property can be removed from the bags and follow normal patients' property rules.

Where a patient has had a positive result, upon recovery follow normal patients' property rules.

5.15 Unclaimed Property

Unclaimed property relates to those items left behind by patients or their relatives following the patient's discharge, transfer, or death.

Lost property is defined as items found on the Trust premises, potentially because they have been lost by the owner.

Every effort should be made to return unclaimed and lost property to the patient or rightful owner as soon as practicable. This is important in the case of items deemed to be valuable.

If it proves impossible to identify or contact the rightful owner, the property should be retained in safe custody by the General Office and may be disposed of within appropriate timescales.

Any items of unclaimed property that are not already in the Trust care should be taken into Trust care in accordance with normal procedures for accepting and documenting patients' property and taken to the General Office as soon as possible.

Once in possession of all the unclaimed items, the General Office should send a letter to the patient or their representative asking them to contact the Trust to arrange collection of the unclaimed property. This letter should indicate that failure to collect after the appropriate retention period will lead to disposal of the said items; and be sent by Special Delivery so that it can be tracked. If the first attempt to make contact fails, all reasonable steps should be taken to make further contact and detailed records should be kept of these efforts.

Details of property found on Trust premises should be documented in a register which is held by the General Office. All items of found property should be securely stored and taken to the General Office the same day or the following day during normal office hours. If items cannot be taken, the General Office should be contacted so that arrangements can be made for collection.

If efforts to contact the patient or their representative are unsuccessful, **valuable** items should be kept for a reasonable time before disposal. Based on provisions in the Limitation Act 1980, a period of six years should be considered reasonable. However, it is good practice to seek independent advice before disposing of the items, even after six years.

In the case of items of low value, staff should follow the same procedure as valuable items. These items should be retained for 2 months. If the items are not claimed these items can be disposed of following the procedure outlined below.

In the case of unclaimed soiled items, these can be disposed of immediately.

5.16 Disposal of Property

Once the retention period has expired (6 years unclaimed items) a list of all items of unclaimed **valuable** property that is ready for disposal should be sent to the Head of Procurement.

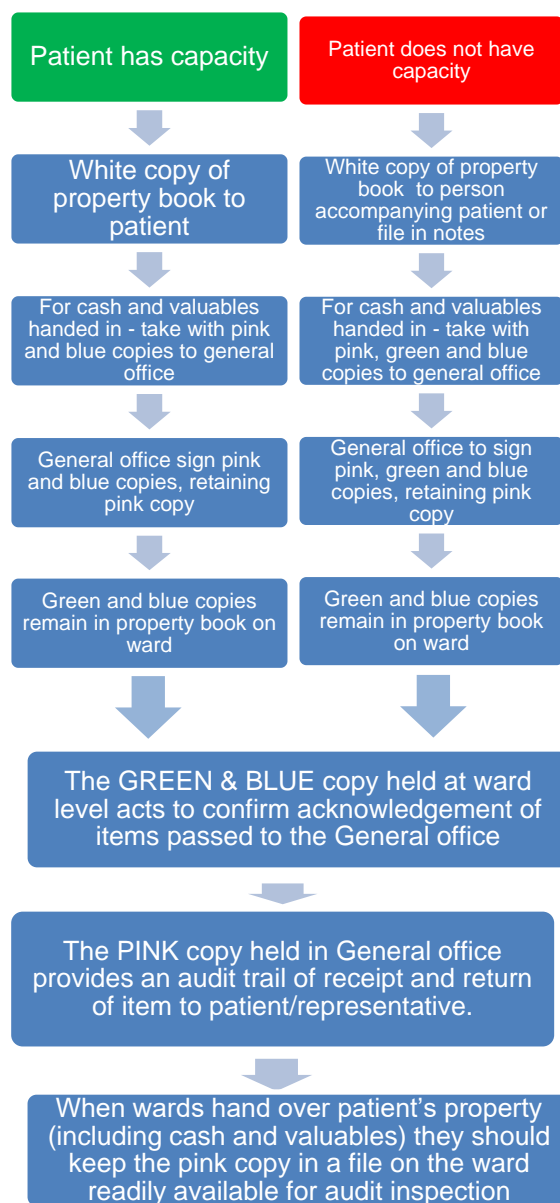
Depending upon what the items of property are, the Head of Procurement will determine its value and achieve best price for its sale by reference to the Trust Auctioneers; suppliers of similar items or carrying out a quotation exercise.

The proceeds received from the sale of these items are placed in the Trust General Charitable Fund.

Unclaimed items of low value can be disposed of by the Trust in accordance with the Trust [Waste Management Policy](#) after a period of two months.

The Trust must keep detailed records of all attempts made to trace the owner of unclaimed property. 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 should have no claim on their unclaimed property.

5.17 Summary of the Use of Patient's Property Book Copies



5.18 Patient Discharge

When a patient is discharged, the ward will contact General office that will deal with property listed in Sections A and B. Valuables will be returned directly to the patient or next of kin. They should be requested to sign and date the PINK copy that is then retained by the General office as evidence of item handed over. Staff will obtain the signature of the patient for non-valuable items listed in Section B.

If the patient cannot sign, the relative or other authorised person should sign whilst also stating their relationship to the patient. If practicable, the patient should give written consent for their property to be collected by a relative, friend etc. The nurse/midwife or administrative officer present should witness the patient's written consent. In certain cases, medical opinion should be obtained if the patient's

ability to manage their own affairs is in doubt. The reason for the patient not signing must be stated.

In some instances, e.g., at weekends and evenings it will not be possible for property to be reclaimed from the General office. Patients/relatives should be requested to telephone to make an appointment to attend the General Office on the next working day to collect the property.

5.19 Summary of Action for Deceased Patients and Use of Notice of Death Form

When the patient death has been certified, the small **notice of death form** is completed in black biro and the **white copy of the notice of death form** attached to the shroud.

The notice of death form must note any items of jewellery which have been left with the deceased. At the same time the green mortuary copy in the Patient's Property Book should be completed. If the death occurs outside normal working hours **at least the patient demographics and Section D must be completed and signed before the body leaves the ward.** The rest of the form may be completed, if necessary, by the ward clerk as soon as possible on the next working day.

Any property or valuables for the General Office should be listed in Section B. If the death occurs outside normal working hours the property should be kept in a safe or other secure area within the ward or department until it can be taken to the General Office, together with the white and pink copy of the deceased Patient's Property Book. Receipt of the property should be acknowledged by the signature of a member of the General Office staff and witnessed by the person handing over the property. Refer to **section 5.5** for further detail.

If the ward or department has difficulty in taking valuables to the General Office, General Office staff are prepared to collect the property. The General Office should be notified as soon as possible that there is a property for collection.

If there is no property or valuables to go to the General Office then section C tick box should have a cross put in it, identifying that there is "Nothing for General Office", signed by the person completing the form and both copies sent to the Bereavement Office.

When the Patient's Property Book is completed and the property checked and bagged, the book with the green and blue copy, together with the property for the Bereavement Office should be taken to the Bereavement Office. If the death occurs outside normal working hours the property should be kept in a safe or other secure area within the ward or department until such time as it can be taken to the Bereavement Office.

Receipt of the property should be acknowledged by signature and witnessed by the person handing over the property. The property book with the blue copy is returned and retained on the ward.

Return of property to relatives from the Bereavement Office

Relatives should sign and date the green copy to indicate that the property has been received. The form is then photocopied. The white copy is retained by the relative and the photocopy by the bereavement office.

Return of property to relatives from the General Office

Relatives should sign and date the white copy to indicate that the property has been received. The form is then photocopied. The white copy is retained by the relative and the photocopy by the General Office.

5.20 Issuing of Patient's Property Books

Patient's Property Books are controlled stationery items and should remain unique to that ward or department. All completed books **must** be returned to the General office.

The General Office will maintain a signed record of returned books as evidence of these prior to the issue of a new book.

6 TRAINING/SUPPORT

Staff receive support and advice on the contents of this policy from their Lead Nurse/Midwife/Department Manager (or nurse/midwife/manager in charge at the time) during the property recording process until they are familiar with the procedure. Senior nursing staff can contact the General Office for further advice and support if required.

A non-mandated training package for [Patient Property and Valuables](#) is available for staff to complete. Once reviewed and understood by staff, staff should sign the declaration page before returning this single page to their Lead Nurse/Midwife / Line Manager. Records will be held locally for use in the event of any untoward incident or allegations regarding property holding.

Once completed, staff should give their completed declaration to their manager for filing in their personal file.

A flow chart has also been designed and is available at ([Appendix 6](#) which details the processes to follow in this policy. This flowchart should be laminated and attached to the front of the property book for easy reference, and further copies placed at each ward station and in ward storerooms where property may be stored.

7 PROCESS FOR MONITORING COMPLIANCE THTH

General Office staff will work in conjunction with Matrons to establish whether all staff are aware of the Patients Property Procedures, that they are being adhered to. All breaches of this policy will be recorded on the Trust Incident database Datix.

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Ward safe content checks	Treasury Officer	Audit	Monthly	Report to Financial Services Manager	Discussion with Individual Ward Managers and/or Matrons Meetings	Matrons Meetings
Incidents related to Patient Property	Ward/department managers	Datix	Daily	Report to Governance meetings if trends identified	Discussion with Individual Ward Managers and/or Matrons Meetings	Matrons Meetings Lead Nurse/Midwives meetings via Governance structure
Complaints/concerns raised regarding patient property management	Complaints and PALS Lead	Audit	Monthly	Report to Matron and Lead Nurse/Midwife for area concerned	Matron and Lead Nurse/Midwife	Matrons' meetings

See compliance monitoring chart below.

8 EQUALITY

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

9 ASSOCIATED DOCUMENTS

- [Anti-Fraud and Bribery Policy](#)
- [Disciplinary Policy](#)

10 FAILURE TO COMPLY

The Trust is absolutely committed to maintaining an honest, open, and well-intentioned culture within the Trust. It is therefore committed to the elimination of any fraud within the Trust. If fraud is suspected in relation to the Patients Property Policy, please report to the Trust's Local Counter Fraud Specialist or Operational Director of Finance or call the National Fraud and Corruption reporting line on 0800 028 40 60.

For more information/ guidance on reporting concerns please refer to the Trust's [Anti-Fraud and Bribery Policy](#). The policy is available on the Trust's Intranet.

11 REFERENCES

Healthcare Financial Management Association (2016) Patients' Monies and Belongings, Third Edition. <https://www.hfma.org.uk/system/files?file=patients-monies-and-belongings-%28look-inside%29.pdf&sfvrsn=0> [accessed 23.11.23].

NHS England (2023) Guidelines for preventing and managing denture loss in hospitals and community residential settings. <https://www.england.nhs.uk/primary-care/dentistry/management-and-prevention-of-denture-loss/> [accessed 6th November 2023].

Limitation Act 1980. An act of Parliament in the United Kingdom applicable only to England and Wales. It is a statute of limitations which provides timescales within which action may be taken for breaches of the law. [Limitation Act 1980 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1980/28)

Mental Capacity Act 2005. The Mental Capacity Act 2005 is an act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9)

12 APPENDICES

Appendix 1

The Dudley Group
NHS Foundation Trust
PATIENT'S PROPERTY RECORD
PATIENTS RECEIPT

NO. **201451**

Form to be completed in Capital Letters

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____

SUPPLEMENTARY BENEFIT/PENSION BOOKS
 Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/P.O.'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	_____
Credit Card	Y/N _____
Debit Card	Y/N _____
Other Card	Y/N _____

BANK/BUILDING SOCIETY/SAVINGS BOOKS	
CASH	
£50	_____
£20	_____
£10	_____
£5	_____
£2	_____
£1	_____
Silver	_____
Bronze	_____
TOTAL	_____

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **NOTE FOR PATIENT**

You should ensure that you receive a separate official receipt for any cash handed over.
 This receipt will be issued by the General Office.
 Any cash handed over will be reimbursed by means of cash (up to £100 limit), balance by cheque.

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name
 to collect any property/cash (delete if applicable) belonging to me. Date _____
 Witness _____ Print Name _____

**THIS COPY TO BE HANDED TO THE PATIENT
OR FILED IN THE PATIENT'S RECORDS**

Appendix 2

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

Form to be completed in Capital Letters

**PATIENT'S PROPERTY RECORD
FINANCE COPY**

Section A HOSPITAL _____ WARD _____
SURNAME _____ FORENAME(S) _____
ADDRESS _____ PATIENTS' UNIT NO. _____
DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
BANK/BUILDING SOCIETY/SAVINGS BOOKS _____

SUPPLEMENTARY BENEFIT/PENSION BOOKS
Registration No. _____
Amount of benefits _____
Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/PO'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	_____
Credit Card	Y/N _____
Debit Card	Y/N _____
Other Card	Y/N _____

CASH	
£50	_____
£20	_____
£10	_____
£5	_____
£2	_____
£1	_____
Silver	_____
Bronze	_____
TOTAL	_____

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
Staff Signature _____ Staff Witness _____
Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**
Patients uncollected property by next of kin has been passed to:
Bereavement Officer General Office
Staff Signature _____
Staff Witness _____
Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name _____
to collect any property/cash (delete if applicable) belonging to me. Date _____
Witness _____ Print Name _____

Section F
I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.

SIGNATURE _____ Print Name _____ DATE _____
ADDRESS _____

Appendix 3

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

Form to be completed in Capital Letters

**PATIENT'S PROPERTY RECORD
MORTUARY COPY**

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
 SUPPLEMENTARY BENEFIT/PENSION BOOKS BANK/BUILDING SOCIETY/SAVINGS BOOKS

CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/P.O'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	
Credit Card	Y/N
Debit Card	Y/N
Other Card	Y/N

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient
 Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**
 Patients uncollected property by next of kin has been passed to:
 Bereavement Officer General Office
 Staff Signature _____
 Staff Witness _____
 Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.
 SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name
 to collect any property/cash (delete if applicable) belonging to me. Date _____
 Witness _____ Print Name _____

Section F I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.
 SIGNATURE _____ Print Name _____ DATE _____
 ADDRESS _____

Appendix 4

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

**PATIENT'S PROPERTY RECORD
WARD COPY**

Form to be completed in Capital Letters

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
SUPPLEMENTARY BENEFIT/PENSION BOOKS
 Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____
DETAILS OF CASH/CHEQUES/P.O'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	_____
Credit Card	Y/N _____
Debit Card	Y/N _____
Other Card	Y/N _____

CASH	
£50	_____
£20	_____
£10	_____
£5	_____
£2	_____
£1	_____
Silver	_____
Bronze	_____
TOTAL	_____

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**

Patients uncollected property by next of kin has been passed to:
 Bereavement Officer General Office
 Staff Signature _____
 Staff Witness _____
 Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.
 SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name _____
 to collect any property/cash (delete if applicable) belonging to me. Date _____
 Witness _____ Print Name _____

Section F I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.
 SIGNATURE _____ Print Name _____ DATE _____
 ADDRESS _____

Appendix 5

Liability for Loss of Property Form

Patient Name:.....

Patient Hospital Number:.....

Ward:.....

Liability for loss of property

You are advised to hand to the Nurse in charge of the ward as soon as possible any articles you wish to be kept in safe custody and a receipt will be given to you.

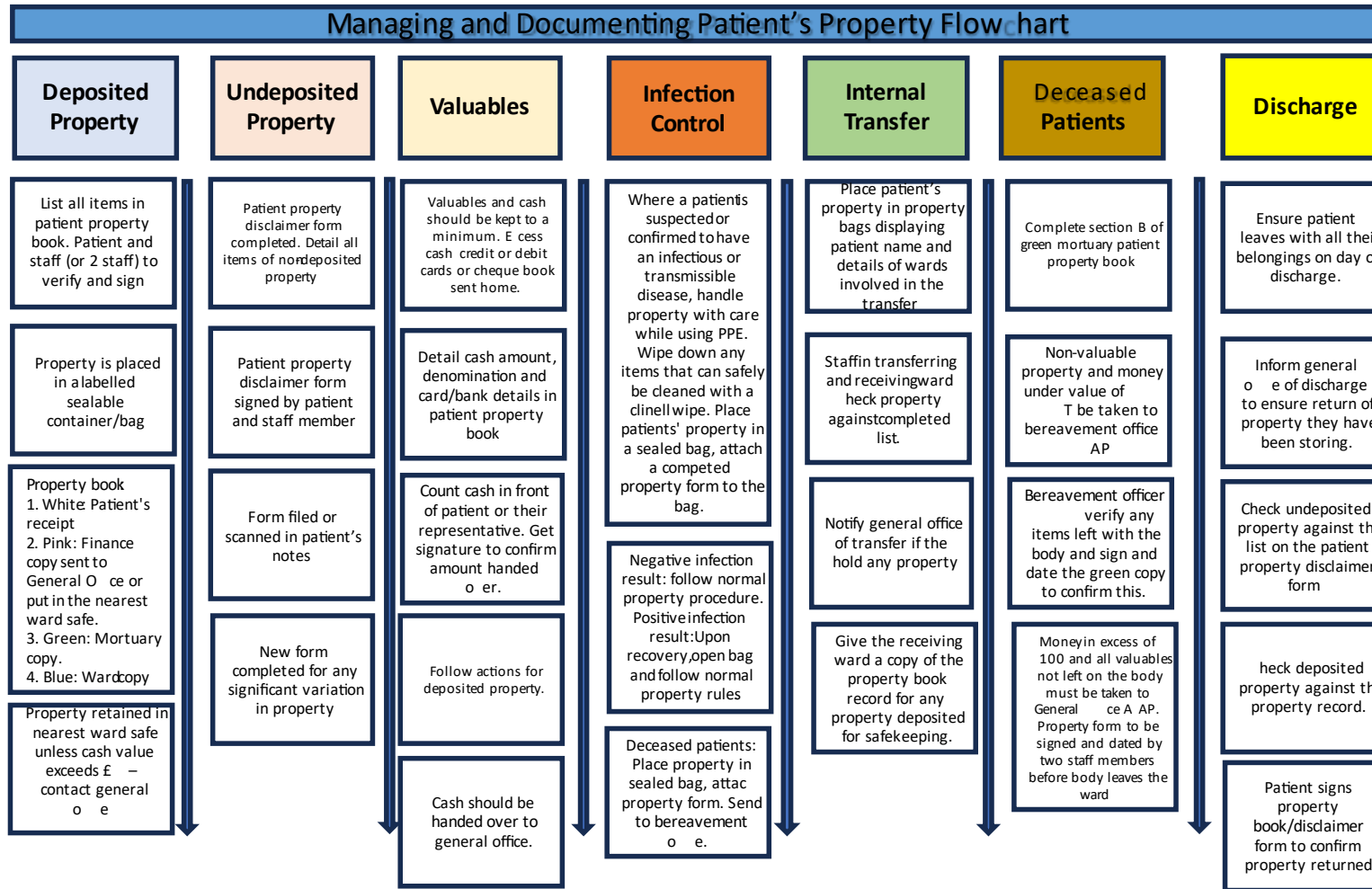
The Dudley Group does not accept responsibility for loss of or damage to personal property (including money) of patients caused by third parties or unknown persons unless such property has been deposited in safe custody.

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

Signature of Patient/Relative..... Date

Print Name..... Relationship to Patient (if applicable).....

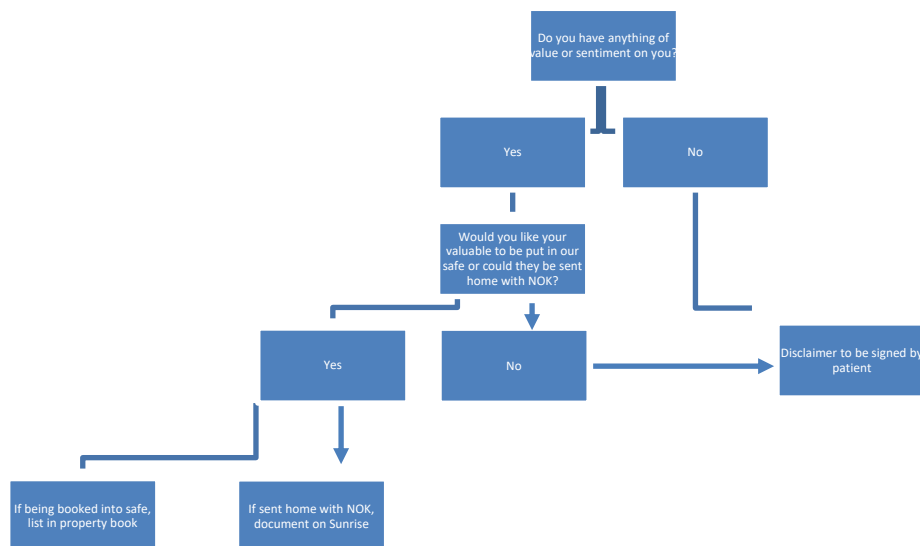
Appendix 6



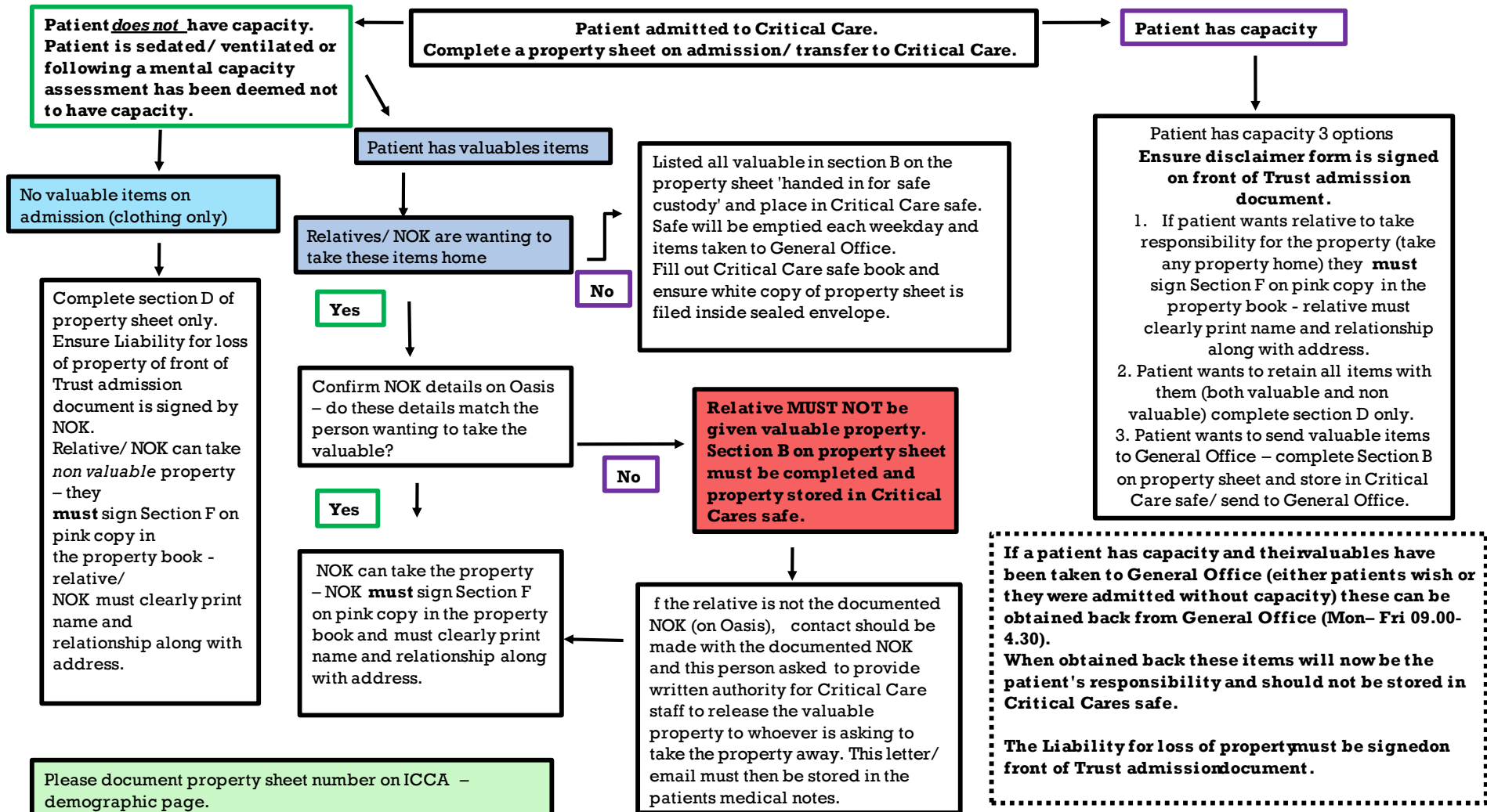
Appendix 7

Emergency Department Property Management Flowchart

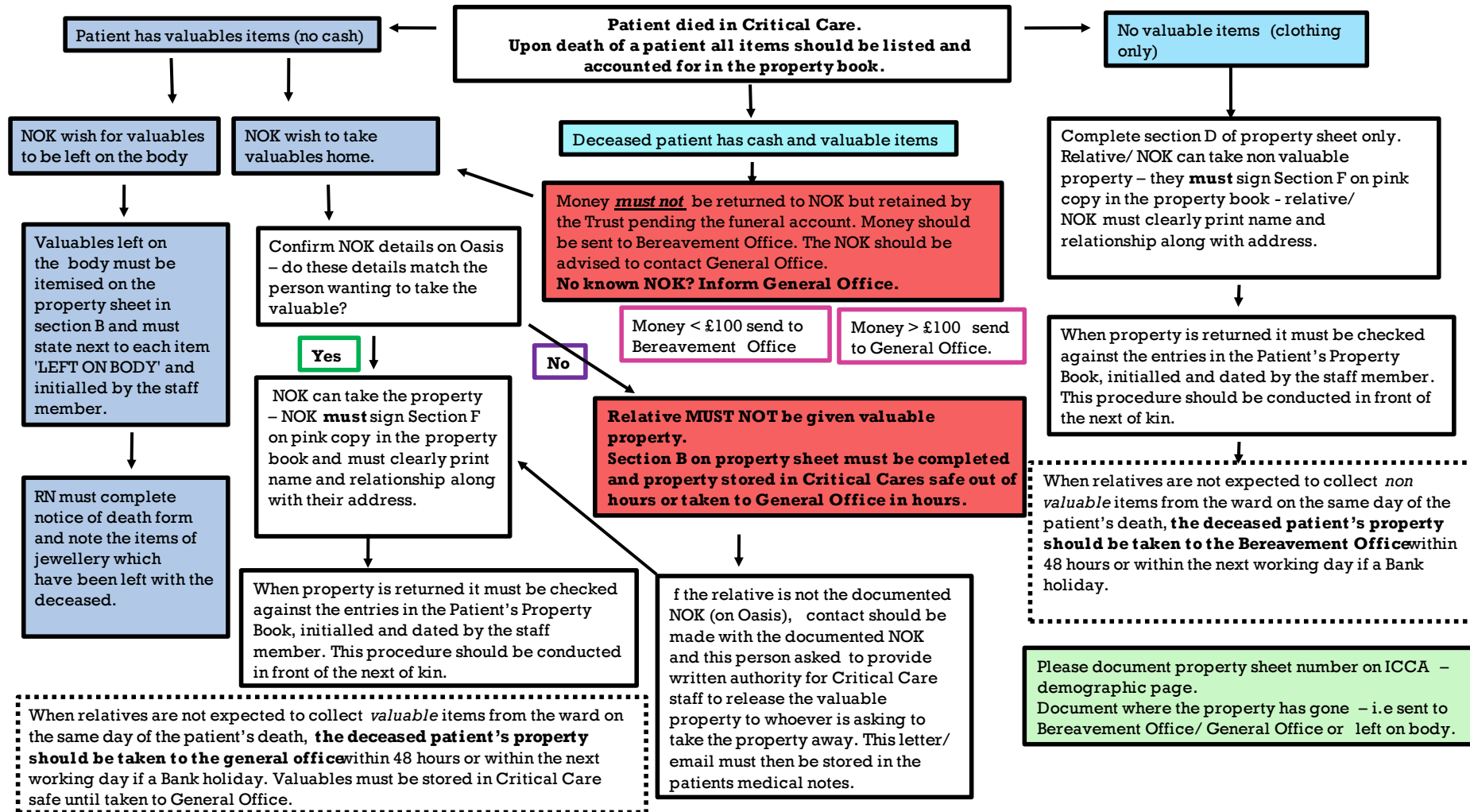
On admission to the Emergency Department into a cubicle staff are to ask the patient:



Appendix 8



Appendix 9



PATIENT'S PROPERTY AND MONEY POLICY	DOCUMENT TITLE:	PATIENT'S PROPERTY AND MONEY POLICY
	Name of Originator/Author /Designation & Specialty:	[REDACTED] Head of Financial Services [REDACTED] Divisional Chief Nurse, Surgery, Women and Children.
	Director Lead:	Interim Chief Nurse
	Target Audience:	All Trust staff who have dealings with patients and their property.
	Version:	6.0
	Date of Final Ratification:	07 March 2024
	Name of Ratifying Director Lead/Sponsor:	[REDACTED]
	Review Date:	31/03/2027
	Registration Requirements Outcome Number(s) (CQC)	Safe Caring Responsive
	Relevant Documents /Legislation/Standards	
	Contributors:	Designation: Deputy Divisional Chief Nurse Deputy Director of Infection Prevention & Control Head of Patient Experience
The electronic version of this document is the definitive version		

CHANGE HISTORY

Version	Date	Reason
1.0	July 2007	This is a new document
2.0	December 2010	Revised and updated
3.0	March 2014	Revised and updated
3.1	April 2016	Updated to include Patient Property Audit recommendations
3.2	December 2016	Full revision of document – draft for comment
4.0	February 2017	Revised document
5.0	September 2020	Updated to include Covid requirements and a flow chart which is to be stored on the front of the book, on ward station and in ward storeroom.
6.0	March 2024	Scheduled full review

A translation service is available for this document. The Interpretation/Translation Policy, Guidance for Staff is located on the intranet under Trust-wide Policies.

Contents		
Section		Page Number
1	Introduction	4
2	Statement of Intent	4
3	Definitions	4
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THE DUDLEY GROUP NHS FOUNDATION TRUST

PATIENT'S PROPERTY AND MONEY POLICY

1. INTRODUCTION

This Policy is designed to protect both the interest of Trust staff (including those working full and part time, substantive, temporary, voluntary) as well as patients about the management and security of patient property and money. Failure to comply with the content of the policy may result in the logging of a formal incident, investigation, and potential disciplinary action.

This Policy should be read in conjunction with the Trust [Standing Financial Instructions](#).

Staff should also note the following points concerning this policy:

- The Trust solicitors have advised that any money that is left as part of a deceased patient's property cannot be returned to the next of kin unless they have provided evidence to show they are the executor of the estate, or they have a Grant of Representation that shows them to be the legally authorised person to deal with the deceased patient's estate and any potential assets.
- Whilst the Policy is applicable Trust wide, please note specific sections for handling property in the Emergency Department (section 5.2; [Appendix 7](#)) and Critical Care Unit (section 5.2; 5.5; [Appendix 8](#); [Appendix 9](#)) and handling property of patients with communicable/transmissible disease (section 5.14).
- When reference is made to checking of property and completing Patient Property Book, these checks can be made by two staff members using any combination of roles from the following staffing groups: Registered Nurses; Registered Midwives; Registered AHPs; Clinical Support Workers; Midwifery Support Workers.

2. STATEMENT OF INTENT/PURPOSE

The aim of this policy is to ensure that property and money of patients is safeguarded in a systematic, effective way and to ensure that all monies handed over to the Trust are receipted.

It protects service users' property from theft, loss, or damage whilst under the care of the Trust.

3. DEFINITIONS

AHP: Allied Health Professional
ASAP: As soon as possible
CSW: Clinical Support Worker
DoLS: Deprivation of Liberty Safeguards
ED: Emergency Department
IP: Inpatient.
LPA: Lasting Power of Attorney
MCA: Mental Capacity Act
MSW: Midwifery Support Worker
PPE: Personal Protective Equipment

4. DUTIES (RESPONSIBILITIES)

4.1. Trust Board

The Trust Board is responsible for ensuring there is a robust safe and systematic process for dealing with patients' money and property.

4.2. Chief Executive Officer

The Chief Executive Officer is ultimately responsible for ensuring effective finance systems are in place within the Trust and therefore supports Trust-wide implementation of this policy.

4.3. Director Lead

The Director of Finance is the delegated Director Lead and responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property.

4.4. Chief Nurse

The Chief Nurse is responsible for ensuring that nursing, midwifery and AHP staff are aware of this policy and its contents.

4.5. Divisional Chief Nurse/AHP

The Divisional Chief Nurse/AHP are responsible for monitoring incidents and complaints that identify situations where this policy was not followed, instigating further investigation as appropriate.

4.6. Matrons

Matrons are responsible for ensuring that Lead Nurses and Midwives implement this policy within their teams.

4.7. Departmental and ward managers

Ward and departmental managers are directly responsible for ensuring this policy is implemented in their ward and unit. This includes monitoring compliance.

4.8. Bereavement Office Staff

Bereavement office staff are responsible for receiving and checking deceased patients' property, updating the Bereavement and Mortuary book, and ensuring property is collected by next of kin.

4.9. All Nursing/Midwifery/AHP Staff

All Nursing/Midwifery/AHP staff are responsible for following this policy, ensuring that all patients' property is kept safe and documented on admission. They will ensure a liability form for property brought into hospital is signed by the patient (or next of kin) on admission. Staff will encourage patients to send valuables home and keep personal property in the hospital to a minimum.

5 PROCESS

5.1 Pre-Admission

Information should be conveyed to all planned admission patients discouraging unnecessary property/valuables from being brought into hospital. This may be by sending the Trust "[Your Stay in Hospital](#)" booklet and/or in specific admission letters.

5.2 Admissions

A record of Patients Property **MUST** be completed in respect of **EACH** and **EVERY** admitted patient. This record must be in the form of either the [Patient Disclaimer Declaration form \(Appendix 5\)](#), when property is retained by the patient, or the Patients Property Book where property is handed over to the Trust for safekeeping.

The Patient's Property Book is a 4-part No Carbon Required (NCR) form (see [Appendix 1-4](#)):

- 1st copy White – Patient copy
- 2nd copy Pink – Finance copy
- 3rd copy Green – Mortuary copy
- 4th copy Blue – Ward copy

All patient's property and valuables **MUST** be recorded in the Patient's Property book if handed over for safe keeping, signed and dated by two staff members. (Any

two staff members from the following staff groups may be signatories: Registered nurse/midwives/AHPs and Clinical/Maternity Support Workers)

Entries should be written clearly on a firm surface so that details are legible on all 4 copies.

Patients bringing in property/valuables, which they will not require in hospital, should be encouraged to hand them over to relatives or friends on admission to take home. For guidance on the handling of patients own medicines refer to the [Medicines Management Policy](#).

Patients are advised to avoid keeping more than £10 of cash with them during their admission. They are asked to deposit cash and any valuables with a combined excess value of £100 with the General Office.

Emergency Department Admissions – Please refer to flow chart in ([Appendix 7](#)).

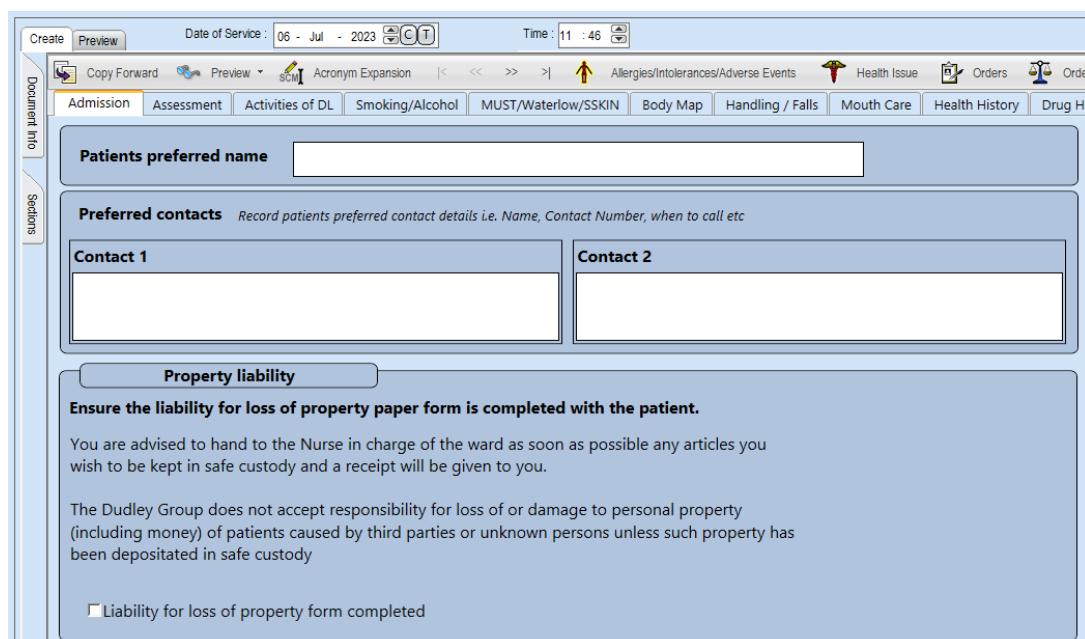
Critical Care Admissions – Please refer to flow chart in ([Appendix 8](#)).

5.3 Disclaimers

Patients are to be advised that the hospital cannot accept responsibility for their property unless it is handed to the ward staff for safekeeping and an official receipt obtained.

As part of the admission process, a [Patient Disclaimer Declaration form](#) **MUST** be signed and dated by all patients (other than those who are not capable of signing for clinical reasons – in which case this must be documented on the form and be completed by two people, either a relative (if present) and a member of staff or two members of staff, or in the case of children, their parents or carers. This form is then either filed in the patient medical records or it can be scanned and uploaded to the patients record on Sunrise.

A record **MUST** also be made in the Nursing IP Admission Document on Sunrise stating whether a disclaimer has been obtained or not. The screenshot below shows where this is found on the Sunrise Nursing IP admission document. Staff just need to tick the box to indicate completion.



The screenshot shows a web-based patient record form. At the top, there are navigation tabs: 'Admission', 'Assessment', 'Activities of DL', 'Smoking/Alcohol', 'MUST/Waterlow/SSKIN', 'Body Map', 'Handling / Falls', 'Mouth Care', 'Health History', and 'Drug His'. Below these are three main sections:

- Patients preferred name:** A single text input field.
- Preferred contacts:** A section with the instruction "Record patients preferred contact details i.e. Name, Contact Number, when to call etc". It contains two sub-sections: "Contact 1" and "Contact 2", each with a large text area for input.
- Property liability:** A section with a title "Property liability" and a bold instruction: "Ensure the liability for loss of property paper form is completed with the patient." Below this is a paragraph of text: "You are advised to hand to the Nurse in charge of the ward as soon as possible any articles you wish to be kept in safe custody and a receipt will be given to you." Another paragraph follows: "The Dudley Group does not accept responsibility for loss of or damage to personal property (including money) of patients caused by third parties or unknown persons unless such property has been deposited in safe custody." At the bottom of this section is a checkbox labeled "Liability for loss of property form completed".

5.4 Patient's Property Book

Where property is to be handed over for safe custody, the instructions printed in the Patient's Property Book **MUST** be followed in conjunction with [Standing Financial Instructions](#).

The Patient's Property Book is the only official record for the purpose of recording property. The Property Books are controlled stationery and must be held securely in a locked drawer/cupboard in the ward/department under the supervision of the nurse/midwife in charge of the ward.

Once a patient has been admitted, nursing/midwifery staff should not hand over cash/valuables to relatives or friends without:

- Gaining written permission of the patient who signs to that effect.
- Obtaining a signature of the receiver
- Documenting the relationship of the receiver to the patient
- Documenting their name and address on the **pink** copy in the property book.

When a patient is unable to give permission e.g., unconscious or does not have capacity (see below) then nursing/midwifery staff must ensure that all their cash/valuables are delivered to the General Office and staff there will deal with any requests from relatives.

If the patient's ability to handle their own affairs is in doubt, staff must, in reference to the [Mental Capacity Act 2005](#) (MCA), seek a medical opinion to determine capacity. The reason for the patient not signing must be stated and staff signatures confirming this **MUST** be completed. Consideration should be made in these cases

if it is necessary to report patients as a vulnerable adult or they may require a [Deprivation of Liberty Safeguards](#) (DOLS) application.

The Patient's Property Book **MUST** be used to record all property taken into safe custody when found in the possession of patients who have been assessed as not having the capacity to deal with their own property and affairs. Examples where this may be applicable are:

- Certain Psychiatric disorders
- Confused and/or disorientated.
- Dying in hospital
- Severely incapacitated for any other reason
- Found to be dead on arrival and brought into the hospital.
- Mortuary staff will deal with those patients who are certified dead in an ambulance.
- Brought into ED and are incapacitated.

5.4.1 Completion of the Patients Property Book

The Patient's Property Book is to be used to record only those items handed over to representatives of the Trust. Sections A and B on the white copy, (applying sufficient pressure to the pen to enable copying onto the pink, green and blue copies), are to be used for cash and valuables including debit/credit cards and cheque/bank books. Specific card numbers and bank account numbers **MUST NOT** be recorded; only which organisation they are from.

When recording money handed in to staff, please record accurately.

For example:

- A patient hands in £150 in £50 notes, enter 3 x £50 in the box next to £50.
- A patient hands in £100 in £20 notes, enter 5 x £20 in the box next to £20.
- A patient hands in £50 in a mix of notes, enter, for example, 1 x £20, 1 x £10, 4 x £5 next to the relevant denomination box.
- Silver and bronze are the total amount and **do not** require breaking down into individual coinage.

CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

The pink copy of the patient's property form **MUST** be stored with the items that have been handed over for safe keeping.

Sums of cash or valuables (usually jewellery) with a combined excess value of more than £100 must be taken to the General Office in working hours. If there is any doubt regarding the possible value of non-cash items, then advice can be sought from the General Office.

Outside of working hours, valuables more than £100 must be placed in the nearest ward safe and transferred to the General Office on the next working day.

Cash and Valuables below £100 must be placed in the nearest ward safe. Ward Safes are at the following locations:

- Children’s Ward Coronary Care Unit/High Dependency Unit
- Critical Care Unit Maternity Unit
- Emergency Department (also to be used as ‘Night Safe/Out of normal Hours’)
- Ward A1 Ward A2 Ward A3
- Ward B2 Ward B3 Ward B4
- Ward B5 Ward B6 Ward C2
- Ward C3 Ward C5 Ward C7
- Ward C8 Ward C4
- Rainbow Unit: Ground floor in the Ops Room
- Rainbow Unit: 1st floor in the nurse office

If a safe is not located on the ward where the patient is, items should be taken to the nearest ward safe and handed over to receiving ward staff who must place the items inside their safe, and two signatures and dates obtained to record this relocation of property.

5.4.2 Summary of Property Book Use

	Complete all details clearly, using sufficient pen pressure to populate all 4 copies of the document
White copy	Given to the patient or relatives as a record of property handed in for safe keeping (Appendix 1)
Pink copy	If valuables are deposited, this copy is held by the ward or General Office. It is signed by the patient or relatives when they receive the property (Appendix 2)
Green copy	This copy is used when the patient is deceased, taken to the Bereavement Officer with the blue copy. Once signed as accepted items, the blue copy and book returned to the ward. (Appendix 3)
Blue copy	Retained in the Patient Property Book on the ward (Appendix 4)
Used full property book	Return the used Patient Property Book to the General Office. A new book will be issued. The Finance Department will retain the pink and blue copies for 18 months after the end of the financial year.

5.5 Deceased Patients

Where a patient dies in hospital, or is certified dead in the Emergency Department, the Trust has a duty to look after their property until such time as it can be handed over to the appropriate person(s). Personal effects which require attention will include any items brought by or for the patient from home, their clothes, and any jewellery removed during preparation of the body. Where there is a confirmed next of kin, personal effects will need to be returned to them. More valuable items will constitute part of the patient's estate, and therefore need to be passed to the executor or administrator (which may or may not be the next of kin). Importantly, the Trust should document what happens to the deceased's belongings.

The Bereavement Officer should be notified of deceased patients daily for Medicine, Orthopaedics, Surgery and Paediatrics/Neonatal Unit.

Upon the death of a patient, all their property (that is not already in safe custody) should be listed and accounted for using the same procedures for recording of property for safe keeping, i.e., all property should be recorded in the Patient's Property Book. Any opened food and drinks items will be disposed of by staff.

If valuables are left on the body at the request of the next of kin, this should also be entered into the Patient's Property Book, ticking the box which states, "left on body" and initialled by the member of staff undertaking last offices. The list of valuables left on the body also needs to be stated on the notice of death that is attached to the shroud.

When the body is taken to the mortuary from Emergency Department, nursing staff will ensure porters take all the patient's property with them. The property must be tagged and have a property list with it. Out of hours, mortuary staff must transfer any property left by porters to the bereavement office the next working day.

When relatives are not expected to collect items from the ward on the same day of the patient's death, the deceased patient's property should be taken to the Bereavement Office within 48 hours or within the next working day if a Bank holiday.

Property and valuables should be taken by the ward clerk to the Bereavement Office for storage until collected by relatives. The white and pink copies from the Deceased Patient's Property Book are to be given to the Bereavement Officer. The relative who receives the property will be asked to sign the forms. The white copy will be given to the relative and the pink copy returned to the ward.

The Bereavement Officer may store cash and valuables for up to 2 working days. Any valuables not collected by relatives within 2 working days should be passed to General Office.

In accordance with advice provided by the Trust solicitors, the identity of the next of kin must be verified prior to the release of any of the deceased patient's property. A form of identity, in the form of the deceased patient's will, or evidence to support

that they are the person named in the deceased patients medical records, must be checked.

Property and valuables will only be returned to the next of kin.

As per the Trust solicitor's advice, money **must not** be returned but retained by the Trust. The first charge on a deceased person's estate is the funeral expenses and the Trust has an obligation to ensure that any money it holds is discharged in this manner. The General Office Manager will require evidence that the funeral account has been paid prior to releasing the balance of patient monies owed. Next of kin should be advised that the balance of any money above £100 would not be available immediately.

Where a patient dies and there is no Will, a Grant of Representation needs to be produced by the person collecting any monies held by the Trust that shows them to be the legally authorised person to deal with the estate and any potential assets.

When property is returned it must be checked against the entries in the Patient's Property Book, initialled and dated by the staff member. This procedure should be conducted in front of the next of kin and their signature and date obtained to confirm receipt of the property.

In the absence of any known next of kin, the General office should be informed immediately or on the next working day if outside of normal office hours.

In all cases details must be entered on the property form to indicate where money and valuables have been sent.

Any property sent to the Bereavement Office must have a completed property sheet otherwise it will be returned to the ward.

Money from deceased patients and any valuables which have not been left on the body must be taken to the General Office.

Section B of the Patients Property Sheet (Mortuary Green Copy) is to be used to identify jewellery and other items left on the deceased (initialled and dated by Ward or ED staff). This form must be completed and signed before the body leaves the Ward or Emergency Department.

The Bereavement Officer must verify the items left with the body and sign and date the green mortuary copy (retained for mortuary records) to confirm this.

For patients who die in Critical Care, please see ([Appendix 9](#)).

5.6 Ward Safe Checks

Monthly ward safe checks will be undertaken by Finance staff to ensure any cash and valuables held at ward level are transferred to the General Office.

5.7 Care of Cash and Valuables

Full details of the patient must be entered in the Patient Property Book in capital letters; all entries should be legible and written in black/blue ballpoint pen.

All cash handed over must be clearly recorded on the form in the appropriate section and clearly detail in value by the denominations of each coin/note (**see section 5.4.1**). The counting and recording of this money must be undertaken by two members of staff, who must sign and date the property form as a record of the value handed over, in the presence of the patient who must also sign to confirm that this is the amount handed over (if possible). It should be noted that friends or a relative may be present during this process if the patient is unable to see this happening.

This money must be then placed in a sealed envelope which is signed and dated by both members of staff and the patient (if possible). A patient identification label should be applied to the envelope. The sealed envelope must then be taken to the General Office, or if outside of office hours, placed in the ward safe and the General Office staff notified the next working day so that they can arrange collection.

Items such as jewellery, watches and any other valuables **MUST** be described. In describing items of jewellery, watches etc., descriptions such as “gold”, “silver”, or “diamond” etc., **must not be used**. Instead, yellow/white, coloured metal, stones etc., should be used. These items must be placed in a sealed envelope which has been signed and dated by two members of staff and the patient to confirm the contents.

Any spoiled copies in the patient property book should be clearly marked “cancelled” and the copies should be retained in the property book on the ward or department.

Details of property comprising bank and savings books, premium bonds credit/debit/bank cards etc. should be entered including name of bank. Specific card numbers and bank account numbers **MUST NOT** be recorded; only which organisation they are from.

The member of staff completing the entries in the Patient’s Property Book acts as the receiver of the patient’s property and sign and date the form.

A second member of staff should check the entries and sign and date as “witness” that the details that have been entered are correct.

This procedure should be carried out in the presence of the patient, whenever possible, and they should sign the book agreeing to the items entered. If it is not possible to undertake this in the presence of the patient the reason must be stated in the appropriate space. All those who signed originally should initial any corrections.

Where this procedure is not followed, a Datix Incident Form will be completed.

5.8 Care Of Clothing

Section C of the Patient's Property Book is to be used for clothing and other non-valuable personal effects, which are to be retained by the patient on the ward.

When a patient is admitted and is not able to take responsibility for their clothing, this should be placed in a patient property bag. Where there is soiled clothing, this should be placed in a separate bag within the property bag and labelled as soiled. Relevant information about the condition of clothing should be provided as applicable.

Where a patient is deceased, relatives will be advised of any clothing that is heavily soiled and not suitable to be returned to the next of kin. Permission to destroy such property will be sought from the next of kin.

Hospital laundering service for patients clothing can be arranged if there are no relatives/friends who can remove soiled clothing for laundering on behalf of the patient.

5.9 Short Term Custody of Valuables

When patients are undergoing procedures away from the ward, i.e., theatre, X-ray department, Endoscopy unit etc., small items of jewellery may be locked away for safekeeping using a ward safe or lockable drawer/cupboard.

Relevant details must be documented in a designated small cash receipt book, which is kept solely for this purpose, and all entries and removal of items must be signed for by the patient. Alternatively, the patient must send such items home with their relative/friend.

5.10 Transfers to other Hospitals/Departments/Wards

5.10.1 Transfers Between Hospitals

Ward staff must immediately notify the General Office of a transfer of a patient if the patient has cash or valuables entered in Section A and B. These will then be returned to the patient by the General office staff prior to transfer, if the patient is able to sign a receipt, and the patient will sign the accompanying paperwork to confirm acceptance of their items and that everything deposited has been returned to them.

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 proof of next of kin identity or LPA is received enabling the property to be handed to another party.

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.

5.10.2 Transfer Between Wards/Departments

Prior to any transfer the patient property records must be checked to determine what property has been handed over for safe keeping and its location.

All property retained on the ward in the ward safe must be taken with the patient at the time of transfer, and the patients property book updated to record the date and details of the location of the department the patient is transferring to. This entry must be signed and dated by two members of staff.

At the time the patient is handed over between the departments, the property and paperwork associated with the patient's property must be completed and signed and dated by the receiving ward to acknowledge receipt and take the items into safe custody.

Where patients are unable to sign for their property that is entered in Section C, staff must state on all the property book copies that the patient is being transferred (include destination and date). All property listed in Section C must transfer with the patient and the receiving ward must then account for the property on admission. The receiving ward must sign and date the pink copy on receipt of the property, thus completing the audit trail.

Any discrepancies between the paperwork and property transferred must be thoroughly investigated by the Ward or Department Manager.

General Office must be informed of the transfer where items have previously been entered in Section A and B.

5.11 Requests For Withdrawal of Cash/Valuables

If the patient requires withdrawal of some of their cash during their stay, a request (in the form of a Petty Cash voucher) should be passed to the General Office.

When the cash is paid over to the patient on the ward by a member of staff from the General Office, the patient must sign and date general office paperwork in acceptance of the amount and a member of the ward nursing team must also sign and date as a witness to the handover.

The patient must also sign a disclaimer form, and informed that the Trust cannot accept any liability for any loss of money that is not handed over for safekeeping. This form should be filed or scanned into the patient's records.

Cheques can also be requisitioned to cover such things as household bills etc.

Upon discharge, ward/department staff are asked to remind patients that the maximum cash that can be reimbursed is £100, the remainder will be provided in the form of a cheque or direct payment to the patients' bank account. Patients will be asked to confirm their bank details where bank transfers are made. If there are exceptional circumstances a Senior Finance Manager must be contacted.

5.12 Missing or Damaged Property

5.12.1 Missing Property

If a patient's deposited property is reported missing, staff responsible for its storage and safe keeping should advise the Ward/Department Manager/Matron who must launch an enquiry immediately.

If the property cannot be found, or if circumstances seem suspicious, staff should immediately inform the Ward/Department Manager/Matron immediately who will start an investigation. In addition, an incident should be logged on Datix. If the loss is suspected to have resulted from criminal action this must be reported to the Director of Finance who will involve the Police.

The patient or next of kin should be directed to the Patient Experience Team who can support them with a claim form from the Trust if required.

If a patient's non-deposited property is reported missing, staff responsible for the care of the patient should assist in looking for the property. If the circumstances are suspicious, the Ward/Department Manager/Matron should be informed, and an incident logged on Datix. The patient or their representative should 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.

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 to make effective enquiries when property goes missing.

Staff should 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 should be contacted to ascertain the whereabouts of the property.

Staff making enquiries should pay particular attention to patient transfers which sometimes result in property being left behind in local storage or elsewhere during the transfer process.

5.12.2 Damaged Property

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.

An incident report must be logged on Datix.

If the damage is suspected to have resulted from criminal action, this must be reported to the Director of Finance who will involve the Police.

If a patient's non-deposited property is damaged, staff responsible for the patient's care should make enquiries and alert the Ward/Department Manager/Matron if criminal action is suspected. The patient should be reminded that the Trust does not accept liability for the damage.

5.12.3 Claim for Loss/Damage

Where a claim for loss of property or money is made, an initial investigation must be undertaken by the Ward/Department Manager/Matron. Should there be any concerns regarding the legitimacy of the claim, investigating staff should refer to the policy for guidance.

In cases where a patient is deceased, the Trust will not consider any monetary claims from relatives for lost dentures, hearing aids or spectacles.

Staff should also be aware of and consider possible fraudulent claims and should consider this for every claim. Should there be any cause for concern, staff must inform the nominated Local Counter Fraud Specialist (LCFS) or The Trust's Director of Finance immediately, unless the Director of Finance or LCFS is implicated. If that is the case, they should report it to the Trust Chairman or Chief Executive, who will decide on the action to be taken.

Any misuse of patient monies will be reported to the Local Counter Fraud Specialist and will be managed in line with the Trust [Anti-Fraud and Bribery Policy](#).

5.12.4 Claims for Missing Dentures

Nursing/Midwifery staff complete a Mouth Care Assessment on admission that identifies if a patient has dentures. Patients with dentures will be provided with a denture pot labelled with their name. The patient is advised to ensure that the pot is used to store dentures as required to prevent accidental loss. In addition, a liability for loss of property form is completed on admission.

Should the dentures subsequently go missing, a local search should be made and a Datix incident form completed if they are not located.

[NHS England guidance](#) (2023) for managing loss of dentures should be followed.

Any reimbursement for the cost of lost or broken dentures will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own dentures. Reimbursement would not be offered in this instance.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the mouthcare assessment was not completed on admission, then reimbursement of replacement denture costs should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.12.5 Claims for Missing Hearing Aids

Nursing/Midwifery staff will complete the Activity of Daily Living Assessment on admission to the ward. The communication section will note if hearing aids are worn and with the patient at that time.

Patients will be advised to ensure their hearing aids are stored safely when not in use. A named box, provided by the Patient Experience Team, for the hearing aids will be provided and the patient advised to use this when their hearing aids are not in situ. A liability for loss of property form is completed on admission.

Should the hearing aids go missing, a local search should be made and a Datix incident form completed if they are not located.

Any reimbursement for the cost of lost hearing aids will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own hearing aids. Reimbursement would not be offered in this instance.
- The patient should be asked if the hearing aids are already covered by any household insurance policy. The Division may wish to decline reimbursement if this is in place.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the Activity of Daily Living assessment was not completed on admission, then reimbursement of replacement hearing aid costs should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.12.6 Claims for Missing Glasses

Nursing/Midwifery staff will complete the Activity of Daily Living Assessment on admission to the ward. The communication section will note if glasses are worn and with the patient at that time.

Patients will be advised to ensure their glasses are stored safely when not in use. A named box, provided by the Patient Experience Team, can be provided in the absence of a named glass case. A liability for loss of property form is completed on admission.

Should the glasses go missing, a local search should be made and a Datix incident form completed if they are not located.

Any reimbursement for the cost of lost glasses will be discussed by the relevant Division nursing team on a case-by-case basis, considering the following points:

- If the patient was deemed to have capacity at the time of the incident, they would be deemed responsible for their own glasses. Reimbursement would not be offered in this instance.
- The patient should be asked if the glasses are already covered by any household insurance policy. The Division may wish to decline reimbursement if this is in place.
- If the patient was deemed to **NOT** have capacity and therefore could not be responsible for their property, or the Activity of Daily Living assessment was not completed on admission, then reimbursement of replacement glasses cost should be considered.

When another process may be better suited to cover other potential outcomes, our staff will seek advice and provide clear information to the individual raising the complaint.

We will make sure the individual understands why this is relevant and the options available. We will also signpost the individual to sources of specialist independent advice.

5.13 Return of Property

Where property is returned a signature and date acknowledging receipt must be obtained from the patient whenever property is returned.

Where upon discharge the patient cannot sign, the relative or other authorised guardian should sign and date the form and state their relationship to the patient.

The Patients Property records must also be signed and dated by two members of staff undertaking the handover to confirm release of the property.

5.14 Handling Property of Patients with a Suspected or Confirmed Infectious/Transmissible Disease

Where patients are suspected to have, or are confirmed to have, **any infectious/transmissible disease**, their property must be handled with care as per the [Isolation of Patients with suspected or confirmed Infections SOP](#) by staff using PPE (personal protective equipment).

Items that can be safely wiped down such as jewellery should be cleaned with, for example, Clinell universal wipes. These should be placed in a sealed bag. A property sheet should be completed and attached to the outside of the sealed bag.

Where a patient suspected to have an infectious disease receives a negative result, their property can be removed from the bags and follow normal patients' property rules.

Where a patient has had a positive result, upon recovery follow normal patients' property rules.

5.15 Unclaimed Property

Unclaimed property relates to those items left behind by patients or their relatives following the patient's discharge, transfer, or death.

Lost property is defined as items found on the Trust premises, potentially because they have been lost by the owner.

Every effort should be made to return unclaimed and lost property to the patient or rightful owner as soon as practicable. This is important in the case of items deemed to be valuable.

If it proves impossible to identify or contact the rightful owner, the property should be retained in safe custody by the General Office and may be disposed of within appropriate timescales.

Any items of unclaimed property that are not already in the Trust care should be taken into Trust care in accordance with normal procedures for accepting and documenting patients' property and taken to the General Office as soon as possible.

Once in possession of all the unclaimed items, the General Office should send a letter to the patient or their representative asking them to contact the Trust to arrange collection of the unclaimed property. This letter should indicate that failure to collect after the appropriate retention period will lead to disposal of the said items; and be sent by Special Delivery so that it can be tracked. If the first attempt to make contact fails, all reasonable steps should be taken to make further contact and detailed records should be kept of these efforts.

Details of property found on Trust premises should be documented in a register which is held by the General Office. All items of found property should be securely stored and taken to the General Office the same day or the following day during normal office hours. If items cannot be taken, the General Office should be contacted so that arrangements can be made for collection.

If efforts to contact the patient or their representative are unsuccessful, **valuable** items should be kept for a reasonable time before disposal. Based on provisions in the Limitation Act 1980, a period of six years should be considered reasonable. However, it is good practice to seek independent advice before disposing of the items, even after six years.

In the case of items of low value, staff should follow the same procedure as valuable items. These items should be retained for 2 months. If the items are not claimed these items can be disposed of following the procedure outlined below.

In the case of unclaimed soiled items, these can be disposed of immediately.

5.16 Disposal of Property

Once the retention period has expired (6 years unclaimed items) a list of all items of unclaimed **valuable** property that is ready for disposal should be sent to the Head of Procurement.

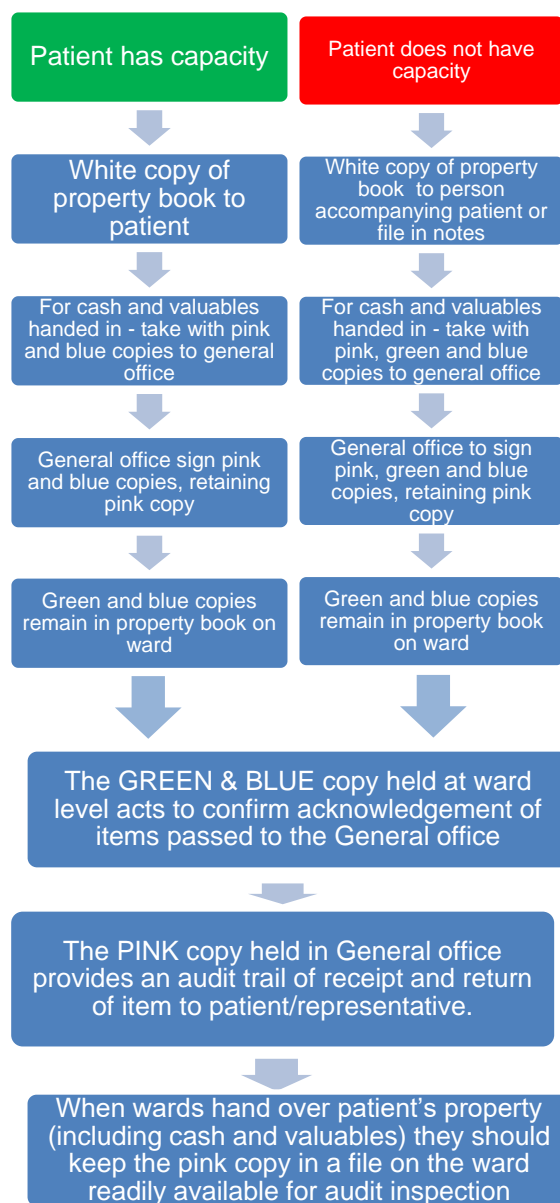
Depending upon what the items of property are, the Head of Procurement will determine its value and achieve best price for its sale by reference to the Trust Auctioneers; suppliers of similar items or carrying out a quotation exercise.

The proceeds received from the sale of these items are placed in the Trust General Charitable Fund.

Unclaimed items of low value can be disposed of by the Trust in accordance with the Trust [Waste Management Policy](#) after a period of two months.

The Trust must keep detailed records of all attempts made to trace the owner of unclaimed property. 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 should have no claim on their unclaimed property.

5.17 Summary of the Use of Patient's Property Book Copies



5.18 Patient Discharge

When a patient is discharged, the ward will contact General office that will deal with property listed in Sections A and B. Valuables will be returned directly to the patient or next of kin. They should be requested to sign and date the PINK copy that is then retained by the General office as evidence of item handed over. Staff will obtain the signature of the patient for non-valuable items listed in Section B.

If the patient cannot sign, the relative or other authorised person should sign whilst also stating their relationship to the patient. If practicable, the patient should give written consent for their property to be collected by a relative, friend etc. The nurse/midwife or administrative officer present should witness the patient's written consent. In certain cases, medical opinion should be obtained if the patient's

ability to manage their own affairs is in doubt. The reason for the patient not signing must be stated.

In some instances, e.g., at weekends and evenings it will not be possible for property to be reclaimed from the General office. Patients/relatives should be requested to telephone to make an appointment to attend the General Office on the next working day to collect the property.

5.19 Summary of Action for Deceased Patients and Use of Notice of Death Form

When the patient death has been certified, the small **notice of death form** is completed in black biro and the **white copy of the notice of death form** attached to the shroud.

The notice of death form must note any items of jewellery which have been left with the deceased. At the same time the green mortuary copy in the Patient's Property Book should be completed. If the death occurs outside normal working hours **at least the patient demographics and Section D must be completed and signed before the body leaves the ward.** The rest of the form may be completed, if necessary, by the ward clerk as soon as possible on the next working day.

Any property or valuables for the General Office should be listed in Section B. If the death occurs outside normal working hours the property should be kept in a safe or other secure area within the ward or department until it can be taken to the General Office, together with the white and pink copy of the deceased Patient's Property Book. Receipt of the property should be acknowledged by the signature of a member of the General Office staff and witnessed by the person handing over the property. Refer to **section 5.5** for further detail.

If the ward or department has difficulty in taking valuables to the General Office, General Office staff are prepared to collect the property. The General Office should be notified as soon as possible that there is a property for collection.

If there is no property or valuables to go to the General Office then section C tick box should have a cross put in it, identifying that there is "Nothing for General Office", signed by the person completing the form and both copies sent to the Bereavement Office.

When the Patient's Property Book is completed and the property checked and bagged, the book with the green and blue copy, together with the property for the Bereavement Office should be taken to the Bereavement Office. If the death occurs outside normal working hours the property should be kept in a safe or other secure area within the ward or department until such time as it can be taken to the Bereavement Office.

Receipt of the property should be acknowledged by signature and witnessed by the person handing over the property. The property book with the blue copy is returned and retained on the ward.

Return of property to relatives from the Bereavement Office

Relatives should sign and date the green copy to indicate that the property has been received. The form is then photocopied. The white copy is retained by the relative and the photocopy by the bereavement office.

Return of property to relatives from the General Office

Relatives should sign and date the white copy to indicate that the property has been received. The form is then photocopied. The white copy is retained by the relative and the photocopy by the General Office.

5.20 Issuing of Patient's Property Books

Patient's Property Books are controlled stationery items and should remain unique to that ward or department. All completed books **must** be returned to the General office.

The General Office will maintain a signed record of returned books as evidence of these prior to the issue of a new book.

6 TRAINING/SUPPORT

Staff receive support and advice on the contents of this policy from their Lead Nurse/Midwife/Department Manager (or nurse/midwife/manager in charge at the time) during the property recording process until they are familiar with the procedure. Senior nursing staff can contact the General Office for further advice and support if required.

A non-mandated training package for [Patient Property and Valuables](#) is available for staff to complete. Once reviewed and understood by staff, staff should sign the declaration page before returning this single page to their Lead Nurse/Midwife / Line Manager. Records will be held locally for use in the event of any untoward incident or allegations regarding property holding.

Once completed, staff should give their completed declaration to their manager for filing in their personal file.

A flow chart has also been designed and is available at ([Appendix 6](#) which details the processes to follow in this policy. This flowchart should be laminated and attached to the front of the property book for easy reference, and further copies placed at each ward station and in ward storerooms where property may be stored.

7 PROCESS FOR MONITORING COMPLIANCE THTH

General Office staff will work in conjunction with Matrons to establish whether all staff are aware of the Patients Property Procedures, that they are being adhered to. All breaches of this policy will be recorded on the Trust Incident database Datix.

	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Ward safe content checks	Treasury Officer	Audit	Monthly	Report to Financial Services Manager	Discussion with Individual Ward Managers and/or Matrons Meetings	Matrons Meetings
Incidents related to Patient Property	Ward/department managers	Datix	Daily	Report to Governance meetings if trends identified	Discussion with Individual Ward Managers and/or Matrons Meetings	Matrons Meetings Lead Nurse/Midwives meetings via Governance structure
Complaints/concerns raised regarding patient property management	Complaints and PALS Lead	Audit	Monthly	Report to Matron and Lead Nurse/Midwife for area concerned	Matron and Lead Nurse/Midwife	Matrons' meetings

See compliance monitoring chart below.

8 EQUALITY

The Dudley Group NHS Foundation Trust is committed to ensuring that, as far as is reasonably practicable the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

9 ASSOCIATED DOCUMENTS

- [Anti-Fraud and Bribery Policy](#)
- [Disciplinary Policy](#)

10 FAILURE TO COMPLY

The Trust is absolutely committed to maintaining an honest, open, and well-intentioned culture within the Trust. It is therefore committed to the elimination of any fraud within the Trust. If fraud is suspected in relation to the Patients Property Policy, please report to the Trust's Local Counter Fraud Specialist or Operational Director of Finance or call the National Fraud and Corruption reporting line on 0800 028 40 60.

For more information/ guidance on reporting concerns please refer to the Trust's [Anti-Fraud and Bribery Policy](#). The policy is available on the Trust's Intranet.

11 REFERENCES

Healthcare Financial Management Association (2016) Patients' Monies and Belongings, Third Edition. <https://www.hfma.org.uk/system/files?file=patients-monies-and-belongings-%28look-inside%29.pdf&sfvrsn=0> [accessed 23.11.23].

NHS England (2023) Guidelines for preventing and managing denture loss in hospitals and community residential settings. <https://www.england.nhs.uk/primary-care/dentistry/management-and-prevention-of-denture-loss/> [accessed 6th November 2023].

Limitation Act 1980. An act of Parliament in the United Kingdom applicable only to England and Wales. It is a statute of limitations which provides timescales within which action may be taken for breaches of the law. [Limitation Act 1980 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1980/29)

Mental Capacity Act 2005. The Mental Capacity Act 2005 is an act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. [Mental Capacity Act 2005 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2005/9)

12 APPENDICES

Appendix 1

The Dudley Group
NHS Foundation Trust

**PATIENT'S PROPERTY RECORD
PATIENTS RECEIPT**

NO. **201451**

Form to be completed in Capital Letters

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____

SUPPLEMENTARY BENEFIT/PENSION BOOKS
 Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/P.O.'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society _____	
Credit Card Y/N _____	
Debit Card Y/N _____	
Other Card Y/N _____	

BANK/BUILDING SOCIETY/SAVINGS BOOKS	
CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **NOTE FOR PATIENT**

You should ensure that you receive a separate official receipt for any cash handed over.
 This receipt will be issued by the General Office.
 Any cash handed over will be reimbursed by means of cash (up to £100 limit), balance by cheque.

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name
 to collect any property/cash (delete if applicable) belonging to me. Date _____
 Witness _____ Print Name _____

**THIS COPY TO BE HANDED TO THE PATIENT
OR FILED IN THE PATIENT'S RECORDS**

Appendix 2

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

Form to be completed in Capital Letters

**PATIENT'S PROPERTY RECORD
FINANCE COPY**

Section A HOSPITAL _____ WARD _____
SURNAME _____ FORENAME(S) _____
ADDRESS _____ PATIENTS' UNIT NO. _____
DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
BANK/BUILDING SOCIETY/SAVINGS BOOKS _____

SUPPLEMENTARY BENEFIT/PENSION BOOKS
Registration No. _____
Amount of benefits _____
Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/PO'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	_____
Credit Card	Y/N _____
Debit Card	Y/N _____
Other Card	Y/N _____

CASH	
£50	_____
£20	_____
£10	_____
£5	_____
£2	_____
£1	_____
Silver	_____
Bronze	_____
TOTAL	_____

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
Staff Signature _____ Staff Witness _____
Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**
Patients uncollected property by next of kin has been passed to:
Bereavement Officer General Office
Staff Signature _____
Staff Witness _____
Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name _____
to collect any property/cash (delete if applicable) belonging to me. Date _____

Witness _____ Print Name _____

Section F
I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.

SIGNATURE _____ Print Name _____ DATE _____
ADDRESS _____

Appendix 3

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

Form to be completed in Capital Letters

**PATIENT'S PROPERTY RECORD
MORTUARY COPY**

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
 SUPPLEMENTARY BENEFIT/PENSION BOOKS BANK/BUILDING SOCIETY/SAVINGS BOOKS

CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____

DETAILS OF CASH/CHEQUES/P.O'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	
Credit Card	Y/N
Debit Card	Y/N
Other Card	Y/N

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**

Patients uncollected property by next of kin has been passed to:
 Bereavement Officer General Office

Staff Signature _____
 Staff Witness _____
 Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name
 to collect any property/cash (delete if applicable) belonging to me. Date _____

Witness _____ Print Name _____

Section F I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.

SIGNATURE _____ Print Name _____ DATE _____
 ADDRESS _____

Appendix 4

NHS
The Dudley Group
NHS Foundation Trust

NO. **201451**

**PATIENT'S PROPERTY RECORD
WARD COPY**

Form to be completed in Capital Letters

Section A HOSPITAL _____ WARD _____
 SURNAME _____ FORENAME(S) _____
 ADDRESS _____ PATIENTS' UNIT NO. _____
 DATE OF ADMISSION _____ DATE OF DISCHARGE/DEATH/TRANSFER _____
SUPPLEMENTARY BENEFIT/PENSION BOOKS
 Registration No. _____
 Amount of benefits _____
 Date of next orders cashable. _____
DETAILS OF CASH/CHEQUES/P.O'S ETC

BANK/BUILDING SOCIETY/SAVINGS BOOKS & CARDS	
Bank/ Building Society	
Credit Card	Y/N
Debit Card	Y/N
Other Card	Y/N

CASH	
£50	
£20	
£10	
£5	
£2	
£1	
Silver	
Bronze	
TOTAL	

Section B **PROPERTY HANDED IN FOR SAFE CUSTODY (including clothing)**

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

Received the above property for Safe Custody from the patient

Patients Signature _____
 Staff Signature _____ Staff Witness _____
 Print Name _____ Print Name _____ Date _____

Section C **DECEASED PATIENT**

Patients uncollected property by next of kin has been passed to:
 Bereavement Officer General Office
 Staff Signature _____
 Staff Witness _____
 Print Name _____ Date _____

Section D **PROPERTY/CASH NOT HANDED IN FOR SAFE CUSTODY**

I, _____, (patient signature) have by my own choice decided to retain the following valuables and cash in my possession.

ITEM	QTY	Initials	ITEM	QTY	Initials	ITEM	QTY	Initials

The Trust has offered to place these items into safekeeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.
 SIGNATURE OF PATIENT/RELATIVE _____ DATE _____

Section E I, _____, (patient signature) hereby authorise _____ Print name _____
 to collect any property/cash (delete if applicable) belonging to me. Date _____
 Witness _____ Print Name _____

Section F I confirm that I have read/been offered the opportunity to read the Trust's Patient Property Policy. I am the appropriate person to take custody of the property listed above. In taking this property I agree to indemnify the Trust in relation to any claim or legal proceedings in connection with the above property.
 SIGNATURE _____ Print Name _____ DATE _____
 ADDRESS _____

Appendix 5

Liability for Loss of Property Form

Patient Name:.....

Patient Hospital Number:.....

Ward:.....

Liability for loss of property

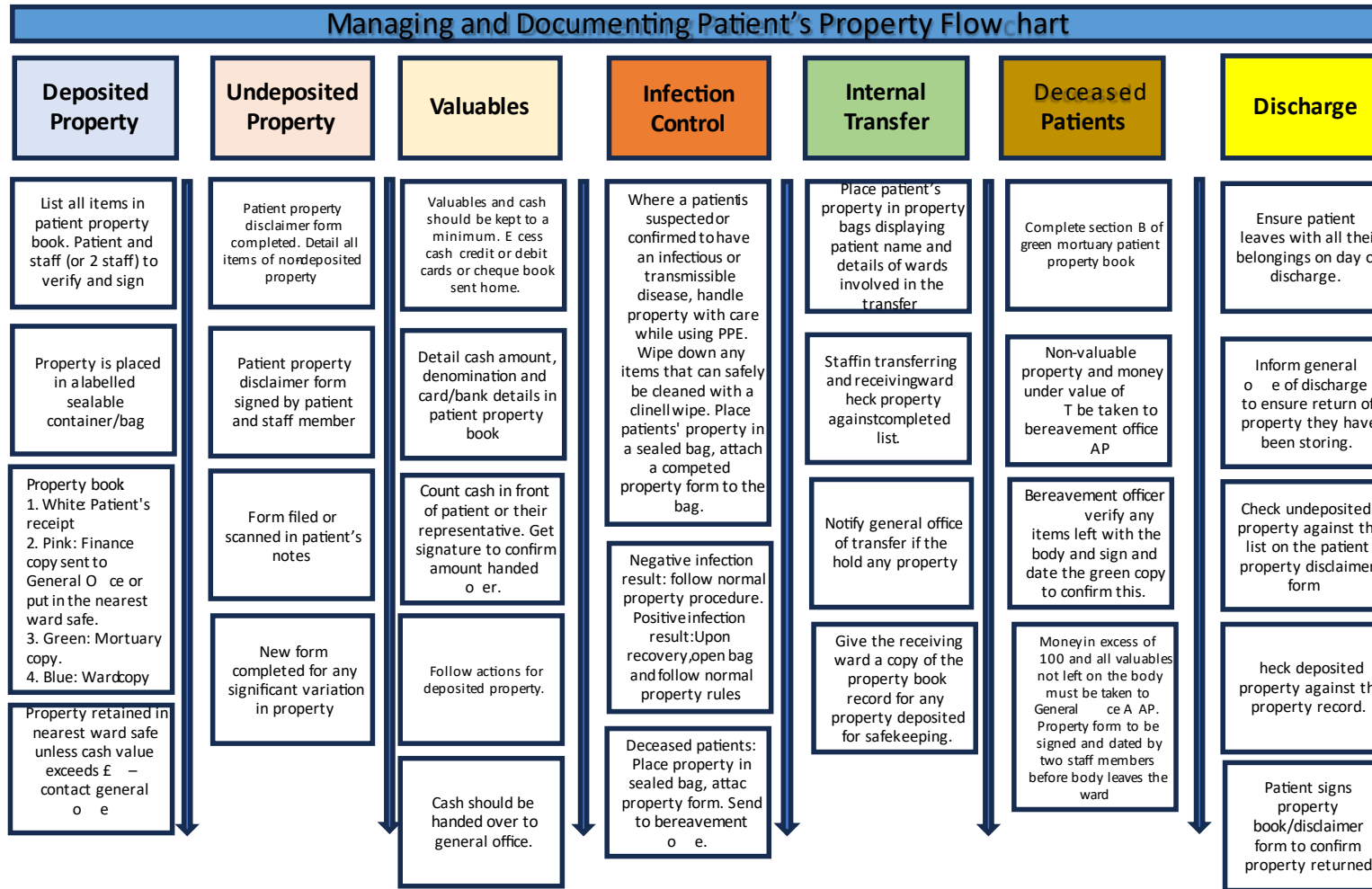
You are advised to hand to the Nurse in charge of the ward as soon as possible any articles you wish to be kept in safe custody and a receipt will be given to you.
The Dudley Group does not accept responsibility for loss of or damage to personal property (including money) of patients caused by third parties or unknown persons unless such property has been deposited in safe custody.

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

Signature of Patient/Relative..... Date

Print Name..... Relationship to Patient (if applicable).....

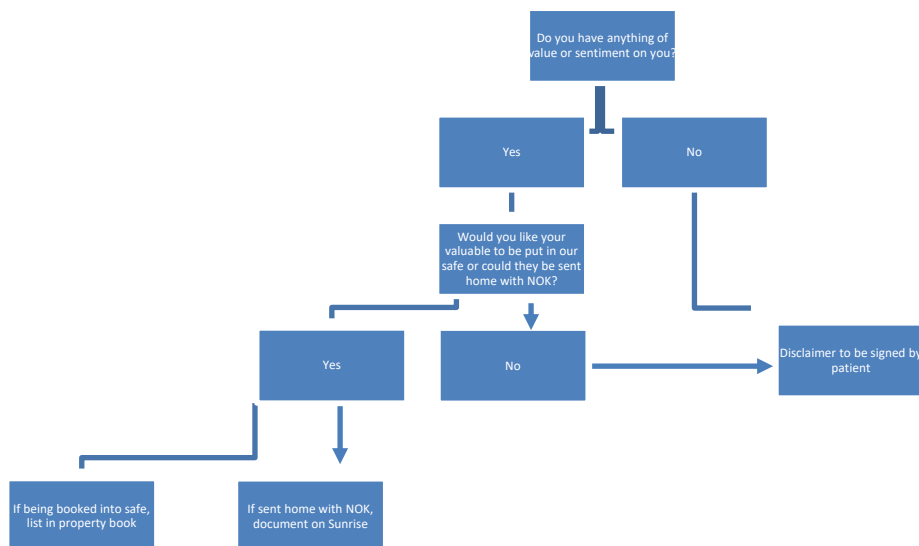
Appendix 6



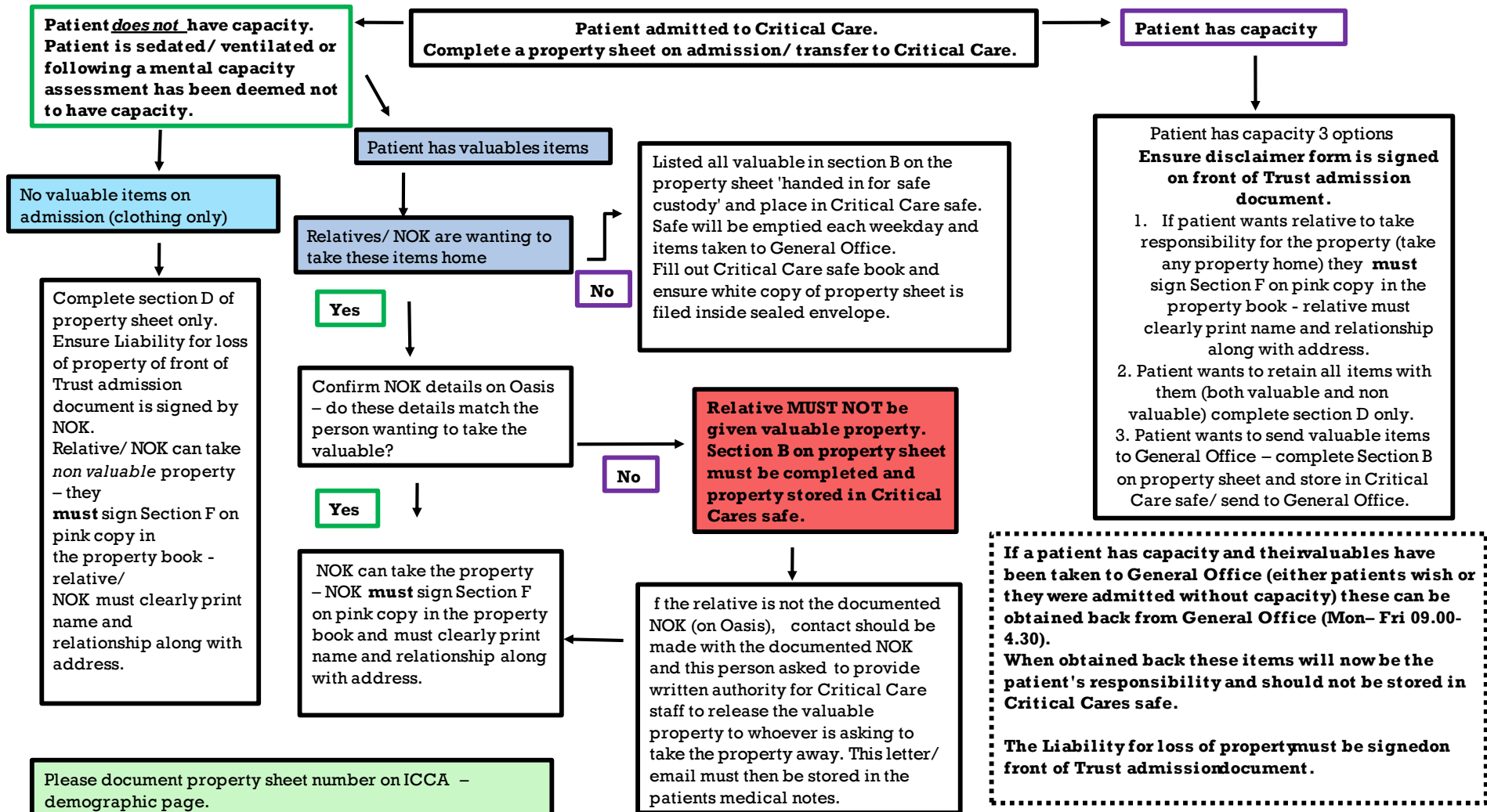
Appendix 7

Emergency Department Property Management Flowchart

On admission to the Emergency Department into a cubicle staff are to ask the patient:



Appendix 8



Appendix 9

