


**TRUST POLICY FOR PATIENTS' PROPERTY AND VALUABLES**

<b>Reference Number</b> From Library and Knowledge Service Manager	<b>Version:</b> 2.0	<b>Status:</b> Final	<b>Author:</b> Lead Nurse Patient Experience	
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1.0	October 2021	Jenny Sidle	Revision of prior sovereign Trust policies in conjunction with stakeholders to develop a new organisational process for the handling and safekeeping of patient property and valuables incorporating Covid- 19 learning.
	2.0	September 2023	Jenny Sidle	Review and strengthening of policy with revisions following feedback from 360-degree audit and action implementation
<b>Intended Recipients:</b> All Trust staff				
<b>Training and Dissemination:</b> Training will be provided from line managers on the correct application of the procedures. Dissemination will be via the Intranet				
<b>To be read in conjunction with:</b> <ul style="list-style-type: none"> <li>Counter Fraud, Bribery and Corruption Policy. Version Number 4.1. UHDB. Reference POL-FIN/1608-97/2018</li> <li>Mental Capacity Act 2005</li> <li>Standing Financial Instructions. UHDB NHS Foundation Trust. October 2018</li> <li>Trust Policy for the Handling of Claims for Ex-Gratia Payments UHDB NHS Foundation Trust. POL-FIN/1889/10.</li> <li>Trust Policy for Safeguarding Adults UHDB NHS Foundation Trust. Version 4.5. Reference: POL/RK/1795/2004</li> <li>Trust Policy and Procedures relating to the Death of an Adult Patient. UHDB NHS Foundation Trust Version 1.13.Reference POL-CL/1935/09</li> <li>UHDB NHS Foundation Trust Standard Operating Procedure for the Discharge of Adult Patients.Version1.5.</li> </ul>				
<b>In consultation with and Date:</b> Chief Nurse, Divisional Nurse Directors, Director of Midwifery and Director of Allied Health Professionals July 2023 Deputy Finance Director, Financial Services. Patient Experience and Engagement Insight Group 25 July, 2023 Quality Governance Steering Group 17 August, 2023				
<b>EIRA stage One</b>	Completed Yes			
stage Two	Completed No			
<b>Approving Body and Date Approved</b>			Trust Delivery Group - 25 September 2023	

<b>Date of Issue</b>	September 2023
<b>Review Date and Frequency</b>	September 2026 and then every 3 years when policy is updated or sooner if evidence of further impact emerges
<b>Contact for Review</b>	Jenny Sidle, Lead Nurse Patient Experience
<b>Executive Lead Signature</b>	 Garry Marsh, Executive Chief Nurse

## 1. Introduction

The safe custody of patients' property, valuables and money is a statutory service the Trust must provide to protect the interest of patients, staff, and the Trust.

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

Wherever possible, prior to admission to hospital, patients shall be given information regarding what property, valuables and money are needed in hospital. Advice to patients should specifically state that the amount of cash they retain on the premises should be kept to a minimum.

## 2. Statutory body responsibilities-

Care Quality Commission

The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 - set out essential standards, which the Trust is required to meet in order to register with the CQC. Under the Regulations the Trust "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" (Regulation 11, paragraph 1). The relevant meaning of 'abuse' includes "theft, misuse or misappropriation of money or property".

## 3. Purpose

This policy will ensure that an effective internal control system exists for the safe handling and custody of patient's property including cash and valuables.

## 4. Scope

The policy applies to all staff employed by the Trust whether they are clinical, non- clinical, contracted or bank staff, employed full-time, part time or volunteers. This policy applies to all areas in which NHS care is provided and to all clinical settings.

## 5. Definitions used:

**Property:** includes clothing, toiletries and all other items not included in the list below

**Money and Valuables:** includes, but is not limited to the following: money, cheques, credit/debit cards, foreign currency, travellers cheques, jewellery, watches, rent books, cameras, mobile phones, laptops and other electronic items, official documents for example driving license, bank or building society books, cheque books, saving certificates, keys and passports.

Spectacles, hearing aids, dentures and mobility aids are expensive items to replace, but are not classed as valuables and should not be admitted for safe keeping as such. Staff should endeavor to safeguard these items within the ward or department area as they are essential items required for the patient's activities of daily living.

**Nominated Representative:** If the patient does not have capacity only a named Attorney or Court Appointed Deputy can collect or remove valuables. If the patient does not have an Attorney or Court Appointed Deputy and doesn't have capacity to make decisions themselves, then contact should be made with the named Next of Kin to discuss a way forward in the best interests of the patient.

If the patient is deceased the nominated representative would need to be either the Executor if there is a Will/Grant of Probate or Personal Representative (if no Will).

## **6. Responsibilities**

### **6.1 Chief Executive:**

Has overall responsibility to ensure that appropriate policies and procedures are in place for the security of patient's property and valuables.

### **6.2 Chief Nurse:**

Executive lead accountable to the Trust Board for ensuring compliance with policies and procedures around the safe custody of patients' property and valuables. This includes having suitable arrangements in place so that patients or their representatives are informed before or at admission that the Trust will not accept responsibility or liability for patient property brought onto premises unless it is handed in for safe custody. The arrangements should also include the Trust's response in the event of loss or damage to patients' property.

### **6.3 Director of Finance:**

Is responsible for providing written instructions on the collection, custody, investment, recording, safekeeping and disposal of patient's property and valuables within the Cashiers safe.

### **6.4 Ward and Departmental Managers:**

Are responsible for informing staff of their responsibilities and duties in relation to the administration of patient property and valuables.

Are responsible for ensuring policies and procedures around patient property and valuables are implemented in their ward or department and that compliance to these is monitored.

Will provide patients, carers and family information about the complaints procedure and assist in liaising with relevant departments to facilitate investigations about missing property.

## **6.5 All Staff:**

Are responsible for making patients and their representatives aware of their rights and responsibilities with regard to their property and valuables whilst on Trust premises.

Are responsible for making patients aware of the Trust's policies and procedures in relation to safeguarding patient's property and valuables.

Are responsible for ensuring that all patient property and valuables are documented following the correct procedure and in a timely way.

Are required to uphold security arrangements, enabling the Trust to meet its obligations around maintaining a safe and secure environment for patient care.

Will comply with all policies and procedures relating to the protection of patient's property.

Are required to comply with financial procedures and ensure propriety in all their activities. This is relevant to the management of patient's property and valuables particularly in cases where the Trust manages the monies and personal belongings of patients on their behalf.

## **6.6 Patient Advice & Liaison Service (PALS):**

Will provide patients, carers and family information about the complaints procedure and assist in liaising with relevant departments to facilitate investigations about missing property. Will support the co-ordination of ex-gratia claims.

Will maintain the ordering and distribution of transparent tamper free valuables bags.

In exceptional circumstances, where property is retained with the cashiers and has not been able to be returned to the patient or nominated representative, designated staff based in the PALS department, will liaise to arrange collection of the property and assist the cashiers in the handover process as outlined in appendix 1.

## **6.7 Bereavement Officers:**

Will liaise with bereaved relatives over the deceased patient's property and arrange its timely return to the appropriate patient representative according to Trust procedures.

## **6.8 Cashiers/ Treasury Management**

Will provide a safekeeping facility for valuables taken into the care of the Trust and will perform related administrative functions as per Trust policy. Will assist PALS, in exceptional circumstances, in the handover process as described in appendix 1.

## **6.9. Security Management:**

Responsible for ensuring that the Trust complies with Violence, Prevention and Reduction standard (NHS-I). Where theft is suspected this must be reported to the Trust's Security Management Team.

## **6.10 Local Counter Fraud Specialist:**

The Director of Finance has overall responsibility for monitoring the counter fraud arrangements. The holder of this role is responsible for individual investigations which include:

- Investigation of internal fraud at the Authority
- Developing an anti-fraud culture throughout the Authority
- Identifying potential fraud
- Providing fraud awareness training to Trust staff

When fraud is suspected (i.e. the documents have been amended or falsified to cover or hide the loss) it must be reported to the Trust's Local Counter Fraud Specialist for investigation.

## **7. Key Messages for patients and their relatives/carers**

Staff must provide information and advice to patients and their relatives/carers before and on admission. This is usually designed to convey two key messages.

- First, patients should keep as little property as possible with them on Trust premises.
- Second, the Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping.

Patients and their relatives/carers should also be informed, at or before admission, that the Trust will not accept responsibility or liability for patient's property brought onto its premises, unless it is handed in for safekeeping and a copy of an official patient's property record is obtained as a receipt.

Information regarding the safe storage of patient's property and valuables and the Trust's Disclaimer Notice should be displayed in all clinical areas of the Trust.

Patients may need to keep with them items which are necessary to the normal activities of daily living (e.g. dentures, spectacles, hearing aids). Staff should take special care to help patients look after these items and prevent accidental loss, as part of their duty of care towards their patients.

## **8. Procedure**

Patients should be advised against bringing or keeping with them more than 1 contactless credit or debit card, cheque books or items of everyday use which have significant monetary value such as mobile phones, laptops, e-book readers etc. These items are likely targets for theft and patients will be responsible for taking care of them unless they hand them in for safe custody.

Patients should be assessed by a Registered Nurse/Midwife/Practitioner on arrival to the ward or department to determine if the patient is capable or incapable of dealing with their own affairs.

When residents from any Nursing/Residential Home are admitted to hospital they should come in with a red bag. This includes personal belongings and items that will be needed by the person during their stay (clothes, spectacles, hearing aids etc.) along with their medical history, a summary of events leading up to admission and useful information about their individualised care, such as the 'All About Me' document. This bag should be kept with the patient and the contents documented. The bag should be clearly labelled with the patient's name and staff should ensure on discharge or transfer, it is taken/sent with the patient to promote continuity of care.

### **8.1 When an inpatient has mental capacity**

On admission or transfer into a ward the nurse/midwife/practitioner admitting the patient MUST proactively ask the patient if they have any money or valuables in their possession. The patient should be advised and encouraged to send large amounts of money, or valuable items home with their next of kin or carer, if present. Until this can happen (or if not feasible) the patient shall be advised to have the items taken into safe custody.

A record of the advice given to the patient regarding the retention of cash and valuables should be recorded in the patient's nursing record and the patient must sign and date the indemnity section of the admission record to confirm understanding that the Trust will not accept liability for property and valuables retained.

### **8.2 When an inpatient does not have mental capacity**

Any patient who is assessed as lacking capacity either temporary or long term must have their property including valuables taken into safe custody and recorded as appropriate.

Wherever possible the Registered Nurse/Practitioner should discuss the safekeeping of the patient's property/valuables with their nominated representative, affording them the opportunity to take non-essential items home for safekeeping. They should be informed that the Trust will not accept liability for the patient's property unless it is handed over to the Trust for safekeeping. They should be encouraged to remove from the premises any property (especially valuables) that the patient does not need, or otherwise to hand it over for safekeeping.

When property is taken home by relatives/carers, signatures, name and address and their relationship to the patient should be recorded. This will protect staff if any dispute arises.

Patient's property retained in hospital should be documented in the approved Patient Property Book. There is no requirement to record patient clothing, however should staff wish to do so clothing can be recorded in the 'other items' section of the Patient Property Checklist. Valuables that are not required at the bedside and are not able to be taken home by the nominated representative should be taken into safe keeping in the ward safe following the process as detailed in 8.3.

The Registered Nurse/Practitioner should ensure that it is clearly documented in the patient's nursing records that these actions have been taken in the patient's best interests.

### 8.3 Accepting patient's property, money and valuables for safekeeping

Valuables of patients MUST be taken into safe custody in the following situations:-

- Where the patient dies in hospital
- Where the patient is deceased on arrival to hospital
- Where the unaccompanied patient is confirmed to lack capacity to maintain safe keeping of their personal possessions

Valuables should be placed in a transparent tamper free sealable valuable bag and the contents and unique security seal number recorded in the patients 'Record of Valuables Brought into Hospital' Book. Valuables should be placed into a valuables bag in the presence of two members of staff and the patient OR nominated representative.

The ward staff should inform the patient/ nominated representative that large cash amounts will be returned through a bankers automated clearing service (BACs) payment transfer to prevent fraud. The patient will require an active bank account for this to be undertaken.

Valuables deposited for safekeeping in the ward safe and /or the Cashiers/Treasury Management/General Office should be managed as per the process detailed in Appendix 2. It is important to remember that no items should be kept in the ward safe for more than 24 hours. After this time valuables must be transferred to the Cashiers/Treasury Management/General Office. At weekends and bank holidays, after 24 hours in the ward safe, valuables should be placed in the hospital night safe with the pink record from the Valuables book. If there is not a night safe present on the hospital site the valuables should be transferred to the cashiers next working day.

Where cash is in excess of £100 or items which could be of a high value e.g. mobile phones, portable electrical and IT equipment are to be transported then a second person must accompany the individual transporting the cash/valuable items. Ward staff can always request the assistance of security staff to be the second person in this instance.

The ward safe can be used for storing patient's valuables while they leave the ward area for procedures and investigations etc. and must be recorded in the Record of Valuables Brought into Hospital Book. The **Valuables Book once started must always be locked away in the ward safe** when not in use. **Only one Valuables Book should be used at a time.**

The Hospital Cashier or Deputy will receive the sealed valuables bag and must check the seal is intact and sign acceptance in the Valuables Book with the date and time transferred into the hospital safe.

The Cashier or Deputy must record all valuables placed into the cashiers' safe into the Patients Property Register, which is an auditable log, (which is kept in the cashier's safe). The data recorded is: Date, Seal Number on valuables bag, Patient's name, and the ward the patient is currently on.

The Registered Nurse/Midwife/Practitioner should document in the patient's nursing records that the patient has had their valuables deposited in the Hospital Cashier's safe. If cash has



been deposited the amount taken for deposit should be documented in the patient's nursing record as an added precaution.

### **The Description of Items**

When completing the record in the Valuables Book, staff should take care to describe items accurately and not to use terms that could be ambiguous. An example would be NOT to use the terms "Gold" or "Silver" OR "Ruby" and instead to use descriptive terms such as "yellow metal", "grey metal" or "red stone". When cash is being entered into the Valuables Book, staff should also take care to document the note denominations.

### **8.3 Collection of Valuables from the Cashiers Safe**

Valuables should be collected from the Cashiers safe by a delegated member of the ward team. If the monetary value of the deposited valuables exceeds £100 two members of staff are required to collect the patient's valuables. The assistance of security staff can be requested in this instance. The delegated member of the ward team collecting the valuables MUST take the Valuables book with them.

On collection the Cashier or Deputy should check that the valuables bag is intact and has not been tampered with. This should be done in the presence of the member of staff collecting the valuables. The Cashier or Deputy is required to sign and date the Patient Valuable Book to confirm that the valuables have been collected to return to the patient or nominated representative.

### **8.4 Return of Valuables**

Once the property is returned to the ward/department the delegated member of staff who collected the valuables should request the patient/nominated representative provide the white copy (receipt of the Patient Valuable's Book). The contents of the valuables bag should then be checked against this and the carbonated copies in the Valuables book to check they all correspond. The sealed bag is then opened in front of the person who is collecting it. The valuables are returned and a signature is obtained on the appropriate page in the Valuables Book to confirm receipt.

If handing property over following the death of a patient identity will need to be verified by: a Will with proof of the Executor and Grant of Probate or if there is no will, confirmation that the claimant is the nominated representative. Persons entitled to apply for Letters of Administration are in order of priority: Surviving spouse; Children; Parents; Brothers and Sisters; Children of Brothers and Sisters; Half Brothers and Sisters; Children of deceased Half Brothers and Sisters; Grandparents; Uncles and Aunts

## **8.5 Patient Discharge/Transfer**

Ward staff should inform Cashiers/General Office/Treasury Management of a patient's proposed discharge or transfer (if possible 24 hours in advance) so that arrangements can be made to return or transfer the valuables as appropriate. Ward/departmental staff are reminded it is their responsibility to ensure all property/valuables deposited with the cashiers are returned to the patient/nominated representative in the process described.

### **Discharge**

If the patient is to be discharged on a Saturday or Sunday or bank holiday Cashiers/General Office/Treasury Management must be notified no later than 3.30pm on the preceding Friday. Any cash/valuables returned to the ward from the Cashiers/General Office/Treasury Management must be placed in the ward safe until the patient is ready for discharge. If a patient is discharged on a weekend or bank holiday without prior notice to the cashiers the Cashiers/General Office/Treasury Management should be notified by the ward on the next working day so that collection of the property can be arranged. This would be considered an exceptional circumstance.

### **Internal Hospital Transfer**

Following transfer the admitting nurse should check the patient's property is correct according to the property list accompanying the patient. Any discrepancies should be investigated immediately. If correct the receiving nurse should sign receipt and enter the date and time of the transferred property. A new property record sheet must then be completed.

### **Transfer to a different NHS organisation**

If the patient has valuables stored in the Hospital Cashier's safe and transfers to another NHS organisation the Registered Nurse is responsible for informing the Hospital Cashier or their Deputy that the patient has transferred and to where. The Hospital Cashier or their Deputy should be asked to arrange for the patient's valuables to be transferred over to the Hospital Cashier's Safe at the hospital/care facility they have been transferred to.

## **8.6 Children/Young People (aged 0-18 years)**

Children/young people will be encouraged to send any valuable items home with their parent or guardian. Resident parent/guardians will be informed on admission that they are responsible for the safe keeping of their personal valuables during the time they are resident. If a child over 16 is admitted to an adult area and they do not have a parent resident with them, a discussion should take place with the child and recorded in the patient record, ensuring they know to take responsibility for any possessions that they keep with them.

## **9. Dealing with Infected Patient's Property on Discharge/Transfer or Death**

To reduce the risk of cross infection staff should wear the appropriate Personal Protective Equipment (fluid repellent surgical mask, gloves, and apron) to pack up the patient's belongings. All hard surfaces and valuables should be wiped down with a universal wipe or

chlorine based disinfectant and left to dry. Dirty (dry) laundry should not be shaken out to minimise the possibility of dispersing the bacteria/virus through the air. Items heavily soiled with body fluids, for example, vomit or diarrhoea, or items that cannot be washed, should be disposed of into clinical waste, with the patient or nominated representative's consent. A record of consent should be made in the patient's records as well as on the patient's property form.

The property should be placed in a patient property bag and double bagged, sealed and taken to a non-clinical area of the ward. The date and time the property was bagged should be recorded on the front of the bag in black ink. Ward staff must advise that the bag should remain sealed and double bagged for 72 hours to prevent the risk of cross infection, stickers are available for this purpose and can be obtained from PALs.

## **10. Destruction of Patient Property at Ward/Departmental level**

Where patient property has not been claimed, despite following the process of contacting the patient or nominated representative, steps will be undertaken to dispose of the item/s by the Trust.

Telephone contact will be made in the first instance to the owner of the item, or the next of kin if the owner is deceased, as documented in hospital records. During the telephone contact the owner will be informed that the Trust has some of their property and make arrangements for this to be collected / returned. If property is requested to be destroyed the consent for destruction of property form (appendix 3) should be sent and a request made for this to be completed and returned. All contact should be documented in the patient's hospital notes.

If telephone contact is unsuccessful, then a letter will be sent out informing the owner or nominated representative to get in touch with the Trust within 4 weeks of the first contact being made (see appendix 4 for draft letter template). If no response is received following 4 weeks of the first contact being made, a follow up communication must be made reminding the owner or nominated representative that they have not responded and giving a further two weeks for contact to be made. If no response is received to the second communication, then a final letter should be sent to the owner or nominated representative to inform them that the property will be destroyed if they do not respond within 2 weeks of the date of the letter.

Following the final two week period if no response is received then the item should be marked for disposal and a date of when the property will be destroyed. Arrangements should be made with Facilities Management Helpdesk to collect the property to be destroyed. Information on the date collected for destruction by Facilities Management should be recorded in the patient notes. The property sheet should be filed in the patient notes.

If valuables are held with the cashiers or treasury team an update of the progress made needs to be provided. Disposal of valuables in the hospital safe will be covered by procedures within the Financial Services.

## **11. Monitoring Compliance and Effectiveness**

To determine the degree of compliance with the policy and procedures Ward/Departmental

leaders should undertake quarterly audits of the correct application of the Property and Valuables Policy within their areas of responsibility.. An audit tool to be used is included in appendix 5. Ward/Departmental leaders are reminded of the need to include an action plan for any non-compliance issues identified (appendix 5). This will be submitted and overseen by the Divisional Governance structures.

Risk Management and Advice and Support Services will monitor DATIX reports of incidents and complaints involving valuables and will monitor and report the cost of claims made against the Trust through ex-gratia payments.

## APPENDIX 1

Ward staff have responsibility for ensuring all valuables/jewellery deposited in the ward safe or with Cashiers are returned to the patient on discharge from hospital or to the named Attorney or Court Appointed Deputy if patient lacks mental capacity or the Executor if the patient is deceased.

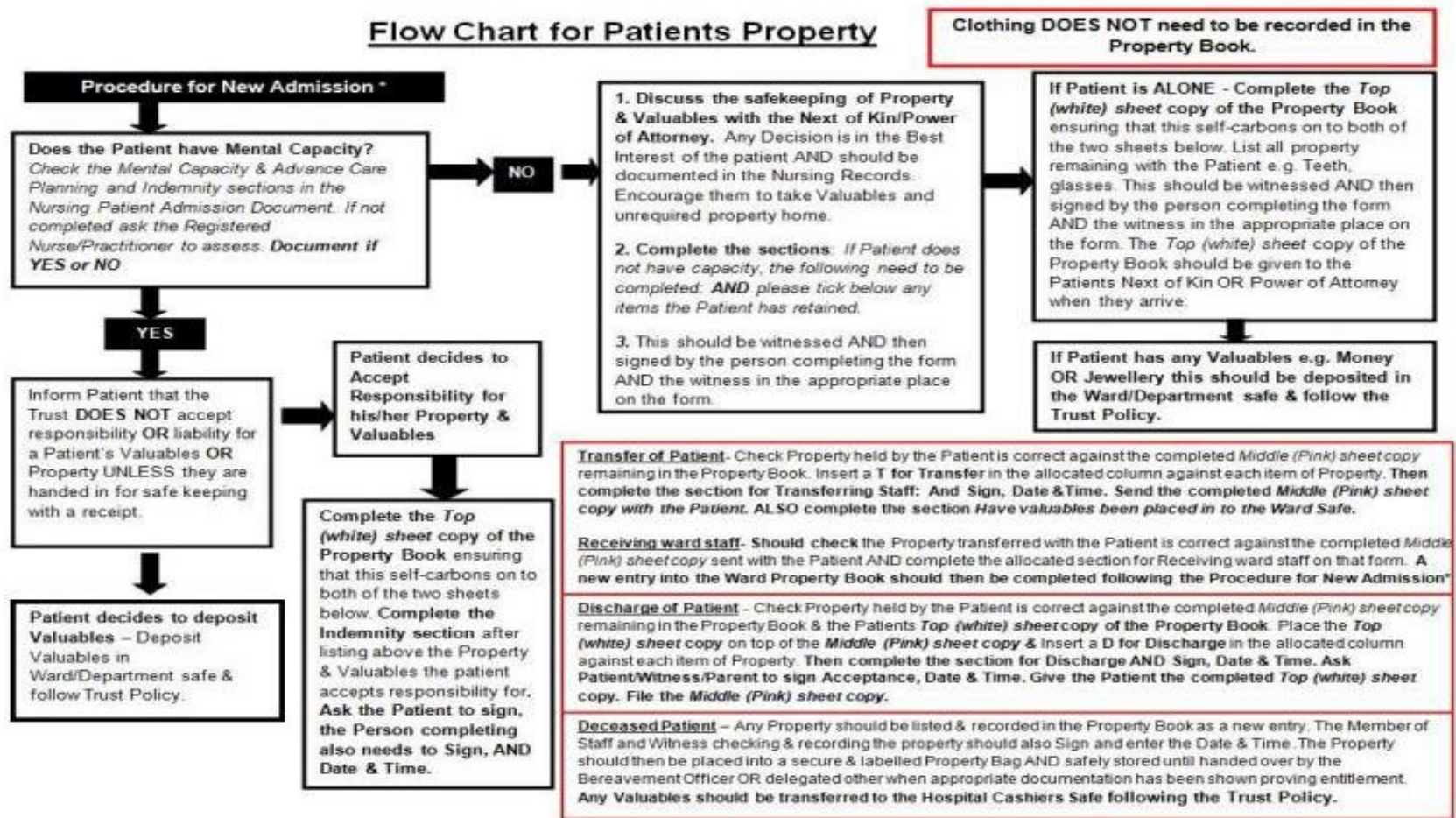
In exceptional circumstances, where property is retained with the cashiers and has not been able to be returned to the patient, designated staff based in the PALS department will liaise to arrange collection of the property and assist the cashiers in the handover process as outlined below:-

1. Cashiers notify PALS team of the contact details for the Patient/nominated representative to be contacted to arrange collection of property.
2. PALS make contact with the designated contact provided by the Cashiers to arrange a timed appointment to attend the PALS office. If cashiers are unavailable, then the wider Treasury team will be arranged to provide support.
3. Cash and valuables cannot be released to a third party unless the relative or agent has a letter from the patient instructing the release of the items or can evidence that they are a named Attorney or Court Appointed Deputy if the patient lacks capacity. If the patient is deceased, PALS to establish if there is a Will or Grant of Probate or Personal Representative (if not a Will). If the Executor intends to obtain Grant of Probate, cash and property can only be handed to the Executor when the Grant of Probate has been seen. If there is no Will, it is important to confirm that the claimant is the person or one of the persons entitled to apply for Letters of Administration. Such persons are in order of priority: Surviving Spouse; Children; Parents; Brothers and Sisters; Children of Brothers and Sisters; Half Brothers and Sisters; Children of deceased Half Brothers and Sisters; Grandparents; Uncles and Aunts. A request should be made for the claimant to bring the Valuables book receipt (white copy) into hospital on day of collection.
4. PALS will confirm time and date of appointment, book PALS meeting room and notify Cashiers who will make arrangements to be available on the day and time of collection. If cashiers are unavailable, then they will arrange for a member of the wider treasury team to support the appointment.
5. On the day of collection, 15 minutes before the timed appointment a designated PALS officer will attend Cashiers/General Office/Treasury Management to sign out valuables to be returned with the Cashier or Deputy. The Cashier or Deputy will escort the PALS Officer to the booked meeting room to assist in the handover of valuables.
6. Both the PALS Officer and Cashier or Deputy will check letters of authority/ Power of Attorney/ Grant of Probate/ Personal Representation before releasing valuables and check that the claimant is over 18. If the claimant is a minor the lawful guardian should complete an indemnity.

7. On production of the correct letters of authority the PALs officer and Cashier or Deputy will hand over the property and the Cashier or Deputy will complete all paperwork as per Standing Financial Instructions and will ensure these are documented and filed accordingly for auditable purposes. If the Valuables Book receipt is produced this must be signed to confirm collection and PALs will ensure this is subsequently filed in the patient record

APPENDIX 2

**Flow Chart for Patients Property**





Royal Derby Hospital
Uttoxeter Road
DERBY
DE22 3NE
01332 340131

Direct Line: WARD NUMBER
Contact: HOSPITAL
Name Date: NUMBER

Consent for Destruction of Patient Property

Name of Patient:..... Hospital

No:..... Property sheet reference

no:..... I am (circle below)

- (A) The patient
(B) The patient’s Attorney (Lasting Power of Attorney – Property and Finance) or Court Appointed Deputy (Please enclose Proof)
(C) The patient’s Executor or Personal Representative (Please enclose Proof).

I hereby irrevocably consent to the removal and destruction of any and all property on or belonging to myself / the above named patient that is in the possession or on the premises of University Hospitals of Derby and Burton NHS Foundation Trust (hereinafter, the “Trust”) without any consideration as to the nature or value of any such property.

I hereby fully indemnify and hold harmless the Trust against any and all claims, actions, demands, liabilities, costs, expenses, damages and losses (including but not limited to any direct, indirect or consequential losses and all professional costs and expenses) which the Trust may sustain or incur in connection with any claim, action or demand against the Trust arising or resulting from the Trust undertaking any actions authorised by this form of consent (including any cost incurred in enforcing this indemnity).

Signature of Patient .....

Or

Signature of representative (if applicable)

..... Name of Representative and Relationship

to Patient: .....

Date signed: .....

Please visit www.uhdb.nhs.uk for the latest infection prevention and control advice in place at our hospitals, including guidance on face masks.



Royal Derby Hospital  
Uttoxeter Road  
DERBY  
DE22 3NE  
01332 340131

Dear

PARAGRAPH 1  
*(If writing to patient)*

I am writing to you to inform you that following your recent admission to ward ..... Hospital .... we remain in possession of some items of your property. I have attempted to contact you by telephone to make arrangements for the property to be returned but have been unsuccessful. Therefore please can I request that you make contact with the ward/department on the telephone number listed above to arrange collection at a suitable time and date? Please can you respond within 4 weeks from the date of this letter.

If you do not want the property to be returned the Trust will undertake steps to dispose of the items. I enclose a consent form authorising destruction of property and request you complete and return this at your earliest convenience.

*(If writing to named Attorney or Court Appointed Deputy / Executor/ Personal Representation)*

I am writing to you to inform you that following Mr/Mrs/Ms ..... admission to ward ..... Hospital..... we remain in possession of some items of their property. I understand from the records that you are their nominated representative and have attempted to contact you by telephone to make arrangements for the property to be returned but have been unsuccessful. Therefore please can I request that you make contact with the ward/department on the telephone number listed above to arrange collection at a suitable time and date? Please can you respond within 4 weeks from the date of this letter? Proof of your authority to act on behalf of the patient will be required ((Named Attorney/ Court Appointed Deputy/ Executor/ Personal Representation)

If you do not want the property to be returned the Trust will undertake steps to dispose of the items. I enclose a consent form authorising destruction of property and request you complete and return this at your earliest convenience.

If you have any ongoing concerns or questions, please contact me on the above telephone number.

Yours sincerely

Name of Ward/Departmental Lead  
Job Title

## APPENDIX 5

### PROPERTY AND VALUABLES COMPLIANCE AUDIT

1. Ask 3 members of staff if they are aware of and apply the guidance within the Trust Policy for Patient's Property and Valuables and ask to give an example.

Do staff know how to bag up infected patient property?

Aware of policy Role/grade	Example	Aware of correct IPC precautions
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Is there an indemnity poster/notice displayed in the clinical area?

Yes  No

All patients with mental capacity should have been made aware that the Trust will not accept liability or responsibility for patient property brought onto its premises. Check 3 patients with mental capacity.

- Is the assessment correct?
- Is the patient aware they are responsible for the safe keeping of their personal property unless handed in for safe keeping?
- If taken for safe keeping are these in the ward/cashiers safe
- Is it documented within the patient record?

Is MCA correct?	Is patient aware of responsibility for safe keeping property unless handed in for safekeeping?	If taken for safekeeping is property found in ward/cashiers safe?  If yes is this documented correctly?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	SAFE? Yes <input type="checkbox"/> No <input type="checkbox"/> DOCUMENTED? Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	SAFE Yes <input type="checkbox"/> No <input type="checkbox"/> DOCUMENTED? Yes <input type="checkbox"/> No <input type="checkbox"/>

Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	SAFE?
No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
		DOCUMENTED?
		Yes <input type="checkbox"/>
		No <input type="checkbox"/>

FOR ALL ITEMS/VALUABLES FOUND IN WARD SAFE assess if:

- In a tamper free transparent bag with unique seal number
- Unique seal number is recorded in the patient's record of valuables brought into hospital.
- No items remain in ward safe for over 24 hours before being transferred to the cashiers office for safe keeping and this is documented in the patient record?

Tamper free transparent bag with unique seal number	Seal number recorded in the patients record of valuables	Transferred to the cashiers office within 24 hours and documented in the patient record
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

3. Check 1 patient not deemed to have mental capacity within ward/department.

Was property and/or valuables taken home by relatives/carers?

Yes  No

Was this documented with name, address, relationship to patient?

Yes  No  Not Applicable

Is property left with patient documented in the Trust Patient Property Book?

Yes  No  Not Applicable

Have valuables, not required at bedside, and left with patient, been taken into safe keeping?

Yes  No  Not Applicable

If taken for safe keeping is this documented?

Yes  No  Not Applicable

PROPERTY AND VALUABLES Policy  
COMPLIANCE AUDIT

Audit date:		Auditor:		Ward Department:		Division:	
Area of concern	Action description *	Person responsible	Evidence of actions / outcomes **	Expected completion date	Completion date	Review date ****	PRIDE Objective

Shared Learning **				
Concern/Issue	Learning Description	Person/Team Responsible	Department BU Division Trust Wide	How learning will be shared ***

\* Actions should be SMART – Specific, Measurable, Achievable, Realistic and Timely

\*\* Evidence of actions and learning should be listed and sent to the Divisional Governance Lead

\*\*\* Methods of sharing learning: BU/Divisional Governance meeting,

\*\*\*\* At this stage the outcome of the action is reviewed to ensure the area of concern has been addressed, how effective the action has been and secondary learning is shared.

PRIDE Objectives: P - Putting Patients and Our Communities First, R – Right First Time, I – Invest Our Resources Wisely, D – Develop and Nurture our Colleagues, E – Ensure Improvement Through Effective Partnership