

SAFEGUARDING AND CUSTODY OF PATIENTS PROPERTY POLICY

		POLICY
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1.0 INTRODUCTION

Sherwood Forest Hospitals NHS Foundation Trust ensures wherever possible that appropriate measures are in place for the secure management of patients property, so that the risk of loss or damage to the property is minimised. This is part of delivering a safe and secure environment of care in line with statutory and regulatory obligations.

This policy and associated procedural guidance seeks to assist all staff to provide a duty of care in safeguarding patients property including the provision of a secure place to deposit any articles of value and/or cash, which they wish to hand over for safe custody.

The Care Quality Commission (CQC) is the regulator of health and adult social care in England; they ensure that the care people receive meets essential standards of quality and safety. With regard to the safeguarding and custody of patients property the CQC Fundamental Standards: Regulations for Service Providers and Managers: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 state the obligations as follows;

“Regulation 13:

- (1) Safeguarding users from abuse and improper treatment in accordance with this regulation.
- (6) For the purpose of this regulation “abuse” means:
 - (c) theft, misuse or misappropriation of money or property belonging to a service user.”

As an example, in order to meet the requirements of Regulation 13, providers should ensure that patients and service users are protected and that staff are not able to benefit financially or inappropriately gain from them use their property for personal use, borrow money from them or lend money to them, or sell or dispose of their property for their own gain.

This policy is issued and maintained by the Chief Nurse on behalf of The Trust, at the issue date defined on the front sheet, which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

- To ensure that patients property is safeguarded and patients are provided with a secure place to deposit articles of value and/or cash (including medicines), which they wish to hand over for safe custody whilst under the care of Sherwood Forest Hospitals NHS Foundation Trust.
- To provide an environment where the risk of loss of or damage to patients’ personal belongings is minimised.
- To minimise the Trust’s liability for lost or damaged property and ensure incidents of loss or damage are dealt with swiftly and effectively.
- For the purposes of this policy, property includes money and any other personal property.

Scope:

Staff group(s)

- All employees of the Trust including those managed by a third party on behalf of the Trust
- All staff involved in dealing with any aspect of a patient's property. This will include clinical and non-clinical staff

Area(s)

- This policy is for Trust wide use. It is for use within all clinical areas where patients are cared for and other clinical/ non-clinical areas and departments involved in the process e.g. General Office, the Finance Department, The Bereavement Centre and the Patient Experience Team
- This policy is applicable across all sites – King's Mill Hospital, Newark Hospital and Mansfield Community Hospital

Patient group(s)

- All patients – adult, maternity and paediatric patients

Exclusions

- None

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust/ SFHFT	Refers to Sherwood Forest Hospitals NHS Foundation Trust
Staff	Refers to all employees of the Trust including those managed by a third party organisation on behalf of the Trust.
Patients	All patients of Sherwood Forest Hospitals NHS Foundation Trust including inpatients and outpatients.
Valuables	For the purposes of this policy, valuables include any item of value (including, but not limited to, monetary value) for example cash, credit/debit cards, portable electronic devices and jewellery.
Deposited property	This is property which the Trust has taken into its care for safekeeping, either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.
Un-deposited property	This is property which patients retain with them on the Trust premises.
Patients Own Medicines	All medicines brought in by patients, which remain legally their property and should not therefore be destroyed or otherwise disposed of without their, or if this is not possible, their relative/ carers consent. In the case of deceased patients all of their own medications should be disposed of using the green pharmacy boxes on the wards. Under no circumstances should these be returned to the relatives or sent to the mortuary with the deceased's personal belongings.

Patient 'Property Books' (Record/ Sheets)	<p>'Property Books' are used throughout the Trust to record the details of a patient's belongings, particularly valuables/cash, which are taken into safe storage or for recording the property of deceased patients. They can be ordered via the Trust's forms management system (order reference FKIN030247). Each book contains 25 'property records'. Where patients have a large number of items being taken into safe keeping it may be necessary to use more than one record.</p> <p>Each record is made up of 4 carbonated 'property sheets' as follows:</p> <ul style="list-style-type: none"> • Sheet 1, Patient's Copy; • Sheet 2, General Office Copy; • Sheet 3, Ward Copy (to be placed in patients records) • Sheet 4, Book Copy
Relative	A person who is connected to another (or others) by blood (heredity), adoption or marriage.
Next of Kin (NOK)	Next of Kin" does not have a specific legal definition. For the purposes of this policy, Next of Kin means the person or people that have been nominated by the patient as their Next of Kin. If nobody has been nominated, then the Next of Kin will be the spouse (if applicable), the closest blood relative, or whoever appears to be most closely involved in providing day-to-day care on a personal (not professional) basis.
Patient's Representative	A designated person with acknowledged permission from the patient to act on their behalf.
FIN 76	A specific form used by General Office to record the return of monies by cheque to a patient/relative/representative. General Office will require notification when this is to be used.
FIN 77	A form to use when the patient requires a refund from banked monies which is paid from the Trust petty cash account held by the General Office. The form is signed by patient/relative/representative on return of property/monies by General Office Staff.
KMH	Kings Mill Hospital
NH	Newark Hospital
MCH	Mansfield Community Hospital

4.0 ROLES AND RESPONSIBILITIES

Adherence to this policy is the duty of all staff employed by the Trust who are involved in any aspect of dealing with a patient's property. There are specific directly related roles and responsibilities as follows:

Chief Executive

- Has overall responsibility for the provision of the safe and secure environment for patients and their property whilst on Trust premises

Chief Finance Officer

- Has responsibility for implementing the Trust financial policies including those relating to patients money and other property.

Security Management Director (SMD)

- Has responsibility for leading and communicating at Executive Board level on security and management in the organisation.

Non-Executive Director

- Has responsibility for supporting, scrutinising and where appropriate challenging the SMD and Executive Board on issues relating to security management and matters relating to the protection of patients property whilst on trust premises.

Local Security Management Specialist (LSMS)

- Has responsibility for taking forward security management work locally in accordance with national standards reporting directly to the SMD. The LSMS will support key colleagues to promote the secure management of patient's property and effectively respond to serious incidents and security breaches relating to patients property where criminal activity is suspected.

Departmental and Senior Managers

- Departmental and senior managers are responsible for informing staff, on appointment, of their responsibilities and duties for the administration of patient's property. They are also responsible for ensuring that this policy, and all other relevant policies and procedures, are implemented in the department, ward or unit. This includes monitoring and auditing compliance with the policies and procedures.

Healthcare Professionals

- Healthcare professionals are responsible for ensuring that all patients' property is documented following the correct procedure and in a timely way. They are also responsible for making patients and their representatives aware of the Trusts policies and procedures with regard to patients' property.

5.0 APPROVAL

- Following consultation this policy has been approved by the Nursing, Midwifery and Allied Health Professional Board

6.0 DOCUMENT REQUIREMENTS (NARRATIVE)

6.1 General Principles

- At all times when dealing with patients property, care must be exercised in order to protect the interest of the patient, the Trust and its employees. The Trust has an obligation to provide patients with a secure place to deposit any articles of value and/or cash, which they wish to hand over for safe custody. It is the duty of all Trust employees to exercise care in order to protect the interests of the patient, the Trust and its staff.
- Staff should always inform patients of the Trusts procedure for their property and advise them of their options. They should inform patients of their responsibility for looking after any property brought into hospital and that the Trust cannot accept any liability for personal belongings that are brought into hospital which have not been handed over into safe custody.
- Items that are handed over to the Trust for safe custody including valuables and/or cash handed over (excluding patients-own medicines) must be taken to the General Office.
- The patient may keep items at their own risk where the patient has the capacity to understand the implications of this. A relative may also take the items home. This must be documented in the patient's records.
- Patients' own medicines must be managed and stored throughout the patient stay in accordance with the Trust Medicines Policy. It is good practice for patients-own medicines to be retained to allow for medicines reconciliation checks and for potential use during the patients stay. All medicines should be locked away in the bedside medicines lockers. Where a patient has been successfully assessed and authorised for self-administration of medicines as per the Trust Self-administration of medicines by patients or carers procedure, the patient will be able to access these. The only exception for drugs for patients drugs to remain unlocked and in their possession are where they may be required urgently, for example inhalers used for respiratory illnesses. A full list of the medicines that need to be readily accessible by patients may be found as an appendix to the Trust's Medicines Policy.
- For planned admissions, printed advice on personal belongings is sent to patients from the Trust's waiting list department. The leaflet advises patients not to bring items of value or large amounts of cash into the hospital. In the event that translation services are required to communicate with the patient this will form part of the preparation process Information regarding patient belongings is also included in the 'bedside folder': "The Companion: The essential bedside guide to your hospital stay".
- In order for the policy and systems in place to be effective, an element of internal checks is necessary. Ideally checks should be carried out by members of staff independent of day-to-day record keeping. Checks undertaken should always be documented and corrective action should be taken and documented where necessary. This entails simple checks to ensure that all property items have been recorded correctly when handed over for safekeeping, when items are returned and that monies in/ out are reconciled.

6.2 Trust liability for patients property

Information and advice to patients and their relatives/carers on patient property generally includes two key messages:

- All patients will be informed that the Trust cannot accept any liability for personal belongings that are brought into hospital, and have not been handed over into safe custody. This is included in the patient information letters for elective admissions and in the bedside folders “The Companion” in the clinical areas.
- Patients should keep as little property as possible on the Trust premises, and this particularly applies to valuables. They should hand any item they do not need to a relative/carer to take home; this should be recorded in the patient’s records.

In the event that translation services are required to communicate with the patient, this should form part of the discussion to ensure that they understand the options available in respect of their personal belongings and valuables.

6.3 Admissions

On admission to the ward, patients must be made aware of the Trusts policy on personal property and asked whether or not, they would like to hand over any valuables and/or money into safe custody.

Only property handed in for safe keeping, or deceased patients property requires completion of a Patients Property Record.

The patient’s own medicines must be stored securely on admission and throughout their stay, either in bedside medicines lockers, or other secure systems. Patients’ own medicines must not be left unattended on ward nursing stations or other unsecured areas.

6.4 Property handed over into safe custody

- 6.4.1 Upon admission it is necessary for ward staff to complete a Patient’s Property Record for all items handed in for safe custody. Care should be taken when completing the property record, as the legibility of all copies may be vital in the event of a query. In the event of alterations to the form, all parties should initial alterations. If a record is spoiled then all four copies should clearly be marked “cancelled” and left in the book.
- 6.4.2 Descriptions such as **gold, silver, diamonds etc** should not be used as they assume the value of an item. Instead the terms **white metal, yellow metal, white stone etc.** should be used.
- 6.4.3 Two members of the ward staff (ideally, the admitting nurse and one other member of the ward team) in the presence of the patient should check the property to be handed in for safe keeping. Details should be entered in the Patients Property Book and signed by both members of the ward staff and the patient. If the patient is unable to sign, the form should be signed by two nurses

and 'unable to sign' should be written where the patient would normally sign. Where possible the patient must be given his/her copy of the property record immediately. If the patient is unable to take responsibility for this the copy, it should be kept until the next of kin/representative are available or the patient's ability to take responsibility returns. Once the property record has been completed, any valuables and/or money should be taken to the General Office complete with the General Office Copy of the property book.

- 6.4.4 The General Office staff will check the property and sign all three remaining copies of the property record, any money will be banked in accordance with the Trust's Standing Financial Instructions and an official receipt attached to the ward copy of the record. The General Office will retain their copy for their record. The General Office copies of the property sheets should be filed according to their office procedures. The ward copy should be filed in the patient's notes.
- 6.4.5 Outside normal office hours valuables and/or money should be placed in a sealed envelope, along with the General Office Copy of the property record. The envelope should be clearly marked with the patient's name and ward. The seal must be signed by two members of ward staff and should then be posted into the General Office night safe (located at the side of the general office service window). If a copy of the property record has not been enclosed a request must be made to the ward by the General Office to confirm the value deposited.
- 6.4.6 In exceptional circumstances a request may be made, by the patient, not to bank any monies and the reason should be documented in the relevant section of the property book. In these circumstances the money should be counted in the presence of two ward staff and the patient, placed in a sealed envelope and the seal signed over by patient and/ or two ward staff. The envelope is then put in the safe unopened and recorded on the General Office Copy of the property book.

6.5 Property not handed in for safe custody

- 6.5.1 If a patient does not wish to give articles of value or money over for safe custody, then the staff member must again advise the patient that these articles are held at their own risk, and that the Trust cannot accept any liability for any loss or damage to these.

6.6 Adult patients who lack capacity

- 6.6.1 Where an adult patient is unable to look after their own property (e.g. if they lack capacity) a two stage test must be undertaken and if capacity is lacking then action should be planned and taken in their best interests until their discharge or until capacity is regained. The valuable items/ money must be removed for safe keeping, recorded in the Patients Property Book, signed by two members of the ward staff and taken along with the completed property record to the

General Office. Details of why the property has been taken into safe keeping must be documented in the property book and the nursing records.

- 6.6.2 If the patient has some money with them, staff are advised to ask the patient/ consider if a small amount of money should be kept by the patient for purchases e.g. chocolates, sweets, papers, magazines etc.
- 6.6.3 The patient's next of kin/ relative/ representative must be informed that the Trust cannot accept any liability for personal belongings that are brought into hospital, and have not been handed over or removed for safe custody. Staff should also consider if the patient's next of kin/ relative/ representative needs to be informed about any valuables/ money taken into safe custody in a person's best interests. This conversation must be clearly documented in the patient's nursing notes.
- 6.6.4 Property should not normally be handed over to anyone without the consent of the patient. However, staff are advised that:
- Clothing and articles of little value may be handed to the patients next of kin/ relative/ representative
 - Valuables/ money can be handed over to the next of kin/ relative/ representative if they are secure in the knowledge that the person is acting in the patient's best interests – the patient must indicate that they are happy with this where they have capacity. Where capacity is lacking staff may hand over items to the recorded next of kin following the procedure as below.
 - **If any clothing, articles, valuables or money are handed over to the next of kin/ relative/ representative, staff must itemise them in the nursing records and ask the next of kin/ relative/ representative to sign and print their name by the entry in addition to recording their relationship to the patient.**

6.7 Children and young people

On admission the child/young person and/or parent/carer must be informed that the Trust cannot accept any liability for personal belongings that are brought into hospital. Parents/Carers are encouraged to take home any valuables/money. Any monies and /or valuables handed in

for safe custody should be managed as outlined in section 6.3 of this policy.

- 6.7.1 For all babies, infants, children and young people admitted to ward 25, a patient's property disclaimer notice must be completed. This is located within the "Child or Young People's Admission" document and would generally completed by the resident parent/carer and the admitting nurse. Completion of the patient's property disclaimer notice gives assurance that the resident parent/carer and where appropriate the child/young person is fully aware of the trust policy regarding patients personal property.
- 6.7.2 Separate property disclaimer notice documents are available for infants children and young people who are admitted on a day case admission pathway.

- 6.7.3 For any babies, infants, children and young people who are readmitted to ward 25 within 2 weeks of being discharged and where there are no significant changes, the “Readmission” admission document can be used, and the patient’s property disclaimer notice completed within the initial “Child or young people’s Admission” document would remain valid.

6.8 Loss of or damage to a patients property

- 6.8.1 In the event of damage or loss of a patient’s property during their admission to the Trust, the staff member must take the following action:
- Inform the patient or next of kin/ relative/ representative
 - Inform their line manager
 - Submit an incident report to their line manager using the Trust’s Incident Reporting system
 - Refer to the Trusts Losses and Special Payments Procedure
 - Document incident and action taken in nursing records
 - Escalate to matron/ duty nurse manager.
- 6.8.2 In the event of a complaint, where a patient alleges that their property has been lost or damaged they should be referred to the ward leader or designated deputy; who should remind the patient of the Trusts policy.
- 6.8.3 If the patient still wishes to pursue the matter, a claim form should be completed in accordance with the Losses and Special Payments Procedure. This does not however mean that patients will be reimbursed for the loss of, or damage to their property, it is only a request for reimbursement.
- 6.8.4 If an allegation of theft of property is made this should be escalated immediately via the Trust’s Incident reporting system and to the nurse- in charge/ward leader, the matron for that area/Silver–on call. Every effort must be made to resolve the issue – the patient /their representative should be offered the opportunity to involve the police.

6.9 Temporary safe keeping

- 6.9.1 Patients who go to the operating theatre should be reminded to hand over any valuables and/or money for safe custody, or send such items home with relatives. On no account should ward staff take responsibility for such items without completing a patient’s property record. The items should be placed in the General Office safe if appropriate until the patient is able to claim them.
- 6.9.2 Outpatients and day patients do not normally need to hand over valuables and/or money for safekeeping. However, where patients have to undress for treatment or examination and are unable to take their clothing with them, and the provision of appropriate accommodation for changing is not secure, the Trust may be held liable for any loss or damage. In such cases if the patient wishes to hand over any items for safekeeping the patient’s property book should be completed and a copy given to the patient. The property should be

held in a secure location until reclaimed by the patient, at which time the property should be checked and the ward copy of the property record completed.

- 6.9.3 Patients who attend Radiology may require removal of clothing, jewellery and other objects e.g. personal alarms. Wherever possible these will remain with the patient and be replaced after the examination. Where patients request that these items are placed elsewhere e.g. a handbag or with a relative this will be documented on the Radiology electronic patient record. In MRI metallic objects are not permitted in the scan room for safety reasons, belongings are stored in a temporary locker and the MRI safe key remains with the patient.

6.10 Procedure on discharge

- 6.10.1 When a patient is to be discharged the General Office must always be informed so that arrangements can be made for return of patient's money/property.
- 6.10.2 Valuables may be collected from the General Office by the patient/relative/representative or a member of the ward staff on the patient's behalf.
- 6.10.3 All money must be signed for by the patient. If the patient is unable to go to the General Office then a member of the General Office staff will go to the ward.
- 6.10.4 The property must be checked and the office copy of the property record signed by the ward staff and two members of the General Office staff.
- 6.10.5 Cash up to the value of £250 will normally be refunded, which must be signed for by the person receiving the money; the paying officer; and a witness (either a member of the office or ward staff).
- 6.10.6 Money over the value of £250 will be refunded by cheque to the patient's home address by completing a FIN 76 by the General Office staff. If a patient requires a full refund of cash, General Office must be informed when money is deposited or give four (4) days' notice.
- 6.10.7 It is important that valuables collected by the ward staff on the patient's behalf are handed over by two members of the ward staff and checked by the patient, all parties should sign the ward copy of the property record prior to handing over the property. The General Office is closed at weekends and bank holidays, therefore property cannot be returned during these times
- 6.10.8 It is best practice that a patients' own medicines should only be returned to them against a discharge prescription (TTO) which has been professionally checked by pharmacy. The only medicines we should give back to patients on discharge should be those that they have bought over the counter (such as Paracetamol, Ibuprofen etc) in addition to others which are prescribed on the

medicines chart. If any concerns regarding returning medication, discuss with the ward leader, duty nurse manager or pharmacist.

6.11 Deceased patients property

- 6.11.1 Upon the death of a patient all the patient's personal effects eg cash, clothing, jewellery etc held on the ward must be listed in the correct section of the Patient's Property Book in the presence of two members of nursing staff. The Patients Property Sheet should be clearly marked '*deceased*' after the patient's name. Both members of staff should ensure that they sign the property sheet. Jewellery remaining on the body should also be noted on the property sheet. The next of kin's name and address should also be clearly entered on the property record.
- 6.11.2 Under no circumstances must controlled drugs be returned to family or carers as this would constitute an illegal supply.
- 6.11.3 Medicines must never be sent to the Trust mortuary nor does the Trust consider that it is good practice to return deceased patients' prescribed medicines to relatives/ carers. These medicines should be destroyed as per the Trust Medicines Policy.
- 6.11.4 Soiled clothing must be separated from clean items and placed in a dissolvable patient property bag which can be placed directly into washing machines with the soiled clothing contained therein so it does not need to be handled more than necessary. The bags must be sealed and labelled with an identification label from the patient's notes.
- 6.11.5 Clean clothing and non-valuable property will be placed in the white property bags which must be sealed and labelled with an identification label from the patient's notes.
- 6.11.6 All bags must be numbered 1 of 2, 2 of 2 etc. The patient's copy of the Property Record will be placed in a sealed envelope and attached to the outside of the first bag.
- 6.11.7 The relatives will collect property and valuables when collecting the death certificate from the Bereavement Centre.
- 6.11.8 The portering staff will take the property bags and the patient's copy of the property sheet with the patient to the mortuary (at KMH & NH. At MCH the property is returned directly to family in line with this policy).
- 6.11.9 The portering staff will not accept property bags that have not been labelled and/or sealed correctly (at KMH & NH).
- 6.11.10 The ward is responsible for ensuring that valuables and money will be placed in an envelope and taken to the General Office for safe keeping.

- 6.11.11 Under no circumstances should valuables/money be taken to the Mortuary or Bereavement Centre. It is essential that deceased patients' property is thoroughly checked prior to taking patients to the Mortuary ie check toiletry bags for valuables/ money including keys of any sort. If any are found amongst the deceased patient's property these must be sent to the General Office with a note to this effect on the property sheet.
- 6.11.12 General Office staff will check the property and sign the General Office Copy of the property record, any money will be banked and an official receipt will be attached to the office copy of the property record. The cash deposited should immediately entered on the reverse of the General Office Copy of the property sheet. Cash amounts over £250 will be refunded to the relevant person in the form of a cheque.
- 6.11.13 The General Office staff will retain the office copy of the record. All property/money to be entered in the General Office Copy of the Patient's Property Sheet and placed, by two members of the General Office staff, in a labelled/sealed envelope, signed over the flap bearing the patients name and Patients Property form number and put in the safe.
- 6.11.14 Outside normal office hours valuables and/or money should be placed in a sealed envelope and clearly marked with the patient's name and ward, the seal must be signed over by two members of the ward staff, then taken to the General Office and posted into the night safe with the General Office Copy.
- 6.11.15 Where monies have been banked an official receipt is attached to the General Office Copy, a copy of this is sent to the Finance department. General Office staff will check if any valuables and/or money has been previously deposited for safe- keeping, and where money has been banked a check will be made with finance to ensure that the balances agree.
- 6.11.16 Deceased patients property will be returned according to the Deceased Patients Property Procedure Bereavement Centre / Finance Department (see [Appendix A](#))

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<p>Minimum Requirement to be Monitored</p> <p>(WHAT – element of compliance or effectiveness within the document will be monitored)</p>	<p>Responsible Individual</p> <p>(WHO – is going to monitor this element)</p>	<p>Process for Monitoring e.g. Audit</p> <p>(HOW – will this element be monitored (method used))</p>	<p>Frequency of Monitoring</p> <p>(WHEN – will this element be monitored (frequency/ how often))</p>	<p>Responsible Individual or Committee/ Group for Review of Results</p> <p>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)</p>
<p>Adherence to the policy</p>	<p>All staff</p>	<p>Ward and departmental Leads</p>	<p>Ongoing</p>	
<p>Monitoring of patients property handed over for safekeeping:</p>	<p>Staff in the General Office</p>	<p>General Office staff check that all property items have been entered correctly on the property sheet. If any discrepancies are identified an alteration is made to the General Office copy of the property sheet and signed by two members of General Office staff. The information is then transposed into the General Office 'blue book' and also entered on an electronic form retained on the General Office computer.</p>	<p>Weekly</p>	<p>General Office Team Leader</p>
<p>Procedures for return of properties deposited in General Office including unclaimed items.</p>	<p>Staff in the General Office</p>	<p>A check of the person's form of identity with a 2 person General Office check print their name and sign the back of the property sheet. The 'blue book' and computer records are then updated accordingly.</p>	<p>Weekly</p>	<p>General Office Team Leader</p>

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Procedures for dealing with deceased patients property	Staff in General Office Staff in Bereavement Centre	Within	Weekly	General Office Team Leader, Bereavement Centre Coordinator
Petty cash and monies	Finance Department	Monthly reconciliation	Monthly	Head of Financial Services
Incidents related to damaged, missing or unaccounted for items of patients property	All staff	DATIX- the Trust's Incident Reporting Policy and Procedures.	As required by individual areas	Trust Security Management, Ward and Department Leaders

8.0 TRAINING AND IMPLEMENTATION

All staff should familiarise themselves with the content of this policy. If any queries arise with the application of the policy in practice, staff are advised to liaise with senior colleagues for support and guidance.

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix B](#)
- This document has not been subject to an Environmental Impact Assessment.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- Audit of the effectiveness of controls in place in accordance with the Public Sector Internal Audit Standards.
- Care Quality Commission (2017): CQC Fundamental standards: <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper> . Accessed 5/4/2019

Related SFHFT Documents:

- Standing Financial Instructions
- Scheme of Delegation
- Medicines Policy
- Incident Reporting Policy

11.0 KEYWORDS

- deceased; disclaimer; belongings

12.0 APPENDICES

Appendix A	Deceased Patients Property Procedure General Office/ Bereavement Centre/ Finance Department
Appendix B	Equality Impact Assessment Form

Appendix A **Deceased Patients Property Procedure:**
General Office/ Bereavement Centre / Finance Department

No.	Action/ Information	Officer Responsible
1		
1.1	The next of kin should be identified, usually by informal discussion and direct discussions with relatives.	Ward Staff
1.2	If the value of cash and property is less than £250 it may be released to the next of kin on a signed and witness indemnity form subject to the rules below. The release of cash exceeding this amount must be authorised by the hospital manager or nominated deputy/ admin manager. The FIN 77 should be signed accordingly. The remainder of the account balance will be paid by cheque from Finance Department. In order to request a cheque a FIN 76 should be completed and forwarded to the Finance Department.	General Office Staff
1.3	Any requests made to Finance Department to raise cheques on FIN 76's should be accompanied by appropriate documentation e.g. signed indemnity form, copy of probate, letters of administration	General Office Staff
1.4	The property register should be completed and signed accordingly.	General Office Staff
2	VALUE OF CASH AND PROPERTY IN EXCESS of £250 BUT BELOW £5,000	
2.1	The cash and property can be released to the next of kin or the Executor to the Will after obtaining a signed and witnessed indemnity form and the property register should be completed and signed accordingly.	General Office Staff
2.2	If several relatives are entitled to a share in the Estate, the Estate should be distributed in accordance with the Claim Form. A witnessed form of indemnity should be obtained from each beneficiary.	Finance Department
2.3	In the event of a beneficiary not wishing to accept his share of the Estate, this would be recorded as unclaimed money. However should the beneficiary wish his share to be distributed to another party this would be done only on the receipt of written authorisation from the beneficiary together with signed indemnity form from the recipient.	Finance Department
2.4	If property other than cash is held it will be necessary to write to each person to agree on the disposal of non-cash items.	Finance Department
3	VALUE OF PROPERTY AND CASH IN EXCESS OF £5,000	
3.1	If it is known that a Will exists, the Executor acting on behalf of the deceased should be contacted and given details of the cash and property held.	Finance Department
3.2	A copy of probate should be requested.	Finance Department

3.3	On receipt of a copy of the Probate the deceased patient's cash and property should be released to the Executor. In other cases it will be necessary to write directly to the known next of kin enclosing a 'Claim for Deceased Patients Property' questionnaire. When this is returned, it should be checked that all relevant questions have been answered.	Finance Department
3.4	Where there is no Will, the person who completed the questionnaire should be requested to forward Letters of Administration, on receipt of which, the deceased patient's property can be released. Under no circumstances can the deceased patient's property be released without receiving copies of Probate or Letters of Administration.	Finance Department
3.5	Signed forms of Indemnity <u>are not required</u> when copies of Probate or Letters of Administration have been seen.	Finance Department
4	MULTIPLE CLAIMANTS	
4.1	If several relatives are entitled to share in the Estate, it should be distributed in accordance with the Distribution of Estate – Order of Priority List at the back of the Claims Form.	Finance Department
4.2	A signed Indemnity Form must be obtained for each beneficiary.	Finance Department
4.3	If property, other than cash, is held it will be necessary to write to each person to agree on the disposal of non-cash items.	Finance Department
4.4	In the event of a beneficiary not wishing to accept his/her share of the Estate, this would be recorded as unclaimed monies. However, should the beneficiary wish his/her share to be distributed to another party or parties, this would be done on receipt of written authorisation from the beneficiary, together with a signed indemnity from the recipient.	Finance Department
5	MORTUARY	
5.1	On arrival the deceased is transferred from the delivery vehicle to a body tray and into the body storage room.	Porter/ Mortuary Technician
5.2	The attending Mortuary Technician removes all clothing and valuables from the body, with the exception of jewellery, which is recorded and subsequently signed for in the mortuary register.	Mortuary Technician
5.3	If the body is to go for post mortem then invasive medical equipment must remain insitu e.g. intubation tubes, cannulae	Mortuary Technician
5.4	In the presence of a witness (i.e. ambulance man/paramedic) the removed items are then checked and listed in the appropriate sections of the Property Book.	Witness
6	CLOTHING	
6.1 KMH ONLY	The clothing of the deceased, after being listed in Section A of the property sheet is placed in a white patient's property bag, labelled and stored in the mortuary and subsequently collected by Bereavement Centre Staff. It may be released to relatives on completion of Part 2 Section (A) Return of Patients Items Listed in Section (A) of the ward copy.	Mortuary Technician/ Bereavement Centre Staff

6.2	Bereavement Centre staff will check every month as to whether any clothing is still being held in the Bereavement Centre.	Bereavement Centre Staff
6.3	If clothing still being held, then Bereavement Centre to contact next of kin.	Bereavement Centre Staff
7	CASH AND PROPERTY	
7.1	Cash and property should be detailed on Section (B) of the property sheet and the property and cash should be taken to General Office/ night safe.	General Office Staff
8	FUNERAL ARRANGEMENTS	
8.1	Providers have a duty at common law to dispose of the bodies of patients who die in their hospitals where no arrangements are made by relatives. They should arrange to pay for funeral where: <ul style="list-style-type: none"> • Relatives cannot be traced; or • Relatives cannot afford to pay for the funeral and do not qualify for Social Fund Funeral Payments. 	Commercial Services Business Support Officer. Chaplaincy
8.2	If the relatives are unwilling to arrange and pay for the funeral the Trust will arrange and pay for the funeral and will attempt to claim the monies back <u>if</u> any estate exists according to Section 46(1) of the Public Health (Control of Disease) Act 1984.	Commercial Services Business Support Officer
8.4	When making funeral arrangements, it is important to be sensitive to the wishes of the family and friends of the deceased and to take account of any cultural or religious beliefs of the deceased. The choice between burial or cremation should be made only after taking into account any known views of the deceased, including religious preferences; the views of relatives closest to the deceased; and in the case of long stay patients with no relatives, the views of any friends in the hospital, including both patients and staff.	Commercial Services Business Support Officer Chaplaincy
8.5	Where there is no known preference and the faith of the deceased does not indicate any preference, the NHS Trust should consider cremation as the preferred option.	Commercial Services Business Support Officer Chaplaincy
8.6	Where the Trust has arranged the funeral, reasonable funeral expenses (excluding the cost of flowers for mourning) may be deducted from any of the funds of the deceased held by the Trust, before handing them over. Otherwise, the Trust may claim the funeral expenses from the Estate.	Commercial Services Business Support Officer
9	UNCLAIMED PROPERTY	
9.1	If items of little value remain unclaimed after 2 months and attempts to contact relatives have been unsuccessful, then the property will be disposed of.	Bereavement Centre (KMH) General Office (MCH and NH)

9.2	If items remain unclaimed after 1 month from the date of death, the Bereavement Centre will telephone the family to confirm we are still holding property belonging to their relative and to ask if they still require the items. If yes an appointment will be made for family to collect. If family do not require the items, permission will be obtained from the family to destroy the items on their behalf.	Bereavement Centre
9.3	If we are unable to make contact with the family after the one month period then a 2 nd telephone call will be made two weeks later. If we are still unable to speak with family but have a correspondence address for next of kin a letter will be sent by the Bereavement Centre asking family to contact us within next 14 days and informing them if no contact received the property will be disposed of.	Bereavement Centre
9.4	If still no contact with family after 2 months then the Bereavement Centre will review the items to ensure no items of value have been placed in the bags in error and then dispose of accordingly.	Bereavement Centre
9.5	Any valuable unclaimed articles should be kept for a period of six months.	General Office Staff
9.6	Unclaimed bank books, benefit books, etc should be forwarded to the appropriate authority with an explanation of the circumstances in which they came into the trust's possession.	Commercial Services Business Support Officer
10	WHEN THERE IS NO WILL AND NO LAWFUL NEXT OF KIN	
10.1	If there is no Will or lawful next of kin the property rests in the Crown and particulars should be notified to the Bona Vacantia - Estates Government Legal Department (BVD) PO Box 2119 Croydon CR90 9QU Tel: 020 72104700 Please note that there is a specific process for reporting an estate; follow the link to the Bona Vacantia site which links to the appropriate forms https://www.gov.uk/guidance/refer-a-deceased-persons-estate-to-the-treasury-solicitor	Commercial Services Business Support Officer
10.2	However if the Estate consist solely of cash balance less than £250, it need not be referred to the Treasury Solicitor. Such money may be retained by the Trust and paid into Exchequer Funders (Revenue).	Commercial Services Business Support Officer
11	DONATION TO HOSPITAL FUNDS	
11.1	When small sums of money are involved, next of kin frequently donate to hospital Charitable Funds. The next of kin should be asked to confirm in writing that this is the action they wish us to take and state which fund.	Commercial Services Business Support Officer
11.2	A FIN 76 should then be forwarded along with the confirmation to the Finance Department who will arrange for the transfer of funds to take place and the issue a receipt.	Finance Department

APPENDIX B - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: SAFEGUARDING AND CUSTODY OF PATIENTS PROPERTY POLICY			
Existing policy			
Date of Assessment: 12/04/2019			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	N/A	None
Gender	None	N/A	None
Age	None	N/A	None
Religion	None	N/A	None
Disability	None	N/A	None
Sexuality	None	N/A	None
Pregnancy and Maternity	None	N/A	None
Gender Reassignment	None	N/A	None
Marriage and Civil Partnership	None	N/A	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	<p>None</p>	<p>N/A</p>	<p>None</p>
<p>What consultation with protected characteristic groups including patient groups have you carried out?</p> <ul style="list-style-type: none"> • None required 			
<p>What data or information did you use in support of this EqIA?</p> <ul style="list-style-type: none"> • 			
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</p> <ul style="list-style-type: none"> • No 			
<p>Level of impact</p> <p>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:</p> <p>Low Level of Impact</p> <p>For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.</p>			
<p>Name of Responsible Person undertaking this assessment: Alison Davidson</p>			
<p>Signature:</p>			
<p>Date: 12/04/2019</p>			