

## SAFEGUARDING AND CUSTODY OF PATIENTS PROPERTY POLICY

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Policy |     |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----|
| Reference                                               | F/004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |     |
| Approving Body                                          | Nursing and Midwifery Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |     |
| Date Approved                                           | 29 <sup>th</sup> March 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |     |
| For publication to external SFH website                 | Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        |     |
|                                                         | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NO     | N/A |
|                                                         | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |        |     |
| Issue Date                                              | December 2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |     |
| Version                                                 | Version 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |     |
| Summary of Changes from Previous Version                | <ul style="list-style-type: none"><li>• Update of Care Quality Commission Fundamental Standard (previously regulation 11)</li><li>• Update of information</li><li>• Addition of information related to Ex-gratia process</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |        |     |
| Supersedes                                              | Version 4 May 2019 to Review Date August 2022 (ext1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        |     |
| Document Category                                       | Finance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |     |
| Consultation Undertaken                                 | <ul style="list-style-type: none"><li>• Carmel West, Bereavement Co-ordinator, Bereavement Centre SFHFT</li><li>• Wes Burton, Security Management Specialist, Fire and Security Department, SFHFT.</li><li>• Drugs and Therapeutic Committee.</li><li>• John Bishop, Senior Legal Advisor, SFHFT</li><li>• Michael Powell, Head of Financial Services, SFHFT</li><li>• Finance Committee.</li><li>• Mary Fewkes, Business Support Officer SFHFT</li><li>• Ward and Department Leaders/Matrons and Heads of Nursing)</li><li>• Nursing, Midwifery and Allied Health Professional Committee</li><li>• Elizabeth Franklin Hospital Chaplaincy</li></ul> |        |     |
| Date of Completion of Equality Impact Assessment        | 18/07/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |     |
| Date of Environmental Impact Assessment (if applicable) | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |     |
| Legal and/or Accreditation Implications                 | To comply with regulatory requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |        |     |
| Target Audience                                         | Trust wide                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        |     |
| Review Date                                             | 30/03/2025<br><b>EXTENDED TO NOVEMBER 2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |     |

| <b>Sponsor (Position)</b>                                                                                                                                    | Chief Nurse                                                                                                              |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Author (Position &amp; Name)</b>                                                                                                                          | Robin Binks, Deputy Chief Nurse<br>Sally Whittlestone, Corporate Matron.<br>Alison Davidson, Practice Development Matron |                                                            |
| <b>Lead Division/ Directorate</b>                                                                                                                            | Corporate                                                                                                                |                                                            |
| <b>Lead Specialty/ Service/ Department</b>                                                                                                                   | Nursing                                                                                                                  |                                                            |
| <b>Position of Person able to provide Further Guidance/Information</b>                                                                                       | Refer to authors                                                                                                         |                                                            |
| <b>Associated Documents/ Information</b>                                                                                                                     |                                                                                                                          | <b>Date Associated Documents/ Information was reviewed</b> |
| <ul style="list-style-type: none"> <li>1. Ex-Gratia Policy (NEW)</li> <li>2. Patient Property Disclaimer (NEW)</li> <li>3. Trust Medicines Policy</li> </ul> |                                                                                                                          | <p>29/03/2022</p> <p>29/03/2022</p> <p>29/03/2022</p>      |
| Template control                                                                                                                                             |                                                                                                                          | June 2020                                                  |

## CONTENTS

| Item | Title                                                                               | Page  |
|------|-------------------------------------------------------------------------------------|-------|
| 1.0  | INTRODUCTION                                                                        | 4     |
| 2.0  | POLICY STATEMENT                                                                    | 4     |
| 3.0  | DEFINITIONS/ ABBREVIATIONS                                                          | 5     |
| 4.0  | ROLES AND RESPONSIBILITIES                                                          | 5     |
| 5.0  | APPROVAL                                                                            | 6     |
| 6.0  | DOCUMENT REQUIREMENTS                                                               | 6-15  |
| 7.0  | MONITORING COMPLIANCE AND EFFECTIVENESS                                             | 15-16 |
| 8.0  | TRAINING AND IMPLEMENTATION                                                         | 17    |
| 9.0  | IMPACT ASSESSMENTS                                                                  | 17    |
| 10.0 | EVIDENCE BASE (Relevant Legislation/ National Guidance) and RELATED SFHFT DOCUMENTS | 17    |
| 11.0 | KEYWORDS                                                                            | 18    |
| 12.0 | APPENDICES                                                                          | 18    |

## APPENDICIES

|            |                                    |    |
|------------|------------------------------------|----|
| Appendix 1 | <i>Patient Property Disclaimer</i> | 18 |
| Appendix 2 | <i>Equality Impact Assessment</i>  | 19 |

## 1.0 INTRODUCTION

Sherwood Forest Hospitals 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. We also recognise that at times personal belongings and valuables can become damaged or lost. The trust will take no responsibility or liability for these items whilst on the premises of Sherwood Forest Hospital sites.

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. It will support guidance and claims around the Ex-gratia Policy that assists with claims around lost and damaged properties.

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 patient's 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 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 are given the opportunity to hand property or valuables in for safe custody whilst under the care of SFH.
- To provide an environment where the risk of loss of or damage to patients' personal belongings is minimised.
- The Trust will 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.

**Detail the objective of the document 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**

Sherwood Forest Trust Hospitals (SFH).

Care Quality Commission (CQC).

Property handed over into safe custody, property that is taken care of by the Trust.

### **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 patient's 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 patient's property whilst on Trust premises.

#### Accredited Security Management Specialist (ASMS)

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

## **6.0 DOCUMENT REQUIREMENTS**

### **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 Trust's procedure for their property and advise them of their options. Encourage patients to hand over personal property or valuables to a relative or friend at the first opportunity.
- Staff should inform patients of their responsibility for looking after any property brought into hospital and that the Trust cannot accept any liability or responsibility for personal belongings that are brought into hospital which have not been handed over into safe custody.
- Patients will be given information around the policy and will be requested to agree acceptance of the disclaimer on admission which will be recorded on Nerve centre by a registered nurse.
- 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 they have the capacity to understand the implications of this.
- 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 patients medicines 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 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. There will be information provided that the Trust accepts no liability or responsibility for loss or damage to personal property whilst on any of SFH sites. 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. Patients should have placed their personal items and valuables in the patient property bags provided, staff should make sure the patient details are correct on the bags.
- In accordance with the Trust Medicines Policy, CD's, illicit drugs, and medications that aren't being taken should be checked and returned as per policy.  
[Medicines Policy Self-administration of medicines](#)
- All checks undertaken should always be documented and corrective action should be taken and documented where necessary. This will ensure that all property items have been recorded correctly when handed over for safekeeping or returned and that monies in/ out are reconciled.

## 6.2 Trust liability for patient's 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 or responsibility 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. At this point patients will be given a trust disclaimer in regards to responsibility and liability and be asked to e-sign on Nervecentre, a witness e-signature to be completed by the nursing teams. This identifies that the patient has accepted responsibility for their own property and valuables whilst in Sherwood Forest Hospitals, and shows that they have an understanding around the trust's position in relation to not accepting liability or responsibility for the patients property and valuables.

Only property handed in for safe keeping, or deceased patient's 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 Patient's 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 or responsibility for any loss or damage to these

On completion of the disclaimer attached to Nerve centre, by both the patient and nurse it will give assurance that they are aware that the Trust accepts no responsibility or liability for patient property or valuables if they are held by the patient.

## 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 Patient's 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 or responsibility 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 patient's 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 or responsibility 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 patient's 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 (DATIX).
- 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 and the disclaimer signed on admission for patients with capacity.

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 The Trust will consider the patients claim under the Ex-gratia Policy, which the trust offer as a goodwill gesture with no obligation or legal requirements, see the Ex-gratia Policy .

6.8.5 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 When attending for procedures patients will be informed of the Trust disclaimer, they will be advised not to bring in property and valuables. The Trust will not take responsibility or liability for personal losses or damages. 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 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 patient's property

6.11.1 Upon the death of a patient all the patient's personal effects e.g. 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 Trust portering staff will take the property bags and the patient's copy of the property sheet with the patient to the mortuary (at KMH and NH). At MCH the property is returned directly to family in line with this policy).

6.11.9 Trust portering staff will not accept property bags that have not been labelled and/or sealed correctly (at KMH and 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 patient's 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 patient's property will be returned according to the Deceased Patients Property Procedure Bereavement Centre / Finance department (see Appendix 1)

6.11.17 If a deceased patient's property has been lost or damaged then there will be a process of claim under the Ex-gratia Policy.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

| Minimum Requirement to be Monitored<br><br>(WHAT – element of compliance effectiveness within the document will be monitored) | Responsible Individual<br><br>(WHO – is going to monitor this element) | Process for Monitoring e.g. Audit<br><br>(HOW – will this element be monitored (method used))                                                                                                                                                                                                                                                                                                                               | Frequency of Monitoring<br><br>(WHEN – will this element be monitored (frequency/often)) | Responsible Individual or Committee/ Group for Review of Results<br><br>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who) |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Adherence to the policy                                                                                                       | All staff                                                              | Ward and departmental Leads                                                                                                                                                                                                                                                                                                                                                                                                 | On going                                                                                 |                                                                                                                                                                                                           |
| Monitoring of patients property handed over for safekeeping:                                                                  | Staff in the General Office                                            | General Office staff checks 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. | Weekly                                                                                   | General Office Team Leader                                                                                                                                                                                |
| Procedures for dealing with deceased patients property                                                                        | Staff in General Office Staff in Bereavement Centre                    | Within                                                                                                                                                                                                                                                                                                                                                                                                                      | Weekly                                                                                   | General Office Team Leader, Bereavement Centre Coordinator.                                                                                                                                               |



| Minimum Requirement to be Monitored<br><br>(WHAT – element of compliance effectiveness within the document will be monitored) | Responsible Individual<br><br>(WHO – is going to monitor this element) | Process for Monitoring e.g. Audit<br><br>(HOW – will this element be monitored (method used))                                                                                                              | Frequency of Monitoring<br><br>(WHEN – will this element be monitored (frequency/ how often)) | Responsible Individual or Committee/ Group for Review of Results<br><br>(WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who) |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Procedures for return of properties deposited in General Office including unclaimed items.                                    | Staff in the General Office                                            | 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. | Weekly                                                                                        | General Office Team Leader                                                                                                                                                                                |
| 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 2
- This document is not 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, Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment – found at <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguarding-service-users-abuse-improper> Accessed 09/12/2021

### Related SFHFT Documents:

- Standing Financial Instructions
- Scheme of Delegation
- Medicines Policy
- Incident Reporting Policy
- Ex-gratia Policy (NEW/PENDING)

## 11.0 KEYWORDS

deceased; disclaimer; belongings, Ex-gratia, Process of claim

## 12.0 APPENDICES

- Patient Property Disclaimer
- Equality Impact Assessment

## Appendix 1

Patient label

**Please read before completing this form.**

You have been informed on the patient property policy for Sherwood Forest Trust Hospitals in regards to the safe keeping of your personal property and valuables whilst you are in hospital.

You understand that Sherwood Forest Trust Hospitals will take no liability for loss or damage during your stay.

You have decided to take full responsibility for all of your property and valuables whilst you remain in hospital.

I acknowledge that I have been given the opportunity to hand in any valuables for safe keeping in accordance with Sherwood Forest Trust Hospitals policy but have declined this offer.

**I have read and understood the above.**

Patient/Representative.

Signature.....

Print Name.....Date.....

Witnessed By

Signature.....Designation.....

Print Name .....Date.....

Signature.....Designation.....

Print Name.....Date.....

## APPENDIX 2 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

|                                                                                                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>Name of service/policy/procedure being reviewed: Safeguarding and Custody of Patients Property Policy</b>                                                                                             |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>New or existing service/policy/procedure: Existing</b>                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>Date of Assessment: 18/7/2022</b>                                                                                                                                                                     |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>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)</b> |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>Protected Characteristic</b>                                                                                                                                                                          | <b>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> | <b>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?</b> | <b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b> |
| <b>The area of policy or its implementation being assessed:</b>                                                                                                                                          |                                                                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                      |
| <b>Race and Ethnicity</b>                                                                                                                                                                                | There is no potential for any disadvantages in regards to race and ethnicity.                                                                                                                                           | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Gender</b>                                                                                                                                                                                            | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Age</b>                                                                                                                                                                                               | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Religion</b>                                                                                                                                                                                          | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Disability</b>                                                                                                                                                                                        | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Sexuality</b>                                                                                                                                                                                         | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Pregnancy and Maternity</b>                                                                                                                                                                           | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Gender Reassignment</b>                                                                                                                                                                               | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Marriage and Civil Partnership</b>                                                                                                                                                                    | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |
| <b>Socio-Economic Factors</b>                                                                                                                                                                            | No potential for disadvantages.                                                                                                                                                                                         | Not applicable.                                                                                                                                                                | None                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (i.e. living in a poorer neighbourhood / social deprivation)                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| <b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                          |  |  |  |
| <b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                                                                                                                                  |  |  |  |
| <b>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?</b> <ul style="list-style-type: none"> <li>None</li> </ul>                                                                                                                                                                                   |  |  |  |
| <b>Level of impact</b><br><br>From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:<br><br><b>Low Level of Impact</b><br><br>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. |  |  |  |
| <b>Name of Responsible Person undertaking this assessment:</b> Sally Whittlestone                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| <b>Signature:</b> S Whittlestone                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
| <b>Date:</b> 18/7/2022                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |