Patient Property Policy
V10.0
August 2023
Summary

NHS organisations have a legal duty under regulations to provide a safe and secure environment for care. This is set out in Quality Standards for healthcare providers that are overseen by the Care Quality Commission. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 make specific references to the protection of patient’s property.

The safe custody of patient’s property, valuables and cash is a service the Trust must provide to protect the interests of patients, staff, and the Trust.

This document sets out the Royal Cornwall Hospitals NHS Trust’s policy for the safe keeping of patient property. It provides a robust framework to ensure a consistent approach across the whole organisation and supports statutory duties as set out in the NHS constitution.
Table of Contents

Summary ........................................................................................................................................2

1. Introduction................................................................................................................................5

2. Purpose of this Policy/Procedure ............................................................................................5

3. Scope.........................................................................................................................................6

4. Definitions / Glossary..................................................................................................................6

5. Ownership and Responsibilities ...............................................................................................6

5.1. Role of Chief Executive ..........................................................................................................6

5.2. Role of Chief Nursing Officer ...............................................................................................7

5.3. Role of Director of Integrated Governance ..........................................................................7

5.4. Role of Director of Finance .....................................................................................................7

5.5. Role of Head of Security .........................................................................................................7

5.6. Role of Care Group Triumvirates/Service Managers ..............................................................7

5.7. Role of Local Counter Fraud Specialist ..............................................................................7

5.8. Role Of Matrons/Ward Leaders/Nurse/Midwife In Charge of the Ward ................................7

5.9. Role of Nursing staff ...............................................................................................................8

5.10. Role of Security Personnel ..................................................................................................8

5.11. Role of Anyone Who Has Responsibility for Staff ...............................................................8

5.12. Role of All Other Staff Involved in the Handling of Patient Cash, Valuables, and Property ..........................................................................................................................8

5.13. Role of General Office/Patient Services Assistants ..............................................................8

5.14. Role of General Office Supervisor .....................................................................................9

5.15. Role of Head of Patient Services .........................................................................................9

5.16. Role of Bereavement Office ................................................................................................9

5.17. Role of Linen Room ...............................................................................................................9

5.18. Role of Patient Experience Team ........................................................................................9

6. Standards and Practice ..............................................................................................................9

6.5. Patients Who Lack Capacity ................................................................................................10

6.6. Cash and Valuables System – Deposited Property .................................................................11

6.7. Cash and Valuable Bags ........................................................................................................11

6.8. Elective Admissions ...............................................................................................................12

6.9. Outpatient Attendances ........................................................................................................13

6.10. Emergency Admissions .......................................................................................................13

6.11. Police Requests for Property ...............................................................................................13

6.12. Illegal Items ........................................................................................................................13
Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net
1. Introduction

1.1. This document sets out the Royal Cornwall Hospitals NHS Trust policy and procedures for the management and safe keeping of patient property. It provides a robust framework to ensure a consistent approach across the whole organisation, supporting statutory duties.

1.2. The safe custody of patients’ personal property and valuables is an important part of patient care, and every effort must be made, at all times, to protect the interests of the patient and the Trust.

1.3. The Royal Cornwall Hospitals Trust has an obligation to provide secure facilities for patients’ property and cash and valuables which are handed to the Trust for safekeeping, together with the safekeeping of property for unconscious, confused or deceased patients.

1.4. The Trust does not accept liability for any property brought onto the Trust’s premises unless it is handed in for safekeeping. Disclaimers must be displayed prominently in all patient areas, but this does not remove the Trust’s duty of care to take reasonable steps to ensure the safety of patients’ property.

1.5. This version supersedes any previous versions of this document and supersedes the “Secure Management of Deceased Patient Property during the Covid-19 pandemic” policy.

2. Purpose of this Policy/Procedure

2.1. Providing a safe and secure environment for care is a legal duty under the regulations which underpin the quality standards for healthcare providers overseen by the Care Quality Commission (CQC). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 make specific references to the protection of patient’s property. Regulation 11 says that providers “must make suitable arrangements to ensure that service users are safeguarded against the risk of “abuse” and includes “theft, misuse or misappropriation of money or property” within the relevant meaning of “abuse”.

2.2. The purpose of this policy is to ensure adherence to best practice and to effectively manage patient property taken by the Trust into safekeeping. The Trust has a responsibility to provide safe custody for any items handed in by patients for safe keeping, or where items are found to be in the possession of patients admitted to hospital, who are unconscious, confused, lack capacity or who subsequently die whilst in hospital.

2.3. The Trust attaches high importance to the safekeeping of patients’ cash, valuables, and personal property. The intention of this policy is to ensure that:

2.3.1. The risks associated with the handling of cash, valuables and property are managed appropriately.

2.3.2. A care environment is provided where the risk of loss or damage to patients’ property is minimised.
2.3.3. Staff have a procedure that ensures transparency in dealing with valuables, that ensures both patients and staff are safeguarded.

2.3.4. Handling practices are described, and incidents are reported.

3. **Scope**

3.1. This policy applies to all individuals employed by the Trust including students, locum and bank/agency staff, contractors, volunteers, and staff employed on honorary contracts who are involved in Trust business on Trust premises.

3.2. This policy applies to all areas of the Royal Cornwall Hospitals NHS Trust in which NHS care is provided and to all clinical settings managed by the Trust.

4. **Definitions / Glossary**

4.1. Valuables. The term ‘valuables’ refers to any item of value and may include but is not limited to the following: cash, cheques, foreign currency, jewellery, rings, watches, keys, mobile phones, computer equipment, iPads, laptops, formal documents including driving licence, passport, financial documents including bank books, saving certificates, certificates of any kind, credit/debit cards etc.

4.2. “Cash” refers to any coins and or notes of any currency irrespective of their country of origin belonging to a patient.

4.3. “Patient Property” refers to general items such as clothing or toiletries other than cash and valuables but may also include items such as ‘personal aids’ e.g., dentures, hearing aids, spectacles, and walking aids which if lost can cause considerable inconvenience and distress to patients.

4.4. “Deposited Property” refers to property which the Trust takes into its care for safekeeping, e.g. cash and valuables either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.

4.5. “Undeposited Property” refers to property which patients retain with them on the Trust’s premises.

4.6. “Handling” of cash, valuables and/or patient property means accepting, transferring, and disposing of such items.

4.7. Cash and Valuable Bags. Cash and Valuables Bags are issued by the General Office to secure cash and valuables handed in for safe keeping. Each bag has a unique tracking system.

5. **Ownership and Responsibilities**

5.1. **Role of Chief Executive**

The Chief Executive has overall responsibility for the provision of a safe and secure environment for patients and their property whilst on Trust premises.
5.2. **Role of Chief Nursing Officer**

The Chief Nursing Officer is responsible for ensuring that the Patient Property Policy is appropriately disseminated and will ensure that systems are in place to monitor compliance with the policy.

5.3. **Role of Director of Integrated Governance**

The Director of Integrated Governance has responsibility for ensuring that the Trust has a robust written process regarding the management of patients' property and for ensuring that all staff in clinical areas are aware of and follow the correct process.

5.4. **Role of Director of Finance**

The Director of Finance has responsibility for implementing the Trust's financial policies including those relating to patients' monies and other property.

5.5. **Role of Head of Security**

The Head of Security has responsibility for security management within the Trust and to support the security team in their role so they can fulfill their duties and meet statutory requirements. The Head of Security will work with key colleagues to promote the secure management of patients' property and effectively respond to incidents and security breaches relating to patient property.

5.6. **Role of Care Group Triumvirates/Service Managers**

Care Group Triumvirates/Service Managers are responsible for ensuring that all wards/departments and staff within the Care Group are aware of and implement this policy; to monitor overall compliance and where there are deficiencies of concerns in delivery, these are investigated and reported via the Care Group Governance Boards.

5.7. **Role of Local Counter Fraud Specialist**

The Local Counter Fraud Specialist can investigate suspected fraud where there is reason to think that a patient has falsely claimed compensation for lost property. The Local Counter Fraud Specialist will not normally investigate complaints of theft where fraud is not suspected.

5.8. **Role Of Matrons/Ward Leaders/Nurse/Midwife In Charge of the Ward**

Matrons have responsibility for investigating and reporting any instances of loss. Ward Leaders are responsible for informing staff, on appointment, of their responsibilities and duties for the administration of patients’ property. They are also responsible for ensuring this policy, and all other relevant policies and procedures are implemented in the Department, Ward, or Unit. Deceased patient belongings should be handed back to the family if present. If the family is not present, then the belongings should be safely stored on the ward for later collection by the family.
5.9. **Role of Nursing staff**

Nursing staff are responsible for ensuring that patients are aware that the Trust does not accept liability for lost property, that valuables should be handed in for safekeeping and all other non-essential property sent home and adhering to the procedures within this policy for managing patients’ property and valuables.

5.10. **Role of Security Personnel**

Security Personnel should be adequately trained and made aware of security practices and procedures in relation to patient property, including cash and valuables and care and custody of lost property.

5.11. **Role of Anyone Who Has Responsibility for Staff**

Anyone who has responsibility for staff has responsibility for ensuring that:

5.11.1. All staff have access to this policy and associated procedural documents.

5.11.2. All staff adhere to and implement this policy and associated procedural documents.

5.11.3. The appropriate staff, equipment and stationery are available to enable this policy to be followed.

5.11.4. Staff have the necessary training to enable them to implement this policy.

5.12. **Role of All Other Staff Involved in the Handling of Patient Cash, Valuables, and Property**

All other staff involved in the handling of patient cash, valuables and property are required to:

5.12.1. Familiarise themselves with all relevant Trust policies and procedures referred to within this document. Adherence to the procedures within this policy.

5.12.2. Uphold security arrangements, thus enabling the Trust to meet its obligations around maintaining a safe and secure environment for patient care.

5.12.3. Comply with financial procedures and ensure propriety in all their activities.

5.13. **Role of General Office/Patient Services Assistants**

General Office and Patient Services Assistants are responsible for ensuring the safekeeping of “Deposited Property”, its correct documentation upon receipt and the administration of the cash and valuables system, as well as the administration functions in respect of ex gratia claims for lost patient property in line with the Trust’s Losses and Special Payments Policy.
5.14. **Role of General Office Supervisor**

The General Office Supervisor will ensure that the Patient Services Assistants are fully trained in their specific duties associated with the Patient Property Policy. The General Office Supervisor will co-ordinate and administer requests for ex-gratia payments in respect of lost and damaged property and maintain appropriate records of ex-gratia claims authorised to the Finance department for payment in line with the Trust’s Losses and Special Payments Policy.

5.15. **Role of Head of Patient Services**

The Head of Patient Services is responsible for ensuring that appropriate central storage is provided for the safekeeping of “Deposited Property” into the care of the Trust and for ensuring that the Patient Services Assistants based in the General Office are complying with the Patient Property Policy.

5.16. **Role of Bereavement Office**

The Bereavement Office is responsible for adherence with the procedures as set out in the Bereavement Care At and After Death Policy, including arrangements for Public Health funerals. The Mortuary and Bereavement Deceased Care Record is attached at Appendix 9 which is completed at a ward level and accompanies the deceased to the mortuary.

5.17. **Role of Linen Room**

The Linen Room is responsible for receiving and holding items of found clothing until they are claimed by the patient or their representative or disposed of in accordance with national and local guidelines for the disposal of such items.

5.18. **Role of Patient Experience Team**

Patient Experience will support patients who may have cause to raise a concern in relation to the safekeeping of their property and will work together with all areas to improve patient experience when concerns are shared. The team will process complaints regarding lost property, where complainants are not satisfied that the appropriate investigations have taken place.

6. **Standards and Practice**

6.1. All pre-admission information given to patients must include information on the Trust’s property disclaimer (Appendix 3) and advise them not to bring valuables and non-essential items into hospital. All patients should be advised that the Trust does not accept liability for loss or damage to patients’ property unless it is handed in for safe keeping.

6.1.1 On admission to hospital the Patient Property Disclaimer Form (CHA4461) (Appendix 4) and an initial Nursing Care Record (CHA 3831) (Appendix 5) must be completed. Any cash and valuables must follow the cash and valuables process and be deposited with the General Office for safe keeping in line with section 6.6.
6.2. The property disclaimer will be displayed in prominent areas in wards/departments. This disclaimer also applies to belongings required in daily life, such as dentures, spectacles, and hearing aids.

6.3. Upon admission, all patients must be strongly advised to send home with a relative or friend all property and/or cash and valuables that are not required whilst in hospital. If this is not possible the cash and valuables procedure must be followed.

6.4. The Trust will not accept liability in respect of any loss or damage to patients’ property and belongings unless they have been handed over to a member of staff for safekeeping. When property is handed over for safe keeping this should be recorded in the patient record, with cash and valuables deposited into General Office in accordance with the cash and valuables procedure.

6.5. Patients Who Lack Capacity

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

6.5.1. Where a patient lacks capacity (confused, lacks capacity or severely incapacitated for any other reason) to make a decision about their property, staff may have to make a decision in their best interests. Where a patient is unable to take responsibility for their own property but has not given it up for safekeeping, the Trust becomes an “involuntary bailee” and is obliged to take care that items are not lost. This may apply in the case of emergency admission of unconscious patients or the transfer of patients to theatre for example.

6.5.2. The most common action staff should consider taking in relation to a patient’s property when the patient lacks capacity, is to take the property and place it into safe keeping, thus meeting the Trust’s obligations and duty of care. Before doing so, staff should consider whether there is anyone with authority to make decisions on behalf of the patient, either Lasting Power of Attorney (POA) or a deputy associated by the Court of Protection who manages the affairs of someone who does not have the capacity to make decisions about their own affairs.

6.5.3. Staff should bear in mind that even where a patient is assessed as lacking capacity to make a decision, they should be involved as fully as possible in the decision. For example, when deciding which of a patient’s belongings to remove from their bedside, every effort should be made to consider their wishes and feelings in this regard.

6.5.4. In situations where a patient lacks capacity to make decisions about their affairs and who have been admitted with valuable items and/or cash, these items must be deposited into central storage using the cash and valuables system, with two members of staff assuming responsibility for depositing the items on behalf of the patient.
6.6. Cash and Valuables System – Deposited Property

The Trust provides a secure central storage facility for the safe keeping of patients’ cash and valuables. This is provided by the General Office. The Patient Services Assistants based in the General Office can provide advice and guidance to ward and departments on the process associated with depositing patient property for safe keeping. The General Office has a cash and valuables safe used solely for this purpose.

6.7. Cash and Valuable Bags

6.7.1. In circumstances where a patient is unable to send valuable items and cash home with family members or it is decided that it is in the best interests of the patient for these items to be deposited for safe keeping, a “cash and valuables” bag must be obtained from the General Office for depositing the patient property into central storage. Cash and valuables bags are issued by General Office to all wards upon request. Patient property is placed into the bags by ward staff and returned to the general office for safe keeping until the patient is discharged.

6.7.2. Each cash and valuables bag has a uniquely numbered seal, together with uniquely matching documentation. A white card to which a patient label is affixed and inserted into the address window of the bag, an orange receipt card, which is retained by the patient for the items deposited into central storage, and an orange numbered label corresponding to the bag that must be inserted into the patient’s hospital notes/episodic folder/temporary folder indicating that items have been placed into central storage.

6.7.3. Terms such as “gold” and “silver” must not be used when describing items of jewellery. Descriptions such as “yellow material” or “white metal” must be used instead. Stones in rings or other jewellery must not be described as “diamond” or “ruby” etc. instead the term “white stone” or “red stone” must be used. For example: yellow metal ring with 3 white stones.

6.7.4. Patients must be advised that any cash over £1,000 will be banked and returned to them via BACS.

6.7.5. In circumstances where the patient does not have the capacity to make a decision about looking after their valuables, and it is decided that it is in their best interests to use the cash and valuables system, two members of staff must witness the items placed inside the bag, and sign the white card, which is placed in the window of the bag.

6.7.6. The Patient Services Assistants will not accept cash and/or valuable bags where the seal on the bag has been damaged, removed, or lost. It is the responsibility of the ward staff depositing the property with General Office to ensure the seals on the bags are intact.
6.7.7. During office hours (Monday to Friday 0830-1630) cash and valuable bags must be taken to the General Office and deposited with the Patient Services Assistants. The uniquely numbered seal will be entered on the Patient Property Database, (CAVE) with the bags stored in the patient valuables safe in the General Office.

6.7.8. It is the responsibility of the ward staff to co-ordinate the return of cash and valuables held in central storage in the General Office to the patient or the patient's representative.

6.7.9. On discharge or at the patients’ request the cash and valuables bag will be returned upon presentation of the orange card and a check by the Patient Services Assistants that all seal numbers correspond. Two members of General Office staff must be always present. The seal number is entered onto the CAVE database and a receipt printed. Once the patient has removed their valuables from the cash and valuables bag, the white card must be signed to confirm receipt.

6.7.10. If the patient is incapacitated, property will be returned to their representative, or an appropriate member of staff should collect it on behalf of the patient. The Patient Services Assistants will retrieve the property from the safe and check that all seal numbers correspond. This must be completed in the presence of the patients’ representative or staff member. The representative or staff member will sign for receipt of the property and be issued with a receipt. Other than when a patient is incapacitated, staff should not hand over property to anyone other than the patient without the patient's written consent. The return of cash will require a separate signature for its return. All information will be recorded on CAVE.

6.7.11. Once the property is returned to the ward, staff must ask the patient or their representative to check the contents and documents and confirm that the property has been returned to them in good order.

6.7.12. Patients should be advised that there is no facility for withdrawing cash and/or valuables from the General Office out of hours.

6.7.13. Depositing cash and valuables out of hours must be undertaken by two members of staff, one of which must be from the Trust’s Security team. The two members of staff will assume responsibility for depositing the items on behalf of the patient, signing, and printing their names on the deposit form held in General Office.

6.8. Elective Admissions

6.8.1. On admission to hospital an Initial Nursing Care Record (CHA 3831) (Appendix 5) must be completed. Any cash and valuables must follow the cash and valuables process and be deposited with the General Office for safe keeping in line with section 6.6.

6.8.2. Patients must be advised that any cash over £1,000 will be banked and returned to them via BACS. Should a patient not have a bank account then this must be escalated to the Head of Patient Services.
6.8.3. Terms such as “gold” and “silver” must not be used when describing items of jewellery. Descriptions such as “yellow material” or “white metal” must be used instead. Stones in rings or other jewellery must not be described as “diamond” or “ruby” etc. instead the term “white stone” or “red stone” must be used. For example: yellow metal ring with 3 white stones.

6.8.4. When a patient is wearing rings which are loose and they wish to keep them on their hand, tape should be applied to reduce the risk of rings falling off and being lost. This must be recorded on the Initial Nursing Care Record.

6.8.5. Pink Property Trays. All admitting areas have pink property trays available to hand out to patients for keeping small personal items such as glasses, teeth etc. These trays must be labelled with the correct patient sticker and move through the hospital with the patient. Once the patient has been discharged trays must be cleaned and returned to the admitting areas to ensure stock is being refreshed for new patients coming into hospital.

6.9. Outpatient Attendances

Patients attending outpatient appointments should be advised that they should not bring valuable items or large amounts of cash with them when attending hospital.

6.10. Emergency Admissions

Where a patient is admitted as an emergency admission, all personal items of property must be recorded. Special attention must be given to personal items that a patient needs to keep with them e.g., spectacles, hearing aids and dentures. The items retained by the patient should be recorded on the Initial Nursing Care Record (CHA 3831) (Appendix 5) and detailed records kept and maintained of actions taken in respect of patient property to enable a full audit trail to be maintained during a patients stay.

6.11. Police Requests for Property

In cases where the police request to seize property recorded as a valuable item, property must not be automatically handed over. The requested property must be secured and held at General Office. Staff should provide assurances that the item(s) will be held securely in the General Office until the Police formally approach the Trust to request the release. This process is managed by the Trust’s Head of Information Governance and all enquiries must be directed through them.

6.12. Illegal Items

Patients who bring into hospital any illegal items (such as guns, locking knives, knives with blades over 3.5” and suspected illicit drugs as referred to in the Trust’s Controlled Drugs Standard Operating Procedure) will be requested to hand these items over for safe storage and destruction. Refusals to cooperate will necessitate police involvement.
6.13. **Movement of Patient Property**

When a patient is transferred to a different ward or area within the hospital, the patient’s property must be discussed and documented in the handover between the transferring unit and the receiving unit as a matter of routine and documented accordingly.

6.14. **Inter Hospital and Care Home Transfers.**

6.14.1. An Inter Healthcare Transfer of Care form (CHA4158) (Appendix 6) should be completed for every patient. The healthcare professional must record items of property bought in at the time of admission and recorded as part of the Initial Nursing Care Record (Appendix 5).

6.14.2. In circumstances where an inter hospital and care home transfer is made, staff on the transferring ward must ensure that all items documented are transferred to the new location in an appropriate manner. The staff at the receiving hospital/care home must verify that all items transferred with the patient match the items recorded on the form.

6.14.3. If items of patient property are missing, the receiving area must notify the transferring ward immediately, so that a search for these items may be conducted. Details of the missing items must be recorded.

6.14.4. Where items of patient property have been lost or damaged, the General Office must be informed of the date and time of the loss, the ward reporting the loss and patient level details. The loss must be recorded on datix by the ward. This will ensure the prompt handling of a claim for loss or damage should the need arise.

6.14.5. If the patient has deposited cash and valuables into central storage, and the patient is transferred to a different NHS organisation, their deposited property must be withdrawn from the General Office. It is important to ensure that the transferring ward makes arrangements for this with the General Office in good time, so that the property can be handed over to staff in the receiving organisation (which may be via a patient transport service) at the time of transfer.

6.14.6. Patient Transport Transfers. In circumstances where a patient is fit for discharge and the Trust’s contracted transport provider is used to take the patient to another hospital or care home, the discharging ward will ensure that all patient property is placed in an appropriate container and sent with the patient on discharge. Arrangements must be made, prior to the discharge from hospital, for any cash and/or valuables that are placed into central storage are collected from the General Office in accordance with the cash and valuables procedure as set out in section 6.6.
6.15. **Deceased Patients.**

6.15.1. The patient and their Next Of Kin (NOK) should be afforded the greatest respect, maintaining privacy, dignity, and confidentiality at all times. This policy sits alongside the Trust’s Bereavement Care At and After Death Policy.

6.15.2. The nurse in charge of the patient’s care will inform the family as soon as possible after death. In instances of sudden unexpected death the NOK details should be identified via the patient notes. Clothing, aids/possessions should be returned to the deceased patient’s representatives by the nursing staff on the ward at the time of death. If the family is not present, then the belongings should be stored on the ward for later collection by the family. It is the responsibility of the ward to return all non-cash and valuables to the deceased’s relatives/representatives.

6.15.3. Soiled clothing should be disposed of by the ward/clinical area as they can become an infection risk if stored for many days before collection by relatives. Any clothing disposed of must be documented in the patient’s records/nursing notes.

6.15.4. All cash and valuables, which have not already been handed over to the Trust for safekeeping, must be deposited with the General Office following the cash and valuables procedure at section 6.6. Two members of staff must record the items and write their names and sign for the items being deposited.

6.15.5. All items must be individually itemised. The blanket term “valuables” must not be used.

6.15.6. All jewellery should be removed, in the presence of another member of staff and handed back to the family if present and documented in the nursing notes together with details of who received the property. If the family is not present all jewellery should be dealt with in accordance with the cash and valuables section of this policy at 6.6 and deposited with the General Office. Jewellery must not be described as ‘gold’, ‘silver’, or ‘diamond’ etc with the terms, ‘yellow metal’, ‘white metal’ or ‘white stones’ being used instead.

6.15.7. If it is not clear that appropriate relatives are present (for example where there is a dispute between relatives as to who should take the property) then the property must be taken into the hospital’s safekeeping as described in section 6.6.

6.15.8. If it is not possible to remove all jewellery, or the family insist on the jewellery remaining on the deceased, it should be taped in place and recorded on the deceased care record (Appendix 9) and signed by two members of staff.

6.15.9. If any hazardous items are discovered, they must be made safe (e.g. with the use of a sharps container) and bagged as usual.
6.15.10. If in taking into custody patients’ property, any offensive weapons or other items are found that are reasonably believed could cause serious harm to others, the Head of Security and the Police must be informed.

6.15.11. It is the responsibility of the ward staff to notify the General Office as soon as possible upon the death of a patient for whom cash and valuables are being held in safekeeping. The Patient Services Assistants will liaise with staff based in the Trust’s Bereavement Service to confirm NOK details and make the necessary arrangements for the collection of cash and valuables via the completion of a claim and indemnity form.

6.15.12. The patient’s representative must supply evidence that they have a responsibility for the deceased patient’s affairs. This may include, a sealed Grant of Probate, or in the case of a person leaving no will, a Letter of Administration.

6.15.13. Patient’s medication will be labelled as deceased and returned to Pharmacy.

6.15.14. The Bereavement staff will refer all requests for a Public Health Funeral to Cornwall Council who will be the point of contact for Public Health funded funerals and liaise with the General Office where there is no NOK, or the NOK hand over responsibility for funeral arrangements to the Trust to ensure any cash and valuables held by the Trust are identified.

6.16. **Lost Property**

Lost property is defined as property which cannot immediately be identified as belonging to a particular individual.

6.16.1. If items of property are found Clinical Staff must make reasonable effort to reunite the lost property with the patient.

6.16.2. If the property is identified as belonging to a patient, then the ward/clinical area staff are responsible for making sure that the property is taken to the patient (if they are still an inpatient at the Trust) or that patient is contacted to arrange collection.

6.16.3. If the owner of the property cannot be identified: Cash and Valuables should be sent to the General Office for processing as lost property. Non- valuables property should be retained on the ward/clinical area for one month and then if uncollected disposed of.

6.16.4. If a patient informs a member of staff that they have lost something, the staff must make reasonable effort to find the lost property and immediately inform the ward leader/head of department. If the property is not located, the staff must give the patient the details of General Office/Patient Experience and complete an incident report on Datix. Staff must be aware and are responsible for ensuring that the patient is aware, that the recording of a loss of a patient’s belongings on Datix, does not constitute a claim for reimbursement.
6.16.5. All lost property handed to the General Office is logged on the lost property database and given a reference number. A check is also made to see if an enquiry has already been made regarding the loss.

6.16.6. Any member of staff or the public finding an item of lost property on Trust premises is encouraged to hand it into the General Office.

6.16.7. When an enquiry is made to the General Office for lost property that has not been handed in, the enquiry (with name and contact details) will be logged on the database. The enquirer will be contacted if the property is subsequently handed in, to arrange collection.

6.16.8. Valuable lost property is stored in the General Office for six months. Non valuable lost property is stored for three months and then disposed of.

6.16.9. After six months valuable items are collected and sold at auction. Monies raised are paid into Trust Charitable Funds. Any valuable items that may contain data must be securely disposed of via CITS.

6.16.10. Property left behind on a ward after a patient’s discharge does not fall into the category of lost property. Ward staff should contact the patient concerned and ask them to arrange for the property to be collected from the ward. If the patient declines or fails to remove the property within the agreed timescale, then any items of possible value e.g. spectacles should be taken to the General Office and clothing to the Linen Room.

6.16.11. **Loss of Property in circumstances considered suspicious.**

6.16.11.1. All staff have a responsibility to report any loss of property in suspicious circumstances to the Trust’s Head of Security.

6.16.11.2. All such reports to the Trust’s Head of Security must be followed up via an incident report logged on Datix.

6.17. **Claims for Lost Property.**

6.17.1. The Trust does not accept liability for property not handed in for safekeeping. However, in certain circumstances the Trust has a duty of care and may feel it appropriate to reimburse a patient for lost property. For example, a patient going from a ward to a theatre would reasonably expect to be reimbursed if their hearing aids were removed and lost. The Trust’s Losses and Special Payments policy sets out the procedure for ex-gratia payments. All claims are managed by the General Office in line with the Losses and Special Payments policy. If the Trust has accepted property into safekeeping, and loses that property, the patient will be entitled to make a claim for reimbursement.
6.17.2. Where monetary reimbursement is offered and accepted, the Trust will arrange payment of the reimbursement amount only on the production of a valid receipt by the patient or someone acting on their behalf confirming the purchase of replacement item(s). Payments will be made via BACS. Quotations, invoices, or receipts should be attached to all claims and the Trust will consider each case on its merits. Where a patient chooses not to replace the lost items or is unable to produce a receipt the claim will be declined.

6.17.3. Dentures will normally be reimbursed only at NHS rates, unless it can be shown that there is an acceptable reason for the use of a private dentist.

6.17.4. There is no emergency inpatient dental service provided at the Trust. In circumstances where a patient is exempt from NHS Treatment Charges, ward staff should complete a Special Care Dentistry Referral Proforma, (Appendix 7) and email this to the Referral Management Service. The Referral Management Service will send the referral to the Community Dental Service where the referral will be triaged by a Special Care Dentist. This referral route can also be used for those patients without an NHS or private dentist.

6.17.5. The Special Care Dentist will contact the patient or their family and advise on the most appropriate treatment route for the replacement of their dentures, this may include onward referral to a dentist or the arrangement of a domiciliary visit to the patient.

6.17.6. Where a patient would normally pay for dental treatment, they should be encouraged to contact their NHS or private dental practice to arrange treatment. The patient must obtain a receipt for their treatment so that if the Trust after investigation, accepts the loss, reimbursement can be made to the patient in line with the receipt presented for treatment.

6.18. Lost Property following the death of a patient

6.18.1. The Trust recognises the distress caused to patients’ relatives when valuable or sentimental items of patient property go missing following bereavement. In circumstances where a relative reports cash and/or valuables as missing the loss will be reported in line with the Losses and Special Payments policy.

6.18.2. The relative or patient representative making the claim must supply evidence that they have a responsibility for the deceased patient’s affairs. This may include a sealed Grant of Probate, or in the case of a person leaving no will, a Letter of Administration.

6.18.3. If following investigation, the loss of the reported item is upheld, an ex-gratia payment will be made to the estate of the deceased via BACS transfer.

6.18.4. Where items belonging to a deceased patient are not required to be replaced e.g., spectacles, dentures, hearing aids, clothing, no payment will be made to the estate of the deceased.
6.19. **Exceptional cases e.g. Hardship**

In exceptional cases, if the patient, or anyone acting on their behalf, is financially unable to purchase a replacement item, to the offered upper limit without prospective (as opposed to retrospective) monetary reimbursement from the Trust, the Trust will use its discretion and consider if it is just, equitable, and practical to provide the offered reimbursement by alternative means, such as paying the vendor directly. In the event that such an alternative method of reimbursement is offered, the alternative must meet the standards set out in the Trust’s Losses and Special Payments Policy. However, no reliance is to be placed by the patient or anyone acting on their behalf that the Trust will be able to offer an alternative means of prospective reimbursement.

6.20. **Disposal of lost and unclaimed property**

6.20.1. All attempts will be made to reunite property with the rightful owner. Additional checks of the Patient Administration System will be made, together with supplementary checks against the Summary Care Record to identify if a patient has moved address. Where a new address is identified a recorded delivery letter will be sent to the patient detailing the items held, requesting collection in person with a copy of said recorded delivery letter and photographic proof of identity and proof of address e.g. council tax bill. If there is no response a further recorded delivery letter will be sent within 4 weeks from the date of the first letter.

6.20.2. If the patient is deceased every effort will be made to contact the NOK and identify the executors of the estate, liaising with the Bereavement Service as appropriate.

6.20.3. If there is no response to a second letter, a third and final letter will be sent via recorded delivery making it clear that the item will be disposed of if no response is received. Once the item has exceeded six months in storage, without response to three letters, the appropriate arrangements will be made for its disposal.

6.20.4. Lost debit/credit cards will be destroyed within three working days. Numbers must not be documented in full. General Office staff will record the type of card (Visa, Credit, Access, etc) and the last four numbers only, expiry date and the name on card. (Staff ID badges will be returned immediately to the Staff ID badge office).

6.20.5. Any cash handed in to the General Office as lost property is retained in the cash and valuables safe for one month. If unclaimed after one month, the monies are banked to Lost Property/Surplus Monies 10080/Income Miscellaneous Trustwide. If claimed after the monies have been banked, the monies can be paid from petty cash and a reversal actioned accordingly. If the monies are not claimed after six months, they must be transferred across to Charitable Funds requiring a journal entry liaising with the finance department.
6.20.6. If the unclaimed property is already held in a cash and valuables bag and remains uncollected after the three reminder letters have been sent the deposited property bag will be opened by two members of staff from the General Office Team and witnessed by the General Office Supervisor or another senior manager.

6.20.7. All items will be documented on the Trust’s Cash and Valuables system (CAVE) against the bag number originally deposited with the General Office.

6.20.8. Where a bag contains jewellery, watches, or other such items as detailed description as possible will be made on CAVE using descriptions such as “yellow metal ring with blue stone” or “white metal bracelet with three white stones”. No valuation of jewellery will be made by the General Office staff. As soon as the items are documented the valuables will be placed back in the safe awaiting disposal by means of sale/auction.

6.20.9. Where a bag contains cash, the cash will be recorded on CAVE and banked to Charitable Funds. The sum of money will be entered onto the General Office System of Transactions (GOST).

6.20.10. If property is not claimed within six months, after date of discharge or death and three letters have seen sent, it will be disposed of as follows:

- Items of jewellery and other possible valuables will be examined and valued by a local auction house, identified by Procurement. Anything identified as having a resale value of more than £100 will be kept for a further year and every effort make to find the owner. Anything with a resale value of less than £100, or valuables that have not been claimed after the eighteen-month period will be sold by the auction house as appropriate with the financial proceeds returned to the Trust’s charitable funds.

- Spectacles will be donated to an appropriate charity.

- Mobile phones, laptops, tablets, ipads etc. will be referred to Cornwall IT Services (CITS) so that wherever possible the item can be returned to the rightful owner, but where this is unsuccessful the item will be disposed of by CITS through their operational process for the disposal of such equipment.

- Keys will be returned to Estates for safe disposal.

- Dentures will be placed in normal waste for disposal.

- Hearing Aids return to Audiology.
7. Dissemination and Implementation

7.1. A copy of this policy will be stored electronically in the Clinical Policy Section of the Trust’s Document Library on the intranet/internet site.

7.2. A copy of this policy will be circulated to all staff to enable them to participate in and support the implementation of this policy.

7.3. A clear communication will be sent to Senior Managers and Senior Nursing staff and Midwifery Staff to make them aware that a revised policy has been issued and that they are responsible for cascading the information to staff members they are responsible for including those who do not have regular access to email.

7.4. Information to promote awareness of the new policy will also be included in the Trust’s One and All user communication which is circulated to all staff.

8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Information Category</th>
<th>Detail of process and methodology for monitoring compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Element to be monitored</td>
<td>A six-monthly report of losses and special payments presented to Audit Committee. Breaches of the policy will be monitored through incident reporting and complaints at a Care Group level. Safe contents will be checked and reconciled on a weekly basis by the General Office Supervisor. A six-monthly review of compliance with the weekly safe checking will be undertaken by the Trust’s Security Officer.</td>
</tr>
<tr>
<td>Lead</td>
<td>Head of Patient Services</td>
</tr>
<tr>
<td>Tool</td>
<td>Ex gratia spreadsheet held by General Office. Payment audit reports held by Finance. Incident reporting via Datix. Cash and valuables checklist.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Bi-annual report of losses and special payments to Audit Committee. Quarterly Care Group Governance Monitoring. Weekly cash and valuables safe reconciliation.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Audit Committee. To receive the biannual ex-gratia report, identify deficiencies in the system and act upon them. Care Group Governance Boards to receive reports related to losses recorded on Datix, identify deficiencies in the system and act upon them.</td>
</tr>
<tr>
<td>Information Category</td>
<td>Detail of process and methodology for monitoring compliance</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Head of Patient Services and General Office Supervisor to undertake bi-annual audits and feedback to Care Group Governance Boards together with identified themes and recommendations for action where appropriate.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Head of Patient Services via Care Group Governance Boards and Patient Experience Group.</td>
</tr>
</tbody>
</table>

9. **Updating and Review**

This policy will be reviewed three years from the date of issue. It may be required to review prior to that date if patient safety reports/patient experience identify areas for concern or if relevant additional national statutory guidance is published.

10. **Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. **Equality Impact Assessment**

The Initial Equality Impact Assessment Screening Form is at Appendix 2.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Information Category</th>
<th>Detailed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Title:</strong></td>
<td>Patient Property Policy V10.0</td>
</tr>
<tr>
<td><strong>This document replaces (exact title of previous version):</strong></td>
<td>Secure Management of Patients’ Property Policy V9.0 and Secure Management of deceased patient property during the COVID-19 Pandemic. (Archived from Document Library on 12.03.2021)</td>
</tr>
<tr>
<td><strong>Date Issued/Approved:</strong></td>
<td>06 July 2023</td>
</tr>
<tr>
<td><strong>Date Valid From:</strong></td>
<td>August 2023</td>
</tr>
<tr>
<td><strong>Date Valid To:</strong></td>
<td>August 2026</td>
</tr>
<tr>
<td><strong>Directorate / Department responsible (author/owner):</strong></td>
<td>Jayne Martin, Head of Patient Services</td>
</tr>
<tr>
<td><strong>Contact details:</strong></td>
<td>01872 252515</td>
</tr>
<tr>
<td><strong>Brief summary of contents:</strong></td>
<td>This policy aims to effectively manage patients’ property by providing clear procedures and guidance for recording patient property and taking patient property into safe keeping.</td>
</tr>
<tr>
<td><strong>Suggested Keywords:</strong></td>
<td>Property, cash, valuables, lost property, bereavement</td>
</tr>
</tbody>
</table>
| **Target Audience:** | RCHT: Yes  
CFT: No  
CIOS ICB: No |
| **Executive Director responsible for Policy:** | Chief Nursing Officer |
| **Approval route for consultation and ratification:** | Care Group Governance  
Quality Assurance Committee  
Trust Board |
| **General Manager confirming approval processes:** | Richard Andrzejuk, Clinical Support Care Group |
| **Name of Governance Lead confirming approval by specialty and care group management meetings:** | Kevin Wright, Governance Lead, Clinical Support Care Group |
### Information Category | Detailed Information
--- | ---
**Links to key external standards:** | Care Quality Commission. Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 (Regulation 11)
**Training Need Identified?** | Yes, refresher training via Matrons, Ward Leaders to disseminate to all ward staff. Learning and Development department to be informed.
**Publication Location (refer to Policy on Policies – Approvals and Ratification):** | Internet and Intranet
**Document Library Folder/Sub Folder:** | Clinical / Patient Administration

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version Number</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not known</td>
<td>V1.0 to V8.0</td>
<td>Previous details not known</td>
<td>Not known</td>
</tr>
<tr>
<td>29 July 13</td>
<td>V8.1</td>
<td>Patient’s Property Policy</td>
<td>Judy Rowe, Site Services Manager</td>
</tr>
<tr>
<td>22 July 2016</td>
<td>V8.2</td>
<td>Complete re-write in draft form to reflect Trust responsibilities under the Health and Social Care Act 2008 and NHS Protect Guidance</td>
<td>Kevin Bolt, Payments, and Contracts Manager</td>
</tr>
<tr>
<td>02 December 2016</td>
<td>V8.3</td>
<td>Version 8.2 amended following discussions with Jayne Martin, Head of Patient Services, and input from representatives of the Nursing and Governance Collaborative</td>
<td>Kevin Bolt, Payments, and Contracts Manager</td>
</tr>
<tr>
<td>30 December 2016</td>
<td>V8.4</td>
<td>Inclusion of paragraph 10.4. Inclusion of new Appendices 3, 4, 7 and 8. Minor typographical changes</td>
<td>Kevin Bolt, Payments, and Contracts Manager</td>
</tr>
<tr>
<td>Date</td>
<td>Version Number</td>
<td>Summary of Changes</td>
<td>Changes Made by</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>2 February 2017</td>
<td>V8.5</td>
<td>Incorporating advice from Paul Dixon, Security Management Specialist additional wording in section 7.3.</td>
<td>Kevin Bolt, Payments, and Contracts Manager</td>
</tr>
<tr>
<td>15 February 2017</td>
<td>V8.6</td>
<td>Incorporating comments from Lorna Watt, Legal Services additional paragraph in section 7.3 regarding patients wishing to retain items against hospital advice</td>
<td>Kevin Bolt, Payments, and contracts Manager</td>
</tr>
<tr>
<td>21 October 2019</td>
<td>V9.0</td>
<td>Review and update of current policy to reflect regulatory body changes – e.g. NHS Protect now NHS Counter fraud Authority. NHS Litigation Authority now NHS Resolution. Additional new Section 6.6 – Procedure for Disposal of unclaimed patient valuable items.</td>
<td>Kevin Bolt, Payments, and Contracts Manager</td>
</tr>
<tr>
<td>August 2023</td>
<td>V10.0</td>
<td>Updated role of Counter Fraud Specialist and General Office Supervisor Role. Removal of references to MITIE. Updated role of Bereavement Office. Nursing documentation and associated forms updated. Introduction of sections in relation to police requests and illegal items. Introduction of arrangements for cash over £1,000 bought onto hospital premises. Disclaimer notice reviewed and updated.</td>
<td>Jayne Martin, Head of Patient Services</td>
</tr>
</tbody>
</table>

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

<table>
<thead>
<tr>
<th>Information Category</th>
<th>Detailed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the strategy / policy / proposal / service function to be assessed:</td>
<td>Patient Property Policy V10.0</td>
</tr>
<tr>
<td>Directorate and service area:</td>
<td>Clinical Support, Patient Services</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>Existing</td>
</tr>
<tr>
<td>Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):</td>
<td>Jayne Martin, Head of Patient Services</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 251515</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Information Category</th>
<th>Detailed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)</td>
<td>The aim of this policy is to ensure compliance with the Trust's Standing Financial Instructions and other legislative and national guidance, regarding the safekeeping of patient property, including cash and valuables and other personal property.</td>
</tr>
<tr>
<td>2. Policy Objectives</td>
<td>To ensure safe custody of patients property and valuables whilst also protecting the interests of both patients and the Trust.</td>
</tr>
<tr>
<td>3. Policy Intended Outcomes</td>
<td>To minimise the loss of patient, cash, valuables, and personal property. To ensure staff are aware of and follow the procedures in for the use of Cash and Valuables System for the safekeeping of valuable items from patients. To reduce the value of and number of claims made to the Trust via ex-gratia payments for the replacement of loss patient property.</td>
</tr>
<tr>
<td>4. How will you measure each outcome?</td>
<td>Biannual report to Audit Committee relating to number of agreed ex gratia claims. Financial monitoring of payments made under the Losses and Special Payments Policy presented to Audit Committee.</td>
</tr>
</tbody>
</table>
### Information Category | Detailed Information
--- | ---
5. **Who is intended to benefit from the policy?** | Patients. All staff involved in the care and treatment of patients.

6a. **Who did you consult with?**  
(Please select Yes or No for each category) | • Workforce: Yes  
• Patients/ visitors: No  
• Local groups/ system partners: No  
• External organisations: No  
• Other: No

6b. **Please list the individuals/groups who have been consulted about this policy.** | Please record specific names of individuals/ groups:  
Clinical Support Care Group Governance Board.  
Patient Experience Group.  
Executive Leadership Team.  
Operational Leadership Group.  
Head of Legal Services.  
Counter Fraud Specialist.  
Head of Security.  
Interim Head of Risk, Safety and Patient Experience.  
Patient Experience Manager.

6c. **What was the outcome of the consultation?** | Minor procedural and operational changes. Minor revisions to wording and updates to new forms.

6d. **Have you used any of the following to assist your assessment?** | National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

### 7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>(Yes or No)</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on age regarding this policy.</td>
</tr>
<tr>
<td>Sex (male or female)</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on gender regarding this policy.</td>
</tr>
<tr>
<td>Protected Characteristic</td>
<td>(Yes or No)</td>
<td>Rationale</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Gender reassignment</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on gender reassignment regarding this policy.</td>
</tr>
<tr>
<td>(Transgender, non-binary, gender fluid etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>No</td>
<td>Consideration has been made for patients who use different languages. Guidance can be made available for patients in other languages.</td>
</tr>
<tr>
<td>Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)</td>
<td>No</td>
<td>Consideration has been made for patients who have different communication requirements e.g. BSL. Guidance can be made available for patients in other formats</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No</td>
<td>Consideration will be made for those patients who wish to retain property linked with their religious beliefs. This property will be managed in the same way as other property.</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on marriage and civil partnership regarding this policy.</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on pregnancy and maternity regarding this policy.</td>
</tr>
<tr>
<td>Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)</td>
<td>No</td>
<td>There is no evidence to suggest that there is an impact on sexual orientation regarding this policy.</td>
</tr>
</tbody>
</table>

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jayne Martin, Head of Patient Services.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis
Appendix 3. Trust Property Disclaimer for Display

IMPORTANT

Patients’ Personal Property - Disclaimer Notice

Please note that the Royal Cornwall Hospitals NHS Trust and our staff cannot be held responsible or liable for patients’ monies, valuables or property that is not deposited for safe keeping.

We recognise that patients need essential personal items, such as spectacles and hearing aids and our staff will try to ensure the safety of these items. However, we recommend that:

• Where possible, valuable items are not brought into hospital or are taken home by a friend or relative.

• Any valuable items not sent home are given to staff to be deposited for safe keeping utilising the cash and valuable bags available from the General Office.

• Any valuable or expensive items brought into hospital are covered by the patients’ own household insurance for loss, theft and damage.

Any items patients choose to keep with them whilst in hospital are their sole responsibility. RCHT will not accept liability for lost or damaged property of any kind unless it has been handed over to staff for safe keeping and a receipt provided.

Please direct any queries to the nurse or midwife in charge.
Appendix 4. Patient Property Disclaimer Form

Please note this form is available on Unit 4 and will be provided in paper format.
Appendix 5. Initial Care Nursing Record – CHA3831

Please note this form is not available on NerveCentre and will continue to be provided in paper format via Unit 4.
<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Admitting areas documentation of nursing care given &amp; other actions:</th>
<th>Signature, Print and Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td>Admitting areas documentation of nursing care given &amp; other actions:</td>
<td>Signature, Print and Designation</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td></td>
<td>Continue on admitting areas Evaluation Sheet if required</td>
<td></td>
</tr>
</tbody>
</table>

Place patient sticker within this box
Appendix 6. Inter Healthcare Transfer of Care CHA4158

![Inter hospital and care home transfer form](image-url)

| S | Transferring from: Hospital ___________________________ Ward/Department. |
|   | Name and designation of staff handing over ___________________________ |
|   | Diagnosis ___________________________ Reason for raised NEWS ___________________________ |
|   | On Oxygen? YES □ / NO □ |
|   | Medically reviewed in the last 24 hrs and fit for transfer YES □ / NO □ |
|   | Stable/improving bloods and diagnostics YES □ / NO □ |
|   | If End of Life or 'NO' to the above questions, please discuss with medical team to ensure the patient is safe to transfer |

| B | Past Medical History ___________________________ |
|   | Social History ___________________________ |

| A | Infection Risk ___________________________ |
|   | (C. Diff, recent loose stools) ___________________________ Sample sent ________ Date ____________ |
|   | COVID-19 status ___________________________ |
|   | Mobility status ___________________________ |
|   | Transfers status ___________________________ |
|   | Activities of daily living ___________________________ |
|   | Independent with: Washing □ Dressing □ Toileting □ Eating □ Drinking □ |
|   | Needs assistance with: □ □ □ |
|   | At risk of falls? YES □ / NO □ if YES, indicate why: □ □ □ |
|   | History of falls last 12 months □ Delirium □ Poor balance mobility □ Pain □ Postural hypotension □ Poor eyesight □ Can't use bell □ Won't ask for help □ |
|   | At risk of falls from bed? YES □ / NO □ if YES, indicate what interventions used (falls alarm, ultra-low bed): □ □ □ |
|   | Bed rails status: Bedrails up □ Bedrails down □ |
|   | Increased supervision required? YES □ / NO □ if YES, indicate intervention used: Level 4 / Within arm's reach □ Level 3 / Within line of sight □ Alarm mat □ Care / Intentional rounding □ Frequency of rounding: ____________ End of life observations □ |
### A

**Any behavioural concerns?**
- YES
- NO

- If YES, describe:
  - Wandering
  - Aggressive
  - Sundowning
  - Low Mood
  - Risk of absconding

- Is Deprivation of Liberty Safeguard (DoLS) in place? YES / NO

**Any communication concerns?**
- YES
- NO

- If YES, indicate below:
  - Poor vision
  - Poor hearing
  - Additional communication needs:
    - Wears glasses
    - Wears hearing aids

**Any food intake concerns?**
- YES
- NO

- If YES, describe:

  **MUST Score:**
  - Low
  - Medium
  - High

  **Significant weight loss:**
  - Yes
  - No

  **Special/Modified Diet:**
  - YES
  - NO

**Any fluid intake concerns?**
- YES
- NO

- If YES, describe:

  - If YES, indicate strategy used:
    - 24hrs Fluid chart
    - Modified fluids
    - Other:

- Any continence concerns? YES / NO

  **If YES, indicate strategy used:**
  - Pads & pants
  - Urine bottle
  - Conveen
  - Stoma
  - Catheter
  - Toileting routine

  **Date catheter inserted:**
  - **Reason:**
  - **Date trialled without catheter:**

**Any skin integrity concerns / wound / pressure ulcers?**
- YES
- NO

- If YES, describe what / where:

**Any critical medicines?**
- YES
- NO

- If YES, indicate which:
  - Diabetic
  - Antibiotics
  - Warfarin
  - Parkinson’s meds
  - Cardiac

**Syringe driver?**
- YES
- NO

**If YES, start time:**

**Allergies?**
- YES
- NO

- If YES, describe:

**Has patient got?**
- To Take Out (TTO)
- Medicine Administration (MAP)
- Medicine Administration Charts (MACS)
- Controlled Drugs (CDs)

**Is Treatment Escalation Plan in place (TEP)?**
- YES
- NO

**What is patient’s current resus status?**
- NOT for Resuscitation
- For Resuscitation

**Is Pre-Notified Death Form in place?**
- YES
- NO

**Reason for admission:**
- Rehabilitation
- Discharge planning
- End of life care
- Symptom management

**Discharge goals:**

**Other relevant Info (i.e. appointments, tests etc.):**

**PLEASE MAKE SURE A DISCHARGE SUMMARY and TTO’s COME WITH PATIENT**

**Time transfer booked for:**
- YES
- NO

**Next of kin informed?**
- YES
- NO

**Contact name:**

---

**By signing I confirm that the patient is CLEAN and COMFORTABLE with SYMPTOMS CONTROLLED at time of Transfer:**

**Print Name:**

**Date:**

**Time:**

**Signature:**

**Receiving ward/hospital:**

**Designation:**

---

**CHA4158 V2 07/2022**

---

Page 36 of 47
Appendix 7. **Special Care Dentistry Referral Proforma**

**Primary Care Dental Service – NHS England South West Referral Form**
Request for Assessment of Patients with Additional Needs

Please note that if your referral does not meet the Primary Care Dental Service criteria or if this form is not legible or completed fully, we reserve the right to return it to you.

**SECTION 1 REFERRAL INFORMATION**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If yes, please state why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider this to be an urgent referral?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Referral</td>
<td></td>
<td></td>
<td>Specialist Opinion only</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specialist Opinion and Treatment</td>
</tr>
</tbody>
</table>

**SECTION 2 PATIENT DETAIL**

<table>
<thead>
<tr>
<th>Patient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Home Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Relationship to patient</td>
<td></td>
</tr>
<tr>
<td>Name of School/Nursery (if patient under 16)</td>
<td></td>
</tr>
<tr>
<td>Is there a social worker or learning disability team involved?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please give details</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>Male</td>
</tr>
<tr>
<td>NHS Number</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 3 PARENT/CARER/GUARDIAN INFORMATION**

<table>
<thead>
<tr>
<th>Parent Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Home Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Mobile Number</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Relationship to patient</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 4 REFERRER DETAILS**

<table>
<thead>
<tr>
<th>Referrer Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Registration number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 5 PATIENT GP DETAILS (if not the referrer)**

<table>
<thead>
<tr>
<th>GP Details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Registration number</td>
<td></td>
</tr>
<tr>
<td>Practice Address</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Practice Postcode</td>
<td></td>
</tr>
<tr>
<td>Tel. No.</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 6 COMMUNICATION AND SPECIAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>Communication and Special Requirements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First language if not English</td>
<td>Interpreter required</td>
</tr>
<tr>
<td>Sensory impairment</td>
<td>Hearing</td>
</tr>
<tr>
<td>Mobility</td>
<td>Can manage stairs</td>
</tr>
<tr>
<td>Wheelchair user</td>
<td>Can transfer by self</td>
</tr>
</tbody>
</table>
Does the patient have any additional needs? 
*please tick all that apply*

- Learning disability: Yes ☐
- Acquired brain injuries: Yes ☐
- Diagnosed mental health illness: Yes ☐
- Autistic spectrum disorders: Yes ☐
- Current significant misuse of substances: Yes ☐
- Child with cleft lip or palate: Yes ☐
- Dental treatment complicated by medical condition: Yes ☐
- Medical condition significantly affected by poor oral health: Yes ☐
- Sensory disability making access to general dental service difficult: Yes ☐
- Physical disability making access to general dental service difficult: Yes ☐
- Access to bariatric chair needed (patient is over 21 stone / 133 kg): Yes ☐
- If yes, please specify the weight of the patient
- Children with a high level of anxiety or children with a phobia of dental treatment and/or children with behavioural difficulties (treatment must have been attempted in GDP first): Yes ☐

SECTION 7 REASON FOR REFERRAL AND TREATMENT REQUESTED

Please explain why you are referring the patient and what treatment is required

**Extractions:**

<table>
<thead>
<tr>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 7 6 5 4 3 2 1</td>
<td>8 7 6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E D C B A</th>
<th>A B C D E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
</tbody>
</table>

**Restorations:**

<table>
<thead>
<tr>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 7 6 5 4 3 2 1</td>
<td>8 7 6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E D C B A</th>
<th>A B C D E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes ☐</td>
<td>Yes ☐</td>
</tr>
</tbody>
</table>

**Other:**

No ☐ Yes ☐
**SECTION 8 DESCRIBE PREVIOUS ATTEMPTS AT TREATMENT**

Please explain what treatment attempted and why the patient cannot be treated within General Dental Practice

**SECTION 9 RADIOGRAPHS**

Radiographs are required for patient assessment

Please ensure all relevant and recent radiographs are enclosed

| Radiographs enclosed: | DPT □ | Intra Orals □ | None (give reason) □ |

**SECTION 10 CHECKLIST**

The above referral has been discussed and agreed with the patient and/or Parent/Guardian

I understand that the final decision for treatment offered rests with the PCDS Dental Officer following discussions with the patient/parent/carer. When appropriate, consultation with the General Dental Practitioner will be undertaken

I understand that NHS charges are payable to PCDS unless the patient is exempt and that NHS charges have only been raised for treatment already carried out.

I have enclosed a Personal Treatment Plan form FP17RN. Charges will be payable for work carried out by PCDS.

Recent relevant X-ray enclosed

Signed Primary Care Dental Service medical history form/appropriate practice medical history form enclosed

I confirm that this patient referral meets the current referral guidelines. I understand that incomplete and/or inappropriate referrals will be returned for revision and may delay patient treatment.

**SECTION 11 SIGNATURE**

Print Name  
Signature  
Registration Number  
Date

**SECTION 12 TRIAGE OUTCOME**

<table>
<thead>
<tr>
<th>Date Triaged</th>
<th>Triaged by (print name and position)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Accepted</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>Patient Complexity</td>
<td>Level 1 □ Level 2 □ Level 3 □</td>
</tr>
</tbody>
</table>

If rejected, please state reason for rejection

Patient Complexity

Page 39 of 47
### SECTION 13 PATIENT’S DETAILS

<table>
<thead>
<tr>
<th>Patient’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

### SECTION 14 PATIENT MEDICATIONS

Please list all current medications

### SECTION 15 CONFIDENTIAL MEDICAL HISTORY FORM

<table>
<thead>
<tr>
<th>PLEASE ANSWER ALL QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>DETAILS – PLEASE STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the patient ever been admitted to hospital?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Has the patient had any operations?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is this patient attending or receiving treatment from a doctor, hospital, clinic, or specialist?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Has the patient ever had a general anaesthetic?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If YES, where, when and what for?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the patient had a bad reaction to a general or local anaesthetic?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is the patient taking any medicines (tablets, creams, ointments, injections, other – including Warfarin, aspirin, contraceptives, and HRT) or alternative remedies? Please specify</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Please bring repeat prescription/MARS sheet (if applicable)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the patient taking or has taken steroids in the last two years?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is the patient using or has ever used recreational drugs?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Is patient allergic to any medicines or food substances?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Does the patient suffer from Parkinson’s disease, motor neurone disease, or other neurological condition?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Has the patient ever been told they have a heart murmur, heart disease, high blood pressure, angina, heart attack, stroke, or heart surgery? ☐ ☐

Does the patient have a pacemaker, VNS implant, stent, artificial valve, shunt, or other form of implant? ☐ ☐

Has the patient ever had jaundice, liver, kidney disease or hepatitis? ☐ ☐

Does the patient suffer from allergies e.g. hay fever or eczema? ☐ ☐

Does the patient suffer from bronchitis, asthma, or other chest conditions/snoring/sleep apnoea? ☐ ☐

Does the patient have fainting attacks, giddiness, blackouts, or epilepsy? ☐ ☐

Does the patient have diabetes? ☐ ☐

Does the patient have anaemia? ☐ ☐

Has the patient ever bled excessively? ☐ ☐

Does the patient suffer from any infectious diseases (including HIV, Hepatitis B or C)? ☐ ☐

Has the patient ever been notified for public health purposes that they are at risk of CJD or vCJD? ☐ ☐

Does the patient carry a warning card or a medi alert? ☐ ☐

Does the patient have a TEP (Treatment Escalation Plan) – sometimes known as DNAR (Do Not Attempt Resuscitation)? ☐ ☐

Does the patient drink alcohol – if so, how many units per week? ☐ ☐

Does the patient smoke or chew tobacco products – if so, how many per week? ☐ ☐

Does the patient wish to receive advice about stopping smoking? ☐ ☐

Does the patient have any physical, visual, or hearing problems? ☐ ☐

Does the patient have any behavioural or learning disabilities? ☐ ☐

Does the patient have an Autism Spectrum Condition, or ADHD? ☐ ☐

Has the patient ever had any mental health problems, including anxiety and panic attacks? ☐ ☐

Is the patient pregnant or breastfeeding? ☐ ☐

Is there anything else the dentist should know? ☐ ☐

<table>
<thead>
<tr>
<th>SECTION 15 PATIENT/PARENT/CARER SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

Patient Property Policy V10.0
Page 41 of 47
Appendix 8. **Cash and Valuables Leaflet**

Royal Cornwall Hospitals *NHS Trust*

**Cash and valuables**

If you have brought cash and valuable items into hospital, we suggest that you give them to your family or a friend to take home.

If you are unable to do this, the Trust has a cash and valuables system that can look after your cash and items of value. This leaflet explains the steps to follow.
Depositing cash and valuables for safekeeping

Cash and valuables bag

The cash and valuables bag contains the following:

- White address card
- Orange receipt card
- Sticky label
- Security numbered seal.

1. Remove the contents of the bag and check that the security numbered seal matches the number on both cards and the sticky label.

2. Complete the information on the white address card and orange receipt card as follows:

**White address card**

Name:

Hospital number:

Your signature:

Ward name:

Date:

Staff signature:

**Orange receipt card**

Name:

Hospital number:

Ward name:

Date:
1. To save completing the details by hand an adhesive label with your name and hospital number may be available from a member of staff, please ask.

2. Place white address card in the window of the bag facing outward. This will show your details clearly on the outside of the bag.

3. Place the items you wish to deposit for safekeeping in the bag. Remember to keep a small amount of money on the ward during your hospital stay to buy newspapers, magazines, and other small items.

4. When all of your items are in the bag and your details are clearly shown in the address window, you can seal the bag.

5. Close the zip on the bag.

6. Check that the number printed on the seal matches the number printed on the address card, the orange receipt card, and the sticky label.

7. After checking that all the details match, place the seal in the slot with the number facing outward. This seal will click into place and will not be broken until your items of value have been returned to you.

8. A member of staff will place the sticky label in your hospital records. You will need to keep the orange receipt card along with this information leaflet in a safe place.

9. The card must be shown to a member of staff when you wish to collect your items of value.
Collecting your cash and valuables

1. Valuables can only be collected on: Monday to Friday from 9am to 4.15pm.

2. If you are due to be discharged during the hours mentioned above, please give the member of staff at least one hour’s notice of your wish to collect the cash or valuables. If however, you are due to be discharged outside of these hours please inform the member of staff that you have cash and valuables that you wish to collect *as soon as possible.*

3. When a member of staff offers to collect your bag, sign the section marked ‘Authorisation for collection’ on the orange receipt card and give it to the member of staff.

4. They will then collect your bag and return it to you with the seal in place.

5. When the bag is returned to you, check your name and that the number printed on the seal matches the number printed on the address card in the window. If they don’t match, return the bag to the member of staff.

   **Do not attempt to open the bag.**

6. If your name appears on the address card in the window and the seal numbers match, break open the zip and remove your items of value. By doing this you will break the security seal.

7. When you have removed your items, take the white address card, and sign the section marked ‘Confirmation of receipt’.

8. The card must then be placed inside the bag and handed back to the member of staff.

9. Once returned the bags are prepared for another patient to use.
Your questions answered

What if I need something from my bag or would like someone to take my valuable items home?

You will need to tell a member of staff and follow the instructions above ‘Collecting your cash and valuables’. If you wish to deposit your items again, you will need to start a new bag and follow the system as shown overleaf.

What if I break the seal (having forgotten to place an item in the bag) or spoil the cards inside?

Explain to a member of staff who will take the cards and the bag away and bring you a new one.

What if I am moved to another ward?

Your cash and valuables bag has been noted in our hospital records and these will follow you throughout your stay in hospital. When you wish to have your bag returned, follow the instructions for ‘Collecting your cash and valuables’. If however, you are unwell and unable to take care of your belongings they will be held securely until you are able to arrange collection.

What will happen if I lose my orange receipt card?

A record of your cash and valuables being deposited will have been made in your hospital records. When you wish to collect your cash and valuables, inform a member of staff who will make the necessary arrangements for collection.

Disclaimer

Please be reminded that Royal Cornwall Hospitals NHS Trust does not accept responsibility for the loss of, or damage to any:

- Valuables.
- Cash.
- Personal property.

Which is not deposited for safekeeping.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690.
Appendix 9. Mortuary and Bereavement Deceased Care Record

Please note this form is held electronically within the Q Pulse document library and are printed and distributed to individual wards on request by Mortuary staff.

---

### MORTUARY AND BEREAVEMENT DECEASED CARE RECORD

<table>
<thead>
<tr>
<th>SURNAME:</th>
<th>FIRST NAMES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CR No:</td>
<td>WARD:</td>
</tr>
<tr>
<td>DATE OF DEATH:</td>
<td>TIME OF DEATH:</td>
</tr>
<tr>
<td>RISK OF INFECTION: Y / N</td>
<td>PLEASE SPECIFY:</td>
</tr>
<tr>
<td>NAMES OF STAFF/FAMILY PRESENT:</td>
<td></td>
</tr>
</tbody>
</table>

**NEXT OF KIN NAME:** ____________________________

**RELATIONSHIP TO DECEASED:** ____________________________ **CONTACT NO:** ____________________________

**Patient property, please tick:**

- [ ] NO PROPERTY
- [ ] ON DECEASED
- [ ] ON WARD
- [ ] GENERAL OFFICE

*Please log all personal property left on patient in the box below*

---

### TO BE SIGNED BY A MEMBER OF WARD STAFF

<table>
<thead>
<tr>
<th>NAME:</th>
<th>SIGNATURE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>OCCUPATION:</td>
</tr>
</tbody>
</table>

---

### PORTERS

| TRANSFER DATE AND TIME: ____________________________ | FRIDGE NUMBER: ____________________________ |
| PORTERS NAME: ______________________________________ | |

---

### FUNERAL DIRECTOR RELEASE

| PROPERTY CHECKED BY: ____________________________ | COLLECTED BY: ____________________________ |
| COMPANY: ____________________________ | SIGNATURE: ____________________________ |

**PATIENT RELEASE DATE: ____________________________**

**TIME: ____________________________**

---

“Care has been taken to ensure the deceased is released into your authority in a satisfactory condition. Cannulas or Catheters may be left in situ to prevent leaking. Further restorative action maybe required prior to viewing.”