Secure Management of Patient’s Property in the Royal Cornwall Hospitals NHS Trust

V8.6

15th February 2017
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1. **Introduction**

1.1. 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 2014 make specific references to the protection of patient’s property.

1.2. Regulation 13 says that providers should ensure that “service users must be protected from abuse and improper treatment” and that “systems and processes must be established and operated effectively to prevent abuse of service users.” This includes, “theft, misuse or misappropriation of money or property belonging to a service user”.

1.3. Regulation 15 states that providers should ensure that “security arrangements must make sure that people are safe while receiving care, including protecting personal property and/or money”.

1.4. Having effective policies and procedures in relation to patients’ property also contributes to reducing security-related risks and helps NHS providers meet the requirements of the NHS Litigation Authority (NHSLA). Member organisations of the NHSLA are regularly assessed against a set of risk management standards and this includes an assessment of the process the organisation has in place for managing the risks associated with the physical security of premises and assets.

1.5. In general an NHS Organisation becomes liable for patient property if it can be shown that it has assumed some responsibility for it. However, in certain circumstances, the organisation’s duty of care towards patients means that it will inherit an obligation to look after the property where no explicit transfer of responsibility has occurred.

1.6. This version supersedes any previous versions of this document

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

2.1. The purpose of this policy is to ensure that appropriate measures are in place for the secure management of patients’ property so that the risk of loss of or damage to the property is minimised. This is part of delivering a safe and secure environment of care, in line with statutory and regulatory obligations.

2.2. The Royal Cornwall Hospitals Trust attaches high importance to the safe custody of patients’ cash, valuables and personal property. The intention of this policy is to ensure that:

2.2.1. a care environment is provided where the risk of loss of or damage to patients’ personal belongings is minimised

2.2.2. to minimise the Trust’s liability for lost or damaged property and ensure incidents of loss or damage are dealt with swiftly and effectively
2.2.3. the policy links to the Trust Security Policy and the Trust’s Standing Financial Instructions, the Financial Procedure Losses and Special Payments Policy, Trust Standing Orders and the Scheme of Reservation and delegation that are all held on the document library of the intranet.

3. Scope
3.1. The Policy applies to all members of staff, including full and part-time; clinical and non-clinical; directly employed, contractor staff and volunteers

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

3.3. This Policy outlines the procedures for the safe keeping of patient cash and valuables, lost and found and unclaimed property, and disposal of property and special payments.

4. Definitions / Glossary
4.1. **Property:** for the purposes of this policy, property includes money and any other personal property, eg, clothing, footwear, toilet bags, toiletries, fabric items.

4.2. **Valuables:** for the purposes of this policy, valuables include any item of value (including, but not limited to, monetary value). Such items include, dentures, hearing aids, spectacles, jewellery, watches, house keys, credit cards, benefit books, mobile phones, portable IT devices eg tablets, electric shavers or any other item of property that is considered as valuable to the patient.

Terms such as “gold” and “silver” must not be used when describing items of jewellery. Descriptions such as “yellow metal” or “white metal” must be used instead.

Stones in rings, or other jewellery must not be described as “diamond” or “ruby” etc, instead the terms “white stone” or “red stone must be used.

4.3. **Deposited Property:** this is property which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.

4.4. **Undeposited Property:** this is property which patients retain with them on the Trust’s premises.

5. Statutory Responsibilities
5.1. **NHS Protect:** NHS Protect, a division of the NHS Business Services Authority, has a responsibility for the management of security in the NHS in England. This includes creating a safe and secure environment in the NHS.
5.2. **Care Quality Commission**: The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as the independent regulator for health and adult social care in England. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the Regulations”) set out essential standards which providers are required to meet in order to register with the CQC.

5.3. Under the Regulations provided must ensure that suitable arrangements are in place to ensure that service users are safeguarded from abuse (Regulation 13, paragraph (1)). The relevant meaning of “abuse” includes “theft, misuse or misappropriation of money or property belonging to a service user”, (Regulation 13, paragraph (6)).

5.4. In order to meet the Statutory and Regulatory Requirements, providers should ensure that:-

5.4.1. Patients and service users are protected so that staff are not able to benefit financially, or inappropriately gain from them (unless it is in line with arrangements for the service), use their property for personal use, borrow money from them or lend money to them, and sell or dispose of their property for their own gain.

5.4.2. Where a service looks after people’s money or valuables, in a long-term way, detailed records are kept, the property is not used for the running of the service and service users can access the property in a timely way.

5.5. **NHS Litigation Authority**: The NHS Litigation Authority handles civil legal liability claims through a variety of membership schemes of which most providers of NHS care are members.

5.6. Claims relating to patients’ personal belongings may be covered under the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES), known collectively as the Risk Pooling Schemes for Trusts.

6. **Ownership and Responsibilities**

6.1. **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.

6.2. **Director of Finance**
The Director of Finance has responsibility for implementing the Trust’s financial policies including those related to patients’ monies and other property.

6.3. **Security Management Director (SMD)**
The Chief Operating Officer is the nominated Security Management Director under the 2013/14 NHS Standard Contract as published by NHS England. The Director has board level responsibility for Security management within the Trust and to support the Local Security Management Specialist in their role so they can fulfil their duties and statutory requirements.

6.4. **Non-Executive Directors**
Non-Executive Directors should promote security management work from the non-executive function at board level, to challenge, scrutinise and ensure
accountability in respect of security management work.


6.5. **Director of Nursing, Midwifery and Allied Health Professions**
The Director of Nursing is responsible for ensuring that Patient Property Policy is appropriately disseminated and will ensure that systems are in place to monitor compliance with the Policy.

6.6. **Local Security Management Specialist (LSMS)**
The Local Security Management Specialist (LSMS) take forward security management work locally in accordance with national standards reporting directly to the Security Management Director (SMD). The LSMS will work with key colleagues to promote the secure management of patients’ property and effectively respond to incidents and security breaches relating to patients’ property.

6.7. **Local Counter Fraud Specialist (LCFS)**
The Local Counter Fraud Specialist can investigate fraud affecting patients’ money and property.

6.8. **Associate Directors/Deputy Associate Directors/ Directorate Managers /Clinical Matrons**
Associate Directors, Service Leads and Clinical Matrons are responsible for monitoring overall compliance with the Patient Property Policy in their areas of responsibility.

6.9. **Ward Managers/Nurse/Midwife in Charge of the Ward**
Ward Managers 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. This includes monitoring and auditing compliance with the policies and procedures.

In circumstances where a patient or their carer report missing property, the Ward Manager/Nurse/Midwife in Charge, must instigate a prompt local search and the outcome of this must be documented.

6.10. **Healthcare Professionals**
All healthcare professionals, e.g. registered nurses, midwives, healthcare support workers and other clinical staff 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 NHS organisation’s policies and procedures with regard to patients’ property.

6.11. **Head of Patient Services**
The Head of Patient Services is responsible for ensuring that appropriate central storage is provided for the safekeeping of patient property deposited into the care of the Trust and for ensuring that the Patient Services Assistants based in the General Office of the Trust are complying with the Policy.
6.12. Payments and Contracts Manager
The Payments and Contracts Manager will ensure that the Patient Services Assistants are fully trained in their specific duties associated with the Patient Property Policy. This includes a regular review of procedures that are in place, to ensure that standards of service are maintained. The Payments and Contracts Manager will co-ordinate and administer requests for ex-gratia payments, in respect of lost or damage property, and maintain appropriate records of ex-gratia claims authorised to the Finance Department for payment.

In addition, the Payments and Contracts Manager will audit the number of claims processed and the value of such claims, together with colleagues from the Trust's Finance Department and report this information to the Nursing and Governance collaborative of the Trust.

6.13. General Office/Patient Services Assistants
Patient Services Assistants are responsible for the safekeeping of deposited patient property and the administration of the cash and valuables system, as well as the administrative functions in respect of ex-gratia claims for lost patient property. They will also provide guidance to Trust Staff requesting information about the safe keeping of patient property.

6.14. Exchequer Services
The Exchequer Services team are responsible for ensuring that ex-gratia claims that have been subject to the necessary investigation and approvals are paid to the claimant. The Exchequer Services Team, may also provide appropriate guidance and support to the Patient Services Assistants when processing claims for loss from patients.

6.15. Bereavement Officers
Bereavement Officers are responsible for liaising with bereaved relatives and ensuring property is returned to the next of kin, or their representative in a timely way.

6.16. Patient Advice and Liaison Service (PALS) Staff
Patient Advice and Liaison Service (PALS) Staff have a role in providing assistance and support to patients in relation to the management of their property by the Trust. This includes, for example, providing information about the complaints procedure, assisting with claims for compensation, including liaising with relevant departments to facilitate investigations of claims about missing property.

6.17. Security Personnel (Managed by MITIE)
Security Personnel are managed by an external contractor MITIE. Security staff should be adequately trained and made aware of security practices and procedures in relation to patient property, including care and custody of lost property.

6.18. Linen Room (Managed by MITIE)
The Linen Room which is run by an external contractor MITIE, receives and holds items of found patient clothing until they are claimed by the patient or their
representative or disposed of in accordance with NHS Protect Guidance for the disposal of such items.

6.19. All Members of Staff
All members of staff, are required to uphold security arrangements, thus enabling the Royal Cornwall Hospitals Trust to meet its obligations around maintaining a safe and secure environment for patient care. This includes complying with all the policies and procedures relating to the protection of patients’ property. All members of staff are also required to comply with financial procedures and ensure propriety in all their activities. This is particularly relevant where the Trust is managing monies and belongings on a patient’s behalf.

7. Information Given to Patients on Managing Their Property
All patients attending the hospital should be informed of the Trust Disclaimer in respect of patient property.

7.1. Disclaimer
All patients should be advised that the Royal Cornwall Hospitals Trust does not accept liability for loss of or damage to the patient’s property unless it is handed over for safe keeping. When property is handed over for safe keeping to the hospital, this should be recorded in the patient’s hospital records and cash and items of value should be deposited into central storage using the cash and valuables system.

The Trust’s disclaimer is: “Please be reminded that the Royal Cornwall Hospitals Trust does not accept responsibility for the loss of, or damage to any valuables, cash, personal property, which is not deposited for safekeeping”

7.2. Outpatient Attendances
Patients attending outpatient appointments should be advised in their appointment letters that they should not bring valuable items or large amounts of cash with them when attending the hospital.

7.3. Elective Admissions
All elective patients should receive written information prior to admission that they should not bring large amounts of cash or valuables onto Trust premises. A patient arriving at the hospital for an elective admission with large amounts of cash or valuables should be advised to hand any item in to a relative/carer to take home. In circumstances where a patient wishes to retain valuable items and cash during their stay in hospital, a patient property form needs to be completed and retained in the patient’s hospital records.

Patients wishing to retain items of value, against the advice of the hospital, should be advised to deposit these into the hospitals secure central storage, provided by the General Office.

Patients who have capacity and have brought valuables into the hospital while they are a patient shall be provided with adequate means of securing their belongings while they are away from their bed for reasons such as being
transferred for a medical procedure, operation or x-ray, and while using the bathroom facilities or sleeping.

7.4. **Emergency Admissions**
Where a patient is admitted as an emergency admission, all personal items of property must be recorded in the hospital notes. Special attention must be given to personal items that a patient needs to keep with them eg spectacles, hearing aids and dentures. The items retained by the patient should be recorded in the patient property section of the hospital notes and that detailed records should be kept and maintained of actions taken in respect of patient property to enable a full audit trail to be maintained during a patient’s stay in hospital.

Patients and their relatives should be encouraged to leave/or take home all items of value such as jewellery and patients should also be discouraged from holding large sums of money with them in hospital.

In circumstances where a patient wishes to retain valuable items and cash during their stay in hospital, a patient property form needs to be completed and retained in the patient’s hospital records. Every patient wishing to retain items of value should be offered the use of the cash and valuables system with their property deposited into secure central storage.

7.5. **Patients Who Lack Capacity to Make a Decision About their Property**
Where a patient lacks capacity to make a decision about their property, staff may have to make the decision in their best interests. This must be done in accordance with the requirements of the Mental Capacity Act and the related Code of Practice described in the Royal Cornwall Hospital’s Mental Capacity Act Policy.


The most common action staff may consider taking in relation to a patient’s property when the patient lacks capacity to make a decision with regard to it is taking the property and placing it into safe custody, 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 a holder of a “property and affairs” Lasting Power of Attorney or a Deputy appointed by the Court of Protection who manages the affairs of a someone who does not have capacity to make decisions about their own affairs.

If an attorney or deputy is available, they must be consulted on what to do with the patient’s property. They should be informed that the organisation will not accept liability for the patient’s property unless it is handed over to the organisation for safekeeping. They should be encouraged to remove from the premises any property, especially valuables, that the patient does not need or otherwise to hand it over for safe keeping.

In cases where an attorney or deputy is not immediately available, staff may decide to take part or all of the patient’s property into safe custody, if this is in
the best interests of the patient. An attorney or deputy will have to be involved in later decisions about the property.

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.

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 should be documented on the patient property form. The patient property form should be retained with the hospital records. The valuable items should 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.

8. **Movement of Patient Property**

8.1. **Ward Transfer**

On admission to the hospital, a Risk Assessment Pack (CHA2831 v7) “Patient Property Risk Assessment (including cash handling)” should be completed for every patient (Appendix 3). Nursing staff should record on this form, items of property brought in at the time of admission. In circumstances where a patient is transferred to a new ward, Staff on the transferring Ward must ensure that all items documented on the patient property form are transferred to the new ward in an appropriate patient property container. The staff on the receiving ward must verify that all items transferred with the patient match the items recorded on the patient property form. If items of patient property are missing, the receiving ward must notify the transferring ward immediately, so that a search for these items may be conducted. The missing items should be recorded on the patient property form.

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 details of patient. This will ensure prompt handling of a claim for loss or damage should the need arise.

If the patient has deposited cash and valuable items into central storage, the General Office must be informed of the patient transfer so that their cash and valuables bag may be tracked to the new ward on the General Office system used for this process.

8.2. **Transfer to Ambulance Transport**

In circumstances where a patient is fit for discharge and the Trust’s contracted transport provider is used to take the patient home, the discharging ward will ensure that all patient property recorded on the patient property form held in the hospital records, 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 valuable items that are placed into central storage are collected from the General Office in accordance with the cash and valuables procedure.
8.3. **Transfer/Discharge to Another Trust/Service Provider**

Where a patient is transferred to another Service Provider, an Inter-Healthcare Transfer of Care Form (CHA2702 v2) must be completed for every patient (Appendix 4). All property transferred with the patient should be listed in the section “Cash and Valuables with Patient on transfer”. All patient property must be checked and placed into an appropriate container, clearly labelled with the patient details and that it contains the patient property inventoried on the Inter-Healthcare Transfer of Care Form. The receiving provider is responsible for their own arrangements for receiving and recording the patient property. However, where there is a discrepancy with the Inter-Healthcare Transfer of Care Form, this should be reported to the discharging Ward as soon as possible so that a search can be made for the lost items, and where appropriate, a claim for lost property may be initiated through the General Office at the Royal Cornwall Hospitals Trust.

8.4. **Patient Property Found Following Discharge**

Should any items of the patient property be found following discharge from hospital, the respective General Office should be immediately informed. Any items of patient clothing should be taken to the Linen Room for safekeeping all other items such as spectacles etc can be taken to the General Office, where every effort will be made to reunite the found items with the rightful owner of the property.

9. **Deposited Property – Cash and Valuables System**

9.1. **Provision of Central Storage for Deposited Property**

The Royal Cornwall Hospitals Trust provides a secure central storage facility for the safekeeping of patient valuables and property. This is provided through the General Office. The Patient Services Assistants based in the General Office can provide advice and guidance to Ward and Departmental staff on the process associated with the depositing patient property for safekeeping into central storage.

A Cash and Valuables Patient Information Leaflet is available from the General Office which can be provided to patients. This leaflet explains to the patient the process for the safekeeping of their cash and valuables.

9.2. **Cash and Valuables Bags**

In circumstances where a patient is unable to send valuable items, such as jewellery, watches, cash etc home with family members, or it is decided that it is in the interests of the patient for these items to be deposited for safekeeping, a “cash and valuables” bag must be obtained from the General Office for depositing the patient property into central storage.

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 patients hospital notes indicating that items has been placed into central storage.

In circumstances, where the patient does not have the capacity to make a decision about looking after their valuables, and it is decided that 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 into the window of the bag.

During office hours, (Monday-Friday 0830-1630) the cash and valuables bags must be taken to the General Office and deposited with the Patient Services Assistants. The uniquely numbered seal will be entered on to the Patient Property Database, with the bags stored in the patient valuables safe within the General Office.

The General Office Staff will not accept patient cash and valuables 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 the General Office or into the night safe to ensure the seals on the bags are intact.

Outside normal office hours, the cash and valuables bags must be deposited into one of the two night safes, located on the hospital site. One safe is located in the Emergency Department, the other in Trelawny Wing. All staff are able to deposit items into the night safes. The night safes will be opened by Patient Services Assistants during the next working day, with the bags recorded onto the Patient Property Database and then held in the patient valuables safe within the General Office.

Patients should be advised that there is no facility for withdrawing cash and/or valuables from the general office out of normal working hours.

9.3. **Return of Cash and Valuables**

A patient’s cash and valuables will be securely deposited into the patient cash and valuables safe until such a time that they can be returned to the patient or their relatives or the person with Lasting Power of Attorney over their affairs.

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

The patient or the patient’s representative collecting the cash and valuable items from the General Office will be issued with a receipt for the items received. The information will be recorded on the Cash and Valuables database held in the General Office.

9.4. **Return of Cash and Valuables of Deceased Patients**

The Trust owes a duty of care to the deceased patient that any money or property (e.g. house keys), is handed to the correct relatives. If the Trust were to release cash, valuables, property to the incorrect representative, the Trust may have to make good anything made over to the incorrect person.
Where items of significant value are held by the Trust, the patient's representative should supply evidence that they have a responsibility for the deceased patient's affairs. This may include, a Grant of Probate, or in the case of a person leaving no will, Grant of Letters of Administration.

Where possible and appropriate, clothing, aids/possessions should be returned to the deceased patient's representatives by the nursing staff on the ward at the time of death. It is the responsibility of the ward to return all non-cash and valuable items to the deceased's relatives/representatives.

All cash and valuables, which have not already been handed over to the Trust for safekeeping, must deposited with the General Office, following the cash and valuables procedure (Paragraph 9.2).

It is the responsibility of the of the ward staff to notify the Patient Services Assistants, based in the General Office, as soon as possible upon the death of a patient for whom valuables are being held. The Patient Services Assistants will liaise with staff based in the Trust's Bereavement Service to make the necessary arrangements for cash and valuables which includes obtaining the patient’s representative’s signature on a uniquely numbered indemnity form.

The Patient Services Assistants based in the General Office, will make every effort to ensure that retained items are returned to the next of kin of a deceased patient. In rare circumstances, where this is not possible, and every effort has been made to identify the patient’s legal representative, the property will be treated and unclaimed and will be processed in accordance with paragraph 9.5 of this policy.

9.5. **Unclaimed Property**

All attempts will be made to reunite property with the rightful owner. However, any patient clothing, aids and possessions will be disposed of after 6 weeks following discharge or death.

In respect of cash and valuables the Trust will retain these for a period of 3 months, from the date the item was handed in to the General Office. During this time every effort will be made to trace the owner, but where this is unsuccessful, these items will be auctioned and the financial proceeds returned to the Trust.

Unclaimed items such as laptops, mobile telephones, computer tablets, 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.

**10. Lost or Damaged Property**

10.1. **General Responsibilities of Staff**

It is the responsibility of all staff to ensure that practical steps are taken to minimise the risk of loss or damage to the personal effects and property of patients.
10.2. Reporting a Loss of Patient Property
Any reported loss or damage to patient property should be notified immediately to the ward manager/head of department and every effort should be made to recover the lost items. The actions taken by staff to reunite the lost property to the patient should be recorded in the patient’s hospital records.

The Ward Manager or Senior Nurse should notify the General Office with as much information as possible, such as the location, date and time of the loss, the items that have been reported as lost and the patient details. This will enable the General Office to process a claim for the loss as quickly as possible where this is appropriate.

10.3. Loss of Property in Circumstances considered Suspicious
All staff have a responsibility to report any loss of property in suspicious circumstances to the Trust Local Security Management Specialist. Out of hours such occurrences must be notified to the MITIE helpdesk on telephone extension 2468, who will inform the Security Team.

All such reports to the Local Security Management Specialist and/or the Trust Security Team hotline number must be followed up with an incident report logged on the Trust Incident Reporting System (Datix).

10.4. Loss of Property Reported Following the Death of a Patient
The Trust recognises the distress caused to patients relatives when valuable or sentimental items of patient property go missing following bereavement. For this reason, patient’s should be encouraged to deposit cash and valuable items with the Trust for safekeeping. It is not appropriate to retain such items of patient property on the Ward in lockable cupboards, or drawers, as there is the potential to cause significant distress to the patient and their relatives if items go missing, and can result in a claim for substantial loss.

In circumstances where a relative reports a valuable item as missing the loss should be reported in accordance with paragraph 10.5 of this policy.

The General Office will assist the patient’s relative or representative by sending them the appropriate claim forms. In seeking remedy for the loss of an item of significant value, the patient will be asked to provide photographic evidence of the item that has been lost, and/or a current valuation of the lost item.

The relative or patient representative making the claim will also be asked to provide evidence that they have the appropriate legal responsibility for the deceased patient’s affairs, for example, a copy of the patient’s Last Will and Testament.

If following investigation, the loss of the reported item is accepted by the Trust, an ex-gratia payment will be made to the claimant. Any claim will be paid by the Trust to deceased’s Estate, or individual with the legal entitlement to act on behalf of the deceased by bank transfer.
10.5. **Recording Loss of Patient Property**

All losses of patient property, in circumstances where the items have not been recovered must be recorded on the Trust Incident Management System. All losses of property in suspicious circumstances that have been reported to the Local Security Management Specialist or the Security Team hotline number must also be recorded on Datix.

The Datix Report Number should then be recorded in the patient’s hospital records to assist with any future investigation procedures.

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.

If following a loss, the patient intends to seek reimbursement for the loss the patient must be advised to send a formal letter to the General Office Supervisor, detailing the items lost, and the circumstances surrounding the loss. Trust staff should not give the patient any guarantee of reimbursement for the lost property.

10.6. **Claims for Lost or Damaged Patient Property**

The General Office Supervisor and Patient Services Assistants based in the General Office are responsible for the administration of all claims for missing or damaged patient property policy. They will follow the standards and procedures set out in the Trust’s Losses and Special Payments Policy and Procedure.

Where the claim for missing or damaged property is for £1000 or more, The “Losses and Special Payments Checklist” in Appendix 3 of the Losses and Special Payments Policy and Procedure, must be completed in every case, before reimbursement can be considered.


10.7. **Special Payment for Lost or Damaged Patient Property**

There will be cases that arise that will justify a payment for missing or damaged property, where there is no legal liability on the part of the Trust. If a special payment is made under this policy and a subsequent legal claim is brought, the Trust reserves the right to take any payment made under this policy into account when valuing the subsequent claim.

The Trust does not have unlimited powers to make such special payments or to write-off losses. Any request for reimbursement of a loss, will only be actioned, following a thorough investigation and report from the Department involved.

10.8. **Process for Lost or Damaged Patient Property**

Where a letter has been received from a patient concerning missing or damaged property and reimbursement is being considered, the ward/department manager involved will be asked by the General Office Supervisor or Patient Services Assistant, to report on their investigation into the
circumstances surrounding the loss, and the attempts made to recover the missing or damaged property.

All investigations and reports must be undertaken as quickly as possible in order that any claim to replace the missing or damaged property can be considered in a timely manner. This is particularly important for items that affect the quality of the patient’s daily living e.g., dentures, hearing aids and spectacles.

All completed investigations and reports completed by wards/departments must be returned to the Patient Services Assistants based in the General office. Upon receipt of the report, consideration will be given on whether the case justifies a special (ex-gratia) payment being made, in line with the Trust's Losses and Special Payments Policy and Procedure.

The Claimant will be informed of the outcome and the associated costs of the ex-gratia payment will be incurred by the ward/department budget where the loss/damage occurred.

10.9. Intent of the Special Payment for Lost or Damaged Patient Property
In the event of an offer of a special payment under this policy being deemed an appropriate response for missing or damaged patient property, the Trust’s primary intention will be to provide a direct replacement as opposed to a general monetary reimbursement. In the event the Trust deems that the item in question is not capable of a direct replacement or it is not reasonable or practical to provide such a direct replacement, monetary reimbursement subject to an upper limit will be offered to the claimant.

In making an offer of monetary reimbursement, the Trust will not be liable to pay any difference between the actual value of the replacement item purchased and the upper limit offered should the patient or anyone acting on their behalf elect to purchase a replacement item to a value less that the offered upper limit or to a value exceeding the upper limit

10.10. Purchase Receipts for Replacements of Lost or Damaged Patient Property
Where monetary reimbursement is offered and accepted, the Trust will arrangement 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).

10.11. Payments for Replacements of Lost or Damaged Property
In every case, reimbursement for the lost items will be made by BACS payment to the patient unless there is a valid and overriding reason for making the payment to another in which case the Trust will require supporting evidence of that reason or consent from the patient to submit the payment to another person or party. In exceptional circumstances, where a BACS payment cannot be made, payment will be made by cheque.
10.12. **Exceptional Cases eg 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 and Procedure. However, no reliance is to be placed by the patient or anyone acting on their behalf that the Trust will be able to offer alternative means of prospective reimbursement.

10.13. **Mislaid/Lost/Damaged Dentures**
There is no emergency inpatient dental service provided at the Royal Cornwall Hospitals Trust, and the loss of a patient’s dentures can significantly affect their quality of life. The patient or their representative can make a claim for reimbursement for lost or damaged dentures and any treatment work will commence once the Trust agrees to cover the cost of any dental/laboratory work.

There are two possible options for patients to obtain replacements for mislaid/lost or damaged dentures. Some of these options are managed by the Community Dental Service provided by Cornwall Foundation Trust.

10.13.1.1. **Option 1 – Patients exempt from NHS Dental Treatment Charges**
In circumstances where a patient is exempt NHS Treatment Charges, Ward Staff should complete a Special Care Dentistry Referral Proforma, (Appendix 7) which is available from the General Office. This referral must be faxed by the ward staff to Kernow Health Referral Management Service.

Kernow Health Referral Management Service will send the referral to the Community Dental Service where the referral will be triaged by a Special Care Dentist.

The Special Care Dentist, who 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 in the high street, or the arrangement of a domiciliary visit to the patient.

10.13.2. **Option 2 – Patients who Pay for Dental Treatment**
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.

10.13.3. **Patients without an NHS or Private Dentist**
Where a patient does not have registration with an NHS or Private Dentist, the Ward Staff should make a referral using the Special Care Dentistry Referral Proforma (Appendix 7) which is available from the General Office.
The process will be the same as that as described in Paragraph 10.12.1 of this Policy.

11. Found Property

11.1. Members of Trust Staff Finding Unclaimed Property
Property that is unclaimed becomes the property of the Trust. All staff have an obligation to hand in such property to ensure that it is registered, and where appropriate, subsequently disposed of in accordance with Trust practice, thereby ensuring the integrity of Trust staff. Any found property such as teeth, spectacles, hearing aids, as well as valuable items such as watches, jewellery and cash, should be handed in to the General Office with details of the location of the find, and who found the items. Other items such as clothing should be sent to the Trust’s Linen Rom, with exact information as to the location and date of the find.

When found property is handed over to the Trust, the member of staff should provide as much information as possible, such as the ward name, where and when it was found, and the patient details if known. The Patient Services Assistants will make every effort to reunite found items with the rightful owner.

Trust Staff should not attempt to contact a patient/visitor in an attempt to return found items as they may contravene a patient’s right to confidentiality.

11.2. Members of the Public Finding Unclaimed Property.
Trust Staff should advise members of the public to hand any property found on Trust premises to the General Office, for recording and where appropriate subsequent disposal. In circumstances, where the General Office is closed, the member of staff should retain the found items, and take them to the General Office on the next occasion the General Office is open. The General Office will need the following information:

- Date the property was found
- Name and address of the person finding the property
- Description of the Property
- Where the Property was found.

The finder (if a member of the public), may claim the items, deposited with the General Office after 3 months, upon production of the lost/found property receipt issued by the General Office at the time the items were handed in to the Trust.

The finder of an item of clothing should, at the time of the find, express their intention to claim the item at the end of 6 weeks, in order to prevent the item being disposed of in line with Paragraph 9.5 of this Policy.

A find by an employee, is construed as being in the course of their duties and therefore staff are unable to claim ownership of found items.

12. Dissemination and Implementation

12.1. 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.

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

12.3. A clear communication will be sent to Senior Managers and Senior Nursing 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.

12.4. Information to promote awareness of the new Policy will also be included in the One & All daily bulletin which is circulated to all staff.
13. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Number of Ex-Gratia Claims Made to the Trust and the Value of Lost Property Claims authorised to the Finance Department for payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Head of Patient Services</td>
</tr>
<tr>
<td>Tool</td>
<td>Records of claims held and reimbursed by the Patient Services from Excel Database held in the General Office</td>
</tr>
<tr>
<td>Frequency</td>
<td>This information will be monitored quarterly by the Payment and Contracts Manager or as required by the Trust's Governance Reporting arrangements.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>A Quarterly Report will be sent to Associate Directors and the Divisional Management Teams</td>
</tr>
<tr>
<td></td>
<td>Divisional Management Teams will scrutinise the report and record any decisions or actions to be taken in response to the report, in the meeting minutes.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The Head of Patient Services will be responsible for regular review of the Policy and will be responsible for implementing recommendations made NHS Protect, and the wider group of Clinical Matrons and Senior Nurses within the Trust.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned within three months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
</tbody>
</table>

14. Updating and Review

14.1. This policy will be reviewed after three years or earlier in view of developments which may include legislative changes, national policy instruction, (NHS or Department of Health) or Trust Board Decision.

14.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

14.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

14.4. Any revision activity is to be recorded in the Version Control Table as
part of the document control process.

15. Equality and Diversity

15.1. Equality and Diversity Statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

15.2. Equality Impact Assessment

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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Secure Management of Patient’s Property in the Royal Cornwall Hospitals NHS Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>27th February 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>27th February 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>26th February 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Kevin Bolt, Payments and Contracts Manager, Patient Services, Clinical Support and Cancer Services Division</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252247</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>Secure management of patient property at the Royal Cornwall Hospitals Trust.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Lost, property, claim, ex-gratia</td>
</tr>
<tr>
<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>Date revised:</td>
<td>July 2016</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Patient’s Property Policy Version 8.1</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Divisional Management Board Clinical Support and Cancer.</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>Associate Director, Clinical Support and Cancer Services Division</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td></td>
</tr>
<tr>
<td>Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Name: Karen Jarvill</td>
<td></td>
</tr>
<tr>
<td>Signature of Executive Director giving approval</td>
<td>{Original Copy Signed}</td>
</tr>
<tr>
<td>Publication Location (refer to Policy on Policies – Approvals and Ratification):</td>
<td>Internet &amp; Intranet</td>
</tr>
<tr>
<td>Document Library Folder/Sub</td>
<td>Clinical/Patient Administration</td>
</tr>
<tr>
<td>Folder</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| Links to key external standards | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014  
NHS Protect - Guidance for NHS organisations on the secure management of patients’ property – July |
| Related Documents: | Financial Procedure – Losses and Special Payments Policy and Procedure - RCHT  
Security Policy - RCHT  
Mental Capacity Act Policy – RCHT |
| Training Need Identified? | No |
Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by</th>
</tr>
</thead>
<tbody>
<tr>
<td>29 Jul 13</td>
<td>V8.1</td>
<td>Patient’s Property Policy</td>
<td>Judy Rowe, Site Services Manager</td>
</tr>
<tr>
<td>22 Jul 16</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>2 Dec 16</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 Dec 16</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>2 Feb 17</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 Feb 17</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>
</tbody>
</table>

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

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the strategy / policy / proposal / service function to be assessed (hereafter referred to as <em>policy</em>) (Provide brief description):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area:</td>
<td>Trust Wide</td>
</tr>
<tr>
<td>Is this a new or existing Policy?</td>
<td>Existing.</td>
</tr>
<tr>
<td>Name of individual completing assessment:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>1. Policy Aim*</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 safeguarding of patient, cash, valuables and personal property.</td>
</tr>
<tr>
<td>Who is the strategy / policy / proposal / service function aimed at?</td>
<td></td>
</tr>
<tr>
<td>2. Policy Objectives*</td>
<td>The Policy objective is to ensure that there is a framework in place that provides written procedures and guidance for staff, regarding the custody, recording, safekeeping and return or disposal of a patient’s property. The Policy ensure that the interests of the patient and the Trust is protected in respect of patient property whilst they are being cared for by the Royal Cornwall Hospitals 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 the outcome?</td>
<td>Number of successful lost property claims for the Trust. Financial monitoring of payments made to patients under the Losses and Special Payments Policy and Procedure.</td>
</tr>
<tr>
<td>5. Who is intended to benefit from the policy?</td>
<td>All Patients All Staff involved in the care and treatment of patients.</td>
</tr>
<tr>
<td>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</td>
<td>No</td>
</tr>
<tr>
<td>b) If yes, have these *groups been consulted?</td>
<td></td>
</tr>
<tr>
<td>C). Please list any groups who have been consulted about this procedure.</td>
<td></td>
</tr>
</tbody>
</table>
7. The Impact
Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

<table>
<thead>
<tr>
<th>Equality Strands</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. **or**
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. **Yes** **No**

9. If you are not recommending a Full Impact assessment please explain why.

Signature of policy developer / lead manager / director

Date of completion and submission

Names and signatures of members carrying out the Screening Assessment 1. 2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________
Date ____________________
### Appendix 3 Risk Assessment Pack

**Patient property risk assessment (including cash handling)**

**Step one**
Is the patient able to take responsibility to retain their cash and valuables? Yes ☐ No ☐

If yes: Explain that in making this decision they absolve the Trust from any liability due to loss or theft and ask them to sign below.

<table>
<thead>
<tr>
<th>Patient signature:</th>
<th>Date and time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff signature:</td>
<td>Date and time:</td>
</tr>
<tr>
<td>Designation:</td>
<td>Date and time:</td>
</tr>
</tbody>
</table>

If no: Follow the Trust’s ‘Patient’s Property Policy’: bag, document and seal property bag and deposit the bag securely with the general office.

**Step two**
Trust policy requires the documentation of key items of patient property to be recorded on admission:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
<th>Retained</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aid</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glasses (number of pairs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact lenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jewellery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other items (state)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initial risk assessment should be fully completed within 4 hours of the inpatient admission.

Red assessments are mandatory for the Emergency Department to complete.
### Appendix 4 – Inter-healthcare Transfer of Care Form

This form should be read in conjunction with the Background Information and Contact Assessment forms (BICA).

<table>
<thead>
<tr>
<th><strong>Current location of patient:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact name, designation</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Next-of-kin who has been informed of discharge / transfer:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Contact number:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Physical/mental health and wellbeing** (relevant past medical history inc mental health needs and view on Mental Capacity)

**Medication** (special requirements)

**Mobility** (getting out and about, falls, transfer, equipment)

**Personal care** (washing, dressing toileting)

**Continence status / plan** (history of loose stool, if catheterised include reason for catheter, date inserted, removal plan)
<table>
<thead>
<tr>
<th>Infection status / plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient currently in protective isolation?</td>
</tr>
<tr>
<td>(If yes, does it need to continue on transfer)</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Is the patient currently in source isolation?</td>
</tr>
<tr>
<td>(If yes, does it need to continue on transfer)</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Does the patient have a known or suspected infection?</td>
</tr>
<tr>
<td>Source</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>Has the patient been exposed to others with diarrhoea and vomiting in the last 72 hours, or other infection?</td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>MRSA Screening Status?</td>
</tr>
<tr>
<td>(If positive, give treatment details)</td>
</tr>
<tr>
<td>Pos + Neg -</td>
</tr>
<tr>
<td>Comments: (eg IPAC Team aware of transfer? Why the patient needs continued isolation). Record diarrhoeal illness stool chart details here:</td>
</tr>
<tr>
<td>Tissue viability status / plan (report any tissue damage, including site and grade; attach copy of care plan, identify equipment needs)</td>
</tr>
<tr>
<td>Waterlow Score:</td>
</tr>
<tr>
<td>Nutritional status / plan (special diet, supplements, swallowing problem)</td>
</tr>
<tr>
<td>MUST Risk: Low ☐ Medium ☐ High ☐ Weight:</td>
</tr>
<tr>
<td>Cash and Valuables with patient on transfer:</td>
</tr>
<tr>
<td>Transfer Form completed by</td>
</tr>
<tr>
<td>Sign Print Designation</td>
</tr>
</tbody>
</table>
Appendix 5  Cash and Valuables Flowchart

TO BE USED IN CONJUNCTION WITH THE GUIDELINES FOR NURSING STAFF AND THE CASH AND VALUABLES PROCEDURE IN THE PATIENT PROPERTY POLICY.

PATIENT PROPERTY
Patient is encouraged to safely

WARD STAFF WILL ALLOCATE A CASH AND VALUABLES BAG.

PATIENT AND STAFF READ THROUGH LEAFLET

Cash and valuables bag
will have:

1 white card
1 orange sticker
1 orange card

ORANGE STICKER
Goes on Patient’s notes

ORANGE CARD
THE PATIENT KEEPS THIS CARD FOR COLLECTION OF THE BAG WHEN DISCHARGED.
Patient’s name and CR number
Ward name and date

WHITE CARD
Patient’s name and CR number
Patient’s signature – IF PATIENT IS UNABLE TO SIGN THEN TWO NURSES NEED TO SIGN FOR THE PATIENT.
Ward name and Date
Staff signature.

PATIENT’S PROPERTY PLACED INTO THE CASH AND VALUABLES BAG. WHITE CARD PLACED IN THE BAG. SEALED WITH THE WHITE NUMBERED SEAL.

CASH AND VALUABLES BAG THEN TAKEN TO THE GENERAL OFFICE TO BE PLACED IN THE SAFE.

COLLECTING PATIENT’S CASH AND VALUABLES

The patient opens their cash and valuables bag
Checks their property is there.

WHITE CARD IS THEN TAKEN OUT AND SIGNED IN RECEIPT OF THE PATIENTS PROPERTY.

 WHEN PATIENT IS DISCHARGED - The orange card needs to be SIGNED by the patient. Authorisation is needed for collection of the bag.

WHITE CARD IS THEN RETURNED TO THE GENERAL OFFICE!!
The card must then be placed inside the bag and handed back to the member of staff.

8. 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. hen 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 Patient Advice and Liaison Service (PALS) on 01872 253545

RCHT 1286
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Reviewed 07/2014 V2 Review due 07/2016
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 stick 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

3. 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.

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

5. 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.

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

7. Close the zip on the bag.

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

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.

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. 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 9.30am to 5.00pm.

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’.
## Appendix 7 – Special Care Dentistry Referral Proforma

**SPECIAL CARE DENTISTRY REFERRAL PROFORMA**

### PATIENT DETAILS

<table>
<thead>
<tr>
<th>Referral date:</th>
<th>NHS Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name:</td>
<td>Surname:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred contact number (mobile, home, work):</th>
<th>Translator required? Y / N</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, 1st language of the patient:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason why patient cannot be treated in your practice:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Relevant Medical History</th>
<th>Current medication:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies or adverse reactions:</th>
<th></th>
</tr>
</thead>
</table>

### DENTIST’S / REFERRER’S DETAILS

<table>
<thead>
<tr>
<th>Referral Criteria:</th>
<th>URGENT</th>
<th>ROUTINE</th>
<th>Is the patient in pain?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dentist’s/Referrer’s Name &amp; Address:</th>
<th>Doctor’s Name &amp; Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dentist’s/Referrer’s Telephone Number:</th>
<th></th>
</tr>
</thead>
</table>

**PLEASE CHECK ALL THE ABOVE DETAILS ARE CORRECT**

**Patient's signature**

(confIRMING THE ABOVE DETAILS): 

---

Version 1
Kernow Clinical Commissioning Group

Please complete the following important information for your patient:

**Ability to communicate**
eg non-verbal patient or needs translation services

**Ability to co-operate**
Will there be a need to use sedation? yes / no / unsure General anaesthetic? yes / no / unsure

**Medical Status**
eg Will there be a need to make adjustments to facilitate this patient’s attendance or their ability to co-operate with oral health care?

**Oral risk Factors**
eg smoker, diet, xerostomia, others:

**Legal and Ethical barriers**
Does your patient have the capacity to consent to their own dental care? yes / no

**Reason for referral**

<table>
<thead>
<tr>
<th>Deciduous</th>
<th>Permanent</th>
</tr>
</thead>
<tbody>
<tr>
<td>E D C B A A B C D E</td>
<td>8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</td>
</tr>
<tr>
<td>E D C B A A B C D E</td>
<td>8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8</td>
</tr>
</tbody>
</table>

**Other relevant information**

Please attach relevant dental radiographs for your patient These will be returned to you

Please send this completed proforma and radiographs (if required) to:
Email - RMCDDental.Referals@kernowccg.nhs.uk
Fax - 01872 226702
Kernow Health Referral Management Service
1st Floor Cudmore House, Treliske Industrial Estate, Oak Lane, Truro, TR1 3LP

Version 1
Appendix 8 – Guidance for NHS Organisations on the secure management of patients’ property

Guidance for NHS organisations on the secure management of patients’ property

Managing Patients’ Property: Flowchart

<table>
<thead>
<tr>
<th>Deposited</th>
<th>Undeposited</th>
<th>Valuables</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients items are recorded in the hospital records.</td>
<td>Patient property that should be returned to the patient should be completed and detail at list of non-deposited property.</td>
<td>A separate entry should be made in the patient notes for valuables and cash kept in a locked safe.</td>
</tr>
<tr>
<td>The patient property is placed in a sealed safe bag and the bag label with patient details and patient name and reference number is placed in the window of the bag.</td>
<td>The form is filled in the patient notes.</td>
<td>A new form should be completed for any significant restrictions in property.</td>
</tr>
<tr>
<td>Patient signage is placed on the bag.</td>
<td>The form is signed by the patient and a member of staff.</td>
<td>Follow actions outlined for deposited property.</td>
</tr>
</tbody>
</table>

Discharge

The patient property is recorded in the hospital records. | Property is included on the list of property to be returned to the patient, copy of the property record is given to the patient. | Properties signed by patient and returned to the patient. |

Deceased Patients

Undeposited property should be signed and recorded for the patient’s property. | All property should be placed into tabled containers and transferred to a bereavement office for a copy of the patient’s copy of the property record is given to the patient. | Properties signed by patient and returned to the patient. |

Transfer

The patient property is recorded in the hospital records. | Property should be checked by staff in both the transfer unit and the transfer unit. | A new form should be completed for any significant restrictions in property. |

Note: Patients should be advised of their rights and responsibilities with respect to property taken onto the NHS organisation’s premises. Deposited and undeposited property should sign a disclaimer form. Please refer to NHS Protect Guidance for more details.