

# Management of Patient Property

## Policy and Procedures

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## **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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This policy was reviewed in May 2021. The following changes were made:

- a) Removal of references to 'Patient Property and Monies Record' books
- b) Removal of references to Yellow and Green property bags
- c) Removal of references to the orange 'Discharge of Responsibility' receipts
- d) Addition of processes relating to the use of SMARTsafe bags
- e) Changes to monitoring table following comments from the Assistant Director (Head of Legal Services)
- f) Clarification regarding valuable property being requested by family members where patients cannot give consent (in Appendix Three)
- g) Incorporating the Bereavement Services SOP for photographing SMARTsafe bags (Appendix Six)
- h) Incorporating the new Patient's Property Collection Receipt (Appendix Nine)

## **KEY WORDS**

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Patients Property, Lost Property, Found Property, Valuable Property, SMARTsafe Bag, Bereavement Services, Patients Property Disclaimer

## 1 INTRODUCTION AND OVERVIEW

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- 1.1 The Trust **cannot accept liability** in respect of any loss or damage to patients' property unless it has been handed over to a member of Trust staff for safekeeping and for which the Trust has issued a receipt.
- 1.2 This documents sets out the University Hospitals of Leicester (UHL) NHS Trust policy and procedures for the management of patient's property when it is taken by the Trust for safekeeping.
- 1.3 This policy aims to effectively manage patients' property which is taken by the Trust into safekeeping by:
- a) Advising patients (who are conscious and have capacity) pre-admission and/or on admission that they only have essential property with them whilst in hospital.
  - b) Explaining the property disclaimer to all patients' (who are conscious and have capacity).
  - c) Providing clear procedures and guidance for taking patients property into safekeeping.
  - d) Providing a procedure for the safe keeping of the property of patients who are not conscious or do not have capacity.

## 2 POLICY SCOPE

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- 2.1 This policy and procedures apply to all staff employed by UHL (including bank, agency and those on honorary contracts).
- 2.2 This policy applies to all inpatient areas in UHL, including ED.
- 2.3 This policy does not apply to patient's medicines, which is covered by the Leicestershire Medicines Code Policy (B60/2011).

## 3 DEFINITIONS & ABBREVIATIONS

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### 3.1 Valuables

The Trust defines valuables as any property of significant value, including computer equipment, mobile telephones, rings, watches, jewellery, keys, financial documents including bank books, cheque books, bank/credit cards, pension books, savings certificates, certificates of any kind, dentures, spectacles, hearing aids and medication.

### 3.2 Safekeeping

The Trust defines safekeeping as where the patients' valuables and/or property has been handed into Trust staff, recorded and bagged as per the appropriate procedures and a receipt has been issued.

### 3.3 SMARTsafe sealed property bags

SMARTsafe™ Property Bags are single use secure sealable plastic bags that hold patients' valuables such as wallets, watches, jewellery, glasses, teeth as well as clothes and shoes. Each bag has a unique bar code tracking system.

### 3.4 Abbreviations

- a) SBSO: Senior Bereavement Services Officer
- b) UHL: University Hospitals of Leicester NHS Trust

## 4 ROLES

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**4.1 The Executive lead for this policy is the Chief Nurse**, delegated to the Deputy Director of Nursing who will oversee the implementation and compliance of this policy.

**4.2 Senior Managers are responsible for:**

- Ensuring all their staff are made aware of this policy through local induction
- Ensuring all patient information developed within their area includes information on the Trust property disclaimer.
- Monitoring and auditing compliance with this policy and procedures as detailed in section 6 within their area.

**4.3 Ward/Clinical Staff are responsible for:**

- Informing patients and/or carers of the Trust's property disclaimer either pre-assessment and/or on admission and documenting this action.
- Adhering to the procedures within this policy for managing patients' property and valuables.

**4.4 Head of Chaplaincy and Bereavement Services is responsible for:**

- Monitoring and auditing compliance with this policy and procedures on an annual basis as detailed in section 6.

**4.5 Bereavement Services staff are responsible for:**

- Adhering to the procedures within this policy for managing patients' property.
- Ensuring the adequate supply and distribution of SMARTsafe bags.

**4.6 Mortuary staff are responsible for:**

- Keeping accurate records of the property that accompanies deceased patients to the Mortuary.

**4.7 Claims and Inquest Team are responsible for:**

- Providing advice for staff when requested on the centrally managed claims and compensation process.
- The operational management of the losses and compensation scheme in respect of all patient property claims.

## 5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

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**5.1 Informing patients of Trust Patient Property Policy**

- a) All pre-admission information given to patients must include information on the Trust's property disclaimer (see Appendix Ten) and advise them not to bring valuables and non-essential items into hospital.
- b) The property disclaimer will also be displayed in patient information folders and can be displayed on the walls in wards/departments if felt necessary by the Sister/Charge Nurse/Unit Manager.
- c) When a patient is admitted to UHL they must be strongly advised to send home with a relative or friend all property and valuables that are not needed whilst in hospital. The staff admitting the patient must discuss and complete the disclaimer section in the Nursing Documentation or document on the Assessment Plan & Treatment form for the Emergency Department.
- d) The UHL Property Disclaimer is as per Appendix Ten.

## 5.2 Patients who lack capacity

- a) Relatives/carers should be advised to take home all non-essential property and belongings (valuable and non-valuable). The property disclaimer must be explained to them. It must be documented what has been taken away and by whom. When a relative takes valuable property home, their name and relationship to the patient must be documented in the patient's medical notes.
- b) Where there are no relatives/carers to take any valuables away, these must be processed in line with this policy.
- c) Items that are required by the patient to assist them in maintaining their daily living activities such as dentures, spectacles and hearing aids must remain with the patient unless there are clearly documented reasons why this would not be in their best interests. Reasonable effort should be made by staff to ensure these belongings are kept with the patient, however the property disclaimer still applies in these cases and this must be explained to the relatives/carers.
- d) If the patient is likely to experience long term capacity issues then staff should refer to the Trust guidance on making capacity assessments (Related documents available on INsite using the search term mental capacity).

## 5.3 SMARTsafe bags:

- a) SMARTsafe bags and their release to ward/department is controlled and documented by Bereavement Services.
- b) New bags are available from Bereavement Services and must be signed for.
- c) Wards will be charged the cost of the bags they take.

## 5.4 This policy is supported by the following procedures which must be followed as part of this policy and are attached as appendices.

<b>Procedures for Clinical Staff</b>	Taking Patients Valuables into Safekeeping	Appendix One
	Securing Deceased Patients Property for Transfer to Bereavement Services	Appendix Two
	Returning a patients property on request, transfer or discharge	Appendix Three
<b>Procedures for Bereavement Services</b>	Receiving and Managing Patient Valuables (Cashiers at LGH)	Appendix Four
	Receiving and Managing Deceased Patients Valuables and Property	Appendix Five
	Photographic Record of SMARTsafe Property Bags	Appendix Six
<b>Procedure for Bereavement Services and Cashiers</b>	Banking and Returning Cash	Appendix Seven
<b>Clinical staff, Bereavement Services Staff and Claims and Inquest Team</b>	Management of Lost Property	Appendix Eight

## 6 EDUCATION AND TRAINING

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- 6.1 Guidance on how to follow this policy will be included in the local induction for all new Bereavement Services staff.
- 6.2 Bereavement Services staff will be available to explain the policy to ward staff upon request.

## 7 PROCESS FOR MONITORING COMPLIANCE

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### Policy Monitoring Table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Compliance with the policy in all relevant areas of UHL	Senior Nursing Managers	Spot audits	Monthly	Failures to comply with the policy will be recorded on DATIX and Ward staff will be advised.
Completion of the 'Patient Details and Property' panel on SMARTsafe bags	Head of Chaplaincy & Bereavement Services	SMARTsafe' bag panels will be checked by Bereavement Services staff when receiving a sealed patient property bag	As each bag is brought to the office	If incorrectly completed the property bag will not be accepted until correctly completed or this will be recorded on DATIX and Ward staff will be advised.
Where an Ex Gratia Payment has been made	Claims and Inquest team	To audit the claims received.	Monthly	A report will be produced by the claims and Inquest team and reported to the appropriate Clinical Director and Head of Operations and Head of Nursing
Complaints	Head of Chaplaincy & Bereavement Services	Store complaints by theme and identify if there are common themes	As complaints arise	Themes will be appropriately notified to those involved and training offered and improvement actions taken.

## 8 EQUALITY IMPACT ASSESSMENT

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- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## 9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

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- 9.1 This Policy was originally developed by Bereavement Services and was reviewed and re-written in 2009 by Corporate Nursing in partnership with the Nursing and Midwifery Executive, Bereavement Services and Corporate and Legal Affairs. Bereavement Services, the Senior Nurse for Clinical Practice Development and Corporate and Legal Affairs were consulted and contributed comments during this routine review and minor revision of the Policy.

### 9.2 Related Policies:

- a) Policy and Procedures for Staff from Bereavement Services to Undertake Property Searches Following the Death of an Adult Patient in Hospital (B10/2010).
- b) Leicestershire Medicines Code Policy (B60/2011).

## **10 DOCUMENT CONTROL, ARCHIVING AND REVIEW OF THE DOCUMENT**

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- 10.1** The definitive version of this policy and associated procedures will be held on the UHL INsite documents site and archived through the SharePoint system.
- 10.2** This policy will be reviewed at least every three years or sooner in response to reported risks or incidents.



# Taking Patients' Valuables into Safekeeping

## 1. Introduction/Scope

This procedure is to be followed by clinical staff and applies to:

- a) Patients who are unable to care for their own property or valuables and do not have any relatives/carers to look after their valuables on their behalf
- b) Patients who have requested that their valuables are taken into safekeeping

Patient's clothing and general property will remain the patient's responsibility unless he/she asks the hospital to take into safekeeping or is unconscious or deceased. In these instances the property and any valuables will be placed in a SMARTsafe bag and the 'Patient Details and Property' panel fully completed, including itemisation of the contents of the bag. The bag must then be managed accordingly.

SMARTsafe bags containing non-valuable property are to be kept on the ward/unit/department.

### Procedure for taking Patients' Valuables into Safekeeping

1	Every patient admitted must be informed of the Trust property disclaimer and advised to send home with a relative or friend any cash and valuables or other property which is not needed whilst in hospital or, if not sent home, to hand in valuables for safe-keeping.
2	The Trust defines valuables in this instance as any property of significant value, including laptops, mobile telephones, rings, watches, jewellery, keys, financial documents including bank books, cheque books, bank/credit cards, pension books, savings certificates, certificates of any kind, dentures, spectacles and hearing aids.
3	If a patient declines to hand any valuables in for safekeeping this must be documented on their admission paperwork.
4	All valuables taken into safekeeping must be put in a SMARTsafe bag (a separate bag from any non-valuable items) and the full details recorded on the 'Patient Details and Property' panel, including the itemisation of the contents.
5	Valuables must not be placed in the Controlled Drugs cupboard.
6	Two members of staff must record the valuables on the 'Patient Details and Property' panel; ideally this should be done in the presence of the patient. Both staff must write their names in the 'Received by:' section of the panel and sign it.
7	All items must be individually itemised. The blanket term 'valuables' must not be used.
8	Jewellery <b>must not</b> be described as 'gold', 'silver' or 'diamond' etc, the terms 'yellow metal', 'white metal' or 'white stones' are to be used instead.
9	Patients must be advised that any cash over £250 will be returned to them as a cheque. See Appendix Seven.
10	Credit card/debit card number, security numbers and NI numbers <b>must not</b> be documented in full. They must be recorded as follows: <b>Credit Card/Debit Card/Benefit Card</b> – record the type of card (Visa, Access, PO etc) and the last four numbers only e.g. *** ** 1234. <b>Cheque Books</b> – document the name of the bank and the number of the next cashable cheque. <b>Bank/Building Society Books</b> – document the name of the bank or building society and record the last date and balance. Do not record any numbers that could breach the personal security of the patient (e.g. mobile phone account/rent cards/utility payment cards. In all instances the same details should be recorded as for Credit Cards.

### Procedure for taking Patients' Valuables into Safekeeping

11	All the valuables documented on the 'Patient Details and Property' panel must be placed in the SMARTsafe bag and the bag sealed.
12	The tear off wristband on the SMARTsafe bag must be detached and given to the patient, with their S Number written in the space provided. A small self-adhesive barcode must be taken from the bag and stuck in the patient's Medical Notes.
13	<p><b>In Hours</b></p> <p>Once secure the patients' valuables must be taken to Bereavement Services (Cashiers at LGH) within one hour to be placed in the appropriate safe.</p> <p><b>Out of hours</b></p> <p>Sealed valuable patient's SMARTsafe bag must be placed in the overnight safe by ward staff. A Duty Manager can assist with access to the safe. This is collected the next working day by the Bereavement Services staff.</p>
14	Upon receipt of the SMARTsafe bag, a Bereavement Services staff member must write their name in the 'Received by:' section of the panel, sign and date it.
15	Whenever the SMARTsafe bag is transferred from one ward or department to another upon receipt of the SMARTsafe bag, the receiving staff member must write their name in the 'Received by:' section of the panel, sign and date it.

# Securing Deceased Patients' Property for Transfer to Bereavement Services

## 1. Introduction/Scope

- a) This procedure is to be followed by clinical staff and Mortuary Staff and applies to deceased patient's property.
- b) Relatives may wish to take some or all of the deceased patient's property and/or valuables with them. If this is done then this must be documented in the nursing notes and include details of who took the property and/or valuables. 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 hospital custody as below.
- c) Any property or valuables left with the deceased patient must then be documented and secured as follows:

Procedure for securing Deceased Patients' Property for Transfer to Bereavement Services	
1	<p><b>All valuable property must be bagged separately from non-valuable property.</b></p> <p>The Trust defines valuables in this instance as any property of significant value, including laptops, mobile telephones, rings, watches, jewellery, keys, financial documents including bank books, cheque books, bank/credit cards, pension books, savings certificates, certificates of any kind, dentures, spectacles and hearing aids.</p>
2	<p>If the deceased patient is wearing jewellery this must not be removed (loose items must be secured with micropore tape). Dentures must be left in situ. All items remaining with the Patient must be documented on the 'Notification of Death Form'. The form must be signed (and print their names) by two staff, BOTH of whom have checked and confirmed the accurate recording of the items remaining with the deceased.</p>
3	<p>Soiled clothing must not be bagged and should be disposed of on 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 case notes. Bereavement Services staff can explain to relatives that this has been done, and the reasons why, so it is essential that documentation is clear.</p>
4	<p>All items must be put in SMARTsafe bags (a separate bag for valuable from any non-valuable items) and the full details recorded on the 'Patient Details and Property' panel, including the itemisation of the contents.</p>
5	<p>Two members of staff must record the items on the 'Patient Details and Property' panel. Both staff must write their names in the 'Received by:' section of the panel, sign &amp; date it.</p>
6	<p>All items must be individually itemised. The blanket term 'valuables' must not be used.</p>
7	<p>Jewellery <b>must not</b> be described as 'gold', 'silver' or 'diamond' etc, the terms 'yellow metal', 'white metal' or 'white stones' are to be used instead.</p>
8	<p>Credit card/debit card number, security numbers and NI numbers <b>must not</b> be documented in full. They must be recorded as follows:</p> <p><b>Credit Card/Debit Card/Benefit Card</b> – record the type of card (Visa, Access, PO etc) and the last four numbers only e.g. *** ** 1234.</p> <p><b>Cheque Books</b> - document the name of the bank and the number of the next cashable cheque.</p> <p><b>Bank/Building Society Books</b> – document the name of the bank or building society and record the last date and balance.</p> <p>Do not record any numbers that could breach the personal security of the patient (e.g. mobile phone account/rent cards/utility payment cards. In all instances the same details should be recorded as for Credit Cards.</p>

Procedure for securing Deceased Patients' Property for Transfer to Bereavement Services	
9	All the items documented on the 'Patient Details and Property' panel must be placed in the SMARTsafe bag and the bag sealed.
10	TWO small self-adhesive barcodes must be taken from the bag and stuck in the patient's medical notes and on the 'Notification of Death Form'
11	If any hazardous items are discovered, they must be made safe (eg with the use of a sharps container) and bagged as usual. However, if such a discovery suggests there may be a risk to the staff member of continuing the bagging procedure, the process should be stopped and the property put "un-itemised" into a SMARTsafe bag and sealed, clearly stating on the "Patient Details and Property" panel that the property was not itemised and why. A warning must be clearly shown on 'Patient Details and Property' panel to advise the person who will open the bag.
12	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 Police must be informed. This should be done by the ward manager, deputy or equivalent in other areas of the Trust.
13	All property and valuables must then be taken to Bereavement Services for processing, along with the deceased's case notes and ideally within three hours of the death being certified.
14	<p><b>In Hours</b></p> <p>Once secure all the SMARTsafebags must be taken to Bereavement Services within one hour to be placed in the appropriate safe or storage.</p> <p><b>Out of hours</b></p> <p>Any sealed valuable patient's SMARTsafe bag must be placed in the overnight safe by ward staff. A Duty Manager can assist with access to the safe. This is collected the next working day by the Bereavement Services staff. The non-valuable bags remain on the ward and are taken to Bereavement Services within one hour of office hours resuming.</p>
15	Relatives of the deceased must be provided with the 'Helpful Information Following A Death' Bereavement Services booklet and advised to telephone the Bereavement Services office after 10am the next working day. Bereavement Services staff will advise the relatives when the 'Medical Certificate of Cause of Death' will be ready and how to arrange collection of property.
16	Upon receipt of the SMARTsafe bag, a Bereavement Services staff member must write their name in the 'Received by:' section of the panel, sign and date it.

# Returning Patients' Valuables on Request, Transfer or Discharge



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**Appendix Three**  
Management of Patient's Property Policy

## 1. Introduction/Scope

- a) This procedure is to be followed by clinical staff and applies to all patients who have valuables and/or property held by the Trust for safekeeping.
- b) Ward/clinical area staff are responsible for ensuring that all patients' valuables and/or property taken for safekeeping by the Trust is returned to the patient on their transfer between the Hospital sites, out of the Trust or on discharge.
- c) If the patient is unable to take responsibility for their valuables and/or property then it should be returned to a family member, carer or parent who must sign the form to take responsibility for that property. If they refuse to sign then two members of staff must document who has been given what property and why. If there is no appropriate family member, carer or parent to receive the property, Bereavement Services will arrange for the property to be given to the most appropriate person (eg Nursing home staff, ward staff in another hospital).
- d) In the event that staff are unsure whether the person requesting the return of the patient's property is entitled to do so, the items must be retained by the Trust. They will be held until such time that the patient is able to make a decision or a legal third party decision, for example a Court Order, is produced to allow safe release of high value items. This must be fully documented in the patient notes with a full list of the items held documented.

Procedure for Returning Patients' Valuables on Request or Discharge	
	<b>In hours:</b>
1	A member of ward/clinical area staff will collect the patient's property from Bereavement Services (Cashiers at LGH). Only a member of staff may collect the property. The staff must provide the patient name and S Number (or DOB/Address) before property will be released.
2	Bereavement Services (Cashiers at LGH) staff will book out the SMARTsafe bag containing the valuables from the safe and record this in the safe book. If the patient attends Bereavement Services in person, Bereavement Services staff will follow the procedure in section 4.
3	Upon receipt of the SMARTsafe bag, the staff member must write their name in the 'Received by:' section of the panel, sign and date it.
4	The member of staff then returns to the ward and gives the SMARTsafe bag UNOPENED to the patient.
5	The return of valuables and/or property is recorded in the Medical Notes along with a small self-adhesive barcode taken from the bag.
	<b>Out of Hours</b>
6	<b>Ward/Clinical Area</b> staff contact the on-call duty manager who will arrange with security to gain access to the safe in the Bereavement Services Office (in the main office at GH and in the kitchen area of the LRI Office) (in the Cashiers at LGH) to retrieve the SMARTsafe bag containing the valuables. On call duty manager will then leave a written account of what has been removed (including patient details), who has removed it, why and when - so property can be signed out of the safe book. In office hours, if there is no on-call duty manager at LGH, the Head of Chaplaincy & Bereavement Services may take the place of the on-call duty manager for this purpose.

**Procedure for Returning Patients' Valuables on Request or Discharge**

7	Upon receipt of the SMARTsafe bag, the staff member must write their name in the 'Received by:' section of the panel and sign it.
8	<b>For the return of banked cash (£250 or more) please see the Procedure for Returning Banked Cash (Appendix Seven)</b>

## **Bereavement Services (& Cashiers at LGH)**

### **Receiving and Managing Patients' Valuables**



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**Appendix Four**  
Management of Patient's Property Policy

#### **1. Introduction/Scope**

This procedure applies to Bereavement Services (Cashiers at LGH) Staff who receive and manage patients' valuables.

<b>Procedure for Receiving and Managing Patient Valuables</b>	
<b>1</b>	<p>If the Patient's details and contents are not fully completed the bag will not be accepted and will be sent back to the ward to be completed before being brought back to the Bereavement Services office.</p> <p>Upon receipt of the SMARTsafe bag, the staff member must write their name in the 'Received by:' section of the panel, sign and date it.</p> <p>The SMARTsafe must be photographed in accordance with Appendix Six.</p>
<b>2</b>	<p>If the bag holds £250 or more it will be taken to the cashier's office, the bag opened in the presence of the cashier and the Bereavement Services staff member and the monies banked. A Cashier's Receipt will be issued and placed in the new SMARTsafe bag detailed below.</p> <p>A new SMARTsafe bag will be used to bag the original opened bag and the Cashier's Receipt. The Cashier and the Bereavement Services staff member will together seal the original SMARTsafe bag and the Cashier's Receipt into a new SMARTsafe bag.</p> <p>The contents panel of this new bag will itemise the receipt and the serial number of the original bag.</p> <p>Both staff must write their names in the 'Received by:' section of the panel and sign it.</p> <p>The new SMARTsafe bag will be logged in the safe log book in Bereavement Services (Cashiers at LGH) and placed in the safe.</p>
<b>3</b>	<p><b>Valuables deposited out of hours:</b></p> <p>The sealed SMARTsafe bag is placed in the overnight safe by ward staff. This is collected the next working day by a member of Bereavement Services staff and Security. A Bereavement Services Officer (Cashiers at LGH) will log the details in the safe book and place the sealed bag in Bereavement Services (Cashiers at LGH) safe.</p> <p><b>If any bag contains more than £250 in cash, the procedure in 2 above must be followed.</b></p>
<b>4</b>	<p>When a patient is transferred or discharged the ward staff will collect the valuables from Bereavement Services (Cashiers at LGH).</p> <p>Upon receipt of the SMARTsafe bag, the staff member must write their name in the 'Received by:' section of the panel, sign and date it.</p>
<b>5</b>	<p><b>For the return of banked cash (£250 or more) please see the Procedure for Returning Banked Cash (Appendix Seven)</b></p>

## Procedure for Receiving and Managing Patient Valuables

### **6 Auditing/checking of safes**

Safe contents are checked against the safe book held by Bereavement Services (Cashiers at LGH) monthly. Bereavement Services (Cashiers at LGH) will check if the patient is still an inpatient and contact the ward to advise that Bereavement Services (Cashiers at LGH) is still holding SMARTsafe bag.

If the patient was discharged some time ago and property is still held, Bereavement Services will raise an incident form as ward staff have not adhered to patient property policy. It is the ward's responsibility to check if any property held before patient discharged.

Bereavement Services will then contact the patient to arrange the collection of their property during office hours.



# Bereavement Services

## Receiving and Managing Deceased Patients Valuables and Property

### 1. Introduction/Scope

This procedure applies to Bereavement Services Staff. The Mortuary staff follow their own procedure to confirm that the property that accompanies the deceased to the Mortuary is accurately recorded on the "Notification of Death" form. Where it does not match a Datix Incident is created.

Procedure for Receiving and Managing Deceased Patients Valuables and Property	
1	<p>If the Patient's details and contents are not fully completed the bag will not be accepted and will be sent back to the ward to be completed before being brought back to the Bereavement Services office.</p> <p>On receiving a deceased patient's SMARTsafe bag(s), Bereavement Services staff must write their name in the 'Received by:' section of the panel, sign and date it.</p> <p>The SMARTsafe must be photographed in accordance with Appendix Six.</p>
<b>Managing Cash</b>	
2	<p><b>Monies £250 or less</b></p> <p>The cash is kept in the sealed SMARTsafe bag and held for safe keeping in Bereavement Services office safe.</p> <p>When next of kin come to the Bereavement Services office the sealed bag will be given unopened to the next of kin.</p> <p>The next of kin will sign the Patient's Property Collection Receipt in Appendix Nine. This is filed in Bereavement Services office and kept for audit.</p>
3	<p><b>Monies over £250</b></p> <p>If the bag holds £250 or more it will be taken to the cashier's office, the bag opened in the presence of the cashier and the Bereavement Services staff member and the monies banked. A Cashier's Receipt will be issued and placed in the new SMARTsafe bag detailed below.</p> <p>A new SMARTsafe bag will be used to bag the original opened bag and the Cashier's Receipt. The Cashier and the Bereavement Services staff member will together seal the original SMARTsafe bag and the Cashier's Receipt into a new SMARTsafe bag.</p> <p>The contents panel of this new bag will itemise the receipt and the serial number of the original bag.</p> <p>Both staff must write their names in the 'Received by:' section of the panel and sign it.</p> <p>The new SMARTsafe bag will be logged in the safe log book in Bereavement Services (Cashiers at LGH) and placed in the safe.</p>
4	<p>Banked Monies are returned to the Next of Kin by cheque payable to the estate of the deceased. If the hospital is arranging the funeral they will be retained to offset the cost of the funeral.</p> <p>The Cashier will raise a cheque and send it out as per details supplied by the Next of Kin on the Patients Monies Indemnity Form.</p>
<b>Managing Valuables</b>	
5	<p>On receiving a deceased patient's SMARTsafe bag(s), Bereavement Services staff must write their name in the 'Received by:' section of the panel, sign and date it.</p> <p>The SMARTsafe must be photographed in accordance with Appendix Six.</p>
6	<p>The SMARTsafe bag is logged in the safe book held by Bereavement Services and the sealed bag is placed in the Bereavement Services safe.</p>

<b>Procedure for Receiving and Managing Deceased Patients Valuables and Property</b>	
7	When next of kin come to the Bereavement Services office the Bereavement Services staff member will give them the SMARTsafe bag UNOPENED. The Next of Kin will sign a Patient's Property Collection Receipt.
<b>Managing Clothing and other Non-Valuable Property</b>	
8	Ward staff bring the deceased's patient's non-valuable property (correctly bagged in SMARTsafe bags) to Bereavement Services along with the deceased's notes as soon as possible after death. On receiving a deceased patient's SMARTsafe bag(s), Bereavement Services staff must write their name in the 'Received by:' section of the panel, sign and date it. The SMARTsafe must be photographed in accordance with Appendix Six.
9	SMARTsafe bags containing non-valuable property are kept in Bereavement Services office until collected by next of kin or funeral director.
10	When next of kin come to the Bereavement Services office the Bereavement Services staff member will give them the SMARTsafe bag UNOPENED. The Next of Kin will sign a Patient's Property Collection Receipt.
11	If the next of kin do not wish to take any SMARTsafe bag then the bag will be disposed of as per the next of kin's request. The Patient Details on the SMARTsafe bag will be obscured and the UNOPENED bag placed in a clinical waste bag and sealed. This will be documented on the Bereavement Services Database in the Property Section.

# Bereavement Services

## Photographic Record of SMARTsafe Property Bags



University Hospitals  
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**Appendix Six**  
Management of Patient's Property Policy

### 1. Introduction/Scope

This procedure creates an auditable trail of all SMARTsafe bags delivered to Bereavement Services.

Procedure for the Management of a Photographic Record of SMARTsafe Property Bags	
<b>Photographing Property Bags</b>	
<b>1</b>	All property bags must be photographed the day they arrive at the Bereavement Service Office. If they leave the office on the same day they arrive the photograph must be taken before it leaves the office.
<b>2</b>	The photograph(s) must clearly show all the details recorded on the "Patient Details and Property" panel, including the details of the patient and the itemisation of the contents.
<b>3</b>	The photograph(s) must be reviewed after they have been taken to ensure they clearly show the details recorded on the bag.
<b>4</b>	The Photograph must be taken on a secure UHL device, which is stored in a secure place.
<b>Transferring Photographs</b>	
<b>5</b>	Photographs must be transferred securely to the Bereavement Services network drive.
<b>6</b>	Photographs must be transferred within 3 working days of being taken.
<b>7</b>	Once it is clear that the photographs have been successfully transferred they must be deleted from the photographic device.
<b>8</b>	Photographs must be labelled with the S Number of the patient, with additional photographs for the same patient adding a number after.
<b>Storage of Photographs</b>	
<b>9</b>	Photographs must be stored for 8 years from the date they are taken.
<b>10</b>	Once 8 years have elapsed the photographs must be deleted.

# Bereavement Services and Cashiers

## Returning Banked Cash



University Hospitals  
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**Appendix Seven**  
Management of Patient's Property Policy

### 1. Introduction/Scope

This procedure applies to Bereavement Services Staff and Cashier staff and applies to patients' monies of £250 or more, taken into safekeeping by the Trust.

Procedure for Returning Banked Cash	
1	<p>When a patient is being discharged the ward should contact the Cashier's Office to advise them that the patient is being discharged.</p> <p>The patient must complete a Patients Monies Indemnity Form that must be taken to the cashier.</p> <p>The cashier will raise a cheque to be sent to the patient's home address. This can take up to two weeks to arrive.</p>
2	<p>The patient can collect up to £250 in cash on discharge from Cashier's Office (during working hours) and the remainder will be sent as a cheque to their home address. Ward staff can collect this amount on behalf of the patient. They will sign to confirm receipt at the Cashier's office.</p>
3	<p>If the patient cannot bank a cheque, they can go to the Cashier's Office on subsequent working days to collect up to £250 in cash on each day until they have collected all their money that was taken into safe keeping.</p>
4	<p>Bereavement Services will request a monthly list from the cashiers office of monies being held and will advise those that have been discharged that they will receive this in the form of a cheque in the post. Initial contact to the patient will be made by phone. If no response is received Bereavement Services will write to the patient's home address stating that the hospital is still holding their property.</p>

# Management of Lost Property



University Hospitals  
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**Appendix Eight**  
Management of Patient's Property Policy

## 1. Introduction/Scope


This procedure is to be followed by clinical staff, Bereavement Services Staff and Claims and Inquest Team and applies to lost property.

Procedure for the Management of Lost Property	
<b>Clinical Staff:</b>	
1	If items of property are found Clinical Staff must make reasonable effort to reunite the lost property with the patient.
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 in patient of UHL) or the patient is contacted to arrange collection.
3	If the owner of the property cannot be identified: Valuable Property - should be sent to Bereavement Services for processing as lost property. Non-valuable property - should be retained on the ward/clinical area for one month and then if uncollected disposed of.
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. If the property is not located, the staff must give the patient the details of the Bereavement Services office so that they can enquire there.
<b>Bereavement Services:</b>	
5	All lost property handed to Bereavement Services is logged on the shared lost property spreadsheet and given a reference number. A check is also made to see if an enquiry has already been made regarding this lost property.
6	Where an enquiry is made to Bereavement Services for lost property that has not been handed in, the enquiry (with name and contact details) will be logged on the shared lost property spreadsheet. The enquirer will be contacted if the property is subsequently handed in, to arrange collection.
7	Valuable Lost Property is stored within the Bereavement Services department for six months. Non valuable lost property is stored for one month and then disposed of.
8	After six months valuable items are collected from all sites by Facilities and sold at auction. Monies raised will be paid into UHL Funeral Costs code to help offset costs incurred when arranging hospital funerals. Any valuable items that may contain data must be securely disposed of via IM&T.
<b>Claims and Inquest team</b>	
9	If Bereavement Services receive a query regarding lost property Bereavement Services staff will check if the item has been logged using the shared spreadsheet. If a match is found Bereavement Services staff will make arrangements with the owner for collection.
10	Claims received for lost property will be compared with the spreadsheet maintained by Bereavement Services to see if a match can be made.
11	If a match is made the Claims and Inquest Team department makes arrangements for the property to be reunited with its owner.

### Procedure for the Management of Lost Property

<b>12</b>	If no match is found the enquiry (with name and contact details) will be logged on the shared lost property spreadsheet. The enquirer will be contacted if the property is subsequently handed in, to arrange collection.
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**Bereavement Services**  
**Patient's Property Collection Receipt**

  
University Hospitals  
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**Bereavement Services**

**PATIENT'S PROPERTY COLLECTION RECEIPT**

PATIENT "S NUMBER" .....

PATIENT NAME .....

PATIENT ADDRESS .....

.....

SMART SAFE BAG BAR CODE(S)

.....

.....

PERSON COLLECTING PROPERTY

SIGNATURE .....

NAME .....

RELATIONSHIP TO PATIENT (IF APPLICABLE) .....

ADDRESS .....

.....

BEREAVEMENT SERVICES STAFF HANDING OVER PROPERTY

SIGNATURE .....

NAME .....

DATE .....

Version 1.0

## Trust Property Disclaimer for Display

Available from Medical Illustration at the LRI

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### Important

## Patients' Personal Property - Disclaimer Notice

Please note that the University Hospitals of Leicester NHS Trust and our staff cannot be held responsible for all personal property of patients or visitors brought onto the premises of the Trust.

We recognise that patients need essential personal items, such as spectacles and hearing aids and care will be taken by staff to try to ensure the safety of these items, however we recommend that:

- **Valuable items are not brought into hospital or are sent home.**
- **Patients ensure that any valuable or expensive items that they need to bring into hospital are covered by their own household insurance for loss, theft, damage, destruction etc.**

The Trust will not accept liability in respect of any loss or damage to patients' property or belongings unless they have been handed over to staff for safe keeping and a receipt has been provided to the patient or their relative.

Please direct any queries to the nurse or midwife in charge.

Agree/740025



## Contact Details



University Hospitals  
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**Appendix Eleven**  
Management of Patient's Property Policy

Bereavement Services	
Glenfield Hospital:	0116 258 3401 or 0116 258 3417
Leicester General Hospital:	0116 258 4235 or 0116 258 4236
Leicester Royal Infirmary:	0116 258 5194, 0116 258 5196 or 0116 258 7277
Email:	bereavement.services@uhl-tr.nhs.uk