

Policy for Managing Patient Property

If this document is printed – please check in the Policies, Procedures and Guidelines section of the intranet to ensure this is the most up to date version.

Out of date policy documents must not be relied upon.

A) EXECUTIVE SUMMARY POINTS	
•	The purpose of this policy is to ensure there are appropriate procedures in place to protect patients' property and minimise the risk of loss or damage
•	Compliance with the policy, including adequate record keeping will enable the Trust to show that staff have acted reasonably in the safekeeping of patient property
•	The Patient Property Disclaimer notice should be displayed in all areas of the hospital
•	The Patient Property List and Disclaimer Form should be completed and signed by the Patient / representative and a member of staff, on transfer and admission to each ward
•	Essential personal items such as dentures, hearing aids and glasses are integral to a patient's recovery and wellbeing and therefore should be checked as part of care planning and delivery. Measures that are reasonable and practical should be put in place to help safeguard these items such as adopting good housekeeping measures and using named storage boxes where available.
•	The hospital needs to be able to demonstrate that it exercised all reasonable care for the items. Where loss or damage occurs due to action or omission by staff, fair and proportionate redress can be considered. This is usually a contribution towards a replacement. The Trust needs to consider its responsibility in ensuring appropriate use of public funds as well as fair and proportionate redress.
B) ASSOCIATED DOCUMENTS	
•	Security Management Policy
•	Complaints Policy

C) DOCUMENT DETAILS	
Author:	Laura Northeast
Job title:	Head of Patient Experience
Directorate:	Nursing - Corporate
Version no:	2
Equality impact assessment date:	June 2022

Target audience:	All Trust staff. Including bank, temporary and voluntary staff
Approving committee / group:	Nursing and Midwifery Forum
Chairperson:	Paula Shobbrook
Review Date:	December 2022

VERSION CONTROL						
Date of Issue	Version No.	Date of Review	Nature of Change – (include section reference)	Approval Date	Approval Committee	Author
June 2018	1	Jan 22	Separate PHT and RBCH policies			JW
Nov 2022	2	Jan 25	Merge both PHT and RBCH policies into a UHD version	Dec 2022		LN

CONSULTATION PROCESS			
Version No.	Review Date	Author	Level of Consultation
1	Jan 2022	JW	Head of Litigation, Director of Nursing, task & finish group (Matrons, Ward Leads and Staff). Clinical Risk Manager. Portering, Transport & Security Manager. Patient Affairs Manager
2	June 2022	LN	Deputy Director of Finance, Security Manager, PALS Manager, Complaints Manager, NHS Counter Fraud; Nursing and Midwifery Forum.

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1 Introduction

- 1.1 Patients, carers, relatives, friends or significant others (thereafter patient and family) should be able to expect a safe and secure environment when they come into hospital, together with the assurance that their belongings will be kept secure (NHS Protect, 2012).
- 1.2 All hospitals have a responsibility to safeguard patients' valuables and cash. This includes making suitable arrangements for safekeeping, and to ensure people using Trust services are safeguarded against the risk of abuse including theft, misuse or misappropriation of money or property. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
- 1.3 This policy explains how patients' property is managed at University Hospitals Dorset NHS Foundation Trust and the steps taken to minimise the risk, loss or damage to property brought into the hospitals. This ensures as far as is practical and reasonable, the safekeeping of patient's belongings.
- 1.4 Patients and families have responsibility to keep the property they bring into hospital to a minimum and to ensure that the risk of loss or damage of their personal property is minimised.
- 1.5 The Trust will not take responsibility for any loss or damage to property if a patient has the capacity to understand that they retain their property during their hospital stay at their own risk.
- 1.6 The policy is relevant to all Trust staff, agency workers and volunteers. It outlines staff responsibilities that help protect them from allegations of theft or from being held inappropriately responsible for loss of property incurred by patients.
- 1.7 The Trust has a duty in relation to Managing Public Funds as detailed by Her Majesties Treasury Link: [MPM Spring 21 without annexes 040322 1 .pdf \(publishing.service.gov.uk\)](#)
- 1.8 The Trust has a duty to publish any payments in relation to this policy within the Annual Financial Accounts and Annual Report as detailed within the Department of Health and Social Care Group Accounting Manual Link: [DHSC group accounting manual 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

2 Purpose/Policy Statement

- 2.1 The purpose of this policy is to ensure there are appropriate procedures in place to protect patients' property and minimise the risk of loss or damage.

- 2.2 The policy provides guidance to staff, to ensure they are aware of their individual responsibilities with regards to the management of patient property and to recognise the impact of poor policy compliance.
- 2.3 The policy also contains information that patients and families should be made aware of; available in the Property & Personal Items leaflet (Appendix A).
- 2.4 The policy ensures an open and consistent approach to patient property arrangements across the Trust.
- 2.5 The policy explains the process in place for the fair and proportionate consideration of redress for damaged or lost items of property

3 Definitions

3.1 Patient Property or Belongings

All personal belongings, including valuables, essential personal items and clothing

3.2 Patient valuables

This includes cash, jewellery, keys, credit cards, mobile phone or other portable electronic devices. It may also include items of sentimental value.

3.3 Essential personal items

This includes dentures, hearing aids, glasses and mobility aids. These items may also be of high value.

3.4 Limited value items

This may include clothing, footwear, toilet bag, toiletries, fabric items, holdall, and handbag

3.5 Other items

Medicines, offensive weapons or illegal substances

4 Procedures/Document Content

4.1 General principles and Definitions

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.

Undeposited property: this is property which patients retain with them within the Trust's premises

- 4.1.1 The Trust is not responsible for the loss, theft or damage of any property that the patient retains in their possession whilst in hospital (undeposited items); it is the patient's own responsibility to ensure the storage and safe keeping of their own belongings. However, the Trust should take all reasonable and practical steps to ensure that patient property stays secure. This includes appropriate security arrangements in place across the site.
- 4.1.2 The Trust is not responsible for loss or damage to deposited or undeposited patient property if this is due to natural cause (e.g. fire or flood) unless it was attributable to negligence of staff.
- 4.1.3 There are limited facilities available to store patient property, the Trust reserves the right to place reasonable limits on the quantity of items patients have on the ward.
- 4.1.4 It should be assumed that patients have the mental capacity to make their own decisions about the safekeeping of their own property. However, if it is deemed that a patient does not have capacity, staff must follow procedures in assessing and recording capacity in line with the Mental Capacity Act, 2005.
- 4.1.5 When handling patient property and valuables, care should be taken to be sensitive to any cultural or religious beliefs. Values held by the patient or family, with regard to their property, should be respected.
- 4.1.6 The Trust only becomes liable for patient's property if it has assumed responsibility for it; that is, when a patient hands in an item for safe custody. However, there are occasions when the Trust's duty of care to the patient means there can be an obligation to look after property even when no explicit transfer of responsibility has occurred, related to the patient's capacity. Capacity can fluctuate throughout the hospital stay; for example, if the patient becomes unconscious, has an anaesthetic, dementia or delirium.
- 4.1.7 Compliance with Trust policy, including adequate records made in relation to patient property will enable the Trust to demonstrate that staff have acted reasonably in the safekeeping of patient property and have therefore not been negligent.

4.2 Patient information and advice

- 4.2.1 The Property & Personal Items leaflet (Appendix A) should be made available to all patients and their families. This information will also be available on the Trust website.

- 4.2.2 Patients and families should limit the quantity and value of property they bring into hospital and to send home all non-essential items.
- 4.2.3 Patients and families are advised to clearly label all property that they bring into hospital.
- 4.2.4 A copy of the Trust's disclaimer notice (Appendix B) will be prominently displayed at receptions and entrances to all services and departments reminding patients and families that the Trust cannot be held responsible for any valuables unless they are handed in for safekeeping (deposited items).
- 4.2.5 The Trust does not have suitable facilities for the safe storage of mobile phones or portable electronic devices. The Trust advises against bringing these items into hospital; they are prone to accidental damage and more likely to be targeted for theft.
- 4.2.6 The Trust does not have the facilities for patients to deposit limited-value items (such as shoes and clothing) for safekeeping. Clothing is not routinely itemised or recorded and will be stored with the patient.
- 4.2.7 Essential personal items such as glasses, hearing aids and dentures can be of high value but the patient will usually wish to retain these items (non-deposited items). To help keep these items safe, patients/families should be advised to bring in storage cases and ensure the items are clearly labelled with a record of property serial numbers and relevant tracking apps installed, where available.
- 4.2.8 All non-deposited items (whether valuables, essential personal items or limited-value items) will therefore remain the responsibility of the patient. Non-deposited items carry a greater risk of loss or damage, it is strongly recommended that these items are covered for any loss and damage through personal or home insurance. This includes hearing aids, glasses and dentures, as well as mobile electronic items. **The Trust does not take responsibility for un-deposited items.**

4.3 Admission to hospital

- 4.3.1 For patients arriving at the hospital via the Emergency Department and unable to look after their property, any property brought in or any items of property removed from the patient will be stored in a Property Bag, sealed, labelled, recorded in the patient property book and taken to the patient property office. Items (e.g. rings) that cannot be removed should

be securely taped in placed and recorded on the Patient Property List and Disclaimer Form (Appendix C).

- i) Where it has been necessary to remove patient's clothing due to injury or treatment, damage to clothing or shoes may be unavoidable. The property should be stored safely and securely and labelled to avoid loss or misidentification.
- ii) Heavily soiled or items may be disposed of and consent sought for disposal, if practicable. Any removal, damage or disposal should be recorded in the patient notes.

4.3.3 Deposited items (property handed to the Trust for safekeeping)

- i) On admission, or as soon as practicable after admission, all patient's must be offered safekeeping facilities for their valuables.
- ii) The Trust's patient property procedure for the safe keeping of deposited patient valuables can be found on the front inside cover of the Patient Property book; this procedure remains unchanged. All items are checked and recorded as seen, e.g. yellow metal ring with one clear stone, by two members of staff. The triplicate form is signed by two members of staff and by the patient or their representative and a copy is given to the patient.
- iii) Patients and their families should be advised that any money handed in for safe-keeping can only be returned within the cashiers office opening hours, 09.00-16.00. Outside of these hours the Clinical Management Team can return up to £25.00.
- iv) It is the responsibility of the member of staff who received the property from the patient to ensure that all items recorded in the property book are taken to the property office or safe.

4.3.4 Non-deposited items (property that is not handed to the Trust for safekeeping and retained by the patient)

- i) The increased risk of loss or damage to any property the patient chooses to retain in their possession should be explained and the Patient Property List and Disclaimer Form (Appendix C) completed and signed by the patient or their representative and a member of staff. All items should be clearly described as seen, e.g. yellow metal ring with clear stone.
- ii) All wards and departments will use the same Patient Property List and Disclaimer Form (Appendix C) to ensure consistency and reduce risk of error.

- iii) Essential personal items such as dentures, hearing aids and glasses are integral to a patient's recovery and wellbeing and therefore should be checked as part of care planning and delivery.
 - iv) It is important to note that limited-value items, e.g. clothing and toiletries are not routinely itemised. It is common-place for these items to be returned home and replaced throughout the hospital stay and it would be unreasonable to expect staff to identify and record any small variation.
 - v) Where feasible, if not already done by the patient or family, it is good practice to label items.
 - vi) The member of staff who admits the patient to hospital is responsible for completing this record as part of routine admission record keeping. Compliance with this will support the safekeeping of patient property
- 4.3.5 Wards and departments will adopt good housekeeping measures, including being alert to the possibility of mislaid items when making beds, emptying bins and checking of meal trays at the end of meal times.
- 4.3.6 Staff are required to check and record property at any significant times throughout the hospital stay, that is, on admission, transfer (both discharging and admitting areas) and on discharge. Non-deposited property is not routinely checked.
- 4.3.7 The property list and disclaimer form will be kept in the healthcare records. If a patient is deemed to have capacity to retain their property, but refuses to sign a disclaimer, this is noted in the records, signed by two members of staff and the patient informed that the **Trust will not accept responsibility.**
- 4.3.8 If a patient is unable to look after their property due to illness, or lack of capacity to understand the Trust's disclaimer and no designated other is present, the decision regarding safe keeping of valuables should be made by the registered nurse; ensuring all decisions are made in the best interests of the patient (Mental Capacity Act, 2005). The decision must be documented in the patient notes. At this point, where the patient, either temporarily or permanently lacks capacity, **the Trust will automatically take responsibility for the patients property.**
- 4.3.9 Patients who are going to have a surgical procedure will be asked to remove valuables or other property. Any valuables should be handed to the hospital for safe keeping prior to the procedure.
- 4.3.10 Staff will be encouraged to remain vigilant regarding the safekeeping of property, through annual policy updates at ward/department meetings.

4.4 Discharge from hospital

- 4.4.1 On discharge, all property should be returned to the patient/family. Any discrepancies should be raised by the patient/family prior to discharge.
- 4.4.2 Where possible, 24 hours' notice of impending discharge should be given to the Patients Property Office for release of valuables that were put there for safe keeping. This needs to be during office hours (09.00 – 16.00) so that all valuables can be returned.
- 4.4.3 If a patient is discharged outside normal office hours and property is known to be lodged in the night safe, the Duty Manager must be informed to arrange the return of that property. If the individual has money in safe keeping, the Duty Manager can return up to £25.00 in cash. Any remaining money can be collected from the Patients Property Office during working hours.
- 4.4.4 All valuables and property of deceased patients must be recorded in the Patient Property Book and taken for safe keeping to the property office. Personal effects must be listed and placed in a sealed and labelled jiffy bag. Clothing should be placed in a separate patient property bag. Using discretion, staff should bag any perishable items or soiled limited value items of property separately, if the items are offensive and unable to be stored, they can be disposed, documenting this in the patient notes.
- 4.4.5 Every attempt must be made to reunite property with the rightful owner. This may include contacting the known next-of-kin, or the GP. After one month following death or discharge, any unclaimed limited value property will be disposed of. Valuables will be retained for six years.
- 4.4.6 The hospital will not store or return on discharge, any illegal, illicit, or potentially dangerous articles of personal property such as, but not limited to alcohol, un-prescribed narcotics, drug paraphernalia, firearms, ammunition, knives (non-folding blade in excess of 3") or other weapons. Such items may be destroyed or passed to the police.

4.5 Loss or damage to property or valuables

- 4.5.1 Where the hospital has assumed responsibility for valuables (deposited items) and these are lost or damaged, the incident is recorded in a LERN and a full investigation should be made. Security must be informed regarding potential allegations of stolen property.
- 4.5.2 Where a patient/family reports any loss or damage to property or valuables not held by the hospital for safekeeping (non-deposited items), the matter should be referred to the ward or department lead, or their deputy.
- 4.5.3 As soon as is practicable and within 24 hours of the loss being reported, the ward or department lead should organise a thorough search of the area

(locker, bed space, bins, bathroom, property storage areas and kitchen). The departments visited since the property was last seen and the patient property office should also be contacted as part of this search. Section One of the Lost or Damaged Property Investigation Proforma (Appendix D) should be completed. Security can be contacted to support any out-of-department searches.

4.5.4 If the item is not found, a LERN should be completed and the investigation into the lost or damaged property should be completed by the ward within 3 working days. Section Two of the investigation proforma (Appendix D) should be completed and conclusions drawn by the ward lead or deputy.

4.6.5 If the patient/family believes that an item has been stolen, security must be informed and the patient/family asked if they want to notify the police. If there is any suspicion of fraud, e.g. changed or falsified records, the Trust Fraud Officer should be contacted for advice

4.6.6 If it is found that loss or damage occurred to property due to an action or omission by staff, this should be recorded on the investigation proforma. A decision whether to offer financial redress should be made by the ward lead.

4.6.7 The decision as to whether to offer financial redress for lost or damaged items will be based on the following considerations;

- The type and condition of property and circumstances of the loss or damage
- Whether a disclaimer had been signed
- The ability of the patient to look after their property at the time of loss.
- Where the item was stored
- Whether the loss was due to non-compliance of policy

4.6.8

- i) If financial redress is agreed by the ward lead, the Lost or Damaged Property Investigation proforma should be sent, along with the departmental cost code to PALS in the Patient Experience Team for processing and *template letter one* (Appendix E) should be completed and sent to the patient/family.
- ii) If financial redress is not to be considered, the ward lead should fill in *template letter two* (Appendix F) and be sent to the patient/family. Letter two gives further details about how to escalate their concern if they are unhappy with the outcome.

4.6.9 The Trust will not routinely offer a new replacement item, but may consider a contribution towards a replacement, depending on the findings of the investigation.

- 4.6.10 Where a patient/family has made a personal insurance claim for an item of property damaged or lost on Trust premises, this has to be declared. The Trust will not consider financial redress when a claim can be made through insurance. The Trust may offer a discretionary contribution towards the cost of meeting any excess required. The Trust reserves the right to refer to NHS fraud
- 4.6.11 When dealing with the loss of essential personal items such as glasses, dentures and hearing aids, redress will typically be considered in line with the standard NHS help for health costs, as detailed on the NHS Choices website:
- <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/nhs-voucher-values.aspx>
- 4.6.12 Financial redress should be paid from the ward or department budget where the loss is likely to have occurred. In exceptional circumstances, where it is unclear where the loss occurred and it is deemed that the Trust is liable for the loss, the Patient Experience Team can make discretionary redress in line with Trust agreed Standing Financial Instructions Delegated Limits
- 4.6.13 Requests for financial redress for over £1,000 will need to be authorised by the Director of Finance or their Deputy and the outcome of this review documented and communicated to the patient/family via the PALS service.
- 4.6.14 If the patient and/or family is dissatisfied with the way the Trust has dealt with the loss or damage to property, they should be directed to the Patient Experience Team who can advise on raising a concern or complaint.
- 4.6.15 A summary of the procedure for managing patient property can be found at Appendix G

5 Roles and Responsibilities

The Chief Executive has overall responsibility for ensuring this policy is met.

The Care Group Managers are responsible for ensuring implementation and compliance with this policy.

General Managers, heads of service and matrons are responsible for ensuring all staff are made aware of this policy and procedures and have the appropriate level of training and resource to implement successfully. This includes monitoring and auditing compliance.

Ward leads / department managers are responsible for: managing local implementation of the policy and procedures, including lost property investigation; ensuring that staff are aware of their responsibilities and comply with the policy; and ensuring the property disclaimer notice is publicly displayed.

The admitting nurse should ensure that patients are aware of, or have access to, the Trust's Property and Personal Items leaflet (Appendix A); to organise the safekeeping of property as required and that all property is documented in accordance with this policy (see Appendix D).

The Head of Patient Experience, or nominated deputy, is responsible for reviewing the conclusion and findings of ward-based investigations into lost or damaged property, where the loss/damage may have occurred due to the action or omission of staff, or where the patient/family is contesting the ward-level investigation. Recommendations are made, which may also include the consideration of financial redress.

All staff have a responsibility to escalate any concerns in relation to potential theft and refer to counter fraud services accordingly. This could include concerns if a pattern of non-compliance to the policy or high levels of claims are identified which could be fraud related

The cashier and lost property office are responsible for the safe-keeping and return of all deposited patient property.

All staff have responsibility to take reasonable care of patients belongings, uphold security arrangements and comply with this policy.

6 Monitoring Compliance and Effectiveness of the Document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Audit visibility of Property Disclaimer Notice, measuring compliance against policy	HoPE	Observe & replace	Quarterly	Matron to agree local monitoring & reporting arrangements & exceptions
Audit completion of 3 patient property & disclaimer forms, measuring compliance against policy	Ward Lead	Evidence of audit to matron	Annually	
Monitor number, value & area of ex gratia requests and payments made to identify trends	HoPE	Routine monitoring	Quarterly	Quarterly to PEG

7 Supporting Documents & References

- A Property and Personal Items Leaflet
- B UHD Trust Disclaimer Notice
- C Patients Property List and Disclaimer Form
- D Lost or Damaged Property Investigation Proforma
- E Template Letter One
- F Template Letter Two
- G Summary of Managing Patient Property

8 Dissemination

Head of Litigation,
Director of Nursing, task & finish group (Matrons, Ward Leads and Staff).
Clinical Risk Manager.
Portering,
Transport & Security Manager.
Patient Affairs Manager

9 Approval & Ratification

Policy was presented at the Nursing and Midwifery Forum and approved by the meeting representatives and Chair

10 Review

All documents must be reviewed every three years or earlier if appropriate.

11 Equality Impact Assessment

1. Title of document	Patient Property Policy	
2. Date of EIA	November 2022	
3. Date for review	January 2025	
4. Directorate/Specialty	Nursing - Corporate	
5. Does the document/service affect one group less or more favorably than another on the basis of:		
	Yes/No	Rationale
Age – where this is referred to, it refers to a person belonging to a particular age or range of ages.	No	
Disability – a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their	No	

ability to carry out normal daily activities.		
Gender reassignment – the process of transitioning from one gender to another.	No	
Marriage and civil partnership – marriage can include a union between a man and a woman and a marriage between a same-sex couple.	No	
Pregnancy and maternity – pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.	No	
Race – refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	No	
Religion and belief – religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.	No	
Sex – a man or a woman.	No	
Sexual orientation – whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No	
7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?	No	
8. If the answers to any of the above questions is 'yes' then:	Yes	Rationale
Demonstrate that such a disadvantage or advantage can be justified or is valid.		
Adjust the policy to remove disadvantage identified or better promote equality.		

Appendix A – Property and Personal Items leaflet

Where should I go if I misplace or have a question regarding my property?

Please speak to the ward leader if your valuables have been kept for safe keeping and have not been returned to you.

If you misplace or lose your belongings, please ask to speak to the ward leader or deputy who will ensure a thorough search is done.

If you are unhappy with the outcome of the ward investigation, please contact the patient experience team who will review the investigation in accordance with Trust policy.

Contact details

In the first instance, please contact the ward leader or manager of the department you have been visiting. You can do this by contacting the hospital:

Poole Hospital

Telephone number: **01202 665511**

Royal Bournemouth Hospital

Telephone number: **01202 303626**

Alternatively, contact the:

Patient Experience Centre

Telephone number: **0300 019 8499**

Or email: **patientexperienceteam@uhd.nhs.uk**

The Royal Bournemouth Hospital,
Castle Lane East, Bournemouth, Dorset, BH7 7DW

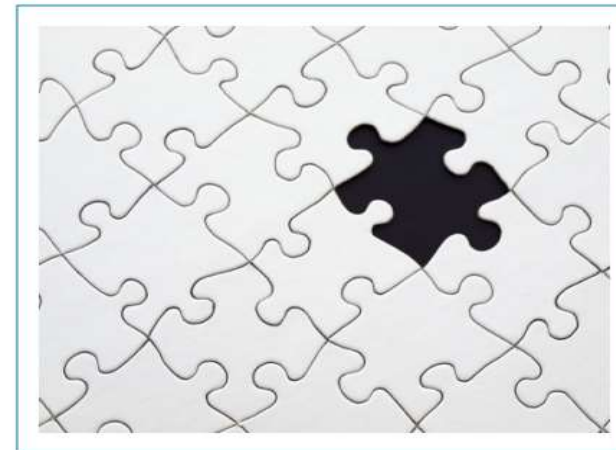
Poole Hospital,
Longfleet Road, Poole, Dorset, BH15 2JB

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Review date: **May 2026** Ref: **077/23**

w: www.uhd.nhs.uk

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Property and personal items



Patient experience centre

Patient Information

w: www.uhd.nhs.uk

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What should I bring with me to hospital?

Welcome to University Hospitals Dorset. This leaflet contains useful information for you and your family on what to bring with you when you come into hospital.

When coming into hospital to stay, please bring:

- all the medicines you are currently taking
- the repeat prescription list that you get from your gp
- your 'this is me' book (if you have one)
- your walking stick or any other aid
- if you wear them, your glasses, hearing aids and dentures together with any of their storage cases
- toiletries, including toothbrush, toothpaste, soap, flannel and towel. Wet wipes may also be useful
- nightwear, dressing gown, underwear and slippers
- if required, comfortable clothes to wear during the day
- small change for newspapers or magazines

Please clearly label all your property. this will help to keep it safe.

Other useful information and advice

We take all reasonable steps to keep your property safe and minimise the risk of loss or damage.

You are encouraged to limit the quantity and value of the property you bring into hospital. Labelling your property will help to keep it safe.

We will not take full responsibility for any property unless it is handed over to staff for safekeeping. We have facilities for safekeeping your valuables, but we do not have facilities to lock away other items of property.

You will need to sign a form if you decide to keep your property with you. This will include money and any jewellery you are wearing.



We expect you to take responsibility for looking after your own property while in hospital. It is important you tell us if this is going to be difficult.

We provide you with a bedside locker, but space is limited and sometimes we need to restrict the amount of property you bring in. You should only bring in items that you really need and ask your family or friends to take other things home.

We do not have a suitable environment to store your mobile electronic devices, either when in use or when being charged.



You should leave mobile electronic devices at home because they are prone to accidental damage and more likely to be targeted for theft.

We do not have any lockable facilities at the bedside so please do not bring any high value (monetary or sentimental) or luxury items into hospital.

You should ensure that any valuable items that you choose to bring into hospital, for example a mobile phone, hearing aid, glasses and dentures are covered for loss or damage through your personal or home insurance.

We do not routinely record each item of clothing you bring into hospital because they are frequently taken home and replaced throughout the hospital stay and it is unreasonable to expect staff to identify and record all these changes. You should tell staff if there are any significant changes to the property you have with you on the ward.

We always try to return property to the rightful owner and would want the chance to recover any lost item before you go.

You should carefully check your property before you leave hospital and tell a member of staff if anything is missing. The ward staff are responsible for conducting a search for your property and will undertake a more thorough investigation if the item cannot be found.

Personal property Disclaimer notice

We cannot accept any responsibility for loss or damage to any property you bring into our hospitals unless it has been handed to a member of staff for safekeeping and a receipt obtained.



← For more information scan the QR code with your mobile device or contact our PALS team on 0300 019 8499

We are **caring** **one team** **listening to understand** **open and honest** **always improving** **inclusive**

Appendix C – F removed from policy as they are working documents for staff access and completion only

Appendix E - Procedure for managing patient property

