



SERVICE USER PROPERTY POLICY

Policy number and category	C 49	Clinical
Version number and date	3	September 2023
Ratifying committee or executive director	Clinical Governance Committee	
Date ratified	September 2023	
Next anticipated review	September 2026	
Executive director	Steve Forsyth, Chief Nursing Officer/Executive Director of Quality & Safety	
Policy lead	Deputy Director of Nursing and Quality	
Policy author (if different from above)	Interim Head of Nursing and Allied Health Professionals	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT:

- Service Users can expect staff to treat their property with care.
- BSMHFT will have clear guidance in place to assist staff in the documentation and appropriate storage of Service User property.
- A copy of this policy is available on the Trust intranet.
- Service Users should be aware that BSMHFT will not accept any responsibility for property brought into Trust premises unless it is deposited for safe keeping.

POLICY REQUIREMENT (see Section 2)

- Service Users will have their property protected when in the care of BSMHFT
- Measures are developed to manage and record Service User property
- Service Users will have a system to address any concerns relating to their property.
- This policy is available on the trusts intranet page.
- This policy should be read in line with the policy for example the Trust's Anti-fraud and Anti-bribery policy.

Contents

1: Introduction:	3
2: The policy	3
3: The procedure	4
4: Responsibilities	15
5: Development and Consultation process consisting of:.....	16
6: Reference documents	18
7: Bibliography:	18
8: Glossary :	19
9: Audit and assurance.....	19
10. Appendices	20

1: Introduction:

1.1 Rationale:

Service Users can expect staff to treat their property with care. The Trust should have robust processes in place to support the storage and documentation of a Service Users property. The policy sets out the process for staff to manage Service User property so that it is looked after with care, dignity, and respect. Included in the Appendices are the standard Service User property forms that should be used around the Trust to ensure consistent management of Service User property across Trust sites by Trust staff. There may be local agreement needed as to what property is allowed in certain areas due to the level of risk and safety associated with varied services within BSMHFT; however, the principles of property management will remain the same.

1.2 Scope

This policy applies to all BSMHFT staff, including full and part time, substantive and temporary staff, as well as volunteers when managing Service Users property, other than when working within prison services or Psychiatric Liaison Teams. Staff working in prison services or Psychiatric Liaison Teams, will follow local policies and procedures. Local procedures that are governed and managed by them must be discussed through their local CGCs. This policy supersedes all previous policies, guidance or protocols relating to Service User property. This policy should be read in conjunction with the trusts anti-bribery and anti-fraud policies.

1.3 Principles

The policy has been created to

- Protect Service User property from theft, loss, or damage whilst under the care of BSMHFT.
- Ensure consistent management, recording and storage of Service User property across BSMHFT services.
- Protect the Trust from liability relating to loss and theft of Service User property not handed over for safe keeping.
- To provide staff with appropriate guidance in circumstances where a Service User may lack capacity when making decisions relating to the safekeeping of their property.

2: The policy

- 2.1.1 All property belonging to Service Users held within the Trust will be held in accordance with this policy and the procedures that derive from the policy.
- 2.1.2 This policy applies to all sites, services and circumstances within the Trust.
- 2.1.3 Local procedures that support this policy will be approved by local Clinical Governance Committees.

- 2.1.4 All reasonable efforts will be made to ensure Service Users property is stored, protected and managed in keeping with Service User wishes.

3: The procedure

The basic principle of law that applies to the care of Service Users property is that BSMHT (The Trust) shall not be liable for the loss of or damage to any property that is not handed in for safe keeping, unless it can be proved that the loss or damage was due to negligence by employees or agents of the Trust.

It is the responsibility of Ward Managers or senior nursing staff to notify Service Users that the Trust will not accept responsibility for property and/or cash brought into Trust premises, at any time, unless it is deposited for safekeeping. Service Users should be notified by nursing staff on admission (and where nurses are aware, when further items are brought into Trust premises), that the Trust will not take responsibility for such items unless they are deposited for safe keeping.

Suitable worded notices should be displayed in all Service User areas ([Appendix 5](#)).

3.1 Admission During “Normal” Hours

- 3.1.1 Upon admission to Hospital, two member’s staff will see the Service User, with or without his/her/their relatives/carers, for the purpose of listing all items of the Service Users property into the Service Users Property Record on Admission Book (PPRB) ([Appendix 2](#)). Wherever possible, this process should be carried out by at least one registered nurse .The service user will also be searched in accordance with the [Clinical Searching of Service Users In Service User Settings Policy](#) available on the trust intranet.

- 3.1.2.1 In the presence of the Service User, the staff will identify and itemise all property, including cash/cheques/giros belonging to the Service User that he/she/they wish to hand over to the Trust for safekeeping. The items of property shall be listed in Service Users Property Receipt Book - Cash and Valuables which can be found in the main ward office (PPRB-CV) ([Appendix 3](#)).

This document shall be the only official form used for this purpose. Whenever possible, the Service Users property should be handed over to the Service Users relative or friend at the time of admission and if the estimated value of individual property items exceeds £500 pounds. This is only with the permission of the Service User following a formal documented capacity assessment, which has established that the Service user has mental capacity to make the decision.

- 3.1.3 All monies must be counted and recorded in the PPRB-CV and will be counted and recorded in front of the Service User and/or

carer/relative/friend.

- 3.1.4 All valuables should be listed, with adequate description as detailed on inside cover of PPRB-CV. Particular care should be given to identification of jewellery e.g., rings to be described as YELLOW METAL or WHITE METAL. Any damage to items deposited with the Trust for safekeeping should be noted and all items should be quantified (**Appendix 4**). **It is recommended that such items are photographed and uploaded to Service User RIO records.**
- 3.1.5 The Service Users attention shall be drawn to the Trust's disclaimer that is shown in the PPRB-CV and displayed in the Ward (**Appendix 5**). It must be pointed out to the Service User that the Trust cannot be held responsible for any item that goes missing, that was not handed in for safe keeping. The nursing staff must ask the Service User if they have handed in everything that they (the Service User) want the Trust to look after.
- 3.1.6.1 When all the items of cash and valuables have been entered onto PPRB-CV, the Service User should then sign the form in the appropriate space provided, unless the Service Users medical condition prevents him/her from doing so. Nursing staff must record whether the Service User is refusing or incapable of signing and the reasons. Both members of staff should also sign and date the entry in the Service Users Property Receipt Book – Cash & Valuables (**Appendix 3**). If the Service User's capacity has been formally assessed and they are deemed to lack capacity, then the personal representative accompanying the Service User must be asked to sign and print their name on the record. In the case of no personal representative accompanying the patient, a third nurse signatory is required.
- 3.1.6.2 Once the Service User and two members of staff have completed and signed the entry, the property is to be placed into an envelope and signed across the seal by both members of staff and the Service User or their personal representative if possible
- 3.1.6.3 Each service area must develop local procedures, approved by the local Clinical Governance Committee, detailing how the property taken into safe keeping will be safely stored.

In the event of any delay in securing the property as detailed in local procedures, the property must be kept secured locally (under lock and key), but not in a medicine cupboard.

- 3.1.9 Local Procedures will describe the process of handing over the property from ward staff to the allocated keeper, including what checks will take place at handover and what records will be kept.

The property is recorded in the Service Users property register (**Appendix 6**) and stored in accordance with local procedures

3.1.10 The Service Users money will be dealt with as follows:-

All monies shall be recorded on the Service Users Income Spreadsheet. **(Appendix 7)**. An account will be opened in the computerised Service User account system and the account will be credited with the relevant amount.

Income must be reconciled daily.

On a weekly basis, or more frequently if (an) exceptionally large deposit(s) is made, the General Office / Cashier will prepare the Service User monies for banking .The banking procedure should be performed by two members of the General Office staff, who should each sign the banking credit slip (and associated documentation) to signify that the process has been checked and is consistent with the Income spread sheet record. The banking should be collected by the designated security firm, and a receipt obtained and lodged with the local General Office documentation.

3.1.11 Should a Service User subsequently wish to hand over additional cash/valuables then the aforementioned procedure shall be applied.

3.1.12 Where a Service User wishes to withdraw items of property held for safe keeping the ward staff will follow the local procedures. Local procedures that are governed and managed by them must be discussed through their local CGCs.

When the item of property is retrieved from storage. The Service User or Service Users representative collecting the property will agree the property being returned and sign the register **(Appendix 6)**.

If a Service User lacks capacity and requests the return of their property, staff should act in the Service Users best interests, having regard to S.4 Mental Capacity Act.

When property is returned the Service User will be issued an indemnity/receipt **(Appendix 8)**.

3.2 Admission Outside “Normal” Hours

3.2.1 Nursing staff will follow procedures from 3.1.1 to 3.1.12 except a copy of the Service User property record will be placed in the envelope with the property.

The envelope must be clearly marked with the following information:

- Service Users name
- hospital number
- date of admission ward
- signature of Service User or personal representative (such as the night safe envelope).

The envelope must be sealed and both staff must sign across the envelope seal the envelope flap securely with clear sticky tape. The sealed envelope must then be placed in safe keeping, in keeping with local procedures by two of the nursing staff.

- 3.2.2 All efforts should be made to ensure that cash/valuables are not kept/left on a ward overnight or during a weekend. The night safe must be used and the night safe register completed every time when such facilities are available

Where property is sent to a General Office, the cashier will check the night safe and the register daily, except at weekend/bank holidays. Any discrepancies must be reported to the general office manager immediately.

- 3.2.3 All envelopes will be opened in the presence of the nursing staff and General Office/Cashier staff. If all is correct, the General Office/Cashier will sign as receipt in the appropriate place, on the copy of the Service User property record.

The nursing staff may then return to the ward with their property book.

Note:

In the event of the ward/unit having no access to a night safe, it is the responsibility of the hospital senior manager or duty senior nurse to ensure that valuable property/cash/giros are stored in a secure place (not the medicine/drugs cabinet) and an entry made in the ward diary for the property/cash/giro be deposited with the General Office/Cashier as soon as possible on the next working day.

3.3 Further items to be handed in for safekeeping – after admission

- 3.3.1 Must be dealt with as per the above instructions whether within or outside normal 'office' hours as appropriate.

3.4 Removal of Dangerous Items from Service Users

- 3.4.1. It is an offence for any person to possess illegal drugs or to have an offensive weapon or firearm in a public place without lawful authority or excuse. The publicly accessible parts of the Trust are classified as a public place.
- 3.4.2. The Trust Policy and Procedure for dealing with this circumstance is contained in the Trust document "Guidance for In Service User facilities staff on discovering a potential offensive weapon" and [Clinical Searching of Service Users in In Service User Settings Policy](#).

3.5 Retention of Property/Clothing by a Service User on the Ward

- 3.5.1. Ward staff shall, upon the admission of a Service User, itemise and record details of the property including branding where possible, and any existing damage of clothing retained by the Service User at the time of admission to the Hospital. The recording of details shall be carried out on the Service Users Property Record sheet (**Appendix 2**) and this Form shall then be signed by the Nurse in charge and one of the other nurses involved in the Service Users admission.
- 3.5.2. Where staff are aware of any addition to or reduction of the Service Users property or clothing with a value of more than £10 shall be recorded and the adjustment entry shall be signed and dated by a registered nurse on duty on that ward at the time.
- 3.5.3. Ward staff must not retain any amount of the Service Users money either on their person or on a ward, unless it is in keeping with local procedures. Local procedures that are governed and managed by them must be discussed through their local CGCs. Disciplinary action may be taken against any member of staff who fails to comply with this ruling.
- 3.5.4. In the case of a transfer of the Service User, a copy of the Service Users Property Record sheet should be transferred to the new ward together with all property.

3.6 Transfer of Service Users

3.6.1 Transfer of Service Users to another Ward within the Hospital

- 3.6.1.1 All Service Users property held on the Ward should be checked against the service user's property record sheet and any discrepancies noted. A record on a Service Users Property Transfer form must be completed (**Appendix 9**) and this document together with all the property must be forwarded to the Ward receiving the Service User. The receiving ward must sign to say that property has been received. (Appendix 9). Any property that does not travel with the Service User due to local restrictions shall be placed in safe storage and clearly labelled.

3.6.2 Permanent Transfer of Service Users to Another Hospital within the Trust

- 3.6.2.1 If there are any valuables held in safe custody, it is the responsibility of the Nurse in charge to ensure that the property is collected and transferred with the Service User.

3.7 Role of Service Users Accounts/Monies Officer

- 3.7.1 The prime responsibility of the Service Users Accounts/Monies Officer is to ensure that an efficient and effective service is available to Service Users at reasonable hours during each working day. Facilities shall be available that allow Service Users or those responsible for their affairs to have access to monies held on their behalf.

- 3.7.2 All Service Users' monies records shall be maintained in a form and manner approved by the Director of Finance.
- 3.7.3 A personal account for each Service User that has deposited money with the Trust shall be maintained.
- 3.7.4 All monies received by any member of the Trust staff, shall be passed directly to the officer responsible for banking and all such sums shall be banked intact into the relevant Service Users Monies Account. An official receipt from the PPRB-CV shall be issued to the Service User for all sums received.
- 3.7.5 Service Users accounts shall be posted promptly and preferably on the same day as the transaction takes place. The officer responsible for maintaining these records should not be the officer responsible for handling monies where staffing levels are adequate to allow this separation of duties.
- 3.7.6 All Service Users who are able to manage their own affairs, shall acknowledge receipt on an official form for all monies repaid to them.
- 3.7.7 All payments to third parties on behalf of Service Users shall be authorised in writing by the Service User if they are able to manage their own affairs. If however Service Users are not able to manage their own affairs the payment must be authorised by two members of staff and collected by a third member of staff. Receipts must be retained and provided to the Service Users Accounts Officer, so that they are available for examination at any time.
- 3.7.8 The records shall be maintained in such a form that will allow the total of the Service Users' balances of their personal accounts to be reconciled at any time. These figures shall be agreed on a monthly basis with the control accounts maintained under the jurisdiction of the Finance Director or his nominated representative.
- 3.7.9 At the request of a Service User the Service Users Accounts/Monies Officer will provide a printed statement of account. The statement must be placed in a sealed envelope marked private & confidential for the attention of the Service User.
- 3.7.10 Interest shall be added to Service Users accounts on an equitable and proportionate basis and the account will continue to accrue interest until the account is closed.

3.8 Storage Area- Security of Property Arrangement

- 3.8.1 Access to staff offices should be restricted to authorised personnel by locking doors or ensuring adequate alternative arrangements are in place

to prevent access to the safe and Service User records.

- 3.8.2 A key-log should be maintained locally to ensure that the transfer of Storage Area keys and safe keys is recorded.
- 3.8.3 The transfer of safe keys and safe contents should be formally controlled and documented when responsibility is transferred to another member of staff (at the end of a shift, or otherwise).
- 3.8.4 Spare keys for the storage area and the safe should be obtained and kept secure off-site in another location. Access to the spare-keys should be controlled and restricted to senior personnel.
- 3.8.5 A list of authorised officers that are able to collect cash and Service User Property Receipt books should be included in local procedures. Local procedures that are governed and managed by them must be discussed through their local CGCs.

3.9 Property of Service Users Unable to Manage Their Own Affairs

- 3.9.1 Service Users, who lack the capacity to manage their own finances and or property, will have matters relating to their property dealt with in accordance with the Trust's Mental Capacity Act Policy.

3.10 Expenditure Arrangements

3.10.1 General

- 3.10.1.1 Service Users who deposit monies for safe keeping and/or whose income is paid direct to the Trust must be provided with payment facilities.
- 3.10.1.2 Service users should be assisted where necessary to handle their own finances if deemed to have capacity for this under Mental Capacity Act, 2005. Service Users must be allowed to select their own goods and services, but they must be suited to the environment and must not adversely affect the health and safety or comfort of others. An informed decision by a Service User not to spend their money must be accepted as final.
- 3.10.1.3 Service Users who have been formally assessed as incapable of appreciating or physically dealing with their expenditure must be provided with thoughtful assistance. Ward Managers or their deputies are responsible, in consultation with their professional colleagues and Service Users' relatives, for the initial assessment of Service Users' needs and identifying ways in which such needs may most appropriately be met. Access to the Service User account details may be required in these circumstances and should be provided by the Service Users monies officer to a senior member of staff. This information must be treated in the

strictest confidence. For instances where Service User's capacity fluctuates and there is no Power of Attorney appointed, any decision made with regard to monies/ expenditure should be based on best interests test under Mental Capacity Act.

- 3.10.1.4 When money is spent on a Service Users behalf the Ward Manager, or their deputy must ensure that any monies spent is used solely for the benefit of that Service User. Receipts must be provided to support the expenditure and disbursement records and filed in the Service Users account. Any misuse of Service User monies will be reported to the Local Counter Fraud Specialist and will be managed in line with the Anti-Fraud and Bribery Policy.
- 3.10.1.5 Where a relative or a Receiver appointed by the Court of Protection is managing the Service Users income, no expenditure should be incurred by the Ward staff on the Service Users behalf, without prior approval from the relative or Receiver.
- 3.10.1.6 Where a relative is managing the Service Users affairs and is not providing money or items for the benefit of the Service User, the Ward Manager should ask the Service Users Monies officer to notify the Benefits Agency or the Office of Public guardian for instance in cases where there is a lasting power of attorney in place. The situation and the arrangement should cease pending the outcome of the consultation between the Trust and the Benefits Agency.

3.10.2 Cash Disbursements to Service Users capable of Handling Cash

- 3.10.2.1 Service Users may in theory, withdraw cash up to the balance of their Personal Account, however, for security reasons they should be encouraged to withdraw only small amounts of cash for sundry items. Service Users who do withdraw large amounts of cash must be reminded that it is their responsibility to keep the money safe, and it is imperative that the appropriate Indemnity / Receipt is completed immediately (see Appendix G).

3.10.3 Cash Disbursements for Service Users Not Capable of Handling Cash

- 3.10.3.1 In the case of Service Users incapable of appreciating or physically handling cash, withdrawals can be made on their behalf. The Ward Manager and/or Clinical Team will decide the level of withdrawals in accordance with the Service Users best interests. Receipts for all purchases must be retained and appropriately filed in the Service Users monies record.

3.10.4 Payments by Cheque

- 3.10.4.1 When a Service User requires a payment to be made other than by cash

e.g., to pay an electricity bill or a large shopping invoice, the Service Users monies officer will provide the Service User with a cheque request form for completion (**Appendix 10**).

Where the Service User does not have capacity to manage his/her own affairs or has an appointee and a cheque is required, the Service Users Monies Officer should be given written details of the request along with the appropriate bill.

3.11 Discharge of Service Users/Transfer to Other Hospitals/Carers

3.11.1 The General Office/Cashier must be informed by the nursing staff of the impending transfer. The General Office/Cashier will then arrange for the Service Users valuables to be returned to the Service User, prior to the transfer or at the earliest opportunity. Local procedures should apply where these facilities are not available. Local procedures that are governed and managed by them must be discussed through their local CGCs.

3.11.2 If the Service User or their personal representative is unable to sign the indemnity to accept the valuables, two members of the nursing staff dealing with the transfer will sign the indemnity.

3.12 Death of a Service User in Hospital

3.12.1 All property retained at ward level must be logged on Service Users Property Record Sheet – Deceased Service Users(**Appendix 11**).

3.12.2 Any cash/valuables must be recorded separately in PPR-CV book and taken to a safe place as defined in local procedures. Local procedures that are governed and managed by them must be discussed through their local CGCs.

3.12.3 Personal items such as wedding ring, watch, clothing may be released to known relatives and indemnity form signed. Any other items including cash and items in safe keeping should only be handed over to the deceased Service Users formally identified next of kin or their executor in the case of a Will being made. Proof of Will and letters of identification will need to be seen.

3.13 Property of Deceased Service Users

3.13.1 **Note:** The Trust has no responsibility for Service Users property not in their possession at the time of death and should not accept such responsibility when a Service User dies.

3.13.2 Before property is disposed of it is necessary to establish whether or not there is a Will in existence.

- 3.13.3 If there is a Will the following applies:
- If the Executor intends to prove the Will no action can be taken until evidence of the granting of Probate has been produced.
 - If the Executor does not intend to obtain a Grant of Probate the net value of the estate should be ascertained. If this is likely to exceed £5,000 the Executor should be advised that Probate must be obtained.
 - If the net value is likely to be less than £5,000, cash and property can be released to the person named as the Executor in the Will upon the receipt of a suitably signed indemnity (**Appendix 12**).
 - It is important at all times to take care in ascertaining the status of the person answering the enquiries as to the value of the estate.
- 3.13.4 Where a Service User dies intestate similar considerations apply but Letters of Administration are required instead of Probate being granted.
- 3.13.5 Where a Service User dies intestate and there is no lawful heir the Estate belongs to the Crown and particulars of the property held on behalf of the deceased should be notified to the Treasury Solicitor.
- 3.13.6 Only the approved form is to be used in assessing the claimant's status and value of the estate (**Appendix 13**).
- 3.13.7 A contract funeral should only be arranged where the relatives cannot be traced, or if traced, cannot afford to pay for burial.
- 3.13.8 If the Trust arranges for the burial of a deceased Service User, all reasonable funeral expenses are the first charge on the Estate and any cash belonging to the Service User and held by the Trust may be appropriated towards funeral expenses. However, if the immediate cash in hand is insufficient to meet the funeral expenses, no steps should be taken to convert into cash any other property held by the Trust.
- 3.13.9 Property left in the hospital by a Service User is normally of little value unless it is deposited. If it is not claimed within a short term after discharge, it may be assumed to have been abandoned and the Trust can dispose of it. Care should be taken to ascertain whether the articles are in fact valuable and hasty action to dispose of an article, because it is thought to be of no value, is unwise.
- 3.13.10 Therefore, the Trust should give notice to any relatives or personal representatives that unless they collect personal items within 28 days, then the Trust will dispose of them.
- 3.13.11 In circumstances where items may have value, they should be offered to

the estate through the Executor (if a will exists) or appointed representative (if no will exists), for them to collect within 28 days of notification.

3.14 Unclaimed Service Users Property

3.14.1 When a Service User leaves hospital, every effort should be made to return money and valuables held in custody to the Service User directly.

This section outlines the checks and action required before unclaimed items are disposed of.

3.14.2 Low Value Items

3.14.2.1 If property of low value (*) left in hospital by Service Users is not claimed within a short time (generally 2 – 3 months is held to be acceptable) after discharging it may be assumed to have been abandoned and the Trust can dispose of it as it pleases. It would be prudent, though, to contact the Service User (or next of kin) at their last known address asking them to collect the items(s) by a given date and advising them that after this date the items may be disposed of.

3.14.2.2 Before any items are disposed of care should be taken to ascertain their value and hasty action to dispose of an article because it is thought to be of no value is unwise. Expert advice should be sought if there is any doubt about the value.

3.14.3 Items of Value

3.14.3.1 If unclaimed articles are valuable (*) more rigorous efforts should be made to trace the owner or the next of kin and detailed records kept of these. If these efforts are unsuccessful the article should be kept for a reasonable time before disposal. Under the Limitation Act 1949, a period of six years would normally be reasonable although this period of recovery may be extended in certain cases and it would be wise to seek independent advice before disposing of any items of value, even after 6 years.

3.14.4 Disposal of Property

3.14.4.1 Unclaimed cash and the proceeds of the sale of abandoned or unclaimed property should be credited to the exchequer account. In the event of a Service User or some other person eventually claiming property which has been disposed of, the amount due would be payable from this account.

3.14.4.2 Unclaimed bank books, National Savings Certificates and benefit books/cards should be forwarded to the issuing authority/office with an explanation of the circumstances in which they came into the Trust's possession for safe custody, pending an application by the owner or next-of-kin.

3.15 Lost Property of Service Users and Compensation Claims

- 3.15.1 A claim for lost property in the first instance should be made by a Service User to the Ward Manager before an investigation into the validity of the claim occurs. The loss must also be reported as an incident via the ECLIPSE on-line reporting system.
- 3.15.2 Ward staff must use the losses investigation form (see appendix 6) when a Service User/relative makes a claim for lost property. This will support the decision-making process as to whether the Trust can provide compensation to the claimant
- 3.15.3 If the investigation results in a claim not being approved the Ward manager must write to the claimant explaining in a polite and compassionate way why the claim is not being settled giving facts where able.
- 3.15.4 If the investigation leads to the claim being validated then the investigation form must be forwarded to Finance Department to be settled.
- 3.15.5 Appendix 6 - Investigation of claim form will be available through Service point or designated provider.
- 3.15.6 The outcome of the investigation must also be recorded in Eclipse
- 3.15.7 All Losses and Compensation claims, for which a payment has been made, are subject to review by the Trust's Audit & Assurance Committee

4: Responsibilities

This should summarise defined responsibilities relevant to the policy.

Post(s)	Responsibilities	Ref
All Staff	To take all reasonable steps to protect Service Users' property and those that abuse their position within the trust will be investigated. Staff who suspect any abuse of position should report this and if they believe a member of staff is misappropriating Service User property, they can report this to their Local Security Management Specialist and/or if appropriate to do so their local Counter Fraud Specialist.	
Service, Clinical and Corporate Directors	Will ensure this policy is complied with	
Policy Lead	Will ensure the policy is reviewed within timeframes Will report on compliance with the policy	

For more information on suspicious behaviour or concerns please refer to the [Trust's Anti- Fraud and Anti-bribery policy](#).

5: Development and Consultation

Consultation summary		
Date policy issued for consultation	October 2022	
Number of versions produced for consultation	3	
Committees / meetings where policy formally discussed	Date(s)	
<ul style="list-style-type: none"> • Counter Fraud Service • Local CGCs • EBE 	Sent to all identified on the 18/11/2022	
Where received	Summary of feedback	Actions / Response
<ul style="list-style-type: none"> • Counter Fraud Service 	<ul style="list-style-type: none"> • Add date for review-month and year • It would be useful to state somewhere that this policy is available on the Trust's intranet page to be referred to. • It would be beneficial to add in any other policy's that should be read in line with the policy for example the Trust's Anti-fraud and Anti-bribery policy. • Please expand on what RAID means. • Their added to she/he for inclusivity • It would be beneficial to include where this can be found. • It would be beneficial to ensure Service Users or their advocate/carer/nok, witness the counting of any monies to ensure the Service User is happy with what is being recorded and that there is transparency/no room for incorrect recording/skimming of monies. 	Recommendations embedded into policy for consultation

	<ul style="list-style-type: none"> • It would be beneficial to ensure this takes place, to ensure the Service User is happy with what is being recorded and that there is transparency/no room for incorrect recording/skimming of monies. • 3.10.1.7- Could the Office of Public guardian be reported to here as well, if applicable? For instances where there is a lasting power of attorney in place. • Appendix 2- Please all add the printed name of the Service User and/or carer as some signatures can be unreadable and can diminish the accuracy of that audit trail. • It would be beneficial to have a blanket/consistent procedure across the Trust and that any (local) procedures are documented/ referred to specifically within this policy- The author has not embedded this recommendation as the nature of the organisation's Inservice User areas are so variable it would be unmanageable for some areas to comply with a blanket procedure. The governance of any locally produced procedure will be assured through local CGC • Any misuse of Service User monies will be reported to the Local Counter Fraud Specialist and will be managed in line with the Anti-Fraud and Bribery Policy. It would be beneficial to include this, as it is a fraud risk. • It would be useful to add that members of staff who abuse their position within the Trust, will be investigated. It would be useful to add in that staff should report any suspected abuse of 	<p>Recommendations in red have not been embedded, no feedback was received, however I believe further discussion is required relating to suggestions in red.</p>
--	--	--

	<p>position or if they believe a member of staff at the Trust is misappropriating Service User property. They can report this to their Local Security Management Specialist and/or if this is not appropriate to do so they can contact their local counter fraud specialist (LCFS) Emily Woods Senior Consultant (LCFS)emily.wood@rsmuk.com or +44 113 285 5026</p> <ul style="list-style-type: none"> • It would be useful to add: “For more information on suspicious behaviour or concerns please refer to the Trust’s Anti-fraud and Anti-bribery policy.” • It would be useful to add a section “Failure to Comply” • Under this heading it would be useful to say: All staff employed at the Trust are to adhere to this policy and the procedures outlines failure to do so could result in dismissal from the Trust or civil or criminal proceeding against both the individual and the Trust. Therefore, any breaches will be dealt with promptly and in line with the Trust Anti-fraud and Anti-bribery policy. • This policy will also be reviewed after any suspected breaches to ensure that if any updates are required, they are then added into this policy. 	
--	---	--

6: Reference documents

Worcester Acute Hospital Trust Service User Property Policy
Guidance for NHS Organisations on the secure management of Service Users property-NHS Protect

7: Bibliography:

None

8: Glossary:

None

9: Audit and Assurance

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
All patients have their property recorded on admission to an inpatient unit (3.1.1)	Deputy Director of Nursing	Audit	Twice Yearly	Clinical Governance Committee
An indemnity form is signed when collections are made from the General Office (3.11.2)	Deputy Director of Nursing	Audit	Twice Yearly	Clinical Governance Committee
Appendix J is completed in the case of all inpatient deaths	Deputy Director of Nursing	Audit	Twice Yearly	Clinical Governance Committee

This policy will also be reviewed after any suspected breaches to ensure that if any updates are required, they are then added into this policy

10. Appendices

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Policy	Service User Property		
Person Completing this policy	Leona Tasab	Role or title	Interim Head of Nursing and AHPs
Division	Acute and Urgent Care	Service Area	Divisional
Date Started	October 2022	Date completed	18/11/2022
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
<ul style="list-style-type: none"> To ensure the safe storage and security of Service Users' personal property during their admission to in Service User units. BSMHFT will have clear guidance in place to assist staff in the documentation and appropriate storage of Service User property. Service Users should be aware that BSMHFT will not accept any responsibility for property brought into Trust premises unless it is deposited for safe keeping. 			
Who will benefit from the policy?			
Service Users, families, carers, and staff.			
Does the policy affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
This policy will affect service user in a positive way as BSMHFT have clear guidance in place to assist staff in the documentation and appropriate storage of Service User property irrespective of any protected characteristic			
Does the policy significantly affect service delivery, business processes or policy?			
<i>How will these reduce inequality?</i>			
N/A			
Does it involve a significant commitment of resources?			
<i>How will these reduce inequality?</i>			

No as this policy states Service Users can expect staff to treat their property with care.
BSMHFT have clear guidance in place to assist staff in the documentation and appropriate storage of Service User property.

Does the policy relate to an area where there are known inequalities? (e.g., seclusion, accessibility, recruitment & progression)

The policy relate to areas with Service Users in a positive way as there is clear guidance of how their property is handled and stored.

Impacts on different Personal Protected Characteristics – Helpful Questions:

<p><i>Does this policy promote equality of opportunity?</i></p> <p><i>Eliminate discrimination?</i></p> <p><i>Eliminate harassment?</i></p> <p><i>Eliminate victimisation?</i></p>	<p><i>Promote good community relations?</i></p> <p><i>Promote positive attitudes towards disabled people?</i></p> <p><i>Consider more favourable treatment of disabled people?</i></p> <p><i>Promote involvement and consultation?</i></p> <p><i>Protect and promote human rights?</i></p>
--	--

Please click in the relevant impact box and include relevant data

Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Age

Including children and people over 65
Is it easy for someone of any age to find out about your service or access your policy?
Are you able to justify the legal or lawful reasons when your service excludes certain age groups

Disability	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Disability
-------------------	---	--	--	--

Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues
Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?
Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?

Gender	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Gender
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Marriage or Civil Partnership
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Pregnancy or Maternity
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and Service Users with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Race or Ethnicity
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Religion or Belief
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area?				

When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Sexual Orientation.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of Transgender or Gender Reassignment
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and Service Users in the development of your policy or service?				
Human Rights	x			There is no impact in terms of discrimination as this policy ensures that there is clear guidance of how their property is handled and stored irrespective of the Human Rights Act
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e., Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				x
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

N/A

How will any impact or planned actions be monitored and reviewed?

N/A

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

N/A

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Service Users Property Record Sheet ~ On Admission

Service Users Details:	
Name:	
Unit:	
Unit No:	NHS No:
Date of Admission:	

List of ALL property:	
Cash £.....	(Words)
Cheques/Giros/Pass books/Debit/Credit cards/Store cards etc.	
.....	
.....	
.....	
.....	
.....	

Valuable Property (Jewellery/Electrical goods etc.):	
.....	
.....	
.....	
.....	
.....	

Clothing/Other Items:	
.....	
.....	
.....	
.....	
.....	

I understand that any articles retained in my possession and further items brought into the Hospital/Ward are my own responsibility and that I can hand over any items for safekeeping at any time and will be issued with an official trust receipt.

Signature of Service User.....
Print name of Service User.....
Signature of Nurse/Witness..... **Print:**
 (Or 2nd nurse if refused)
Date:

HOSPITAL 0000001

SERVICE USERS' PROPERTY RECEIPT – CASH AND VALUABLES

Please print

A) Service User Details:

Surname.....
 First Name.....
 Admission Date.....
 Ward.....
 Unit/Hospital No.....
 NHS No.....

B) List of Items:

Cash £ In Words:..... Cheques/Giro
 to the Value of £

Describe all valuables to be handed over for safekeeping, but do not state or imply a value. List Card Numbers, Account Numbers, and Passport Numbers etc. and state how many of each item.

.....

C) Service Users Signature: I confirm that I have handed over items of cash/cheque(s) and or valuables listed above:

Signature..... Print name

or please state reason for non-signature.....

D) Property Recorded By:

Staff Member 1 (signature).....Print
 Name..... Job Title.....

Staff Member 2 (signature).....	Print
Name.....	Job Title.....
Date.....	Transferred to Night Safe? Yes/No
E) Received By Cashier/General Office:	
I agree that the items and cash listed represent a true record of the property handed to me for safekeeping.	
Signature.....	Print
Name.....	Date.....

DISTRIBUTION – TOP COPY (WHITE) TO SERVICE USER (RECEIPT), 2nd COPY (YELLOW) TO BE FILED IN SERVICE USERS CURRENT NOTES, 3rd COPY (GREEN) TO CASHIER , 4th COPY (PINK) REMAINS IN BOOK

COMPLETION OF THE PROPERTY BOOK

The book shall be completed legibly by a member of ward staff in the presence of a second member of staff and also in the presence of the Service User or his/her personal representative where practicable. Where any doubt arises reference should be made to the General Office/Cashier for guidance.

2. The top copy of the record in the Service Users property book must be signed by two members of staff plus the Service User or their personal representative.
3. Any alterations to the property book shall be validated by signatures (as required for the original entry on the record) from two members of staff.
4. The full Service Users name, hospital number, ward, or department and the date shall be recorded correctly in the Service Users property book on all four copies.
5. Cash, cheques, and giros shall be clearly identified.
6. All property comprising of bank, building society or savings books, etc. shall be detailed with the name of the account and the account number.
7. Where chequebooks are handed over the details of the issuing bank, the number of cheques remaining in the book and the serial numbers of any credit cards must be clearly shown.
8. Items such as jewellery, watches or other valuable articles must be described as discretely as possible, i.e., never use the terms "gold" "silver" "jewels" etc. describe them as "yellow coloured" "white coloured" or "stones" etc.
9. A line shall be drawn through any spaces in which there are no entries to be made.
10. Care must be taken to ensure that all entries are correct and appear on all four copies of the property record in the property book.
11. When it is found necessary to cancel a property record all copies shall be clearly marked as cancelled and all four copies must remain intact in the book.
12. Once the first part of the form has been completed by ward staff, the top copy must be removed from the book and handed to the Service User. If the Service User lacks capacity, his/her copy should be filed with his/her notes.
13. The second copy is filed in the Service Users notes.
14. During "normal hours" the Service Users property book must then be taken to the General Office/cashiers along with the property/monies. General Office/cashier staff must check the description of property to the items handed over. Any alterations necessary must be signed by the member of ward staff depositing the property, and also amended on the Service Users copy and the ward copy.
15. Once the General Office/cashier has agreed details he/she must sign the property book and remove the top copy for his/her own records. The book is then to be handed back to the member of ward staff and the property must be lodged in a secure place.
16. Cash and valuables received by wards outside office hours should be entered in the property book and deposited in the night safe.
17. General Office/Cashiers files their copy of PPRB-CV, which must be retained for at least 6 years from the date of discharge. These records may then be destroyed 6 years after the date of discharge.
18. The General Office/Cashiers must retain completed PPRB-CV for at least 6 years.

PROPERTY DISCLAIMER

**Notice is hereby given that Birmingham & Solihull
Mental
Health NHS Trust accepts no responsibility for the
loss of,
or damage to, personal property of any kind,
including money, in whatever way the loss or
damage
may occur, unless an official receipt is obtained
from the
Ward Manager/General Office for property which
has
been handed in for safe custody.**

Executive Director of Finance & Resources

SERVICE USERS' MONIES DEPOSIT SHEET

Hospital	Unit
Sheet No.	

Date	Service Users Name	Details/Ward & PPRV-CV No.	Cash	Giro/Cheque	Total	Received By

Date Banked:

Giro Credit No:

Inner Loomis Bag Number:

Outer Loomis Bag Number:

Prepared By:

Signed:

SERVICE USERS' MONIES CHEQUE REQUEST

Date: **Request From (Service Users name printed):**.....

Ward/Unit: **NHS No:**

To: Service Users Money Officer / General Office/Cashiers

I hereby authorise the Service User Monies Officer to raise a cheque on my behalf from my Service Users Monies Account.

Details of Cheque to be Raised:
<p>Full Name and Address of Payee (please print):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Cheque Total: £.....</p> <p>Reason for Cheque being raised (please attach invoice if a bill payment):</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>Completed by (sign): Date:..... Print:</p> <p>.....</p> <p>Witnessed by (sign): Print:</p> <p>..... Designation: Date:</p>
--

To: General Office Administrator

From:
.....

Address:
.....
.....
.....

Tel: 0121

Re:

Deceased on Date:

IN CONSIDERATION of the Trust paying to me the sum of £ and / or the Trust handing over to me the property listed below, being the assets now in your hands of the estate of the above-named deceased:

I HEARBY UNDERTAKE to indemnify you and keep you indemnified against all actions, proceedings, claims or demands whatsoever, which may be taken or made against you by any persons claiming to be interested in the estate or the above-named deceased or otherwise and against any costs or expenses whatsoever which may be incurred or become payable in respect thereof.

Details of Property Handed over:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Signature of Recipient:	Relationship to Deceased:
.....	Date:
Signature of Witness:	Address:
.....	Occupation:

Form to be completed and signed by persons claiming personal property and effects
belonging to a Deceased Service User.

Name of Deceased (please

print.....
.....

Name of Claimant collecting items:	
First Name:	Surname:
Occupation/status:.....	
Address Details (permanent):	Post Code:
Age if under 18 years old (if over 18 please put 'over 18'):	
Relationship to Deceased:	
Details of the Will:	
If the Deceased left a Will, please state:	
The name(s) and address(es) of the deceased's executors and their Solicitors (if known):	
If the deceased left no Will, please state:-	
Whether or not Letters of Administration have been or are intended to be taken out in respect of the deceased's Estate:	
The name(s) and address(es) of the deceased's Administrators and of their Solicitors (if known):	

If Probate of the Will or Letters of Administration have not been or are not intended to be obtained, please give full name(s) and address(es) of the following living relative(s) of the deceased:

Relative	Name and Address	Whether over 18 Years of Age
Husband or Wife OR IF NONE		
Child(ren) including issue of any child(ren) who may have died before the deceased OR IF NONE		
Father and/or Mother OR IF NONE		
Brother(s) and/or Sister(s) including issue of any brother(s) and /or sister(s) who may have died before the Deceased OR IF NONE		
Grandfather and/or Grandmother OR IF NONE		
Uncle(s) and/or aunt(s) including issue of any uncle(s) and/or aunt(s) who may have died before the Deceased OR IF NONE		
Uncle(s) and/or aunt(s) of the half-blood including issue of any half-uncle(s) and/or aunt(s) who may have died before the Deceased		

Declaration:	
I / we declare that the replies furnished by me / us to the foregoing questions are correct.	
Signature.....	Print
Name.....	Date.....
Signature.....	Print
Name.....	Date.....