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Reporting Damage or Loss to Personal Property Procedure

Introduction and Aim

The procedural documentation aims to provide staff, service users and visitors with detailed instructions and guidance for reporting and/or seeking reimbursement for damage or loss to personal property.

It should be followed to ensure that appropriate actions are taken and that the correct documentation is submitted to the panel when considering financial reimbursement for damage or loss to personal property.

Linked Policies, Procedures and Written Control Documents

[All corporate policies and procedures are available on the Public Health Wales website](#)

Reporting Damage or Loss to Personal Property Policy

Scope

This procedure and any arrangements made under it applies to:

- All persons employed or engaged by Public Health Wales, including part time workers, temporary and agency workers, those holding honorary contracts
- All service users, visitors and volunteers.

Equality and Health Impact Assessment	An Equality, Welsh Language and Health Impact Assessment has been completed and can be viewed on the policy webpages.
Approved by	Leadership Team
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Accountable Executive Director/Director	Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals
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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Corporate Governance](#).

Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
V1	March 2019	29 Sept 2019	Oct 2019	Changes regarding points of contact, and appeals process Data Impact assessment completed and amendments to policy made accordingly
V2	2022	16 March 2023	30 March 2023	The Chair of the Appeals Panel was originally the Deputy Director of Finance and this was amended to the Board Secretary. The criteria for claiming damage to property has also been updated to include members of the public visiting Public Health Wales property.

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1 Introduction

This document provides instructions and guidance for staff, service users and visitors within Public Health Wales to follow when reporting damage or loss to personal property.

Compliance with these procedures will ensure that any damage or loss to personal property can be recorded successfully and the organisation can seek to consider reimbursement where necessary on a case by case basis, providing the person making the claim ("the Claimant") is supported by the relevant staff member to make a claim for financial reimbursement.

2 Reporting Losses or Damage to Personal Property

The Claimant must complete and submit Report of loss or damage to personal property form [Appendix 1](#) within three months of the occurrence of the loss or damage.

If the Claimant is a member of staff then they must ensure that the form is signed by their Line Manager and Divisional Director. Claims submitted by service users and visitors must be signed by the relevant Divisional Director.

The completed form and any receipts should be forwarded, in duplicate, to the Claims Manager via email. Upon receipt of the form the Claims Manager will acknowledge receipt and where necessary, submit the claim to the Claims Panel where a decision as to whether the claim is approved will be made. Only claims requesting financial reimbursement will be considered by the Claims Panel.

A Claims Panel will be called within 25 working days of the Claims Manager receiving the claim. This will either be a face to face meeting or via an electronic format e.g. email forum, provided that all the necessary information/advice has been provided.

The decision as to whether the claim was approved or declined will be notified in writing to the claimant by the Claims Manager, noting the reasoning behind the Claims Panel's decision, within 10 working days. The Outcome form at [Appendix 2](#) will be completed by the Deputy Director of Finance confirming the decision.

Approved claims will be notified to the Director of Finance, in order for an entry to be recorded on the Losses and Compensation Register.

Reimbursement will be requested for any approved claims by the Deputy Director of Finance.

N.B. Individuals may report items which are damaged or lost to the police, where appropriate.

All reports and claims will be logged on Datix and an alert will be used to dispose of personal data relating to financial reimbursement no later than 4 months from when a decision is made regarding a claim.

3 Criteria for considering claims

Claims will be considered on a case by case basis, although previous similar claims may be referred to in order to ensure consistency and equity. Payments for loss or damage to personal property may be made only where all of the following criteria apply:

- the incident occurs during the course of the claimant's employment/ when a member of the Public is visiting Public Health Wales owned premises;
- the articles lost or damaged were reasonably carried during the course of the claimant's employment/ were reasonably carried by a member of the Public for the purpose of visiting Public Health Wales owned premises;
- the articles are sufficiently robust for the treatment they might reasonably be expected to bear;
- the loss or damage is not due to the member of staff's/ member of the public's own negligence;
- the loss or damage is not covered by insurance or by any provision for free replacement;

The Claims Panel may request evidence/proof that the item was damaged or request proof of purchase.

Where the item can be repaired the payment should cover the actual cost of repair.

4 Appeal Process

There is a right of appeal if the Claimant is dissatisfied with the decision of the Claims Panel. This appeal must be made in writing and directed to the Board Secretary, within 15 working days of the individual receiving notification of the outcome of the Claims Panel

decision. The Board Secretary will convene an Appeals Panel within 25 working days of receiving notification of the wish to appeal. Membership of the Appeals Panel will be as follows:

- Chair – The Board Secretary and if unavailable, a Deputy Director from People & OD.
- Corporate representative (who has not participated in the Claims Panel)
- Trade union representative (who has not participated in the original panel)

The Appeals Panel will consider the claim and the Board Secretary will inform the claimant in writing of the outcome of the appeal within 10 working days.

Following consideration of an appeal, the form at [Appendix 3](#) should be completed by the Board Secretary, to confirm the decision of the Appeals Panel.

The Board Secretary will notify to the Director of Finance, of the outcome of the Appeals Panel in order for an entry to be recorded on the Losses and Compensation Register.

5 Procedure for NHS staff to raise Concerns

If a member of staff doubts the merit of a claim or suspects that a fraudulent claim is being made then they should wherever possible, first discuss this with their Line Manager. If a member of staff is not satisfied with the response then advice should be sought from the Board Business Unit and the Procedure for NHS Staff to Raise a Concern should be followed.

6 Communication

Managers are expected to raise awareness through team meetings and staff should be directed to the relevant area on the staff intranet page.

The Claims Manager will request that the Procedure is included as an agenda point at quarterly Senior Management Team Meetings.

Staff need to be able to advise service users of the process in respect of a situation where a claim could arise.

7 Training requirements

There are no training requirements, however the Claims manager can provide any clarification on this procedure on request. The Claims Manager will also share the Procedure as an agenda point at quarterly Senior Management Team meetings.

8 Monitoring and auditing

The Audit and Corporate Governance Committee will play a role in the monitoring and auditing of the effectiveness of this policy. Losses paid and lessons learnt in respect of loss or damage of personal property will be reported to the Audit Committee by the Finance Department.

9 Appendices

Appendix 1

Report of loss or damage to personal property

This form should be used for reporting financial loss resulting from an act of failure of Public Health Wales or its staff. Completion of the form does not give rise to Public Health Wales accepting legal liability.

TO BE COMPLETED IN TRIPLICATE: [Copies to be sent to the member of staff's Line Manager for review and signature or to relevant Divisional Director \(for service users/visitors\).](#) Two copies should be forwarded to the Claims Manager for submission to the Claims Panel and one copy to the claimant.

A.	Details of claimant
1	Name:
2	Job title:
3	Address:
4	Telephone no:
5	Please state whether you are Member of Staff/Service User/Visitor:

B.	Details of Loss or Damage
1	Site where loss or damage occurred:
2	Date of occurrence:
3	Date reported:
4	Name of witness (if any): (N.B All Witness Statements must be attached to this report)

5	Description of item lost or damaged (any further details please attach to the claim)
6	Brief description of circumstances under which loss/damage occurred and reason. (N.B statement to be attached in addition to comments here for full detail)
7	Nature of damage to item:
8	Can the item still be used:
9	(a) Original cost of item £ (b) Cost of repair £
10	Date and Place of Purchase:
11	If beyond repair, reason why:
12	(a) Is insurance cover held under which the loss may be claimed:
13	(b) If answer to (a) is yes, enter details of insurance cover and indicate if claim has been made or is intended to be made:
14	(c) If answer to (a) is no, do you wish to claim from Public Health Wales?
15	Have you reported the loss to the police?

C. Declaration by claimant

Claimant:

Icertify that the information stated on this form is a true and correct statement of the facts as related by myself, and in consequence of the loss/damage to my property as listed in Section B.

I wish/do not wish to make a claim for compensation (delete as appropriate), I further certify that in the event of receiving compensation from an insurance company, any money received by me from Public Health Wales will be repaid, where claimed, to that Trust.

Signed.....Dated.....

D. This section to be completed by the Line Manager (where the claimant is a member of staff) & Divisional Director when submitting a claim

Line manager (for service users/visitors please pass to Divisional Director for authorisation)

I have examined the circumstances of the above claim and all the supporting documents, and accordingly submit it to the Claims Panel for consideration. In doing so, it is my decision to **SUPPORT/NOT SUPPORT** (delete as appropriate) this claim in view of the details provided.

Briefly state the reasons for your decision:

Signed.....Dated.....

Name:
(Line Manager)

Divisional Director authorisation:

SUPPORT/NOT SUPPORT

Briefly state the reasons for your decision:

Signed.....Dated.....

Name:
(Divisional Director)

Appendix 2

Outcome Form

This form should be used for reporting the outcome of a submission for a financial loss and should be completed by the Deputy Director of Finance. Completion of the form does not give rise to Public Health Wales accepting legal liability.

Details of claimant	
Name:	
Directorate/Division:	
Has the request been approved/rejected?	Approved Rejected Reason for Rejection?
Date of Rejection/Approval?	
Date Forwarded to Finance for Processing	

Deputy Director of Finance authorisation:

Signed.....

Dated.....

Appendix 3

Appeals Outcome Form

This form should be completed by the Deputy Director of Strategy and Planning, Strategic Programmes and Facilities for reporting the outcome of an Appeal. Completion of the form does not give rise to Public Health Wales accepting legal liability.

Details of claimant	
Name:	
Directorate/Division:	
Has the appeal been approved/rejected?	Approved Rejected Reason for Rejection?
Date of Rejection/Approval?	

Deputy Director of Strategy and Planning, Strategic Programmes and Facilities authorisation:

Signed.....

Dated.....