

Patients' Property Policy

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Introduction
<p>This policy outlines staff's roles and responsibilities when dealing with patients' property, including lost and found items.</p>

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29/2/17	1	Head of Midwifery	Major	First draft
21/5/19	2	Head of Midwifery	Major	Flow charts updated, new template used, all sections updated to reflect current practice and governance appendices included.

Sign off Process and Dates	
Groups consulted	Date agreed
Privacy and Dignity Group	23/05/2019
Policy Assurance Group	19/09/2019
Service Delivery Group	07/10/2019

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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1. Introduction

The safe custody of patient's cash, valuables and personal property is a necessary and important part of patient care and every effort must be made, at all times, to protect the interests of the patient and University Hospitals Bristol NHS Foundation Trust (the Trust).

In line with the Trust's Standing Financial Instructions, there is a responsibility to ensure that there are procedures in place that will:

- Safeguard patient's cash and valuables handed in for safekeeping.
- Ensure the safety of cash, valuables and property belonging to those patients who are unconscious, vulnerable or confused and lacks the capacity to make a decision about the safekeeping of their property.
- Protect the cash, valuables and property of the deceased, prior to return to the patient's representative (executor, administrator or next of kin).

Please refer to NHS Protect document 'Guidance for NHS Organisers on the Secure Management of Patient's property' <http://www.nhsbsa.nhs.uk/3641.aspx>.

All patients should be advised not to bring large amounts of cash (i.e. more than would be required for newspapers, magazines or other essential items during their stay) or valuables onto Trust premises or to keep large amounts of cash and valuables in their possession, and should be encouraged to arrange for it to be taken home. Where there is no next of kin available to take home cash or valuables then the nurses should arrange, in accordance with Trust policy, for these to be taken to the cashier at the earliest opportunity.

If the above procedures are followed by all nursing staff for each patient admitted and transferred, claims will reduce.

The Trust will not accept responsibility of liability for patient's property brought onto the Trust's premises:

- Unless it is handed in for safekeeping and an official receipt obtained, or,
- The property belongs to a patient who is unconscious, vulnerable or confused and lacks the capacity to make a decision about the safekeeping of their property.

2. Purpose

The Patient's Property Policy has been developed to ensure that there is a framework in place that provides written procedures and guidance for the collection, custody, recording, safe keeping, return and disposal of patient's property. This includes procedures for the disposal of deceased patient's property and the property of patients transferred to other premises.

The policy provides procedures for:

- Cash and Valuables (6.1)
- Lost or damaged cash and valuables seals (6.2)
- Disposal of property (6.9)
- Reporting lost or damaged property (6.10)

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- Special payments (6.5)

3. **Scope**

This policy should be read by all clinical staff who look after patients and their property.

4. **Definitions/Glossary**

4.1 *Valuables*

This includes dentures, hearing aids and spectacles, as well as jewellery, watches, house keys, credit cards, mobile phones or any other item of property that is considered as valuable to the patient.

4.2 *Other Property*

This includes but is not limited to clothing, footwear, toiletries, fabric items.

5. **Duties, Roles and Responsibilities**

5.1 *Chief Executive*

The Chief Executive as part of their overall remit for environmental issues holds responsibility for the Patient's Property Policy. This is subsequently delegated.

5.2 *Director of Finance and Information*

The Director of Finance and Information is responsible for ensuring that written instructions are in place for the management of financial procedures that are associated with patient's monies and approved special payments on behalf of the NHS Executive.

5.3 *Heads of Nursing*

The Heads of Nursing are responsible for ensuring that all nursing/midwifery staff are aware of their responsibilities for the safe custody of patient's property. Should a patient lack capacity, the Heads of Nursing should ensure the team looking after the patient are aware of the procedures to follow in relation to this policy.

5.4 *Head of Estates and Facilities*

The head of estates and facilities is responsible for ensuring that the patient facilities staff are aware of their administrative responsibilities in managing the patient's property policy, e.g. security.

5.5 *Counter Fraud*

Internal Audit provides guidance in the security and control of patient's property and ensures that effective anti-fraud measures are in place. Internal audit are responsible for auditing programmes annually in order to facilitate on-going monitoring and audits of such systems.

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5.6 Divisional Managers

Divisional managers are responsible for ensuring that the patient's property policy is brought to the attention of all staff and that the relevant procedures within it are followed at all times in all areas of their division.

5.7 Head of Security

The head of security will ensure that if there are any suspicious circumstances surrounding any incidents involving loss, damage or theft to patient's property, the appropriate investigations take place. The Trust Security Department keeps a log of all lost property accepted by security.

5.8 Divisional Safety Teams

The divisional safety team will provide reports of incidents associated with patient property from the Datix system to identify patterns of non-compliance with the patient's property policy within each Division.

5.9 Clinical Site Co-ordinators

The clinical site co-ordinator will arrange for the return of patient property following out-of-hours guidance if it is considered essential that the property needs to be returned prior to discharge.

5.10 Nursing/Midwifery Staff

All nursing and midwifery staff are responsible for:

- (a) Informing patients that the Trust is unable to take responsibility for personal items if they are not placed for safekeeping and recording.
- (b) Encouraging the patient's relatives and friends to take home any unnecessary items.
- (c) Ensuring the patients belongings are with the patient at all times.
- (d) Making a decision about the safekeeping of patients' property if a patient is transferred and lacks capacity. A record of property form should be completed (see form and process).
- (e) Ensuring the safekeeping of property belonging to a patient who is unconscious, vulnerable or confused/lacks capacity to make the decision about the safekeeping of the property in the absence of a next of kin present.

5.11 Cashier's office

The cashier's office is responsible for securing cash and valuables that are placed for safekeeping and for controlling access to these items. They are also responsible for maintaining a register of lost and found property and supporting the bereavement service in returning cash and valuables to deceased's representatives.

5.12 Patient Affairs Team

Patient Affairs are responsible for managing the return of cash and valuables of a deceased patient once such items have been deposited by the ward with the Cashier's office.

5.13 Security and Portering

The security and portering staff are responsible for safeguarding found property that is handed in out of normal office hours at the Trust.

6. Policy Statement and Provisions

6.1 Cash and Valuables procedure

The Cash and Valuables Procedure (Appendix F) provides a framework for staff to protect the interests of the patient and the Trust. This procedure is designed to reduce the risk of loss, error and the theft of property Trust-wide, when dealing with Admissions and patients who lack the capacity to make a decision about their property, Patient discharges, Patient transfers and Return of cash and valuables after death.

6.2 Lost or Damaged Cash & Valuables Seals

Occasionally, the cash and valuable seals that are used to secure the cash and valuables bags become damaged or lost. When this happens, the patient should be offered a new bag to ensure the security of the system does not fail. The cashier's office will not accept bags with incompatible address cards and seal numbers and need to be informed if the seal is damaged or lost to maintain an audit trail of all bags issued to wards.

6.3 Suspicious Items

If suspicious items are found on Trust premises, Security must be called immediately. Once the situation has been resolved, a Datix Incident must be logged.

6.4 Dangerous Items

If dangerous items such as knives, guns or sharps are found, Security and police must be called. Once the situation has been resolved, a Datix Incident must be logged.

6.5 Controlled Drugs

All controlled drugs must be dealt with in line with the 'Medch M05 Controlled Drugs'.

6.6 Emergency Departments

The Trust has three main Emergency Department locations; Queens Building, Bristol Eye Hospital and the Bristol Royal Hospital for Children. Where patients arrive with property, the process linked to this policy must be adhered to. When a patient is transferred to another area of the hospital, all paperwork and/or possessions must be transferred with the patient.

6.7 Return of the Patient's Cash and Valuables

(a) Lost, found and unclaimed property.

It is the responsibility of the ward to co-ordinate the return of cash and valuables which are held in the cashier office

- Procedures are in place to co-ordinate lost and found property (including cash) that is reported lost or found on Trust premises.
- All items should be safeguarded or kept under secure conditions, as appropriate whilst establishment of ownership is determined.
- Clear documentation on the handling of property found on the Trust premises is vital to ensure that the Trust is able to demonstrate that reasonable care has been exercised.

(b) Lost property

- On the discovery of the loss of patient property a Datix report must be completed, and if immediate response is required, Security can be contacted on bleep 2504.
- A full description of the lost item must be taken from the patient or relative to ensure that any subsequent recovery can be dealt with as quickly as possible.
- If any loss is thought to be suspicious, it must be reported to the Trust Security Manager immediately.

6.8 Found Property

(a) Member of staff finding unclaimed property

Property that is unclaimed becomes the property of the Trust. All staff have an obligation to hand in such property to ensure that it is registered and subsequently disposed of, thereby maintaining the integrity of Trust personnel. Please hand any found property to the appropriate department.

Please do not attempt to contact a patient/visitor in an attempt to return property as you may contravene the patient's right to confidentiality.

(b) Member of the public finding property:

Staff must advise members of the public to hand any property found on Trust premises to the security officer, for recording and subsequent disposal. Only if the security office is closed, should they be advised to hand any found property to the CSM. In this case, the property should be handed into the security office on the next working day or should be accompanied by the following details.

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

- The security office will arrange for disposal of property held for 3 months or more. Police only notified if items very valuable.

(c) Unclaimed property:

The finder (if a member of the public) may claim unclaimed cash, and non-identifiable valuables, deposited in the Security Lost Property Store after **1 month**, upon production of the original lost/found receipt.

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

(d) Unclaimed property (including deceased patient property)

When a patient is to be discharged, it is the responsibility of the ward staff to ensure that all their personal property is taken home. If an item is found later on the ward, it is the responsibility of the ward staff to identify the patient to whom the article(s) belong and contact them by telephone or in writing. Arrangements should be made to collect the items within 14 days. In order to negate the risk of contravening the patient's right to confidentiality, please ensure you contact the patient using the standard letter template supplied by the Patient Facilities office. The letter should be tailored to suit the situation, such as bereavement or loss.

All cash, valuables and possessions should be lodged with the security with the exception of clothing which should be forwarded to the patient affairs if not collected within 14 days from the ward.

(e) Unclaimed Cash and Valuables

Any cash or valuables left after a patient has been discharged must be handed into the security office **immediately** for safekeeping. The patient should be notified and arrangements made to collect the cash and valuables from the security office.

6.9 Disposal of Property

Cash and valuables will be disposed of after 3 months. Any cash held by the Security department is handed into the Cashiers and paid into Above and Beyond account. Any items of value held by the Security department will be disposed of by the Trust Police Liaison officer. Non-valuable items such as glasses, cuddly toys, etc. will be taken to a local charity shop by Security management.

Clothing, aids and possessions will be disposed of after 6 weeks.

6.10 Reporting Lost or Damaged Property:

Any report of lost or damaged property should be notified to the ward sister /head of department and every effort should be made to recover the items. These actions should be recorded in the patient's case notes.

If the circumstances are considered suspicious, the Trust's Security Manager, Divisional Manager should be notified immediately. Out of hours use the security hotline number.

If the items are not recovered, the loss/damage should be immediately reported on Datix system. The Datix report number should be then recorded on the patient's profile to assist future investigation procedures. The Datix report does not constitute a claim for reimbursement.

If, following a loss, the patient wishes to seek reimbursement for replacing the item, they should be advised that such claims require the claimant to demonstrate that the Trust was responsible for the items that were lost. They should be given a copy of the claim form for completion and return to the ward/department. The claim form is double sided and clearly sets out the information required and the costs that the Trust will consider for reimbursement. All claims have to be considered and approved by the Director of Finance and therefore no guarantee of reimbursement can be given.

Once a completed claim form has been received and it is being considered for reimbursement the ward/department manager involved will be required to report on their investigation into the circumstances surrounding the loss/damage and detail the steps that have been taken to recover the loss. This report should be forwarded to the Divisional Director and including the legal department.

Once this report has been received, consideration will be given to whether the case justifies a reimbursement payment being made. The claimant will be informed of the outcome and the cost of any reimbursement will be charged to the department where the loss/damage occurred.

Note: there is a reimbursement for loss policy providing greater detail on the process for receiving and considering a claim. This can be found on Finweb along with the claim form.

7. Associated Documents

[Safeguarding Patients Joint Policy](#)

[Mental Capacity Act Policy](#)

[Medch M05 Controlled Drugs](#)

8. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy. Please ensure any possible means of monitoring this policy to ensure all parts are fulfilled are included in this table.

Objective	Evidence	Method	Frequency	Responsible	Committee
Compliance with policy	Audit of Lost property forms and Patient Property forms	Audit	Annually Lead of	Privacy and Dignity Group	Privacy and Dignity Group

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9. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	██████████
This document replaces existing documentation:	Yes
Existing documentation will be replaced by:	N/A
This document is to be disseminated to:	All Nursing staff and staff who have face to face contact with patients
Training is required:	Not Applicable
The Training Lead is:	n/a

Additional Comments
[DITP - Additional Comments]

13. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

<http://nww.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
What is the main purpose of the document?	To provide guidance for the management of patient property within the organisation.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	All front line patient facing staff Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		√	
Disability (including physical and sensory impairments, learning disabilities, mental health)		√	
Gender reassignment		√	

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Pregnancy and maternity		√	
Race (includes ethnicity as well as gypsy travelers)		√	
Religion and belief (includes non-belief)		√	
Sex (male and female)		√	
Sexual Orientation (lesbian, gay, bisexual, other)		√	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		√	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		√	

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?		NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		Yes	
Will it help to get rid of discrimination?		No	
Will it help to get rid of harassment?		No	
Will it promote good relations between people from all groups?		No	
Will it promote and protect human rights?		Yes	

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact			Negative Impact		
	Some		NONE		

Is a full equality impact assessment required? NO

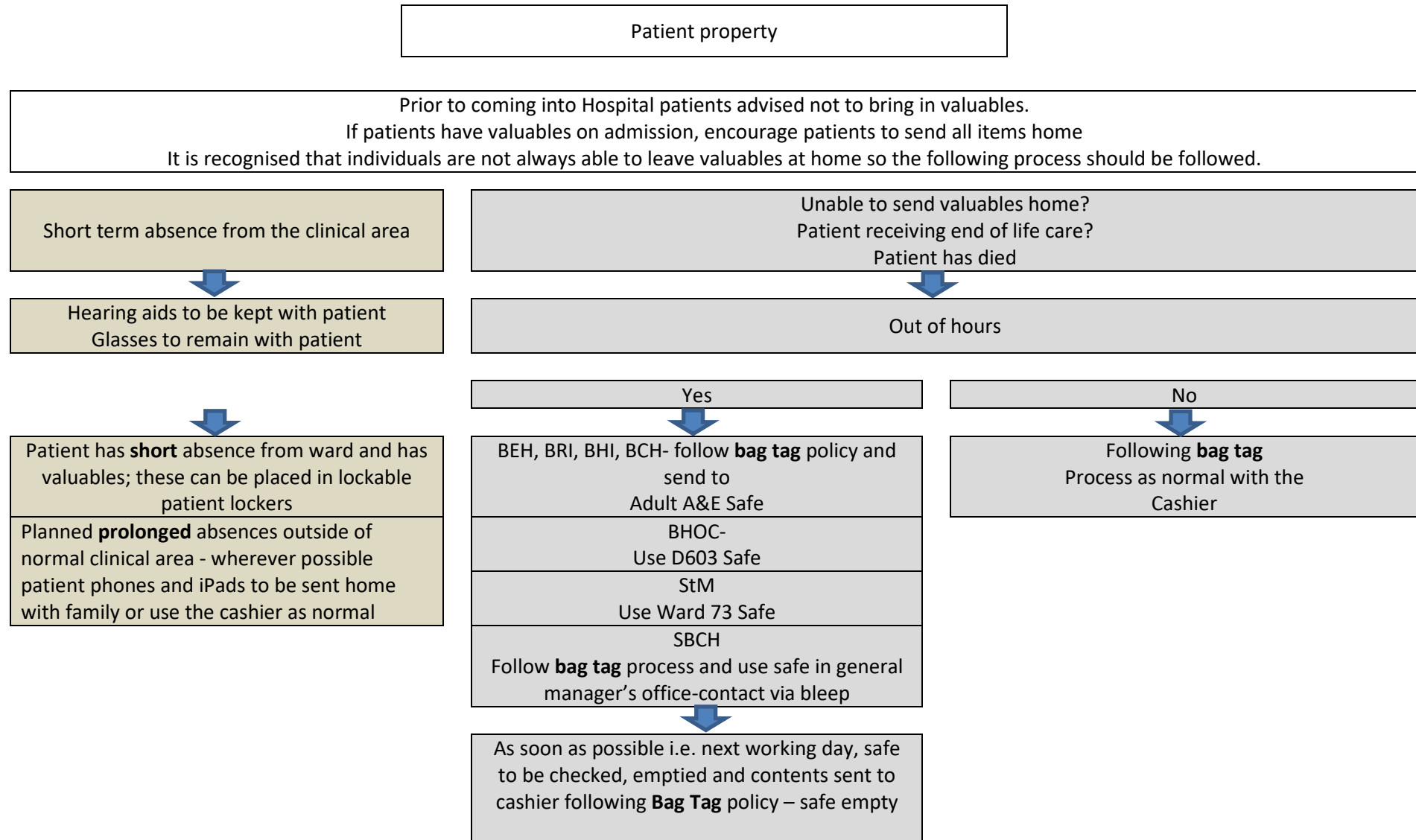
Date assessment completed: 12th August 2019

Person completing the assessment: Head of Midwifery/Nursing

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14. Appendix D – Flow Chart for Safe Storage of Valuables



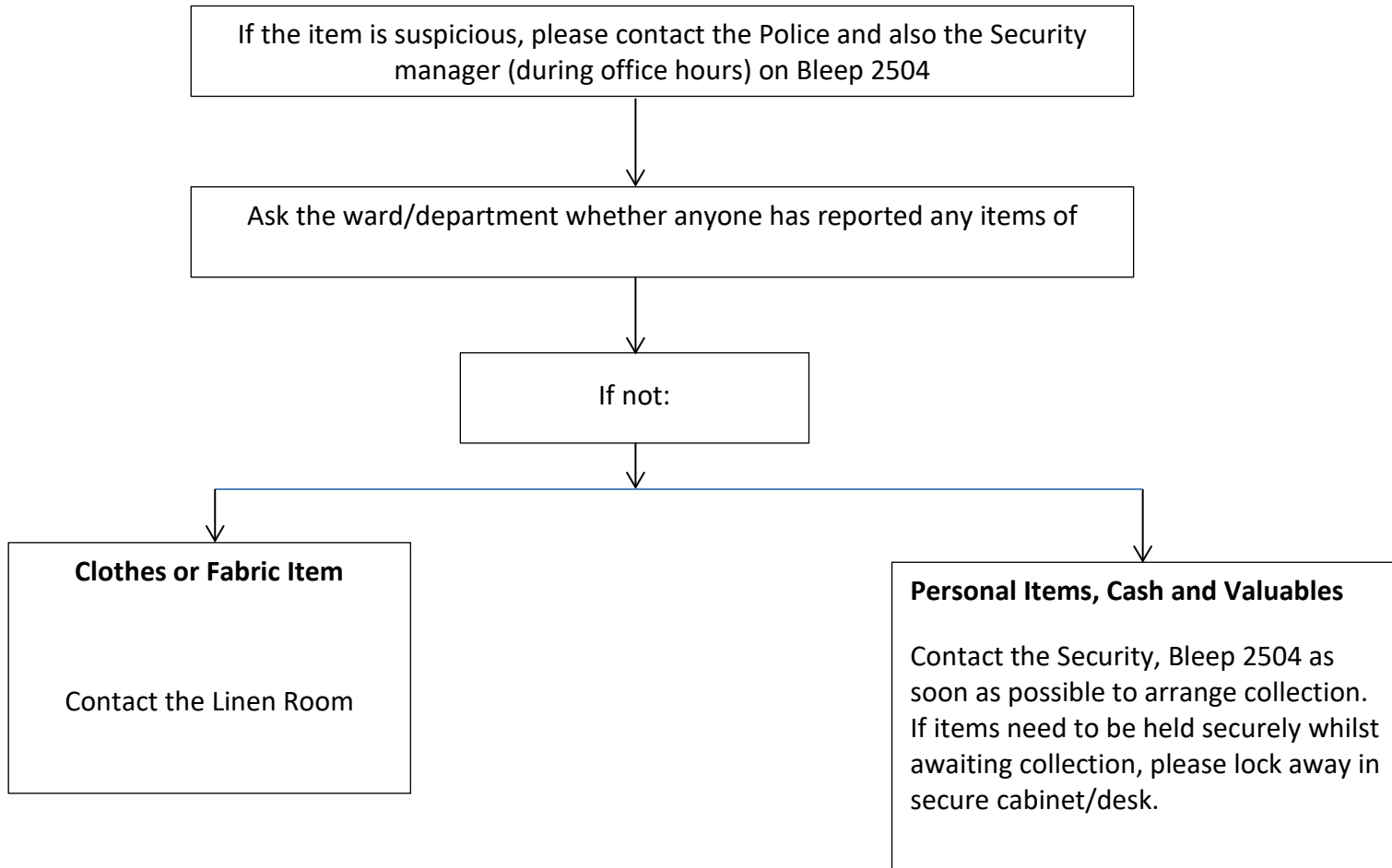
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15. Appendix E – Flow Chart: Procedure for Reporting Lost and Found Property

See Section 6.2 for further information

Found Property



16. Appendix F – Cash and Valuables Procedure

16.1 Admissions and patients who lack the capacity to make a decision about their property

All elective patients should receive written information advising them not to bring large amounts of cash or valuables onto Trust premises and emergency patients on admission must be verbally informed not to keep large amounts of cash and valuables on their possession, once in hospital but to arrange for it to be taken home.

- This should be recorded in the patients nursing notes.
- The Patient Property and disclaimer form should be completed.
- Should any concerns arise concerning the patient's medication, please refer to UH Bristol medicines policy, Prescribing and Administration of Drugs.
- A nurse should assess the patient's ability to be responsible for their cash and valuables. Where the patient is unable to take responsibility, or lacks the capacity to make a decision about the safekeeping of their property, the next of kin may be advised to take all valuable property home, if it has been assessed as safe to do so. The Safeguarding Team can be contacted for further advice if there are concerns relating to potential Financial Abuse.
- Special attention must be given to personal items that the patient needs to keep with them e.g. glasses, hearing aids and dentures, mobile phones and chargers.
- These items **must** be documented in the admission and assessment documentation.
- Where there is no next of kin available or it is thought to be unsafe for the Next of Kin to take cash or valuables home, then the nurses should arrange in accordance with Trust policy for these to be taken to the cashier at the earliest opportunity. Out of hours the valuables/cash can be stored **temporarily** in the safe in :
 - BRI, Eye Hospital, BCH and BHI A and E department.
 - St. Michaels – Ward 73 safe or Delivery Suite Safe.
 - Oncology - ward safe on D603.
 - South Bristol- Safe in the management Office- Contact Bleep Holder.
- The valuables/cash must be bagged and tagged and staff must ensure the patient property disclaimer form is completed.
- When a patient is transferred to a ward within the Trust, the receiving ward must receive and check the patient's belongings with the record of the patient's property in the nursing documentation and patient transfer form.
- Patients should only if necessary be informed of the cash and valuables system.

16.2 Patient Discharges

- When a patient is ready to be discharged and have valuables with the cashier, they must sign their cash and valuables receipt, thereby authorising a member of staff to collect the bag.
- A member of staff will collect the unopened bag from the cashier office and check that the seals correspond.

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- The cash and valuables bag can then be returned to the patient. The patient signs the address care inside the bag to confirm receipt of belongings.

16.3 Patient Transfers

- When a patient is transferred to another hospital the staff should encourage them to send their valuables home.
- If the patient is **UNABLE** to take responsibility / lacks the capacity to make a decision about the safekeeping of their property, for their cash and valuables, notify the cashier office of the hospital where the patient is being transferred.
- The transferring ward must complete the record of patient property forms and list separately the property and aids the patient has kept with them. The receiving area needs to check the Patient Property section of the nursing documentation, transfer/discharge form to ensure all items are held by the patient.

16.4 Return of Cash and Valuables after death

- Where possible, and appropriate, clothing, aids/possessions should be returned to the deceased's representatives by the nursing staff on the ward at the time of death. It is the responsibility of the ward to return all property to the deceased's relatives/representatives (see packing of patient possessions and property guideline).
- All cash and valuables, which have not already been deposited for safekeeping, must be placed in the secured bags by two members of the nursing staff and deposited in the cashiers office or night safe. The procedure for depositing cash and valuables must be followed.
- The patient affairs staff will make the necessary arrangement for cash and valuables to be returned to the patient representatives, where Trust's indemnity form must be signed by the cashier.