

MANAGING PATIENTS' VALUABLES POLICY	Type: Policy Register No: 07003 Status: Public
--	---

Developed in response to:	Requirement of Auditors Standing Financial Instructions
CQC Fundamental Standards:	10, 17

Consulted With:	Post/Committee/Group:	Date:
Angela Wade, Hilary, Bowring, Alison Cuthbertson, Jo Myers	Associate Directors of Nursing	December 2017
Clive Gibson	Adult Safeguarding Named Nurse	December 2017
Simon Robinson	Deputy Manager of Security & Logistics	December 2017
Belinda Butt	Financial Controller	December 2017
John Swanson	Infection Prevention Matron	December 2017
Mark Kidd	RSM, Local Counter Fraud Team	December 2017
Deborah Lepley	Senior Librarian, Warner Library	December 2017

Professionally Approved by:		
Lyn Hinton	Director of Nursing	8 th January 2018

Version Number	4.0
Issuing Directorate	Corporate Nursing
Approved by	Document Ratification Group
Approved on	18 th January 2018
Exec group Sign Off	February/March 2018
Next Review Date	December 2020
Author/Contact for Information	Doug Smale, EPLO and Local Security Management Specialist
Policy to be followed by (target staff)	All Clinical Staff, General Office, Security.
Distribution Method	Trust Intranet & Website
Related Trust Policies (to be read in conjunction with)	04049 Standing Financial Instructions 10121 Privacy and Dignity Policy Security Policy

Document Review History:

Review No:	Reviewed by:	Active Date:
1.1	Louise Hembrough	8 th January 2007
2.0	Chris Craven	28 th October 2010
3.0	Adele Wisbey	November 2014
3.1	Eileen Livingstone - update following review by auditors	January 2015
4.0	Doug Smale	12 February 2018

Contents

- 1. Purpose**
- 2. Scope**
- 3. Equality and Diversity**
- 4. Responsibilities**
- 5. Procedures**
- 6. Breaches**
- 7. Staffing and Training**
- 8. Infection Prevention**
- 9. Monitoring and Auditing**
- 10. Communications and implementation**

- Appendix 1 Disclaimer Form for Patients' Valuables and Cash
- Appendix 2 Losses and Compensation Form
- Appendix 3 Example Patients Details Form from Assessment and Care Plan Document

1.0 Purpose

- 1.1 This policy sets out the process for dealing with patients' property and valuables whilst in hospital, on transfer, discharge or in the event of their death. The safe storage of patients' property is important to the Trust and this policy forms part of an agreed system of control and provides an effective methodology for implementing controls.
- 1.2 Once patients have handed over property to ward nursing staff, the Ward Sister/Charge Nurse is responsible for ensuring that this policy is adhered to and that the appropriate action is taken to ensure safe storage of property and that property is returned to the patient or their relatives.
- 1.3 The correct application of this policy will ensure the safekeeping and integrity of patient valuables. This will also reduce/minimise the liability of the Trust for loss or damage to patient property.

2.0 Scope

- 2.1 This policy applies to all patients admitted to the Trust and all operational staff within the Trust that have contact with patients and their property.

2.2 Definition of Patients' Valuables

- 2.2.1 This is not a definitive list, but the most likely items that would be covered by this policy are:
 - Money
 - Jewellery
 - Watches
 - Bank Cards
 - Cheque books
 - Savings books
 - Phones, laptops or tablets
- 2.3 Terms such as 'gold' and 'silver' must not be used when describing items of jewellery. Descriptions such as 'yellow metal' or 'white metal' must be used instead.
- 2.4 Stones in rings or other jewellery must not be described as 'diamond', 'ruby' etc, but the term 'white stone', 'red stone' must be used instead.

3.0 Equality and Diversity

- 3.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. This includes the safeguarding of any appropriate property.

4.0 Responsibilities

4.1 Director of Nursing

4.1.1 The Director of Nursing is responsible for ensuring that CQC Outcome 10 and 17 relating to patient property and valuables is followed and maintained.

4.2 Associate Directors of Nursing/Matrons /Sisters/Charge Nurses

4.2.1 Associate Directors of Nursing/Matrons /Sisters/Charge Nurses have overall responsibility to ensure that their teams are aware of this policy. Within all ward areas, reconciliation ward safe checks are to be completed daily. Written evidence of these checks must be retained for audit purposes.

4.2.2 Ward Sisters are responsible for ensuring that ward staff are trained to implement this policy.

4.3 Nursing Staff

4.3.1 All nursing staff at all grades are responsible for ensuring that patient property and valuables are kept in the ward or security office safe with clear supporting documentation in the property book.

4.4 Logistics and Security Manager

4.4.1 The Logistics and Security Manager is responsible for the appropriate management of patients' valuables handed into the Security office safe.

4.4.2 The post holder will provide any support and advice that may be required by the Ward Sister/Charge Nurses in the implementation of this policy.

5.0 Procedures

5.1 Pre-admissions Notifications

5.1.1 Patients are advised via pre-admission information 'What to bring into Hospital' that a small amount of money may be brought in to purchase newspapers etc.

5.2 Ward Admissions and Transfers between Wards or Hospitals During or Outside Office Hours

5.2.1 Property and valuables of patients **must** be taken into safe custody if the following occurs:

- Patient dies in hospital
- Patient is dead on arrival at hospital
- Patient is unconscious on arrival at hospital
- Patient lacks mental capacity

5.2.2 If a patient has valuables, ensure two nurses record patient's property in the ward's property book and complete the patient's assessment and care plan document (refer to Appendix 3) when the patient is admitted to the ward. The valuables should be placed in

a patients' valuables envelope by following the procedure documented at paragraph 5.2.8.

5.2.3 If the patient wishes to keep the valuables in a bedside locker, the ward member of staff should explain that the Trust cannot accept responsibility for any losses incurred and ask the patient to sign the property disclaimer form (refer to Appendix 1). If the patient refuses to sign, ward staff must note 'patient refuses to sign' on the disclaimer form. A second member of staff should also act as witness and sign the form.

5.2.4 If the patient decides that their valuables should be kept by the hospital, the maximum value of items/cash that can be kept in the ward safe is £50.00. If over £50.00, a member of ward staff must follow the procedure set out at 5.2.8 below, advising the patient that their property will be held in the security office safe and not the ward safe.

5.2.5 A notice should be placed on the front of the ward safe advising the monetary value limits/types of items than can be held together with a reminder that higher value items and or cash with a value of £50.00 or over, should be taken to the Security Office as detailed at paragraph 5.2.8 below.

5.2.6 On transfer of patients between wards or hospitals, where valuables are already in custody in the Security Office, the receiving ward has responsibility for updating the Security Office and the transferring ward.

5.2.7 Where property is already in custody in the ward safe, the receiving ward must treat it as a new admission and also sign off the transferring ward's book.

5.2.8 If the patient wants valuables to be put into the security safe, the procedure is as follows:

- The ward staff member should ring the porters' help desk on extension 6000 and request the attendance of a porter with a patients' valuables bag
- Two members of ward staff should place the item(s) in the patients' valuables bag, log patient and ward details on the valuables bag and in the property book and ask the patient to sign the property book receipt. The staff members must sign the valuables bag across the seal
- The patients' valuables bag should then be taken by the Porter for safe storage
- The property book should be held securely in a locked drawer, locked filing cabinet or locked room out of plain site. Only one property book should be in use at any one time. New books can be obtained from the Security Office. The issuer must check that the previous book has been completely used. If necessary, two books can overlap for a short period of time to allow for patients to be discharged or transferred

5.2.9 Copies from the property book should be distributed as follows:

White Copy: To be kept by the patient or next-of-kin

Pink Copy: To be kept with the patient's notes

Green Copy: To remain in the property book until signed by Security Office staff and then kept with the valuables

Blue Copy: To remain in the property book

5.3 Ward Admissions and Transfers between Wards or Hospitals – Out of Hours

- 5.3.1 If a patient decides that their valuables should be kept by the hospital, the ward safe should only be used if the valuables are valued at £50.00 or less. If over £50.00, the procedures set out at 5.2.8 above must be followed.
- 5.3.2 A notice should be placed on the front of the ward safe advising the monetary value limits (£50.00) with a reminder that higher value items and cash amounts exceeding £50.00 should be deposited in the Security office in line with trust policy and following the procedures set out at 5.2.8 above.

5.4 Retrieval of Valuables

- 5.4.1 Valuables in custody in the Security Office safe can be returned to the patient at any time.
- 5.4.2 If the patient wants to retrieve valuables from the Security Office safe, the procedure is:
- A member of ward staff should ring the porters' help desk on extension 6000 and request the attendance of a Porter with the security bag holding the patient's property
 - Two members of ward staff must ensure the property bag has not been tampered with and return to the patient unopened
 - The patient must be asked to sign the white copy of the property book confirming receipt of all their property
- 5.4.3 If the patient is discharged without having retrieved their valuables, contact should be made by the ward with the patient or next of kin to arrange collection. If no response is received within three months, the property should be handed over to the police in line with missing property procedures
- 5.4.4 Normally, property should not be handed over by the Trust to third parties without the consent of the patient. Valuables should be retained by the Trust until the patient has recovered sufficiently to give instructions as to their retrieval.
- 5.4.5 If the patient is not able to consent to property being released, and the ward staff have doubts about the person collecting property, they should arrange for it to be stored in safekeeping until eligibility has been confirmed.

5.5 Deceased Patients' Property – During Office Hours

- 5.5.1 If a patient dies during office hours, any personal items listed at paragraph 2.2 above (i.e. money, jewellery, watches, bank cards, cheque books, savings books) should be handled promptly and respectfully following the procedures set out at 5.2.8 above.

5.6 Deceased Patients' Property – Outside Office Hours

- 5.6.1 If a patient dies outside office hours, any personal items listed at paragraph 2.2 above (i.e. money, jewellery, watches, bank cards, cheque books, savings books) should be handled promptly and respectfully following the procedures set out at 5.2.8 above. Patients' clothing should be ward responsibility to take to Bereavement office; however items such as rings/ jewellery on the deceased person should remain and be taken to the mortuary.

5.7 Reconciliation of Safe Content

- 5.7.1 The security office safe must be reconciled twice a day. All logged items are to be accounted for and the inspection logged with the date, time and the name of the member of staff completing the reconciliation.
- 5.7.2 There are two keys to the Security Office safe, one master key and one issued to the designated deputy. Both keys must remain on site and with a responsible duty officer. Whilst only one key will be required to open the safe, a minimum of two persons must be present in the area whilst the safe is in the unlocked position and remain in the area until the safe contents are secured.
- 5.7.3 The safe is to be kept locked at all other times (except when a deposit is made or when a patient requests their belongings).
- 5.7.4 Ward safes must also be checked daily by ward staff and these checks must be documented to provide a clear audit trail. Documents must include the date, time and name of the member of staff completing the reconciliation.

5.8 Special Circumstances

- 5.8.1 In the Emergency Department, patient valuables must be put in a patient property bag and sent to the Security Office for safekeeping following the procedure set out at paragraph 5.2.8
- 5.8.2 Any property required by the police **must** first be listed in the property book. Two staff members must still sign the property book and it must be signed by the police officer removing the property, together with their officer number and station.

5.9 Loss of Patients' Property

- 5.9.1 In the event that property is thought to be lost or stolen, it is the responsibility of the Ward Sister to initiate a full investigation to the alleged loss and, where possible, arrange for the safe return of the property.
- 5.9.2 In the event that the property cannot be found, the Ward Sister will liaise with the budget holder (Deputy Director of Nursing/ Associate Director of Nursing) with regard to possible compensation. A 'Losses and Compensation Form' should be completed for each loss as attached at Appendix 2.
- 5.9.3 Once completed, the form should be sent to the Financial Controls Team to be recorded. If it is agreed that the patient should be compensated for their loss, a payment requisition form should also be completed and sent with the 'Losses and Compensation Form'.
- 5.9.4 A datix form must be completed for all reported lost or stolen items.

6.0 Breaches of Policy

- 6.1 A datix form must be completed for:
- Any breach of this policy that leads to any loss of personal property
 - Any items that are reported stolen

7.0 Staffing and Training

7.1 Locally devised training and induction should exist in all wards. The training is the responsibility of each individual department. This will ensure all new starters are aware of the policy and its application to the area of practice.

8.0 Infection Prevention

8.1 Standard prevention precautions must be followed when handling patient's property.

9.0 Audit and Monitoring

9.1 The following arrangements must be made to monitor the effectiveness of this policy:

- An annual audit will be undertaken by the Trust's auditors to ensure that all patient property and valuables are safe
- Incidents and complaints regarding patient property and valuables will be monitored in line with the Trust's Incident Reporting and Complaints Policies with data available for review at Directorate meetings
- Where the audit highlights deficiencies, actions will be identified and implementation monitored by the Director of Nursing

10.0 Communication and Implementation

This policy will be available on the Trust Internet, and will be emailed by the author to all Sisters for dissemination to their staff.

Appendix 1- Disclaimer Form

Procedure for Dealing with Patient's Valuables

MID ESSEXHOSPITAL SERVICES NHS TRUST

DISCLAIMER FORM FOR PATIENT'S VALUABLES AND CASH

I have, by my own choice, decided to retain the following valuables and cash in my possession:

.....
.....
.....
.....
.....

The Trust has offered to place these items into safe keeping and issue me with a receipt. I do not wish to accept this offer and I fully accept the responsibility for their future security.

Signed:

Date:

Witnessed by: Name:

Signature:

Ward/Department

Date

Appendix 2 – Losses & Compensations Form

LOSSES & SPECIAL PAYMENTS

Category : Ex Gratia Payments – Category 7

Type of case: _____

Register Ref: _____

1. Explain the amount involved and the reason why the case has arisen.

2. Have other options been considered? If not, why not? If advice sought, what recommendations were made and have these been followed? If not, why not?

3. Has appropriate legal advice been sought? If not, why not? If advice has been sought, what recommendations were made and have these been followed? If not, why not?

4. Confirm that the proposed payment does not place the claimant in a better position than if they had not occurred? In cases of hardship record what evidence exists on this?

<p>5. Provide detailed calculations to support the proposed payment.</p>	
<p>6. For settlements on termination of employment, has relevant guidance on such payments been followed in all respects? If not, why not?</p>	
<p>7. For clinical negligence and personal injury cases has relevant guidance for such cases been followed in all respects? If not, why not?</p>	
<p>8. Identify any failings in action of employers, including supervisors. Is there need for disciplinary action? Record action taken or proposed, or if no action taken, explain why. Include names of individuals and positions and dates.</p>	

<p>9. Any breakdown of procedures? Detail weakness or fault in system of control or supervision.</p>	
<p>10. What proposed improvements have been put forward to correct defects in the existing systems or procedures? Include timetable for implementation and monitoring measures introduced to ensure improvements are effective.</p>	
<p>11. Is it necessary to inform Trust Board / Chief Executive? If not, why not?</p>	
<p>12. Is a Board Report required? If so attach report.</p>	

<p>13. Are there any general lessons which can be learned?</p>	
<p>14. Details of name and position of person completing checklist.</p>	<p>Name:</p> <p>Position:</p> <p>Date:</p>
<p>15. I have considered fully each point on this checklist and my findings are recorded in the attached case summary and/or in the spaces above. I confirm that the details recorded above and on the attached case summary are complete and accurate, and that all aspects of the checklist have been properly considered and actioned.</p>	<p>Signed by:</p>
<p>16. I confirm that the above details are complete and accurate and all aspects of the checklist have been properly considered and actioned. I agree that write off of this loss offers the best value for money for this case.</p> <p><i>* Note: Delete as appropriate.</i></p> <p>* This case is not novel, contentious or repercussive. I therefore agree to write off of the loss.</p> <p>* This case is novel, contentious or repercussive and I therefore request formal approval from the Department of Health.</p>	<p>General Manager / Head of Department</p> <p>Name: Signed: Date:</p> <p>Director of Finance</p> <p>Name: Signed: Date:</p> <p>Managing Director</p> <p>Name: Signature: Date:</p>

Completed forms to be returned, with completed Losses & Compensations payment requisition, to Financial Controls Team, MEHT, Finance

Appendix 3 – Example of Patient Information Form Extracted from the Assessment and Care Plan Document

Patient Detail Checks		Yes	No
Has the patient's Next Of Kin contact details and GP been confirmed and updated on Lorenzo?			
Property Disclaimer*			
–I wish to keep responsibility of my own property and valuables. I understand that I do so at my own risk and that in the event of loss and damage to any valuable or cash, the Trust does not accept liability.			
Patient signature	Staff witness-Initial	Date	
		Yes	No
Does the patient have any property required to be handed in for safekeeping?			
Ensure two nurses record patient's property in the ward's property book. Property book receipt number			
Nurse one Initial	Nurse two Initial	Date	
Property in Safe			
Details recorded in property book?			
Property book receipt number			
Valuables in placed in the hospital safe?		Initial	Date
Property been returned to the patient?		Initial	Date
*If the patient has a cognitive impairment - MCA1 to be completed and agreed with Relative where available			
Relative agreement to be made: Any changes to property during hospital stay is the responsibility of the relative to inform ward staff so that documentation can be updated			
Relative signature	Nurse Initial	Date	