

Trust Corporate Policy

Policy for the handling of patient's monies, valuables and property.

Approval	Clinical Board Policy Management Group Finance Committee
Related Policies	Standard operating procedures within Cashiers office.
Distribution	All staff
Author / further information	Jennie Negus Deputy Director of Nursing ext 5932
This policy replaces	Patients Property Procedure for the Wards (April 2005) and Patients Property Procedure for Accident & Emergency Department (April 2005).
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1.0 Summary

- 1.1 Homerton University Hospital NHS Foundation Trust is required to demonstrate that adequate controls are in place to ensure that all patients' monies and property are held securely.

2.0 Introduction

- 2.1 The Board of Directors are required to receive assurance that systems and controls are robust and that policies and procedures can be demonstrated to be implemented. This policy and procedure sets out the steps to be taken by departments to ensure this is so.
- 2.2 Patients and visitors to the hospital and its departments need to be assured that all reasonable steps have been taken to ensure the safety and security of their property whilst they are under our care.
- 2.3 In 2007 an internal audit undertaken by NHS London City Audit Commission highlighted key areas that patients property procedures should address:
 - 2.3.1 Staff responsibilities.
 - 2.3.2 Patient awareness of the rules.
 - 2.3.3 Receipt and recording of patient's monies and property.
 - 2.3.4 Returns of patient's monies and property.
- 2.4 This policy was developed following this recent audit and from two existing Homerton documents: Patients Property Procedure for the Wards (April 2005) and Patients Property Procedure for Accident & Emergency Department (April 2005).
- 2.5 Drafts were circulated for consultation to the distribution list as appended.

3.0 Definitions

- 3.1 Patient monies: this refers to cash belonging to the patient.
- 3.2 Patient valuables: this refers to any item of value and may include for example; jewellery, cheque or pension books, house keys.
- 3.3 Patient property: this refers to general items such as clothing and toiletries.
- 3.4 Patient Property Book: this is controlled stationary which produces triplicate copies; one for the patient, one for the medical notes and one retained in the book.
- 3.5 Disclaimer form: this is a specific form highlighting that the Trust will not accept liability for loss or damage to property not handed in for safekeeping. The patient signs the form and a copy is kept in the medical notes.

4.0 Objectives

- 4.1 To provide guidance to staff in handling patients monies, valuables and property.
- 4.2 To develop clear procedures to ensure any monies, valuables or property received into the Trust is securely held.
- 4.3 To develop clear procedures to ensure that patients who retain monies, valuables or property in their own possession do so at their own risk and that the Trust cannot and will not accept responsibility for any loss or damage.

5.0 Target population

- 5.1 All staff in all patient areas including contracted Medirest and Security staff.

5.2 Cashiers and finance department staff.

6.0 Audience

- 6.1 All staff to be made aware of the steps to be taken through local induction and ongoing training.
- 6.2 All managers to be responsible for ensuring processes and actions are implemented.
- 6.3 Cashiers and security staff to be responsible for highlighting and reporting potential risks.

7.0 Principles

- 7.1 Staff responsibilities.
 - 7.1.1 All staff must be aware of this policy and their **responsibility, authority and accountability therein.**
 - 7.1.2 In the case of compensation claims incomplete documentation can be decisive.
 - 7.1.3 Staff must consider security of patient property if the patient is incapable or unable to make a decision and as such take any such property into safekeeping on their behalf.
 - 7.1.4 Updates and changes to this policy will be communicated to all managers as required and the most up-to date version be made available on the hospital intranet and the Trust website.
- 7.2 Patient awareness.
 - 7.2.1 As part of the elective admissions process patients will be informed in advance via an information leaflet that the Trust will not be held liable for the loss or damage to any property not handed in for safekeeping.
 - 7.2.2 Patients booked to attend for an outpatient procedure or investigation will also be encouraged not to bring any valuables with them
 - 7.2.3 Wards staff will ensure that that if a patient wishes to retain their personal property a disclaimer form is completed (Appendix 3) and a copy retained in the patients notes.
 - 7.2.4 Disclaimer notices will be displayed throughout the Trust in commonly used languages.
 - 7.2.5 This policy and a copy of the information leaflet will be detailed on the Trust website.
- 7.3 Receipt and recording of patient's monies and property.
 - 7.3.1 All staff are required to complete the Patient Property Books accurately ensure all details are completed and a receipt given to the patient. This includes description of the item, accurate counting of monies, forms signed and witnessed and a copy given to the patient as a receipt.
 - 7.3.2 The Cashiers Office has a main safe where patients' valuables can be held. Out of office hours there is a night safe accessed by security staff where items can be deposited.
 - 7.3.3 All wards have a safe; the keys of which are kept with the ward 'drug keys' and thereby always in possession of the ward nursing staff.
 - 7.3.4 Ward safes should be checked weekly to ensure that valuables are not retained for long periods. If there is a likelihood of

- valuables required to be held in safekeeping for more than 2 days then they should be transferred to the Cashiers Office.
- 7.3.5 Any property found to be in relation to discharged or deceased patients should be transferred to the Cashiers Office without delay.
 - 7.3.6 A record of ward safe checks should be maintained.
 - 7.3.7 Property retained for safekeeping that is not returned (e.g. unclaimed, forgotten or patient deceased) should be attempted to be returned and records of such attempts kept.
 - 7.3.8 Unclaimed property of little value left in hospital by patients that is not claimed within a short period (e.g. 4 weeks) can be assumed to have been abandoned and may be disposed of. The Cashiers / property office will deal with this. Ward staff should attempt to contact patient to collect items of clothing which has been left behind. If not collected within a couple of days from the ward then brought to property office.
- 7.4 Return of patient's monies, valuables and property.
- 7.4.1 Cash & valuables held in the ward safe for a short period of time can be returned directly to the patient only if all relevant checks are made and required processes followed.
 - 7.4.2 When returning items from ward safekeeping the patient and staff are required to sign that this has been done on both the ward copy in the Patient Property Book and the patients receipt copy.
 - 7.4.3 The cashiers / property office staff follow their standard operating procedures for returning property and valuables. Once the cashier has signed for the property in the ward property book they have taken responsibly for that property. When the cashiers return items they receive the patient signature on their specific forms and may ask a nurse to witness the return.
- 7.5 The Patients Property Book is controlled stationary and any spoiled sheets should remain in the book endorsed "cancelled". These books are retained for six years following the year of use in the Cashiers/Property Office. New copies are kept in the Sisters' Office or can be obtained from the Cashiers/Property Office

8.0 Practice recommendations

8.1 Ward admission & transfers:

- 8.1.1 On arrival to the ward the admitting nurse, as part of the general admission procedure should check with the patient what property has been brought in. If the patient is able then one nurse and the patient can check and sign for receipt of property.
- 8.1.2 If the patient is unconscious or incapable, two nurses (at least one being a qualified nurse) must be present when the items are handed in. One should enter all the details of property into the Patients Property Book and the other acts as a witness. Staff should ensure all information is legible on the copies of the form.
- 8.1.3 If the patient has been transferred from another ward or department the nurses from both wards should check the patient's property according to the current Patient Property Book entry and agree with the patient (where possible) that all items have been

transferred or that a disclaimer form is still valid. The transferring ward nurse will document in their book that the patient has been transferred and the receiving nurse documents that the patient and his / her property has been received. As not all patients are transferred with an escort nurse the ward nurses at each end of the transfer are required to have a witness or patient signature that they have left one ward with all their property and then is re-checked on arrival at the new ward.

- 8.1.4 If on transfer it is found that documentation is incomplete it is the transferring wards responsibility to ensure that all the patients known property has been handed over and to sign as such.
- 8.1.5 If the patient has monies or valuables that he / she wishes to retain they must be informed that the Trust will not be held liable for the loss of jewellery, cash and valuables not handed in for safe custody and sign the disclaimer form.
- 8.1.6 If the patient refuse to sign the form this must be documented in the signature space. One copy is then left with the patient and one retained in the medical notes.
- 8.1.7 Every patient, without exception should have documentation relating to property. This will either be a completed page in the ward property book or a disclaimer form.**
- 8.1.8 The EPR has fields within the Initial Contact Assessment Form to indicate whether valuables have been taken into safekeeping:

- 8.1.9 On admission, patients should be made aware of the risks of retaining such property and a disclaimer form must be signed with a copy retained in the patient's notes.
- 8.1.10 If the patient has monies or valuables that he / she wishes to be taken into safekeeping then the property book must be completed, ensuring the following:
 - a. The patient's full details are entered including hospital number.

- b. The term “gold”, “silver”, “diamond” etc. must not be used when describing jewellery etc. Instead, the description “yellow metal”, “white metal”, “white stone” must be used.
- c. Two staff, one of which must be a trained nurse, (or one nurse and the patient), then sign the Patients Property Book. All valuables and cash should be placed in the security bag and sealed in the presents of the signatories.
- d. The security bag/ property envelope and completed property book should be taken to the Cashiers/Property Office. Following this, the White copy to be given to patient, or placed in medical notes. Blue copy stays in Property Office with property. Pink remains in the book. Between 16:45 – 09:00 hrs. Blue copy from the Property book is placed in security bag and **cash/valuables only** deposited in the night safe.

8.1.11 Ward and department managers are required to implement local procedures to ensure checks are made with regards to completed Property Book forms or disclaimers. This may be a check undertaken by the responsible nurses or an allocated task to nursing assistants or ward clerks for example.

8.1.12 Ward safes are required to be checked on a weekly basis to ensure relevant items are being stored and that unclaimed items are taken to the cashiers / property office. Records of these checks (Appendix 4) are to be maintained and able to be produced for audit purposes.

8.2 Returning items

8.2.1 When a patient wants some or all of their property returned from the ward safe a member of staff and the patient must sign all copies of the Property Book form stating what has been returned and when.

8.2.2 When a patient needs their property returning from the cashiers / property office, the ward staff should give the (by phone) 24 hours notice, **where possible**.

8.3 Deceased patients

8.3.1 When a patient dies, two staff, (at least one being a qualified nurse) must document all property/valuables in the Patients Property Book.

8.3.2 All items (e.g. wedding ring) must normally be removed from the body. If any jewellery is not removed, this **must** be documented in the Patients Property Book and on the Death Notice.

8.3.3 Valuables should be placed in the security bag or envelope and sealed. All property should be placed in the grey plastic bags, tied and labelled. If more than one bag is used, this should be clearly shown in the Patients Property Book.

8.3.4 Both staff should sign the Patients Property book. The Ward Clerk should then take all property/valuables to the Cashiers/Property Office before 10am the next working day.

8.3.5 When deceased patient’s property is being transferred to the cashiers / property office then medications should first be labelled and returned to pharmacy.

8.3.6 Any soiled items should be double bagged and labelled as ‘soiled’.

8.4 Release of property/valuables to next-of-kin or other Health Professionals e.g. release for home visits

- 8.4.1 If the patient's relatives or next-of-kin wish to take property home and a Disclaimer Form has not been signed, then consent needs to be obtained from the patient. Any items removed by the next-of-kin/relatives should be documented in the Patients Property book and the next-of-kin and patient should sign.
- 8.4.2 Should a health professional require any property such as house keys for a home visit then consent must first be obtained from the patient. Any items removed by the next-of-kin/relatives should be documented in the Patients Property book and the health professional and patient should sign.

8.5 Patients going to theatres

- 8.5.1 Patients should have all valuables documented and locked in the ward safe (as detailed in points 8.16 onwards above) before going to theatre. When the patient returns from theatre and has recovered sufficiently, the valuables can be handed over and the patient must sign the relevant part of the Patients Property Book to clarify their safe return. The patient may wish their items to be retained until discharge.
- 8.5.2 At pre-admission, the nurse is responsible for informing the patient that no valuables, money or credit cards be brought into the unit as the Hospital is not responsible for their safekeeping. Patients will be advised to give their valuables to relatives.
- 8.5.3 All patients at pre-admission will be given a leaflet with the instructions about valuables, money and credit cards.
- 8.5.4 In the day stay unit:
- On the morning of admission, each patient will be given a garment bag for their clothes and shoes. It will be emphasised at this point by the nurse that valuables will not be safe in these bags as they do not have individual locks.
 - All patients' bags will have the patient's name and hospital number on them. This is the responsibility of the nurse admitting the patient. All garment bags will remain with the patient until he/she goes to theatre or Endoscopy.
 - Once the patient has gone for their surgery or procedure, the nurse or healthcare support worker will be responsible for taking the garment bag to the Step-down Area. The garment bag will be securely stored in the designated area. Patients will receive their garments back when they are ready for discharge.
 - Patients and relatives are not permitted to get their garment bags from the designated area. It is the responsibility of the patient to open and remove their belongings. A member of staff returns the empty bag to the designated area.

8.6 Out of hours:

- 8.6.1 Gaining access to the Cashiers/Property Office for patient's property should be for emergencies only. **Please note** property deposited in the night safe or any cash cannot be returned until the office is open. Office hours: Mon-Fri 9.00am – 4.45pm.

8.6.2 To gain access to the Cashiers/Property Office outside normal hours, both the Clinical Site Manager and Security Supervisor need to meet at the office. The Clinical Site Manager holds the swipe card to open the inner air lock doors, and the Security Supervisor has access to the burglar alarm code (this is kept in a sealed envelope in a locked cabinet in the security office). When opened, a report has to be left for Risk Management. Both parties can only enter the office together thus ensuring a high level of security.

8.7 Accident & Emergency

- 8.7.1 Procedures as detailed in sections 8.1 to 8.6 are all applicable for A & E with the following additional considerations and actions:
- 8.7.1.1 Please note the Cashiers are the only people who have the keys to unlock the Blue Security Bag therefore A & E staff must check before placing any house keys in the bag that they are not needed by others, for example a wife/husband/police.
 - 8.7.1.2 A & E have a property bin rather than a safe and as such all retained property of value will be transferred to the cashiers / property office. The property is placed in plastic bags provided. Soiled clothing, if not taken by relatives should be **wrapped separately** and identified as being soiled before being placed with the rest of the property.
 - 8.7.1.3 The property bin is used to store non-valuable property overnight that has been listed, and is then taken to the Cashiers / Property Office the next working day for safekeeping. The department manager is to ensure this is checked regularly.
- 8.7.2 In the case of deceased patients:
- 8.7.2.1 For reasons of establishing legal next-of-kin, property and valuables must not be handed over. The next-of-kin or relative must be directed to the Cashiers/Property Office for collection. However, the Senior Nurse may authorise the release of certain items of patient's property, within their discretion, if, for example, house keys are required by a bone fide next-of-kin/police.
 - 8.7.2.2 Please note on the property form if the death is a BID (brought in dead) or DIC (died in casualty).
 - 8.7.2.3 Any property required by the police **must** first be listed in the property book. Two nurses must still sign the property book and it must be signed by the police officer removing the property, together with their number and station. The nurse in charge or deputy must countersign the officer's signature. This procedure is extremely important because if the police enter the removed property in evidence staff will be required to make a statement, for continuity of evidence.
 - 8.7.2.4 If the property is required for forensic testing it is important that the nurse when removing the clothing,

lays it on plastic bags, separately. If evidence bags are available, each item of clothing will be placed in a separate bag. **Do not seal the bag. The police do this after listing and signing for the property.**

- 8.7.2.5 Any perishable items, which have been brought in to the department, **can be destroyed at the discretion of the nurse in charge.** This procedure must be written in the nursing notes.
- 8.7.2.6 All medications from deceased patients should be bagged and labelled accordingly then sent to pharmacy, via the pharmacy tin.
- 8.7.3 In the case of lost property: any property found in the department for which the owner cannot be identified should be bagged and marked lost property and handed to the Cashiers/Property Office. Ensure it is noted in the A&E communication diary.

8.8 Radiology

- 8.8.1 Radiology operates differently to other clinical areas and is therefore has specific instructions. In-patients attending radiology will be covered by section 8.
- 8.8.2 All patients who need to change into a gown will be provided with a basket to store their property. This basket will be kept with the patient at all times.
- 8.8.3 Patients that remove jewellery for an investigation are encouraged to keep those items with them.
- 8.8.4 If patients are not able to do so, primarily in MRI and no family members are able to keep it for them for the duration of the investigation then staff are to follow section 7.3

List of all staff consulted as part of guideline development

First Consultation

Director of Finance
Chief Executive
Director of Nursing
Site Security Manager
Chief Cashier
Clinical Board

Second consultation

Senior nurses / sisters / charge nurses.
Modern Matrons.
A & E Sisters.
All consultants.
Safety & Security at Work Steering Group.
Clinical Site Managers.
Audit Manager London City Audit Commission

Final Consultation

Clinical Board

**EQUALITIES IMPACT ASSESSMENT
FOR CLINICAL POLICIES AND GUIDELINES**

1. This checklist should be completed to determine if the proposed Policy is relevant to the Trust's duties under its Equalities Schemes.

Policy name: Policy for the handling of patient's monies, valuables and property

Author: Jennie Negus

Designation: Deputy Director of Nursing **Directorate:** Nursing & Quality

Date: April 2008.....

Check	Yes	No
Will the proposed policy involve or have consequences for the patients or staff of the Trust and could these consequences differ according to people's racial group, gender or disability, for example, because they have particular needs, experiences or priorities?		√
Is there any reason to believe that people could be affected differently by the proposed policy, according to their racial group, gender or disability, for example in terms of access to a service, or the ability to take advantage of proposed opportunities?		√
Is there any evidence that any part of the proposed policy could discriminate unlawfully, directly or indirectly, against people from some racial groups, a particular gender or those with a disability?		√
Is there any evidence that people from some racial groups or people with a disability or of a particular gender, may have different expectations of the policy in question?		√
Is the proposed policy likely to affect relations between certain racial groups, gender, or people with a disability, for example it is seen as favouring a particular group or denying opportunities to another?		√
Is the proposed policy likely to damage relations between any particular racial group(s), gender or people with a disability and your authority?		√

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee (Clinical Governance Committee) with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of Corporate Development and/or the Director of HR to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
3. A copy of the completed form should be submitted to the ratifying committee (Clinical Governance Committee) when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.

PATIENTS MONIES, VALUABLES & PROPERTY DISCLAIMER FORM

Homerton University Hospital NHS Foundation Trust cannot accept liability for patients monies, valuables or property that are not deposited for safekeeping.

Homerton University Hospital NHS Foundation Trust will not accept any illegal or unlawful items into safekeeping and should such items be presented staff will inform Security.

This form is to be used for patients who choose to retain any personal items and as such accept personal responsibility for their safekeeping.

I understand that facilities exist within Homerton Hospital for me to deposit any item of personal property for safekeeping and I have been advised to do so.

I confirm that I have chosen not to make use of this facility.

As a result I acknowledge that property I have brought with me into Homerton Hospital remains entirely my own responsibility, and that Homerton University Hospital NHS Foundation Trust staff or its agents shall not be liable for any loss or damage, however caused.

Patient name:.....

Hospital number:.....

Patient signature:.....

Date:.....

This section to be completed by staff:

I confirm that I have given the above patient a full explanation of the property safekeeping facilities within the Trust and that he/she has made an informed decision to retain their personal property.

Staff name:.....

Staff role:..... Ward / department:.....

Date:.....

