

## INPATIENT PROPERTY MANAGEMENT POLICY

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Relevant Staff Groups:	All Trust inpatient staff, finance officers, managers

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**DOCUMENT CONTROL**

<b>Reference Number</b> AS/Aug15/IPMP	<b>Version</b> 3	<b>Status</b> Final	<b>Author</b> Head of Corporate Business
<b>Amendments:</b> New integrated policy in line with NHS Protect national guidance and following survey of property management practices.			
<b>Document objectives:</b> This policy provides an explanation of the legal rights and responsibilities of the Trust, staff and patients in relation to patient property. For the purposes of this document, "property" includes money and any other personal property.			
<b>Intended recipients:</b> All Trust inpatient staff			
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## 1. INTRODUCTION

- 1.1 Patients should expect a safe environment and the assurance their belongings are secure during their stay. The policy sets out the steps to be taken to ensure the secure management of patient property during admission, stay, transfer and discharge from Trust services and facilities.
- 1.2 This policy provides an explanation of the legal rights and responsibilities of the Trust, staff and patients in relation to inpatient property. For the purposes of this document, "property" includes money and any other personal property.
- 1.3 This policy should be read in conjunction with the Trust's policies and protocols on clinical risk assessment, health and safety, searching patients and local procedures.

## 2. PURPOSE AND SCOPE

- 2.1 This policy ensures, as far as reasonably practicable, the safety and security of inpatient property.
- 2.2 This policy applies to all Trust patient services including community hospitals and mental health wards.

## 3. DUTIES AND RESPONSIBILITIES

- 3.1 The **Chief Executive** will ensure the appropriate policies and procedures are in place for the management of patient property. This includes having suitable arrangements in place so that patients are informed before or at admission that the Trust will not accept responsibility or liability for patient property brought onto premises unless it is handed in for safe custody. This will also include the Trust's response in the event of loss or damage to patients' property.
- 3.2 The **Director of Finance and Business Development** is responsible for providing detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patients' property.
- 3.3 The **Director of Governance and Corporate Development acts as the Trust's Security Management Director** is responsible for leading and communicating at Executive Board level on security management to the Trust.
- 3.4 The **Head of Corporate Business** takes forward security management work locally in accordance with national standards, reporting directly to the **Local Security Management Specialist (LSMS)**. The Head works with key colleagues to promote the secure management of patients' property and effectively respond to incidents and breaches in this area.
- 3.5 **Community Hospital Matrons and Ward Managers** are responsible for informing staff, on appointment, of their responsibilities and duties in relation to the administration of patients' property. They are also responsible for ensuring policies and procedures around patients' property are implemented in their ward or hospital. They are responsible for ensuring

staff are aware of the policy and that the policy is implemented within the ward/department.

- 3.6 **Healthcare Professionals**, e.g. nurses, are responsible for making patients and their representatives aware of their rights and responsibilities with regard to their property whilst on Trust premises. They should also make patients aware of the Trust's policies and procedures in relation to patient property. These staff members are also responsible for ensuring all patient property is documented following the correct Trust procedure and in a timely way.
- 3.7 The **Patient Advice and Liaison Service (PALS)** can provide assistance and support to patients in relation to the management of their property by the Trust. This includes providing information about the complaints procedure, assisting with claims for compensation, and liaising with relevant departments to facilitate investigations about missing property.

#### 4. EXPLANATION OF TERMS USED

- 4.1 **Deposited property** is property which is taken into safe custody by the Trust.
- 4.2 **General Office:** not all teams and hospitals have access to a general office and in the absence of a general office valuable items handed in for safe keeping should be held in a ward safe or any other locally agreed suitable locked area specifically for that purpose. The term 'general office' is used through the document for ease of understanding.
- 4.3 A **patient** is anyone who is an inpatient receiving clinical care or treatment within a Trust hospital or patient ward.
- 4.4 **Lost property** can be defined as items found on the Trust's premises, potentially because they have been lost by the owner (member of public, patient, contractor, visitor etc.) during their visit.
- 4.5 **Property** is defined as anything owned by the patient which is of value to the patient. Whilst this definition clearly includes items such as money and jewellery, it is important to remember items owned by the patient may have great personal or sentimental value, and such items also need to be regarded and treated as property under this policy. It is also important to remember items such as clothing, walking aids, books, house keys, dentures, hearing aids and so on are also patient property and can cause considerable distress and inconvenience to the patient and unnecessary additional work and expense for the organisation if lost.
- 4.6 **Record of Patient's Property** refers to the form completed when a patient hands property over for safekeeping and acts as a receipt for the patient (Appendix B). This records property handed in for example, white metal ring, key ring with 4 keys attached, debit cards etc. The **Record of Patient's Property** should also be used to list property on transfer in and out of hospital or on the death of the patient. There is no requirement to list clothing except when a patient dies.
- 4.7 **Undeposited** property is any property patients choose to retain with them and not hand to the Trust for safekeeping.

## **5. GENERAL PRINCIPLES FOR MANAGING PATIENT PROPERTY**

- 5.1 The Trust must take all reasonable steps to ensure patients' property is secure. This will minimise the risk of loss or damage, leading to a better experience of care. It will also help to limit or exclude the Trust's liability if loss or damage does occur.
- 5.2 The Trust will not accept liability for loss of or damage to the patient's property unless it is handed over for safekeeping.
- 5.3 Patients should keep as little property as possible with them on Trust premises. Wherever possible, patients should be encouraged to send their property home with a named relative or carer.
- 5.4 Patients and their relatives/carers should also be informed, at or before admission, that the Trust will not accept responsibility or liability for patients' property brought into its premises, unless it is handed in for safekeeping and a copy of the Patients' Property Record is obtained as a receipt. This should also be recorded in the patient's clinical notes.
- 5.5 Where patients decide to keep property with them, they should be informed again that the Trust will not accept liability for loss of or damage to it, and they should be asked to sign the Trust Patient Property Disclaimer Form (Appendix A) as part of their admission documentation to acknowledge the property is held at their own risk and witnessed by two members of staff, one of whom should be a health care professional. This should also be recorded in the patient's clinical notes.

## **6. MANAGING PATIENT PROPERTY DURING ADMISSION AND STAY**

### **Recording of deposited property**

- 6.1 All wards will use the Trust-approved patients' property book which is controlled stationery (Available from Trust Headquarters). It has pre-printed and sequentially numbered pages, each of which comes in at least three copies. The property book should be the only record kept and used for deposited property, and each ward should use only one book at any given time. When not in use, the book should be stored securely, and it should always be available immediately for inspection by authorised staff.
- 6.2 While checking the property, staff should list it item-by-item on the property book record in the space provided, and provide any additional information that may be of relevance (e.g. where the items will be held in safekeeping). Once the property book record is complete, it should be signed by one of the two members of staff and by the patient. If the patient lacks capacity, both members of staff should sign.
- 6.3 When completing the record in the property book, staff should take care to describe items accurately and not to use terms which could be ambiguous. For example, the terms 'gold', 'silver', or 'diamond' etc. should be avoided, and descriptive terms such as 'yellow metal', 'grey metal' or 'white stone' etc. should be used instead. This is to safeguard against dishonest claims for the loss of expensive jewellery when paste or inexpensive items were

actually deposited. Special precautions should be taken for cash, credit and debit cards; these are highlighted below.

- 6.4 Once the property book record is completed, the three copies should be used as follows:
- one is to be handed to the patient (or their representative if the patient is incapacitated) as a receipt;
  - one to be attached to the property, as explained below;
  - one to be retained in the property book. If it is not possible to hand one of the copies to the patient or their representative, it should be filed in the patient's notes.

### **Storage Facilities for Patients' Property**

- 6.5 Secure storage facilities for deposited patients' property must be available in all Trust inpatient premises and must be suitable for their purpose, placed in a suitable location, sturdy, fixed in position, and lockable. These may be next to the patient's bedside or at a central location within the hospital or ward. Local procedures should be in place around their maintenance, and detailed records should be kept of actions taken. This will assist in protecting the Trust from liability if a patient's property is lost or damaged.

### **Out-of-Hours**

- 6.6 Where appropriate, Trust wards should have access to deposit safes (often called 'night safes' or 'drop-in safes'), to be used by authorised staff in cases where property is handed in out-of-hours and access to the main secure storage is not possible. These should be cleared as soon as possible, and transferred into central storage.

### **Hospital and Ward Safes**

- 6.7 All wards or community hospitals should have a local safe or secure box used exclusively for patients' property which has been taken in for safe custody (this is often known as a 'ward safe').
- 6.8 Access to the safe should be strictly limited to specifically identified and authorised members of staff. The keys should be held at all times by a registered nurse.
- 6.9 The contents of the ward safe should be checked routinely. A safe log book should be used to record the deposit, removal and transfer of any items from or into the ward, as well as the results of routine checks. The matron/ward manager should ensure adequate arrangements are in place for the monitoring of these records, and investigate promptly any discrepancies that emerge.
- 6.10 Controlled drugs cupboards must not be used to store any patients' property.

### **Valuable and non-valuable property**

- 6.11 The distinction between valuable and non-valuable property is sometimes relevant for the secure management of patients' personal belongings. Arrangements for the safekeeping of patients' property by the Trust apply primarily to valuable items, although in some cases it may be required or advisable to provide safe custody of non-valuable items as well (e.g. high risk items such as belts and ties or personal items belonging to a deceased patient).

### **Patients with No Property**

- 6.12 Patients who arrive with no property must still have a Record of Patient Property Form filled out stating that the patient arrived with no property or valuables. This should also include the statement 'NIL CASH'. This should be signed and dated by **TWO** members of staff.

### **Variations to deposited property and full or partial withdrawals**

- 6.13 If the list of deposited items changes for any reason, a new entry must be created in the property book. No attempts should be made to amend an existing entry by adding or removing items as this would give rise to disputes on the legitimacy of the amendments and compromise the whole record and the audit trail.
- 6.14 When a patient asks to withdraw all or part of their property from safekeeping, staff should remind them of the risks of keeping property with them on the premises, and advise them to send the property home if possible.

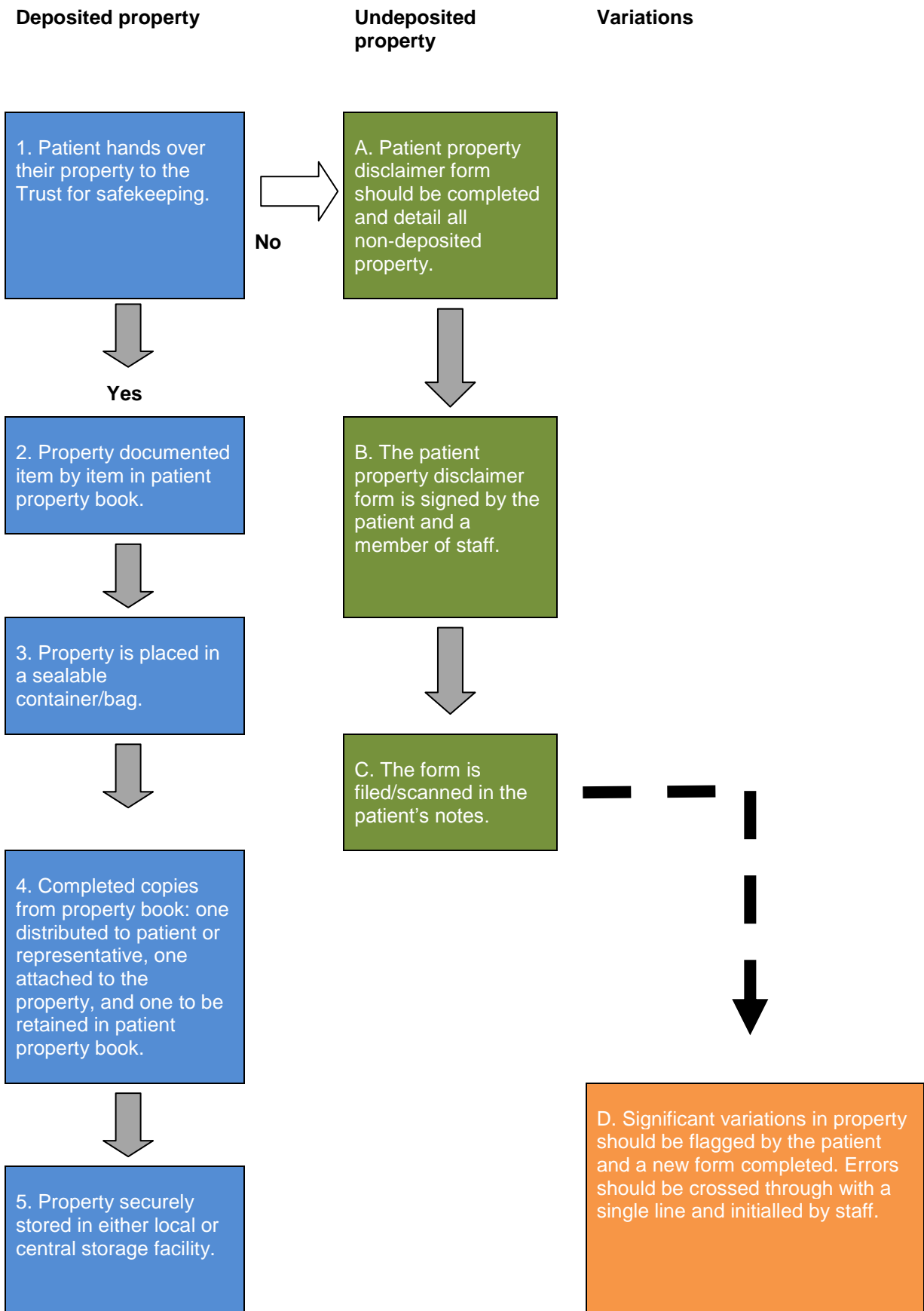
### **Recording of undeposited property**

- 6.15 Some patients may wish to retain certain types of property with them, particularly items necessary for the normal activities of daily living (e.g. spectacles, dentures) or so-called 'comfort' items of limited value (clothing, books).
- 6.16 While not accepting liability for loss of or damage to patients' property, the Trust must take reasonable steps to reduce the risk of loss of or damage to patients' undeposited property, for example by providing a good level of general security on the premises. The Trust provides appropriate storage facilities for patients' belongings whilst on the premises.
- 6.17 To assist the Trust in discharging its obligations in relation to undeposited property effectively, staff must keep a detailed record of this property as well as of deposited property. This should be done using a dedicated form, the **Patient property disclaimer form**. This will also provide evidence to defend against any claims for negligence made by patients or their representatives at a later time.
- 6.18 The patient property disclaimer form normally includes a statement (the disclaimer), which the patient is asked to sign, acknowledging that any property brought onto the Trust's premises and not deposited is held at the patient's own risk. The disclaimer also states the Trust does not accept liability for loss of or damage to any property that is not handed over to it for safekeeping. This is designed to help limit the Trust's liability if any of the undeposited items are lost or damaged.



- 6.19 Where the patient lacks capacity to make decisions on their property, the Trust has an obligation to look after their property, and will take any undeposited property into safe custody (see below). 5.17 All items which the patient retains with them on the NHS organisation's premises should be recorded by a member of staff using the patient property disclaimer form. This should be done, however, after any property that the patient wishes to hand over for safekeeping has been dealt with as previously described. The member of staff recording the undeposited property should be a qualified healthcare professional.
- 6.20 The patient property disclaimer form should contain a detailed, item-by-item list of property retained by the patient. As with deposited property, staff should take care to describe items accurately and not to use terms that could be ambiguous.
- 6.21 Once the patient property disclaimer form has been completed with a full list of undeposited property items, the patient should be asked to sign the disclaimer. The form should then also be signed by two members of staff and filed with the patient notes. If the patient declines to sign the disclaimer, a note of this should be made on the patient property disclaimer form, and the form should be signed by two members of staff.
- 6.22 Figure 1 below outlines the key actions for staff with regard to deposited and undeposited patient property during the admission and stay period.

**Figure 1: Recording patient property flowchart**



## **7. CASH, CREDIT AND DEBIT CARDS**

- 7.1 It is recommended patients hold no more than £20 (TWENTY POUNDS) in cash on the ward. They should be advised of this before their admission where possible. Patients will normally want to have a small amount of cash available for everyday purchases (newspapers and magazines, hairdresser, etc.), but they should be strongly discouraged from bringing or keeping larger sums. Excess cash should be given to relatives/carers to take home or, if this is not possible, handed to the Trust for safekeeping.
- 7.2 Where possible all patients should have access to lockable storage for their cash and valuables which they do not hand in for safe-keeping. This should be provided within their bedrooms or in their bedside lockers. In some Trust hospitals these lockers are not provided. Property is managed in these premises by advising patients to avoid bringing valuable items to the ward and if they do so it is at their own risk.
- 7.3 Patients should also be advised against bringing or keeping with them credit and debit cards or cheque books. These can be used to obtain illegal access to patients' monies. If staff members suspect fraudulent activity involving patients' monies, they should report it to the Matron/Ward Manager and the Trust's Local Counter Fraud Specialist.
- 7.4 Where property handed in for safekeeping includes cash, a separate entry must be made in the Patient Property Book to document the overall amount and note denominations. This is particularly important where large sums of cash are involved. Cash should be counted in front of the patient or their representative (where possible) and they should be invited to sign to confirm the amount handed in for safekeeping.
- 7.5 Staff should never accept sealed envelopes of cash for safekeeping without confirming and checking the contents. This also serves to safeguard against dishonest claims for cash amounts not handed in.
- 7.6 The cash handed in should be put into a sealed envelope, along with a copy of the patient property book entry detailing the amount. The sealed envelope should be signed across the seal by the patient or their representative and a member of staff, or by two members of staff if the patient is unable to do so. The cash receipt should later be cross referenced and attached to the original patient property book entry and a copy given to the patient or their representative at the earliest appropriate opportunity. As an added precaution, the amount taken for safekeeping should be documented in the patient's notes.
- 7.7 Large sums of cash should not be stored locally and should be banked for extra safety using the Trust's agreed financial procedures for handling patients' monies. Every precaution should be taken against loss or theft during their transfer to the bank. Staff transferring the cash may consider a security escort for the transfer.
- 7.8 Repayment to the patient should also be completed using the Trust's financial procedures and this should be recorded in the patient's clinical notes.
- 7.9 Credit and debit cards and cheque books handed in for safekeeping should be put into a sealed envelope and signed across the seal by the patient or

their representative and a member of staff, or by two members of staff if the patient is unable to do so.

## **8. TRANSFERS**

- 8.1 When a patient is transferred to a different unit/area within the Trust, or to another NHS organisation, their property should be covered in the handover between the transferring ward and the receiving ward/organisation as a matter of routine. Procedures followed for deposited property will differ from those followed for undeposited property, as explained below.

### **Deposited property**

- 8.2 If a patient is transferred to a different ward/area, and has property deposited with the Trust, their deposited property and a copy of the property book record should be given to staff at the receiving ward.
- 8.3 If a patient is transferred to a different NHS organisation, their deposited property should be withdrawn according to the procedures followed at discharge (see below). It is important to ensure the transferring ward makes arrangements for this in good time, so that the property can be handed over to staff in the receiving NHS organisation (which may be a patient transport service) at the time of the transfer.

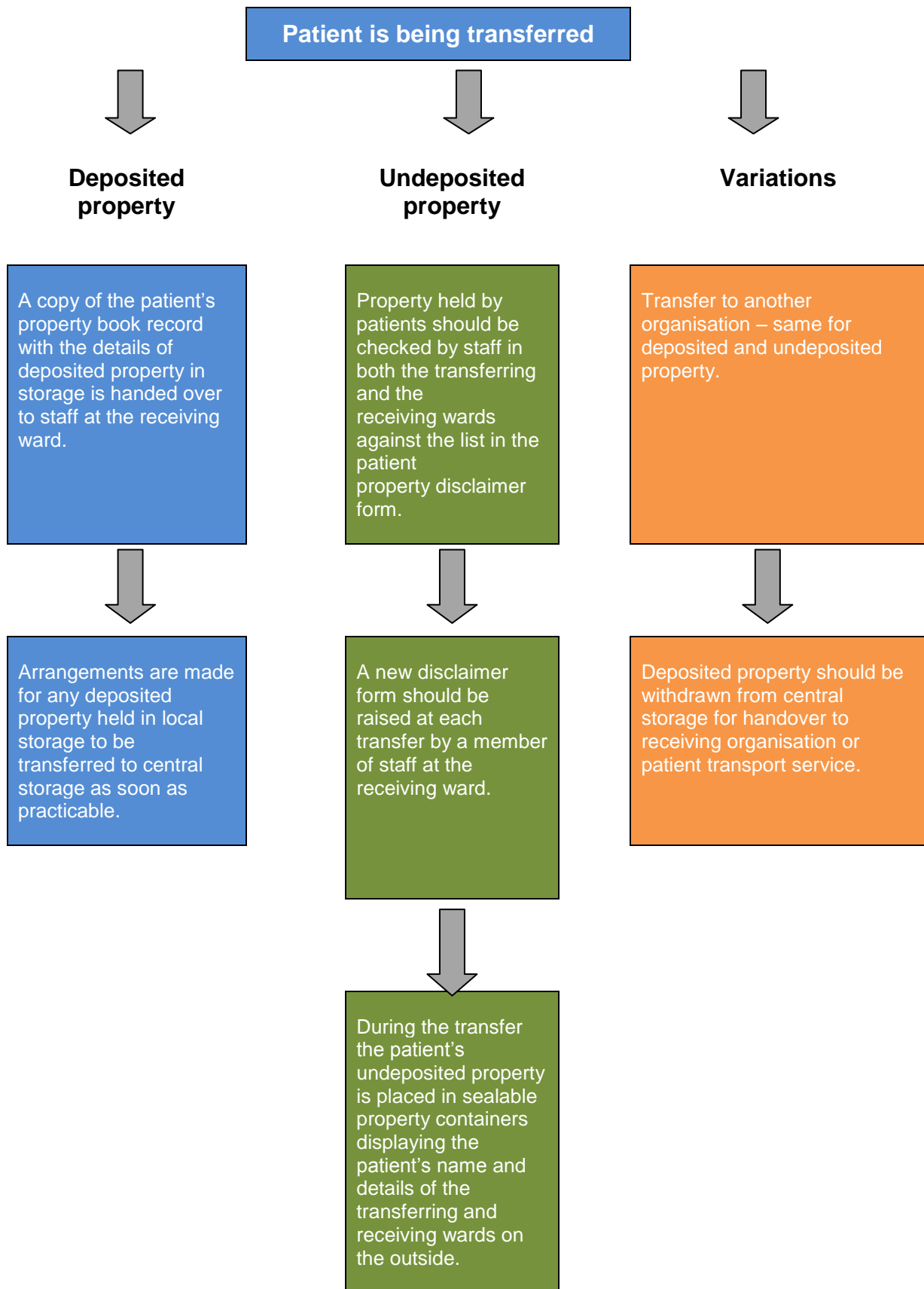
### **Undeposited property**

- 8.4 If a patient is transferred to a different ward/area, property held by them should be checked by staff in both the transferring and the receiving wards against the list in the patient property disclaimer form. Any discrepancies should be highlighted and promptly investigated. Good communication between the two wards will be important for achieving this.
- 8.5 In all cases, the signatures of staff in both the transferring and the receiving wards, and the signature of the patient if possible, should be placed on the patient property disclaimer form.
- 8.6 During transfer, the patient's undeposited property should ideally be placed in sealable property bags, displaying the patient's name and details of the transferring and receiving wards on the outside.
- 8.7 A new disclaimer form should be raised at each transfer by a member of staff at the receiving ward according to the same procedure used for newly admitted patients.

### **Temporary custody of patients' property**

- 8.8 If a patient is temporarily away from the ward for a period of time (e.g. to theatre, or the X-ray department), they should be informed they can hand in for safekeeping any property which they are keeping with them, and they should be encouraged to do so. It is the Trust's responsibility to ensure patients' property is secure when they are temporarily away from the ward.
- 8.9 Where property is taken into temporary custody, the same procedure should be followed as for all items handed over for safekeeping, (e.g. ward safe).

**Figure 2: Patient property transfer flowchart**



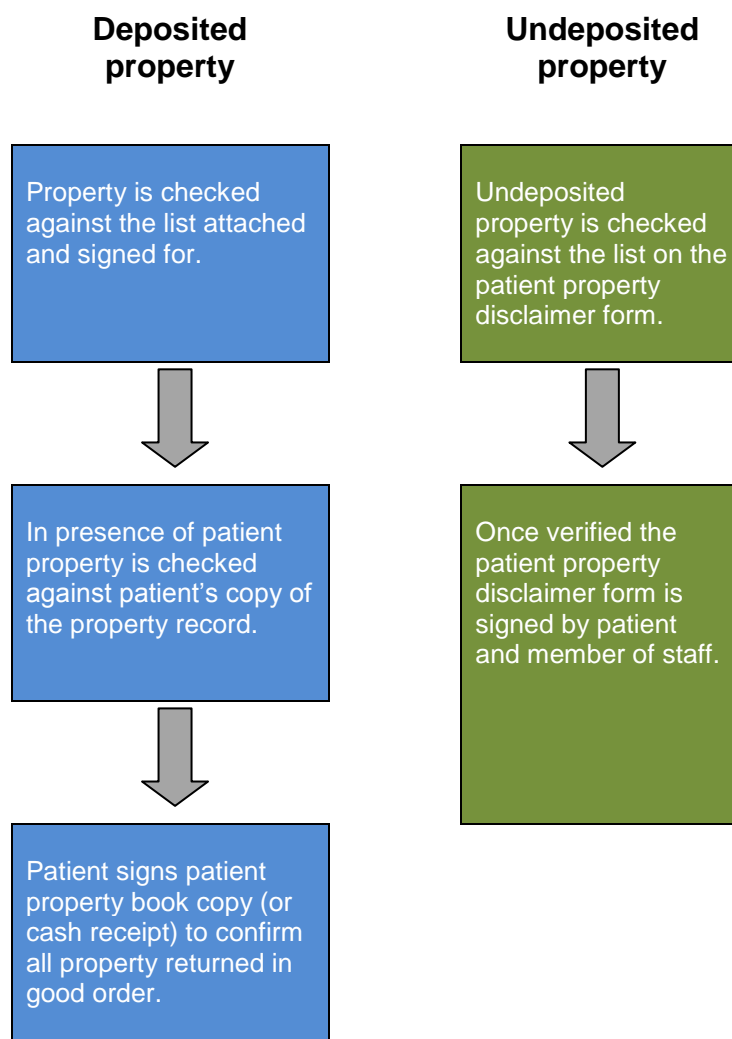
## 9. DISCHARGE

- 9.1 When a patient is discharged from the Trust, any property they have deposited for safekeeping should be returned to them as soon as practicable, following the procedure set out below. If the patient lacks capacity, it will be returned to their representative. Other than in this case, staff should not hand over property to anyone other than the patient without the patient's written consent.
- 9.2 Undeposited property should be checked against the current list on the patient's disclaimer form by a member of staff in the discharging ward, following the procedure set out below.
- 9.3 Staff should ask the patient (or their representative) to produce their copy of the property book entry, as well as their cash receipt if relevant. If applicable, staff should advise patients of the Trust's process for returning any large deposited cash amounts. Staff should carefully check the property against the documents in the presence of the patient or representative, who should then be asked to place a signature on the property book entry (and on the cash receipt if applicable), to confirm that all the property has been returned to them in good order.
- 9.4 A **receipt** signed by the patient or representative, and witnessed by another member of staff, should also be obtained. Three copies of the receipt should be kept, as follows:
- one to be handed to the patient or their representative;
  - one to be handed to the ward manager/matron;
  - one to be retained in the property book. This copy should be stapled to the corresponding entry in the book.
- 9.5 The property book entry, with the receipt attached to it, should be retained by the ward and filed/scanned with the patient notes, and the property returned to the patient or representative.

### **Checks of undeposited property**

- 9.6 When a patient is discharged, a member of staff from the discharging ward should go through their undeposited property with them and check it against the list found on their patient property disclaimer form. Where the patient has been transferred from another ward and the NHS organisation has a policy of raising a new patient property disclaimer form at each transfer, this will be the list found on their current disclaimer form.
- 9.7 Once the property has been checked, the member of staff and the patient should sign the patient property disclaimer form, acknowledging that the list provided on the form is a complete record of the patient's property and that the patient is still in possession of the items in the list at discharge.

**Figure 3: Patient property discharge flowchart**



## **10. PATIENTS WHO LACK CAPACITY**

- 10.1 When a patient lacks capacity to make a decision about their property, staff may have to make the decision in their best interests. This must be done following the requirements of the Mental Capacity Act (MCA) and the related Code of Practice.
- 10.2 Where staff have assessed a patient lacks the capacity to make a decision about their property (e.g. handing certain items to the Trust for safekeeping), they should consider whether everything has been done to help and support the patient to make the decision; and whether the decision needs to be made without delay, and if not, whether it is an option to wait until the person has the capacity to make the decision for himself or herself (e.g. where the patient is under the effect of medication).
- 10.3 If everything has been done to support the patient to make the decision and it is not possible to wait until the patient may regain capacity, then staff should make an assessment of the patient's capacity in relation to the decision. If the patient has been assessed as lacking capacity to make the

decision, then any action taken or decision made must be in their best interests. Staff should refer to the MCA Code of Practice for details on how to make assessments of capacity and take best-interests decisions, and on whether and how records should be made.

- 10.4 Provided certain conditions are met, staff may be protected from liability for carrying out actions in connection with the care and treatment of patients who lack the capacity to consent. The conditions relate to compliance with the principles of the MCA and with requirements around assessments and best-interests decision making. Actions taken by the Trust to protect a patient's property can be considered to be related to their "care and treatment", and may thus be protected from liability. The MCA does not, however, protect staff from liability for negligence. Therefore if the Trust places a patient's property into safe custody in line with the MCA, but then is negligent in handling it, it will still be liable for any loss or damage that occurs.
- 10.5 The most common action the Trust may consider taking in relation to a patient's property when the patient lacks capacity to make a decision with regard to it is taking the property and placing it into safe custody. Before doing so, staff should consider whether there is anyone with authority to make decisions on behalf of the patient, either a holder of a 'property and affairs' Lasting Power of Attorney or a deputy appointed by the Court of Protection. In practice the attorney or deputy will often be a relative or friend of the patient.
- 10.6 If an attorney or deputy is available, they must be consulted on what to do with the patient's property. They should be informed that the Trust will not accept liability for the patient's property unless it is handed over to the Trust for safekeeping. They should be encouraged to remove from Trust premises any property (especially valuables) that the patient does not need, or otherwise to hand it over for safekeeping.
- 10.7 In cases where an attorney or deputy is not immediately available, staff may decide to take part or all of the patient's property into safe custody, if this is in the best interests of the patient. An attorney or deputy will, however, have to be involved in later decisions about the property.
- 10.8 Staff should bear in mind that even where a patient is assessed as lacking capacity to make a decision, they should be involved as fully as possible in the decision. For example, when deciding which of a patient's belongings to remove from their bedside, every effort should be made to consider their wishes and feelings in this regard.
- 10.9 The procedure for taking into safe custody the property of a patient who lacks capacity to decide is much the same as for deposited property generally. Where the patient is not attended by an attorney or deputy, two members of staff will need to place their signatures on the property book. The property will then be placed into safekeeping until the patient regains capacity to decide what should be done with it, or until the property can be given to the attorney or deputy. Where items are handed over for safekeeping by the attorney or deputy, their signature is required in the ward property book wherever it is required for the patient.



- 10.10 Where a patient is discharged and lacks capacity to make a decision about their property, any deposited property should be given to their attorney or deputy, obtaining their signature on the appropriate documentation.
- 10.11 All actions should be fully documented within the patient's clinical record.

## **11. DECEASED PATIENTS**

- 11.1 When a patient dies, the Trust has a duty to look after their property until such time as it can be handed over to the appropriate person(s).
- 11.2 Upon the death of the patient, all of their property that is not already in safe custody should be listed and accounted for using the same procedures as for deposited property. The property should then be placed into sealable containers and kept in secure storage along with the necessary documentation. The property should not be handed over to the patient's representatives until they are available to provide any necessary documentation proving their entitlement to it.
- 11.3 This should be fully recorded within the patient's clinical records.
- 11.4 When the patient's representative presents to collect the property and the relevant documentation proving their entitlement has been checked, they should be given a copy of all forms listing the patient's property, i.e. the property book record for property that was already in the Trust's care when the patient died and any further records subsequently made.
- 11.5 The patient's representative should be asked to sign the property book and/or other records listing the property as well as a form of indemnity (i.e. an undertaking by the person taking the property to reimburse the Trust for any claims which might arise from the rightful owner of the property at a later date).
- 11.6 If at any stage there is doubt as to the patient representative's entitlement to the property, items must be retained in safe custody pending further enquiries.

## **12. MISSING OR DAMAGED PROPERTY**

- 12.1 If a patient's deposited property is reported missing, the staff responsible for its storage should investigate the matter as soon as is practicable immediately. If the property can't be found, or if the circumstances seem suspicious, staff should inform the Trust's Local Security Management Specialist (LSMS), who will start an investigation. In addition, a Datix report should be raised. It is the Trust's responsibility to inform the police if the loss is suspected to have resulted from criminal action.
- 12.2 If a patient's undeposited property is reported missing, the staff responsible for the care of the patient should assist in looking for the property. If the circumstances are suspicious, the LSMS should be informed and a Datix incident report raised. However, it will be the responsibility of the patient or their representative to report the loss to the police if it seems to have resulted from criminal action. The patient or their representative should be reminded that the Trust will not accept liability for loss of the property.

- 12.3 Having an audit trail of patients' property (both deposited and undeposited) from admission is essential in order to make effective enquiries when it goes missing. Staff should seek to identify any discrepancies in the audit trail and try to ascertain their cause. All wards who have been involved in the care of the patient should be contacted to ascertain the whereabouts of the property. Staff making enquiries should pay particular attention to transfers, which sometimes result in property being left behind in local storage or elsewhere during the transfer process.
- 12.4 If a patient's deposited property is reported damaged, staff responsible for its storage should make enquiries as soon as reasonably practicable to ascertain the causes. Patients should be advised of any damage to their property as soon as practicable. A Datix incident report should be raised. If the damage is suspected to have resulted from criminal action, the LSMS and the police should be informed. If the patient's undeposited property is reported damaged, staff responsible for their care should make enquiries and alert the LSMS if criminal action is suspected. They should however remind the patient the Trust will not accept liability for the damage.
- 12.5 The patient or their representative can lodge a complaint for missing or damaged property and make a claim for compensation. Staff should make them aware of the procedures for doing this, and direct them to the PALS Team.

### **13. UNCLAIMED ITEMS/LOST PROPERTY**

- 13.1 Every effort should be made to return unclaimed and lost property to the patient or rightful owner as soon as practicable. This is particularly important in the case of valuable items. If it proves impossible to identify or contact the rightful owner, the property should be retained in safe custody and may be disposed of within appropriate timescales, as set out below.
- 13.2 Any items of unclaimed property that are not already in the Trust's care should be taken into its care in accordance with the normal procedures for deposited property. Once in possession of all the unclaimed items, staff responsible for their storage should write to the patient or their representative asking them to contact the Trust to arrange for collection of their unclaimed property. If the first attempt to make contact fails, all reasonable steps should be taken to make further contact and detailed records kept of these efforts.
- 13.3 Details of property found on Trust premises should be documented in a register. All items of found property should be securely stored either locally or in central storage.
- 13.4 Valuable found items should be transferred to central storage in accordance with the guidance provided in this document.
- 13.5 If efforts to contact the patient or their representative are unsuccessful, valuable items should be kept for a reasonable time before disposal. Based on provisions in the Limitation Act 1980, a period of six years is considered reasonable. However, it is good practice to seek independent advice before disposing of the items, even after six years.

- 13.6 In the case of items of low value, the requirements on the Trust are less stringent. However, any such items left behind by the patient should also be taken into the Trust's care in accordance with the same procedure as for valuable items. Soiled items are an exception as they can be disposed of immediately.
- 13.7 If property of low value is not claimed within a short period of time (usually three months is considered acceptable), it may be assumed to have been abandoned and the Trust can dispose of it as it pleases. The letter written to the patient to arrange for collection of the unclaimed property should also inform them of these timescales. Before any items are disposed of, it is good practice to try to ascertain their value. If there is any doubt about the value of an item, expert advice should be sought.

## **14. TRAINING REQUIREMENTS**

- 14.1 The Trust will work towards all staff being appropriately trained in line with the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- 14.2 No specific training is required for this policy.

## **15. EQUALITY IMPACT ASSESSMENT**

- 15.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **16. COUNTER FRAUD**

- 16.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **17. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **17.1 Monitoring arrangements for compliance and effectiveness**

- Executive Management Team meetings;
- SIRI meetings;
- Health, Safety and Security Management Group will monitor reports

## 17.2 **Responsibilities for conducting the monitoring**

- Best Practice Groups following incidents or complaints.

## 17.3 **Methodology to be used for monitoring**

- DATIX incident reports;
- SRI investigations;
- Complaints monitoring;
- Trust patient property management audit within six months of policy implementation.

## 17.4 **Frequency of monitoring**

## 17.5 **Process for reviewing results and ensuring improvements in performance occur.**

Review of monitoring/audit results by the appropriate Best Practice Groups, who will track any recommendations and report to CSCE

## 18. **RELEVANT CARE QUALITY COMMISSION (CQC) –**

### 18.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the fundamental standards which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 17:	Good governance
Regulation 20:	Duty of candour

### 18.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 11:	General
Regulation 18:	Notification of other incidents

### 18.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

## 19. **REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### 19.1 *Guidance for NHS organisations on the secure management of patients' property* (July 2012): NHS Protect

The Healthcare Financial Management Association (HFMA) : Patients Monies and Belongings (2011)

### 19.2 **Cross reference to other procedural documents**

Human Rights Policy

Code of Practice to the Mental Health Act 1983

Consent and Capacity to Consent Policy  
Mental Health Patient Personal Search Policy  
Medicines Management Policy  
Serious Incidents Requiring Investigation (SIRI) Policy  
Equality and Diversity Policy  
Clinical Assessment & Management of Risk of Harm to Self and Others Policy  
Standing Orders, Scheme of Delegation and Standing Financial Instructions  
Observation while maintaining safety and patient engagement Policy  
Security Policy  
Development & Management of Procedural Documents  
Learning Development and Mandatory Training Policy  
Risk Management Policy and Procedure  
Financial Procedure FP3: Patient Money and Property  
All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

## **20. APPENDICES**

- 20.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.
- Appendix A: - Disclaimer Notice  
Appendix B: - Official record of patient's property

## APPENDIX A

### SOMERSET PARTNERSHIP DISCLAIMER NOTICE

Patient Name:

DOB:

Hospital No:

NHS Number:

Somerset Partnership NHS Foundation Trust will not accept responsibility or any liability for cash, valuables or personal property brought onto the Trust premises (e.g. hospitals) unless they are handed over for safe custody and an official receipt obtained.

VALUABLES ON ADMISSION AND TRUST DISCLAIMER				
Item	Details	Taken Home on Admission	Safekeeping in Hospital	Disclaimer Below
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> By:	<input type="checkbox"/>	<input type="checkbox"/>

I HAVE BEEN OFFERED SAFE-KEEPING FOR MY VALUABLES. I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT AND ACCEPT PERSONAL RESPONSIBILITY FOR THE VALUABLES LISTED IN THE COLUMNS ENTITLED **‘Disclaimer’** ABOVE THAT I WISH TO KEEP IN MY POSSESSION WHILST AN IN-PATIENT. I ALSO ACCEPT PERSONAL RESPONSIBILITY FOR ANY OF MY PERSONAL POSSESSIONS, VALUABLES OR CASH BROUGHT INTO THE HOSPITAL AFTER SIGNING THIS FORM AND NOT HANDED IN FOR SAFE KEEPING.

Patient’s Signature: ..... Date:     /     /

/

Signed on behalf of: ..... Relationship.....

Witnessed by: ..... Title: ..... Date:     /     /

/

(Healthcare Professional)

Somerset Partnership NHS Foundation Trust  
**RECORD OF PATIENT'S PROPERTY**

Patient Name ..... Patient No. ....  
 Hospital ..... Ward .....  
 Admitted from ..... Date .....

New Admission  Patient Transfer  Deceased

**SECTION A PASSED TO GENERAL OFFICE OR HOSPITAL / OUT OF HOURS SAFE**

1. Cash £ 

--	--

 Amount in words .....

2. CREDIT CARDS YES  No. of Cards..... NO   
 (tick as appropriate)

3. **PROPERTY PASSED TO GENERAL OFFICE**

No	Description	No	Description

\* Received Cash and Property, etc, as listed in sections 1,2 & 3 above

Received by ..... (Administrator) Date .....

**SECTION B RETAINED ON WARD BY PATIENT**

4. Cash £ 

--	--

 Amount in words .....

5. CREDIT CARDS YES  No. of Cards..... NO   
 (tick as appropriate)

6. **PROPERTY RETAINED ON WARD**

No	Description	No	Description

\* Received Cash and Property, etc, as listed in sections 1,2,3,4,5 & 6

Received by ..... (Ward Staff) Date .....

Patient/Witness .....

**DISPOSAL CERTIFICATE**

\* Cash, Property, etc, as listed in sections 4,5 & 6 above

Collected by ..... Returned by .....

Relationship to Patient ..... Date .....

\* DELETE AS APPROPRIATE

TOP COPY TO BE RETAINED ON WARD