

DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST
**TRUST POLICY AND PROCEDURES FOR THE HANDLING OF PATIENTS
PROPERTY AND VALUABLES**

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	3.2	July 2011	Jenny Sidle	Review and minor amendments
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Training and Dissemination: Training will be provided from line managers on the correct application of the procedures. Dissemination will be via the Intranet				

To be read in conjunction with:

Trust policy for the Handling of Claims for Ex-Gratia Payments. Version: 1.3. Reference Number COR 2013 040.

Trust policy for Safeguarding Adults. Version 4.3. Reference Number: CL-LP 2011 040. November 2015

Counter Fraud, Bribery and Corruption Policy. Version Number 3. July 2015. Derby Teaching Hospitals NHS Foundation Trust.

Trust policy and procedures for Patient Transfer. Version: 2.10. Reference Number CL-OP 2014 034. October 2014.

Standing Financial Instructions. Derby Hospitals NHS Foundation Trust. October 2014.

Trust Policy and Procedures relating to the Death of an Adult Patient. Version 1.13. Reference Number CL-OP/2009/006.

Internal Audit 360 Assurance. Patient's property and Money. Derby Teaching Hospitals NHS Foundation Trust (July 2015).

The Standard Operating Procedure for Recording of Property for Mortuary patients. (SOP Reference: MORODSOP9).

Trust Policy and Procedures relating to the Death of an Adult Patient. Version 1.13 (May 2016).

Standard Operating Procedure for the Discharge of Adult Patients. Version 1.5. (September 2013).

In Consultation with and date:

Hospital Cashiers at Royal Derby Hospital and London Road Community Hospital: 2016-2017.

Patient Advice & Liaison Service: 2016

Head of Security and Emergency Planning Officer: 2016-2017

Head of Patient Access and information: 2016

Associate Director of Patient Experience and Facilities: 2016-2017

Clinical Manager for compliance in the Radiology Department: 2016

Mortuary Department: 2016

Divisional Nurse Directors: 2016-2017

Matrons: 2016-2017

<p>Ward Managers: 2016</p> <p>Department Managers: 2016</p> <p>Patient Readers Group: December 2016.</p>	
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<p>Approving Executive Signature</p>	<p>Director of Patient Experience & Chief Nurse</p>

TRUST POLICY AND PROCEDURES FOR THE HANDLING OF PATIENTS PROPERTY AND VALUABLES

1. Introduction

This policy has been designed to ensure appropriate measures are in place to ensure the secure management of patient's property and valuables, while also minimising the risk of loss or damage to patient's property and valuables.

2. Purpose and outcomes

In July 2015 an internal audit of patient's property and money (360 Assurance) highlighted the Trust's effectiveness of controls in place in accordance with the Public Sector Internal Audit Standards. The audit clarified the Trust "are able to provide significant assurance that the Trust has an appropriate policy in place, which is generally aligned to the NHS Protect Guidance". The audit also "identified a high level of compliance with policy requirements in relation to property and money handed in for safe – keeping". However the audit also identified areas where local controls had been adopted due to logistical and practical reasons regarding handling of monies and property. The audit also highlighted a lack of understanding of the Trust's existing policy. This policy therefore aims to address these matters (Internal Audit Patient's property and Money; July 2015).

This policy will ensure that an effective internal control system exists for the safe handling and custody of patient's property including cash and valuables including lost property. This policy applies to all patient areas of the Trust including Outpatients; however specific parts of the policy apply to certain situations and not to others as outlined.

The policy applies to all staff employed by the Trust whether they are clinical, non-clinical, contracted or bank staff, employed full time, part time or volunteers.

The Trust has an ongoing programme of work to raise awareness of security measures and security management in order to create a pro-security culture among all staff. This programme is reviewed, evaluated and updated as appropriate to ensure that it remains effective. All NHS Trusts and Foundation Trusts are currently members of the NHS Litigation Authority's clinical negligence scheme.

Security management should be addressed by the Trust and all patients should have access to safe and secure facilities for the storage of their personal property (NHS Standards for Providers: Protect 2016-2017). This should also include patients who are either unconscious or who are found to be lacking in mental capacity (Mental Capacity Act; 2005). All patients including those who die whilst in hospital or whom are transported to the Mortuary from the community should also be protected from the risk of abuse including theft, misappropriation of monies or property (Care Quality Commission: Guidance for Providers on meeting the regulations;2015).

The NHS Protect Quality Assurance Programme comprises of two main processes: assurance and assessment. Both are closely linked to the security management standards set out in this policy.

3. Definitions used:

Property: For the purpose of this policy, property refers to an individual's personal property.

Valuables: For the purpose of this policy, valuables include any item of value (including but not limited to monetary value). This encompasses but is not limited to: cash, jewellery, spectacles, keys, portable electronic devices and credit or debit cards.

Deposited Valuables: These are valuables which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient OR because the patient is incapacitated OR otherwise unable to take care of it.

Undeposited property: This is property which patients retain with them while on the Trust's property.

Controlled stationery: This is stationery which provides official records of actions and transactions, and which acts as an aid to management in the control of a system. The property and valuables books referred to in this policy are all controlled stationery.

Valuables Bags with numbered security seals: These are specifically sourced and brought in to the Trust solely for the purpose of safely storing patient's valuables while they are in the Trust.

Trust: Derby Teaching Hospitals NHS Foundation Trust.

Ex-Gratia payment: A payment made as a gesture of goodwill, which the Trust has no obligation, statutory or legal liability, to make.

Inpatient: An inpatient is a patient who is admitted to a hospital ward within the Trust for either a procedure e.g. surgery or for a treatment of an acute illness or episode which requires hospitalisation.

Outpatient: An outpatient is a patient who attends hospital for either a treatment or procedure to a department in the Trust.

4. Key Responsibilities/Duties

4.1 Cashier: This role includes but is not limited to providing a safekeeping facility for valuables taken into the care of the Trust and performing related administrative functions as per the Trust's policy.

4.2 Director of Patient Experience & Chief Nurse: Executive lead accountable to the Trust Board for ensuring compliance with the policy in all parts of the Trust.

4.3 Ward Managers and/or Departmental Managers:

Will ensure all employees responsible for handling patient property are aware of and comply with the policy.

4.4 Trust Staff: Are responsible where indicated for ensuring:

- Due process as per policy is followed with any patient's property, including valuables, when handled on admission, transfer or discharge, or discovered as lost property.
- Reporting any deficits in returning property including valuables in accordance with the policy.
- Reporting losses to patients OR carer

4.5 Patient Advice & Liaison Service (PALS):

Designated members of staff based in this department provide information regarding the complaints procedure and assist with any claims for compensation and liaise with the relevant departments to facilitate investigations about any missing property. Designated staff based in the PALS department, are responsible for the ordering, issuing and monitoring of controlled stationery used at the Royal Derby Hospital. Designated staff based in the PALS department OR designated member of staff in absence, are also responsible for collecting patient's deposited valuables from the cashier and returning these to individual patients as outlined in this policy.

4.6 Bereavement Officers:

Bereavement officers offer help, advice and support to the relatives and carers of patients who have died whilst in the care of the Trust. The duties of its staff include supporting bereaved relatives. They also liaise with designated staff in the PALS office at the RDH to ensure timely return of a deceased patient's property to the appropriate patient representative according to the Trust's procedures.

4.7 Security Staff:

Their role includes supporting ward/department staff and other relevant staff in fulfilling their responsibilities for the protection of patients' property. All security staff are adequately trained and made aware of security practices and procedures in this area. They should also have access to this policy.

Security Management Director:

In the Trust, the role of Security Management Director is fulfilled by the Director of Patient Experience and the Chief Nurse. They are responsible for leading and communicating at Executive Board level on security management in the Trust. This assists the Trust in meeting its responsibilities under the Secretary of State Directions, NHS commissioning contracts and NHS Protect guidance. The Director of Patient Experience, the Chief Nurse and the Chief Executive all share final responsibility for security management matters in the Trust .

Local Security Management Specialist:

In the Trust, the role of Local Security Management Specialist is fulfilled by the *Head of Security and Emergency Planning Officer*. The assigned person is responsible for ensuring that the Trust complies with Secretary of State Directions and any further guidance from NHS Protect. All incidents of loss where theft is suspected must be reported to the Trust's Local Security Management Specialist.

The Local Counter Fraud Specialist (LCFS):

Every NHS body is required to nominate a person to fulfil this role. The Director of Finance has overall responsibility for monitoring the counter fraud arrangements. However the holder of this role is responsible for individual investigations which include:

- Investigation of internal fraud at the Authority
- Developing an anti-fraud culture throughout the Authority
- Identifying potential fraud
- Providing fraud awareness training to Trust staff

When fraud is suspected (i.e. the documents have been amended or falsified to cover or hide the loss) it must be reported to the Trust's Local Counter Fraud Specialist for investigation.

Divisional Nurse Directors, General Managers, Matrons, Therapy Leads:

Their role is to ensure implementation and compliance of this policy within their areas of responsibility. Also, these staff will be accountable and responsible for ensuring their own practice complies with this policy and for encouraging others to do so. They are also accountable and responsible for ensuring this policy and the associated procedures are implemented and complied with, within their areas of responsibility including, informing new staff of their duties in accordance with this policy and procedures.

5.0 Trust policy and procedures for the handling of patient's property and valuables

Patients admitted to hospital shall be actively discouraged from bringing valuables, cash, and other non-essential items of property with them. Wherever possible, prior to admission to hospital, patients shall be given information regarding the type of property, valuables and cash which they can take into hospital. Patients will also be informed of the facilities which are available for the safe keeping of valuables and cash.

Information regarding the safe storage of patient's property and valuables and the Trust's Disclaimer Notice should be displayed in all clinical areas of the Trust. The Trust's Bedside Folders for inpatients clearly outlines the Trust's policy for Property and Valuables and the facilities available for storing valuables.

The ordering of controlled stationary, valuables bags with a security seal number must be by delegated named staff in the Trust. A record of delivery, distribution and return of completed books should be maintained to enable an audit trail and safeguard against potential fraud. They must also be securely stored in a lockable

cupboard by delegated named staff at a central point.

The following information is accessible on the Public Facing Trust Website: (The website will be signposted on Planned Admission Letters).

PROPERTY & VALUABLES

Please do not bring the following items into Hospital with you:

- Jewellery *
- Large amounts of food
- Mobile phones *
- Large suitcases
- Large sums of money *
- Credit cards, Debit cards, Post Office account card or Cheque Books *
- Plug-in electrical appliances e.g. I pads & PC's *

****If you do bring in these highlighted items they will remain your responsibility AND the Trust will not accept liability for loss of these items unless they are handed in for safekeeping in the hospital safe.***

Nursing staff on your ward will advise you as to your options if you inadvertently bring valuable items with you. **We cannot accept liability for any property or valuables that are lost or damaged unless they have been handed in for safe custody and an official receipt obtained.**

The Trust's policy for returning any large deposited cash amounts i.e. any money over the amount of £100 is to return it to the individual by the issuing of a cheque. The cheque will take between 7-10 days to be issued by the Finance Department and this will be posted to the patient's address. The reason for this is to protect patients who come into the Trust with large amounts of money from being susceptible to fraud or bribery on return of the money.

A small amount of cash for newspapers should be sufficient for your stay; however this will remain your responsibility if not handed in for safe keeping in the hospital safe.

We have only very limited space for clothing and personal property.

5.1 Procedures upon Admission for Adults:

Patients should be assessed by a Registered Nurse/Practitioner on arrival to determine if the patient is capable or incapable of dealing with their own affairs.

5.1:0 Trusts' Patient's Property book:

This is a book which is in triplicate (*Appendix 1*). Flow charts explaining both the procedure for completing entries in the Property Book and management of patient's property when they are Admitted, Transferred, Discharged AND Deceased will be printed on the inside cover of the Property Book (*Appendix 2*).

The Nurse or member of ward staff completing the form will be signposted to check that the Mental Capacity & Advance Care Planning and Indemnity sections of the Nursing Patient Admission document have been completed. If not then the Registered Nurse/Practitioner or Midwife is directed to complete this to clarify if the patient does or does not have Mental Capacity.

If the Property Book is being completed by a member of ward staff who is not a Registered Nurse/Practitioner or Midwife, then they are answerable if they do not address this with a Registered Nurse/Practitioner or Midwife to ensure the patient has been assessed.

5.1:1 Inpatients Who Lack Mental Capacity:

Any patient who is unable to take responsibility for his / her property and / or valuables will have their property and valuables taken into safe custody by the Ward / Department on behalf of the Trust. If the patient is confused or lacks capacity on admission, the Registered Nurse/Practitioner should discuss the safekeeping of the property with the Next of Kin. *Any decision taken on behalf of the patient must be in the patient's best interest and clearly documented in the nursing record. In case of doubt, reference should be made to the Mental Capacity Act 2005. For the purposes of this policy, the Mental Capacity & Advanced Care Planning section of the Patient Admission Document will be used as evidence that the patient does / does not have capacity.*

5.1:1:1 Lasting Power of Attorney:

Patients who have previously anticipated incapacity or foreseen they may require assistance during illness may have granted a Power of Attorney to another adult. However, this power is revoked if the patient becomes mentally incompetent.

If a Power of Attorney 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 the premises any property (especially valuables) that the patient does not need, or otherwise to hand it over for safekeeping.

In cases where a Power of Attorney is not immediately available, staff may decide to take the patient's valuables into safe custody using the ward safe as outlined in section 5.3, when this is in the best interests of the patient. A Power of Attorney or deputy will however have to be involved in later decisions about the property.

5.1:1:3 Lack of Mental Capacity due to a patient being either medically unwell, in a coma or due to the effects of medication:

If a patient lacks Mental Capacity to make a decision about their property due to being either unwell, unconscious, in a coma or due to the effects of medication during their stay in the Trust, the ward staff should place any valuables they may have in to the ward safe in the patient's best interests following the procedure outlined in section 5.3. Valuables should then be automatically transferred into the Hospital Cashier's safe for long term safekeeping as outlined in section 5.4 of this policy.

Any property should initially be safely stored on the ward /Department in a labelled Property Bag and the procedure followed as outlined in section 5.1:1.7 of this policy until the patient is able to make a decision themselves about their property.

The Registered Nurse/Practitioner should ensure that it is clearly documented in the patient's nursing records that these actions have been taken in the patient's best interests.

5.1:1:4 When a patient regains Mental Capacity they should be informed if any valuables were deposited in the ward /Hospital Cashier's safe. The patient should be strongly advised to either send their valuables home with a relative or alternatively that the deposited valuables should remain in the Hospital safe until their discharge.

If the patient wants their valuables to be returned to them, the ward staff should reinforce that they will be responsible, and the patient should sign the indemnity in the Patient Admission Document in the Residency Status & Property section if this has not previously been completed.

Also, a new entry should be completed in the Property Book as outlined in section 5.1:1:8 of this policy, therefore ensuring the patient has signed the indemnity if they are retaining their property/valuables.

5.1:1:5 Should a patient die their deposited valuables and property should be returned to the patient's next of kin or relatives after following the procedures outlined in sections 5.8:2, 5.8:3, 5.8:4 and 5.8:5 of this policy.

5.1:1:6 Nursing staff MUST inform all patients OR their Next of Kin OR their Power of Attorney (if applicable) that they are responsible for their personal clothing while in hospital and if they lose any clothing they will be unable to claim any compensation in accordance with the Trust's policy for the Handling of claims for ex-gratia payments (March 2016).

5.1:1:7 When an inpatient does not have Mental Capacity the following needs to be addressed and completed in the Property Book (Appendix 1):

If patient does not have capacity, the following needs to be completed:

Relative/Carer or Power of Attorney advised to take valuables home: Yes OR No.

Procedure for storage and retrieval of valuables explained to relative/carers OR Power of Attorney: Yes OR No.

Property/Valuables retained by patient: please tick below any items the patient has retained.

Items of property should be ticked accordingly in the allocated section in the Property Book **AND** any other items added when appropriate. Both the member of staff completing the form **AND** the witness should both sign and print their name

in the allocated section.

5.1:1:8 When an inpatient has Mental Capacity:

Patients shall be informed before or at admission/attendance at the Trust by Disclaimer notices, the Public Facing Trust Website and verbally that **the Trust will not accept responsibility or liability for a patient's valuables or property brought into the premises unless it is handed in for safe custody.**

Nursing staff **MUST** proactively ask the patient if they have any valuables in their possession. **The patient shall be advised of the Trust's preference of individual patients sending any items home with their next of kin.**

5.1:1:9 A record of the advice given to the patient regarding the retention of cash and valuables should be recorded in the patients nursing records. This information should **also** be recorded in the **Patient Admission Document** in the **Residency Status & Property section**. If a patient chooses not to follow this advice this should be documented in the nursing records. If the patient is not prepared to sign the indemnity section, this fact should be noted and recorded by the Registered Nurse/Practitioner in the patient's nursing records.

5.2 Property Book:

Property Books must be safely stored in wards and Departments.

5.2:1 The **Indemnity section** is to be completed and to be circled accordingly regarding property and or valuables (*Appendix 1*). **Any property retained by the patient should be listed on the property form appropriately.** Also the patient must sign and print their name in the section stating:

I understand that the trust will not accept liability for loss to property as listed above which I retain in my possession and any further items brought into the trust.

This section must also be signed by the Nurse or Member of Ward Staff completing the form.

The completed *Top (white) sheet copy* of the Property Book should be given to the patient or the Next of Kin OR the Power of Attorney when applicable.

5.2:2 The completed *Middle (Pink) sheet copy* of the Property Book should remain in *the* Property Book. **(This sheet is to be used when the patient is Transferred, Discharged or Deceased).**

The completed *Bottom (Green) sheet copy* of the Property Book should remain in the Property Book.

5.3 Procedures for receiving valuables from inpatients:

Ward safes

Wards fitted with safes should use these. However it is important that no valuables are kept in the ward safes for more than a period of twenty four hours.

However at weekends and Bank Holidays the Hospital Cashier's Office is closed. **Any valuables placed in the ward safe at the weekend/Bank Holiday should be transferred to the Night Safe as explained in section 5.4:3 of this policy.**

The **Valuables Book** (*Appendix 3*) once started should always be locked away securely and remain in the ward safe when not being used. **Only one Valuables Book should be used at a time.** Numbered seals/tags must be stored in the ward/Department safe. **Guidance for the handling of ward safes and their keys are outlined in Appendix 4.**

A **Register of valuables bags with a security seal number** should be maintained by a delegated person to ensure there is an audit trail and to reduce the risk of fraud (*Appendix 5*).

Flow charts explaining both the procedures for completing entries in the Valuables Book and the management of patient's valuables will be printed on the inside cover of the Valuables Book (*Appendix 6*).

5.3:1 The ward safe can however be used for storing patient's valuables while they leave the ward area to have e.g. a surgical operation/procedure, scan or X-ray as long as the valuables are entered into the Valuables Book as outlined in section 5.3:4, 5.3:5, 5.3:6 and returned to the patient as outlined in sections 5.5:4,5.5:5 and 5.5:6.

5.3:2 Trust's policy for returning any large deposited cash amounts When applicable, all Trust staff should advise patients OR their Next of Kin/Power of Attorney or carer of the Trust's policy for returning any large deposited cash amounts i.e. any money over the amount of £100 will be returned by the issuing of a cheque. The cheque will take between 7-10 days to be issued by the Finance Department and this will be posted to the patient's address. The rationale for this is to protect patients who come into the Trust with large amounts of money from being susceptible to fraud or bribery on return of the money (NHS Protect 2016 - 17).

5.3:3 Opening times of the Hospital Cashier's Office: All Trust staff should inform the patient or their representative of the Opening times of the Hospital Cashier's Office at their particular site i.e. :-

- **Royal Derby Hospital** – Monday to Friday (9am – 4.30 pm).
- **London Road Community Hospital** - Monday to Friday (9am – 4.15

pm). This information is also included in Patient's Bedside Folders.

5.3:4 Procedures for receiving valuables from inpatients: A Registered Nurse or Practitioner should enter the items to be placed in to the ward safe into the Valuables Book (*Appendix 3*) in the presence of a second staff member who shall sign as a witness. Wherever possible this should be carried out in the presence of

the patient OR Next of kin OR Power of Attorney, who should sign the valuables book acknowledging their valuables (as listed) have been taken for safe storage and placed in the safe. This is to protect staff in the event of dispute. The same two members of staff shall countersign any alterations.

5.3:5 When completing the record in the Valuables Book, staff should take care to describe items accurately and not to use terms that could be ambiguous. An example would be NOT to use the terms “Gold” or “Silver” OR “Ruby” and instead to use descriptive terms such as “yellow metal”, “grey metal” or “Red stone”. When cash is being entered into the Valuables Book, staff should also take care to document the note denominations.

5.3:6 Valuables should be placed into a valuables bag (specifically for this purpose) and sealed using a seal/numbered tag in the presence of both of these members of staff and the patient OR carer/Next of Kin OR Power of Attorney. The valuables bag will then be placed in to the ward safe and locked also in the presence of both of the relevant members of staff who have completed the valuables book. The Valuables Book is in triplicate and the *Top (white) sheet copy* should be given to the patient or the Next of Kin OR the Power of Attorney if applicable. The *middle (pink) sheet copy* should stay in the valuables book until it is transferred to the Cashier. The *Bottom (Green) sheet copy* should remain in the Valuables Book.

5.3:7 When a patient does not have capacity (and does not have any one with them) then the *Top (white) sheet copy* should remain attached securely in the Valuables Book until the patient is able to take responsibility themselves, OR to await the arrival of the Next of Kin OR Power of Attorney.

5.3:8 Maternity wards

The Trust’s disclaimer regarding patient’s property and valuables is explained and reinforced when the woman first meets her midwife in the community or on admission to hospital. The woman is asked to sign the indemnity in the section in her hand held notes. **If she refuses to sign, then this should be recorded accordingly in her midwifery notes.**

Due to the rapid turnover of admission of the majority of mum’s and their babies, **valuables will only be stored in the ward safe** as it would not be practical to send them to the Hospital cashier’s safe. The process for this is as outlined in section 5.3:1.

5.3:9 Paediatric wards and the Paediatric Emergency Department.

The parents or guardians of children or babies should be asked to sign the indemnity regarding the Trust’s disclaimer in the appropriate Paediatric Admission booklet after being explained to by the admitting Registered Children’s Nurse/Practitioner. **If the child’s parents or guardian refuses to sign the Trust’s indemnity then this should be recorded in the child’s nursing record.**

Any valuables can be transferred to the ward safe situated in Puffin ward following the policy as outlined in section 5.3. Valuables can also be transferred to and from

the Hospital Cashier's safe if applicable as outlined in sections 5.4 and 5.5. **However the child's parent or guardian will be asked to sign the Valuables Book due to children not having the Mental Capacity to do so.**

5.3:10 Neonatal Intensive Care Unit (NICU)

Parents or Guardians of babies are told verbally that **the Trust will not accept responsibility or liability for any valuables or property brought into the premises unless it is handed in for safe custody.** They are asked to sign the indemnity in the Admissions Discharge Pathway Booklet regarding the Trust's disclaimer. **If the baby's parents or guardians refuse to sign the Trust's indemnity then this should be recorded in the baby's nursing record.**

5.3:11 Surgical Day Case Units and Endoscopy

These areas are fitted with patients' lockers which have individual keys to enable outpatients to safely store their belongings while they have their surgery/procedures. Indemnity regarding patient's property is addressed in the Integrated Care Pathway for Adults Day/23 hour surgery booklets in the surgical day case units. In the Endoscopy Department Indemnity regarding patient's property is addressed in the Endoscopy Admission Document.

Patients are initially advised at their outpatient appointment/clerking appointment not to bring valuables with them when they come to hospital for their surgery/procedure, and this is reinforced in the written information provided. When they attend, the Indemnity regarding patient's property is explained and completed by the Registered Nurse or Practitioner clerking the patient.

The Ophthalmology Day Case Unit is fitted with a department safe to enable patients to deposit their valuables while having their surgery. The process for this is as outlined in section 5.3:1.

5.3:12 X-Ray, Diagnostic Fluoroscopy, and CT Scanning Departments

All outpatients are advised not to bring valuables with them when attending. Patients are provided with either a basket or a property bag in which to place their property. Patients keep these with them at all times in the department until leaving. If a patient has any jewellery which will show up in their images they will be asked to remove it and retain possession of it.

Inpatients have the option of depositing their valuables, e.g. jewellery, in the ward/department safe prior to attending the department as per this policy. If a patient has any jewellery which will show up in their images they will be asked to remove it and retain possession of it.

5.3:13 MRI scanning Departments

All outpatients are advised not to bring valuables with them when attending. Patients get changed outside the MRI suite and are provided with a property bag, which is then placed in a locker (the locker is locked with a non-ferrous key).

Patients are then able to hang up their individual non-ferrous key in a position at the end of the MRI scanning room (which is in line with their vision while they are in the MRI scanner).

5.3:14 Interventional Radiology

Inpatients have the option of depositing their valuables e.g. jewellery in the ward/department safe prior to attending the department as per this policy. If a patient has any jewellery which will show up in their images they will be asked to remove it and retain possession of it.

Day Case patients have access to patients' lockers which have individual keys to enable them to safely store their belongings while they have their procedure.

All outpatients are advised not to bring valuables with them when attending. This department is fitted with a Department safe to enable patients to deposit any valuables, while having their procedure. The process for this is as outlined in section 5.3:1.

Department staff should make outpatients aware of the facilities for storing their valuables when attending and reinforce that the Trust accepts no responsibility for patient's valuables unless they are handed in for safe keeping in the department's safe.

When outpatients attend, the Indemnity regarding patient's property is explained when they are clerked by a member of department staff. They will then be asked to sign the Indemnity section in the new Patient Care Pathway Document for Interventional Radiology Procedure,

5.3:15 Accident and Emergency Department and the Medical Assessment Unit:

Wherever possible, patients and/or their Next of Kin (prior to admission to hospital) should be given information regarding the type of property, valuables and cash which they can take into hospital as outlined in section 5.0. **This is reinforced in the Trust's disclaimer notices displayed in these areas.**

5.3:15.1 Wherever possible, all patients who are admitted should be assessed by a Registered Nurse/Practitioner to determine if the patient is capable or incapable of dealing with their own affairs.

The procedure for addressing a patient's property and valuables should be followed as outlined in the section of this policy: Procedures upon Admission for Adults from 5.0 to 5.3:7. The Flow charts in both the Property Book AND the Valuables Book can be used to facilitate this process.

5.3:15.2 Members of department/unit staff should reinforce that the Trust accepts no responsibility for patient's valuables unless they are handed in for safe keeping in the department/Unit safe. **The procedure for addressing a patient's valuables should be followed as outlined in the section of this policy: Procedures for receiving valuables from inpatients 5.3 to 5.3:7.**

5.3:15.3 Patients should be informed of the facilities which are available for the safe keeping of valuables and cash. Both of these areas have a safe which can be used for storing any valuables.

In the **Accident and Emergency Department** the Department safe is situated in the middle of the Majors room and this is placed under close circuit television surveillance. The **Medical Assessment Unit** has a Unit safe situated in a secure room as outlined in Appendix 4.

The safes can be used for depositing any valuables e.g. if the patient has no one with them to take their valuables home or if they do not have mental capacity. **Any valuables deposited in the Department /Unit safe should be transferred to the Hospital Cashiers safe within 24 hours as outlined in section 5.3 and 5.4.**

5.4 Transfer of inpatient's valuables to the Cashier's safe:

The Registered Nurse/Practitioner or nominated other shall take the valuables and the patients' Valuables Book (*Appendix 3*) to the Hospital Cashier as soon as possible. *Where cash is in excess of £100 or items, which could be of a high value e.g. mobile phones, portable electrical and IT equipment are to be transported then a second person must accompany the individual transporting the cash/valuable items.* **Ward staff can always request the assistance of security staff to be the second person in this instance.**

5.4:1 The Hospital Cashier or Deputy will receive the sealed valuables bag and must check the seal is intact and sign acceptance in the Valuables Book with the date and time transferred in to the hospital safe on the *Middle (Pink) sheet copy* which will automatically carbon on to the *Bottom (Green) sheet copy*. The staff member handing over the valuables bag should also sign on the same sheet. The *Bottom (Green) sheet copy* is to remain in the valuables book and the *Middle (Pink) sheet copy* of the Valuables Book is to remain with the valuables bag in the cashier's safe until collected.

5.4:2 The Cashier or Deputy must record all valuables placed into the cashiers' safe into the Patients Property Register, which is an auditable log, (which is kept in the cashier's safe). The data recorded is: Date, Seal Number on valuables bag, Patient's name, and the ward the patient is currently on.

The Registered Nurse/Practitioner should document in the patient's nursing records that the patient has had their valuables deposited in the Hospital Cashier's safe. If cash has been deposited the amount taken for deposit should be documented in the patient's nursing record as an added precaution.

5.4:3 Transfer of Valuables deposited into the Wards Safe to the Hospital Cashier's Safe at Weekends and Bank Holidays:

The Valuables Book should be completed and stored in the Ward Safe as outlined in sections 5.3:4, 5.3:5 and 5.3:6. The valuables should then be transferred in a timely manner to the Hospital Night Safe as outlined in section 5.4.

However the member of staff should **also circle the section for Night safe AND add the Date, Time and sign their signature on the middle (pink) sheet copy of the Valuables Book.**

The Valuables Bag should then be placed into the Night Safe with the middle (pink) sheet copy of the Valuables Book.

The Cashier/Deputy on receipt should sign acceptance on the Middle Pink sheet copy attached to the Valuables Bag AND issue a receipt to the ward acknowledging receipt of the valuables bag. The valuables bag must be entered into the night safe register witnessed by two members of the cashier's staff and entered into the Patient's Property Register.

The receipt when received by the ward should be attached to the Bottom Green sheet copy in the Valuables Book.

5.5 Collection of valuables from the Cashier's safe for inpatients:

Valuables should be collected from the Cashier's safe by **the delegated member of PALS staff (or delegated member of staff in their absence)**. Unless the monetary value of the valuables exceeds more than £100 in which case two members of staff are required to collect the patient's valuables. **Delegated staff can however request the assistance of security staff to be the second person in this instance.**

The delegated member of staff collecting the valuables from the Hospital Cashier's safe MUST take the Valuables Book with them.

5.5:1 On collection the Cashier or Deputy should check that the valuables bag is intact and has not been tampered with. This should be done in the presence of the member of staff collecting the deposited valuables.

The Cashier or his/her Deputy records that the valuables bag and the attached seal/tag number have been collected in their Patient Property Book (auditable log) which is securely stored in the Cashier's safe.

5.5:2 The Cashier or his/her Deputy signs and dates that the valuables have been collected to return to the patient on the *Middle (Pink) sheet copy* out of the valuables book (which accompanied the valuables to the safe) ensuring it is placed on top of the corresponding *Bottom (Green) sheet copy* remaining in the Valuables Book to ensure the signature and date is transferred on to it and therefore ensure an audit trail.

5.5:3 Once the property is returned to the ward/department, the delegated member of staff from PALS (OR delegated member of staff in their absence), who collected the valuables, should ask the patient OR their Next of Kin OR Power of Attorney to produce their *top (white) sheet copy* of the Valuables book.

When applicable the delegated member of staff from PALS (or delegated member of staff in their absence) should advise the patient of the Trust's policy for returning any large deposited cash amounts as outlined in section 5.3:2.

5.5:4 The contents of the valuables bag should be checked against the remaining *bottom (green) sheet copy* in the Valuables Book, the *middle (pink) sheet copy* with the valuables bag from the safe and the patient's *top (white) sheet copy* from the valuables book to ensure they all correspond.

This should be done by the delegated member of staff from PALS (or the delegated member of staff in absence) who collected the valuables. The sealed bag is then opened in front of the patient OR Next of Kin OR Power of Attorney. **Individual members of staff are not permitted to function as a proxy unless clearly identified as the next of kin / relative / carer.**

5.5:5 The valuables should be returned to the patient or the Next of Kin OR the Power of Attorney if applicable. A signature should be obtained confirming receipt on the *Middle (Pink) sheet copy* of the Valuables Book, ensuring it is placed on top of the corresponding *Bottom (Green) sheet copy* remaining in the Valuables Book (to ensure the signature and date is transferred on to it) and therefore ensure an audit trail.

The delegated member of staff from PALS (or delegated member of staff in absence) who is returning the valuables should document in the patient's hospital notes that the patient has had their valuables returned to them incorporating the individual page number in the valuables Book. Also recording the time the valuables were returned, to ensure a clear audit trail. The *Middle (Pink) sheet copy* of the valuables book should be placed in the patient's hospital notes.

5.5:6 If any discrepancy is found: *The Registered Nurse/Practitioner/Allied Health Professional in Charge of the ward or clinical area should be informed in a timely manner. If the discrepancy is confirmed then the Trust's Head of Security (Trust's Local Security Management Specialist) should be informed and investigate. If there was found to be a case of fraud then an investigation would then be carried out by the Trust's Local Counter Fraud Specialist with the assistance of the Local Security Management Specialist.*

5.5:7 All cases of theft and fraud should be recorded in the Trust's DATIX system and actioned accordingly. *"It is the Trust's responsibility to inform the police if the loss is suspected to have resulted from criminal action" (Guidance for NHS Organisations on the secure management of patient's property; 2013)*

Cashiers at the Royal Derby Hospital and London Road Community Hospital should do a monthly check of the contents of the Hospital safe.

5.5:8 If the patient does not have mental capacity: The valuables can be returned to either the patient's Next of Kin/ Power of Attorney OR their carer and signed for as outlined in section 5.5:5. **However in the case of an imminent or planned discharge of the patient the valuables can be temporarily returned to the ward safe until safely handed over to the patient's Next of Kin /Power of Attorney Or their carer.**

5.5:9 When a patient has an Expected Date of Discharge (EDD) which is outside of the cashier's opening hours then a timely return of the patient's valuables should be arranged with the valuables temporarily being placed into the ward safe.

5.5:10 London Road Community Hospital (LRCH):

At London Road Community Hospital, long term patients may wish to retrieve monies previously handed in for safe keeping on a more regular basis. For example, to purchase newspapers, pay for toiletries and hairdressing in which case the policy will be followed as outlined in section 5.5.

Then a new entry will need to be completed in the Valuables Book with the updated amount of money remaining and the valuables (money) placed in a new valuables bag with a new security seal number and returned either directly to the hospital cashier's safe or via the ward safe as outlined previously in section.

This is to ensure there is a clear audit trail regarding these transactions.

5.6 Transfers between Wards, Departments, and Trust sites OR to another NHS organisation:-

The Registered Nurse/Practitioner is responsible in ensuring that a patient's nursing record is accurate and up to date in matters relating to property when a patient is transferred to another ward.

5.6:1 Patient transfer between internal wards/Departments in the Trust:

5.6:1.2 Undeposited Property: Unless specifically requested to do so, the Trust does not normally take any items of property into safe custody during a transfer, which have previously been in the patient's own possession. Patients must therefore be reminded that the Trust does not accept responsibility for any valuables/property unless specifically requested to do so.

5.6:1.3 Ward staff should check property held by the patient is correct against the *indemnity section in the Property Book (which the patient should have signed) accepting liability for loss to property which they have retained in their possession.* Any discrepancies should be highlighted and investigated promptly.

5.6:1.4 A member of the nursing staff should complete the Property Book (*Appendix 1*) regarding patient transfer on the *Middle (Pink) sheet copy remaining in the Property Book* using the column marked * for Transfer and should mark a T in the column for each item checked and being transferred with the patient.

5.6:1.5 The **Receipt of Patient Property/Valuables on transfer of patient from ward** section should be completed appropriately ensuring ALL information is transferred on to the *Bottom (Green) sheet copy in the Property Book.* This section also includes: Any valuables stored or transferred to the hospital safe: **Yes/No.** This should be clearly completed on transfer of the patient and their property.

5.6:1.6 The *Middle (Pink) sheet copy should be sent with the patient to the receiving ward /Department OR Hospital.* The *Bottom (Green) sheet copy* should remain in the Property Book thus ensuring a clear audit trail.

5.6:1.7 A member of staff in the ward/department should pack all of the patient's property into Patient Property Bags, ensuring that all the bags are secured and clearly marked on the outside with the patient's name and the ward they have been transferred from and to.

5.6:1.8 When a patient is transferred the transferring Registered Nurse/Practitioner/Member of ward staff should take reasonable steps to ensure that all of the patient's clothing and general non-valuable items accompany the patient. This should also include any aids used by the patient, e.g. walking sticks / frames, wheelchair.

5.6:1.9 Deposited Valuables: When a patient has valuables which have already been taken into safe custody by the Hospital Cashier; it is the responsibility of the transferring Registered Nurse/Practitioner to inform the Hospital Cashier by telephone that the patient is being transferred.

The section: **Any valuables stored or transferred to the hospital safe: Yes/No** must be completed as outlined in section 5.6:1.5

The Registered Nurse/Practitioner is responsible in ensuring that the patient's nursing record is accurate and up to date in matters relating to any valuables in the Hospital Cashier's safe.

5.6:1.10 The Property Book (*Appendix 1*) should be completed regarding transfer and signed, the date and time should also be recorded by the member of transferring ward staff as outlined in section **5.6:1.5**.

5.6:1.11 If a patient's valuables are being are being stored in the ward safe then the Registered Nurse/Practitioner should arrange for it to be transferred to the Hospital Cashier's safe as outlined in section **5.4**. The Cashier or their Deputy should be informed the patient is being transferred and where to.

5.6:2 Ward staff receiving a patient from an internal ward or department in the Trust:

The receiving ward staff should check the patient's property is correct according to the *Middle (Pink) sheet copy from the previous ward's Property Book accompanying the patient*. If in agreement the receiving member of ward staff should sign receipt and enter the date and time of the transferred property in the following section:-

Receiving ward staff:

(a) *Patient's un-deposited property received from transferring ward and agreed as per accompanying checklist: Yes/No*

(b) *New entry and indemnity completed in ward property book on arrival of patient: Yes/No*

5.6:2.1 The patient's property should then be addressed as if a new admission and the patient should be asked to sign the indemnity section as outlined in section 5.1 of this policy, before placing the property into a bedside locker.

5.6:2.2 If the patient has valuables stored in the Hospital Cashier's safe then the Registered Nurse is responsible for informing the Hospital Cashier or their

Deputy that the patient has transferred and where to.

Also the section:- *Have valuables been placed into the ward safe?* Yes/No; should be completed accordingly.

The transferring Middle (Pink) sheet copy from the previous ward's Property Book should then be filed in the patient's hospital notes.

Any discrepancies should be investigated immediately as in section 5.5:6.

5.6:3 When a patient is required to be urgently transferred (out of hours) across site e.g. London Road Community Hospital to the Royal Derby Hospital.

The ward staff should prepare the patient for transfer as outlined in section 5.6 of this policy.

If the patient has valuables in the ward safe these should be transferred as soon as possible to the Hospital Cashier's safe (as outlined in section 5.4.) to facilitate transfer cross-site. **The process for this is outlined in Appendix 7.**

5.6:3.1 If the patient has valuables deposited in the Hospital Cashier's safe or their valuables are being transferred there: It is the responsibility of the Registered Nurse/Practitioner to ensure the Hospital Cashier/Deputy is informed as soon as possible by telephone that the patient is being transferred and where to.

The Hospital Cashier OR their Deputy should be asked to arrange for the patient's valuables to be transferred over to the Hospital Cashier's Safe at the hospital they have been transferred to as per the procedure in Appendix 7.

5.6:4 When a patient is being transferred to a different NHS organisation: The ward staff should prepare the patient for transfer as outlined in section 5.6 of this policy.

Deposited Valuables: Should a patient have deposited valuables in the Hospital Cashier's safe then the Registered Nurse/Practitioner should ensure the Hospital Cashier OR their Deputy is informed (in a timely manner) that the patient is being transferred and to which NHS Organisation. This is to facilitate the transfer of the patient's deposited valuables to the NHS Organisation the patient is being transferred to.

The procedure should be the same as for the transfer of a patient's deposited valuables across site as outlined in section 5.6:3.1 and Appendix 7.

5.6:5 When a patient is being transferred to a Nursing Home or Residential Home: The patient should be prepared as if for discharge as outlined in section 5.7 of this policy.

Deposited Valuables: When a patient is discharged from the Trust (has is the case in being transferred to a Nursing Home/Residential Home) any valuables they have handed in for safekeeping should be returned to them and in a timely manner as outlined in section 5.5.

If the patient does not have mental capacity then any deposited valuables should be returned to their next of kin or Power of Attorney as outlined in section 5.4. Other than in this case, Deposited Valuables should not be handed over to anyone other than the patient **without the patient's written consent**.

Should a patient be transferred to a Nursing Home/Residential Home and deposited valuables have not been transferred then the ward should contact the Hospital Cashier OR their Deputy and arrange for a courier to transfer the deposited valuables as outlined in Appendix 7.

5.7 Discharge of patients:

Deposited Valuables:

When a patient is discharged from the Trust, any deposited valuables they have handed in for safekeeping should be returned to them as soon as practicable and in a timely manner. The return of any valuables should be as outlined in section 5.5. If the deposited valuables are in the ward safe then these should be retrieved from the ward safe and returned to the patient as outlined in section 5.5.

If a patient has deposited more than £100 in the Hospital Cashier's safe they should be reminded of the Trust's policy of returning any money over the amount of £100 by the issuing of a cheque, which will be posted to their home address as outlined in section 5.3:2.

If the patient does not have Mental Capacity then their deposited valuables should be returned to their Next of Kin OR Power of Attorney. They should sign the Valuables Book as outlined above.

In the case of children, property and valuables will be returned to their Parents OR Guardians and they will sign for return of the valuables as above.

Other than in these cases, Deposited Valuables should not be handed over to anyone other than the patient without the patient's written consent.

Undeposited Property When a patient is discharged, a member of staff from the discharging ward should go through their undeposited property (which they will have signed an indemnity for) with them. This should be checked against the list found on their current copy, i.e. the Patient's Top (white) sheet copy of the Property Book AND the *Middle (Pink) sheet copy in the Property Book* (Appendix 1).

The Patient's Top (white) sheet copy of the Property Book should be placed on to both the corresponding *Middle (Pink) sheet copy and the Bottom (Green) sheet copy* in the Property Book and either the Patient/ Next of Kin /Power of Attorney/

Parent or Guardian (as applicable) should sign the section:

Discharge or in case of Bereavement

I accept the return of the listed property and valuables which I take responsibility for (circled accordingly). This should also be signed by the Registered Nurse or Member of Ward Staff and dated and timed.

The Registered Nurse/Practitioner/Member of Ward Staff should file the ***Middle (Pink) sheet copy*** from the Property Book and when applicable the ***Middle (Pink) sheet copy from the Valuables Book*** in the Patient's Hospital notes ensuring an audit trail.

5.8 Deceased

Patients:

Adults/Children

Under normal circumstances all jewellery should be removed from the patient (in the presence of a colleague **UNLESS** requested by the patient's relative /carer to do otherwise. When jewellery, including rings are to remain on the deceased patient's body they should as far as possible be made secure, by lightly taping them on. When jewellery is to remain on the patient this should also be recorded in the patient's/child's nursing care plan.

5.8:1 Staff must complete the Notification of Death Form clearly listing ALL jewellery remaining on the patient. The *top white sheet copy* should be attached to the outside of the sheet on the deceased patient's body and should accompany the deceased patient's body to the Mortuary. The *green sheet copy* should be securely placed in the deceased patient's nursing record notes (Trust Policy and Procedures relating to the Death of an Adult Patient; May 2016).

5.8:2 If a patient dies in hospital, the nursing staff must check for any valuables held by the deceased patient.

5.8:2.1 Any valuables found belonging to the deceased patient, which are present on the ward at the time of death should be placed into the ward safe. This should be carried out in the presence of a witness as outlined in section 5.3.4. The dedicated section in the Valuables Book: *For a Deceased Patient* should be completed (*Appendix 3*). The patient's *top (white) sheet* copy of the Valuables Book should be left attached in the book and remain in the ward safe until timely transfer to the Hospital Cashier's safe as outlined in section 5.4. After transfer to the Hospital Cashiers Safe the completed *top (white) sheet* copy of the Valuables Book should be filed in the deceased patient's hospital notes.

5.8:2.2 Nursing staff should also check if any valuables have been either placed in the Ward/Department Safe OR if they have been deposited with the Hospital Cashier for safekeeping. Any valuables found to be stored in the ward safe should be transferred as soon as possible to the Hospital Cashier's safe as outlined in section 5.4. The patient's *top (white) sheet* copy of the Valuables Book should be filed in the deceased patient's hospital notes.

5.8:2.3 Any valuables and where they are stored should be clearly entered on to the Notice of Death Form in the Other Comments section.

5.8:3 Any property which is found belonging to the deceased patient should be listed and recorded in the Trust's Property Book as a new entry, i.e. items of property should be ticked accordingly in the allocated section in the Property Book AND any other items added when appropriate.

Both the member of staff completing the form AND the witness should both sign and print their name in the allocated section for **Deceased Patients Property**. The *top (white) sheet* copy of the Property Book should be filed in the Patient's Hospital Notes.

The property should be placed in a secure and labelled property bag and safely stored at ward / departmental level until taken to the Bereavement officer or delegated other for collection by the deceased patient's Next of Kin or representative.

5.8:4 The collection of a Deceased patient's property and valuables by their Next of Kin OR representatives:

5.8:4.1 Any Valuables should be collected in a timely manner from the Hospital Cashier or their Deputy by a **delegated member of PALS staff (or delegated member of staff** in readiness for collection by the deceased patient's Next of Kin or representatives. The procedure will be the same as outlined in section 5.5 (for the Collection of valuables from the Cashier's safe for inpatients). Valuables should be signed for by a **delegated member of PALS staff (or delegated member of staff in their absence)**.

5.8:4.2 The deceased patient's Next of Kin or representatives should not be handed the valuables until they can produce appropriate documentation to prove their entitlement to them.

5.8:4.3 The valuables bag should be opened in front of the deceased patient's Next of Kin/representatives. The valuables bag should be checked for signs of tampering and ensure that the security seal number matches the paperwork in the valuables book. They should then sign for them on the *Middle (Pink) sheet copy* of the Valuables Book placed on to the appropriate entry in the Ward Valuables Book to ensure it is self-carbonated on to the *Bottom (Green) sheet copy* of the Ward Valuables Book, thereby ensuring an audit trail. This should be the same as the process outlined in section 5.5.

Once the deceased patient's Next of Kin or representatives have signed receipt, then the *Middle (Pink) sheet copy* should be photocopied for filing in the deceased patient's hospital notes. The original *Middle (Pink) sheet copy out of the Valuables Book* should be given to the deceased patient's Next of Kin or representatives.

It should be documented and dated in the deceased patient's hospital notes that the deceased patient's valuables have been returned to their Next of Kin/representatives to facilitate a complete audit trail.

5.8:5 If any discrepancy is found on opening the valuables bag, the delegated named person OR Bereavement officer should inform the Ward Sister/Nurse in charge of the ward from which the valuables came. An enquiry should be immediately launched by the staff of the ward where the valuables were initially stored as outlined in section 5.5:6.

If the discrepancy is confirmed then the Ward sister/Nurse in charge should follow the procedure as outlined in section 5.5:6 and 5.5:7. The Trust will not be liable for losses or damages resulting from any criminal activity (Trust policy for the handling of claims for ex-gratia payments; 2016).

Deceased Patient's Property Any property should not be handed over to the deceased patient's Next of Kin or representatives until they can produce appropriate documentation to prove their entitlement to them.

The deceased patient's Next of Kin/representatives should sign receipt for the property in the allocated section on the *Middle (Pink) sheet copy* of the Patients Property Book, ensuring it self-carbonates on to the Bottom (Green) sheet copy of the ward Property Book facilitating an audit trail.

Once the deceased patient's Next of Kin or representatives have signed receipt, then the *Middle (Pink) sheet copy* should be photocopied for filing in the deceased patient's hospital notes. The original *Middle (Pink) sheet copy* should be given to the deceased patient's Next of Kin or representative

It should be documented and dated in the deceased patient's hospital notes that their valuables have been returned to their Next of Kin/representatives to facilitate a complete audit trail.

5.8:6 Deceased babies/foetus.

This part of the policy applies to the Neonatal Intensive Care Unit (NICU), the Obstetrics ward, Labour ward and the Gynaecology ward. On the gynaecology ward this part of the policy refers to a still born foetus from twelve weeks old.

The body of a deceased baby or foetus should be sent to the mortuary with a completed Fetal/Baby Notice of Death form, which is a duplicate form. The original copy should be attached to the body bag and the yellow copy should be placed in the mother's notes.

This form has a section for addressing any property which is being sent with the baby or foetus to the mortuary and can be completed appropriately.

5.8:7 Mortuary Department

When a patient's body is taken to the Mortuary Department any property on the body e.g. a wedding ring will first be checked as per the Notice of Death form and then entered on to the Mortuary Department's record of Property for Mortuary patients as per their Standard Operating Procedure (SOP).

Any property sent with a body of a baby or foetus will be checked as per the Fetal/Baby Notice of Death Form and then entered on to the Mortuary Department's record of Property for Mortuary patients in accordance with their SOP.

5.8:7.1 Any properties associated with deceased bodies received in the Mortuary Department from either the Community or the Police Department will also be processed in accordance with the department's Standard Operating Procedure (SOP). All information is also recorded in the Histopathology Department's *ilab* Database.

5.9 Lost or Damaged Property/ Valuables claims :

All patients or their Next of Kin/Power of Attorney should be advised on admission that the Trust does not accept any liability or responsibility for any items of personal property or valuables lost or damaged on Trust premises, unless handed in for safe keeping and when a receipt is obtained. **The Trust will not consider any claim form where an Indemnity form has been completed.**

5.9:1 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 then the **Local Security Management Specialist (Trust's Head of Security)** should be informed and an incident report i.e. a DATIX report should be made.

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 the loss of undeposited property.

5.9:2 If a patient's deposited valuables are reported missing:

If a patient's deposited valuables are reported missing then the staff responsible for its storage should launch an immediate enquiry. **If the deposited valuables can't be found** then the Trust is responsible for informing the police as outlined in section 5.5:6 of this policy. An incident form should be initiated using a DATIX incident report as outlined in section 5.5:6.1 of this policy.

5.9:3 If a patient's deposited valuables are reported damaged:

The Nurse/Manager in charge of the ward/Department should make enquiries as soon as reasonably practical to ascertain the causes. The patient should be informed of the damage as soon as is practicable. An incident form on the Trust's DATIX should be initiated.

If the damage is **suspected** to be due to criminal activity then the **Local Security Management Specialist (Trust's Head of Security)** should be informed and they should inform the police.

5.9:4 If a patient's undeposited property/valuables are reported damaged:

The Nurse/Manager in charge of the Ward/Department should make enquiries and alert the **Local Security Management Specialist (Trust's Head of Security)** if criminal activity is suspected.

5.9:4 In exceptional circumstances the Trust has the discretion to make an ex-gratia payment to a patient for loss or damage to property.

This is after the process for the Handling of Ex-Gratia Payments and the Procedure for Making Ex-Gratia Claims against the Trust has been followed in section 5 of the Trust Policy for the Handling of Claims for Ex-Gratia Payments (2016).

The Trust has no insurance cover for ex-gratia payments and therefore any ex-gratia payments will have to be paid out of Trust funds.

5.9:5 Unclaimed and Lost Property:

Unclaimed property and Valuables: These are property and valuables left behind by patients or their relatives following a patient's discharge, transfer or death.

Lost property and valuables: These are items found on the Trust's premises, potentially because they have been lost by the owner (patient, member of public, visitor, contractor or other) during their visit.

Every effort should be made to return unclaimed and lost property/valuables to either the patient OR rightful owner; particularly in the case of valuables.

If it is impossible to identify the rightful owner then the valuables must be retained in safe custody i.e. sent to the Hospital Cashier's Safe as per the procedure for receiving and depositing valuables in sections 5.3:4, 5.3:5, 5.3:6 and 5.4 of this policy.

The entry into the Valuables Book should clearly record the valuables and state that they are either unclaimed OR lost valuables and where they have been found.

Any such valuables should also be recorded in a Dedicated Register (auditable log) in the Hospital Cashier's Office by the Cashier and their Deputy.

Unclaimed Property found on wards and departments: e.g. washbag and toiletries. These should be placed in Trust Property Bags and labelled with the details:-

Place found.

Date found.

These should be stored in a place of safety on the ward for a minimum period of three months. Every effort should be made to return unclaimed property to the patient or rightful owner as soon as practicable. It may be assumed to be abandoned after three months and the Trust can dispose of it. The letter written to the patient to arrange collection of the unclaimed property should also inform them of these timescales, as outlined in the letter template (Appendix 8). A photocopy must be taken of the letter and this should be stored on the ward to ensure an audit trail.

Details of property and valuables found on the Trust's premises should be documented in a register held by the Cashier's Office at the Royal Derby Hospital and the Main Reception at the London Road Community Hospital.

Lost Property found on the Trust's premises: e.g. a walking stick. Instructions should be followed as outlined in Specific Guidance for Security Officers (Appendix 9).

Lost valuables found on the Trust's premises: e.g. a wallet with money inside it. Instructions should be followed as outlined in Specific Guidance for Security Officers (Appendix 9).

5. Monitoring Compliance and Effectiveness

Audits: Senior Sisters to undertake audits of the correct use of the Ward/Department Safes and to check the Ward/ Department Property Book is correctly used; see appendices 10 and 11. This is to be undertaken quarterly i.e. April, July, October and January. Results of audits will be made available to Senior Sisters, Matrons and Divisional Nursing Directors for inclusion in the Divisional Patient Experience Reports.

Monitoring Requirement:	To determine the degree of compliance with the policy and associated procedures.
Monitoring Method:	<u>Internal Audit :</u> <ul style="list-style-type: none"> • Feedback from Ward Assurance and Quality Counts visits. • Audit Tools (Appendix 10 and 11) • Hospital Cashiers will monitor valuables deposited and collected from the Cashiers Offices on both of the Trust sites. • Risk Management will monitor DATIX reports of incidents of complaints involving valuables • Feedback from the Director of Finance • Feedback from the Head of Security and Emergency Planning Officer • Audit of cost of claims made against the Trust in relation to patient's property and valuables • 360 Assurance Internal Audit
	<u>External Audit :</u> <ul style="list-style-type: none"> • Feedback from the Care Quality Commission • NHS Protect- Internal Audit
Report prepared by:	
Monitoring Report presented to:	Finance Department Director of Patient Experience and Chief Nurse
Frequency of Report:	Bi annually

6. References

<u>Source of data</u>	<u>Location</u>	<u>Document</u>
Gov.uk	https://www.gov.uk/power-of-attorney/overview	Make, register or end a Lasting of Power of Attorney
NHS Protect	http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_patient_property_Updated_September_2013.pdf	Guidance for NHS organisations on the secure management of patient's property Version 2 - September 2013
NHS Protect	www.nhsprotect.nhs.uk	Standards for Providers.2016-17. Fraud, Bribery and corruption
NHS England.	https://www.england.nhs.uk/wp-content/uploads/2016/03/full-length-16-17-scs.pdf	<u>NHS Standard Contract 2016-17. Service Conditions (Full length).</u> Draft for Consultation.
Legislation.gov.uk	www.legislation.gov.uk/ukpga/2005/9	The Mental Capacity Act (2005)
Care Quality Commission	www.cqc.org.uk/uploads/2015/03/24/guidance_providers_meeting_regulations...	Guidance for Providers on meeting the Regulations (March 2015)
Legislation.	https://www.gov.uk/government	The Health and Social Care Act (2008)(Regulated Activities)
gov.uk	nt/.../Code_of_practice_280715_acc.pdf	Regulations 2010

7. Appendices

**DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST
PATIENT'S PROPERTY CHECKLIST**

Patient's Name: _____ **Patient ID Number:** _____ **Date / Time of Admission:** _____ **Admitting Area:** _____

Mental Capacity & Advance Care Planning and Indemnity sections of the Nursing Patient Admission document completed: Yes / No *(If No, please complete)*

If patient does not have capacity, the following needs to be completed:

Relative/carer OR Power of Attorney advised to take valuables home: Yes / No

Procedure for storage and retrieval of valuables explained to relative/carer OR Power of Attorney: Yes / No

Property / Valuables retained by patient: **please tick below any items the patient has retained**

When a patient does not have mental capacity:

Sign and print name (designation) _____

Witness sign and print name (designation) _____

Electrical Items:	*	Aids:	*	Monetary Items:	*	Jewellery:	*	Other Items:	*
Mobile Phone		Hearing Aid		Cash (Total: £____:____)		Watch			
DVD Player		Walking Stick		Credit Cards		Rings			
iPad		Teeth (Top)		Wallet/Purse		Necklace			
Laptop		Teeth (Bottom)		Post Office account card					
Chargers		Glasses							
Other Items (list below):		Other Items (list below):		Other Items (list below):		Other Items (list below):			

**Please enter a T for Transfer / D for Discharge*

Indemnity to be completed if the patient is retaining all their property / valuables

I understand that the Trust will not accept liability for loss to property as listed above which I retain in my possession and any further items I bring into hospital.

Sign and print name: _____

Signed and print name (Designation): _____

Date: _____ Time: _____:_____

Deceased Patients Property: Signed and Print name: _____

Witness (Signed and print name): _____

Discharge OR in case of Bereavement

I accept the return of the listed property and valuables which I take responsibility for.

Signed Patient/Witness/Next of Kin/Parent/Guardian: _____
(Circle accordingly)

Signature and print name (Nurse/Delegated other/ Bereavement Officer) circle accordingly : _____

Date: _____ Time: _____:_____

Receipt of Patient Property / Valuables on transfer of patient from ward

Transferring ward staff: **Have valuables been placed into the ward Safe yet? Yes / No**

Any valuables stored or transferred to the hospital safe: **Yes / No**

Ward Property book completed to record transfer of property with patient: **Yes / No**
(Circle Accordingly)

Signature and print name of transferring staff (Designation): _____

Date: _____ Time: _____:_____

Receiving ward staff:

Patient's un-deposited property received from transferring ward and agreed as per accompanying checklist: **Yes / No**
(Circle Accordingly)

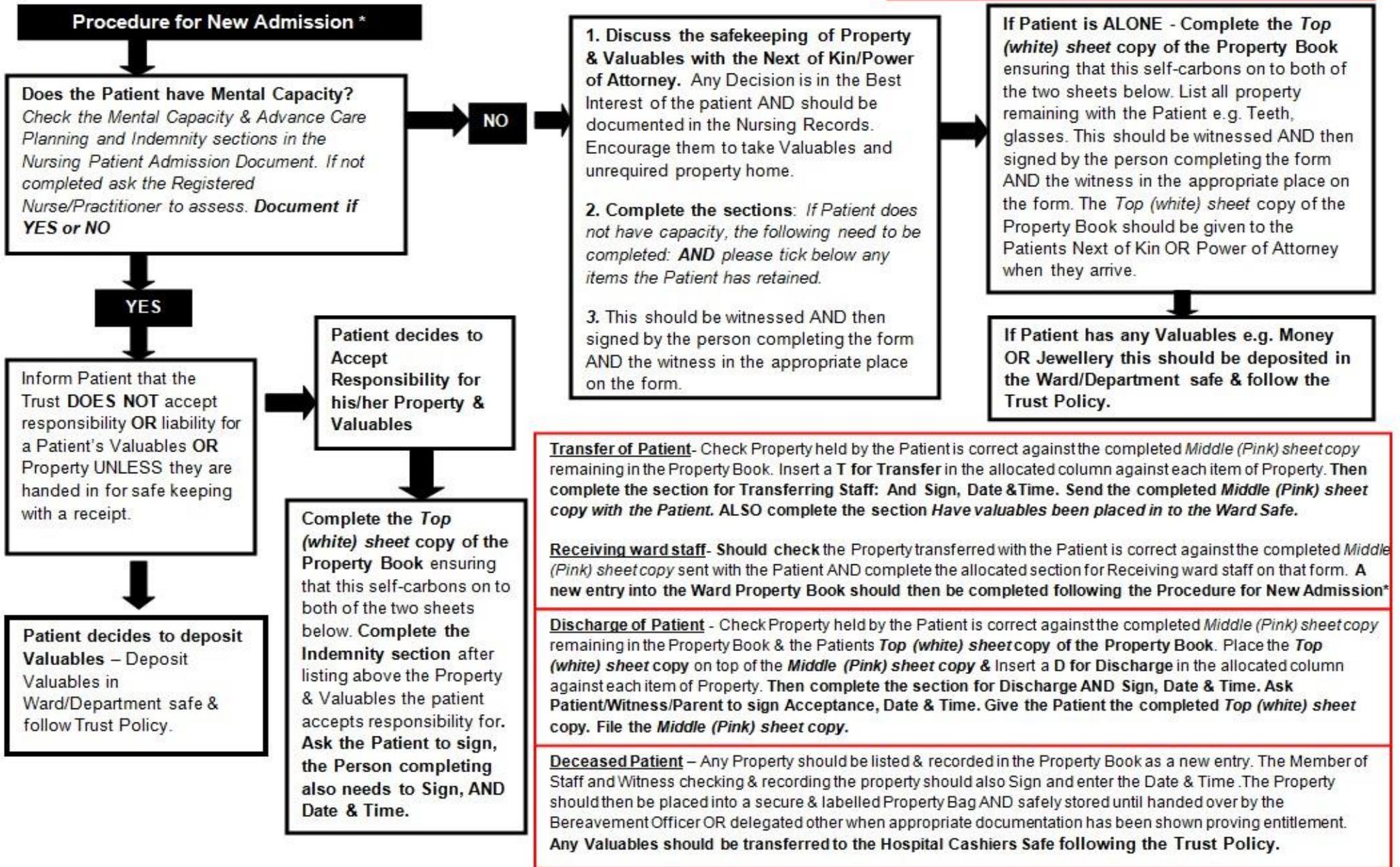
New entry and indemnity completed in ward property book on arrival of patient: **Yes / No**

Signature of Receiving ward Staff: _____

Date: _____ Time: _____:_____

White copy to go with patient - Green copy to remain in book - Pink copy to remain in book until patient transferred / discharged / deceased

Flow Chart for Patients Property



DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST
Record of Valuables brought into hospital by individual patients

Hospital: _____ Ward: _____ Patient's Name: _____ Patient ID Number: _____ Security Seal Number: _____

Date / Time	Item	Quantity	Signature of patient OR Next of Kin OR Power of Attorney OR Parent/Guardian when valuables taken for storage in safe (circle as applicable)	Received by and put into Ward Safe	Witness	Date / Time Returned	Signature of patient OR Next of Kin OR Power of Attorney OR Parent/Guardian when valuables returned (circle as applicable)
:						:	
:						:	
:						:	
:						:	
:						:	
:						:	

Date / time valuables transferred to Hospital safe/Night safe (circle accordingly)/..... Signature of Hospital cashier..... Signature of staff member.....

Date / time valuables collected from Hospital safe...../..... Signature of Hospital cashier..... Signature of staff member.....

For a Deceased Patient

Date / Time	Item	Quantity	Received by and put into Ward Safe	Witness	Date / Time Returned	Signature of Next of Kin OR Power of Attorney OR Parent/Guardian when valuables returned (circle as applicable)
:					:	
:					:	
:					:	
:					:	

¹ White copy to go with patient

Pink copy to go with valuables

Green copy to remain in book

Guidance for handling of Ward (Department/Unit) safes and keys

The Ward (Department/Unit) safe should be kept in a room within the clinical area that has a locked door (either Digi-lock or keys) that all members of clinical staff can access 24 hours a day.

The Valuables Book should be stored in the ward (Department/Unit) safe and items listed in the book should be signed into and out of the safe by a Registered Nurse/Practitioner or Allied Health Professional and a witness and the Valuables Book updated accordingly.

Deposited valuables should not stay in the ward (Department/Unit) safe for more than 24 hours.

Any valuables placed into the ward safe at Weekends/Bank Holidays should be transferred as soon as possible to the Hospital Cashier's Night Safe.

Keys:

Each safe has x 4 keys, which are to be kept in the following manner -

- One copy is to be kept by the Local Security Management Specialist (Head of Security and Emergency Planning Officer).
- One copy is to be kept by the Estates team.
- One copy is to be securely stored in either the Sister's or Superintendent's office/in the Clinical Area.
- One copy is to be kept on the green lanyard (separately to all other Ward/Department keys), which is to be kept in the possession of the Nurse in Charge of the clinical area for that shift OR the Manager/Lead of the Department

Lost or stolen keys are to be reported immediately to the following:

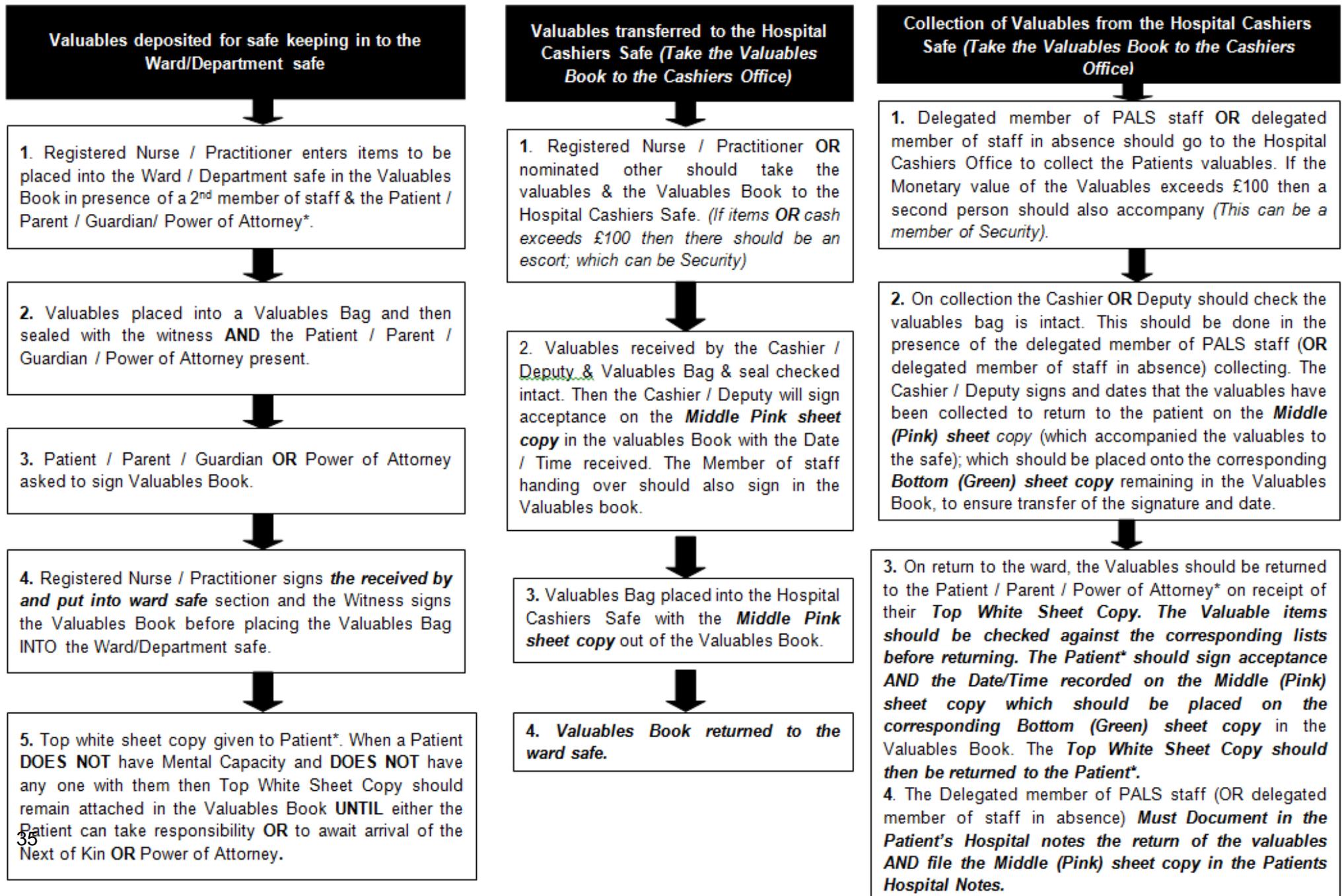
- **In Hours** – Ward Sister(s), Matron, Divisional Nurse Director, Security Officers and the Head of security and Emergency Planning Officer

 OR Lead/Manager of Department, Security Officers and the Head of security and Emergency Planning Officer
- **Out of Hours** – Security Officers

Any incident should be reported via DATIX the Trust's incident reporting system.

Flow Charts for the Valuables Book

(Please document items unambiguously e.g. yellow metal ring)



Procedure for transferring deposited valuables (in the Hospital Cashier's safe) across site:

The Cashier OR their Deputy should contact Transport Services to arrange the transfer of the patient's deposited valuables by a Cross-Site Hospital Courier. They should also inform the Cashier/Deputy at the receiving hospital of the Deposited Valuables being transferred.

The valuables are to remain in the sealed valuables bag and are handed over for transfer (with the middle pink sheet copy from the Valuables Book attached) to the Cross-site Hospital Courier. The valuables are signed out in the **Patients Property Register** (controlled stationary) maintained by the Cashier. A signature is then taken from the Cross-site Hospital Courier. The date and time are also recorded.

There is also an audit of transferred deposited valuables on the Cross-site Hospital Courier's Job Sheet.

The Deposited Valuables (in the sealed bag) are received by the Cashier OR their Deputy at the receiving Hospital Site. **The valuables are documented as being received in the Patients Property Register** (controlled stationary) and the Cross-site Hospital Courier's signature taken including the recording of the date and time; prior to being placed into the Hospital Safe.

The receiving Cashier OR their Deputy should contact the ward the patient has been transferred to and inform them of the transfer of the deposited valuables.

The transfer of the deposited valuables should then be documented in the patient's nursing record by the Registered Nurse/Practitioner.

DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

Date:/...../.....

Dear

PATIENTS PROPERTY AND CLOTHING

Unfortunately, the items listed below have been discovered on the ward / department following stay in hospital. I should be grateful if you would arrange to have these collected within 7 days.

If the property has not been collected **or** I have not heard from you, within three months it will be disposed of.

Yours faithfully,

Receptionist (Please print)

Ward **Site**..... **Department**

Royal Derby Hospital. Telephone: 01332 340131, Ext

London Road Community Hospital. Telephone: 01332 347141, Ext

Items:

Specific Guidance for Security Officers

- 1) Property and valuables found by Security Officers on patrol must be recorded into their notebook with a full description. Particular care must be taken that any cash and valuables are accurately recorded and duly witnessed by another Security Officer.
- 2) Property and valuables handed to Security Officers on patrol must be recorded in the same way as above. It would be impracticable for Security Officers to issue receipts whilst out on patrol.
- 3) All property and valuables found/handed to Security Officers during office hours at either hospital site must be taken to the respective lost property offices where a receipt will be issued.
- 4) Out of hours, any property and valuables found must be secured in the security control room for safekeeping. The property and valuables must be recorded into the Security Office Duties Log and handed in to the Cashiers Office (RDH) or Main Reception (LRCH) when these offices are next open,
- 5) Lost property and valuables must never be retained in the Security Control Room for more than 18 hours on either site during the working week Mon to Fri.
- 6) Security can be contacted on extension 85900 (RDH) or extension 58016 (LRCH) to arrange the collection of lost property. This particularly applies to the RDH site where there are several entrance points and reception areas.
- 7) Security Officers must never collect lost property or valuables from ward areas. Ward staff must follow procedures set out in the Trust Policy and Procedures for the handling of patients property and valuables.

Audit tool for the checking of correct use of the Ward/Department Safe

Date of Audit: Ward/ Department :

Person completing the Audit:

**Check the Ward/Department safe and the Valuables Bags inside AND Check 5 entries in the Valuables Book and the corresponding Patient's notes*

Is the entry correctly signed, dated and witnessed on completion?						
Is the entry completed legibly?						
Are valuables correctly described e.g. yellow metal?						
Is the entry correctly signed and witnessed when valuables are placed into the Ward/Department safe?						
Is the entry correctly signed and witnessed when valuables are taken to Hospital Cashiers safe?						
Have valuables Bags been in the ward safe for more than 24 hours?						
Valuables Bags security seal number recorded in the entry in the Valuables Book?						
Are entries correctly signed and witnessed when valuables are collected from the Hospital Cashiers safe?						
Have entries been carboned?						
Have copies of the Valuables Book been placed in the Patients notes when valuables have been collected from the Hospital Cashiers safe and returned to the patient?						

**Audit tool for checking the Ward/ Department Property Book
is correctly used**

Date of Audit..... Ward /Department.....

Person completing the Audit.....

***Check the Ward/Department Property Book AND 5 corresponding Patients notes/Nursing record.**

Entry correctly completed, signed and dated?						
Entry carbon transferred appropriately?						
Transfer section completed when applicable for both the Transferring ward and the receiving ward?						
Discharge section been completed when applicable?						
Is the entry eligible						
Has the indemnity section been signed by the patient when they have retained their property?						
Has the patient's property been recorded when the patient has signed the indemnity?						
Has the Indemnity and Mental Capacity been recorded appropriately?						
Is there documentation in the patient's nursing record when Transferred?						
Filing of Middle Pink sheet in the Patients notes when Discharged?						