

Trust Policy**Management of Patients Property**

Date	Version
Sept 2013	1

Purpose

To set out the Trust's policy on the management of patients' property and detail the procedures to be followed with regard to property at every stage of the patient journey.

Who should read this document?

All staff.

Key messages

- Patients must be encouraged to bring only essential items into hospital
- Valuables must be handed in for safekeeping
- The Trust will not accept liability for lost property that has not been handed in for safekeeping

Accountabilities

Production	Judy Frame, Matron, Sally Wilson, Chief Financial Accountant, Jayne Glynn, Patient Experience Manager, Miriam Smith, Emergency Planning & Liaison Officer
Review and approval	Kevin Marsh, Deputy Director of Nursing / Patient Experience Committee
Ratification	Greg Dix, Chief Nurse
Dissemination	Jayne Glynn, Patient Experience Manager
Compliance	Jayne Glynn, Patient Experience Manager

Links to other policies and procedures

Security Manual
Medicine Management Policy
Bereavement APN

Version History

1	New policy	Approved at Patient Experience Committee To replace Patient Property Policy V2				
<table border="1"> <thead> <tr> <th>Last Approval</th> <th>Due for Review</th> </tr> </thead> <tbody> <tr> <td>September 2013</td> <td>September 2018</td> </tr> </tbody> </table>			Last Approval	Due for Review	September 2013	September 2018
Last Approval	Due for Review					
September 2013	September 2018					

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Library on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

This document sets out the Plymouth Hospitals NHS Trust policy and procedures for the management of patients' property.

The safe custody of patients' personal property and valuables is an important part of patient care and every effort must be made, at all times, to protect the interests of the patient and the Trust.

Plymouth Hospitals NHS Trust has an obligation to provide secure facilities for patients' property and valuables which are handed to the Trust for safekeeping along with the safekeeping of the property of unconscious, confused or deceased patients.

The Trust does not accept liability for any property brought onto the Trust's premises unless it is handed in for safekeeping. Disclaimers must be displayed prominently in all patient areas but this does not remove our duty of care to take reasonable steps to ensure the safety of patients' property.

2 Purpose

The policy has been developed to ensure that there is a framework in place which provides guidance on the collection, custody, recording, safekeeping, return and disposal of patients' property.

3 Definitions

Valuables

- Watches, rings and other jewellery
- Credit cards should be listed under name and type of card, i.e. Lloyds Visa, HSBC Switch and the name of the holder as shown on the card. Do not list the card number.
- Cash by denomination i.e. £20 notes, £10 notes, £5 notes etc
- Formal documents including driving license, passport, cheque books, bank books, pension books, certificates of any kind etc
- House keys
- Laptops, mobile telephones, iPads
- All patients should be encouraged to ask their relatives to take their valuables home. Valuables entrusted for safe keeping for more than 24 hours must be entered into the Ward Patients Property Book. This should not include clothing.

NB. All patients should be encouraged to ask their relatives to take their valuables home. Valuables entrusted for safe keeping for more than 24 hours must be entered into the Ward Patients Property Book. This should not include clothing.

Non-Valuables

- Clothing
- Toiletries

Patients' personal aids

Property which the patient needs to keep with him/her to aid communication or activities of daily living e.g. hearing aids, spectacles, false teeth.

Other patients' property

Any other personal effects including clothing, footwear, toiletries, books etc.

4 Duties

Director of Nursing has executive responsibility for ensuring that the Trust has a robust written process regarding the management of patients' property and for ensuring that all staff in clinical areas are aware of and follow the correct processes.

Matrons have responsibility for investigating and reporting any instances of loss.

Ward Managers and Heads of Department are responsible for ensuring that the correct processes are followed, including the display of disclaimer notices and identification of a suitable locked and secured storage facility.

Nursing staff are responsible for ensuring that patients are aware that the Trust does not accept liability for lost property, that valuables should be handed in for safekeeping and all other non-essential property sent home, and for following the correct procedures in respect of patients' property.

Bereavement

Cashiers

5 Principles of Managing Patient Property

Trust property disclaimer

The Trust will not accept liability in respect of any loss or damage to patients' property and belongings unless they have been handed over to a member of staff for safekeeping and a receipt issued.

We strongly advise that you do not bring property into hospital.

This disclaimer also applies to belongings required in daily life, such as dentures, spectacles and hearing aids.

The 'Property Disclaimer' poster must be displayed prominently in wards and departments and included in pre-admission information sent to all patients, see Appendix 1.

When a patient is admitted they must be strongly advised to send all property and valuables home with a relative or friend, which is not needed whilst in hospital.

If a patient insists on keeping their property with them, they must sign the disclaimer form, see Appendix 2 to indicate that they understand that the Trust will not be liable for any loss. Additional attempts should be made to encourage patients to send their valuables home or agree to hand over to the Trust for safe storage.

Staff should take every reasonable care to ensure that a patient's personal aids and similar items are kept with the patient; however, the property disclaimer still applies in these cases.

Completion of Property Forms

All patients upon admission must have a completed property form.

Never assume the value of an item, staff must describe what they see. Items of jewellery must be described as white or yellow metal; not as silver, gold or platinum. Stones must also be described by colour and not as diamonds, rubies etc.

For example – yellow metal ring with 3 white stones.

When a patient is wearing rings which are loose and they wish to keep them on their hand, tape should be applied to reduce the risk of it falling off and being lost. This must be recorded on patient property form.

When a Patient is not Accountable / Responsible

Where a patient is unable to take responsibility for their own property but has not given it up for safekeeping, the Trust becomes an “involuntary bailee” and is obliged to take care that items are not lost. This may apply in the case of emergency admission of unconscious patients or the transfer of patients to theatre for example, and the prescribed procedures set out in Appendices 3 - 5 must be followed to minimise the Trust’s exposure.

Illegal Items

Any illegal items (such as guns, locking knives, knives with blades over 3.5” and suspected Schedule 1 drugs) brought into hospital will be removed from the patient by either Security or Pharmacy in accordance with the Trust’s Security Manual or paragraph 12.7 of the Trust’s Medicine Management Policy as appropriate.

Police Requests for Property

In cases where the police request to seize property recorded as a valuable item, property must not be automatically handed over. The requested property must be secured as detailed within this policy, and held in the Cashiers Office. Staff should provide assurances that the item will be held securely in the Cashier Office until the Police formally approach the Trust during office hours to request the release. This process is managed through the Emergency Planning Liaison Manager or the Legal Department.

6 Overall Responsibility for the Document

The Director of Nursing has overall responsibility for the policy.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Patient Experience Committee and ratified by the Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Director of Nursing, by the nominated author. These must be ratified by the Director of Nursing and should be reported, retrospectively, to the approving committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library held on Staffnet and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

A six monthly report of losses and special payments is presented to the Audit Committee, and such losses are formally approved for write off annually by the full Trust Board.

10 References and Associated Documentation

Department of Health publication *Guidance for NHS health bodies on the secure management of patients' property*. July 2012.

PROPERTY DISCLAIMER

The Trust will endeavour to help you look after your property whilst in hospital.

We strongly advise that you only bring in property which is needed for your hospital stay.

The Trust will not accept liability in respect of any loss or damage to patients' property and belongings unless they have been handed over to members of staff for safe keeping and a receipt issued.

This disclaimer also applies to belongings required in daily life such as dentures, spectacles and hearing aids.



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Patients' Money and Valuables Disclaimer Form

Plymouth Hospitals NHS Trust cannot accept liability for patients' money or valuables which are not deposited for safe keeping. The Trust will not accept any illegal or unlawful items into safe keeping and should such items be presented staff will inform security. This form is to be used for patients who choose to retain valuable personal items and as such, accept personal responsibility for their safe keeping.

Section to be completed by Patient:

I understand that facilities exist within Plymouth Hospitals NHS Trust for me to deposit any item of personal property for safe keeping and I have been advised to do so.

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

As a result I acknowledge that property I have brought with me into hospital remains entirely my own responsibility, and Plymouth Hospitals NHST Trust or its agents shall not be liable for any loss or damage, however, caused.

Patient Name:

Hospitals Number:

Ward/Department:

Patient signature:

Date:

Time:

Section to be completed by Staff:

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

Staff Name:

Staff signature:

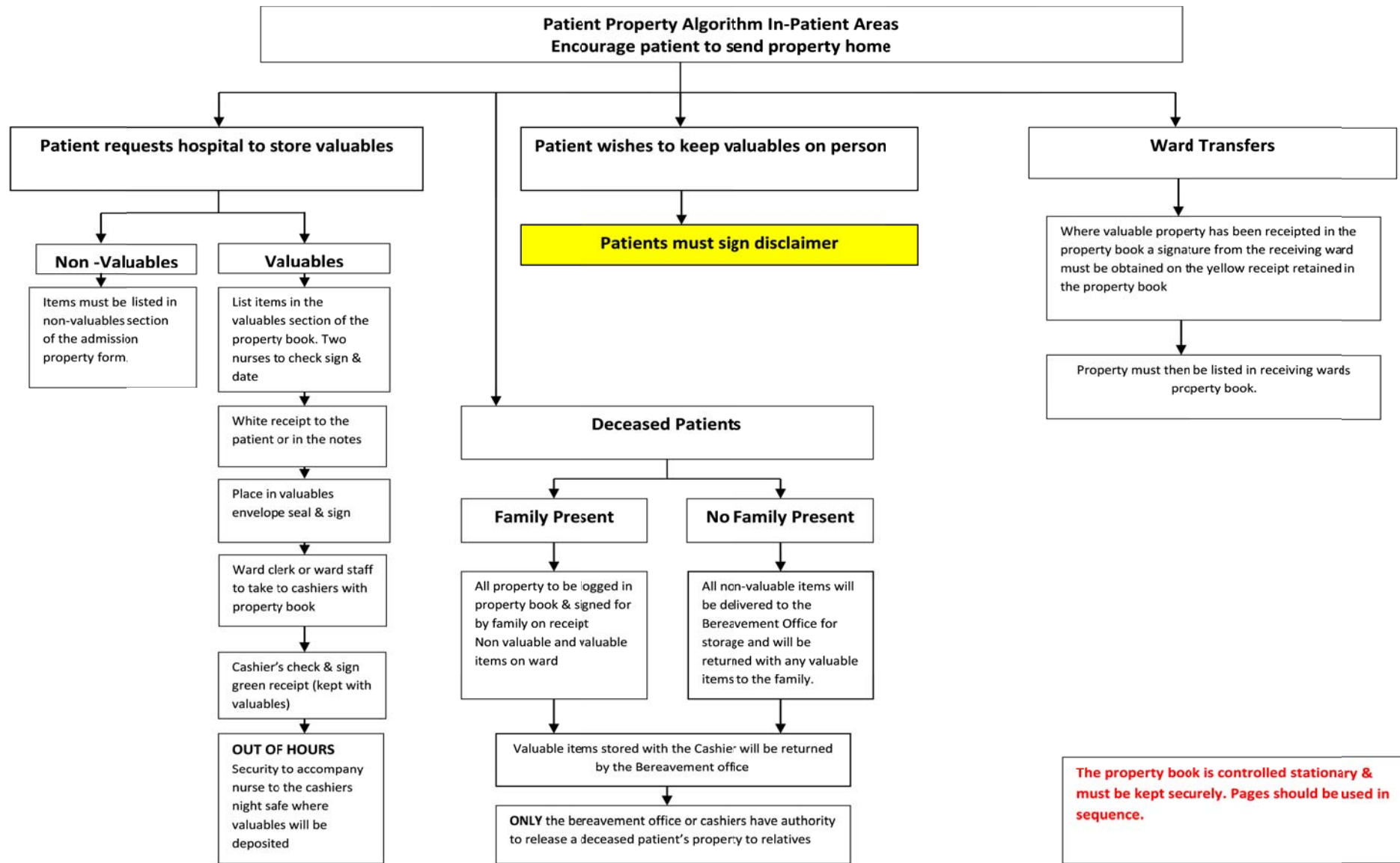
Designation:

Ward/Department:

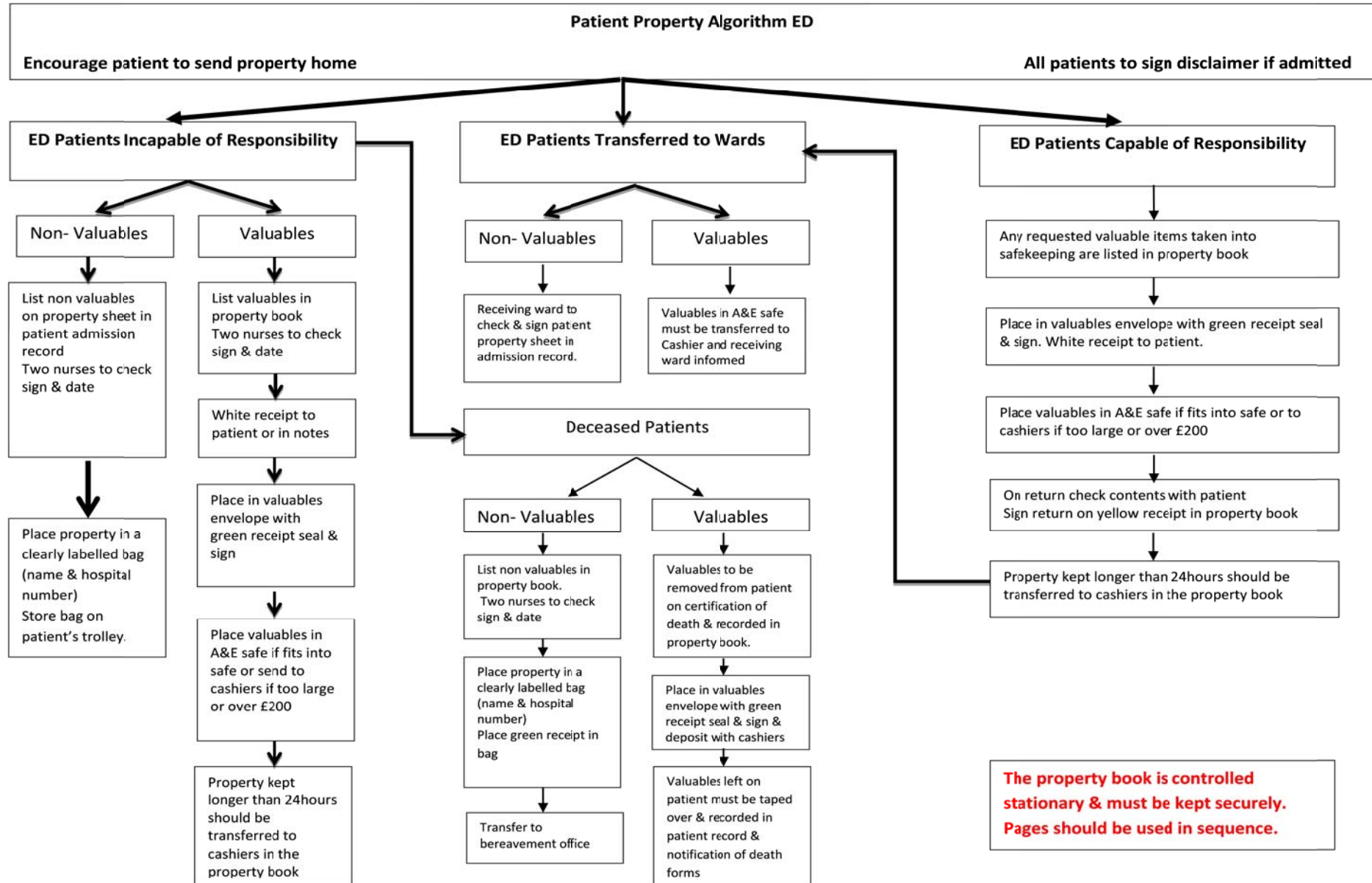
Date

Time:

Patient Property Algorithm In Patient Areas **Appendix 3**

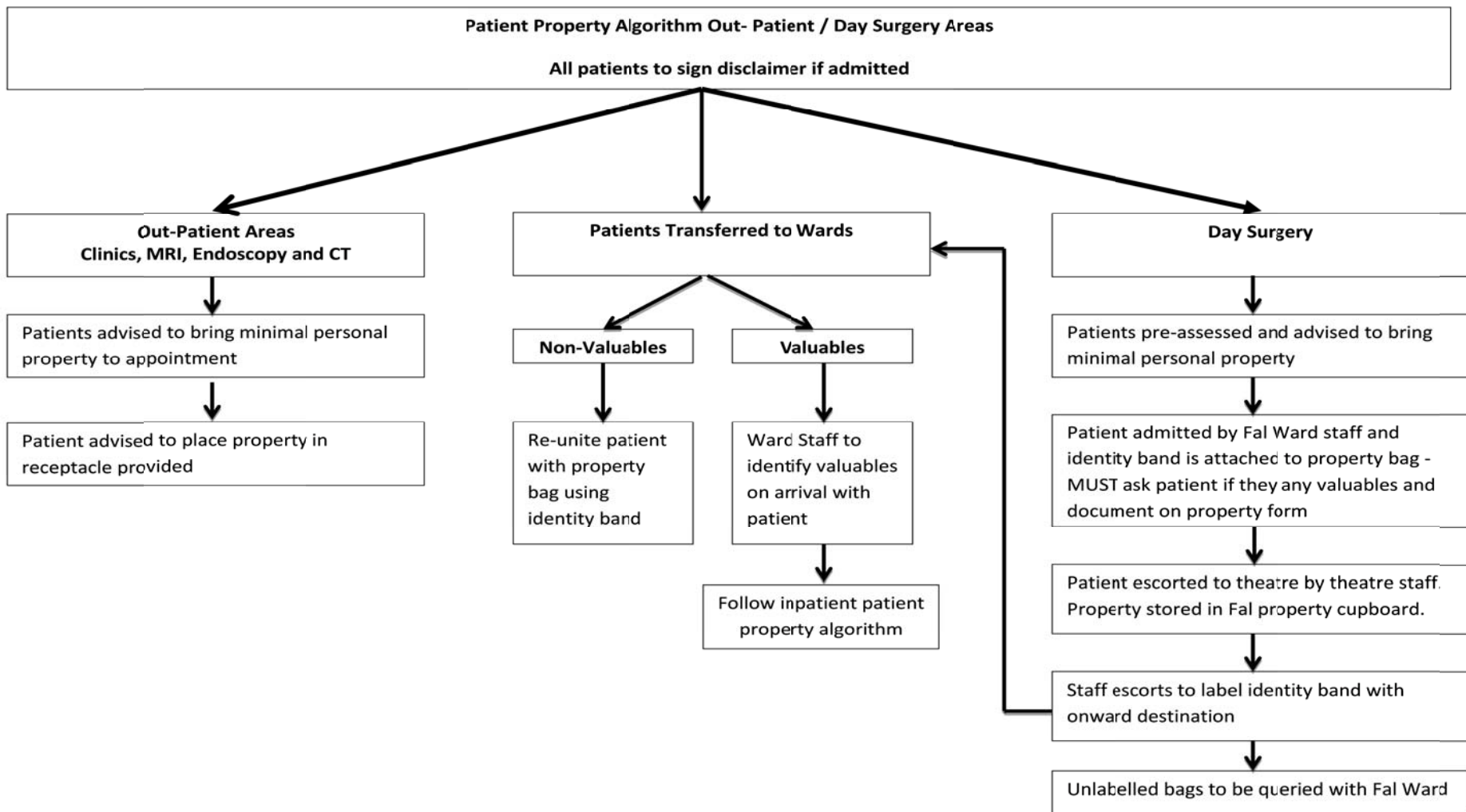


Patient Property Algorithm Emergency Admissions | **Appendix 4**



Patient Property Algorithm Outpatient , Diagnostic Depts, Day Case

Appendix 5



The property book is controlled stationary & must be kept securely. Pages should be used in sequence

When a patient is transferred to a different ward or area within the hospital, or to another NHS facility, the patient's property must be covered in the handover between the transferring unit and the receiving unit/organisation as a matter of routine.

Property taken into safe keeping

If a patient is transferred and has property held by the Cashiers Office, staff at the transferring ward should inform the cashier of the transfer. A copy of the patient's property record should be given to staff at the receiving ward, which can later be used to retrieve the property from the cashier on behalf of the patient or their representative. It is good practice to keep a copy of the patient property record within the patient's notes.

If the patient's deposited property is still being held in local storage at the time of the transfer (e.g. in the ward safe), the transferring ward should arrange for it to be sent to the Cashiers Office as soon as practicable.

If a patient is transferred to a different NHS organisation, their deposited property must be withdrawn from the Cashiers Office in line with discharge procedures set out in appendix 1.7. It is important to ensure the transferring ward makes arrangements for this with the Cashiers Office in good time, so that the property can be handed over to staff in the receiving organisation (which may be a patient transport service) at the time of the transfer.

Property not taken into safe keeping

If a patient is transferred to a different ward or area, property held by them should be checked by staff in both the transferring and the receiving unit against the list in the Patient Property Disclaimer. Any discrepancies should be highlighted and promptly investigated. Clear communication between the two units will be important for achieving this.

In each case, signatures of staff in both the transferring and the receiving ward, and the signature of the patient if possible, should be placed on the Patient Property Disclaimer.

If the patient is transferred to a different NHS organisation the same procedure applies as above, as far as the role of staff in the transferring unit is concerned, though its application will depend on the policies and procedures used by the receiving organisation.

Temporary custody of patients' property

If a patient is to be transferred from the ward/unit for a short period of time (e.g. to theatre, or x-rays), they should be informed that 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 that patients' property is secure when they are temporarily away from the ward.

Where property is taken into temporary custody, the same procedure should be followed as for all items handed over for safekeeping, with the difference that the items should be stored locally in secure storage options (e.g. controlled drug cupboard or locked filing cabinet).

When a patient is discharged from the Trust, any property they have handed in for safekeeping must be returned to them as soon as practicable. If the patient is incapacitated, it will be returned to their representative. Other than when a patient is incapacitated, staff should not hand over property to anyone other than the patient without the patient's written consent.

Property not taken into safe keeping must be checked against the current list on the patient's property disclaimer by a member of staff in the discharging ward, following the procedure set out below.

Return of Property taken into safe keeping

Where property has been deposited the Cashiers Office, an appropriate member of staff should collect it on behalf of the patient. The Cashier will retrieve the property from secure storage and check the contents against the Patient Property List attached to the property (green copy). This should be done in the presence of the member of staff collecting the property. If all is well, this member of staff will sign the copy of the Patient Property List, which will then be retained and archived by the Cashiers Office. If any cash has been deposited, the Cashier should obtain a separate signature for its return.

Once the property is returned to the ward or department, staff should ask the patient (or their representative) to produce their copy Patient Property List (white copy), as well as their cash receipt if relevant. 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 Patient Property entry and on the cash receipt if applicable, to confirm that all the property has been returned to them in good order.

A receipt signed by the patient or representative, and witnessed by another member of staff, must also be obtained. This should be done using a dedicated form. 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 staff in the Cashiers Office, or where the property has been stored at ward/unit level to the ward/unit manager
- one to be retained in the Patient Property Book / or file

If part or all of the patient's property taken into safe keeping is being held in local storage at the time of discharge, this should be retrieved by a member of staff in the discharging unit, who should then check it against the Patient Property List in the presence of the patient or representative. They should then be asked to sign the Patient Property Book and the property returned to them as above.

Deceased Patients

Appendix 8

When a patient dies, all property/valuables in the Patients Property Book must be documented and signed by 2 staff members.

No items (e.g. wedding rings) should be removed from the deceased. If any items remain on the deceased, they **MUST** be documented in the Patient's Property Book and on the Death Notice. Relatives should be informed to contact the Funeral Directors for return of items of jewellery.

Personal effects e.g. clothes, toiletries, magazines etc from the deceased patient must be taken to the Bereavement Office and their valuables **MUST** be deposited with the Cashiers Office for safe keeping.

Patient's medication will be labelled as 'Deceased' and returned to Pharmacy.

The Bereavement Office will return all property to the deceased's representative when they collect the Medical Cause of Death Certificate.

Lost Property

Appendix 9

Lost property is defined as property which cannot immediately be identified as belonging to a particular individual.

Any member of staff or the public finding an item of lost property on Trust premises is encouraged to hand it in to the Cashiers' Office on Level 7.

The cashier will log all items of property handed in and keep them in their office for a period of at least 3 months. Details will be recorded in the lost property register.

Persons claiming such property will be asked to sign the lost property register.

If property is not claimed within 3 months it will be disposed of as follows:

- Cash will be banked and credited to the Funeral Account
- Items of jewellery and other possible valuables will be examined and valued by a local auction house, identified by Procurement, who will visit the Trust twice a year. Anything identified as having a resale value of more than £50 will be kept for a further year, and every effort made to find the owner, including notices in Vital Signs. Anything with a resale value of less than £50, or that has not been claimed after this fifteen month period, will be sold to or by the auction house as appropriate.
- Spectacles, books and reusable items of clothing will be donated to an appropriate charity
- Miscellaneous items of little value will be destroyed

Patients, staff and members of the public who have lost property should be directed to the Cashiers' Office.

Property left behind on the ward after a patient's discharge does not fall into the category of lost property. Ward staff should contact the patient concerned and ask them to arrange for the property to be removed from the ward. If the patient declines, or fails to remove the

property within the agreed timescale, then any items of possible value should be taken to the Cashiers' Office for examination by the auction house as above and any other items destroyed.

Notes for cashiers

There will thus be four groups of lost property:

1. property handed in less than three months ago
2. property handed in more than three months ago waiting for next visit from auction house
3. property identified as valuable by the auction house on their most recent visit
4. property identified as valuable by the auction house on their last visit but one.

The four groups must be kept separately, with enough details recorded to allow identification and cross reference to the lost property book.

Example 1

A watch is handed in by a member of staff who has found it in the corridor on 15.3.10. The cashier logs it, puts it in an envelope marked with the date and lost property book reference number and puts it in the cabinet with the category 1 items. On 15.6.10 the watch is moved to the category 2 items, and shown to the auction house for valuation when they come for their July visit on 1.7.10. It is valued at £500, and moved to the category 3 items. It is included in a list of valuable items held by the cashier published in Vital Signs, but no one comes to claim it. In January 2011 the auction house visits, and the watch is moved to category 4. It is once again included in a list of valuable items in Vital Signs. When the auction house visits on 1.7.11 they are invited to buy the watch and the proceeds are credited to the funeral account.

Example 2

A yellow metal necklace is found and handed in to the cashiers on 20.4.10. The cashier logs it, puts it in an envelope marked with the date and lost property book reference number and puts it in the cabinet with the category 1 items. On 20.7.10 it is moved to the category 2 items. When the auction house visits in January 2011 the necklace is found to be of no value. It is put in a bag with all the other non-valuable items identified at that visit and given to an appropriate charity.

Example 3

A yellow metal necklace is found and handed in to the cashiers on 20.4.10. The cashier logs it, puts it in an envelope marked with the date and lost property book reference number and puts it in the cabinet with the category 1 items. On 20.7.10 it is moved to the category 2 items. When the auction house visits in January 2011 the necklace is found to have scrap value of £10. The auction house agrees to purchase it and the proceeds are credited to the funeral account.

Claims for Lost Property**Appendix 10**

The Trust does not accept liability for property not handed in for safekeeping. However, in certain circumstances the Trust has a duty of care, and may feel it appropriate to reimburse a patient for lost property. For example, a patient going from a ward to theatre would reasonably expect to be reimbursed if their hearing aids were removed and lost.

If the Trust has accepted property into safekeeping, and loses that property, the patient will be entitled to make a claim for reimbursement.

For cases where the patient believes that they are entitled to make a claim, the 'Claim for Lost Property' form shown should be completed. The manager of the ward or department should sign to indicate their support of any claim, and the form should then be sent to the Director of Nursing for authorisation. Before authorising a property claim the booking in form must be checked for verification that property was present at admission.

The ward manager or sister must complete an incident form for each instance where property has been lost which details the investigation undertaken to locate the missing items including a search of the bed space, laundry and ward areas allocated for safe keeping.

Quotations or invoices should be attached to all claim forms, and the Trust will consider each case on its merits. For example, dentures will normally be reimbursed only at NHS rates, unless it can be shown that there is an acceptable reason for the use of a private dentist.

CLAIM FOR LOST PROPERTY

Please complete this form in block capitals

Patient's Name <i>(in full)</i>	
Name of Claimant <i>(if different from above)</i>	
Address	
Detail of item(s) lost <i>Please attach original recipes where possible and provide quotation for replacement</i>	Item Replacement cost £
When and where did this happen?	Date / / Time : hrs (approx) Location
When was it reported and to whom?	Date / / Reported to:
Are there any witnesses?	Yes / No Name and address of witness:
Is there insurance cover under which the loss may be	Yes / No If yes, please give details:

claimed?	
Further information	

Return completed form to:

**Patient Services Department, Level 7, Derriford Hospital, Derriford Road,
PLYMOUTH, PL6 8DH**

Email plh-tr.PALS@nhs.net

Tel **01752 439884**

For office use only

Date Received by PALS / /	Authorised by:
Date forwarded to Director of Nursing / /	Decision

Dissemination Plan**Appendix 11**

Core Information				
Document Title	Management of Patient Property			
Date Finalised	September 2013			
Dissemination Lead	Jayne Glynn, Patient Experience Manager			
Previous Documents				
Previous document in use?	Patient Property Policy – V2			
Action to retrieve old copies.	Document controller to replace old policy with new document.			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	September 2013	Email, Vital Signs,	Jayne Glynn, Patient Experience Manager	
Matrons	September 2013	Email	Jayne Glynn, Patient Experience Manager	
Ward Managers	September 2013	Email	Jayne Glynn, Patient Experience Manager	
Trustwide	September 2013	Trust Document Library - StaffNET	Document controller	

