

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Patients Property Policy & Procedure

Effective: December 2011

Review Date: December 2014

### 1. Introduction

The following information guides staff in dealing with patients property, including valuables, clothing and other items. It will be of particular interest to all staff involved with the management of patient property within the Trust. The use of the term property shall be taken to include money and valuables. The correct application of the policy will ensure the safekeeping and integrity of patient property and minimise risk to all concerned.

### Key Issues

- Every ward/department must display a Trust standard disclaimer notice relating to patients' property.
- As a general principle it is the patient's responsibility to ensure the storage and safekeeping of their property unless it is handed over for safekeeping.
- The Trust is responsible for making patients aware of this policy and for its correct application.
- **Property must** follow the patient.
- Where valuables are held at ward level this must be the shortest possible period of time and no longer than 24 hours.
- Where money/valuables are being held by the Cashiers, they **must** be informed by the transferring ward, when patients are transferred between wards or discharged.
- Patient should be advised to bring only minimum amounts of property into hospital.
- If the Trust fails to obtain a signed disclaimer and the property remains with the patient, the Trust could be liable for loss, due to negligence. Completion of disclaimer must be a routine part of all hospital admissions.
- The Nurse in Charge of the ward is responsible for ensuring that the Patient Property Books are inspected on a weekly basis to ensure that no property is being held for a patient who has been transferred, discharged or died, and that an efficient system operates.

- Patient's property can be seized by the Police if they suspect that an item or items is involved in an offence that they are investigating. Staff should obtain a receipt from the police for the items taken.
- Staff have a responsibility to know and record the location of property taken into safekeeping.

## 2. Classification of Property

2.1 Patients' property can be broadly classified into three types:

- a) **Patients' Valuables**, including monies or cash equivalent property, credit cards, cheque books, bank books, jewellery, electrical goods, etc.
- b) **Patients' Clothing**, including, shoes, suitcases, handbags, dentures, spectacles, etc.
- c) **Other Items**, i.e. Offensive weapons, Medicines or Illegal substances should be dealt with in accordance with the agreed policies, e.g. Persons Suspected of Taking / Dealing in Illegal Substances on Trust Property Policy. Should it be necessary, please contact the Patients Service Co-ordinator for further advice.

2.2 Use of terms such as 'gold' and 'silver' must not be used when describing items of jewellery. Descriptions such as 'yellow metal' or 'white metal' must be used instead.

2.3 Stones in rings or other jewellery must not be described as 'diamond', 'ruby', etc., but the terms 'white stone', 'red stone', etc., must be used.

## 3. General Principles

3.1 Wherever possible, patient's property must be sent home with a relative or carer. Where this is not possible the Trust, as a matter of good practice, will ensure that property is lodged in a secure place. Monosol patient clothing bags are available for the transport of fouled patient clothing for home laundering (refer to Used Laundry Management Policy). It is the Trust's responsibility to advise patients:

- To send property home whenever possible.
- To advise patients that they must inform staff when additional valuables are brought into hospital.

It is the responsibility of the Trust to provide safe custody of property, which is:

- Handed in by patients.
- In the possession of unconscious or confused patients and those who lack the capacity to take care of their own property.
- Found in the possession of patients dying on admission to hospital, or dead on arrival.

- 3.2 Patients are advised in the 'Information for In-Patients' booklet that valuables should not be brought into hospital when they are admitted. Where this has not been possible, e.g. in the case of emergency admission, patients should be advised to have valuables taken home as soon as possible. This must be reinforced at the time of admission.
- 3.3 Where this is not possible patients should be advised to deposit any money or valuables which are not immediately required into the Trust's safekeeping.
- 3.4 If the patient declines to hand over their property, the Trust cannot accept liability for any loss incurred. Patients must be asked to sign a disclaimer form when admitted, in the knowledge that any property brought into hospital and not deposited is held at their own risk. **If the Trust fails to obtain a signed disclaimer and the property remains with the patient, the Trust could be liable for loss, due to negligence.**
- 3.5 All wards and departments must display prominent disclaimer notices.
- 3.6 Normally, property should not be handed over by the Trust to third parties without the consent of the patient, but articles of small value and clothing may be handed to their relative or carer and a signature obtained in the relevant clothing/valuables book. Money, valuables and house keys should, however, be retained by the Trust until patients have recovered sufficiently to give instructions as to their disposal. If this is not done, patients may have the right to sue for conversion and breach of responsibility.
- 3.7 If the patient is not able to consent to property being released and the ward staff have doubts about the eligibility of the person collecting property, they should arrange for it to be stored in safekeeping until eligibility has been confirmed.
- 3.8 Only one property and valuables book should be in use at any one time in an area. New books can be obtained as outlined in section 9.1. The issuer must check it is the previous book and that it has been completely used. This should prevent two books in use at one time. However, it will allow for two books to overlap for a limited period, until patients are discharged/transferred.
- 3.9 The wards are responsible for retaining completed books in accordance with Trust policy for a period of six years.
- 3.10 All Departmental Induction Programmes will include training and education in the application of the Patients' Property Policy.

#### 4. **Procedure for Dealing with Property taken into Safekeeping**

- 4.1 Property handed over for safekeeping should be examined, recorded in the appropriate property book and signed for by two members of staff. A signature should be obtained from the patient (where possible) to acknowledge the list of property handed over for safe custody is complete and correct. Details of any

action taken must be documented in the patient's nursing records, (including patient's refusal to sign), and must be witnessed by two members of staff and noted on the disclaimer form.

4.2 In the case of clothing, all items should be placed into an appropriate bag and a receipt from the Patients Clothing Book attached, clearly identifying the patient's name, hospital number and ward. The bag must be stored in an appropriate, secure area in the ward or department.

4.3 When recording valuables, the following details should be noted:

- **Social Security Cards.**
- **Bank/Building Society**, the date and amount of the last Pass Book balance shown.
- **Credit Cards** the type of card e.g. Barclaycard and Access .

**NB: In the interest of security, the card number should not be recorded.**

4.4 All valuables should be placed in a valuables envelope and sealed. Details of contents must be recorded on the front of the valuables envelope. The envelope must also record the page number from the valuables book and the patient MRN. The signature of two members of staff, who have checked the contents, must then be recorded on the front of the envelope and over the seal.

NB. Valuables and cash may now be recorded on the same page in the Valuables Book (this is a change for areas at RVI).

4.5 Patients admitted to wards at CAV may require access to house keys for the purpose of home visits. If it is deemed necessary for these to be taken into safekeeping (see 3.1) then it is acceptable for these to be stored in the safe on Cherryburn where a locally agreed process for issuing and return of keys is implemented.

4.6 Patients should be advised that any property lodged with the Cashier may not be accessible at weekends or 'out of hours' (see section 8.4).

## 5. **Transfer of Valuables During Office Hours**

5.1 Where cash, credit cards, cheque books, and other valuables are involved, a member of staff from the ward/ department will take the sealed valuables envelope and book to the Cashiers office for custody.

5.2 The receiving person will open the sealed valuables envelope in front of the member of staff and ensure that the contents listed are correct; any discrepancies must be highlighted, documented, promptly investigated and reported to the Head of Department.

5.3 The receiving person will sign the book on behalf of the Trust, accepting responsibility for the personal belongings. The receiving person will also enter a sequential property register number into the book and onto the resealed

envelope. The receiving person will retain the yellow copy of the book and attach this to the envelope. The member of ward staff will return the signed pink copy to the patient.

- 5.4 All cash received will be entered into a register and stored in the designated safe.

## **6. Transfer of Valuables/Cash out of Office Hours**

- 6.1 Outside office hours and during weekends, valuables should be dealt with as at 5.1 but at RVI/FH, should be logged with the Patient Services Co-ordinators and at CAV with the Senior Nurse on duty.

Cash and other valuables are entered into the Valuables Book and the sealed valuables envelope given to the Patient Services Co-ordinator at RVI / FH and the Senior Nurse on duty at CAV.

- 6.2 The Patient Services Co-ordinator/ Senior Nurse on duty at CAV will enter details of the patient and the number of envelopes received into their safe register. The valuables will then be placed in the safe in the Patient Services Co-ordinators office (FH and RVI) or the safe on Cherryburn (at CAV).
- 6.4 The property should be transferred by the Patient Services Co-ordinator or Senior Nurse on duty at CAV on the next working day to the Cashiers Office at RVI/FH as appropriate and the process outlined at 5.3 followed.

## **7. Special Circumstances**

- 7.1 Staff should ensure that patients attending theatre or procedures such as x-ray or endoscopy, are not in possession of personal items, which could be removed without their knowledge. They should also ensure that the patient has not left any property lying around on the ward. In such circumstances valuables should be taken into temporary custody.
- 7.2 Temporary custody of property should only be undertaken on wards and departments as a short-term measure, e.g. patients attending procedures or theatre, until their property can be returned to them or their relative or carer. In all cases the temporary custody section of the Valuables book **MUST** be completed and the property lodged in the department's designated secure location, e.g. this may be the ward safe (valuables should be held for the shortest time possible and no longer than 24 hours).
- 7.3 **On transfer of patients between wards in the same hospital, where valuables are already in custody in the Cashiers office, the transferring ward are responsible for informing the Cashier and the receiving ward.**
- 7.4 Where property is already in custody the receiving ward must treat it as a new admission and also sign off the original ward's book.

7.5 Where a patient's condition deteriorates and they are no longer capable of managing their own disclaimed property, the nurse should ensure that personal items are processed in accordance with section 4.1.

## **8. Discharge**

8.1 The transfer of patients to other hospitals, within or outside the Trust, constitutes a discharge, within the terms of the Patients' Property Policy.

8.2 In cases where the patient is unable to accept responsibility and/ or sign the receipt then action should be taken as per 3.6.

8.3 Patients discharged from hospital can reclaim any property held by the hospital for safekeeping, by producing their receipt, given to them at the time their property was handed in.

8.4 Where property has been lodged with the Cashiers office, the Nurse in Charge of the ward should inform the Cashiers, wherever possible, at least two working days in advance of an impending discharge.

8.5 The Cashier will arrange for the valuables to be taken to the ward, as near to the time of discharge as possible.

8.6 Where money is involved the Nurse in Charge of the ward will inform the Cashier, in advance, whether or not the patient will accept a cheque. It will be explained to the patient that in the interests of security it may be advisable to accept a cheque rather than cash.

8.7 Where the patient insists on cash, the Cashier will arrange for the cash to be taken to the ward, as near to the time of discharge as possible. The patient will be asked to produce their receipt, and sign a petty cash voucher. A member of the ward staff will witness this voucher.

8.8 The Cashiers Property Register must be signed by the person collecting the valuables from the cashier, patients or staff. Staff collecting valuables and returning them to patients must ensure that the patient signs the Ward Valuables Book.

8.9 Where it is known that a patient is due to be discharged at a weekend or a bank holiday, the Cashier should be contacted in advance to ensure that arrangements are made for the property to be obtained prior to the date of discharge. The Cashier will arrange for the property to be stored by the Patient Services Co-ordinators, on a temporary basis, from where it can be returned at the time of discharge. Any staff retrieving property must ensure that the relevant documentation is completed.

## 9. Documentation

- 9.1 Valuables and Clothing Books are obtained by returning the completed valuables book to Leazes or New Victoria Wing reception desks at the RVI or to NCCC reception desk at Freeman Hospital, where a new one will be issued.
- 9.2 Each ward/department should only have one valuables and clothing book in use at any one time.
- 9.3 Pages must be used sequentially.
- 9.4 Completed valuables and clothing books are retained by the ward for six years.
- 9.5 The **Valuables Book** is in triplicate with the distribution of copies as follows:
  - a) **Pink:** Patient's copy. If the patient is not able to receive this copy it should be retained with the patient's medical records until such time as they or their relative or carers are able to receive it.
  - b) **Yellow:** accompanies cash and valuables and is retained by the Cashier.
  - c) **White:** retained in book.
- 9.6 The **Clothing Book** is also in triplicate, with the distribution of copies as follows:
  - a) **Pink:** Patient's copy. If the patient is not able to receive this copy it should be retained with the patient's medical records until such time as they or their relative or carers are able to receive it.
  - b) **Yellow:** remains with clothing. When clothing is returned to patient, patient signs as receipt of goods
  - c) **White:** retained in book.
- 9.7 All spoiled copies are to be retained in the Valuables or Clothing Book and clearly marked 'Cancelled', an explanation for the cancellation written and signed by the author.
- 9.8 In accordance with the Trusts Standing Financial Instructions (Section 19.6), staff should be informed on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of patients' property.
- 9.9 Once completed, documents should not be amended or altered in any way. This is required in order not to compromise the integrity of the audit trail. If during completion an amendment is considered essential, the person making it should initial it, and erasures should be made with a single line so the original text is still readable.

## **10. Responsibilities**

- 10.1 Staff taking custody of property must record all details in the patient's nursing notes as well as in the relevant book.
- 10.2 The Nurse in Charge of the ward is responsible for ensuring the inspection of the Valuables and Clothing Books on a weekly basis to ensure that no property is being held for a patient who has been transferred, discharged or died, and that an efficient system operates.**
- 10.3 If a patient or their carer report missing property, the Nurse in Charge must instigate a prompt local search and the outcome of this must be documented.

## **11. Death**

- 11.1 It is the responsibility of nursing staff to inform the Cashier as soon as possible upon the death of a patient, for whom valuables are being held.
- 11.2 Nursing staff should not write 'RIP' or 'deceased' on valuables and clothing books as they may be seen by relatives.
- 11.3 The Cashier will inform the Bereavement Officer that valuables are being held in the Cashier's office.
- 11.4 Property remaining on a deceased person received into the Hospital Mortuary, must be entered into the Mortuaries Patients Property Receipt Book by the Technician. The pink copy of the patient's valuable/ clothing book will be given to the patient's relatives or representative to acknowledge receipt of the property.
- 11.5 Where a patient is dead on arrival at the hospital and taken direct into the Mortuary out of hours, the Patients Service Co-ordinator is to be contacted to assist in dealing with cash and valuables.
- 11.6 If a patient dies, having already logged property with the Cashier/ PSCs, this will be released to the Bereavement Office who will release it to the next of kin at the time the death certificate is issued. A signature is obtained from the next of kin on an Indemnity Form, which can be supplied by the Bereavement Officer. This is then filed with the yellow copy of the Valuables Book.
- 11.7 In Emergency Department RVI, property may be returned to immediate next of kin, large amounts of cash will not be released as verification of next of kin can be problematic in some circumstances. A limit of £50 is suggested as good practice and the Valuables Book should be signed by the next of kin to confirm receipt of the sum.
- 11.8 If a patient dies "in hours" and valuables or cash have not been logged with the Trust, this should be transferred to the Cashier's Office, in accordance with sections 5 and 6 of the policy.

11.9 If a patient dies “out of hours” and property and valuables have not been logged with the Trust:

- (a) At FH and RVI, valuables and cash should be logged with the Patient Services Co-ordinators.
- (b) At CAV, valuables and cash should be logged with the Senior Nurse on duty.
- (c) At FH and RVI, clothing should be kept on the ward until the next working day when it should be taken to the Bereavement Office.
- (d) At CAV clothing should be kept on the ward and relatives will be asked to collect it by the Bereavement Office.

11.10 Ward staff must not dispose of patient’s property with the exception of soiled clothing and this must only be with the explicit permission of relatives, which must be documented in the nursing notes. Staff must be aware, relatives may have differing opinions on disposal or care of patient’s property. If there are any concerns regarding infection prevention then advice must be sought from an IPCN on an individual basis about how to handle specific items. Non-clothing items must be forwarded as per paragraphs 11.7/11.8/11.9.

11.11 Repayment of a deceased patient’s money to a relative amounting to more than £100 is to be repaid by cheque only. The cheque request will be raised following receipt of a signed indemnity form by Financial services and sent direct to the next of kin’s home address.

11.12 An indemnity form (available from the cashiers) is required for all claims.

11.13 Amounts over £5,000 should only be released by cheque to the Executor of the estate on production of a Grant of Probate, or in the case of a person leaving no will, on the production of Grant of Letters of Administration.

11.14 The Trust owes a duty of care to the deceased patient that any money or property (e.g. house keys) is handed to the correct relatives. If the Trust were to release money or property to the incorrect relatives the Trust may have to make good anything made over to the incorrect person.

## **12. Unclaimed Property**

12.1 All attempts will be made to reunite property with the rightful owner. However, after a period of 6 months, following discharge or death, unclaimed property will be disposed of. Care should be taken to ascertain whether articles are of value and expert advice sought where there is any doubt about the value. The supplies department should be contacted to arrange valuation of such items,

12.2 If unclaimed articles are valuable, reasonable efforts should be made to trace the owner. If the trace is unsuccessful the articles should be kept for a reasonable time before disposal. Under the Limitation Act 1949, a period of six years would normally be reasonable in the case of property deposited although this period of recovery may be extended in the case of disability

acknowledgement, part payment, fraud and mistake. The disposal of the property would be arranged by the Trust Supplies Department.

- 12.3 Unclaimed cash and the proceeds of the sale of abandoned or unclaimed property should be credited to a control account. In the event of a patient or some other person eventually claiming property which has been disposed of, the amount due would be payable out of this account. The Trust's Financial Services Department will arrange this.
- 12.4 All unclaimed bank books or pension cards should be forwarded by the Trust's Financial Services Department to the appropriate bank/ DSS office, with an explanation of the circumstances in which they came into the Trust's possession.
- 12.5 All unclaimed cash which exceeds the sum of £500, held on behalf of a deceased patient, must be referred to the Treasury Solicitor if the Financial Services Department have been unsuccessful in tracing any next-of-kin.
- 12.6 Where cash is held on behalf of patients, the Financial Services Department should make routine checks with the wards, on a monthly basis, to ensure the patient has not been discharged.

### **13. The handling / security of lost property**

- 13.1 Where items have been found on Trust property and are deemed to be lost property, these should be handed to the relevant sites Main Reception, the reception staff will forward to the Portering Services Management team and the appropriate lost property paperwork completed. All attempts must be made to locate the owner of the property as quickly as possible after its discovery.
- 13.2 The **Lost Property Book** is in triplicate and will be completed with the distribution of copies as follows:
  - a) **White:** given to the person handing in the property
  - b) **Blue:** attached to the item / item containing the lost property
  - c) **Yellow:** retained in book
- 13.3 All lost property will be held in a secure cabinet inside a secure room. The keys for these cabinets must be held in a secure location.
- 13.4 The finder should be informed that they can make claim to the item if not claimed within 6 months, however if the real owner is identified the item or the value of the article must be returned to its rightful owner.
- 13.5 The item of lost property must be held secure until it can be handed to the Portering Services Manager for his / her attention. Items should be handed to the Portering Services Manager as soon as possible.

- 13.6 No items will be returned to owner / finder unless prior arrangements have been made, this will only be carried out by a Porter Services Manager. An appointment should be made with the relevant site Porter Services Manager and those attending to claim lost property must attend with relevant identification, this should be passport or driving licence.
- 13.7 Claims / enquiries regarding lost property should be directed to the Porter Services Manager for the relevant site.
- 13.8 Claimants must have relevant information regarding details of what is being claimed, and proof of ownership of the item.

#### **14. The Disposal of Unclaimed Lost Property**

- 14.1 The Porter Services Manager is responsible for dealing with the provisions under this section.
- 14.2 Where an owner is known, reasonable efforts will be made to return the property by the Porter Services Manager.
- 14.3 Where, despite a reasonable effort being made to establish ownership and the owner is not known, Standing Financial Instructions will be followed. The property will be handed over to the Trust's Supplies Department who will arrange for them to be sold and the proceeds credited to the Trust's Charitable Fund.

#### **15. Monitoring and Review**

Appropriate storage and documentation at ward level is monitored via the Clinical Assurance Toolkit (CAT) by Matrons.

A monthly audit of cash and valuables held in the Cashiers Office will be undertaken by the Finance department.

This policy will be reviewed every 3 years. Comments, queries and suggested amendments should be addressed to the relevant Head of Nursing.

Author: Senior Nurse Practice Development

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	<b>Patients Property Policy and Procedure</b>	Policy Author:	Suzanne Medows
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	This policy does not discriminate against any individual on the basis of race, ethnicity, nationality, gender, culture, religion or belief, sexual orientation, age or disability
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
------------------	---

Name and Designation of Person responsible for completion of this form: Suzanne Medows, Senior Nurse Practice Development Date: 8th November 2011

Names & Designations of those involved in the impact assessment screening process: Suzanne Medows, Senior Nurse Practice Development.....

.....  
 (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*