

PATIENT PROPERTY POLICY

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Author	Patient Experience Manager		
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Staff/Groups Consulted	Director of Nursing Associate Directors of Nursing Matrons HR Managers General Manager for Clinical Governance Trust Risk Manager Cash Handling Lead Patient Experience Team Patient Experience Manager Patient Voice Chaplain Facilities Manager Security Officer		
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Patient Property Policy

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1. RATIONALE

Yeovil District Hospital NHS Foundation Trust recognises that, as part of its duty of care, reasonable care should be taken of all patients' property on Trust premises. However, the Trust cannot accept liability for such property unless it has been handed in for safe custody in an appropriate manner.

The Trust itself has a responsibility to provide safe custody of money and other personal property left in care by the patient, in the possession of unconscious or confused patients after arrival on Trust's premises and found in the possession of patients who are dead on arrival at hospital.

2. POLICY STATEMENT

This policy sets out the framework, arrangements and responsibilities for managing patients' property in the Trust and should be communicated and followed by staff to reduce the likelihood of incidents, complaints and claims. The principles of the Trust's iCARE philosophy are applicable to this matter and must provide the framework in which the policy is used.

3. APPLICABILITY

This policy applies to staff employed by the Trust. Patients', visitors and the general public will be made aware of this policy as required. Failure to follow this policy by staff may result in action under either the Disciplinary or Capability policies. Other persons may be subject to other action by the Trust.

4. MANAGEMENT OF PATIENT PROPERTY

Refer to **Annex A** flowchart for the process of managing patients' property detailed in the following sections.

4.1. Trust Responsibility for Patients' Property

4.1.1 Communicating with Patients - Patients should be discouraged from keeping valuable property in hospital and the Trust cannot be held responsible for items not taken into safekeeping. Admitting staff are to make patients aware of their responsibility as soon as possible after admission using the '*Nursing Admission and Assessment Record*'. The admitting nurse must record on the nursing assessment that they have explained this to the patient.

Personal property brought into the hospital for individualised care e.g. mobility / care aids, should be marked by the patient / family with the patient's details. Although not handed over for safekeeping there is joint responsibility by the patient and Trust staff for looking after the equipment. The safety and suitability of items must be assessed by the nurses caring for the patient.

Personal items such as false teeth / prosthesis are the responsibility of the patient however when personal care is being provided Trust staff have a responsibility to ensure reasonable safety of such items at the time. Specific valuable bags are available for this use.

4.1.2 Patients who Lack Capacity - If the patient lacks capacity on admittance into hospital, or their condition deteriorates to a point where they are not capable of making decisions for themselves, and are not likely to regain capacity, the Trust has a responsibility to safeguard their property. This does not mean that property will be taken in for safekeeping automatically when patients go to theatres or have short term capacity issues. In these situations patient property remains their responsibility unless they or their family / carer wish for it to be retained for safekeeping. When valuable property is taken in for safekeeping, a record should be made of all items, see 4.2.1. The remainder of the patient's property should remain with the patient for practical or sentimental reasons. Families / carers should be consulted where possible.

The Emergency Department (ED) must safeguard the property of patients who do not have capacity at the time but if this situation changes and discharge takes place from ED / Clinical Decisions Unit then their property is handed back to them. If items are taken by the family a record should be made in the health record at the time. When a patient is moved from ED to a ward, their property must go with them.

4.1.3 Non Admitted Patients - Patients who come in as out-patients and/or attend the ED who are not admitted onto a ward should retain their personal possessions and be made aware that it is their responsibility to look after their property. In departments where lockers are provided patients may use them at their own risk. Disclaimer notices should be displayed in waiting and changing areas to inform patients of the responsibility.

4.2 Recording and Safekeeping of Patients Property

4.2.1 Recording Property - The property book must be used to record patient property retained for safekeeping. The book has 3 sheets to be completed legibly (refer to flowchart at **Annex A**). The recording of patient property for safekeeping should detail each item sufficiently to identify the item. The wording gold, silver or descriptions like diamond or ruby should not be used but the shape and colour with identifiable marks should be documented. The make and model of any electrical item with the serial number should be documented if available, watches or jewellery should be described in as much detail as possible following the advice above and any inscriptions should be noted.

4.2.2 Safekeeping Property – The Patient Experience Team has arrangements for the safekeeping of valuables handed into them. Staff should not accept responsibility for valuables to be retained for safekeeping on the ward and must send them to the Cash Office on level three. Valuables handed in must be recorded and tagged with the patient details and sealed in a valuables bag.

The following arrangements are made for securing property:

- Cash will be deposited with the finance department.
- Small valuable items will be stored in the safe within the Cash office
- Other property items will be kept locked in a room accessible by Patient Experience Team staff.

4.2.3 Safekeeping Property Out of Hours - Out of hours, valuable property retained for safekeeping should be stored in the safe at Switchboard following the recording requirements in 5.2.1. The property must be handed over to the Cash Office on the next working day.

4.2.4 Handing Over Property Retained for Safekeeping – Property retained for safekeeping will be handed back to the patient on their request at a reasonable time and at the point of discharge or transfer to other healthcare locations. The handover of property must be recorded in a formal way through Patient Experience arrangements. The Clinical Site Manager has access out of hours to property secured through the Cash Office for return to individual patients.

Valuables handed in for safekeeping should not be given to other persons, family or carers without the consent of the patient unless the person has the legal authority such as a power of attorney for financial matters. The property of patients' who have died which has been retained for safekeeping will be handed over to executors of wills, or in the case of no executor being identified the patient's solicitors or probate office will be informed of the property. If family/ carers take property at any time witnessed by staff this must be recorded in the health record.

4.2.5 Property on Transfer - Staff should ensure (where possible) that patient property is transferred with them at the time. On transfer between wards only patients' who lack capacity to make decisions should have a property list check completed by the receiving ward. The transferring ward should notify the receiving ward of any valuables retained for safekeeping using the transfer form.

4.2.6 Property on Discharge - On discharge the patient's property must go with them as part of the discharge process. Valuables retained for safekeeping should be returned. For patients who are not competent to make decisions but are being discharged / transferred to other healthcare locations the discharge process must include a property check and handover of property as part of the process.

4.3 When a Patient dies in Hospital

The ward has a responsibility to safeguard a patient's property in their possession at the time of death. The Trust is not responsible for possessions out of hospital.

The property of the deceased patient must be itemised, sealed in a bag and then taken to the Patient Experience Team. If the clothing is damaged, torn and/or soiled, especially in trauma cases the family where possible should be asked for their permission before the clothing is disposed of. This should be recorded in the patient's notes.

Any property left with the body for cultural or personal reasons, and / or when staff have difficulty in removing an item this must be clearly identified on the mortuary card attached to the shroud and on the property record sent to the Patient Experience Team. Where relatives are present at the time of a patient's death valuable property should not be released until it has been passed to the Patient Experience Team so that the appropriate indemnity form can be signed. This should be explained to the family at the time and if the family insist on taking property this must be documented clearly in the patient notes.

Indemnity forms (for property less than £5000) are to be signed upon release with proof of identity obtained. Where a patient's property is in excess of £5000, the Patient Experience Manager must ensure that the production of probate or letters of administration is provided before property is released.

4.4 Lost or Damaged Property and Disposal Arrangements

Unless the Trust has formally taken possession of a patient's property it remains the responsibility of the patient. Property lost or damaged in such circumstances is not reimbursable by the Trust unless circumstances identify that the Trust was at fault.

Any losses or damage to property must be reported through the incident reporting process and to the Patient Experience Team a record should be made in the health record. Please note that the Patient Experience Team should also be informed if the lost or damaged property belongs to a current inpatient.

Disposal of low value property including clothes that is left on the ward is the responsibility of **ward staff**. Process for lost or damaged property and disposal arrangements are set out in **Annex B** with a loss form provided at **Annex B1**.

4.4.1 Patient Experience Team Disposal of Valuables

Items of value will be kept for at least 6 years before being disposed of whether the owner is unknown, or where the items have been handed in for safekeeping. If the value of an item is not immediately clear, professional advice should be sought before deciding how to act. The guidance in '*hfmta*' will be used for reference when disposing of valuables after 6 years.

4.5 Patients' Own Medicines

The arrangements for patients' who retain responsibility for their own medication are set out in the Medicines Management Policy.

5. ASSOCIATED PROCEDURES

Associated procedures for managing property kept for safekeeping is the responsibility of the Patient Experience staff and management. Procedures for safekeeping of valuables should be documented and communicated separate to this policy. Accounting of valuable property and losses are the responsibility of the Finance department. Associated Nursing documentation should be maintained separately and is only referenced in this document. All Annexes to this policy are the responsibility of the author.

6. IMPLEMENTATION, MONITORING AND EVALUATION

Responsibility for implementation, monitoring and evaluation is identified in the Trust's Policy on Procedural Documents. The following arrangements are in place for monitoring the procedures in this policy:

6.1. The Cash Handling Lead will be responsible for monitoring and reporting to the Patient Experience Manager compliance with this policy in relation to storing and disposing of valuable property.

6.2. The Patient Experience Manager will be responsible for reporting patient property losses and compensations to the Audit Committee on each meeting.

7. DEFINITIONS

7.1. Property – The policy covers the possessions, money, valuables and clothing of patients / clients of Yeovil District Hospital NHS Foundation Trust. It does not apply to employees or sub-contractors of the Trust.

7.2. Items of Value - A common sense approach when assessing the value of items should be made by the person making the decision, advice should be sought if unsure (advice from the Healthcare Financial Management Association (hfma). Items such as cash, home or car keys, jewellery and precious metals, watches, some clothing such as fur/leather jackets, some electronic equipment, cameras, mobile phones etc. would be classed as valuable items. Please note that all other items of clothing will be considered as non-valuable.

7.3. Safekeeping – In the context of this policy means property that has been taken from the patient to be retained in a secure location that is accounted for and is handed back over to the patient, or other legal guardian with access only available to responsible staff members such as Registered Nurses and Cash Office staff (the patient's bedside locker used for locking away patient prescribed drugs is not classed as a place for safekeeping valuables in this case).

7.4. Patients – The policy applies to persons who are inpatients of the Trust, or are being assessed for the purposes of deciding whether to admit. It also applies to persons undergoing diagnostic or therapeutic treatment on an outpatient basis where they are not able to keep direct charge of their property.

8. TABLE OF ROLES AND RESPONSIBILITIES

The following responsibilities have been identified as part of this policy:

8.1. Chief Executive and Lead Director

The Chief Executive has overall responsibility for the policy standards within the Trust. The Director of Nursing and Clinical Governance has board level responsibility for ensuring suitable arrangements are in place for management of procedures set out in this policy.

8.2. Associate Directors of Nursing and Matrons

Associate Directors of Nursing and Matrons are responsible for staff under their management control complying with the arrangements for safeguarding patient property. The Patient Experience Manager holds the property claim forms and will make them available to ward staff when they consider it appropriate under the provisions of this policy. The Patient Experience Team will assist with endorsing property claims that are made for lost or damaged patient property.

8.3. Doctors, Nurses and Allied Health Professionals (AHP)

Doctors, Nurses and AHPs are responsible for keeping patients property safe when in their possession and for the safe handling and/or removal when treating or caring for patients.

Nurses in particular are responsible for:

- Informing the patient of their responsibility for them to look after their property and recording this in the nursing record
- Documenting property in line with this policy using the property book
- Ensuring the safe keeping of valuable property
- Ensuring that all property accompanies the patient on discharge or transfer.
- Ensuring that property being handed over to the Cash Office is recorded, sealed and labelled
- Ensuring that deceased patient's property goes to the Bereavement Officer.
- Repatriating property with patients on the ward and for contacting those who have left property behind on discharge or transfer
- Disposal of low value items on the ward
- Investigating losses and searches for lost property
- Incident reporting lost / damaged patient property

8.4. Housekeeping & Domestic Staff

Housekeeping and Domestic staff play a vital role in the safety and security of patients property. They should ensure that property is not removed or disposed of when cleaning and property that is found on the ward is handed over to the nursing staff for safekeeping.

8.5. Patient Experience Team

The Patient Experience Team is responsible for valuables handed over to them for safe keeping and recording. They are responsible for following up of patient's property to repatriate items with their owner or legal custodian and for management and disposal of property within the time frame identified within this policy.

The Patient Experience Manager is responsible for agreeing that a claim form should be submitted. The Patient Experience Team is responsible for writing to the patient or relative to request receipts for the amount paid for the missing or damaged property.

The Patient Experience Manager is responsible for determining the amount the Trust will pay and for ensuring that reimbursement is made promptly and correctly.

The Patient Experience Team is responsible for receiving deceased patients' property and for recording and handing over the property to the next of kin, or legal guardian using indemnity forms as applicable.

9. SOURCE REFERENCES AND ACKNOWLEDGEMENTS

The following references have been used in this policy:

- Patients' Monies and Belongings booklet published by the Healthcare Financial Management Association 2011 (*hfma*).
- Guidance for NHS health bodies on the secure management of patients' property.

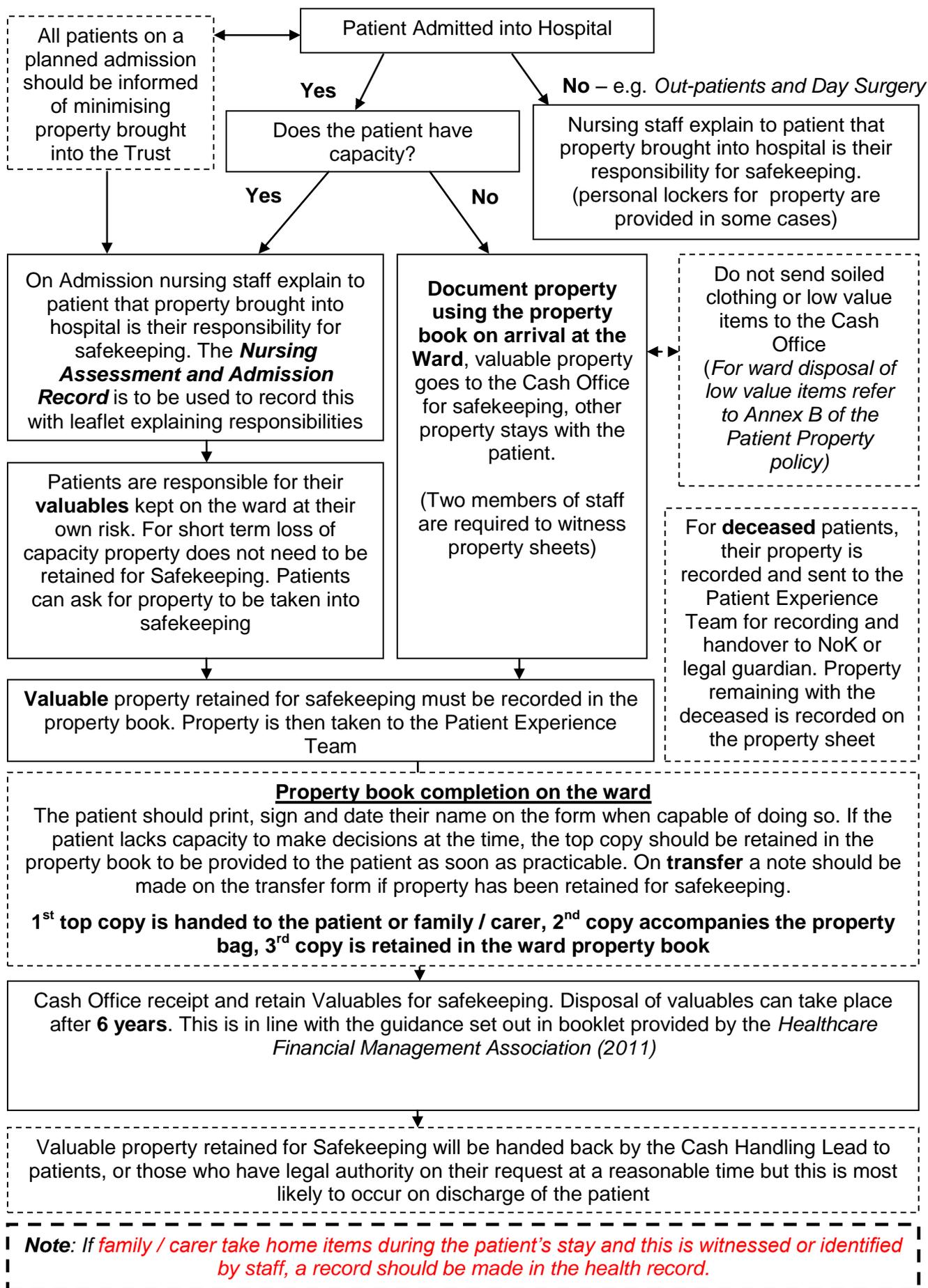
10. EQUALITY IMPACT ASSESSMENT

This document has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does

not discriminate any staff or patient groups. A completed Equality Impact Assessment can be found at **Annex C**.

ANNEX A – TO THE PATIENT PROPERTY POLICY

MANAGEMENT OF PATIENT PROPERTY FLOWCHART



ANNEX B – TO THE PATIENT PROPERTY POLICY

PROCEDURE FOR LOST / DAMAGED PROPERTY AND DISPOSAL ARRANGEMENTS

1. **Reported Lost Property** - If a patient's property is reported lost or damaged by the patient, family / carer or staff member an initial check led by the nursing staff should take place on the ward to identify the circumstances. For lost property this would include looking in the bedside locker with consent and surrounding areas including all other possible locations such as the linen cage where property may have been caught up when changed, or disposed of accidentally. A check must be made for any property that has been handed over for safekeeping through records in the property book. Patients should also be asked if any family member/carer has taken the item away for safekeeping.

If the property cannot be found, or there is concern that items may have been taken deliberately or damaged as a result of staff actions then this must be reported to the ward Sister/ Matron or senior staff at the time and an incident report must be completed. All attempts must be made to search for property and investigate the circumstances of the loss / damage especially if items of value are concerned.

If there are allegations of theft, or large amounts of money have been reportedly taken this must be reported immediately to senior staff. Where there is an accusation or suspicion of theft or damage by staff then the HR department should be informed. It is the responsibility of the person making the allegations to contact the police to report their concerns, or their family members. The Trust incident report must include the crime number if the Police have been informed.

A summary of the process is set out in **Annex B1**, including detail if the patient wishes to make a claim from the Trust. A losses and compensation report can be found at **Annex B2**.

2. **Lost Property Found on the Ward** - Property found on the ward should first be repatriated with the patient if identification can be made. For patients who have been discharged / transferred out of YDH the ward staff should where possible identify the owner and inform them so that they can pick up the items/s. Staff should ensure the property of patients who have been transferred to other wards are repatriated with their property where identification is possible.

Any valuables found on the ward that cannot be identified against a patient must be sent to the Cash Office for safekeeping which is recorded through using the property book as set out in Section 4.2 of the policy.

3. **Lost Property found in External Hospital Locations** - Property that has been left in external areas of the hospital premises should be checked for identity, the property may then be identified by the person / department finding the property and the Patient Experience Team may be involved to inform the owner. The Trust will not take responsibility for lost items and these should be handed in to the local police station if no identification can be made. An incident report must be made with as much detail as possible about the lost item.

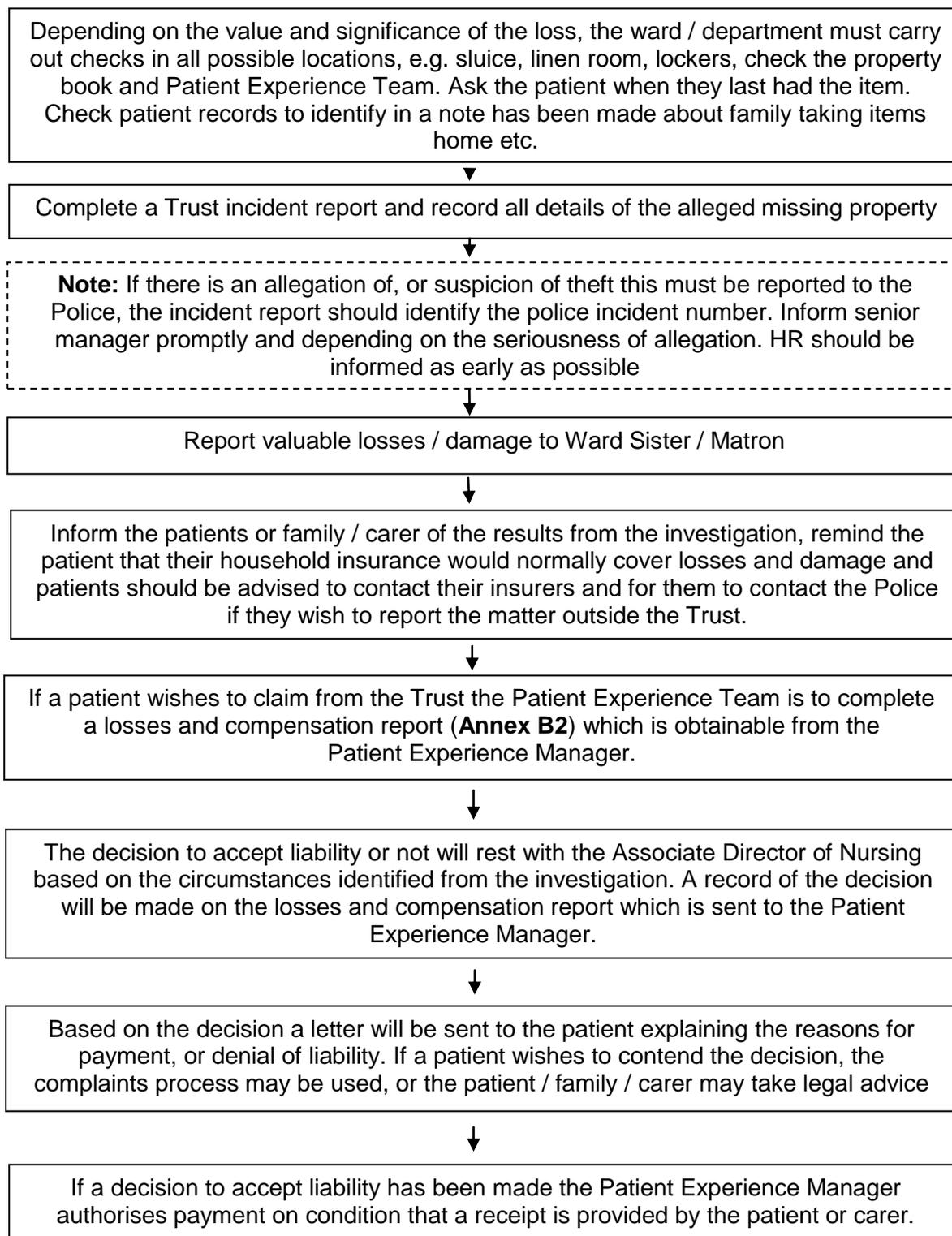
4. Ward Disposal of Low Value items not handed over for Safekeeping

a). Identifiable Property - Property that is of low value or is broken beyond repair; is hazardous and/or may be an infection control risk must be disposed of on the ward by the nursing staff through the appropriate waste stream. Verbal consent should be gained by the patient where possible but if the patient is not able to make the decision the family / carer should be informed of the decision to dispose of the items at ward level before disposal takes place. A record must be made in the property book, or where the item may be of greater value an incident report should be made detailing the circumstances of the disposal with as much detail as possible to document the item/s and risks.

b). Unidentifiable Property - Low value items such as clothes, toiletries, washing bags etc. which cannot be identified as belonging to a patient must be disposed of on the ward after checks take place and should not be sent to the Patient Experience Team.

ANNEX B1 – TO THE PATIENT PROPERTY POLICY

REPORTED LOST PROPERTY FLOWCHART-FOR CURRENT INPATIENTS



*Reported lost property for patients that have left the hospital will be dealt with by the Patient Experience Team, with a losses and compensation report being completed by the Patient Experience Manager.

ANNEX B2 – TO THE PATIENT PROPERTY POLICY

LOSSES AND COMPENSATION REPORT - To be used in conjunction with the patient property policy

THIS FORM MUST BE COMPLETED BY THE PATIENT EXPERIENCE TEAM

Note: This form must not be completed by the patient or relatives

PARTICULARS OF PERSON REPORTING LOSS/DAMAGE

Name:-.....Contact Phone Number:

Occupation:-.....Work location:-.....

Were you on duty? YES / NO

PARTICULARS OF LOSS/DAMAGE

Name of patient (if applicable):

Hospital Number:-.....

Date of Discovery:-..... Time:-.....

Location:-

What were the circumstances of the loss reported:-.....

.....

Nature and extent of loss/damage:-.....

.....

Had the property been taken to the General Office for Safekeeping: - YES / NO

Has a property list been completed:- YES / NO

Reported Cost/Value of loss/damage:-.....

ACTION TAKEN INCLUDING INVESTIGATION DETAILS

Police called YES / NO / Don't Know Time:-.....

Officers Name:-..... Crime Number:-.....

Always complete an Incident form and state Incident Number:-.....

Has the General Office been checked for lost property:-.....

Has the ward / department been checked for lost items (Ward name date):-.....

Staff involved in checks for property losses and feedback from staff:-.....

.....

.....

Have enquiries to the relatives been made? YES / NO

Signature of reporter:-..... Date:-.....

TO BE COMPLETED BY PATIENT EXPERIENCE TEAM

ADDITIONAL CLAIMANT ADDRESS DETAILS

ADDRESS.....

.....

POST CODE..... CONTACT PHONE NUMBER.....

SUPPORTING DETAILS OF CLAIM FOR COMPENSATION – Detail the reason why you feel the Trust is not liable, if this is the decision made. This decision will be inserted into the letter returned to the patient by the Patient Experience Manager.

.....

.....

.....

.....

.....

Do you support the claim? YES / NO

I certify that I have investigated this claim and can confirm that Yeovil District Hospital was RESPONSIBLE / NOT RESPONSIBLE (delete as appropriate) for the loss.

Signature of Patient Experience Manager:-

.....

Name in Capitals:-.....

Date:-.....

ANNEX C – EQUALITY IMPACT ASSESSMENT TOOL

Policy name: **Patient Property Policy**

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

		Yes / No / N/A	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	Consideration has been taken into account for cultural items left on the body of deceased patients and for those patients without capacity who may wish to retain property
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Trust's lead for Equality & Diversity, together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the Trust's lead for Equality & Diversity.

Signed – Name: Linda Hann Date: April 2015