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This policy is to be disseminated to all relevant staff, as identified within the policy.

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Secure Management of Patient Property

Inpatient and Residential/Intermediate Care Property Policy and
Procedures

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1 INTRODUCTION

1.1 Background

The following policy and information explains what to do with patients' property when they are in residential/intermediate care, including items of a valuable and non-valuable nature. It will be of relevance to all staff who work on inpatient wards/units or in managing patient property. The policy explains the Trust's duties and responsibilities, sets out the standard processes and procedures to be implemented by staff, including those circumstances where patients lack capacity.

1.2 Statutory responsibilities of the Trust

The Trust has a number of statutory and regulatory responsibilities regarding appropriate care of patients and protection of their property.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

This Act sets out essential standards (the Regulations) that providers must comply with in order to register with the Care Quality Commission. The Regulations require providers to *"make suitable arrangements to ensure that service users are safeguarded against the risk of abuse"* (Regulation 11), and that they are *"protected against the risks associated with unsafe and unsuitable premises"* (Regulation 15).

Specific examples of responsibilities regarding patient property are given in the published guidance to the Regulations. These include direction that providers should:

- Ensure that patients and service users are protected so that staff are not able to benefit financially or inappropriately gain from them, use their property for personal use, borrow money from them or lend money to them, or sell or dispose property for their own gain
- Ensure that where the service looks after people's money or valuables in a long-term manner (e.g. mental health or learning disability residential settings) detailed records are kept, that the property is not used for the running of the service and that service users can access the property in a timely way
- Ensure that measures are in place to protect the personal possessions of people who use services

Monitor is the regulator of NHS Foundation Trusts and under licensing arrangements will be responsible for ensuring Trusts comply with all statutory and regulatory requirements.

NHS Protect (a division of NHS Business Services Authority) has responsibility for the security of the NHS in England, and issues advice and guidance for Trusts.

NHS Litigation Authority handles civil legal liability claims for the Trust; claims relating to patients' personal belongings may be covered under Risk Pooling Schemes for Trusts.

2 AIMS OF THE POLICY

The aim of this policy is to minimize the risk of loss of or damage to the property of patients while in the care of Pennine Care NHS Foundation Trust, and thereby minimize the Trust's liability should loss or damage occur. It shall standardize the procedures for receiving, documenting and safely transferring patient property for storage and returning property to appropriate persons.

The policy forms part of the Trust's wider security management framework that protects the employees and assets of the Trust and its patients. It should also be considered in conjunction with policy CO65 *Supporting Service Users with the Management of Personal Money*.

3 SUMMARY OF POLICY AND KEY PRINCIPLES

As a general principle it is the patient's responsibility to ensure the storage and safe keeping of their property unless it is handed over for safekeeping. The Trust is responsible for making patients aware of the terms of this policy and for its correct application.

Where property is handed to the Trust for safekeeping, the following summarises the general approach set out in this policy:

- Details of property shall be documented on controlled stationery, signed by patient and two staff members (one of whom should be registered with a professional body)
- Property shall be transferred to the cashiers' or general office on a timely basis
- Where property/valuables are being held by general officer or cashiers (or other designated local storage provision), they must be informed when patients are transferred between wards/units or discharged into the care of another care provider.
- Staff have a responsibility to know the location of property taken into safekeeping
- The Nurse in charge of the ward/unit/community facility is responsible for inspecting the patient property books to ensure that no property is being held for a patient who has been transferred, discharged or died and that procedures are implemented.

Patients should be advised to bring only minimum amounts of property and valuables 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. If the patient refuses to

or is unable to sign, two members of staff should sign the property inventory and take property into safekeeping.

4 POLICY SCOPE

This policy applies to all patients admitted to inpatient units in the Trust, including community based hospitals. The policy applies to all Trust staff, including full- and part-time, clinical and non-clinical, directly employed, contractors and volunteers. Where relevant, its principles shall apply to any other areas in which the Trust delivers care to service users where patient property is handled.

5 DEFINITION OF KEY TERMS

The following definitions shall apply throughout this policy:

5.1.1 Property

Property includes money and all other personal effects, regardless of value.

5.1.2 Valuables

Valuables include any item of value, not limited to monetary value. Most commonly this will include cash, credit/debt cards, jewellery, portable electronic devices, banking or benefits access books, and may include clothing.

5.1.3 Deposited Property

Patient property which the Trust takes into its care for safekeeping, either following explicit agreement with the patient or because a patient is incapacitated and unable to look after the property

5.1.4 Un-deposited Property

Any property that a patient retains while they are on the Trust's premises or in the care of the Trust

5.1.5 Controlled stationery

Recording books or forms where each item is has a unique, sequential reference number, where carbon copies are made for retention and access to new stock is only through ordering from supplies. Use of controlled stationery provides a reliable audit trail.

5.1.6 Contraband property

Any item that staff identify as being potentially harmful to patients or staff if left in the care of the patient. Such items would include weapons, alcohol and illegal substances. Depending on the clinical environment and judgment of Trust staff, other contraband items may include items such as telephone chargers, scissors and cigarette lighters.

6 ROLES AND RESPONSIBILITIES

The following outlines the principle roles and responsibilities within the Trust for managing the security of patients' property and implementing this policy:

6.1.1 Chief Executive

The Chief Executive has overall responsibility for the provision of a safe and secure environment for patients and their property while they are in the care of the Trust

6.1.2 Director of Finance

The Director of Finance is responsible for the implementation of all financial policies within the Trust, including patients' monies and patients' property.

6.1.3 Local Counter Fraud Specialist (LCFS)

The Trust's LCFS will provide support and advice to the Trust in developing policies and procedures that will help prevent fraud, and will lead investigation of any identified or suspected fraud affecting patient property or monies.

6.1.4 Service Directors

Service Directors are responsible for ensuring that staff are adequately informed and trained in the implementation of this policy within their directorate, and for monitoring compliance

6.1.5 Ward and Service Managers

Ward and Service Managers shall ensure that staff in their area receive training on handling patient property as part of local induction and refresher training at appropriate intervals, ensure that their ward(s) or areas of responsibility are complying with the terms of the policy on a daily basis and provide the necessary resources for staff to achieve this

6.1.6 Patient care staff

All staff responsible for delivering patient care shall be responsible for ensuring that proper procedures are followed on a timely basis when handling patients' property and those patients are aware of the Trusts' procedures. Patient care staff shall receive and record patient property following the procedures detailed in this policy, and/or obtain a disclaimer for un-deposited property. They shall transfer deposited property to the cashier (or other local storage provision) as swiftly as possible and update patient records accordingly.

Where relevant staff shall comply with policy CO65 regarding the management of patient monies where the service user is in long-term care and requires support in managing their money.

6.1.7 Cashiers

Cashiers (or designated local officer) shall receive patients' property that is to be deposited during the patient's stay, ensure safe deposit of the items and clear documentation in accordance with this policy. The return of property shall be made in line with this policy and documented accordingly. Where relevant staff shall comply with policy CO65 regarding the management of patient monies where the service user is in long-term care and requires support in managing their money

6.1.8 All staff

All staff are required to uphold the security arrangements of the Trust and comply with the provisions of this policy. All staff are required to support the Trust in complying with its statutory duties regarding patient care. All staff are required to report fraud or suspicion of fraud to the Local Counter Fraud Specialist or to NHS Protect.

7 PROVIDING PATIENTS WITH INFORMATION AND ADVICE

It is important that patients and/or their carers and relatives understand key messages regarding the safe management of patient property while they are in the care of the Trust. These messages are:

- Patients should keep as little property (including cash) as possible on the Trust's premises while they are in the care of the Trust, in particular property of financial or sentimental value. Wherever possible property should be left at home or handed to a relative or carer for safekeeping.
- The Trust will not accept liability for loss of or damage to patients' property unless it has been formally handed over to the Trust for safekeeping.

These messages can be delivered verbally by ward/unit staff, and should be reinforced by the display of disclaimer notices on each ward/unit/inpatient facility (see example in Appendix 1), and through the signing of disclaimers regarding un-deposited property (see example in Appendix 2).

Where patients are handing over property for safekeeping, the Trust's processes and procedures should be explained to them (and/or an appropriate carer or relative) so that they understand how their property will be managed. This explanation should include reference to:

- How property (both deposited and un-deposited) is recorded and documented, and who keeps copies of documents
- How and where the property is stored, including the use of sealed storage and labelling of property

- How property can be recovered by the patient (or nominated person in accordance with the policy)
- That patients should notify staff immediately if they bring any additional items of value onto the ward/unit after the initial admission

8 MANAGING PATIENTS' PROPERTY DURING STAY

Where patients are admitted onto a ward/unit it is important that steps are taken to ensure that property is dealt with in accordance with the following procedures as swiftly as possible.

8.1 Overview

Wherever possible, patient's property should be sent home with a relative or carer with the consent of the patient and must be documented. The person receiving the property must sign to say they have received and removed it. Where the patient lacks capacity to consent, property can only be released to the patients identified next of kin, i.e. is named in patient records as next of kin and has identification.

The Trust will advise patients:

- to send property home whenever possible and where this isn't possible to consider alternative storage options e.g. family and friends subject to the points above
- to advise patients that they must inform staff when additional valuables are brought into hospital

The Trust will provide safe custody of money and other personal property, which is:

- Handed in by patients
- In the possession of unconscious or confused patients, where appropriate

Patients should be advised to deposit any money or valuables which are not immediately required into the Trust's safekeeping.

8.2 Procedure on admission

The Trust disclaims responsibility for any property not formally handed over for safekeeping and patients should be discouraged from bringing valuables into hospital, and encouraged to keep the number of other items which they bring to a minimum (see section 7). The following actions should be taken for all patients on admission:

- Patients should have the Trust's policies and procedures explained to them and/or their representative (see section 7)
- An inventory of valuable items brought in on admission that are not sent home immediately must be made. This shall include clothing only if items of clothing are identified as being of unusual high value
- Any contraband items should be removed and recorded on the 'Removed Property' sheet shown in Appendix 4.
- In cases where it is not possible for patients to leave valuables at home they should be encouraged to hand them in for safekeeping. These items must be recorded immediately in the Patient Property Book, see section 8.3 below. The patient's signature should be obtained wherever possible. If the patient lacks capacity see section 8.7 for additional guidance
- Patients must be asked to sign a disclaimer for property not handed over and this should be filed in the nursing notes (see section 8.8).
- A note should be made in the patient's records to state that property has been deposited and a copy of any disclaimer retained on the records
- All writing must comply with the Trust's documentation standards

8.3 Procedure for receiving deposited property

Property handed over for safekeeping should be examined, recorded in the appropriate property book and signed for by two members of staff, where a patient lacks capacity please see section 8.7. One member of the two members of staff should be registered with a professional body, i.e. a qualified nurse.

A signature should be obtained from the patient 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 records, including patient's refusal to sign, which must be witnessed by two members of staff and noted on the disclaimer form.

In the case of clothing, all items should be placed into an appropriate bag labelled with the patient's name, hospital number and ward. The bag must be stored in a secure area in the ward or department.

Patients should be advised that any property lodged with the cashier may not be accessible at weekends or 'out of hours'.

8.4 Recording deposited property

The following guidance relates to any property that is deposited with the Trust for safekeeping, irrespective of value.

8.4.1 Documentation

The property should be placed in a standard property envelope where possible **with both parties signing across the seal**. Bulky property should be appropriately and securely labelled.

The copies of the Patients Property Book (controlled stationery) should be dealt with as follows:

Top Copy (White) to be handed to the patient as a receipt, or retained in the patients notes if the patient is unable to accept.

2nd Copy (Green) to be sent by the ward to the cashier's office

3rd Copy (Yellow) to be retained by the general office

Only one property book should be in use at any given time in an area. New property books can be obtained from the cashiers or general office in return for the completed old book. All spoiled copies within the book should be retained in the Patients' Property book and clearly marked 'Cancelled' with an explanation for the cancellation written and signed by the author. (NB page colours may change if supply of stationery changes; the principle remains the same).

8.4.2 Describing deposited property - general

Patients' property can be broadly classified into three types:

Patients Valuables: including monies or cash equivalent property, credit cards, cheque books, bank books, social security benefit books, jewellery, electrical goods and official forms of identification such as passports and driving license.

Patients Clothing: including, shoes, suitcases, handbags, false teeth, spectacles and hearing aids.

Other Items: offensive weapons, medicines or illegal substances should be dealt with in accordance with the agreed policies, e.g. drug policy.

8.4.3 Describing clothes and jewellery

Descriptions of patient property must be sufficient to clearly identify each individual item of property without indicating particular properties (such as type of materials or designer brand), for example:

'3 metal chains'

'2 yellow metal chains identical'

'1 yellow chain with yellow coloured cross'

'1 solid white metal bangle'

'1 white metal bracelet with heart shape fastener'

'2 identical earrings, yellow metal with clear stone'

'1 grey suit jacket'

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

8.4.4 Recording bank cards and other personal documents

Debit/Credit cards: the issuing bank, the type of card (e.g. Visa, Mastercard) the account holder name on the card and the expiry date. The card number should **not** be recorded

Bank/building society passbooks or chequebooks and similar: record name of bank, account holder name and the amount and date of the last balance shown. For chequebooks record the cheque number of the first unused cheque in the book.

Driving license, passports and similar: record name of holder, country of issue, type of document (paper or card or booklet, whether it has a photograph) and year of expiry should be recorded

8.5 Receiving valuables during office hours

The following steps shall be taken when receiving valuable items:

- Where cash, credit cards, cheque books and other valuables are involved, a member of staff from the ward/ department will take the sealed envelope and book to the cashiers' office for custody.
- The receiving person will open the sealed valuables envelope in front of the member of staff and ensure that the contents listed are correct.
- The receiving person will sign the book on behalf of the Trust, accepting responsibility for its safekeeping. 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.
- All cash received will be entered into a register and stored in safekeeping

8.6 Receiving valuables 'out of hours'

Outside office hours and during weekends, property and valuables should be dealt with as follows:

- Cash and valuables, including chequebooks, credit cards etc are entered into the Patients Property Book and a sealed envelope.
- A member of staff from the ward/ department will take the sealed envelope to the night safe.
- Where a night safe is not available, property should be secured securely until staff are able to take to the general or cashiers' office. Property accepted into our safekeeping should not be kept on the ward in drug cupboards, drawers etc, however in exceptional circumstances (e.g. items handed over for safekeeping out of hours that are too big to be placed in the night safe) the ward must identify a secure area to store the item until it can be transferred to the cashier's office
- When the property is dropped into the night safe, it is important to be sure that the property has dropped fully into the safe and that the safe is secure again after usage.

- There is a book on the safe for recording what deposits are made and this should be completed with the details of the deposit.

8.7 Patients lacking capacity

Cases where patients are admitted but do not have the capacity to make decisions or to sign forms may include:

- Unconscious or semi-conscious patients
- Patients lacking capacity to handle their own affairs
- Patients who refuse to cooperate with the procedure or sign forms

If everything has been done to support the patient to make the decision and it is not possible to wait until the patient may regain capacity, then staff should make an assessment of the patient's capacity in relation to the decision. If the patient has been assessed as lacking capacity to make the decision, then any action taken or decision made must be in their best interests. Staff should refer to the Mental Capacity Act 2006 (MCA) Code of Practice for details on how to make assessments of capacity and take best-interests decisions, and on whether and how records should be made.

Staff should bear in mind that if a patient lacks capacity to make a certain decision on one occasion, that does not mean that they lack capacity to make another decision on the same or a different matter, or that they will lack capacity to make that decision in the future.

8.7.1 Power of Attorney

Before making the final decision regarding a patient who lacks capacity, staff should consider whether there is anyone with authority to make decisions on behalf of the patient, either a holder of a 'property and affairs' Lasting Power of Attorney or a deputy appointed by the Court of Protection. In practice the attorney or deputy will often be a relative or friend of the patient, but must hold the appropriate legal documentation to demonstrate they have the legal right to exercise this power, i.e. a certified copy of the power of attorney document issued by the Office of Public Guardian (OPG) and proof of identity.

If an attorney or deputy is available, they must be consulted on what to do with the patient's property. They should be informed that the NHS organisation will not accept liability for the patient's property unless it is handed over to the NHS organisation 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

8.7.2 Procedures where patient lacks capacity

When it has been determined that a patient lacks capacity the following additional procedures shall be applied:

- Valuables, where appropriate, should be taken in to safekeeping. Where jewellery is left on the patient, such as wedding ring, this is noted in the property book.
- In all cases, this process must be completed by a qualified nurse and duly witnessed by a second member of ward/unit staff and signed and dated by both
- Explanation for the decision not to obtain a patient signature must be documented on the property sheet and a record made in the patient's notes

In order to limit any liability for staff, it is important that all procedures regarding patients who lack capacity are led by a qualified staff member and signed as witnessed by a second staff member (who does not need to be qualified). All other procedures for recording items, storing and depositing them shall remain the same as for other patients.

8.8 Property not deposited

It is quite normal that patients may wish to retain certain types of property with them, particularly items that are necessary for the normal activities of daily living (e.g. spectacles, dentures) or so-called 'comfort' items of limited value (clothing, books).

While not accepting liability for loss of or damage to patients' property, the NHS organisation will have to take reasonable steps to reduce the risk of loss of or damage to patients' un-deposited property, for example by providing a good level of general security on the premises. NHS organisations should also take reasonable steps to provide appropriate storage facilities for patients' belongings whilst on the premises.

Staff should be aware that some patients may wish to retain items or clothing of religious or racial/ethnic significance. Where possible the patient's wishes to retain such items on the ward should be accommodated as far as is reasonably possible, however this shall not be in contravention of other policies (for example contraband property) or the staff assessment of the safety of patients and staff on the ward. Where such items are held on the ward staff should be aware that the treatment of this property may be a sensitive matter for the patient, and should take reasonable steps to respect the patients' wishes, e.g. not putting a religious text on the floor.

Where a patient does not deposit it with the Trust for safekeeping they shall complete a disclaimer form (Appendix 1).

9 TRANSFER OF PATIENTS

When a patient is transferred to a different unit within the Trust or to a unit with another NHS organisation their property must be covered in the handover procedures as a matter of routine. The standard procedure in all cases shall be to treat the movement of patient property upon transfer in the same way as it would be treated upon discharge of the patient (see section 10).

9.1.1 Emergency transfers

In general it is not expected that patients will be transferred without notice during an 'out of hours' period. In the case of an emergency where a patient is transferred the discharge procedures are not practicable, a record shall be included in the patient notes using the form in Appendix 3 to state that property remains in the safekeeping

of the Trust and can be released through normal discharge procedures at the earliest appropriate time. This form shall be signed by two members of staff.

10 DISCHARGE OF PATIENTS

When a patient is discharged from the Trust's care any property that they have deposited for safekeeping should be returned to them as soon as practicable, preferably at or before the time of discharge. The transfer of patients to other hospitals outside the Trust is to be treated as a discharge (excepting circumstances detailed in 9.1.1 above). If the patient is incapacitated, it will be returned to their representative. Other than in this case, staff should not hand over property to anyone other than the patient without the patient's written consent.

10.1 Returning deposited property

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. Only property detailed on the receipt shall be returned.

Where it is known that a patient is due to be discharged at a weekend or a bank holiday, and property is required by the patient, 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. In cases where the patient is expected to remain on the unit beyond the end of the current working day the return of property should be treated according to 10.1.2 below.

10.1.1 Returning property upon discharge

Where property has been deposited in a cashiers' office or other storage facility, the contents of the property envelope(s) or bag(s) should be checked against the list in the patients' property book copy that is attached to the property. This should be done in the presence of the member of staff collecting the property, who should sign for receipt. If any cash has been deposited, the cashiers' office should obtain a separate signature for its return.

Once the property is returned to the unit/ward, staff should ask the patient (or their representative) to produce their copy of the property book entry, as well as their cash receipt if relevant. Staff should carefully check the property against the documents in the presence of the patient or representative, who should then be asked to place a signature on the property book entry (and on the cash receipt if applicable), to confirm that all the property has been returned to them in good order.

10.1.2 Returning deposited property where patient is not discharged

A patient may make a request to have some or all their deposited property returned to them while they are still admitted to the unit and will remain on the unit overnight. In such circumstances the normal documents for releasing property shall be completed, but ward/unit staff shall also need to follow the procedures set out in sections 7 and 8.2 and obtain a disclaimer form from the patient for the returned property.

10.1.3 Returning property to third parties

Property should only be returned to a patient or their nominated representative. In order for a person to be treated as a nominated representative of the patient they must have either evidence to demonstrate they have Power of Attorney or explicit written permission signed by the patient naming them as their representative. A representative must provide identification and proof of address. On returning property to a representative staff should record the name and address of the person who signs for the property on the receipt issued.

10.1.4 Returning contraband property

Where property that was removed from a patient on admission as contraband it will have been recorded on the sheet provided at Appendix 4. Return of such property needs to be recorded on the right hand side of the template. Where an item is returned to a patient for a short period before being removed again, the second removal shall be recorded on a new line on the sheet. This may require multiple sheets per patient in some cases.

10.2 Death of a patient

When a patient dies, the trust has a duty to look after their property until such time as it can be handed over to the appropriate person(s). The legal position of the Trust in this case is that of an involuntary bailee of the patient's property.

Upon the death of the patient, all of their property that is not already in safe custody should be listed and accounted for using the same procedures as for deposited property. The property should then be placed into sealable containers and transferred to the bereavement office (or designated place for secure storage) along with the necessary documentation. The property should not be handed over to the patient's representatives until they produce appropriate documentation proving their entitlement to it, e.g. identification as next of kin.

When the patient's representative presents to collect the property and the relevant documentation proving their entitlement has been checked, they should be given a copy of all forms listing the patient's property, i.e. the property book record for property that was already in the Trust's care when the patient died and any further records subsequently made. They should also be informed of where the property can be collected.

It is the responsibility of nursing staff to inform the cashier/general office as soon as possible upon the death of a patient, for whom valuables are being held. Nursing staff should not write 'RIP' or 'deceased' on property books as they may be seen by relatives.

10.3 Un-deposited property upon discharge

Where a patient completed a disclaimer form regarding property not deposited with the Trust for safekeeping staff shall ask the patient to sign and date the second section of the disclaimer form that is held on their notes. If the patient believes that any of their un-deposited property is missing or has been damaged at the point of discharge then the staff shall use the incident reporting procedures.

10.3.1 Un-deposited property when a patient is on leave

Where a patient has a period of leave from the unit they should be strongly encouraged to take with them all personal property that is not deposited for safekeeping. This is to make it easier for the patient's bed to be used in their absence. Where patients do not wish to take property with them valuable items should be deposited following procedures in section 8. Non-valuable items should be recorded on an inventory (Appendix 2A) and kept in single bag or container at a safe location on the unit.

11 INCIDENT REPORTING

11.1.1 Lost or missing property

If a patient's deposited property is reported missing, the Ward Manager (or manager of the unit/community facility) will be informed immediately and should launch an enquiry. If the property can't be found, or if the circumstances seem suspicious, staff should inform the Trust's security manager, who will start an investigation. In addition, an incident report should be raised. It is the Trust's responsibility to inform the police if the loss is suspected to have resulted from criminal action

The Ward Manager (or manager of the unit/community facility) will report any incident involving patient property will be reported by using the Trust Incident reporting system by the ward/unit staff. Reference should be made to the Trust's *Losses and Compensations* policy, reference CO54. Where it is the view of the Manager that the Trust may be liable for making reimbursement they should report the details to the Head of Governance and the Chief Financial Accountant.

11.1.2 Damaged property

If a patient's deposited property is reported damaged, staff responsible for its storage should make enquiries as soon as reasonably practicable to ascertain the causes. The Ward Manager (or equivalent) should be informed immediately, if the damage is suspected to have resulted from criminal action, the Trust's security management and the police should be informed.

Patients should be advised of any damage to their property as soon as practicable. The Ward Manager (or equivalent) will complete an Incident form following the Trust Incident reporting system. A copy of this should be sent to the Chief Financial Accountant with a covering letter should a Loss or Compensation claim be requested.

If the patient's un-deposited property is reported damaged, staff responsible for their care should make enquiries and alert the security management if criminal action is suspected. They should however remind the patient that the Trust will not accept liability for the damage.

11.1.3 Compensation

The patient or their representative can lodge a complaint for missing or damaged property and make a claim for compensation. Staff should make them aware of the procedures for doing this in accordance with the *Losses and Compensations Policy* (CO54), and direct them to the appropriate office which manages the complaint and compensation process.

12 UNCLAIMED AND LOST PROPERTY

Unclaimed property relates to those items left behind by patients or their relatives following the patient's discharge, transfer or death. Lost property, on the other hand, can be defined as items found on the NHS organisation's premises, potentially because they have been lost by the owner (member of public, patient, contractor, visitor etc.) during their visit.

All reasonable efforts to trace the owner and/or the next of kin should be made by the ward/unit/community facility. In the event of the patient's property not being returned to either the patient or his/her next of kin, the property shall be deemed unclaimed and be dealt with as follows:

- Personal clothing not claimed by the relatives can be disposed of after death / discharge of the patient.
- Other belongings not claimed by the relatives should be reported to the Chief Financial Accountant and Head of Corporate Governance after 12 months

Any potential weapons or items that could cause harm please refer to the weapons policy.

13 FINANCE PROCEDURES – SHORT BREAKS AND SUPPORTED LIVING

13.1 Short Breaks Service

On a client's arrival to the Short Breaks Service, any monies brought with them will be counted by a qualified member of the team.

Clients will be encouraged to take on the responsibility for their own money during their stay, or they can ask the Support Team to ensure its' safety following this protocol. Clients will be reminded of the possible risks of taking on this responsibility themselves and this will be documented with them in their daily record.

The amount of money will be entered onto a Personal Finance Form (Appendix 4) and placed in the client's individual file.

- The amount of money will be entered onto the form and signed by a team member.
- The money will then be placed in an envelope/client's purse or wallet and stored in a locked cupboard.
- When the client wants to make a purchase, the required money is removed from the locked cupboard and an entry made on the personal finance form.
- On return, any money to be returned is entered onto the form and receipts obtained are returned home with the client.
- All entries on the personal finance form will be made by the individual responsible for the expenditure.
- When expenditure is not sustained by an original receipt, this requires the signature of 2 members of the support team.
- Any money present at the end of the client's stay **MUST** be returned home with them

13.2 Supported Living Service

13.2.1 Income

- Each client will claim benefits from the Benefits Agency, according to their entitlement.
- Each client will have a personal bank account. The signatories for this account will be the Registered Manager and the Senior Support Worker of the property.
- All benefits will be paid via direct debit into this account.
- A statement detailing each client's benefits will be placed in each client's support plan; this will be used to check that the correct amount of benefit is deposited into their personal accounts. This will be the responsibility of the
- Senior Support Worker of the property.
- If a client is unable to manage and control their own financial affairs, then Community Services Bury will take on the role of corporate appointee, under the management of the Registered Manager. This will be documented in the client's support plan.

- There will be a household account in each property, in addition to the client's personal accounts.
- The Registered manager and Senior Support Worker will agree a monthly amount that will be deposited into the household account from each individual client's personal accounts. This will be used for day to day expenses such as utilities, food etc.

13.2.2 Expenses

- All expenditure will be authorised by the Registered Manager and Senior Support Worker
- All expenditure over £500 will be planned in arrangement with the client and Registered Manager, following best interest principles and the requirements of the Mental Capacity Act (2009).
- There will be a Personal Expenditure Form (Appendix 5) completed for each individual client's account and for each household account. These record sheets will account for all monies at any particular time in the property.
- All incoming monies will be entered into the 'deposits column'. All purchases and expenditure will be entered in the 'withdrawals column'.
- Entries will be made only by the team member who has accepted responsibility for the expenditure.
- Gift vouchers will be treated as incoming cash and included in the current balance.
- Store loyalty points are the property of the client who is purchasing the goods and are not to be collected by support staff.
- Receipts are required for all expenditure. Receipts will be entered and attached to the Expenditure Record Form.
- Where a receipt is unattainable, 'NR' will be written in the receipt column, with a handwritten note explaining why a receipt could not be obtained.
- On completion of the expenditure forms, the staff member making the final entry will carry forward any remaining balance to a new form and forward the completed form to the Senior Support Worker.
- The Senior Support Worker will ensure that the balance of all monies is checked as correct on a daily basis

13.3 **Monitoring**

13.3.1 Short Breaks

- After each stay, the Team Leader of the Short Breaks Service or nominated deputy will audit each personal finance form, to ensure that this protocol has been followed. They will then sign and date the form.
- All personal finance record forms will be filed within the office base at 2c Cambeck Close. They will be made available to clients/families/carers or relevant bodies (i.e. internal audit) as required.

13.3.2 Supported Living Scheme

- The Senior Support Worker is responsible for checking all entries and calculations on the expenditure record sheets. On completion, these forms are forwarded to the Registered Manager at the Supported Living Scheme office base.
- Senior Support Workers will ensure that bank statements are correct, signed and dated and cross referenced to the withdrawal amounts on the expenditure record sheets (Appendix 5).
- All expenditure record sheets will be filed at the Supported Living Scheme office base. They will be made available to clients/families/carers or relevant bodies (i.e. internal audit, CQC) as required.
- The Registered Manager will audit a sample of completed and filed expenditure record sheets on a 3 monthly basis, following the agreed audit plan.
- All financial documentation will be indexed and stored at the Supported Living Scheme office base for the legally required period.

14 **PERFORMANCE MONITORING**

Compliance with the terms of this policy is a mandatory requirement for all staff in the Trust. In order to ensure best practice is maintained and shared across the Trust a program of internally led spot checks and audits shall operate, supported by periodic review by internal audit.

14.1.1 Performance indicators

Performance shall be monitored with reference to the following indicators of compliance:

- Ward/unit/inpatient facility displays a disclaimer notice regarding patient property (Y/N)
- Entries in patient property book have been signed and countersigned by staff
- Entries in patient property book have been signed by patient or include explanation of why no signature could be obtained
- Descriptions in the property book do not include any inappropriate detail
- Disclaimer forms with inventory have been signed and retained on patient records

Results of reviews shall be reported at appropriate management committees within the Trust.

14.1.2 Remedial action

Where spot checks or audits identify deficiencies in a unit, the service manager shall agree an action plan to remedy the situation within a defined timeframe. A follow-up review will take place after the agreed deadline.

DISCLAIMER

It is recommended that you only bring property and cash essential for your immediate needs into the hospital/ residential facility and that you hand any articles you wish to be kept in safe custody to the ward sister/charge nurse as soon as possible. You will be given a receipt for these. You are responsible for property (including cash) not handed over for safe custody. The Trust accepts no responsibility for the loss, or damage to, personal property of any kind, in whatever way the loss or damage may occur, unless deposited for safe custody.

APPENDIX 2 – PATIENT PROPERTY DISCLAIMER

PENNINE CARE NHS FOUNDATION TRUST

DISCLAIMER OF RESPONSIBILITY

You are advised to restrict to a minimum the amount of property including cash brought into the hospital and to hand to the nursing staff, as soon as possible, any articles you wish to be kept in safe custody for which a receipt will be given to you.

You are responsible for property including cash not handed in for safe custody. Pennine Care NHS Foundation Trust accepts no responsibility for the loss of or damage to personal property of any kind in whatever way the loss or damage may occur unless deposited for safe custody.

Declaration on admission

The above statement has been explained to me and I accept and understand its contents and that it applies to any property I do not deposit with Pennine Care NHS Foundation Trust, including any property I bring onto the unit in the future and do not deposit for safekeeping.

Print name of patient

Signature of patient Date/...../.....

Print name of Nurse

Signature of Nurse Date/...../.....

Print name of witness

Signature of witness Date/...../.....

Declaration on discharge

I accept responsibility for ensuring I have all of my personal property with me when I leave the hospital.

Print name of patient

Signature of patient Date/...../.....

APPENDIX 2A - Inventory of personal property left while patient is on leave

Print name of patient

Item	Quantity	Comments
Handbag(s)/rucksacks etc		
Wallet/Purse		
Coat(s)		
<u>Clothes</u> Trousers Skirt Shirt T-shirt Tops/jumper Other:		
Shoes/footwear		
Jewellery		

Signature of patient Date/...../.....

Print name of Nurse

Signature of Nurse Date/...../.....

Print name of witness

Signature of witness Date/...../.....

APPENDIX 3 – EMERGENCY TRANSFER FORM

PATIENT PROPERTY – EMERGENCY TRANSFER

This form is to be completed if a patient is transferred between units or NHS organizations unexpectedly and outside of office hour, meaning that normal transfer procedures of discharging the patient cannot be performed.

Patient property that is deposited for safekeeping will not be moved until it can be recovered by the normal procedures. Patient property not deposited but transferred with the patient (e.g. clothes, spectacles) shall be detailed on the attached inventory. Any property not transferred with the patient shall be deposited for safekeeping.

Declaration on transfer between units

I understand and accept that:

- Property deposited with Pennine Care NHS Foundation Trust for safekeeping cannot be released to me at the time of my transfer to another unit or location.
- I can recover my property from its current location at the earliest practicable time, either in person or by authorising a representative on my behalf
- Any property not deposited for safekeeping remains my responsibility

Print name of patient

Signature of patient **Date**/...../.....

Ward/Unit patient transferred from:

Ward/Unit patient transferred to:

Time of transfer:

Print name of Nurse

Signature of Nurse **Date**/...../.....

Print name of witness

Signature of witness **Date**/...../.....

APPENDIX 4 – REMOVED PROPERTY (CONTRABAND) INVENTORY

Print name of patient

SHEET NUMBER:

Item removed	Date and time item removed	Location item stored	Removed by: (Print name and sign)	Date and time item returned	Item returned to	Signature of recipient	Name and signature of staff member

APPENDIX 5 – SHORT BREAKS PERSONAL FINANCE FORM

Client ID Label

Date	Description	Money In	Money Out	Balance £	Signatures

APPENDIX 6 – SUPPORTED LIVING SCHEME EXPENDITURE RECORD

Sheet number:	
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Account Name							
Date	Deposits		Withdrawals		Balance	Signature	Balance check
	Source	Amount	Details of spend	Amount			