

PATIENTS'/RESIDENTS' PROPERTY AND MONIES PROCEDURE

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VALIDITY – Procedures should be accessed via the Trust intranet to ensure the current version is used.

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1. INTRODUCTION

It is the responsibility of Humber Teaching NHS Foundation Trust to ensure that it keeps proper track and checking of patients'/residents' property that has been accepted whilst the patients/residents are in our care. The Trust is not responsible for patients'/residents' property that has not been accepted by staff. This procedure provides an overview and general statements of principle to be following when formulating local procedures for the safe handling and care of patients'/residents' property.

2. SCOPE

This procedure applies in principle to all staff, services and patient care.

3. PROCEDURE STATEMENT

The Trust will take due care of patients'/residents' property whilst the patients/residents are either in our care and/or receiving our services. Within this, the Trust assumes that those patients/residents capable of managing their own property will do so within the requirements of the Trust services they access. The Trust carries a liability in relation to patients'/residents' property taken in for safe keeping but can have no liability for property retained by patients/residents (see other policies regarding discretionary claims).

4. DUTIES AND RESPONSIBILITIES

Chief Executive

Has responsibility for the oversight of the local implementation of this procedure.

Executive Management Group

Has the delegated responsibility for local implementation and monitoring of this procedure.

Directors

Have responsibility for ensuring that services under their direction use and follow the procedure and for the assurance and any financial audit regarding the use of the procedure.

Heads of Service

Have responsibility for ensuring appropriate local procedures are in place and operating successfully and safely.

Departmental Heads

Ensure that local procedures are followed.

Finance

Have the responsibility to ensure that financial procedures and guidelines are adhered to.

Modern Matrons/Service Managers

Are responsible for ensuring that all areas under their sphere of responsibility have appropriate procedures in place and these are adhered to.

Charge Nurses/Ward Sisters

Are responsible for ensuring that local procedures, if required, are in place that fit within this policy and agreed with the Financial Controller are adhered to by staff and that any appropriate training is identified and attended.

5. PROCEDURES

5.1. Procedure on admission

The assumption is that the patient/resident is capable of managing personal finances, unless assessed otherwise by the clinical staff.

The Mental Capacity Act 2005 (MCA) applies to decisions about patients'/residents' property. When a service user needs to make a decision, staff should always start from the assumption that the service user has capacity to make it and should make every effort to help them make the decision themselves.

5.2. Responsibility for enquiring about patients'/residents' valuables

It is the responsibility of the member of staff admitting or receiving the patient to ascertain what valuables are being brought in.

The staff member responsible for the admission needs to inform the patient or their relative/carer that the Trust and its staff cannot accept any liability for loss or damage to personal property unless it is formally deposited with the Trust and a receipt is obtained. The Trust disclaimer notice included in a Unit Information Booklet or displayed on all wards and reception areas should be highlighted.

On admission to the hospital, the patient will, when accompanied by a relative, be advised that as little property as possible should be retained, especially cash or valuables, and any items the service user does not need should be handed to a relative/carer to take home.

If the patient/resident does not agree to hand over their property to their relative/carer, they should be reminded that the Trust cannot be held liable for any money or personal property brought into the hospital, unless it is deposited for safe custody and an official receipt obtained.

In the absence of relatives, and subject to the express wish of the patient/resident, the member of staff should arrange for the safe custody of the items concerned.

Where the patient/resident decides to keep their property with them, they should be informed again that the Trust will not accept liability for loss of or damage to it and asked to sign a patient/resident property disclaimer form (Appendix A) to acknowledge that the property is held at their own risk. A copy should be retained by the Trust and provided to the patient/resident or their carer.

Where there are individual patient/residents safes within the individual rooms – it should be encouraged at all times that such safes are used to store/secure the patients'/residents' property.

5.3. Taking valuables into safe custody

When property and/or cash are being taken into safe custody, the following procedure should be observed:

The Patients'/Residents Cash and Property Record (pad) needs to be completed (quadruplicate pad)

1st copy – completed upon admission and this is then given to the patient/resident

2nd copy – to go into the patient/residents' notes/file (assuming each patient has a physical file)

3rd copy – completed upon discharge/transfer (or when cash/property is returned – see section 5.6) and this is to be given to the patient/resident (see sections 5.8-5.10)

4th copy – retained by the ward – (if we have an actual pad – stays in the pad, otherwise kept in a separate file for these records).

All records should be retained for a period of 2 years in addition to the end of the financial year the patient was discharged.

Cash, cheques and valuables, including benefit books and benefit cards should be handed over for safe custody on admission and must be itemised on the Patient/Residents Cash and Property Record (pad), in quadruplicate, by the nurse receiving the property, and witnessed by a second member of staff, (both members of staff should print and sign their names)

All cash and jewellery should be placed in the given pouches and secured by the security tag seal. Both the pouch number and the tag seal number needs to be recorded on the Patient/Residents Cash and Property Record (pad). The pouch should then be kept securely within the safe. The member of staff placing the pouch in the safe must enter the pouch number and patient/resident name into a logbook which should also be placed inside the safe.

All cash above £200 and where the patients'/residents' admission is greater than three days, this cash should be forwarded immediately for banking via the banking collection service for banking into the Patients'/residents' Monies system. **When this cash is banked, if staff could communicate to the patient/resident that if they require this to be in cash upon discharge, Financial services must be contacted in advance so this cash can be dealt with appropriately, otherwise the money will be returned via bank transfer.**

The benefit book number and the date of the first and last allowance payable must be recorded on the Patient/Residents Cash and Property Record (pad)
Cheque numbers and values must also be recorded on the Patients/Residents Cash and Property Record (pad) If a cheque book is handed in, the range of cheque numbers in the book needs to be recorded.

Property which is not cash nor jewellery, should be stored in appropriate storage containers / bags in a secure location. These should be labelled appropriately and locked at all times, whether a cupboard or room. The key should be kept on the named member of staff responsible for patients/residents cash and property, or if locked via a keypad lock, the keycode combination must only be given to nominated members of staff, (dependant on localised procedures).

Where a client has a post office card the card details must be recorded on the Patients/Residents Cash and Property Record (pad). Under normal circumstances staff are not allowed to withdraw money from the post office card/bank card on behalf of a client on their own. There may be local procedures, agreed by the Trust legal services manager and Trust director of finance, which allow for two staff to do so under specified circumstances.

Care and discretion should be exercised in the description of effects, and particularly jewellery, on the Patients/Residents Cash and Property Record (pad), e.g. the terms "gold", "silver", "diamond" should not be used when describing property and expressions such as "yellow metal", "white metal", "white stone" be used. Where mobile phones are handed in for safe keeping a record of the make and model should be recorded. Phone numbers should not be recorded unless volunteered by the patient/resident

If bank books are handed in for safe keeping the last balance in the book should be recorded on the Patient/Residents Cash and Property Record (pad)

- The patient's/resident's full forename and surname must be printed on the Patients/Residents Cash and Property Record (pad).
- The property must be checked, and the entries must then be signed by both members of staff and the patient/resident at the time of admission. Where the patient/resident is

incapable of witnessing their own property, an independent witness should be sought, for example a carer or advocate, to the safe receipt of the property.

- In each service the Patients/Residents Cash and Property Record (pad) will record the name of the person regarded as “the custodian of the property”. It is their responsibility to ensure the proper receipting, handling, transfer (with the patient/resident) or return to relatives (in the case of death) of the property in good order.
- The person in charge must be informed when the valuables of a patient/resident have been taken into custody.
- Where patients'/residents' cash and/or property is routinely requested / taken out and handed back in – the separate 'Cash Record sheet' (Appendix C) or separate 'Property Record sheet' (Appendix D) should be completed appropriately. A separate sheet should be used for each patient/resident and kept securely. These record sheets should be sequentially numbered and this reference number is to be used when completing section 2 of the Patients/Residents Cash and Property Record (pad)

See Appendix E: Summary of Process – this summarises the above on 1 page, to aid the completion.

At any time when the items listed on the Patients/Residents Cash and Property Record (pad) and/or the individual Cash Record Sheets / Property Record Sheets do not agree with the property actually held – this should be reported straight away to the Matron and Service Manager, along with the Safety Department.

Security Details: Vickie.shaw@nhs.net or pdent@nhs.net during working hours only 8.30am – 4.30pm, who would make the decision to contact the police or other agencies.

If this occurs Out of Hours (OOH) this should be reported to be the Matron and Service Manager immediately then they would make the decision to contact the police or other agencies, (Security would then pick this up the next working day).

5.4. Procedure when patients/residents are confused

In the case of patients/residents who are confused, unconscious or under the influence of drugs or alcohol, their valuables should be removed and secured until they are able to have them returned. It is the responsibility of the person in charge to ensure that these details are recorded and witnessed, as detailed in section 5.6 below.

5.5. Returning valuables to the owner

Valuables will normally be returned to their owners by the custodian of the property or representative, and the receipt section of the record completed. If discharge takes place during the weekend or out of normal office hours, arrangements must be made for the release of the valuables. They should be kept in a secure place by the person in charge until they are handed over to the owner as he/she is about to leave the premises. Valuables should be returned to the patient and receipted. They should never be handed over to the relatives or friends without written authority from the patient or from Medical Records.

5.6. Identification of staff handling cash/property

In all transactions involving patients'/residents' property, the identity of staff must be confirmed. The official custodian or their representative must produce an identity badge when collecting items or receiving items in the office.

5.7. Temporary custody of valuables belonging to patients/residents

In any situation where the temporary custody of property may be required (e.g. a patient having X-rays, an operation or treatment away from the ward, a resident attending an out-

patient clinic or receiving counselling), the person in charge is responsible for ensuring that adequate measures are taken to safeguard valuables left behind.

The following procedure is recommended:

- The patient/resident and a member of staff (two in the case of patients/residents who are unconscious, confused or under the influence of drugs or alcohol) should record and itemise the valuables on the Patients/Residents Cash and Property Record (pad).
- Both members of staff should sign the record, as well as the patient/resident if possible.
- The property should be placed in the appropriate secure location It should then be locked and the key retained by the member of staff in charge of patients'/residents' cash and property.

The 3rd copy of the quadruplicate Patients/Residents Cash and Property Record (pad) should be completed and signed by the patient/resident and 2 members of staff when the property is returned.

5.8. Dentures belonging to patients/residents

Normally, it is the responsibility of patients/residents to take care of their own dentures. However, if they are unable to do so for any reason, a Patients/Residents Cash and Property Record (pad) must be completed The dentures must also be marked using an appropriate special marker and placed in the appropriate secure location.

5.9. Laundered Clothing and Toiletries/Consumables

For clothing being laundered, this is generally carried out by the patient / resident and is therefore the responsibility of the patient / resident. However, in circumstances where the patient / resident does not have the capacity to do their own laundry, this is carried out a staff member and each patient / residents laundry is kept separately and washed in separate wash loads.

As above, normally it is the responsibility of patients / residents to take care of their own toiletries and consumables, if they are unable to do so or choose to include them as property to be stored this should be undertaken as per 5.3.

5.10. Procedure on death

When a patient/resident dies, the following procedures should be observed:

- The member of staff should check whether there are any outstanding cash or property which have not previously been taken into custody or accounted for If so, then all remaining cash and property need to be recorded via the Patients/Residents Cash and Property Record (pad) and the cash/property placed within the safe or the appropriate secure location until it is established who the next of kin is. The record, in this situation will only be signed by 2 members of staff.
- The deceased's cash and property should only be surrendered to the next of kin on completion of an Indemnity Form for Deceased Patients/Residents (Appendix B). The member of staff responsible for the patients'/residents' cash and property must ensure this is done in strict accordance with instructions from the Finance Department concerning matters of probate.
- If there is no next of kin to take on the responsibilities for the funeral arrangements/ costs, please speak to the Financial Services Department for advice on procedures. In no circumstances should staff hand over cash and/or property to other relatives or friends of the deceased person (also refer to Care of the Deceased Patient Policy for further guidance on this issue).

5.11. Transfer of patients/residents

When a patient/resident is being transferred, the following procedure should be observed:

- The 3rd copy of the Patients/Residents Cash and Property Record should be completed and signed appropriately, with the 3rd copy given to the patient/resident, along with the patients/residents cash/property.
- Upon transfer, the patient/resident will have the 3rd copy of the record and also their cash/property.
- The senior person overseeing the transfer should contact his or her counterpart in the receiving unit to inform them that cash/property are held by the official custodian, who should also be informed of the impending transfer.
- The official custodian should arrange for the safe transfer of cash and property.

The member of staff escorting the patient/resident should, if delivering cash and property ensure that a new Patients/Residents Cash and Property Record (pad) be completed on the new ward/location being transferred to

5.12. Out of Hours (OOH)

Any discharges / transfers during Out of Hours – then the member of staff should contact their matron and Service Managers for them to make the appropriate decision / action to contact other agencies/parties. Where necessary, the Safety department would pick any matters up the next working day. (Security contact : Vickie.shaw@nhs.net or pdent@nhs.net)

5.13. Transfer of patients/residents from other organisations

Upon transfer from an external organisation, the senior person overseeing the transfer should request of any patients'/residents' property also being transferred across. If this is the case relevant documentation should be requested from the external organisation and the property should be handed over including checking the property, including counting any monies so ensure all is present and correct, this needs to be carried out in front of both parties – the member of staff transferring the patient/resident and also the member of staff receiving the patient/resident. Once this has been carried out, the above procedure should be followed.

5.14. Discharge

Notice of planned discharge should be sent to the custodian of the property or the person in charge as soon as possible. This is to enable the accurate calculation of the balance due to the patient, and if the balance is small, to have it paid over in cash before discharge, thus avoiding the need for cheques to be raised for small sums.

Where goods are returned by post, full details should be recorded by the custodian, or the person in charge, of the property and the record witnessed by a senior member of staff, as a record that the goods have been posted. All items must be sent via registered post.

At any time where the items listed on the Patients/Residents Cash and Property Record (pad) and/or the individual Cash Record Sheets / Property Record Sheets do not agree with the property actually held – this should be reported straight away to the Matron and Service Manager, along with the Safety Department.

Security Details: Vickie.shaw@nhs.net or pdent@nhs.net during working hours only 8.30am – 4.30pm, who would make the decision to contact the police or other agencies.

If this occurs Out of Hours (OOH) this should be reported to be the Matron and Service Manager immediately then they would make the decision to contact the police or other agencies, (Security would then pick this up the next working day).

6. IMPLEMENTATION

Staff are expected to read, understand and implement the procedure. Any questions raised should be directed to the appropriate supporting corporate directorate.

- Legal Services
- Finance
- Security

If any fraud or misappropriation is suspected, then the appropriate financial policy must be followed, or the fraud team contacted.

The implementation of this procedure may require the purchase of new secure cupboards / furniture and secure pouches and tags to enable this process to be followed.

7. MONITORING & AUDIT

Monitoring will be via the review of the implementation and operation of the Local Operational Procedures in each ward/service area at least once a year by the senior service manager or their delegate.

The Financial Services Department monitors and reconciles patients'/residents' monies balances held by the Trust on the patient's behalf, this only relates to long term patients/residents who opt to access their money via the Trust.

8. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

Patients/Residents Cash and Property Record (pad)

A quadruplicate pad kept solely for staff to record any patients'/residents' property taken into safe keeping. It is recommended that a separate page is used for each patients'/residents' property, that all entries are signed and dated by two persons and that the retained property and entries in the pad are reconciled on a frequent basis by the person in charge of the service area.

Patients/Residents Cash and Property Record (pad) are treated as controlled stationery and can be obtained from the Financial Services Team. Only one book is to be used at any one time, but each ward or unit should have their own book.

Cash Record Sheet / Property Record Sheet

Are sequentially numbered record sheets which are Trust documented sheets to be used for individual patients/residents in situation where cash and/or property is frequently taken out and handed back in – these sheets are used to ease the process, so that the Patients/Residents Cash and Property Record (pad) quadruplicate forms do not need to be completed each time the patient/residents requires their property.

Property

For the purposes of this policy, property includes money and any other personal property.

Valuables

For the purposes of this policy, valuables include any item of value (including, but not limited to, monetary value). For example, cash, credit/debit cards, portable electronic devices and jewellery.

Deposited property

This is property which the Trust takes into its care for safekeeping, either following an explicit agreement with the patient/service user or because they are incapacitated or otherwise

unable to look after it.

Patients/Residents

This is used to refer to any individuals who can be considered patients/residents, service users or clients of the Trust. These terms are used interchangeably by Trust staff as appropriate in different circumstances.

Person in charge

This refers to the staff member responsible at the time for escorting or caring for the patient.

Secure Location

This would be a lockable piece of furniture or lockable room which is used only for storage and cannot be accessed by patients/residents.

APPENDIX A: PATIENT/RESIDENT DISCLAIMER FORM

I have been advised to minimise the amount of property or cash brought into hospital. I have been advised to hand to the ward sister/charge nurse/hospital manager anything I wish to be kept safe. A receipt will be given to me for any items handed over for safe keeping.

I acknowledge that I am responsible for all of my property (including cash) not handed over. This includes items I keep in my room.

I understand that Humber Teaching NHS Foundation Trust accepts no responsibility for lost or damaged personal property of any kind; however, the loss or damage may occur unless it is deposited for safe keeping.

A full list of my undeposited property is below. This list should be updated for anything brought in or taken away during my stay with the Trust.

Patient/Carer

Signed _____ Date _____

Witness

Signed _____ Date _____

List of Undeposited Property

	Item	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

APPENDIX B: INDEMNITY FORM FOR DECEASED PATIENTS/RESIDENTS

.....DECEASED

.....HOSPITAL

To Humber Teaching NHS Foundation Trust IN CONSIDERATION of the payment by you, the above-named NHS Trust, to me the sum ofpounds and pence being the whole or part of the estate of the above deceased the receipt of which I hereby acknowledge. I the undersigned HEREBY UNDERTAKE AND AGREE:

- 1. That in the event of a legal personal representative being appointed to the estate of the above deceased I will forthwith repay the said sum to you on demand in order that the same may be handed over by you to such legal personal representative.
- 2. To indemnify you from and against any claims, demands or expenses made against or incurred by you by reason of your making the said payment to me as aforesaid

DATED THIS **DAY OF** **2**.....

SIGNED

ADDRESS
.....
.....

OCCUPATION

RELATIONSHIP TO THE DECEASED

WITNESS

ADDRESS
.....
.....

OCCUPATION

APPENDIX C: PATIENTS / RESIDENTS CASH RECORD SHEET

HUMBER TEACHING NHS FOUNDATION TRUST					REFERENCE NUMBER:				
PATIENTS / RESIDENTS CASH RECORD SHEET									
SITE / LOCATION:									
WARD:									
PATIENT / RESIDENT'S NAME:					PATIENT / RESIDENT'S BED / ROOM NUMBER:				
All Cash must be stored within individual patients' / residents' pouch with security teg seal and kept in the designated safe									
TAG SEAL NUMBER:	DATE:	CASH IN: (£'s & p)	CASH OUT: (£'s & p)	BALANCE: (£'s & p)	PURPOSE:	PATIENT/RESIDENT'S SIGNATURE (Print & Signature)	WITNESS 1 - SIGNATURE (Print & Signature)	WITNESS 2 - SIGNATURE (Print & Signature)	NEW TAG SEAL NUMBER:
		Balance B/fwd from previous sheet:		£					
		Balance C/fwd to next sheet:		£					
All Columns must be completed each transaction									



APPENDIX D: PATIENTS / RESIDENTS PROPERTY RECORD SHEET



HUMBER TEACHING NHS FOUNDATION TRUST		REFERENCE NUMBER:
PATIENTS / RESIDENTS PROPERTY RECORD SHEET		
SITE / LOCATION:		
WARD:		
PATIENT / RESIDENT'S NAME:		PATIENT / RESIDENTS BED / ROOM NUMBER:
<p><i>All Property must be stored in the designated box/container relating to the individual in the designated locked cabinet Please use pouch with security tag seal for jewellery</i></p>		


CONTAINER / BOX / TAG SEAL NUMBER:	DATE:	PROPERTY IN: <small>(Including contraband items)</small>	PROPERTY OUT: <small>(Including contraband items)</small>	PURPOSE:	PATIENT/RESIDENT'S SIGNATURE <small>(Print & Signature)</small>	WITNESS 1 - SIGNATURE <small>(Print & Signature)</small>	WITNESS 2 - SIGNATURE <small>(Print & Signature)</small>	NEW TAG SEAL NUMBER: <small>(If jewellery)</small>

All Columns must be completed each transaction

Please ensure correct wording is used to describe the jewellery, i.e white metal, yellow metal, rose metal.

Property which are 'named' - please just describe the property and write the name which is on the property, for e.g. Handbag with Michael Kors written on it.

APPENDIX E: SUMMARY OF PROCESS

		
ADMISSION	<p>WHITE is given to patient upon admission (fully signed).</p> <p>YELLOW copy sits in the patient notes during the patients' stay but must be removed from the patient file / notes before the notes leave the unit.</p>	
DURING	<p>APPENDICES are completed as applicable during the stay (all sheets should be given a reference number).</p>	
DISCHARGE / TRANSFER	<p>BLUE is completed and should include the reference numbers from the APPENDICES and be given to the patient when they leave, leaving the PINK copy for unit retention.</p>	
FOR RETENTION	<p>To be clipped together / put in a plastic wallet after the patient has left:</p> <p>YELLOW</p> <p>APPENDICES</p> <p>PINK</p> <p>The <u>YAP</u> therefore will document the journey of all property and cash during the patients' stay.</p>	
STORAGE / DESTRUCTION	<p>The YAP is to be stored on the unit or at HQ or a storage facility (this may differ for each unit depending on space) for a period of 2 years after the year the property records relate.</p> <p>After 2 years, the YAP should be destroyed as per confidential destruction protocols.</p>	