PATIENT PROPERTY POLICY

**(Incorporating the Key Safe Policy for community staff)**

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Virtual consultation of staff for inpatient units such as Eastham Care Centre and Archers Unit in Bedfordshire also took place.

**Contents**

|  |  |
| --- | --- |
| **Heading** | **Page** |
| Introduction | 4 |
| Trust’s Aim | 4 |
| Who Does the Policy Apply to | 5 |
| Definitions | 5 |
| **SECTION ONE** |  |
| General Principles | 6 |
| Training | 6 |
| Duties & responsibilities | 7 |
| Duties & Responsibilities | 6 |
| Local Security Management Specialist (LSMS) | 9 |
| Local Counter Fraud Specialist | 9 |
| Management of Patient Property | 9 |
| Unclaimed Property | 18 |
| Patients who lack capacity | 19 |
| Children and Young Person | 20 |
| **SECTION TWO** |  |
| Key safe - what are Key safe codes? | 21 |
| Responsibilities | 21 |
| Key safe Assessment | 22 |
| Mobile Working (using iPad) | 23 |
| Patients’ key | 23 |
| What to do when patient alleges staff of stealing his/her property | 24 |
| Investigating the Allegation | 25 |
| Monitoring Section | 26 |
| Policy Review | 26 |
| Appendix 1 – Disclaimer Notice | 27 |
| Appendix 2 – Disclaimer form | 28 |
| Appendix 3 – Managing patients’ money (simple guidance) | 29 |
| Appendix 4 – Patient Welfare Officer (PWO) Procedures | 30 |
| Appendix 5 – Response to Allegation table | 33 |

**Managing Patients’ Property**

1. **Introduction:**

East London NHS Foundation Trust (hereafter referred to as “The Trust”) has a responsibility to provide safe custody for money and other personal property either handed in by patients or in the possession of confused patients or found to be in the possession of patients in our care. As a provider of long term care, the Trust also has a responsibility to provide a stewardship function for managing patient’s property during their episode of care with the Trust. This policy explains how to deal with patients' property, both of a valuable and non-valuable nature while under the care of East London NHS Foundation Trust (ELFT). The Policy is designed to clarify the requirements of all staff members who manage the property of patients as part of their work within the organisation.

The security of patients’ homes is vital in providing high quality and safe domiciliary care and community healthcare staff has a responsibility to ensure their actions do not place the security of patients, their families or their homes at risk.

This policy will therefore cover:

• Admission to wards and departments within the Trust

• Handling of patients’ money especially whilst in an in-patient facility

•Transfer or discharge of patient to other health care organisations or non-health care organisations/home.

For staff providing community based services for housebound patients, Section 2 of this policy covers:

* Guidance on the use of patients’ keys and key safes
* What to do when patient alleges that staff has stolen his/her property

This Policy will aim to protect staff from becoming compromised or subjected to allegations of theft and cross referenced to other related policies and guidance such as:

* Nursing and Midwifery Code of Ethics and Professional Practice
* HCPC Code of Professional Practice and Ethics
* Information Governance Policy
* Record Management Policy
* Resuscitation Policy
* Moving and Handling Policy
* Incident Reporting Policy
* Health & Safety Policy

1. **THE TRUST’S AIM:**

The Trust aim to ensure the safe keeping of patients’ property at all stages of their care and treatment; however due to the differing arrangements over how teams/ wards/units and services are operated to meet their patients specific needs, it is not possible to provide a definitive process or procedure.

It is also important to recognise that patients may be within ELFT units and wards for significant periods of time and as such there will be changes in the property that they originally brought in. Furthermore because of the long term nature of some patient/service user admissions, they will tend to regard their “room” as “home” for the duration. As such they may seek to bring personal property and items. Staff must remind patients over the need to keep items safe and to use safe keeping facilities; this message must be re-iterated periodically. The principal concern of the Trust is the demonstration of safe practice when managing patient property within ELFT and on transfer to other health care settings not part of ELFT. Local documented procedures specific to the service setting or unit should focus on the complexities of the individual clients under the Trust’s care, such as in Learning Disability units or community based services.

**3 Who does this policy apply to?**

**3.1** This policy applies to all staff working in services under the umbrella of East London Foundation NHS Trust (ELFT). However, local services may draft local procedures to suit their client base and practices but this must be compliant with this Trust overarching policy.

**3.2** ELFT will expect other services that use the organisation to also apply the principles of this policy as a minimum standard within their service.

**3.3** With respect to minors, or patients/clients who lack mental capacity, the policy will apply to those identified as having the guardianship or legal power e.g. Power of Attorney . The Power of Attorney must be checked with the Office of the Public Guardian before handing over property of value.

**4 Definitions**

The use of the term “property” shall be taken to include money, valuables, keys, medicines and personal belongings.

**Cash** - money in the form of coins or notes as distinct from money orders or credit.

**Cashier** – this is the Trust department that manages patients’ finances. Cashiers provide robust accounting processes to manage patient finances and should be used wherever possible.

**Valuables** – items having significant monetary value; having great importance or usefulness; cherished or esteemed because of personal qualities; capable of being assigned a value for example - a possession, especially a piece of jewellery - that has significant monetary value.

**Non Valuable /Personal possessions** – items owned by or for the personal use of the patient, other than those which are considered valuable, illicit substances and risk items – this term covers items which may be in the possession of the patient on arrival at the ward/unit; that they may bring to the unit following a period of leave or which has been brought in by a friend or relative and which may be harmful to their or other patients’ safety and consequently must be removed from the patient, for example knives; sharp items or possible ligature risks.

Illicit substances such as controlled drugs will be handed to the police for destruction and a receipt must be given to the patient. However, do not report small amounts of illegal substances to the police as, on balance, the duty of confidentiality outweighs the misdemeanour of possession.

**SECTION ONE**

**5. General principles**

**5.1** In inpatient facilities, disclaimer notices must be displayed in conspicuous areas accessible to patients and their relatives, to ensure that they are clear on the Trust’s stance of property safety and storage.

**5.2** The disclaimer notice and disclaimer form and the wording within should be brought to the attention of the patient and recorded in the patients notes and where possible upload in their respective files on RIO / EMIS / SystmOne (Appendices 1 and 2).

**5.3** If staff fails to obtain a signed disclaimer and the property remains with the patient, the organisation could be liable for loss, due to negligence.

**5.4** It must be assumed that all patients have the capacity to make a decision about the safekeeping of their property; if it is deemed that a patient does not have the mental capacity to make that decision, staff must follow procedures in assessing and recording capacity in line with the Mental Capacity Act (2005).

**5.5** All Property must follow the patients in their journey through the episode of care.

**5.6** Use of terms such as ‘gold’ and ‘silver’ must not be used when describing items of jewellery. Descriptions such as ‘yellow coloured metal’ or ‘white coloured metal’ must be used instead.

**5.7** Stones in rings or other jewellery must not be described as ‘diamond’, ‘ruby’ etc. but the terms ‘white coloured stone’, ‘red coloured stone’, must be used.

**5.8** Only one property book or list, and valuables book should be in use at any one time in an area. These items should be treated as controlled stationery and consecutively numbered or referenced. This should include subsequent lists raised listing property and then these should be cross referenced.

**5.9** The wards or Patient Welfare officer are responsible for retaining completed books in accordance with Organisation policy for a period of six years.

**5.10** If the patient is unable to look after their property due to illness or lack of capacity for any reason, money, valuables and house keys should be retained by the Trust until patients have recovered sufficiently to give instructions as to their safe-keeping.

**5.11** If patient’s property is returned to a relative or carer at any time during the patient’s stay within the hospital or unit, a receipt that includes a list of all the property returned is required. This will make it clear what has been returned to minimise dispute at a later stage and must be obtained and stored in patient’s notes.

**5.12** This is especially in relation to keys, money, jewellery and other valuables, dentures, hearing aids or other similar medical devices. If the patient has capacity then the instructions and documentation must be signed by the patient. It would also be beneficial to have a Multi-Disciplinary Team (MDT) input in these discussions.

**6. Training requirements**

**6.1** There are no specific training requirements for this policy; however all staff must be advised of local procedures at local induction in relation to how to deal with patient’s property (valuable and non – valuable) keys and monies.

**6.2** This should be recorded in the Local Staff Induction Pro-forma and be signed off by the manager to confirm the induction took place.

**6.3** Failure to follow local procedures must be managed by the manager or a senior staff member; ensuring that the correct procedure is shared and understood.

**7.0 Duties and responsibilities:**

**7.1 Chief Executive:**

The Chief Executive has ultimate responsibility for the management of security and safety of staff and service users in the organisation. This responsibility also includes ensuring the aims and objectives of this policy are met, and ensuring that adequate resources are made available for the implementation of the policy.

**7.2 Service Directors/Associate Directors/ Heads of Service/ Departments & Matrons/Specialty Managers:**

It is the duty of these group of senior managers to raise staff awareness to this policy; and that there are robust local procedures for the management of patient’ property for areas/units under their control and for providing the necessary resources to ensure that the processes are followed.

**7.3. Clinical Leads / Ward managers/Unit/Locality Managers:**

It is the responsibility of the Clinical lead /Ward Manager/Unit/Locality Manager to ensure that:

* Robust local procedures for the management of patient’ property that meet the general requirements and principles of this policy for areas under their control are in place and that all staff are aware of them.
* Necessary resources are provided to ensure procedures are followed
* Staff members discourage patients from retaining cash and/or valuables and that relatives are also discouraged from bringing in cash and valuables. Where cash or valuables are brought into the Ward / Service, they are disclosed to staff so that they can be held in safe custody
* A Disclaimer Notice is placed in visible areas on the Ward’s Notice board for relatives to sight. (See Appendix 1).
* They provide safe custody of keys, money, valuables and other personal property, which is:
* handed in by patients;
* in the possession of unconscious or confused patients;
* Found in the possession of patients dying on admission to hospital.
* The ward manager is responsible for ensuring that regular audits are undertaken to meet the needs of the service [minimum quarterly] and ensure that the contents of the ward safe match the documented lists of items held for safekeeping/patients property lists.
* The audit should be documented and retained as an electronic document – hard copies may be stored within the safe. Where no property is held on behalf of patients, then this should be clearly documented.
* They are also responsible for ensuring that any deviation or errors arising, including losses or discrepancies are dealt with in the correct and timely manner.

**7.4 Nurse in charge:**

The Nurse in Charge of the shift /team/unit is responsible for ensuring:

That the Patient Property Lists and Disclaimers are completed on admission of the patient and that all cash is counted in the presence of the owner and another colleague.

That nursing staff should liaise with the Patient Welfare officer or Cashier with regards to any patient who may be approaching discharge or potentially being transferred to another unit to enable them to ensure that their money/ valuables will be available to be released with the patient.

**7.5 Nursing staff:**

It is the duty of the admitting registered nurse to advice patients to:

• Send property home whenever possible

• Inform Nurse in Charge when additional valuables are brought into hospital

• Complete the disclaimer form and refer them to the disclaimer notice.

**7.6 All staff:**

All staff have the responsibility to:

* Follow the guidance in this policy and local procedures and should not hold patients’ monies or property in their care.
* Be aware that there are very strict rules over the handling of patient monies / valuables and these must be followed at all times to prevent loss or for staff to become compromised and potentially subjected to investigation and possible disciplinary procedures.
* Know the location of property taken into safekeeping and ensure that this is recorded and communicated to other health care professionals throughout the patients’ stay.
* Escalate concerns where a patient is known to have possession of cash or valuables that have not been handed over for safekeeping or where cash and valuables have recently been brought to the ward/unit by a friend or relative. If the client refuses to place valuables into safe keeping, the disclaimer form should be completed.
* Where the reason for any loss cannot be immediately identified, this should be referred to the **Trust’s Local Security Management Specialist** for advice or investigation and the **Trust’s Legal Services Manager** should be informed. The incident should be reported on the Datix system and recorded in the Patients notes – RIO / EMIS/ SystmOne.
* Staff have a responsibility to empower patients and service users and to help them to manage their money; however decisions over how a patient spends their money is theirs and staff should not tell a patient what to spend money on, or not.

**7.7 Patient Welfare Officer:**

A Patient Welfare Officer is employed to provide a support role to patients and their relatives during a hospital stay. In this policy and throughout these procedures the officers will be referred to as the Patient Welfare Officer (PWO). Where no PWO is employed, the Cashier will take on the PWO responsibilities where appropriate **(See Appendix 4**).

**7.8 Cashiering Arrangements:**

* Ward Staff should advise patients that access to their personal expenditure is via the Cashiers office. This is obviously restricted to the following opening hours.

**City & Hackney Centre for Mental Health: 13.00 – 16.00 Mon to Fri**

**Centre For Forensic MH: 09.00 – 13.00, 14.00 – 16.00 Mon to Fri**

**East Ham Care Centre: 14:00 – 16.45 Mon to Fri**

**Newham Centre for MH: 09.00 – 12.00 Mon to Fri**

**Tower Hamlets Centre for MH: 08.30 – 11.30 Mon to Fri**

**Wolfson House (Forensic): 09.00 – 13.00, 14.00 – 16.00 Mon to Fri**

**Luton (ECT Unit): 10.00 – 14.00 Wed & Thurs**

**Archer Unit Bedford 24 hours access to nursing team for safekeeping.**

* Staff should make the patients aware that the PWO advises the Cashier on recommended daily allowances for each patient depending on their benefits and balances. Staff should try to support the Cashier and PWO in these matters.
* Staff wishing to withdraw money on the patients’ behalf must use the appropriate Staff patient Money form or Property Request form. This is used only when the patient is unable to attend the Cashier in person.
* The patient has to sign the form on the ward and it has to be authorised by the nurse-in-charge. Another member of the ward staff needs to take the completed form to the cashier for payment.
* Any patient wishing to withdraw cash from the Cashier must have a member of the ward staff who will act as an escort to witness the withdrawal.

**8. Local Security Management Specialist (LSMS)**

The Local Security Management Specialist (LSMS) take forward security Management work locally in accordance with national standards. The LSMS will work with key colleagues to promote the secure management of patient’s property and effectively respond to incidents and security breaches relating to patients property.

**9. Local Counter Fraud Specialist (LCFS)**

The Local Counter Fraud Specialist can investigate fraud affecting patients’ money and valuable property but is not responsible for investigating the theft of patients’ monies.

**10. MANAGEMENT OF PATIENT PROPERTY – PROCESS FOR ALL PATIENTS**

**10.1 Classification of Property**

Patients’ property can be broadly classified into two types:

• Patients valuables, including monies or cash equivalent property, bank and credit cards, cheque books, Passport, Home Office document, EU ID Cards, National Insurance Card, Driving Licence, birth certificates, jewellery, wrist watch, portable and handheld electrical goods, smart phones, laptop & tablets, keys etc.

• Patients Clothing, including, shoes, belts, hats, caps suitcases, handbags, dentures, spectacles etc.

**10.2 Handling of property on admission**

**10.2.1** Patients should be advised to bring only minimum amounts of property and valuables into hospital. Where excessive amounts of property are brought into hospitals or property accumulates, and then relatives should be asked to take excess property home in order to keep minimal amounts of personal effects in our units. This must be recorded in the property book and would apply to both valuable and non-valuable items at all times. The relative’s name must be recorded and a date and time of the removal also be inserted. The relative should confirm receipt of any items of value or cash in writing.

**10.2.2** Patients should be advised in all admission letters that valuables, cigarettes & lighters should not be brought into hospital while on admission.

**10.2.3** Where this has not been possible, e.g. in the case of emergency admission or detained under section, patients should be advised to have valuables taken home as soon as possible by a relative, carer or friend; otherwise they can deposit money or valuables which are not immediately required into the organisation’s safekeeping e.g. Cashiers.

**10.2.4** Where the patient declines to hand over their property and where a disclaimer is signed, the Organisation cannot accept liability for any loss incurred. Where a patient refuses to sign a disclaimer this must be noted on the disclaimer form by the staff and signed by two members of staff.

This should also be brought to the attention of the ward manager. Staff should make every effort to ensure that the patient’s relatives and/or carer are aware that the patient has refused to sign the disclaimer and explain that the organisation is unable to take responsibility for cash or valuables.

It is not appropriate for a relative to sign the disclaimer on behalf of the patient. In circumstances where patients are unable to safeguard their valuable property kept on them, staff should take the items away for safekeeping. Again this decision should be documented in patient’s own record.

**10.2.5** Where valuables are held at ward level this must be for the shortest possible period of time.

**10.2.6** Where property/valuables are being held by Cashiers, they **must be** informed when patients are transferred between wards or discharged.

**10.2.7** Normally, property should not be handed over by the Organisation to third parties without the consent of the patient, but personal articles of small value and clothing may be handed to their relative or carer and a record kept as good practice with names dates time inserted along with person’s relationship with patient. Staff should ensure that the person receiving the property is either a known relative or identified by the patient as being suitable to receive property. Proof of ID should be obtained and a signature provided prior to property being handed over.

**10.2.8** If the patient is not able to consent, or take responsibility, to property being released and the ward staff have doubts about the eligibility of the person collecting property, they must arrange for it to be stored in safekeeping until eligibility has been confirmed.

**10.2.9** **Staff to consider taking pictures of all the items that the Trust is holding for patients and upload onto the respective files on RIO/EMIS/SYSTMONE and give the patient a copy of the picture of their belongings.**

**10.3 Handling and management of patients’ money / valuables**

**10.3.1** Patients may be vulnerable and supporting them with the management of their finances and money should be considered as part of the care plan. There are very strict rules which must be followed in managing patients’ finances. See Appendix 3 for “do’s and don’ts”.

**Under no circumstances should staff make withdrawals or purchases on behalf of a patient using the patient’s bank card. Patients should never be asked to disclose their PIN. This applies to all staff that looks after in-patient settings, out-patient clinics and patients in community settings.**

The Patient Welfare Officer & Cashiers manage patient monies and have clearly auditable processes which, when followed protect staff from possible allegations of fraud or misconduct.

**10.3.2** Each service will put in place local processes to enable patients have access to their funds; however where a Cashier is available, use of this must be encouraged as this process offers significant safeguards to prevent staff from becoming compromised.

Local processes and procedures must meet requirements of this policy, auditable and these should be made available to patients in order to help them manage their finances. Just as we encourage and support patients to manage their own medication, care plans should include appropriate support for each patient to assist them in financial management wherever necessary.

**10.3.3** Some patients may be very unwell on admission and care must be taken to ensure that any cash that is brought in with them is counted and a record made of the total.

Where a patient does not have capacity the money must be counted and for this to be witnessed by a second member of staff and deposited with the Cashiers and this recorded until the patient is able to make decisions.

Where the Cashiers is inaccessible for out of hours, then money should be sealed in an envelope and held in the ward safe. The envelope should be sealed by signing over all seals where the folded envelope meets the body of the envelope and then placing cellotape over the signature and joins. This must be documented in the patient’s records.

**10.3.4** Services may have a daily or weekly limit for patients making withdrawals; however some patients may require a smaller personal limit, for example where a patient is known to be reckless with regards to management of their finances. This may be discussed and agreed by the multi-disciplinary care team.

**10.3.5** Visitors should be encouraged to advise staff if they have given cash to a patient so that where there is concern for the patient’s financial management, it can be deposited with the Cashiers for safekeeping.

**10.3.6** Where patients use personal money to make purchases then they should be encouraged to retain receipts where available. Patient must be encouraged to make their own purchases when on leave or encourage family members or visitors to bring items that they need or intend to buy in to the ward or hospital for them.

Under no circumstances should staff use their own money to purchase items for a service user / patient.

**10.3.7** In exceptional circumstances where a patient may not have immediate access to funds and as a last resort, a loan may be granted from Petty Cash from the ward or an advance given by the Welfare dept.

The loan should be for a minimal amount, as agreed based on the patient circumstances. This must be documented and a signature obtained from the patient. Please refer to the Petty Cash Guidelines on the Intranet.

**10.3.8** Where the Local Authority has an “appointee ship” for an ELFT service user then this policy and local arrangements will be followed in respect of managing the patients’ money. For Department of Works and Pensions appointee ship the Trust is the appointee with a named person acting on their behalf. This is a finance role conducted by and carried out by a named person. No other members of staff must take on this role as it’s a formal responsibility and must be exercised according to Trust policy.

**10.3.9** Decisions over family and friends involvement in any patients’ affairs should be made in consultation with the patient. Many patients will have valid reasons for not wanting their family or friends involved in their financial decisions and this should be considered and where appropriate respected. Any decision to share information with regards to a patient’s family/carers must be clearly documented together with the rationale for doing so.

**10.3.10** Where the ward/service has retained monies and/or a valuable item/s on behalf of a patient, e.g., in a ward safe, there has to be an accurate record kept of where/when the items have been signed in/out. Two members of staff or a patient and a staff member should always sign.

**10.4 Reporting Losses of Patient Property**

Staff are to be mindful of the potential for Identity Theft related to phones, tablets, Passports or any other forms of Photo Identifications.

**10.4.1 Loss of Cash:** In all incidents where it has been brought to the attention of any member of the ward team that there has been a loss of cash this will immediately be escalated to the Registered Nurse in charge of the shift who will:

* Instigate a search of the ward area to ensure that the money has not simply been mislaid
* Report the loss to the Police via the Emergency services non –urgent number 9 101 without delay and **no later** than by the end of the shift.
* Obtain a CAD number from the Police.
* Ensure a Datix is completed no later than by the end of the shift and the CAD number is recorded.
* Inform the patient & ensure that the RIO / EMIS record of the patient indicates the loss and confirming the actions taken.
* Inform the relatives where appropriate of the loss and the actions taken.
* Inform the Duty Senior Nurse / Clinical Lead of the loss and confirm that the appropriate actions have been taken.
* Inform Richard Harwin – The Trust Health, Safety, Security and Emergency Planning Manager with details of loss together with CAD number obtained from the police.
* Inform the lead nurse and the Modern Matron and confirming that the appropriate actions have been taken.
* If out of hours, inform the on call Manager who will give further directions.

**10.4.2 Loss of valuables retained by a patient:**

All incidents of loss of a valuable item that have been brought to the attention of a member of the ward team by patients’:

* Relative
* Visitor
* Any other source

The same reporting pathway and time frames as that for the loss of cash should be followed in this circumstances.

**10.4.3 Loss of Personal items**

Any occurrence of loss of personal items must follow the same reporting pathway as above. However, *there is no need to report such items to the police or to obtain a CAD number*. A Datix will still need to be completed to provide information and evidence and an audit trail to examine and adjust ward systems to reduce further occurrences.

Examples of personal items include but not limited to:

* Dentures
* Glasses
* Clothing
* Toiletries

**10.5 Medicines Management**

**10.5.1** Medicines brought into hospital remain the property of the patient throughout their stay. This would be for prescribed or purchased medicine.

**10.5.2** A record should be kept of all medicines brought into hospital by the patient

**10.5.3** Medicines should be kept in safe custody within the ward,

**10.5.4** Verbal consent for their use or destruction during the hospital stay must be obtained where it is in the best interests of the patient.

**10.5.5** If a patient dies while under our care, any medicines brought into the hospital by the patient should be returned with other property to the next of kin.

This does not apply to Controlled Drugs which should be destroyed by a person with the authority to do so. Please see the Controlled Drugs policy for further guidance. Technically CDs are part of the deceased person’s estate so the next of kin can ask for them – however this should be discouraged and they should be made aware that it may not be legal for them to possess.

**10.6 Discharge or Transfer**

**10.6.1** On discharge or transfer, the outgoing property should be cross referenced against the Record of Patient’s Property which was completed on Admission and against any other additional property record that has been completed over the course of the patient’s stay.

**10.6.2** Ward staff will inform the PWO in advance if a patient is going to be discharged and the PWO should liaise with the ward staff and the Cashier to ensure that any valuables are returned, prior to discharge.

**10.6.3** The PWO should ensure that they check the discharges weekly either on Rio / Systmone (electronic patient registration system) or by getting a list of discharges from medical records.

**10.6.4** The PWO is responsible for returning cash to a discharged patient. This can be in the form of cash or cheque, depending on the value and how much cash the cashier has available. If a cheque is to be drawn, the PWO should complete a Request for Patient Monies (RPM) and pass this to Finance for processing.

The PWO should ensure that a forwarding address is given if the cheque is not available prior to discharge. Should the patient not have a bank account to deposit their cheque in, cash can be ordered and paid to the patient with permission from the Financial Accountant.

**10.6.5** The PWO should ensure that DWP payments into the Trust bank account are stopped once the patient is discharged. Alternative payments can be made to the patient on discharge, through a post office card account or through their own personal bank account.

If the patient is unavailable or unwilling to sign the DWP letter/fax regarding change of payment method, the PWO may write to the DWP advising them that as the patient has been discharged, it is no longer appropriate for their benefits to be paid into our Trust bank account and that the patient would contact them to rearrange their payments.

**10.6.6** 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.

**10.6.7** On transfer of patients between wards in the same hospital, where valuables are already in custody in a Cashier’s office, the transferring ward are responsible for informing the Cashier and the receiving ward.

The property book must be updated to include where the patient is being transferred to. A copy of the patient’s property form should be made and passed to the receiving ward.

Receiving ward should treat the arrival as a new admission. This will help to prevent any disputes and protect staff.

**10.6.8** A Cashiers Property Register must be signed by the person collecting the valuables from a cashier. Staff collecting valuables and returning them to patients must ensure that the patient signs the Ward Property/Valuables Book. Staff should check the property they are receiving to ensure that it is correct before returning to the patient.

**10.6.9** Where it is known that a patient is due to be discharged at a weekend or a bank holiday, a Cashier should be contacted in advance to ensure that arrangements are made for the property to be obtained prior to the date of discharge.

**10.7 Death of the patient:**

**10.7.1 On Death where there is a known Next-of-kin**

* If the value of the cash held by the Trust is less than £5000 then the PWO should return this to the next-of-kin. If the Trust has organised the funeral, the PWO should deduct the cost of this from the estate. The PWO should ensure that an “Indemnity Form” is completed and signed by the next of kin before raising a RPM for the Finance department. If the amount is £5.00 or less, this can be obtained from the cashier with the completion of the “statement of refund of patient monies”.
* If the value of the cash held is more than £5,000 (after funeral expenses if applicable) then the PWO should ensure that Letters of Administration are obtained from the court, before completing a RPM. A cheque will raised payable to the person named on the Letters of Administration
* Other property should have been forwarded to the PWO from the wards and this should be returned to the next-of-kin. The PWO should ensure that the next-of-kin signs for the property and if no Letters of Administration are issued, an Indemnity Form needs to be completed for property also.

**10.7.2 On Death Where There is No Lawful Kin**

* If a patient dies intestate and is not survived by lawful kin, then the estate of the deceased belongs to the crown. Reasonable funeral expenses can be charged to the estate and the PWO is responsible for organising this. If the balance of the estate is more than £500 the PWO should refer the matter to the Treasury Solicitor. Details available on the website: [www.bonavacantia.gov.uk/output/Referring-Estates-To-The-Treasury-Solicitor.aspx](http://www.bonavacantia.gov.uk/output/Referring-Estates-To-The-Treasury-Solicitor.aspx). Every effort must be made to ascertain the details required by the Treasurer Solicitor.
* If the balance of the estate is less than £500 then the matter should not be referred to the Treasury Solicitor. Instead, the PWO should advise the Financial Controller in writing, attaching appropriate paperwork, and confirmation will subsequently be given that the individual patient record can be closed and archived by the PWO
* If after funeral expenses the patient estate is in deficit, then the PWO should inform the Financial Controller in writing with all the relevant details, and request that the debt is written off. This should be authorised by the Service Manager for Mental Health. Confirmation will subsequently be given that the individual patient record can be closed and archived by the PWO.

**10.7.3** It is the responsibility of nursing staff to inform the PWO / Cashier, as soon as possible upon the death of a patient, for whom valuables are being held.

**10.7.4** Nursing staff must not write ‘RIP’ or ‘deceased’ on property books as they may be seen by relatives. This should be left blank.

**10.7.5** If the deceased person is removed by local funeral directors, property left on the patient must be checked and signed over to them before the body is removed from the ward

***NB this will not apply to all hospital sites where there is not a cashier or hospital safe available – please refer to local procedures.***

**10.8 FUNERAL ARRANGEMENTS AND EXPENSES**

* Next-of-kin will normally make the necessary funeral arrangements for a deceased patient. Payments for **basic** funeral expenses can be made from the cash held on behalf of the deceased patient (maximum £3000), provided receipts are produced by the person making the arrangements and an Indemnity Form is signed.
* The PWO should arrange the payments by completing a RPM form that should be forwarded to the Finance department.
* When a patient is admitted without a notified next-of-kin, the PWO should make all reasonable attempts to locate them. If this proves unsuccessful and the patient dies, the PWO should arrange for burial using local undertakers. In order to ensure value for money the PWO should obtain two quotations before booking the funeral.
* The cost of the funeral should be met from the deceased patient’s property balance. If there are insufficient funds held by the Trust and no next-of-kin or relatives can be located the PWO should proceed with the burial arrangements and liaise with the Deputy Director of Finance to sort out the funding arrangements.

**10.9 Procedure for dealing with property taken into safe keeping**

**10.9.1** Property handed over for safekeeping must be examined, recorded in the appropriate property book or list and signed for by two members of staff. A signature should be obtained from the patient (where possible) to acknowledge the list of property handed over for safe custody is complete and correct. Details of any action taken must be documented in the patient’s records, (including any patient’s refusal to sign), and must be witnessed by two members of staff.

**10.9.2** In the case of clothing, all items should be placed into an appropriate bag and a copy of the Property List attached, clearly identifying the patient’s name, hospital number and ward. The bag must be stored in a secure area in the ward or department. Wherever possible, the clothing list must be cross referred to the property book entry.

In the case of valuables, a separate page must be used for cash, and for other valuables, as these could be lodged in different locations.

**10.9.3** When recording valuables, the following details should be noted:

* Social Security Cards and Card Numbers.
* Credit Cards the type of card e.g. Barclaycard or MBNA and the last four digits of the credit card number.
* When recording keys the number of keys should be noted.

**In the interest of security the credit card number [16 digit number across the centre of the card] and the security number on the back must not be recorded**

**10.9.4** All valuables must be placed in a suitable envelope with the copy of the property list and sealed as described before. Neither the details of contents nor the copy of Property List attached or recorded on the front of the envelope. The envelope must also record the page number from the Valuables Book, if applicable. The signature of the two members of staff, who have checked the contents, must then be recorded on the front of the envelope and over the seal.

* Where provided, property should be stored in a sealed tamper proof bag. The seal number is recorded on the property form. Where access is gained to the bag, the new seal number is added to the property form and reason for the access recorded. Should these not be used, then the upper envelope seal and the lower enveloped seal should signed by the staff. Cellotape is then place over the seal and the staff signatures. Staff then should initial the edge of the Cellotape. This will identify any attempt to gain unauthorised access into the envelope.
* Where property is required to be accessed and some property removed, then a new envelope is used to store the remaining property and sealed in the above manner. A list of the property should then only be included within the envelope and the original envelope should be retained with the property with the reason for the access to the property recorded on it.

**10.9.5** Patients must be advised that any property lodged with a Cashier, if applicable, may not be accessible at weekends or ‘out of hours’.

**10.10 Property/Valuables during Office Hours**

**10.10.1** Where cash, credit cards, cheque books, jewellery etc. are involved, the Staff members involved in the checking process will ensure that they both take the sealed envelope to the Manager’s office, deposit it within the ‘Ward drop Safe’, both signing the ‘Safe Log Book’ to confirm that one sealed package has been deposited. **It is individual ward responsibility to notify the welfare officer that there are items in the ward safe needing transfer to the Cashier’s office.**

**The Patient Welfare Officer will ensure that:**

* Valuables are transferred to the Cashiers office as soon as is reasonably possible and in all cases no later than within 24 hours of a weekday admission; and where admission takes place at a weekend or public holiday then at the next working day.
* Ward Deposit Safes are only opened in the presence of the Individual Ward Shift Coordinator.
* The Safe Log Book has been appropriately signed by both parties.
* In the absence of a Welfare Officer it is the Ward’s responsibility to advise the Duty Senior nurse / Matron that there are items that need to be transferred to the Cashier. It is the responsibility of the Duty Senior Nurse / Matron to ensure that the items are treated as above.

**10.10.2** The receiving person will sign the book/list on behalf of the Organisation, accepting responsibility for its safekeeping. The receiving person will retain a copy of the list and attach this to the envelope. The member of staff will return a signed copy to the patient and keep a record in patient’s notes.

**10.11 Transfer of Property/Valuables out of Office Hours**

* Where patients are capable of caring for their own property, the receiving ward must ensure that a further disclaimer form has been signed.
* Outside office hours and during weekends, valuables should be dealt with as below: The following procedure should be applied:
* All Cash is entered into the Patients Property/Valuables Book/Property List and put in a sealed envelope and signed by two members of staff. As per NB to paragraph 8.9.4
* Valuables, including chequebooks, credit cards etc, are entered into a different page of the Patients Property/Valuables Book/List and placed in a separate envelope
* The property should be transferred on the next working day to a Cashiers Office if available, or stored immediately in a safe location.

**10.12 Special Circumstances**

**10.12.1** Temporary custody of property and valuables should only be undertaken on wards and departments as a short-term measure, e.g. patients attending procedures or theatre, until their property and valuables can be returned to them or their relative or carer.

**10.12.2** In all cases the temporary custody section of the Property and/or Valuables book/List **MUST** be completed and the property lodged in the department’s designated secure location, e.g. this may be the ward safe (valuables should be held for the shortest time possible and no longer than 24 hours)

**10.12.3** Where property is already in custody the receiving ward must treat it as a new admission and also sign off the original ward’s book or list as having received the property.

**10.13 Documentation**

**10.13.1** Each ward/department should only have one valuables and clothing book in use at any one time. To be treated as controlled stationery and to be properly referenced

**10.13.2** Pages must be used sequentially.

**10.13.3** Completed Property or Valuable Books/copies of lists are retained by the ward for six years.

**10.13.4** Patients Valuables Book should be used; these are in triplicate with the distribution of copies as follows:

**• Copy 1** – given to the patient. If the patient is not able to receive this copy it should be retained with the patient's medical records until such time as they or their relative or carer is able to receive it.

**• Copy 2** - Accompanies cash and valuables and is retained by the Cashier.

• **Copy 3** - Retained in book.

**10.13.5** All spoiled copies are to be retained in the Patients’ Property/valuables or Clothing Book and clearly marked ‘Cancelled’, an explanation for the cancellation written and signed by the author. Two distinct lines should be drawn from the top to the bottom of the page and the words ‘**ERROR**’ be written across the page and the reason added and signed by the author.

**10.13.6** In accordance with the Organisation’s Standing Financial Instructions staff should be informed at local induction with regards to their duties for the administration of patients' property and for the training to be documented.

**10.14 Unclaimed Property**

**10.14.1** Every attempt must be made to reunite property with the rightful owner. However, after a period of 6 years, following discharge or death, unclaimed property will be disposed of. Care should be taken to ascertain whether articles are of value and expert advice sought where there is any doubt about the value. Where property includes bank cards, the issuing bank/building society must be notified and may act as a source to trace the account owner’s location/address. Bank cards must be destroyed rather than being retuned by post. The Cashier /Welfare officer will destroy cards by cutting them into at least three pieces or by shredding and for this to be witnessed by another staff member. Record the action that has been taken to provide a complete audit trail. Destroying the card[s] will avoid any possible misuse of the card.

**10.14.2** If there are unclaimed articles of value, reasonable efforts, which should be recorded along with dates and times, should be made to trace the owner. This may include, but is not limited to, making contact with the patient’s GP for a new address; contacting any known next of kin; conducting a “google search” for possible electoral role registration or contacting local Social Services.

If the trace is unsuccessful the articles should be kept for a reasonable time before disposal. Under the Limitations Act 1980 a period of six years would normally be reasonable in the case of property deposited although this period of recovery may be extended in the case of disability acknowledgement, part payment, fraud and mistake.

**10.14.3** Unclaimed cash and the proceeds of the sale of abandoned or unclaimed property should be credited to a control account. In the event of a patient or some other person eventually claiming property which has been disposed of, the amount due would be payable out of this account; this will be arranged through the Finance Department. If selling property at least three valuations from reputable dealers should be sought. This will assist in showing that the Trust has been diligent in its dealing with the property. Lost property book should be updated to state what has happened to the property and where any value and proceeds of sales are held.

**10.14.4** All unclaimed bank books should be forwarded via the Organisation’s Financial Services Department to the appropriate bank/Department of Works and Pensions office, with an explanation of the circumstances in which they came into the Organisation’s possession. Ward/Unit property books should be completed to reflect this and the property signed for by a member of staff at the Finance Dept.

**10.14.5** All unclaimed cash and valuables that exceed £500 held on behalf of a deceased patient will be forwarded to the Treasury solicitor by the Financial Services Team once all efforts by the ward and financial services to trace relatives have failed.

**10.14.6** Where money is held on behalf of patients, it should be held either by the patient’s affairs office or in the patient’s own care. If it needs to be stored in exceptional reasons on the ward it must be returned to the patient or patient’s affairs officer as soon as possible.

**10.15 Handling property for patients who lack capacity**

**10.15.1** Where a patient lacks capacity to make a decision about their property, staff may have to make the decision in their best interests. This must be done following the requirements of the MCA and the related Code of Practice. Where staff have a reasonable belief that a patient lacks the capacity to make a particular decision about their property (e.g. handing certain items to the organisation for safekeeping), they should consider whether everything has been done to help and support the patient to make the decision; and whether the decision needs to be made without delay, and if not, whether it is an option to wait until the person has the capacity to make the decision for himself or herself (e.g. where the patient is under the effect of medication).

**10.15.2** 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.

**10.15.3** Provided certain conditions are met, staff may be protected from liability for carrying out actions in connection with the care and treatment of patients who lack the capacity to consent. The conditions relate to compliance with the principles of the MCA and with requirements around assessments and best-interests decision making. Actions taken by staff to protect a patient’s property can be considered to be related to their “care and treatment”, and may thus be protected from liability. The MCA does not, however, protect staff from liability for negligence. Therefore if staff places a patient’s property into safe custody in line with the MCA, but then is negligent in handling it, they will still be liable for any loss or damage that occurs.

**10.15.4** The most common action staff may consider taking in relation to a patient’s property when the patient lacks capacity to make a decision with regard to it is taking the property and placing it into safe custody, thus meeting the NHS organisation’s obligations and duty of care. Before doing so, 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 Attorney10 or a deputy11 appointed by the Court of Protection. In practice the attorney or deputy will often be a relative or friend of the patient.

**10.15.5** 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 organisation will not accept liability for the patient’s property unless it is handed over to the 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.

**10.15.6** In cases where an attorney or deputy is not immediately available, staff may decide to take part or all of the patient’s property into safe custody, if this is in the best interests of the patient. An attorney or deputy will however have to be involved in later decisions about the property. More details on attorneys and deputies, and on how staff should involve them in decisions, are provided in the Code of Practice.

**10.15.7** Staff should bear in mind that even where a patient is assessed as lacking capacity to make a decision, they should be involved as fully as possible in the decision. For example, when deciding which of a patient’s belongings to remove from their bedside, every effort should be made to consider their wishes and feelings in this regard.

**10.15.8** The procedure for taking into safe custody the property of a patient who lacks capacity to decide is much the same as for deposited property generally. Where the patient is not attended by an attorney or deputy, two members of staff will need to place their signatures on the property book. The property will then be placed into safekeeping until the patient regains capacity to decide what should be done with it, or until the property can be given to the attorney or deputy. Where items are handed over for safekeeping by the attorney or deputy, their signature is required in the property book wherever it is required for the patient.

**10.15.9** Where a patient is discharged and lacks capacity to make a decision about their property; any deposited property should be given to their attorney or deputy, obtaining their signature on the appropriate documentation.

**11** **UNCLAIMED PROPERTIES**

**11.1.1** Property that is unclaimed following patients’ discharge, and of low value, may be disposed of as the Trust pleases. Care should be taken to ascertain whether articles are of value and hasty action to dispose of an article is unwise. Expert advice should be sought if there is any doubt about the value.

**11.1.2** Unclaimed articles are valuable, every effort should be made to trace the owner or next of kin, but if this is not successful, articles should be kept for a reasonable time before disposal. Under the Limitation Act 1949, a period of six years would normally be reasonable.

**11.1.3** The proceeds of the sale of unclaimed property should be credited to the exchequer account. If the property is inappropriate for sale, it should be destroyed. This should be recorded in the patient property record and signed by two members of staff, one being the cashier/PWO.

**11.1.4** Any Bank/Building Society/Post Office books or National Savings Certificates should be returned to the issuing institution with an explanation of the circumstances that they came into the Trust’s possession for safe keeping. They need to be signed out in the property record by two members of staff, one being the cashier/PWO

**11.2 The Disposal of Unclaimed and lost property.**

The Portering Services Manager is responsible for dealing with the provisions under this section. Where an owner is known, reasonable efforts will be made to return the property by the Portering Services Manager.

Where, despite a reasonable effort being made to establish ownership and the owner is not known, Standing Financial Instructions will be followed. The property will be handled over to the Trust’s Supplies Department who will arrange for them to be sold and the proceeds credited to the Trust’s Charitable Fund.

**11.3. Children and Young Person**

Children / Young Person will be encouraged to send any valuables home with their parent / guardian. If items of value remain on the ward the nurse responsible for care will liaise with the child/ young person or parent / guardian as appropriate regarding the completion of the attached form (See Appendix 2).

**SECTION TWO**

**12 KEY SAFE CODES:**

This section is mainly for community health services staff and any other staff that deals with patients using key safes.

**12.1 What are key safes?**

Key-safes are devices that can be fitted externally to a property to enable access into the property. In order to gain access, most key safes require a code that will release the cover and therefore allow access to the keys.

Key safes are used to enable safe entry to patients’ houses by health professionals (and other agencies) where patients are unable to open the door themselves due to physical or mental impairment / illness or disability.

A key-safe is protected with combinations to hold keys of different kinds. These are mainly house keys but other keys, such as drug box or syringe driver keys, may also be stored there. They are available with manual dial combination input system or digital input system and are usually mounted on the wall in any space that is hidden or mostly unnoticed.

Some of the key-safes available in the market look like utility boxes, which makes them camouflaged/ covered and are often mounted near the meter box. Some, by necessity, are more obvious.

Community Health staff members are responsible for accessing patients’ homes with their consent and permission, in order to provide care. Staff may be issued with codes for accessing key-safes in order to gain authorised entry into patients’ homes.

The Health and Safety at Work Act 1974 places several duties on employers including the following:

“It shall be the duty of every employer to ensure, in so far as is reasonably practicable, the health, safety and welfare at work of all its employees.”

(Section 2(1)) and “the provision and maintenance of plans and systems of work that are, so far as is reasonably practicable, safe and without risks to health.” (Section 2(2a)) Therefore this policy hopes to provide protection for staff while handling patient’s keys and security for patients while under East London NHS Foundation Trust Community Care Services.

**12.2 Principles**

* Key safes are to be accessed for the benefit of the service user and for the provision of care only.
* The property should only be accessed to carry out the care plan and for failed access.
* All Staff should be fully aware of their responsibilities regarding security and wellbeing of patients and themselves.

**12.3 RESPONSIBILITIES:**

Everyone involved in patient care is responsible for ensuring that entry into and exit from patients’ homes does not compromise their safety.

**12.3.1 STAFF MEMBER:**

**Entry to patient’s home**

**All Staff should:**

* Ensure that their Skyguard device is on.
* Knock or ring doorbell before entering property, and wait for a reply.
* Introduce themselves and seek consent to access patient’s home if necessary.
* Always show proof of identity / Trust ID card.
* Comply with patients’ wishes especially where shoe protectors are required.
* Close doors firmly behind them.

**12.3.2 LINE MANAGER:**

* The manager responsible for each team will designate members of staff to act as responsible key-safe code holders.
* Key-safe code holders will be responsible for the confidentiality of the key-safe code. and maintaining the security of the codes whilst in the community.
* The manager will act on behalf the Trust to ensure adequate records are kept and maintained according to local guidelines,. If there is a security breach, the details must be recorded including what action was taken and by whom.

**12.4 IF PATIENT IS UNABLE TO OPEN THE DOOR THEMSELVES**

* Consider if a nearby relative or carer can act as key holder with patients’ consent and enable access for healthcare staff.
* If no alternative method of access, assess for provision of a key safe and or refer to Social services for installation.

**12.5 KEY SAFE ASSESSMENT**

* Discuss with patient and family and obtain written consent for key safe.
* Document consent on EMIS /SYSTMONE, scan and upload consent form where appropriate.
* Consider who owns the property e.g. Housing Association, Residents Association and seek consent for installation of key safe.
* Assess size of key safe required e.g. standard or non-stock larger key safe.
* Consider location of key safe. Is there a suitable external wall that can be used? Is the type of wall suitable (brick or concrete)?
* Order and arrange fitting via TCES.
* If non stock key safe consider if Handyperson required to install and liaise with Social services or appropriate voluntary sector organisation for completion.

**12.6** **KEY SAFE – SAFETY & SECURITY:**

Please note that The National Back Office (NBO) Service Management team has received a number of incidents from concerned PDS (Personal Demographic Service) Users who have noticed that access codes for Key Safe boxes and other such door entry systems are being stored within the address field on the national patient index (PDS). The Head of Information Governance at the Department of Health has advised that this practise must cease immediately. The storage of these details on the PDS constitutes a security risk to vulnerable/elderly residents and in some cases the door entry codes have been printed as part of the address on correspondence. These access codes must be stored securely at a local level and if they are stored electronically the data must not be synchronised with the PDS.

**Therefore:**

* Staff should take all reasonable steps to ensure that key codes are kept confidential.
* Key safe codes should not be shared with other individuals outside the team without the patients consent.
* As soon as key safe need is identified and agreed, inform the patient that other members of the wider team e.g. nurses, therapists, might use the key code to gain access as and when required.
* Record patient’s key safe code on EMIS under *Initial Assessment /* *Social Assessment / Patient Door Access Key Code.*
* For System One Users, please record key safe code on *patients’ home page under normal priority.*
* All keys should be secured appropriately in the key safe after use
* The key(s) must be returned to the key safe once the door has been opened, and the key safe securely closed, locked, with the codes ‘jumbled’ up each time it is used.
* When leaving the property ensure that the door is properly locked, using the key if necessary.

**12.7 Mobile working:**

* Key safe codes should be accessible electronically via mobile working devices and should not be written down e.g. in diaries.
* *Add patient’s key safe code to ‘reason’ field of patient’s Visit Schedule. This will enable key safe code to be visible during mobile working.*
* Key codes should *not* be recorded as a patient “alert” on EMIS as these are visible to all staff accessing the patient’s health record.

**13. ENTERING AND EXITING A PATIENT’S PROPERTY VIA A KEY SAFE:**

* Staff accessing a patient’s property via a key safe should be aware that they still are entering someone’s home as a guest, and should be respectful and follow usual steps of working within professional Code of Ethics and Conduct and the Trust guidelines.
* Staff should always knock or ring the bell prior to entering a patient’s home via key safe so as to alert the patient to a visitor arriving.
* Staff should always announce their presence on entering the patient’s home and show their ID card at all times.
* Special care should be taken to avoid startling patients with hearing or sight impairments hence the importance of ringing doorbell before entering the house.
* Prior to leaving the property, staff should check that the key has been returned to the key safe and the key safe is securely closed / locked.

**14. PATIENTS’ KEYS**

* As a general rule, it is the policy of the service **NOT** to hold keys for patients’ homes.
* In exceptional circumstances (for example the patient is for End of life care or if there is no suitable location for a key safe) the service may hold a key until an alternative arrangement can be made.
* In this case, staff must take utmost care of the patients’ keys and ensure that it is kept at an agreed and safe place in the base / office at all times.
* Under no circumstances should patients’ keys be taken home by any staff member.
* Loss or theft of patients’ keys must be reported immediately to the team lead and the patient and / or family must also be notified. This must be recorded on Datix as well.
* If ELFT staff are responsible for losing the patients’ keys, then once recorded on Datix, arrangement need to be made in collaboration with the patient and his/her family to replace the lost keys.

**15.** **WHAT TO DO WHEN A PATIENT ALLEGES THAT A STAFF MEMBER HAS STOLEN HIS /HER PROPERTY**:

* In all incidents where a staff member has been alleged to have stolen a patient’s property, either cash or any valuable item belonging to the patient receiving care under the community services, this should be immediately escalated to the team leader who will:
* Investigate and Report the loss to the Clinical Lead and the Police via the Emergency services non –urgent number 9 101 without delay and no later than **by the end of the shift.**
* Obtain a CAD number from the Police.
* Ensure a **Datix is completed no later than by the end of the shift** and the CAD number is recorded on Datix.
* Inform the patient and ensure that EMIS record of the patient indicates the loss and confirm the actions taken.
* Seek consent to inform the next of kin or relatives of the loss and the actions taken.
* If they lack capacity, the clinician should make a best interest decision
* If out of hours, inform the On Call Manager of the loss and confirm that the appropriate actions have been taken.
* Inform Richard Harwin – The Trust Health, Safety, Security and Emergency Planning Manager with details of loss together with CAD number obtained from the police.
* All staff concerned with this incident must treat the allegation seriously, keep an open mind and make reference to and be guided by the steps in the table in Appendix 5.

**The Staff member should not:**

* Investigate or ask leading questions of the victim or staff.
* Make assumptions or offer alternative explanations.
* They must:
* Give assurance that information will be shared on need to know basis only.
* Make a written record of the information using the words supplied by the complainant.
* Ensure that all written records must be signed and dated and recorded on EMIS.
* If allegation involves children, the staff should inform their line manager and the Trust Safeguarding Lead, the relevant social care department and the police
* If allegations involves adult at risk of abuse or neglect, then speak with the patient if possible and ask him/her what happened and what remedy or outcome they want.
* Staff to speak with their line manager and the Trust Adult Safeguarding Lead, the relevant social care department and the police.
* Complete a DATIX of the incident.

**Following an Allegation:**

* The individual making the allegation should be offered or signposted to appropriate support, and his/her mental capacity established.
* Strategy Meeting /discussions between the GP, Community health services, police and social care must take place to confirm immediate and next steps.
* Investigation should include who was there when item went missing, what went missing, who else visits the patient, who was there prior to the staff members visit and what did they see etc.
* Unless the allegation is substantiated with evidence, the concerned staff member should continue to visit the patient, but accompanied by another colleague.
* During investigation, the patient should be visited by two staff members in the team, for protection of both parties.
* The CCG must be notified of serious incidents.
* Lessons learnt from this incident should be shared with the wider staff.

**Support for Staff**

* Employee Advice Programme via Occupational health should be offered to the staff through the Human Resources department.
* Following an allegation against a member of staff, he/she will be advised to contact their union or professional organisation as soon as possible for support.

The member of staff will be:

* Treated fairly and with dignity and helped to understand the concerns expressed and the processes involved.
* Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process; except where this could impede the investigation.
* Offered appropriate support through the Human Resources.
* If suspended, staff member will be kept up to date about events in the workplace and the Disciplinary policy will be followed if necessary.

**15.1 Confidentiality**

The Trust will maintain confidentiality and guard against publicity whilst an allegation is being investigated. Information will be restricted at all times to need to know basis in order to prevent fake news. The Trust will deal with enquiries, manage confidentiality and manage related disciplinary processes.

**15.2 Investigating an Allegation**

This may include:

* A police investigation of a possible criminal offence.
* Social Care enquiries or assessment about whether an adult at risk of abuse or neglect / child is in need of protection or services.
* Disciplinary action by the Trust

In all cases, appropriate Trust policy will be applied.

**16. Monitoring and audit**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standards** | **Monitoring and Audit** | | | |
| **Method** | **By** | **Frequency** | **Reviewed by and actions arising followed up by** |
| Appropriate storage and documentation of property at ward level. | Audit of property books | Ward Managers / Matrons | Quarterly | Nursing Development Steering group |
| Awareness and understanding of policy | Survey of all staff | Locality Leads | Annually | Report to Local Clinical Governance meeting |
| Key safe numbers documented safely on EMIS | Audit of key safe on clinical patients records | Team Leads | Twice a year | Assurance provided via the clinical lead at Clinical Governance meeting. |

**17. Policy review**

This policy will be reviewed 4 years as a minimum unless for exceptionally business related reasons or any national or statutory changes dictate a need for an earlier review.



**Appendix 1**

**DISCLAIMER NOTICE**

**Patients, relatives and visitors**

**are encouraged to hand patients’**

**valuable property including**

**monies to staff for safekeeping.**

***THE TRUST CANNOT ACCEPT***

***RESPONSIBILITY FOR THE LOSS OR***

***DAMAGE TO VALUABLE PROPERTY AND***

***MONIES NOT HANDED IN FOR***

***SAFEKEEPING.***



**Appendix 2**

**PATIENTS’ DISCLAIMER**

**Patient Name**:

**Ward / Department**:

**Date**:

**Please read the following before signing this form:**

You have been informed of the Trust’s arrangement for the safekeeping of Valuables. You have been advised to hand over your valuables for safekeeping whilst you are in hospital.

You have decided to take responsibility for all your valuables whilst you remain in hospital.

East London NHS Foundation Trust accepts **NO** responsibility for loss or damage to any of your valuables.

**I have read and understood the above.**

**Patient / Representative:**

Signature: ………………………………………………….

Print Name: ………………………………………. Date: …………………

**Witnessed by:**

**Staff Signatures:** 1. ………………... 2. …………………… **Date:** ………………….

**Print Name:** 1 . …………………………2……………………… **Date**: …………………..

**Appendix 3**

**Managing patients money – simple guidance**

|  |  |
| --- | --- |
| **DO’S** | **DON’T** |
| Make sure that you are familiar with the Managing Patients Property Policy and local procedures. | Lending or giving money to a patient or buying items on their behalf is a serious breach and puts you at risk of possible disciplinary actions. There are many ways a patient can have access to funds – use only approved methods. Contact the Welfare Officer or Cashier for guidance or advice. |
|  |  |
| Discourage patients from retaining large sums of money. | Putting patient’s money in a locked drawer, leaves it open to theft. |
|  |  |
| Help to make patients aware over how they may access their funds or buy personal items whilst in hospital | Do not act as proxy for the patients in making withdrawals. |
|  |  |
| Encourage patients’ visitors to advise you if they have left money with a patient. You may need to encourage the patient to send the excess money to cashier. | Under no circumstances should staff make withdrawals or purchases on behalf of a patient using the patients’ bank card. Patients should never be asked to disclose their PIN. |

**Appendix 4**

**Patient Welfare Officer (PWO) Procedures.**

* The PWO has a key role to play in terms of the co-ordination of patients’ property and financial affairs and as the key liaison point for relatives concerned with patients’ property during a hospital stay or on death or discharge. In addition, the PWO has a role to play in terms of the appropriate disposal of the property of deceased patients.
* Because of this the PWO is placed in a vulnerable position and could face unreasonable allegations of misuse of patients’ property. The procedure given below introduce a number of controls which if following with the PWO , should offer protection from such allegations, and also ensure that patients property is held, adequately recorded and appropriately disposed of on death or discharge.

**Recording of patients property transactions**

**Individual Patient Property Balances**

* The PWO is responsible for maintaining a system of individual patient property records. These should record all property held by the trust on behalf of each patient, their opening cash balance deposited with the Trust and any further deposits or withdrawals taking place during their hospital stay.
* When a patient is admitted to hospital, the PWO should receive a copy of the Patient’s Property Record from the ward and this should be filed alphabetically in a centralised file. Based on this the PWO should then set up a new individual record on the computerised patient property system.
* The PWO should reconcile each patient balance on a monthly basis and the details of this and an aggregated summary should be forwarded to the finance department.
* The PWO should, through monitoring balances, ensure that patients’ accounts do not go into arrears. If necessary the PWO should liaise with relatives or chase the Department of Work & Pensions (DWP) to make pension or other benefit payments.
* In exceptional circumstances, the PWO has the discretion to permit small amounts of expenditure (approx. £5 per day) to a patient with a nil balance, provided there is reasonable likelihood that income will be received in the future (i.e. from the DWP). If this is not the case, the PWO should bring the matter to the attention of the service management and the Deputy Director of Finance.

**Pension and Benefits**

* Patients admitted to hospital may be in receipt of benefits or pensions from the DWP. The Trust may act as an agent for patients who do not have relatives to attend to their financial affairs. On receipt of the admission copy of the PPR, the PWO should check the patient’s pension and benefits status.
* If the patient wishes, the PWO can arrange for temporary payments from the DWP whilst they are in hospital. For long term patients, arrangements can be made for BACS payments into the Trust Bank account on the patients’ behalf. The Financial Accountant will be responsible for notifying the PWO of any payments received by BACS on a weekly basis
* The PWO will deposit all Giros received with the Cashier for banking on the patients’ behalf.
* The PWO should update the individual patient records on the Trojan computerised system when BACS payments are notified and when receipts are received from the Cashier in respect of Giro/cash/cheque deposits.

**Organising patient payment or reimbursement requests**

* The PWO is responsible for coordinating individual patient payment requests for utility and other domestic bills. The details should be summarised on a “Request for Payment from Patients Monies (RPPM)” form. One of these should be completed for each payee and the individual payment requests should be attached for audit purposes. Authorisation should then be obtained from the Service Manager, the Assistant Service Manager or the Acute Services Manager.
* The RPPM should then be forwarded to the Finance department who will make the appropriate payment. The PWO should update the individual patient property records accordingly.
* The PWO, if necessary, should advise the Cashier in relation to daily maximums for each patient, depending on their financial circumstances and with agreement of the senior clinical staff. Should there be any disagreement by the patient regarding this arrangement, the nurse in charge should countersign the withdrawal if it is approved. Should the clinical staff refuse the payment but there continues to be issues around this, it should be brought to the attention of the Deputy or Director of Finance, as we have a duty of care to our patients and to help prevent misuse/misappropriate of their funds whilst under our care.

**Pension and Benefits Arrangements**

* The PWO should write to the DWP enclosing a copy of the Certificate of Registration of Death advising them to cease paying pensions or other benefits. If payments are received after death, the PWO should ensure that these are included in the final balance payment to the next-of-kin or Treasury Solicitor.

## Maintaining Accurate Records

* To comply with the data protection act, you must ensure that all data held on the Trojan system is accurate and up to date. You should ensure that the current Rio number is held for each patient and if necessary, amend it from the old PAS numbers.
* If temporary numbers are used to set up a Trojan account for a patient, whilst awaiting registration, it should be a priority to convert this to a Rio number as soon as registration is complete – no longer than two days.
* No money should be held on the system for discharged patients. All efforts should be made to locate the discharged patient and return their monies/property to them.

On the rare occasion that a discharged patient cannot be traced, email the Financial Accountant with an overview of the attempts made at finding the patient (Rio, Medical Records, writing to last known patient address/contacting next of kin), copies of any correspondence sent/received and the amount held on account by the patient. Confirmation by the Financial Accountant will subsequently be given that the individual patient record can be closed and archived by the PWO. These funds will remain available to the patient should they ever be re-admitted.

**APPENDIX 5**

**RESPONSE TO ALLEGATION**

|  |  |
| --- | --- |
| **Immediate response to allegation of stealing being made in patients’ home** | **Management response to concern** |
| * Complete Safeguarding referral and contact relevant social care department if appropriate. * Ensure adult is not at risk of abuse or neglect; safeguard child / children’s immediate safety. * For protection of both parties, staff members to visit patients in company of another colleague. * If Safeguarding concerns are alleged, remove alleged perpetrator from patients contact immediately * Complete DATIX and record allegation documenting in line with Trust policy. * Inform line manager and Trust Safeguarding Lead immediately. If out of hours notify the manager on call * Do not investigate and question the patient / victim. * Do ask any relevant staff who may have witnessed incident to record what they have witnessed. Inform them that they must not discuss this incident with each other or any other staff member to ensure dignity and integrity of all involved is maintained * Contact police, ensure noted the crime reference number and police officer name and collar number * In conversation with police, agree any key points in relation to obtaining / preserving evidence. * Implement the Duty of Candour by informing patient’s next of kin / relatives of incident and procedures to be followed, giving timelines and agreeing on how updates will be given. | Trust internal investigation should only move forward when agreed with police to ensure that no criminal investigation is prejudiced.   * Ensure all actions in immediate response are completed and documented. * Ensure earliest liaison with Trust Safeguarding Lead and other leads connected to the investigation * HR manager will liaise with all concerned to undertake strategy discussions with, the Trust Safeguarding Lead / Senior Management in the Department of Nursing, other named professionals & communications throughout the process * Contact will be maintained with the concerned staff as per Trust HR policies and return to work of professional, or other action, will be agreed in strategy with relevant agencies / professionals / leads * The incident must be reported and investigated as a Serious Incident (SI)   **Note potential outcomes:**   * Possible Criminal Offence committed and court action * Demonstrable False Allegation * Significant Harm is demonstrated * Trust investigation and possible dismissal * Referral to appropriate professional regulatory body e.g. NMC, HCPC or GMC. |
|  |  |