

**Reference Number:** UHB 117  
**Version Number:** 2

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N/A

## Patient Property Policy

### Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide safe custody for any property, cash or valuables handed in by patients for safekeeping, or where these items are found to be in the possession of patients admitted to hospital, where there is reason to doubt their mental capacity.

### Policy Commitment

- To ensure that the interests of the patient, the staff and the UHB are fully protected
- To safeguard the interest of particularly vulnerable adults, when they lack capacity to take responsibility for the safekeeping of their property and money
- To standardise and make explicit the procedures for handling patient property and money
- To reduce the liability of the UHB to loss or damage to patient property and money

### Supporting Procedures and Written Control Documents

This Policy is to be used in conjunction with the supporting documents listed below:

- Cardiff and Vale UHB (2014), Equality, Diversity and Human Rights Policy
- Cardiff and Vale UHB (2012), Lasting Power of Attorney and Court Appointed Deputy Procedure (Mental Capacity 2005)
- Cardiff and Vale UHB (2013), Management of Patients/Visitors in Possession of Alcohol or Unprescribed/Unlawful Substances Policy and Procedure
- Cardiff and Vale UHB (2013), Search of Patients Person and Belongings Policy and Procedure
- Cardiff and Vale UHB (2013), Standard Financial Instructions
- Healthcare Financial Management Association (2010 Patients' Monies and Belongings
- The Stationery Office on behalf of the Department for Constitutional Affairs (2007), Mental Capacity Act 2005 Code of Practice
- Welsh Government (2015) Health and Care Standards

### Scope

This policy applies to employees who handle and receive patient's property who are working at all hospitals and locations across the UHB, including all assessment units.

Whilst Independent Contractors are not mandated to follow the policy it does support a framework for good practice and may be complementary to guidance already adopted within that setting.

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<b>Equality Impact Assessment</b>	An Equality Impact Assessment (EqIA) has been completed and this found there to be no impact.
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<b>Health Impact Assessment</b>	A Health Impact Assessment (HIA) is not required for this policy.
<b>Policy Approved by</b>	Quality, Safety and Experience Committee
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Quality, Safety and Experience Committee
<b>Accountable Executive or Clinical Board Director</b>	Director of Finance

**Disclaimer**

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

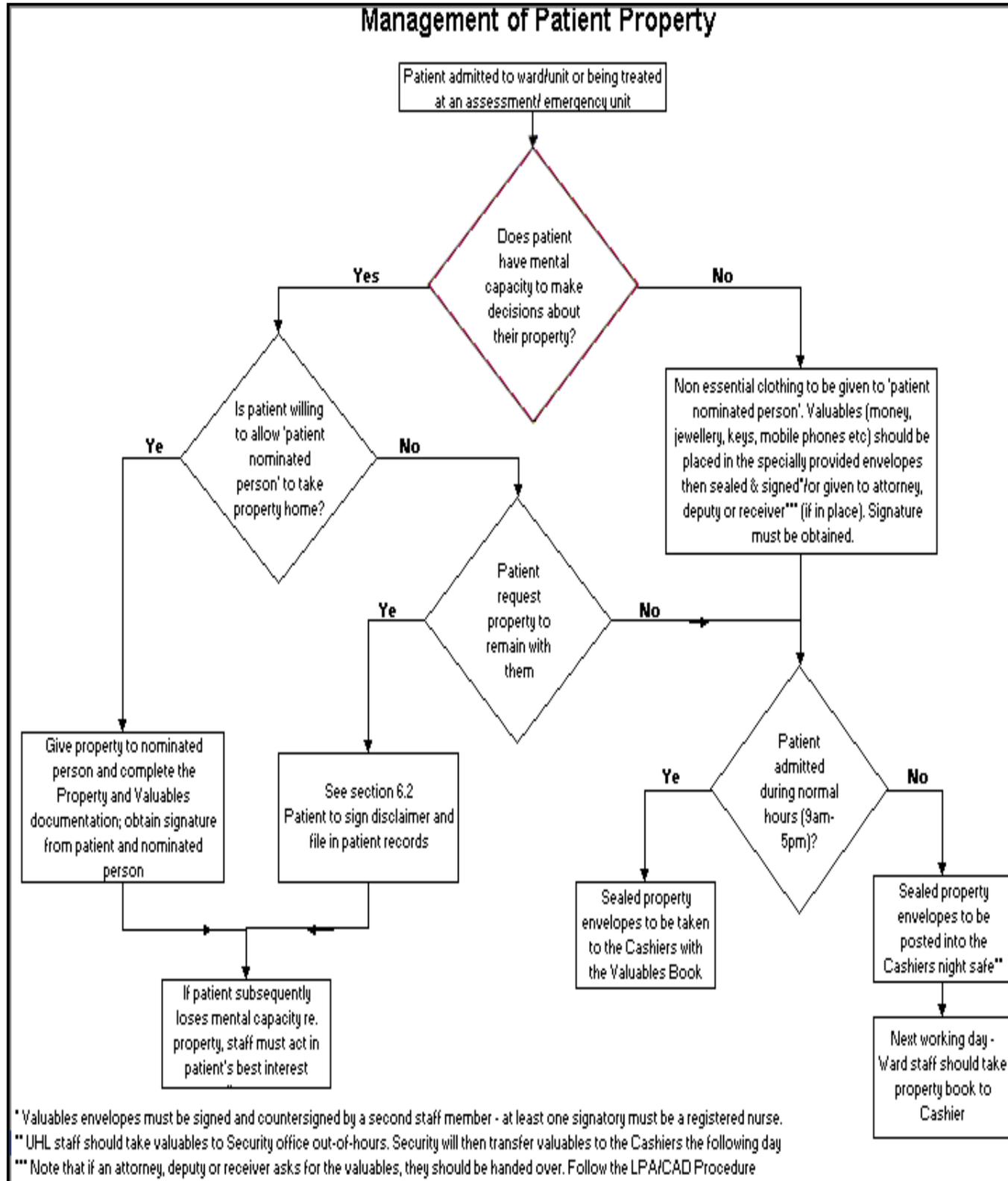
<b>Summary of reviews/amendments</b>			
<b>Version Number</b>	<b>Date Review Approved</b>	<b>Date Published</b>	<b>Summary of Amendments</b>
1	14/06/2012	04/07/2012	Revised Document
2	13/09/2016	01/03/2017	Added to Supporting Documents and Written Control Documents: <ul style="list-style-type: none"> <li>• Welsh Government (2015) Health and Care Standards</li> <li>• Dates of documents that have been reviewed and revised updated as necessary</li> <li>• Removal of Fundamentals of Care</li> </ul>
			Changes to Section 1 Introduction: <ul style="list-style-type: none"> <li>• Amalgamated information and moved Denture Care, Hearing Aids and Spectacles and Contact Lenses to Section 5 General Principles</li> </ul>
			Changes to Section 4 Responsibilities: <ul style="list-style-type: none"> <li>• Job titles updated to reflect current titles and structure of UHB</li> </ul> Added in: <ul style="list-style-type: none"> <li>• 4.5 Cashiers. The Cashiers are:</li> </ul>

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			4.5.1 Responsible for providing a safe central storage facility for patient's property taken into the UHB's care, performing related functions and highlighting and reporting any potential risks.
			Changes to Section 5.8 Management of Offensive Weapons, Dangerous Objects and Illegal Drugs: <ul style="list-style-type: none"> <li>The word 'Draft' removed relating to two policies</li> </ul>
			Changes to Section 7 Managing Patients' Expenditure <ul style="list-style-type: none"> <li>Section 7.6 and 7.7 deleted</li> </ul>
			Added to Section 13: <ul style="list-style-type: none"> <li>Strategic Equality Plan Fair Care 2016-2020.</li> </ul>
			Changes to Section 14 Audit and Section 15 Distribution: <ul style="list-style-type: none"> <li>Clinical Boards replace Divisions</li> </ul>
			Changes to Appendix 2: <ul style="list-style-type: none"> <li>Form from 2010 updated with version from 2012</li> </ul>

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### Patient Property Procedure flow chart



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## 1.0 INTRODUCTION

Cardiff and Vale UHB has a responsibility to provide safe custody for any property, cash or valuables handed in by patients for safekeeping, or where these items are found to be in the possession of patients admitted to hospital, where there is reason to doubt their mental capacity. The same applies when patients die in hospital. Where there is reason to doubt that the patient has mental health capacity to make decisions about their property and valuables, The Mental Capacity Act 2005 must be followed.

Patients admitted to hospital must be actively discouraged from keeping valuables, cash and other non-essential items of property with them. With the patient's agreement, relatives and friends should be encouraged to take all items home, except necessary items retained in the bedside locker.

Patients are responsible for property, cash and valuables that they consider essential to their daily needs, which may include an item of value to them, if they have capacity to do this. Patients must be offered the opportunity to hand over any items not sent home for safekeeping, and if the patient declines, then a disclaimer form must be signed (see section 5.3).

Property and valuables can be defined as anything owned by the patient that is of value to the patient. Whilst this clearly includes items such as clothes, money and jewellery, it is important to remember that any items owned by the patient may have a great personal or sentimental value. The loss or damage to items such as walking aids, clothing, keys, spectacles, hearing aids, dentures, spectacles and so on, are also patient property and can cause considerable distress and inconvenience to the patient, and unnecessary additional work and cost to the UHB. The correct application of this policy will ensure the safekeeping and integrity of patient property, minimise loss and risk to all concerned.

## 2.0 AIM

The aim of the policy is to provide clear advice to UHB staff about their responsibilities with regard to patient property, cash and valuables.

## 3.0 OBJECTIVES

- To ensure that the interests of the patient, the staff and the UHB are fully protected
- To safeguard the interest of particularly vulnerable adults, when they lack capacity to take responsibility for the safekeeping of their property and money
- To standardise and make explicit the procedures for handling patient property and money
- To reduce the liability of the UHB to loss or damage to patient property and money

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## 4.0 RESPONSIBILITIES

### 4.1 Executive Finance Director

The Executive Finance Director has delegated responsibility for ensuring that the UHB has a clear policy outlining its commitment to ensure that property, cash and valuables handled by staff, or deposited by, or on behalf of patients, are managed consistently.

### 4.2 Clinical Board Director and Directors of Nursing

The Clinical Board Director and Director of Nursing will ensure that:-

- 4.2.1 Their employees are aware of the contents of the Patient Property Policy.
- 4.2.2 The training needs of staff are assessed in accordance with the Knowledge and Skills Framework (KSF) and that where further development is required this is reflected within Personal Appraisal Development Plans.
- 4.2.3 The Quality and Safety Meeting, or other appropriate forum, monitors the implementation of this policy and any associated local procedures.

**Note: Where a Clinical Board does not have a Director of Nursing the Clinical Board Director and Head of Operations and Delivery will ensure that the responsibilities detailed above have been appropriately discharged.**

### 4.3 Ward Manager

The Ward Manager is responsible for ensuring that:

- 4.3.1 Disclaimer notices (appendix 1) are displayed in areas where they will be seen by all patients and visitors to that area.
- 4.3.2 Safe provision is made for the safekeeping of patients' property that cannot be transferred to the Cashier's Office for safe deposit.

### 4.4 All Ward Staff

All staff must be aware that:

- 4.4.1 On assessment/admission, the nurse must explain the policy to the patient and/ relatives and make them aware that the UHB will not take responsibility for the loss of or damage to property, cash or valuables that have not been handed over for safekeeping.
- 4.4.2 If they remove property, cash or valuables from a patient for safekeeping, the UHB assumes responsibility for it.

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- 4.4.3 They must always treat patients' property, cash or valuables with care and respect.
- 4.4.4 Where patients are assessed to lack mental capacity to make decisions about their property, cash or valuables, and they do not have either a Power of Attorney or a Court Appointed Deputy, staff must follow the Mental Capacity Act 2005 and make decisions in the patients' Best Interests; this must be clearly documented.
- 4.4.5 Patients who have mental capacity to make decisions about their property, cash and valuables are responsible for all property brought into hospital with them, unless handed over for safekeeping; staff must advise them of this.
- 4.4.6 Their practice reflects the requirements of this policy, any associated procedure and/or professional code/guidance.
- 4.4.7 Information regarding failure to comply with this policy, any associated procedure and/or professional code/guidance is reported to their Line Manager and that the incident reporting system is used where appropriate.
- 4.4.8 They must comply with the provisions of this policy, any associated procedure and/or professional code/guidance. Failure to comply will be investigated and managed as appropriate in accordance with the relevant Disciplinary Policy.

#### **4.5 Cashiers**

The Cashiers are:

- 4.5.1 Responsible for providing a safe central storage facility for patient's property taken into the UHB's care, performing related functions and highlighting and reporting any potential risks.

### **5.0 GENERAL PRINCIPLES**

The following advice is provided to assist the UHB and patients in securing belongings and valuables that are not sent home:

#### **5.1 Care of Dentures, Hearing Aids and Spectacles/Contact Lenses**

- 5.1.1 Staff must ask patients if they are wearing dentures (specify top or bottom set), hearing aids (specify left, right of both) or spectacles/contact lenses; this must be documented in the patient's records.
- 5.1.2 Staff must provide a denture cup to store dentures when not in use; the cup must be labelled with the patient's name.
- 5.1.3 Hearing aides or spectacles are best secured in the original case provided on purchase.

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- 5.1.4 Staff must advise patients to avoid placing dentures, hearing aids or spectacles/contact lenses on a meal tray, under a pillow, in the bed sheets, or in any concealed place where they may be lost or accidentally thrown out.

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## 5.2 Patients' Property on Admission to Hospital

- 5.2.1 On assessment/admission, the nurse must explain the policy to the patient/relative and make them aware that in general, the UHB will not take responsibility for the loss of or damage to property, cash and/or valuable that have not been handed over for safekeeping.
- 5.2.2 If patients have property, cash or valuables on their possession, they should be encouraged to make arrangements for the items to be removed from hospital for safekeeping. However, in the absence of this option, the patient must be asked if they wish to hand over any property, cash or valuables for safekeeping.
- 5.2.3 If the patient declines to hand over property, cash or valuables, they must sign a disclaimer form (appendix 2).

## 5.3 Completion of Disclaimer Forms

- 5.3.1 Disclaimer forms must be completed and signed as soon as possible after arrival at hospital.
- 5.3.2 It is the responsibility of the nurse admitting or receiving the patient from another location to ensure that the patient or relative has read and understood the purpose of the form. This will include where there is reason for doubt, whether the patient has mental capacity to make decisions about their property, cash and valuables.
- 5.3.3 If the patient has mental capacity but refuses to sign the disclaimer form, this must be documented in the patient's records.
- 5.3.4 Where patients have mental capacity to decide, but are unable to sign the form, the nurse must act in accordance with the patients' wishes. If the patient wishes to keep their property with them, the form may be signed on the patients' behalf and this action explained and witnessed by another person. The reason why the person has not signed the disclaimer must be set out on the form.
- 5.3.5 If the patient lacks capacity on arrival and is unable to sign a Disclaimer Form, staff must act in the patient's best interests. The UHB will be responsible for any property, cash and valuables.

## 5.4 Handling Property, Cash and Valuables

- 5.4.1 Property, cash and valuables handed over by the patient/attorney/deputy/healthcare professional for safekeeping must be recorded in either the **Cash and Valuables Book** (appendix 3) or the

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**Property and Clothing Book** (appendix 4). These two books are the only officially recognised records for this purpose.

- 5.4.2 Cash and valuables, which are handed over for safekeeping must be entered in the **Cash and Valuables Property Book** and deposited in the Cashier's safe immediately.
- 5.4.3 Any property, cash and valuables to be handed over for safekeeping must be examined, listed and signed for by a qualified nurse and by the patient (if they can sign), otherwise, a second member of staff must check against the list and sign as a witness.
- 5.4.4 Care must be taken to ensure that all entries in the property books are legible and that the patient's name, address and hospital number are readable on all three pages.
- 5.4.5 The terms 'gold', 'silver', etc must not be used. Instead descriptions must be in the form of 'yellow metal', 'white stone', etc.
- 5.4.6 Where cheque books are handed over for safekeeping, the number of cheques remaining in the book, together with the serial numbers must be noted.
- 5.4.7 Where debit/credit cards are handed in for safekeeping, a reference to the card must be noted e.g. account number or sort code but not the card number.
- 5.4.8 Items of clothing handed over for safekeeping must be entered in the **Property and Clothing Book** and stored in a locked area on the ward, in labelled storage bags/boxes. Patient clothing is not the responsibility of the Cashier.
- 5.4.9 Copies of the Property and clothing book must be distributed as follows:
- Top copy to the patient/attorney/deputy as confirmation of handing over property or clothing.
  - Second copy to be placed in the bag with the property or clothing handed over for safekeeping.
  - Third copy is to remain in the Property and Clothing book held on the ward.
- 5.4.10 The receiving qualified staff member and the patient or a second member of staff must sign any alterations to the original entry.

## 5.5 Hand-over to Cashier's Office

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5.5.1 It is the responsibility of the ward staff to take the cash and valuables and the Cash and Valuables Book to the Cashier's Office for hand-over.

5.5.2 The copies within the Cash and Valuables Book must be distributed as follows:

- The top sheet to be given to the patient/attorney/deputy as confirmation for the deposit of cash and valuables.
- The second copy, together with the cash and valuables to be held in safekeeping, must be placed in a sealed Patient Property envelope, which must be signed across the seal by the members of staff who checked the cash and valuables and, should also be signed by the patient/attorney/deputy/second member of staff. The ward name and patient name must also be written on the envelope together with the Patient's Hospital or NHS number.
- The third copy to remain in the Cash and Valuables Book held on the Ward.

5.5.3 During office hours, one member of staff will take the sealed envelope plus the Cash and Valuables Book to the Cashier's Office immediately.

5.5.4 When the Cashier's Office is closed, two members of staff should place the cash and valuables in the hospital night safe. If in exceptional circumstances conditions prevailing on the ward prevent staff from following the above procedure, the cash and valuables must be kept under lock and key with restricted access until it can be placed in the night safe or taken to the Cashier's Office.

5.5.5 For those hospitals without a Cashier's Office on site, cash and valuables should be kept in a night safe until collected by a Cashier from another site.

5.5.6 In the absence of a night safe all cash and valuables should be kept under lock and key in a secure environment.

5.5.7 If the item to be deposited in the night safe does not fit into an A4 size envelope, then the item must be stored under lock and key in a secure environment until transfer to the Cashier's office.

5.5.8 Drug lockers and cabinets **must not** be used for storing property, cash and valuables.

## 5.6 Cashier's Office Procedure

5.6.1 The Cashier's staff will open the envelope and the contents will be checked against the entries in the Cash and Valuables Book, ensuring that it has been completed in accordance with the procedures and that all relevant information has been included.

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- 5.6.2 If there are no discrepancies, the Cashier will sign the third (ward) copy to acknowledge receipt of the property, cash or valuables into safe custody.
- 5.6.3 If there are discrepancies, the Cash and Valuables Book must be taken back to the ward and a new entry made, as amendments to the original entry are not acceptable.
- 5.6.4 Cash handed in for safekeeping will remain in the control of the Cashier until it is required. Where cash is received, the Cashier will also issue an official 'system' receipt in the name of the patient, which must be attached to the third (ward) copy and retained until the patient is discharged, moves ward, or is transferred to another hospital.
- 5.6.5 A personal record will be maintained by the Cashier for each patient to show money received, payments made, withdrawals made and balances held.

## **5.7 Management of Patients' Cash and Valuables and Patient Property and Clothing Books**

- 5.7.1 The Books are "controlled stationery" and as such, will only be issued by the Cashier's Department on request. When the books have been issued to a ward, they become the responsibility of the ward staff and the books must not be borrowed or transferred to other areas.
- 5.7.2 The books must be kept in a secure place on each ward, and be available at all times for inspection by authorised staff.
- 5.7.3 Numerical control and continuity of numerical sequence must always be maintained.
- 5.7.4 Any spoilt copies must be retained in the book, marked "cancelled" and crossed through.

## **5.8 Management of Offensive Weapons, Dangerous Objects and Illegal Drugs**

- 5.8.1 This policy must be read alongside the UHB policy for Management of Patients/Visitors in Possession of Alcohol or Unprescribed/Unlawful Substances Policy and Procedure 2013 and Search of Patients' Person and Belongings Policy and Procedure 2013).

## **5.9 Property of Deceased Patient**

- 5.9.1 When a patient dies in hospital, or is brought in deceased, it is the responsibility of the ward/department staff to check all of the property, cash and valuables and record ALL in detail in the Cash and Valuables Book or the Property and Clothing Book. This must be undertaken by two staff, one of whom must be a registered nurse.

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- 5.9.2 Property, cash or valuables, once recorded, must be dealt with in the same way as outlined in this policy.
- 5.9.3 A Police Officer or a representative from the Coroner's Office should always accompany any person "Brought in Dead". It is their responsibility to identify all clothing, valuables and money on the body. These items should be noted in the Mortuary Register, and signed for before they are taken away.
- 5.9.4 Non-valuable items may be given directly to relatives by the ward staff and appropriately signed for in the ward copy of the Property and Clothing Book. Such items must be stored in a locked area in labelled storage bags/boxes but only for short periods and where collection by relatives from the ward is expected.
- 5.9.5 If it is the wish of the family/relatives that the wedding or civil partnership ring or any other items remain on the deceased, this should be clearly identified in the Cash and Valuables Book, Patient's Records and Death Notification Proforma.
- 5.9.6 Where items such as wedding and civil partnership rings remain with the deceased patient, relatives should be advised that they will only be removed once the body has been received at the funeral home. If relatives insist that such items are removed and handed over to them, this must be recorded in the Cash and Valuables Book and signed for by the relatives.
- 5.9.7 The Cash and Valuables of a deceased patient will be handed to the family/relatives/Executor by the Cashier's Office, after ascertaining that they are taking responsibility for making the funeral arrangements and on receipt of a death certificate.
- 5.9.8 The "Released to Relatives" indemnity form (Appendix 5) must be completed by the next of kin/nominated person and signed by a member of the Cashier's Office and the number of items released to the relatives must be clearly entered.
- 5.9.9 The above applies to where the value of the estate is under £5,000. If the value is in excess of £5,000, the production of Probate or Letters of Administration will be required before any property is released. Any cash balances must be forwarded, by cheque, to the Executor of the will. A copy of the relevant papers must be kept by the Cashier's office.
- 5.9.10 Property belonging to deceased patients without known relatives will be kept securely in a locked area in the ward/department until claimed and if not claimed within three months will be disposed of (see Section 7).

## **5.10 Mortuary Procedure**

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5.10.1 Two mortuary staff must undertake a body check for all deceased patients sent from the ward or department, to ensure that any items detailed on the mortuary copy of the Death Notification Proforma as being left on the body, are still in place.

5.10.2 Any such items must be noted in the Mortuary Register. If the Death Notification Proforma indicates that any items were removed from the deceased and handed over to the relatives, this fact must be noted in the Mortuary Register.

5.10.3 It is advisable that items such as wedding and civil partnership rings remain with the deceased patient to be removed by the funeral director. If relatives insist that such items are removed and handed over to them, this must be recorded in the Mortuary Patients' Property Book.

5.10.4 Property belonging to deceased patients without known relatives will be kept securely in a locked area in the ward/department until claimed and if not claimed within three months will be disposed of (see Section 8).

## **5.11 Patients' Property on Discharge**

5.11.1 When a patient is due to be discharged from hospital, it is the responsibility of the ward staff to check the Cash and Valuables Book and Patients' Property Book for any property, cash or valuables belonging to the patient that has been handed in for safekeeping.

5.11.2 A patient's property, cash or valuables should only be returned to the patient if the patient has mental capacity to take decisions about their property and money or to an Attorney of an LPA, EPA or Court Appointed Deputy with the appropriate authority. It should not be handed to any other person without the authority of the patient.

5.11.3 If the Cashier's Office is holding cash or valuables for safekeeping, the ward copy of the Cash and Valuables Book must be taken to the Cashier's Office and the cash/valuables collected on behalf of the patient. The Cashier's copy must be signed by the ward staff to acknowledge receipt.

5.11.4 On return to the ward, the cash and valuables are handed back to the patient. The patient must sign the ward copy of the book to acknowledge the return of the cash/valuables.

5.11.5 Re-imbursements of money held for safekeeping, can be paid either by cash or cheque, whichever is preferred by the patient. In cases of reimbursement greater than £1,000, the Cashier's Office requires advance notice to ensure that the cash is available in time.

## **5.12 Procedure for the Transfer of Patients**

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### **5.12.1 Transfer to Critical Care**

5.12.1.1 When a patient is transferred to the Critical Care area, all cash valuables and property must be listed in the appropriate Book, regardless of the fact that the disclaimer has been completed.

5.12.1.2 It is acceptable for all non-valuable items, clothing and items too large for storage in Cashiers, to be returned to the patient's relatives/carers/attorney/deputy. A record of this must be entered in the appropriate Book and also in the patient's records. If it is not possible to hand over to relatives, the items may be securely stored in the ward area until required by the patient. Any valuables not handed over must be taken immediately to Cashiers.

5.12.1.3 Items removed from the patient's property and taken to Critical Care must be documented and signed for by two staff, one of whom must be a registered nurse.

### **5.12.2 Transfer to another ward**

5.12.2.1 When a patient is transferred to another ward, the ward staff transferring the patient are responsible for ensuring that all property, cash or valuables kept with the patient is listed in the appropriate property book. The form must state if there are any property or valuables being held in Cashiers for safekeeping.

5.12.2.3 The ward receiving the patient must check that the property listed has been transferred with the patient.

### **5.12.3 Transfer to another hospital**

5.12.3.1 When a patient is transferred to another hospital, the ward staff transferring the patient are responsible for ensuring that all property, cash or valuables kept with the patient is listed in the appropriate property book. The form must state if there are any property or valuables being held in Cashiers for safekeeping.

5.12.3.2 Where patients are capable of looking after their own property and have requested that it be returned to them, the normal standard procedure for patient discharge will apply.

5.12.3.3 The ward representative will collect the cash or valuables from Cashiers and will sign to indicate that the items have been collected.

5.12.3.4 For security reasons, the amount of money transferred with the patient should be kept to a minimum. The patient/attorney/deputy must be advised that the Cashier will arrange for the transfer of monies to the new hospital. The Cashier's Office must record the transfer.

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5.15.3.5 The Cashier's Office is responsible for transferring any remaining valuables, for example, jewellery and mobile phones. These must be sent by Secure Mail with a record made in the Cashier's copy of the Cash and Valuables book.

5.12.3.6 If the patient lacks mental capacity to make decisions about their property and money, any cash or property held for safekeeping must be safeguarded. The Cashier will arrange to transfer this property to the receiving hospital.

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## **6. MANAGING PATIENTS' MONIES**

- 6.1 A short-term stay in hospital should not require administration or financial support services. These services are normally only provided for long stay patients.
- 6.2 On admission of an expected long stay patient, any payment commitments such as rent or utility bills should be established.
- 6.3 No notification can be made to the Jobcentre Plus or the Pension Service without the Patient's prior consent where the patient has capacity to make that decision.
- 6.4 Where the patient lacks this capacity and there is no deputy/attorney/appointee, then staff must act in the best interests of the patient.
- 6.5 Where the patient has an attorney or deputy with the authority to make decisions regarding finances, or an appointee who receives the benefits/pension, it is the responsibility of the ward staff to liaise with the attorney/deputy to ensure that the patient is adequately provided for.

## **7. MANAGING PATIENTS' EXPENDITURE**

- 7.1 On admission, patients may indicate that they have certain ongoing regular payments that will still have to be made during their stay in hospital. These will be administered by the Cashier's Office.
- 7.2 The Cashier's Office will maintain an individual account for each patient, record each payment, and receipt each transaction against this account.
- 7.3 Before any payments are made, the Ward staff must ensure that sufficient funds are available in the patient's accounts.
- 7.4 A completed authorisation form signed by the patient must be obtained before ongoing payments can be made e.g. utility bills. A completed authorisation form, signed by the patient or ward staff, must be obtained before personal item payments can be paid. An example of the utility bill must be forwarded to the Cashier's Office for control.
- 7.5 The account is then debited accordingly and the paperwork sent to the finance section to process a payment.

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## **8. UNCLAIMED PROPERTY**

- 8.1 Where property, cash or valuables taken into safe keeping has not been claimed on discharge, every reasonable effort must be made to trace the patient/attorney/deputy or next of kin/nominated person. For example, email, telephone, letter etc and such attempts must be recorded in the Patient's records.
- 8.2 If this proves unsuccessful, the articles should be kept for a reasonable amount of time before disposal, i.e. clothing - three months, jewellery - 24 months minimum.
- 8.3 The UHB will arrange for independent valuations of jewellery and valuables and will instigate the sale of such items.
- 8.4 Unclaimed cash will be automatically credited to an "Unclaimed Patient Monies Account" by Cashiers. If later, a claimant should come forward, advice must be sought from Finance prior to any payment being given.
- 8.5 Unclaimed bank books, credit cards, pension books, etc must be returned to the relevant organisation by Cashiers, accompanied by a suitable letter of explanation.

## **9. CORPORATE FINANCE CONTROLS**

- 9.1 At the end of each month the following Patients' Money Account (PMA) reconciliation must be completed:
- PMA Cashbook to PMA Bank Account Statements
  - PMA Cashbook to PMA Ledgers - Cash Codes
  - PMA ledgers to hospital Cashiers' independent PMA records
- 9.2 Due to the additional duty of care involved in the stewardship of other people's money, the cashbook and ledger transactions must be additionally reconciled to independent records maintained by the hospital Cashiers.
- 9.3 The transactions relating to each individual must be recorded separately and each set of Cashier's records must be reconciled against the PMA ledger Income and Expenditure (I&E codes for UHW, UHL, Barry and Whitchurch Hospitals; unclaimed patients' money; and interest and charges).
- 9.4 Differences between the Cashier's records and the ledgers must be investigated and corrected if required.
- 9.5 In addition to each transaction being recorded in the ledgers, the hospital Cashiers must record a separate record of each PMA transaction on an independent recording system. Each patient must be given a unique identification number on the independent system and each deposit or

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withdrawal must be recorded against the patient with a cumulative balance being calculated.

- 9.6 Cash or cheques must be receipted by the Cashier onto the UHB's accounting system and a receipt provided for the patient's own records.
- 9.7 Money must be banked into the Patients' Money bank account.
- 9.8 Patients' Money Account charges are deducted from the interest earned on the bank account balances and any excess interest is apportioned bi-annually to individual long-stay patients. The Cashiers are instructed to add these receipts to the patient's PMA record.
- 9.9 Unclaimed monies are transferred to the Unclaimed Patients' Money record and held until such time as a properly identified and authorised claimant comes forward.

## 10. TRAINING

It is the responsibility of the line manager to ensure that employees are made aware of this policy and their role and responsibilities at local induction.

## 11. IMPLEMENTATION

The policy will be implemented by UHB and will apply to all healthcare providers in all care settings across the UHB.

## 12. GUIDANCE DOCUMENTS

Cardiff and Vale UHB (2013), Management of Patients/Visitors in Possession of Alcohol or Unprescribed/Unlawful Substances Policy and Procedure  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Drug%20%20Alcohol%20Policy.pdf>

Cardiff and Vale UHB (2013), Search of Patients Person and Belongings Policy and Procedure  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Search%20of%20Patients%20Person%20and%20belongings.pdf>

The Stationery Office on behalf of the Department for Constitutional Affairs (2007), Mental Capacity Act 2005 Code of Practice  
[http://www.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF\\_AND\\_VALE\\_INTRANET/TRUST\\_SERVICES\\_INDEX/MEDICALDIRECTORCLINICALPORTAL/MEDICAL\\_DIRECTOR\\_AREAS\\_OF\\_RESPONSIBILITY/MENTAL%20CAPACITY/MCA%20CODE%20OF%20PRACTICE.PDF](http://www.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARDIFF_AND_VALE_INTRANET/TRUST_SERVICES_INDEX/MEDICALDIRECTORCLINICALPORTAL/MEDICAL_DIRECTOR_AREAS_OF_RESPONSIBILITY/MENTAL%20CAPACITY/MCA%20CODE%20OF%20PRACTICE.PDF)

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Cardiff and Vale UHB (2014), Equality, Diversity and Human Rights Policy  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Equality%20Div%20%20HR%20Policy%20approved%20PPD%2030%2009%2014%20%283%291.pdf>

Cardiff and Vale UHB (2012), Lasting Power of Attorney and Court Appointed Deputy Procedure (Mental Capacity 2005)  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/LPA%20and%20CAD%20procedure%20draft%20290312.pdf>

Cardiff and Vale UHB (2015), Standard Financial Instructions for Local Health Boards  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/C%26V%20LHB%20Model%20Standing%20Financial%20Instructions%20%28May%202015%29%20FINAL.doc>

Healthcare Financial Management Association (2011) Patients' Monies and Belongings

Welsh Government (2015) Health and Care Standards  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

### 13. EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan Fair Care 2016-2020. The responsibility for implementing the plan falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact or an adverse impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

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## **14. AUDIT**

- 14.1 Adherence to the policy will be appropriately audited by the Directorates and Clinical Boards and may include the number of reports of lost or damaged items of patient's property.
- 14.2 Any concerns raised and reported breaches of the policy will be formally investigated by the Clinical Boards.

## **15. DISTRIBUTION**

- 15.1 This policy will be available via the UHB Intranet and Internet web sites. Where staff do not have access to these resources, the line manager must ensure that they are aware of the content where appropriate.
- 15.2 The Clinical Board Director will undertake responsibility for distribution within the Clinical Boards.
- 15.3 Patient awareness will be raised through disclaimer notices displayed across the UHB. Information advising patients to limit the amount of property, cash and valuables brought in to hospital has been included in admission letters.

## **16. REVIEW**

The policy will be reviewed to reflect any changes in guidance or legislation. As a minimum, it will be reviewed three years after the date of approval.

## YOUR PERSONAL PROPERTY, MONEY AND VALUABLES

We would like to remind patients that any personal property, money and valuables brought into the Hospital must be kept to a minimum.

We will keep any articles in safe custody for you provided you hand them in to the Sister/Charge Nurse who will give you a receipt for these items.

We cannot accept any responsibility or liability for loss or damage to any of your personal property unless given for safe keeping to the Sister/Charge Nurse.

Please help us to help you

## EIDDO PERSONOL AC ARIAN

Hoffwn atgoffa cleifion y dylid dod â chyn lleied â phosibl o arian ac eiddo personol i'r Ysbyty.

Byddwn yn cadw unrhyw eitemau'n ddiogel cyhyd ag y rhoddir yr eitemau hyn i'r Brif Nyrs, a rhoddir derbynneb i chi am yr eitemau.

Ni fyddwn yn derbyn cyfrifoldeb ac yn atebol mewn unrhyw ffordd os caiff eiddo personol o unrhyw fath ei golli neu ei ddifrodi oni roddir yr eiddo i'r Brif Nyrs ei gadw'n ddiogel.

Helpwch ni i'ch helpu chi



## **Patients Property Liability Disclaimer**

***To be completed within 6 hours of arrival at hospital, as part of the patient admission process***

**I ..... acknowledge that the opportunity has been given to me to hand over my personal property and valuables to be placed in safekeeping in accordance with the Cardiff and Vale University Health Board’s policy on Patient’s Property.**

**I .....have declined the offer to hand over my personal property and valuables to be placed in safekeeping in accordance with the Cardiff and Vale University Health Board’s policy on Patients Property.**

**Name of Patient.....Signature.....**

**Dated.....**

**Name of Witness (must be staff member)**

**Designation .....**

**Signature .....Dated .....**

### **Valuables have been handed over for safekeeping**

**Name (must be staff member)**

**Designation .....**

**Signature .....Dated .....**

**Patient’s Property Book reference  
.....**

**Please file completed disclaimer in the patient’s records**

Appendix 2 Patients Property Liability Disclaimer

[http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARE\\_PATHWAYS/WELCOME/PAGE/LIBRARY/PROPERTY%20DISCLAIMER%20FORM.PDF](http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/CARE_PATHWAYS/WELCOME/PAGE/LIBRARY/PROPERTY%20DISCLAIMER%20FORM.PDF)



**BWRDD IECHYD PRIFYSGOL CAERDYDD A'R FRO  
CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

No.

HOSPITAL ..... WARD ..... DATE .....

PATIENT'S NAME ..... CONTACT No / EMAIL .....

ADDRESS .....

.....

NEXT OF KIN ..... CONTACT No / EMAIL .....

ADDRESS .....

.....

**CASH AND VALUABLES (i.e. jewellery, bank cards, etc)**

CASH £ ..... GIRO / CHEQUE No ..... VALUE £ .....

PLEASE LIST BELOW DESCRIPTION OF VALUABLES:

.....

.....

.....

.....

VERIFIED BY ..... Qualified Nurse

WITNESSED BY ..... Patient or 2<sup>nd</sup> Member of Staff

**PATIENT'S INFORMATION**  
Please give the Ward Manager / Nurse in Charge as much notice as possible when you want to recover your cash and valuables.  
Cashier's office is not open on weekends or Bank Holidays.

**PATIENT'S COPY**

**PROPERTY AND CLOTHING BOOK**

HOSPITAL: \_\_\_\_\_ WARD: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_ CONTACT NO/EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ CONTACT NO/EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PLEASE LIST ITEMS OF CLOTHING BROUGHT IN BY THE PATIENT ON ADMISSION - Ensure that the brand name of the clothing is recorded**

.....  
.....  
.....  
.....  
.....

COMPLETED BY NURSE:

\_\_\_\_\_  
SIGNATURE PRINT NAME  
PATIENT/RELATIVE/OR SECOND NURSE:

\_\_\_\_\_  
SIGNATURE PRINT NAME

DATE: \_\_\_\_\_

**Disclaimer**

**It is the responsibility of the patient to ask the Nursing Staff to record any new items of clothing brought onto the ward.**



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

**FORM OF INDEMNITY**

Name .....

Address .....

.....

Name of deceased.....

In consideration of your paying to me the sum of £..... and/or your handing over to me the property listed below which now forms part of the estate of the aforementioned deceased, I HEREBY UNDERTAKE to indemnify you and keep you indemnified against all actions, proceedings, claims or demands whatsoever which may be taken or made against you by any person claiming to be interested in the estate of the above named deceased or otherwise, and against any cost or expenses whatsoever which may be incurred or become payable in respect thereof.

Signed .....

Relationship to deceased .....

Date .....

Witness .....

Name .....

Occupation .....

Date .....

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**LIST OF PROPERTY HANDED OVER**