

**Policy for the Handling of Patient's
 Cash, Valuables and Property**

CATEGORY:	Policy
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PURPOSE	To set out the principles and framework for the handling of patient's cash, valuables and property within the Trust.
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<ul style="list-style-type: none"> • Essential Reading for: 	All Trust staff/departments involved in handling patient's cash, valuables and property within the Trust

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1 Policy Statement

- 1.1 Patients or their families or guardians can be assured that all reasonable steps have been taken to ensure the safety and security of their property whilst under our care.
- 1.2 The aim of this policy is to ensure a process for the handling of patient's cash, valuables and property within the Trust. In particular, it ensures that:
 - 1.2.1 The risks associated with the handling of cash, valuables and property are managed appropriately;
 - 1.2.2 Handling practices are described and incidents are reported;
 - 1.2.3 The Trust limits its own liability in the event of loss or damage of patient cash, valuables and or property.
- 1.3 Providing a safe and secure environment for care is a legal duty under the regulations which underpin the quality standards for healthcare providers overseen by the Care Quality Commission (CQC). The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 make specific references to the protection of patients' property. Regulation 11 says that providers "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" and includes "theft, misuse or misappropriation of money or property" within the relevant meaning of 'abuse'.
- 1.4 The NHS Protect Guidance (2013) provides a framework for NHS organisations to develop or adapt local policies, procedures and systems to ensure the secure management of patients' property during their admission, stay, transfer and discharge from healthcare services and facilities.

2 Scope

- 2.1 The policy applies to all individuals employed by the Trust including students, locum and bank/agency staff and staff employed on honorary contracts who are involved in Trust business on Trust premises.
- 2.2 The policy applies to all patients registered as inpatients or day case and some groups of patients attending the Emergency Department, which are detailed in the associated Procedure for the Handling of Patient's cash, valuables and property.
- 2.3 This policy does not apply to patients attending as Outpatients.

3 Framework

3.1 Definitions

- 3.1.1 "**Cash**" refers to any coins and or notes of any currency irrespective of their country of origin belonging to a patient.

- 3.1.2 “**Valuables**” refers to any item of value and may include jewellery, bank cards, cheque books and house keys.
- 3.1.3 “**Patient Property**” refers to general items such as clothing and toiletries, other than cash and valuables, but may also include items such as dentures, spectacles and walking aids which if lost can cause considerable inconvenience and distress to patients.
- 3.1.4 A “**Safe**” refers to a ward or department safe/secure cupboard.
- 3.1.5 “**Handling**” of cash, valuables and/or patient property means accepting, transferring and disposing of such items.
- 3.1.6 “**Cashiers**” refers to the Cashiers office on Level 0.
- 3.2 Patients should be discouraged from bringing excessive amounts of cash and valuables into hospital. If a patient arrives in the Trust with cash and valuables they must be encouraged to send this home with their relatives/carers where possible.
- 3.3 On admission, patients are to be informed clearly that the Trust is only responsible for cash and valuables taken into safe keeping. If a patient wishes to retain their cash and valuables, a disclaimer must be completed and a copy must be retained in the patient’s medical record.
- 3.4 The actions to be undertaken by staff where the patient is unable to sign a disclaimer are described in the associated Procedure for the Handling of Patient’s Cash, Valuables and Property.
- 3.5 In the Emergency Department, cash, valuables and patient property checks will only be undertaken on patients who are unable to safeguard their own property and have no relatives or friends accompanying them who may temporarily safeguard their property.
- 3.6 In all other instances, the Trust will only take patient property into safe keeping in the event of a patient’s death or where the patient has been temporarily transferred to another department such as Theatre or Critical Care Unit. In the event of death, patient property will be held locally at ward/department level prior to being transferred to the Bereavement Office.
- 3.7 On occasions when patients are temporarily unable to safeguard their own cash/ valuables, for example when they go to Theatre, cash and valuables up to the value of £50 can be retained locally in a ward /departmental safe. If there is a need to safeguard the cash for a longer period of time, or if the cash exceeds £50 it but must be moved to cashiers as soon as practicable. Retained items placed in a Safe must be entered in the Safe Log Book.
- 3.8 The operational instructions for the processes required when handling patient cash, valuables and property are detailed in the associated procedure. This includes, in particular, the process for

recording the acceptance, transferring and disposing of cash, valuables and property, the process for lost or left cash/valuables and/or property, allegations of stolen items and the release of property requested by police.

4 Duties

4.1 Chief Nurse

The Chief Nurse has assigned responsibility for overseeing the compliance with this policy, will provide assurance to the Board of Directors on compliance and raise matters of concern with the relevant Division/ Department.

4.2 Divisional Directors/Divisional Directors of Operations and Associate and Deputy Associate Directors of Nursing

Divisional Directors/Divisional Directors of Operations and Associate and Deputy Associate Directors of Nursing are responsible for ensuring that:

4.2.1 The wards/departments and staff within the Division are aware of and implement this policy, and where there are deficiencies of concerns in delivery, these are investigated and reported via the Divisional Clinical Quality Groups.

4.3 Anyone Who Has Responsibility For Staff

Anyone who has responsibility for staff has responsibility for ensuring that:-

4.3.1 All staff have access to this policy and associated procedural documents.

4.3.2 All staff adhere to and implement this policy and associated procedural documents.

4.3.3 The appropriate staff, equipment and stationary are available to enable this policy to be followed.

4.3.4 Staff have the necessary training to enable them to implement this policy.

4.4 All Other Staff Involved In The Handling Of Patient Cash, Valuables And Property

All other staff involved in the handling of patient cash, valuables and property are required to:

4.4.1 Familiarise themselves with all relevant Trust policies and procedures referred to within this document. They must ensure that they comply with them in their areas of work at all times.

5 Implementation and Monitoring

5.1 Implementation

This policy and its associated procedures are available on the Trust intranet and will be disseminated to staff through the divisional management and internal team structures within the Trust.

5.2 Monitoring

See Appendix A for detail of the monitoring of this policy, and its associated procedures.

6 References/ Bibliography

NHSA Protect (2013) Guidance for NHS Health Bodies on the secure management of patient's property. Tackling fraud and managing security. http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/Security_of_patient_property_Updated_September_2013.pdf

[Accessed 21.10.14]

Health and Social Care Act (2008) (Regulated Activities) Regulations 2010 <http://www.legislation.gov.uk/ukdsi/2010/9780111491942/contents>

[Accessed 22.10.14]

7 Associated Policy and Procedural Documentation

- 7.1 A Guide to Cashiering Procedures at Queen Elizabeth Hospital Birmingham.
- 7.2 Cofeley Local Operating Procedure: Lost and Found Property
- 7.3 Cofeley Local Operating Procedure: Escort Duties
- 7.4 Patient Transfer Policy and Procedures
- 7.5 Trust Policy for the Handling of Patient's Cash, Valuables and Property
- 7.6 Trust Discharge Policy and Procedures
- 7.7 Trust Security Policy
- 7.8 Trust Bereavement Policy and Procedures

Appendix 1: Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/ GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Any breaches of the policy will be monitored through incident reporting, complaints and PALS contacts at a Divisional Level.	Divisional Management Teams	Divisional Clinical Quality Meetings Minuted Divisional Matron / Senior Nurse Meetings	Through incident reporting, complaints and PALS contacts	As per Division
Safe contents will be checked against the Safe Log Book on a daily basis on every Ward/ Department and monitored by the Ward/Departmental Managers.	Ward/Departmental Managers	Matron	Safe contents will be checked against the Safe Log Book on a daily basis on every Ward/ Department and monitored by the Ward/Departmental Managers.	Daily
A six monthly review of compliance with the daily safe checking will be undertaken by the Trust Security Management Specialist. Exception reports will be presented to the Trust Health and Safety Committee.	Trust Security Management Specialist	Trust Health and Safety Committee	Review of daily ward/departmental safe checking	Six monthly
A bi-annual audit of the use of disclaimers will be facilitated by the Risk and Compliance Unit within the Live Nursing Documentation Audit. The outcome of this will be reported to Divisional Associate Directors of Nursing, Matron's and Ward Managers.	Risk and Compliance Unit	Divisional Associate Directors of Nursing, Matrons and Ward Managers	Audit of use of disclaimers	Bi-annually