

Title:	Management of Patient's Handed In Property		
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1.0 INTRODUCTION / SUMMARY OF POLICY

1.1 Background

This policy sets out the Belfast Trust policy and procedures for the management and safekeeping of patients' property in wards and departments. The safe custody of patients' finances and personal property is an important part of patient care and every effort must be made to protect the interests of patients, staff and the Trust.

Belfast Trust has a responsibility to provide a secure environment for patients' valuables and personal property handed-in for safekeeping and for the safekeeping of property of patients lacking capacity and of deceased patients.

The Trust will not accept liability for the loss of or damage to property brought onto the Trust's premises unless it is handed-in for safekeeping.

Disclaimer posters should be displayed prominently in all departments and patient areas but this does not remove the Trust's duty of care to take reasonable steps to ensure the safety of patients' property.

1.2 Purpose

- To set out the Trust's policy on the management and safeguarding of patients' valuables and personal property and details procedures to be followed with regard to property at every stage of the patient journey.
- To provide clear standardised guidance on policy and practices for staff about their responsibilities on the receipt, documentation, custody, transfer, return and disposal of patients' personal property.
- To safeguard the interests of patients and protect staff and the Trust.
- To comply with the HFMA (2016) Patients' Monies and Belongings practical guide.

1.3 Objectives

- Ensure a standardised approach to the custody of handed-in property throughout the Belfast Trust.
- Ensure patients and/or their carers will be informed of the measures to be taken to protect their property before and/or at the time of their admission.
- Ensure patient's property is properly accounted for by providing accurate and written evidence of custody of property.
- Provide safeguards and assurance for patients and relatives
- Ensure the interests of patients, staff and the Trust are protected
- Reduce liability of the Trust to loss or damage to patient property

2.0 SCOPE OF THE POLICY

This policy applies to all Belfast Trust employees, paid and unpaid, bank and agency staff, and departments who have responsibility for the handling, recording, custody and return of patients' personal property.

The policy covers admission to inpatient general wards and departments, outpatient departments, emergency departments, transfer within departments and/or patient discharge to home/other organisations.

This policy **does not apply** to patients' property in: Mental Health and Learning Disability services; Trust Residential Homes for older people; or patients' own homes. Please refer to:

- [BHSCT Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals \(2015\) SG 09/15](#)
- [BHSCT Management of Residents' Finances and Private Property, Older Peoples Residential Homes \(2017\) SG 72/16](#)

3.0 ROLES/RESPONSIBILITIES

Chief Executive - has overall responsibility for the provision of a safe and secure environment for patients and their property whilst on Trust premises.

Finance Director - has responsibility for implementing the Trust's financial policies, including those relating to patients' money and other property.

Non-Executive Directors - are responsible for supporting, scrutinising and where appropriate challenging the Executive Board on issues relating to security management and matters relating to the protection of patients' property whilst on NHS premises.

Executive Director of Nursing and Patient Experience and Deputy Director of Nursing - are responsible for the writing of the Patient Property Policy, ensuring it is disseminated appropriately and that systems are in place to monitor compliance.

Divisional Nurses - are responsible for contributing to the establishment of a range of quality controls and quality assurance processes to ensure high quality, safe and effective service delivery within the Division. They are responsible for the promotion of a safeguarding culture across the Division in partnership with Safeguarding Leads, to meet the needs of vulnerable adults and children, and people with issues involving mental capacity and should ensure that all staff are aware of the potential issues relating to Safeguarding in relation to patient property.

Directorate Managers and Senior Nurses - are responsible for ensuring this policy and its procedures are disseminated to all staff and implemented in their areas of responsibility. They are responsible for ensuring that:

- Staff are aware of the Patient's Property Policy and Procedures.
- Providing staff with guidance regarding implementation of this policy.
- Monitoring the implementation of the Policy and Procedures within their service area.

Registered Ward Sister/Charge Nurse/Midwife in charge of the ward - is responsible for ensuring inspection of the 'Patients'/Clients' Valuables Record and Receipt Property Book' and the ward's safe/secure storage areas on a

weekly basis to ensure that no property is being held for a patient who has been transferred, discharged or died, and that an efficient system operates. If property is reported missing, the Ward Sister/Charge Nurse/Midwife must instigate a prompt local search and document the outcome.

Cash Office Cashiers -are responsible for managing the receipt, custody and return of handed-in property according to Trust Finance procedures and policy.

Security Manager - will support the ward/department sister/charge nurse/midwife in the investigation of reported theft of property.

All Trust employees, paid and unpaid, and bank and agency staff - in all departments have a responsibility to adhere to this policy.

4.0 CONSULTATION PROCESS

This policy was developed in consultation with:

- Ward managers and service leads
- Bereavement Coordinator
- Infection Prevention and Control Lead Nurse
- Implementation Lead for Mental Capacity Act
- Senior Finance Officers
- Patient and Client Support Services
- Divisional Nurses
- Risk & Governance and Patient Liaison Managers
- Legal Services, Business Services Organisation
- Police Service of Northern Ireland

5.0 POLICY STATEMENT/IMPLEMENTATION

5.1 Definitions

Patients' property can be defined as anything owned by the patient that is of monetary, personal and/or sentimental value to the patient. Loss or damage to property can cause considerable distress and inconvenience to patients and cost to the Trust. For the purposes of the policy patients' property will be divided into two broad types: valuables and other property and can include, but is not limited to, the following.

Valuables

- Watches, rings and other jewellery
- Cash
- Debit/credit cards
- Bank/building society pass books and check books
- Driving license, passports and similar documents
- House/car keys

- Portable electronic devices (laptops, tablets), mobile phones

Other property

General items other than valuables, for example

- Clothing and footwear
- Handbag/wallet
- Toiletries
- Books
- Own medications
- Aids - spectacles, contact lenses, hearing aids (specify left and/or right) dentures (specify top and/or bottom set), prostheses, mobility aids.

5.2 Key Policy Statement(s)

- Patients must be encouraged to bring only essential items into hospital and have all other property taken home by the next-of-kin for safekeeping.
- Patients are responsible for ensuring the storage and safekeeping of their property unless they have handed it in for safekeeping.
- Patients are encouraged to hand in for safekeeping any valuables that have not been sent home.
- The Trust will not accept liability for the loss or damage to any property brought into hospital that has not been handed-in for safekeeping and for which an official receipt is not obtained.
- Where a patient is deemed to lack capacity staff should take valuables and property in for safekeeping.
- The Trust is responsible for making patients aware of the terms of this policy and for its correct application.
- On appointment staff will be made aware of their responsibilities in the care of handed-in patient property.
- Notices relating to the liability of the Trust in respect of patients' private property should be displayed prominently in all areas, such as, waiting and treatment areas, accident and emergency departments and wards.

5.3 Policy Principles

5.3.1 Patient admission

- Patients and next-of-kin should be given information at pre-admission clinics and in appointment and pre-admission advisory letters not to bring items of value or money into hospital.
- Patients should be informed of the patient property policy on admission and encouraged to send non-essentials and valuables home for safekeeping. Only a small sum of money should be kept for personal use.
- Patients and next-of-kin should be made aware that the Trust will not accept liability for personal property brought onto its sites that have not been handed-in for safekeeping and for which a receipt has not been issued. Patients should be encouraged to hand in valuables for safekeeping that have not been sent home.
- Patients should be advised that all property retained by themselves or next-of-kin on admission are at their own risk.

- If a patient declines to hand in valuables for safekeeping, this must be noted in the nursing notes and signed by two members of staff, one of whom is a registered nurse/midwife.
- Care should be taken that patients' spectacles, hearing aids and dentures are available for their use. Dentures should be stored in labelled denture pots. Patients' own personal mobility aids such as walking frames, crutches and wheel chairs should be labelled with the patient's name and details, available for their use and transferred or discharged with patients. Culturally important items of property should be available to remain with patients.
- Due to limited storage facilities staff should advise parents to leave children's car seats and prams, that are not required for use, at home for the duration of the hospital admission.

5.3.2 Receiving, recording, depositing of handed-in property

- When handing in money and valuables to the cash office for safekeeping, Trust processes and procedures should be explained to patients so that they understand how their property will be managed.
- Property handed-in should be examined and recorded in an itemised fashion in the 'Patients'/Clients' Valuables Record and Receipt Property Book' by two members of staff, **one of whom should be a registered nurse/midwife** and where practicable in the presence of the patient or their next-of-kin/personal representative.
- The pre-numbered form in the 'Patients'/Clients' Valuables Record and Receipt Property Book' should be completed for all patients handing over property for safekeeping for the duration of their stay.
- This form should be used to detail 'valuables' such as money, bank/building society cards and jewellery. Clothes and other such items of low value should not be documented on this form with the exception of patient transfers/discharges/deaths.
- Care should be taken that valuables (**section 4.1**) are described sufficiently in non-value adding terms and are not identified according to materials or designer brands.
- **Money/cash** refers to any coins and notes and **should be** itemised (including currency) and counted, and a record of the total amount made (for example, two £20 notes, one £10 note, five £1 coins, three 50pence coins = Total Amount of £56.50).
- **Jewellery must be** described in terms of type and amount (for example, 'three yellow metal chains', 'two white solid metal bracelets', 'one yellow metal ring with 3 clear stones', 'one wrist watch with yellow rimmed round face and black strap', 'two identical white metal earrings'). Descriptions such as 'gold', 'silver' or 'diamonds' must not be used.
- **Debit/credit cards should be** listed according to the issuing bank/building society, type of card (for example, Visa, Mastercard) and name of account holder as shown on the card. The card number should not be recorded.
- **Bank/building society pass books and check books** (record name of bank, account holder name, amount and date of last balance shown. For chequebooks record the cheque number of the first unused cheque in the

book). Itemise pension books. Also itemise any tickets (lottery, events, travel), vouchers and certificates of monetary value.

- **Driving license, passports and similar documents** (document name of holder, country of issue, type of document (paper, card or booklet, whether it has a photograph) and year of expiry).
- The patient should sign and date the completed form in the 'Patients'/Clients' Valuables and Receipt Book'. Where the patient is not capable of signing the form, the next-of-kin may sign in their place. The form should then be signed and dated by two members of staff, **one of whom should be a registered nurse/midwife**, having checked that the details of the property listed is accurate and acknowledging receipt of the property. The top copy of the form should be given to the patient (or next of kin where appropriate) as a receipt.
- **Cash and jewellery** must be placed in a standard Property Envelope, checked with the patient/next-of-kin by the two members of staff, and the envelope sealed. The envelope should be signed by these officers, as evidence of this check.
- The property should be transferred promptly (and within 24 hours) to the Cash Office or Drop Safe in the standard Property Envelope along with the second copy of the 'Patients'/Clients' Valuables and Receipt Book' form. The Cash Office should sign and date the bottom of the form, acknowledging receipt of the property and retain the second copy of the form for their records.
- Outside of office hours, the property must be stored securely at ward/departmental level until the Cash Office reopens or until such as times as it can be safely deposited in the Drop Safe.
- The third copy of the form should be retained in the 'Patients'/Clients' Valuables and Receipt Book' as the ward's permanent record.
- Only one 'Patients'/Clients' Valuables and Receipt Property Book' should be in use at any given time in a ward/department and be properly referenced. Pages must be used sequentially. New books can be obtained from the Cash Office.
- The book must be kept in a secure place and available at all times for inspection by authorised staff.
- If errors are made, forms should not be removed from the 'Patients'/Clients' Valuables Record and Receipt Property Book'. In such cases forms should be cancelled with two diagonal lines across the form with 'cancelled' written in between the lines and signed by the author. Correction fluid such as Tipp-ex should not be used. All amendments should be made in ink. A new form should then be started if required.

5.3.3 Short-term custody of property

- **This procedure should only be used for the short-term custody of property and must not be used in place of the procedure (section 5.2) for sending handed-in property to the Cash Office.**
- On occasions, patients' property may need to be held for safekeeping for a short period of time, if it cannot be handed over to the next-of-kin for safekeeping (for example, when a patient is undergoing theatre/day procedure/endoscopy/outpatient/radiology procedures). In such instances,

staff should itemise and document the handed-in property in the 'Patients'/Clients' Valuables Record and Receipt Property Book' (**as outlined in section 5.2** (or follow the procedure set out in the Theatre/Endoscopy/Cataract Care Pathway. Property should be returned as soon as possible after treatment).

- The form should be signed by the patient or next-of-kin and **two members of staff, one of whom should be a registered nurse/midwife** and the property placed in a standard Property Envelope'. The top copy of the form should be given to the patient/next-of-kin.
- Cash and jewellery valuables handed-in for short-term safekeeping must be placed in a Property Envelope (**as outlined in section 5.2**) and stored in a secure area in the ward/department that should not be readily identifiable as holding patients' property.
- The ward sister/charge nurse should ensure that short-term custody property is only held on the ward/department for short periods of time (not exceeding a maximum of 24 hours). Property should be returned to the patient/next-of-kin at the earliest opportunity. The patient/next-of-kin will sign the bottom half of the second copy of the form, acknowledging the return of the items detailed on the form. The patient/next-of-kin will return their top copy of the form to nursing staff and this should be destroyed.
- The second and third copy of the form should remain fast in the 'Patients'/Clients' Valuables and Receipt' property book as the ward's permanent copy.
- In the event that the property remains handed over for longer periods of time it must be lodged as soon as possible with the Cash Office (**as outlined in section 5.2**).

5.3.4 Patients lacking capacity

- It must be assumed that all patients have the capacity to make a decision about the safekeeping of their property.
- Situations may arise, where a patient lacks capacity to make decisions about their property, either on admission (for example patient brought unconscious into the emergency department or has cognitive impairment) or at any time during their stay (for example, a patient's level of consciousness decreases, becomes increasingly confused/disorientated, or enters into a coma). In such situations, the Trust automatically assumes responsibility of the property.
- Staff must follow procedures in assessing and recording capacity in line with the Mental Capacity Act (NI) (MCA, NI) (2016): Deprivation of Liberty Safeguards (DOLS) (2019) and the Belfast Trust's MCA Guidance (November 2019).
- If a patient has been assessed and deemed by staff to lack capacity, personal property and valuables should be taken into safekeeping in the patient's best interests and recorded and catalogued (**as set out in section 5.2**). 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, provided there is no negligence in the handling of the property.

- Before taking a patient's property into safe custody, staff should consider whether property can be handed over to next-of-kin or in the case of longer-term lack of capacity if there is anyone with authority to make decisions on behalf of the patient.
- If the patient has an 'Enduring Power of Attorney' or if a 'Controller' has been appointed by the 'Office of Care and Protection' they should be consulted regarding what to do with the patient's property. The 'Enduring Power of Attorney' or 'Controller' should be encouraged to remove from the premises any non-essential property, especially valuables, or otherwise to hand it over for safekeeping.
- Where an 'Enduring Power of Attorney' or 'Controller' are 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.
- The receiving, recording and depositing of the valuables to the Cash Office for safekeeping procedure should be undertaken (**see section 5.2.**)
- The property will 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 'Enduring Power of Attorney' or 'Controller.'
- Where jewellery is left on the patient, this should be recorded in the 'Patients'/Clients' Valuables Record and Receipt' Property Book.'
- Where items are handed over for safekeeping by the attorney or deputy, their signature is required wherever the patient's signature is required in the 'Patients'/Clients' Valuables Record and Receipt' Property Book.'
- Explanation for the absence of the patient's signature must be documented in the Book' and in the patient's nursing notes.

5.3.5 Patients clothing

- Patients should have a space to store their clothing. Only minimal essential clothing should be brought into hospital.
- In the following circumstances clothing and/or the absence of clothing along with other property including valuables will be itemised in the 'Patients'/Clients' Valuables Record and Receipt Property Book' at the time of admission:
 - ❖ Emergency admissions
 - ❖ All internal and external transfers
 - ❖ Admissions of confused, disorientated or unconscious patients
 - ❖ Deceased patients
- Patient's clothing requiring laundering should be placed in a property bag.
- If clothing is soiled or patient has a suspected/known infection, clothing should firstly be placed in a water soluble bag, followed by a patient property bag. The [PHA information leaflet 'Laundry advice for patients and visitors'](#) should be given to patients/next-of-kin for guidance. Patients/next-of-kin should be advised to empty contents of property bag/water soluble bag into the washing machine, taking care not to touch contents. (The solubility of such bags is compromised by the limited volume of water used by domestic machines).
- Soiled clothing should not be stored for a prolonged period at ward level due to the infection risk. Advice should be sought from the Infection

Prevention and Control Team on an individual basis on how to handle specific items.

- In emergency situations damage to clothing may be unavoidable as clothing may have to be cut off to provide essential treatment. Consent should be sought where the patient is conscious. Where the patient is not conscious next-of-kin should be sensitively informed.
- Patients/next-of-kin should be sensitively asked if they wish to take soiled/cut off clothes home or to have staff dispose of it. This should be documented in the nursing notes.

5.3.6 Patients own medication

- For guidance on patients' own medication on admission, please refer to:
 - ❖ [BHSCT Medicines Code \(2017\)](#)
 - ❖ [BHSCT Controlled Drugs Policy-Inpatient Areas \(2017\) SG 01/11](#)

5.3.7 Management of illicit substances and items

- Please refer to the [BHSCT Hospital Medicines Code \(2017\)](#) (section 6.7) for guidance on illicit substances brought into hospital.

5.3.8 Patients' property seized by police

- On occasions, police may require to seize patients' property for evidence. Staff must ensure the police officer's name, service number and police station base are recorded and that an inventory of the seized property is documented in the 'Patients'/Clients' Valuables Record and Receipt Property Book.'

5.3.9 Patient Transfer or Discharge

- Patients' property must be accounted for in transfer/discharge handover procedures.
- When a patient is transferred from the emergency department to a ward, or from one ward/department to another ward/department or site within the Trust, or to another organisation - nursing staff must ensure all property, that had not been handed-in, is listed in the 'Patients'/Clients' Valuables Record and Receipt Property Book' before the patient leaves, and that it is documented to which ward/department the patient is transferred.
- The receiving ward should sign the book as a receipt and be given a copy of the record.
- The record/receipt form should state if any handed-in valuables are held in the Cash Office for safekeeping.
- The receiving ward should treat the transferred patient as a new admission and document any property to be handed-in, in their 'Patients'/Clients' Valuables and Receipt Property Book.'
- Where patients are capable of looking after their own property and have requested that handed-in property be returned to them, the normal standard procedure for patient discharge will apply.

- The transfer of patients to other organisations outside of the Trust is to be treated as discharge, except in circumstances of emergency transfers.
- If an emergency transfer is required and discharge procedures cannot be followed a record should be entered in the patient's nursing notes and Transfer Form stating that property remains in the safekeeping of the Trust site Cash Office and can be released through normal discharge procedures at the earliest possible time. This should be signed by the registered nurse and another member of staff.
- When a patient is discharged from the Trust, any property handed-in for safe keeping should be returned to the patient as soon as practicable, preferably at or before the time of discharge.
- Nursing staff will contact the Cash Office. As money is usually returned to the patient as a cheque, the Cash Office require sufficient notification and time to make the necessary arrangements.
- When the cheque/property is available for return, a Withdrawal Form will be completed by the Cash Office. This form will be signed by the patient as acknowledgment of receipt of the returned property.
- If notice cannot be given, the Cash Office will post the property to the patient's home address. A copy of the Withdrawal Form should be sent by the Cash Office with the cheque in order that the patient may be able to acknowledge receipt of their property.
- If the patient lacks capacity to make a decision about their property, handed-in property will **only be** returned to their next-of-kin, 'Enduring Power of Attorney' or 'Controller'.

5.3.10 Management of property when a patient is on leave

- Where an in-patient has a period of leave from a ward/department they should be strongly encouraged to take all of their personal property that has not been handed-in for safekeeping with them.

5.3.11 Return of handed-in (deposited) property

- Patients discharged from hospital can reclaim property held by the hospital for safekeeping, by producing their receipt, given to them at the time their property was handed-in.
- Where it is known that the patient is to be discharged at a weekend or on a bank holiday, and property is required by the patient, the cashier should be contacted in advance to make sure that arrangements are made for the property to be obtained prior to the date of discharge.
- A patient may make a request to have some or all of their handed-in property returned to them while they are still an in-patient. In such circumstances the normal process for releasing property shall be completed.
- The Cash Office **must be** informed when patients are transferred between wards or discharged.

5.3.12 Deceased patients

- Dentures should be placed in the mouth, if possible, as part of the Last Offices procedure. Otherwise, dentures should be sent to the Mortuary

with the body in an appropriate denture container labelled with the patients' details. The location of the dentures should be recorded on the 'Body Transfer Form.' [BHSCT Guidance on Actions to be Taken after a Patient's Death in Hospital \(2018\) SG 04/09](#)

- Remove all jewellery unless requested by the next-of-kin not to do so or unable to remove. Jewellery left on the body should be recorded on the 'Body Transfer Form' and catalogued (**as outlined in section 5.2**). Rings remaining on the body should be taped in place.
- Cultural items of property left on the body should be recorded on the 'Body Transfer Form.'
- Ensure the patient's property and valuables present on the ward/department at time of death is listed in the 'Patients'/Clients' Valuables Record and Receipt Property Book' and signed for by two staff, one of whom is a registered nurse/midwife.
- Place the patient's property in a Belfast Trust purple property bag and return to the next-of-kin. Ask the next-of-kin taking the property to sign the 'Patients'/Clients' Valuables Record and Receipt Property Book'.
- Check if any valuables are being held by the cash office and inform the cash office as soon as possible upon the death of the patient.
- Where cash or valuables have been deposited in the Cash Office for safe custody inform the next-of-kin how to access it, giving contact details for the Cash Office, and that it can only be given to the next-of-kin as confirmed by a solicitor.
- If the next-of-kin are not present at the time of death property shall be stored in a safe place on the ward until arrangements can be made for its collection.

5.3.13 Lost, missing, damaged property

- If a patient's handed-in property is reported missing the ward/department sister/chargenurse/midwife or nurse/midwife in charge will be informed immediately and an enquiry launched.
- If the property cannot be found the Trust security manager should be informed. The ward supported by the security team will carry out an investigation.
- It is the responsibility of the ward sister/charge nurse/midwife or nurse in charge to inform the police if the loss is suspected to have resulted from criminal action. The incident should be reported using the Trust's Datix incident reporting system and the senior manager informed.
- Where accidental damage or loss occurs to handed-in patient property this must be reported immediately to the ward sister/chargenurse/midwife or nurse/midwife in charge.
- If not already aware, the patient and/or their next-of-kin should be advised of the damage or loss to their property as soon as is practicable.
- The ward sister/chargenurse/midwife will complete a WO1 Form and return this to the Finance Department for accidental damage or loss of handed-in property.
<http://intranet.belfasttrust.local/directorates/finance/Documents/WO1%20Form.doc>.

- If property that had not been handed over for safekeeping is reported damaged or lost, an investigation should be commenced and the security manager alerted if criminal action suspected. The patient and/or next-of-kin should be reminded that the Trust will not accept liability for the damage or loss.

5.3.14 Unclaimed property

- Patients' property may be left behind following discharge, transfer or death.
- Valuables should be documented in the property book and deposited with the Cash Office as soon as possible for safekeeping (**see section 5.2**).
- Clothing and non-valuables should be stored in a sealed bag, clearly labelled with the patient's details, in a dedicated space, such as a cupboard. Soiled clothing should not be stored as it is an infection risk.
- Ward/department staff should make all reasonable efforts to trace the patient/next-of-kin to arrange collection.
- If contactable the patient/next-of-kin should be informed that uncollected/unclaimed personal property may be disposed of after 12-weeks and this should be documented. However, **advice should be sought** on a **case by case basis** before disposing of property in case there are any extenuating circumstances in the particular case. Care should be taken to ascertain whether articles are of value and expert advice sought about the value. Items of value should be reported to the Senior Financial Accountant and Head of Corporate Governance. Property held in safekeeping must be reviewed regularly by the Cash Office staff to ensure that items belonging to discharged/deceased patients are not overlooked.

5.3.15 Disability and cultural awareness and competence

- Essential aids such as glasses, hearing aids, dentures and mobility aids should be available for patients use to preserve dignity and effective communication, nutrition, mobility and independence.
- Sign Language interpreters and alternative formats for information should be available as reasonable adjustments for people with disabilities.
- Staff must be cognisant of religious rituals or cultural norms in regard to items of patient property. Some items of property may be considered essential to remain with the person or the deceased.
- Staff should engage with the patient or their family/carers to ensure a culturally competent response in this regard.
- All staff must attend mandatory equality, good relations, human rights and disability training.
- The Making Communication Accessible resource is available for all staff to help them communicate responsively and sensitively with patients and carers who may have a disability.
- An ethnic minority interpreter should be made available for people who are not proficient in English and property-related information should be available in different languages.

5.3.16 Exceptional Circumstances including Covid-19

- During extraordinary exceptional circumstances, such as the Covid-19 pandemic and/or other catastrophic situations, it may be necessary to deviate from this policy and to follow the relevant Policy/Standard Operating Procedure for such events (**See Appendix 1 Covid-19 SOP**).

5.4 Dissemination

This policy applies to all paid and unpaid staff, healthcare professionals and security and finance staff working within the BHSCT. The policy should be disseminated at team meetings and will be available via the Trust Hub Policies and Procedures page.

5.5 Resources

Patients and/or their next-of-kin shall be informed of the measures to be taken prior to or at the time of admission by:

- Pre-elective day case/admission advisory information letters/booklets
- Trust Patient Property Leaflet/Booklet 'Keeping your things safe when you go into Hospital' – disseminated to elective patients prior to admission (electronically/or hard copy) and to patients and families on admission to hospital. Available also on Trust public facing website. (**See Appendix 2**).
- Information contained in ward/department patient information booklets
- Verbal information given by staff involved in the admission process
- Personal property disclaimer notices posted in hospital wards and departments and waiting areas (**see Appendix 3**).

All staff in all departments and new staff at local service level induction, need to be made aware of and familiarise themselves with the policy and procedures for managing patients handed-in property.

Updates of patient property issues should be discussed at ward meetings and briefings.

5.6 Exceptions

This policy applies to all Belfast Trust employees, paid and unpaid, bank and agency staff, and to all departments with responsibility for the handling, recording, custody and return of patients' personal property. This includes admission to inpatient general wards and departments, outpatient departments, emergency departments, transfer within departments and/or discharge to other organisations. The policy **does not apply** to Mental Health and Learning Disability services; Trust Residential Homes for older people; or patients' own homes, where existing policies and procedures are in place.

6.0 MONITORING AND REVIEW

- Adherence with this policy and the effectiveness of the policy will be monitored via the Trust's Internal Auditors and auditing processes.

Reported breaches of the Patients' Property policy should be formally investigated through the Trust's risk management and governance arrangements. Please see an example of an audit tool in the table below.

- As a measure of good practice Lead Nurses and Governance Leads should regularly review Datix and complaints data in relation to patients' property and undertake improvement actions in alignment with this policy.
- A monitoring framework is set out in the table below.

What is monitored	Person performing monitoring	Frequency	Process
Patient/family issued copy of Trust Patient Property Leaflet/Booklet	Ward Sister/Charge Nurse	Weekly	Audit against a checklist form
Check contents of ward safe/property storage areas	Ward Sister/Charge Nurse	Weekly	Audit against a checklist form
Check all entries in Property book recorded as per policy	Ward Sister/Charge Nurse	Weekly	Audit against a checklist form
Monitor compliance as part of Lead Nurse's improvement checks	Lead Nurse	Monthly	Provide evidence of monitoring to internal audit team/ DN
Monitor compliance with policy and property-related complaints/incidents	Divisional Nurse (DN)	Quarterly	Data and improvements discussed at Assurance meetings
Ward/Department compliance with policy	Internal Audit	Annual Review	Finance Director/Internal Audit Department schedule audit

7.0 **EVIDENCE BASE / REFERENCES**

This policy has been informed by:

- HFMA (2016) Patients' Monies and Belongings. 3rd Edition. Bristol: Healthcare Financial Management Association.
- Mental Capacity Act (NI) (MCA, NI) (2016): Deprivation of Liberty Safeguards (DOLS) (2019).
- Belfast Trust's MCA Guidance (November 2019)
- [PHA information leaflet 'Laundry advice for patients and visitors'](#)
- [BHSCT Medicines Code \(2017\)](#)

- [BHSCT Controlled Drugs Policy-Inpatient Areas \(2017\) SG 01/11](#)
- [BHSCT Patients' Finances and Private Property - Policy for Inpatients within Mental Health and Learning Disability Hospitals \(2015\) SG 09/15](#)
- [BHSCT Management of Residents' Finances and Private Property, Older Peoples Residential Homes \(2017\) SG 72/16](#)
- [BHSCT Guidance on Actions to be Taken after a Patient's Death in Hospital \(2018\) SG 04/09](#)

8.0 **APPENDICES**

- Appendix 1 Covid-19 SOP
- Appendix 2 Patient Property Leaflet/booklet- 'Keeping your things safe when you go into Hospital'
- Appendix 3 Personal Property Policy Disclaimer Notice
- Appendix 4 Handed-In Property Policy Procedures Flowchart

9.0 **NURSING AND MIDWIFERY STUDENTS**

Nursing and/or Midwifery students on pre-registration education programmes, approved under relevant 2018/2019 NMC education standards, must be given the opportunity to have experience of and become proficient in **the Management of patient's handed in property** where required by the student's programme. This experience must be under the appropriate supervision of a registered nurse, registered midwife or registered health and social care professional who is adequately experienced in this skill and who will be accountable for determining the required level of direct or indirect supervision and responsible for signing/countersigning documentation.

Direct and indirect supervision

- Direct supervision means that the supervising registered nurse, registered midwife or registered health and social care professional is actually present and works alongside the student when they are undertaking a delegated role or activity.
- Indirect supervision occurs when the registered nurse, registered midwife or registered health and social care professional does not directly observe the student undertaking a delegated role or activity. (NIPEC, 2020)

This policy has been developed in accordance with the above statement. Wording within this section must not be removed.

10.0 **EQUALITY IMPACT ASSESSMENT**

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to

undertake a screening exercise to ascertain if the policy has potential impact and if it must be subject to a full impact assessment. The process is the responsibility of the Policy Author. The template to be complete by the Policy Author and guidance are available on the Trust Intranet or via this [link](#).

All policies (apart from those regionally adopted) must complete the template and submit with a copy of the policy to the Equality & Planning Team via the generic email address equalityscreenings@belfasttrust.hscni.net

The outcome of the equality screening for the policy is:

Major impact
Minor impact
No impact

Wording within this section must not be removed

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities involving collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation and the Data Protection Act 2018 the Trust considers the impact on the privacy of individuals and ways to mitigate against any risks. A screening exercise must be carried out by the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full impact assessment is required, the Policy Author must carry out the process. They can contact colleagues in the Information Governance Department for advice on Tel: 028 950 46576

[Completed Data Protection Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address \[equalityscreenings@belfasttrust.hscni.net\]\(mailto:equalityscreenings@belfasttrust.hscni.net\)](#)

The outcome of the Data Protection Impact Assessment screening for the policy is:

Not necessary – no personal data involved
A full data protection impact assessment is required
A full data protection impact assessment is not required

Wording within this section must not be removed.

12.0 RURAL NEEDS IMPACT ASSESSMENT

The Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, and when designing and delivering public services. A screening exercise should be carried out by

the Policy Author to ascertain if the policy must be subject to a full assessment. Guidance is available on the Trust Intranet or via this [link](#).

If a full assessment is required the Policy Author must complete the shortened rural needs assessment template on the Trust Intranet. Each Directorate has a Rural Needs Champion who can provide support/assistance.

[Completed Rural Impact Assessment forms must be returned to the Equality & Planning Team via the generic email address \[equalityscreenings@belfasttrust.hscni.net\]\(mailto:equalityscreenings@belfasttrust.hscni.net\)](#)

Wording within this section must not be removed.

13.0 REASONABLE ADJUSTMENT ASSESSMENT

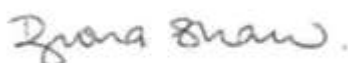
Under the Disability Discrimination Act 1995 (as amended) (DDA), all staff/ service providers have a duty to make Reasonable Adjustments to any barrier a person with a disability faces when accessing or using goods, facilities and services, in order to remove or reduce such barriers. E.g. physical access, communicating with people who have a disability, producing information such as leaflets or letters in accessible alternative formats. E.g. easy read, braille, or audio or being flexible regarding appointments. This is a non-delegable duty.

The policy has been developed in accordance with the Trust's legal duty to consider the need to make reasonable adjustments under the DDA.

Wording within this section must not be removed.

SIGNATORIES

(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).



Authors

Date: 09/04/2021



Director

Date: 09/04/2021

Standard Operating Procedure for managing personal property of patients with suspected or confirmed Covid-19 status

On hospital admission

- Ascertain what needs to stay with patient as soon as possible at admission
- Send home all non-essential items, especially valuables, with next-of-kin at admission or as soon as possible after admission.
- Advise patient/family that valuables cannot be sent off the ward to the Cash Office and that property is retained on the ward by them at their own risk. The Trust will not accept liability for loss or damage of property on the ward.
- Two members of staff (one of whom must be an RN) list the property and sign in patient's nursing notes what property was sent home at admission and to whom the property was given. Document and sign in patients' notes if patient chooses to retain valuables at their own risk.
- All property returned home should be sealed in a clear bag or in a patient property bag labelled with the patient's details and the date and not opened for 72 hours (3 days).
- **Orange waste bags must never be used for patient's property as there is a risk of property being discarded.**

During hospital stay

- Discourage next-of-kin from bringing up personal property especially valuables.
- Hospital gowns can be provided to reduce the need for changes of clothing.
- Glasses, hearing aids and dentures should be labelled and stored in appropriate cases and transferred or discharged with patients. Culturally important items of property can remain with patients.
- Advise patients that if they keep mobile phones and tablets it is at their own risk.
- Advise virtual visiting can be accommodated with ward devices.
- Property returned home should be sealed in a property bag labelled with patient's name and the date and not opened for 3 days.
- Document as outlined in the 'on hospital admission' section.
- Patients/next-of-kin should be asked if they wish to take clothing home at their own risk or to have staff dispose of it.
- Clothing taken home should firstly be placed in a water soluble bag, followed by a patient property bag. The property bag should be kept sealed and not opened for 3 days (72 hours).
- Advise that contents of property bag/water soluble bag should be emptied into washing machine, taking care not to touch contents (Neither the property bag or the water soluble bag **should not** be put in the washing machine). The water soluble bags used in healthcare are not suitable for use in domestic machines and may result in damage. These bags may be disposed of in household waste.
- Advise that hands should be washed after handling property.

Patient Transfer between departments of Belfast Trust and to and from other Trusts

- Patients' property must be accounted for in transfer/discharge handover procedures.
- Large amounts of property should not be transferred with patients from other Trusts to the Belfast Trust or from Belfast Trust to other Trusts or between wards and departments in the Trust to prevent loss of property and risk of cross infection and because of limited storage facilities. Next-of-kin should already have been asked to collect and take home property before patient transfer.
- When a patient is transferred with property from the emergency department to a ward, or from one ward/department to another ward/department or site within the Trust, or to another organisation - nursing staff must ensure all property is listed in the Patient's Nursing Notes before the patient leaves, and that it is documented to which ward/department the patient is transferred and to whom the property was handed over to. The receiving ward nurse should sign in the patient notes that they have received the property.
- NISTAR will only transfer small items of property with patients during critical care transfers and will record that it has been handed over to the receiving unit on their report form.

On Discharge

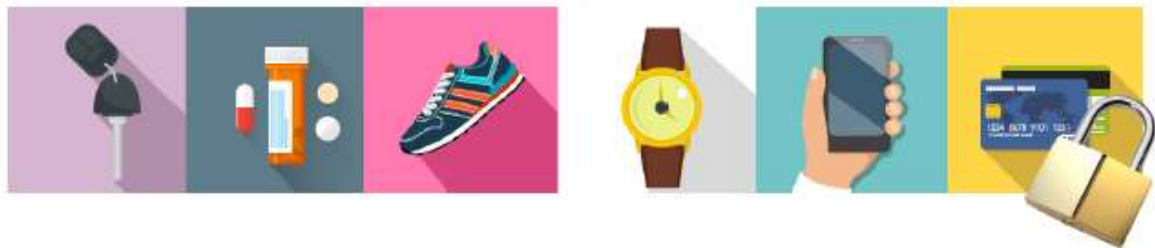
- **Negative COVID-19 status at discharge** - standard patient property bags should be used
- **Positive/Suspected COVID-19 status at discharge** - patient property should be placed in a sealed clear bag or hospital property bag labelled with the patient's name and the date and the patient/next-of-kin instructed not to open for 3 days (72hours).

In the event of Patient Death

- Property should not be sent to mortuary.
- Dentures should be placed in the patient's mouth
- Ensure property and valuables are listed in Patients' Nursing Notes and signed for by two staff, one of whom is a registered nurse.
- Ask next-of-kin if they wish clothing to be returned or disposed of by ward staff.
- Place property in sealed clear bag or patient's property bag labelled with patient's name and the date. Return to next-of-kin. Two nurses (one an RN) document and sign in nursing notes and document to whom the property was returned.
- If clothing taken home - advise to empty contents of property bag/water soluble bag into washing machine, taking care not to touch contents (neither the patient property bag or water soluble bag **should not** be put in the machine). Wash hands after handling property.



Keeping your things safe when you go into Hospital



Welcome to the Belfast Health and Social Care Trust.

This booklet has important information for you and your family about keeping your things safe when you go into hospital.

What to bring with you to hospital



- A list of your medicines your doctor has prescribed.



- Your 'hospital passport' or 'This is me' book, if you have one.



- Your walking stick or anything you use to help you walk.



- Your glasses, hearing aids or dentures. Make sure they are labelled and in their cases.



- Toiletries. For example, your toothbrush, toothpaste, soap, face cloth, towel and wet wipes.



- Nightwear, dressing gown, underwear and slippers.



- Comfortable clothes to wear during the day.



- A small amount of money to buy newspapers or magazines.

What YOU can do to keep your things safe



Do not bring valuables into hospital.

Valuables are things that cost a lot of money or are important to you. For example, car keys, mobile phones, jewellery or photos.



If you come into hospital in an emergency you may have valuables with you. Please send these home with a family member as soon as possible.



Only bring things you really need.

You will have a bedside cabinet. It does not lock. The cabinet is not very big and does not have room for a lot of things.



Leave big things at home

For example, if you are in hospital with a child then leave their car seat and pram at home.



Label all your things.

Please make sure all your things have your name on them. This will help to keep them safe.



Look after your things.

- If you choose to keep your mobile phone or other valuables with you on the Ward **you** need to keep them safe.
- Staff can only look after your things if you hand them in for **safekeeping**.
- If you find you cannot look after your things, please tell us.



Do not wrap dentures and hearing aids in tissues. Please use their cases to keep them safe.



Tell staff if there are any big changes to valuable things you have with you on the ward.

We cannot keep a list of the clothes you have in hospital. This is because the clothes you have with you can often change.



Insure your things

Make sure you have insurance for things you bring into hospital. For example, your mobile phone.

Insurance is when you pay a company money so that if valuable things are lost, broken or stolen they can be replaced.

What WE do to keep your things safe



We will try to keep your property safe and stop it getting lost, stolen or damaged.



We can put things into safekeeping

We will not take responsibility for your property unless you give it to us for safekeeping.



Safekeeping is when you give us things to keep safe. We put them in a locked office.

The locked office is not on the Ward.



If you are not able to make decisions for yourself when in hospital, staff can

- keep your things in safekeeping
- or ask your carer, family member or someone who makes your decisions for you to take your things home to keep them safe.

Damaged or dirty clothes



Sometimes clothes have to be cut-off when we help you. Sometimes clothes get blood on them.

We will ask you if you want to take these clothes home or if you want us to get rid of them.



If you want to take them home there is a leaflet to help you wash the clothes safely. This can be found at www.publichealthagency.hscni.net.

COVID-19



When you are going home we will tell you if we think there might be COVID-19 on your ward.



If we think there might be COVID-19

- **do not open your bag of clothes and other things for 3 days.**

How do I get my things back from safekeeping?



Speak to the Ward Nurse if you need your things back from the locked office to

- send them home
- or to take them home with you when leaving hospital.



Any money you put into safekeeping will be given back to you as a cheque. This can take time.

A cheque can be posted to your home address if you do not want to wait.

Lost property



We always try to give things back to the right person. We want to help you find anything you have lost before you go home.



Pack carefully

Check you have packed all your things before you leave hospital.



If you lose something.

Tell us if you lose something. We will help you look for anything you have lost. If we can't find it, we will investigate.

Please remember that staff and the Trust can only keep things safe if you hand them in for safekeeping.



If we find your lost property

We will try to contact you if you leave something behind and we find it.



You have 12 weeks to pick up anything you leave behind.



If you do not collect dirty clothes they will be destroyed. This is because they are an infection risk. This means they could make people sick.



If you are unhappy with our investigation

If you are unhappy with our investigation to find your lost property please contact the Complaints Department.

Complaints Department

Complaints Department

Belfast Health and Social Care Trust
7th Floor, McKinney House
Musgrave Park Hospital
Stockman's Lane
Belfast
BT9 7JB



Telephone

(028) 9504 8000
Monday – Friday, 9am-4pm



Textphone

18001 028 950 48000



Email

complaints@belfasttrust.hscni.net



We can give you this information in larger print or have it translated for you.

Please contact the ward for more information.



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Personal Property Policy Disclaimer Notice

Personal Property Disclaimer Notice

Important!

Please help us to help you

The Belfast Trust would like to remind patients and visitors that the Trust cannot accept responsibility for the loss, theft, or damage to any items of property brought onto or left on these premises.

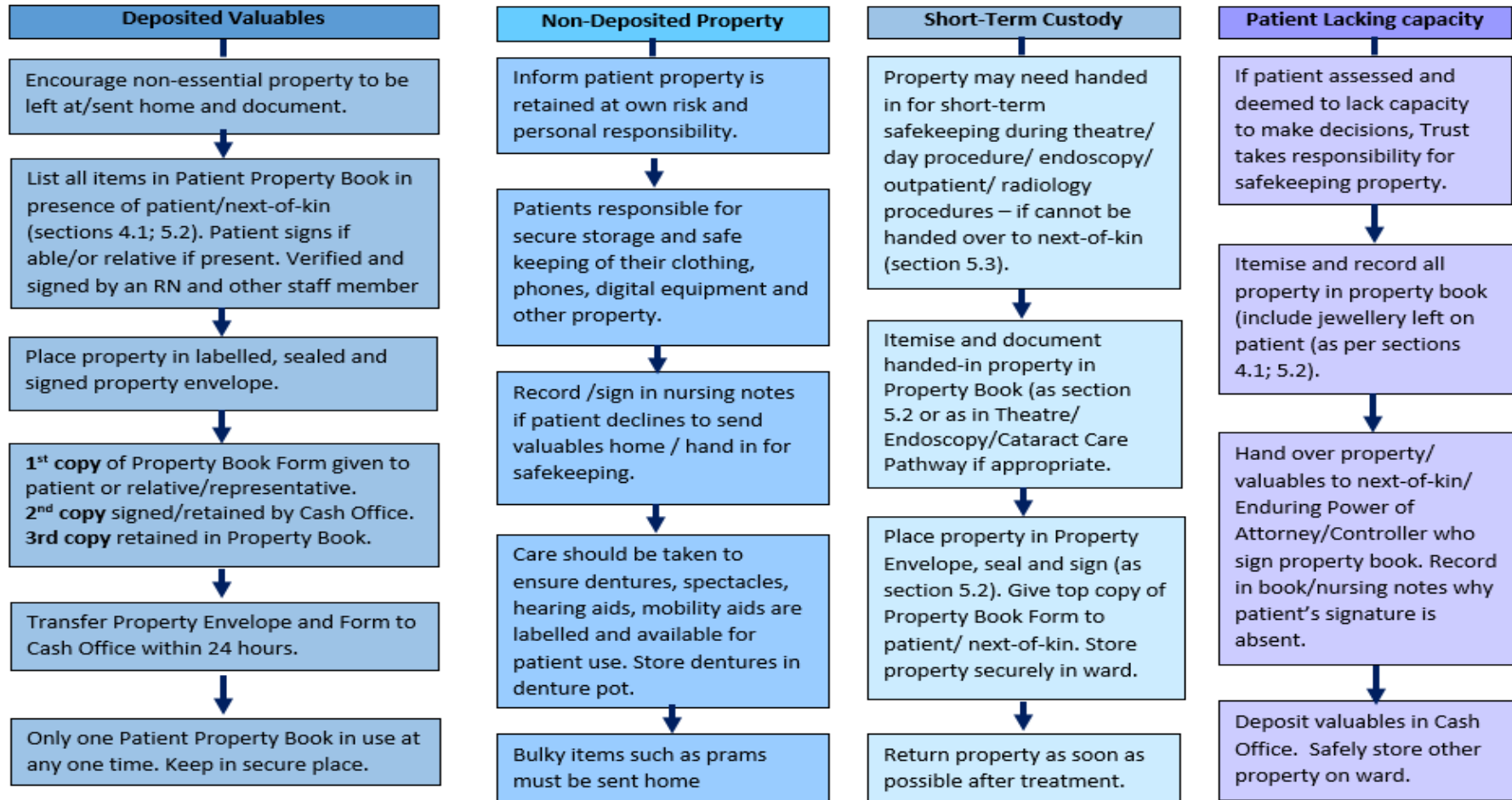
We recommend that Valuables and Money should not be brought into hospital and/or should be sent home for safekeeping.

The Trust will not accept liability for personal property or money unless it is handed in for safe custody and a written confirmation is obtained as a receipt.



This notice is to be displayed prominently in all Trust areas and departments

Patient's Handed-in Property Policy Procedures Flow Chart



Patient's Handed-in Property Policy Procedures Flow Chart

