



Shetland NHS Board

Standing Financial Procedures

Care & Custody of Patient's Property

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Index

Section	Title
1	Introduction
2	Patients Property Receipt Book
3	Ward Day to Day Procedures for Patient monies
4	Transfer of Patients
5	Transferring Cash and Valuables to the Finance Department
6	Death of a Patient
7	Transaction Cards
8	Valuables Pouch
	Appendix A - Flowchart

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Section 1

Introduction

1.1 This procedure is for all NHS staff.

1.2 The Board has a responsibility to provide safe custody for money and other property belonging to patients. Great care must be exercised to protect the interests of the patients and the Board. No responsibility is accepted for articles not officially handed over for safekeeping. Public notices in all relevant areas will disclaim Board liability for articles not handed over for safekeeping. Receipts should be clearly and unambiguously completed, so that subsequently there will be no doubt about who is responsible for the custody of patients' property. When the property is returned to the patient or proxy, receipts must be completed in the manner described below. The Board cannot accept responsibility for the storage of valuable articles for which the secure locations are inappropriate, e.g. fur coats, but staff should co-operate with the patient to arrange appropriate storage at the patient's risk and expense, in conjunction with the Finance Department / Patient Funds Officer. Able patients can always ask their relatives to look after any valuables. Cash and valuables over £250 should be handed over to the Finance Department for safekeeping as described in Section 5.

1.3 A receipt will be issued, as described in Section 2 below, in respect of the following:

- Property handed in for safe custody by any patient (or representative as appropriate);
- Property taken into safe custody having been found in the possession of disordered patients, confused and/or disorientated patients, unconscious patients, patients dying in hospital.

1.4 The Charge Nurse in each ward is responsible for ensuring that the proper procedures regarding the property of patients in wards are carried out.

Section 2

Patients Property Receipt Book

- 2.1 This receipt book should be used for all patient's property that will be held in safe custody at the ward i.e. cash, valuables, clothing and the patient's own drugs. These receipts must be completed using a ballpoint pen in **black** ink only. Unused lines on the receipts should be cancelled by drawing a diagonal line through them. Both Nurses who signed the form at the foot must initial any corrections. Where possible, the patient should also sign the receipt. If a receipt is spoiled all copies should be cancelled by printing '*CANCELLED*' between two parallel lines and all copies should be left in the book.
- 2.2 When a patient wishes to deposit cash and/or property to the ward, ward staff should complete the receipt book. The top copy should be given to the patient (or person handing in on their behalf) and to be signed by two staff. The second copy is retained in the pouch and the third copy remains in the receipt book.
- 2.3 The third copy is fast in the book and must be used to obtain a receipt for articles withdrawn from safe custody by the patient or their legal representative. Patients should submit their copy of the receipt when withdrawing articles and if all are withdrawn it should be destroyed. If only some are returned the patient's copy of receipt should be amended.
- 2.4 Sealed pouches are used to hold the cash and/or property and these are securely stored in the wards safe or equivalent.
- 2.5 When describing any property e.g. jewellery, staff should not use descriptions such as 'gold' – but 'yellow metal', 'ruby' – 'red coloured stone' etc.
- 2.6 If receiving a bank pass book, a note of the account number and the current balance should be entered. If a cheque book is handed in, a note of remaining cheque numbers and the account number should be noted.
- 2.7 If it is found necessary to destroy a patient's clothing, the Charge Nurse should certify on the third copy Ward Receipt.
- 2.8 If it is believed that there is a danger of loss or damage to any moveable property not brought into hospital but belonging to a patient on admission and that no suitable arrangements have been made for its protection, the Social Work Department or the Police should be notified as soon as possible.

2.9 If as a result of negligence or dishonesty of a member of the hospital staff, a patient suffers loss or damage to their property, which is retained in the ward, the Board's disclaimer notice would not protect the member of staff.

Section 3

Ward Day to Day Procedures for Patients Monies

- 3.1 The Director of Finance, acting through the Patient Funds Officer / Charge Nurse, acts as a banker for patients who find it convenient so to do or who are unable to manage their finances themselves. Every patient who deposits cash and / or valuables will have them held in a sealed, individual pouch with a Record of Patient Cash Transaction Card. The card is kept in the pouch so that the latest transaction including the current balance is visible. Pouches should be sealed and the number of the seal recorded on the transaction card. Before opening the sealed pouch the nurse must check that the seal number corresponds with the last number recorded. If the seal number differs, the nurse should hand the pouch unopened to the Charge Nurse for investigation. Unused seals must be retained in a secure location.
- 3.2 Whenever valuables are taken out of the ward, e.g. in transit to and from the Finance Department, the dispatching nurse will ensure that these are in a sealed pouch / secure container.
- 3.3 Where money is received by the ward staff, from relatives and friends on behalf of any patient, a Patient's Property receipt must be given, as described in Section 2. Receipts must be recorded in the Record of Patient's Cash Transaction Card showing date, the name of the donor, the receipt number, the nurse's name and signature (witnessed by another nurse or patient) and the sum received. The money will then be retained in the valuables pouch.

Patient Discharged:

- 3.4 When a patient is discharged, property which has been deposited with the ward should be returned to the patient. The Charge Nurse and witness should sign the third copy of the receipt which is fast in the book. The patient or patient's representative should also sign this receipt.
- 3.5 Ward staff should check the ward safe and with the Patient Funds Officer to ensure that any cash and valuables are given to the patient on discharge.

Discrepancies:

- 3.6 Pouches should be checked and handed unopened to the Charge Nurse, who, after investigation, should open the pouch in the presence of the patient, if the patient is capable of understanding the procedure, if not, a second nurse.
- 3.7 In the event of loss, the Charge Nurse should prepare a detailed report of all circumstances including the way in which the issue of seals is controlled in the ward.

Section 4

Transfer of Patients

4.1 Between wards: The patient's sealed pouch should be taken to the new ward and the items within should be checked by the staff receiving the patient. The discharging ward's Charge Nurse, the receiving Charge Nurse and a witness must sign the third copy of the discharging wards receipt book. They must also sign the Arrival section of the receiving wards receipt book. The receiving ward must then follow the procedures from Section 2.

4.2 To another hospital / Care home: The patient's property will accompany the patient. Any small valuables and drugs should be removed from the pouch and inserted in an envelope marked 'Valuables of.....', and the patient, or failing whom, the dispatching nurse, should sign across the flap. If capable, the patient should receipt the third copy receipt; if not, the nurse supervising the dispatch of the patient and property should describe on the third copy receipt where the patient is being sent and date and sign form. The second copy receipt should be sent with the property.

Accident & Emergency:

4.3 Short Term Patients who are fully capable:

These patients are usually assessed in a cubicle where they often leave their property while they go for X-ray etc. Signs are displayed in these areas to inform patients that property left here is done so at their own risk. If these patients ask for their property to be taken into safe custody staff must follow the procedures from Section 2.

4.4 Patients who are not capable:

Procedures from Section 2 must be followed and the Charge Nurse and witness must sign the Arrival section of the receipt book.

Section 5

Transferring Cash & Valuables to the Finance Department

5.1 Cash over £250 or valuables deemed over this value should be passed to the Finance Department for safekeeping. The patient's sealed pouch should be taken to the Finance Department and the items within should be checked by the staff receiving the pouch. The discharging ward's Charge Nurse, the receiving Finance Officer and a witness must sign the third copy of the discharging wards receipt book. They must also sign the Arrival section of the Finance Departments receipt book. The Finance Department must then follow the procedures from Section 2.

Section 6

Death of a Patient

6.1 When a patient dies, all property held at ward level should be assembled and checked against receipts. If this is a sudden unexpected death, all the property is handed over to the police.

6.2 Items of value and/or amounts of cash up to £50 may be released at ward level to next of kin where the nurse in charge is satisfied as to the identity and relationship of the claimant.

6.3 Valuables and amounts of cash in excess of £50 will be remitted to the Finance Department to attend to.

6.4 If next of kin is not known, the cash and valuables should be transferred to the Finance Dept as described in Section 5. The Patient Funds Officer will then attempt to trace the next of kin and have the cash and / or valuables returned. If the next of kin cannot be traced we must contact:

The National Ultimus Haeres
101 Gorbals Street
Glasgow
G5 9DW

Tel 0844 561 4846

Fax 0844 561 4839

e-mail nationalultimushaeresunit@copfs.gsi.gov.uk

Section 7

Transaction Cards

7.1 Three members are always required for all transactions at ward level, one of whom should be the patient.

7.2 When money is spent on behalf of a patient the following entries will be made on the Record of Patient's Cash Transaction Card:

- Date
- The name and signature of the authorising nurse and witness
- Seal number (if a balance of cash and/or property is still in the pouch)
- The sum paid and the new balance

7.3 Receipts will be retained, where appropriate. In most cases receipts should be available for items purchased.

7.4 Following each transaction the nurse or Patient Funds Officer will ensure that the money in the pouch corresponds with the new balance and their signature will certify accordingly. Nursing staff should also make weekly checks on the amount of cash held, record cards should be signed, and any discrepancies reported to the Charge Nurse. The Charge Nurse will determine action required. In addition the Patient Funds Officer will carry out spot checks.

7.5 All unused Patients' Cash Transaction Cards will be held in the ward safe or equivalent safe cupboard.

Section 8

Valuables Pouch

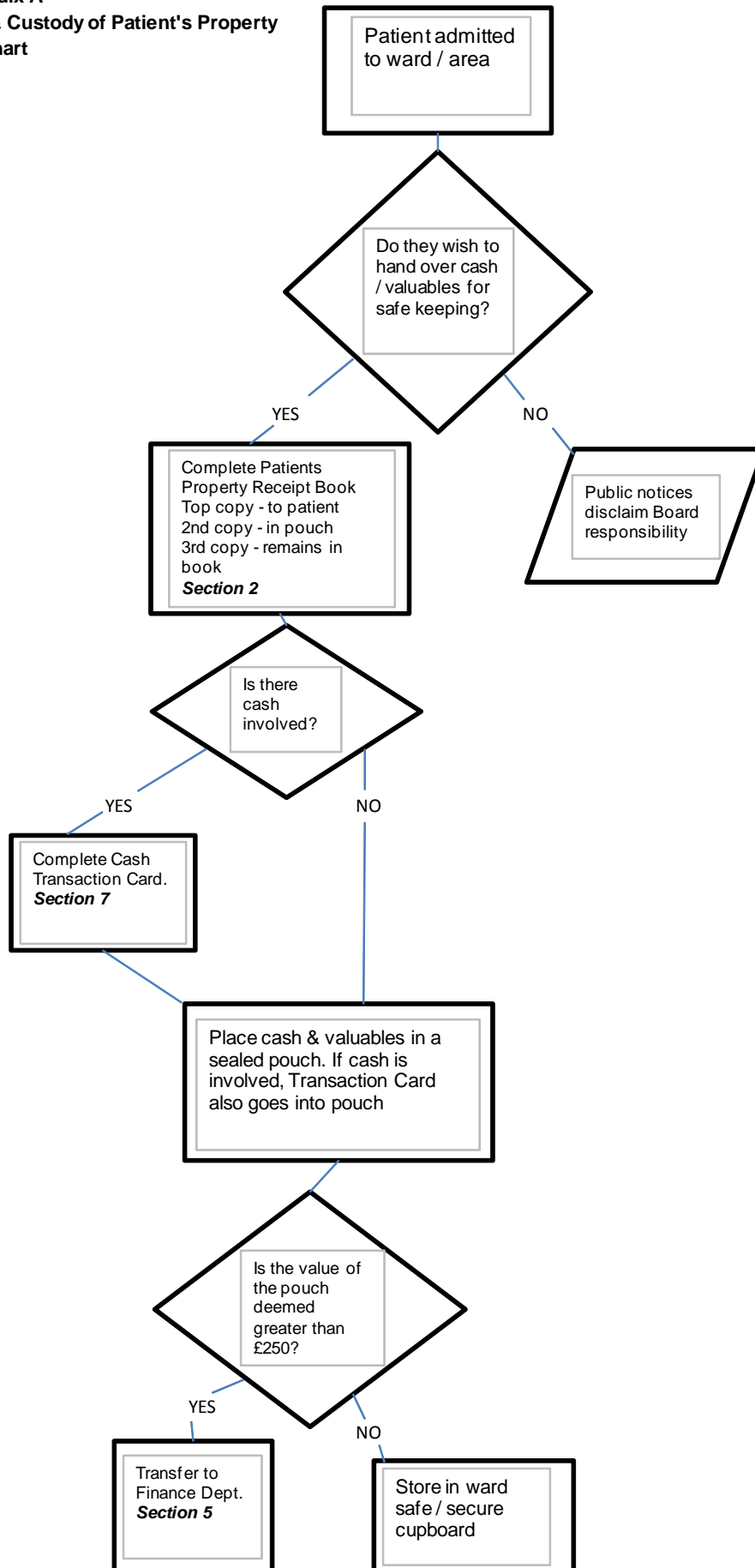
8.1 Each ward will be issued with a specific number of valuables' pouches and the safekeeping of these will be the responsibility of the Charge Nurse.

8.2 The patient's label will be inserted in the small inside pocket.

8.3 The number of pouches held in each ward may be checked at any time by the Charge Nurse / Patient Funds Officer / Finance staff or Audit staff.

8.4 Replacements may be obtained from the Finance Department / Patient Funds Officer in exchange for damaged pouches.

**Appendix A
Care & Custody of Patient's Property
Flowchart**



Rapid Impact Checklist

An Equality and Diversity Impact Assessment Tool:

NHS Shetland

<p>Which groups of the population do you think will be affected by this proposal?</p> <p>Other groups:</p> <ul style="list-style-type: none"> • Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers) • Women and men • People with mental health problems • People in religious/faith groups • Older people, children and young people • People of low income • Homeless people • Disabled people • People involved in criminal justice system • Staff • Lesbian, gay, bisexual and transgender <p style="text-align: right;">All groups may be affected but in a positive manner</p>	
<p>N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed</p>	<p>What positive and negative impacts do you think there may be? Which groups will be affected by these impacts?</p>
<p>What impact will the proposal have on lifestyles?</p> <p>For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs • Risk taking behaviour • Education and learning or skills 	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>

<p>Will the proposal have any impact on the social environment? Things that might be affected include:</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>No No No Yes – Should reduce stress in staff and patients alike No</p>
<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? 	<p>No No No</p>
<p>Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>No Yes – Should improve working conditions to an extent No Yes – Should improve the safety of patients property No</p>
<p>Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> • Health care • Transport • Social services • Housing services • Education 	<p>Yes – Should give patient and staff peace of mind No No No No</p>

Summary Sheet

<p>Positive Impacts (Note the groups affected)</p> <p>Staff – They should feel better when dealing with patient’s cash and valuables knowing they are following an agreed procedure.</p> <p>Patients – Should have more peace of mind when handing over cash and valuables to the Board for safekeeping</p> <p>Shetland Health Board – The Board should feel safer knowing that there is a procedure in place which minimises their risk</p>	<p>Negative Impacts (Note the groups affected)</p> <p>No negative impacts found</p>
<p>Additional Information and Evidence Required</p> <p>None</p>	
<p>Recommendations</p> <p>None</p>	
<p>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</p> <p>No negative impacts have been identified so a full EQIA process is not required.</p>	

Signature(s) of Level One Impact Assessor(s)*Karl Williamson*.....

Signature(s) of Level Two Impact Assessor(s)

Date27/05/2014.....