



Serious Incident Investigation Report

Incident Investigation Title:	Deceased Patient Property
Incident Date:	8 November 2019
Incident Number:	WEB 65405 STEIS 2019/27413
Date of Sign Off	27 April 2020

Contents

	Page
Incident description and consequences	3
Pre-Investigation risk assessment	3
Background and context	3
Terms of reference	4
Level of Investigation	5
Involvement and support of patient and relatives	5
Involvement and support provided for staff involved	5
Information and evidence gathered	6
FINDINGS:	
Chronology of events	7
Detection of Incident	12
Notable Practice	12
Care service and delivery problems	12
Contributory factors	13
Root causes	13
Lessons learned	13
Post – investigation risk assessment	14
CONCLUSIONS:	
Recommendations	15
Arrangement for shared learning	15
Distribution List	15

Incident description and consequences

Incident description:

When carrying out a clean-up of office areas, Mortuary staff found behind and underneath a desk drawer a box containing a number of large envelopes within which there were several smaller envelopes. The envelopes contained valuable and various property items thought to belong to deceased patients. From Mortuary Staff recollection the box was delivered to the department several years previously because a collection of unclaimed property held in ward safes, carried out by a now retired member of senior nursing staff and there was no other place allocated to hold the property. The property dates back to 2011.

Incident date:

8 November 2019

Incident type:

This is a non-clinical incident.

Specialty:

Although the trigger for this incident was the Mortuary as above, the origins for it lie across all clinical wards.

Actual effect on patient:

No patient harm was involved. The incident relates to solely patient property which is un-ited with its owners living or deceased.

Actual severity of the incident:

Major.

Pre-investigation risk assessment

A Potential Severity (1-5)	B Likelihood of recurrence at that severity (1-5)	C Risk Rating (C = A x B)
3	3	9

Background and context

A box found in the mortuary contained a large number of envelopes. Within the larger ones were approximately 78 small envelopes which were found to contain patients' valuables and other items, some of which were labelled with patient details, lists of contents and the wards they had come from. The property included items of jewelry,

money, keys and cigarettes amongst other things. It was established that the envelopes dated back to between 2011 and 2016. The Trust solicitor advised that in legal terms this amounted to unclaimed property and technically it was the duty of the Estate Executors or Administrators in each case to gather in the property of the Estate and the strict legal duties on the part of the Trust were low regarding repatriation of the property at this stage.

A full briefing detailing the facts found was taken to Clinical Ethics Committee on 4th December 2019 in order to provide recommendations as to whether next of kin should be contacted given the time frame involved. The Committee agreed that contact should be made with relatives if it was possible to do so because moral and ethical considerations outweighed the legal. Following the Committee decision this was escalated to the Executive Directors and it was agreed to declare a Serious Incident investigation in order to establish facts, learn and identify current practice and agree a plan to manage onward arrangements for returning valuables to the next of kin.

Terms of reference

<p>Purpose To identify the root causes and key learning from an incident and use this information to significantly reduce the likelihood of future losses to patients</p>
<p>Objectives To establish the facts and root causes To establish whether failings occurred in the handling of patient property To look for improvements rather than to apportion blame To establish how recurrence may be reduced or eliminated To formulate recommendations and an action plan To provide a report and record of the investigation process & outcome To provide a means of sharing learning from the incident To identify routes of sharing learning from the incident</p>
<p>Key questions/issues to be addressed Is the process handling of patient property (living or deceased) robust? Are the applicable policies fit for purpose? Is staff compliance with established procedure satisfactory?</p>
<p>Key Deliverables Investigation Report, Action Plan, Implementation of Actions</p>
<p>Scope (investigation start & end points) This investigation will cover in terms of background how deceased patient property became separated from the patient and relatives and include the process by which Trust staff handle the property through to how it is disposed of or leaves the Trust. Consideration of how property found in the Mortuary should be managed.</p>

<p>Investigation type, process and methods used</p> <ul style="list-style-type: none"> • This can be regarded as a multi-incident investigation. Although the finding of the property in the Mortuary is a single incident, the property found appears to be entirely from other wards within the Trust and so this is a multi-locality multi incident case. • Gathering information from interviews and documentation. • Timeline • Identifying Care and service delivery problems. • Identifying contributory factors & root causes. • Generating solutions.
<p>Arrangements for communication, monitoring, evaluation and action</p> <p>Acute ward areas across the Trust</p>
<p>Investigation Commissioner</p> <p>Clinical Commissioning Group (CCG)</p>
<p>Investigation team</p> <p>Director of Patient Safety Divisional General Manager, Clinical Support Services Legal Services Manager. Associate Chief Nurse. All have received training in serious incident analysis and reporting.</p>
<p>Resources</p> <p>Interviews with staff in key departments across the Trust Trust documentation and policy in relation to patient property matters</p>
<p>Involvement of other organisations</p> <p>None</p>
<p>Stakeholders/audience</p> <p>Patient / patient's family CCG Divisions Other external stakeholders as required</p>
<p>Investigation timescales/schedule</p> <p>60 working days from declaring the incident as an SI</p>

Level of investigation

Comprehensive – Level 2

Involvement and support of patient and relatives

The nature of this incident means that there has been no patient engagement. There has been no physical harm suffered by any patient. The patients who owned the property in

question are all in the main deceased or not identified. Involvement of relatives will take place when efforts are undertaken to restore the property into the possession of the relatives of the deceased; this investigation will not cover the arrangements for ensuring property is reunited with deceased patient relatives. Relatives could not be realistically involved in the investigation however at the point of completion the facts will be shared with identified relatives.

At the point of the identification of the Serious Incident a number of immediate actions were taken:

- All ward managers were asked to ensure that ward safes were checked for items belonging to deceased patients, any such items to be recorded and returned to Chief Nurse by 18th December 2019
- Matrons to establish with wards and departments any other areas where deceased patient property could be held, checks to be undertaken and any items identified to be recorded on a proforma and returned to Chief Nurse by 18 December 2019.
- To agree a series of spot checks both in the mortuary and on the wards.

All of these actions were completed.

Involvement and support provided for staff involved

The staff involved in this incident may be numerous, spread across a number of wards throughout the Trust or have left the Trust employment and will have played their part in the incident any time in the past decade. These facts cannot reasonably be determined as the only certifiable point in time that a note of staff involvement could be made is from the point of discovery of the property in the Mortuary on 8th November 2019

Information and evidence gathered

1. Trust Policies.
 - Management Of Patients Cash, Valuables And Lost Property - v2 2018
 - Policy On Dealing With The Deceased And Bereaved – v3 2018
 - Information for Bereaved Relatives and Friends (Information booklet)
2. Interviews with Mortuary and Nursing staff.
3. Log of belongings found in the mortuary
4. Review of ward safes at current time
5. Discussion with matrons regarding current management of patient belongings

FINDINGS:**Chronology of events**

Chronology (timeline) of events		
Date and Time	Event	Comments
8 November 2019	Mortuary staff discovered large box holding a number of large envelopes. Inside were smaller envelopes with patient items including valuables inside. This box was with an office within the Mortuary department. It is believed that these envelopes were collected from ward safes.	Property discovered in Mortuary on this day. The property dates from 2011 to 2017
11 November 2019	Legal advice provided by Trust Solicitor to ACN.	Legal duty to reunite unclaimed property with relatives is low after this passage of time. Moral and ethical considerations are now paramount.
12 th November 2019	Datix completed on advice of CSS unit manager WEB65405	Escalated to CSS DGM asked for incident to be completed and senior nursing staff to be informed as it contained patient property from ward safes.
12 November 2019	The Clinical Ethics Committee (CEC) request to consider the issues. Also reported on Datix as incident.	Categorised as "minor" initially due to no patient harm.
14 th November 2019	Panel review	Downgraded to minor. It was not explained that there was a request from the Clinical Ethics Committee to decide whether property should be returned and minimal

		information to highlight risk. This was a missed opportunity.
19 th November 2019	Associate Chief Nurse (ACN) confirmed procedure with Clinical Ethics Committee (CEC) Vice Chair	
21 November 2019	The completed CEC referral form sent to the CEC by ACN	
26 th November 2019	On consideration CEC meeting called	Meeting called for 28.11.19 - not possible due to not being quorate. Meeting arranged for 4.12.19
4 December 2019	CEC sit – 0830 Medical Education Centre.	Draft decision notes and minutes circulated same day.
9 December 2019	CEC decision note returned to ACN.	CEC decide in favour of Trust staff making contact with the relatives.
16 December 2019	Chief Executive and Executive Directors consider action	Decision taken to contact relatives and a panel convened to affect this. 72 hour report prepared along with Reactive Communication statement.
6 January 2020	Case reconsidered at Incident meeting.	Declared as an SI on the basis of organisational and reputational significance.

In order to establish how the management of current arrangements are carried out the investigation team met with:

- Matrons to ascertain their understanding of how policy guides practice
- The Mortuary Manager and Bereavement Support Officer

Matrons advised the investigator lead that that there is documentation to cover transfer of a patient from ward to ward and the receiving ward must check that the valuables are correct.

Meeting with Mortuary staff on 21.1.20 and 28.1.20

The property in question was found under a work bench in one of the small doctor's offices in the Mortuary. It was found during a spring clean of the department and looked like a box full of envelopes initially. Some valuable items were found in those envelopes. The Mortuary Lead after making enquiries with a retired Pathology Manager found that the box is likely to have arrived there when a former senior member of nursing staff had tried to implement oversight systems for managing patient property which resulted in a trawl of ward safes leading to potentially valuable property being found but which had not been collected by the relatives or patients themselves following discharge. The property in the Mortuary was in relation to deceased patients. For living patients that senior member of nursing staff had tried to relocate property with living patients where she could at the time.

The finding of the property on 8.11.19 generated an incident report. Mortuary staff stated that there is a lag between PatientCentre, the hospital electronic record, being updated to record a patient is deceased, this can be a challenge when trying to reunite deceased patient property with relatives

There are Trust policies which state roles and responsibilities for what they should do when a patient dies. The Trust policy for "Dealing with the Deceased and Bereaved" (May 2018) states that Nursing staff duties include:

- *Section 3.3.8 Ensuring that the patient's property is secured and transferee to the Bereaved Relatives Support Office, taking care that any items that are soiled are dealt with appropriately*
- *Section 3.3.10 Ensuring that relatives or next of kin are provided with advice and written guidance on how to obtain the death certificate, register the death and the next steps in arrangement a funeral and dealing with bereavement*

The Trust policy "Management of Patients Cash, Valuables and Lost Property" states the following:

Section 6:

The care of patients' property is an integral part of overall patient care and the full documentation and safe keeping of property is an important part of this. The Trust does not accept liability for property lost or stolen unless it has been handed in for safe keeping.

The Patients' Cash and Valuables Book must be completed by ward staff (at least one of whom is a permanent Registered Practitioner in the area) for all patients on admission, whether or not they wish to deposit valuables. Where the patient does not wish to hand in property or valuables then the disclaimer section is signed by the patient and by the nursing staff present

It is the responsibility of the nurse in charge to ensure this is completed.

The policy sets out comprehensive guidance to staff in how patient property should be managed including:

- In the Emergency Department
- Out Patient Department
- Admission to a Ward
- Patients Transferred to another Ward
- Discharging patients
- Deceased Patients, Next of Kin, Probate and Letters of Administration

Ward staff, after death should bag the belongings of the deceased and check the valuables and note these into a book with tear off slips. Each ward has a valuables book and although the main one is A4 sized, some wards have a small A5 version. The bag, the valuables and forms should be brought down to the Mortuary as soon as possible after death and/or departure of the body from the ward to the mortuary, the next day or following morning at the latest.

On arrival in the Mortuary a Mortuary staff member checks that the contents of the bag and the valuables entries in the valuables book are consistent with what is present. When satisfied that all is present a Mortuary staff member then signs the form. The white sheet is kept in the department and the pink tear off is sent to Finance. The green one stays in the book and is the ward copy.

There is also a single sheet checklist which a Mortuary staff member has a copy of. It is not part of a booklet but contains additional information. It is called Checklist for Transferring Patients to the Mortuary and the wards are also meant to fill this in, but about half of the

time they are not. Not all wards are using the correct book or paperwork. In addition wards do not always bring the property down promptly and sometimes it can take days to receive it in the Mortuary.

There are examples of times when ward staff have asked porters to take the property to the Mortuary but they have refused to do so. It is not within their job role and would add a layer where another secure step would need to be fitted in to maintain security of property, so the porters' position is justified and correct. It is a ward staff or ward clerk task. Notably the Stanhoe ward clerk was very efficient.

A Mortuary staff member has their own progress sheet to fill in for each patient in the Mortuary. With respect to property a Mortuary staff member highlights on this sheet what bags are present (usually the purple bereavement bags) so there is an accurate track of property movement. These bags are given to the relatives when they arrive to collect.

Mortuary staff advised that for relatives the property procedure should be as follows; it is a ward job to contact the relatives about the death and advise what to do next for example sorting out the steps to take, the paperwork involved and what to do with the belongings. Ward staff also give them the mortuary telephone number which is contained in the Trust Bereavement booklet. A Mortuary staff member awaits the call. It is not regarded as appropriate for Mortuary staff to be chasing relatives or contacting them out of the blue in the circumstances in order to speed up the administration – this would be insensitive, so the ward's advice is key on this point.

A Mortuary staff member obtains basic details and information from the relatives when they call. They then ask easy and gentle questions. They advise that they will contact the doctors to write the medical certificate of cause of death (the MCCD) for the purposes of registration of the death and once a Mortuary staff member has that form done they will call the relatives back. At that point they talk about the registrar and the registration process and ask whether a cremation or burial is intended. At this point an appointment with the Registrar can be made on screen as a Mortuary staff member has access the Registrar's system. A time and date is given and the relative told to go to hospital reception at the allotted time who will direct them to the Registrar's office in QEH. A Mortuary staff member takes the MCCD to the Registrar so that the family does not need to walk round the building excessively. The Registrar has been advised to then send the relatives round to the Mortuary to collect belongings and property when the registration process is complete. Doing it in this order makes the process smoother for the relatives.

If there is no Registrar appointment suitable then an appointment can be made in the Town Hall in Kings Lynn. In these circumstances the family must collect the MCCD, belongings and property at the same time. Sometimes relatives have difficulty with this and the Town Hall Registrar may allow a scanned version of the MCCD to be emailed over by a Mortuary staff member over so the relatives do not need to collect it.

All belongings and property are given to the relatives in the bag complete. The Mortuary retains no property at all. If the Mortuary does not have the patient's property because it is still on the ward the relatives can indicate that they will go back to the ward to collect it if they are willing to do so. Alternatively a Mortuary staff member can advise them to go via the PALS Department.

Valuables on the body are dealt with differently, and rings are a common example. The small mortuary cards which have patient details on them are used. These also indicate what valuables are on the body and the Mortuary technician fills in two cards with the same information. One is attached to the shroud and the other is attached to a Mortuary staff member's progress sheet above. In addition, a note is made in the Declaration of Identity book at the refrigeration area's desk. Any subsequent movements thereafter are added to this book and a confirmation signature put in by the funeral director when removing the body and property. It could even be a police officer (say in the case of a traumatic death). It should be noted that the ward staff may already have given the property to the family on the ward.

The Mortuary has a local SOP for handling property received from the ward.

Detection of incident

Mortuary staff completed Datix – 8th November 2019.

Notable practice

The processes in place for the receipt of deceased patients and their property within the Mortuary were found to be very tight. It was clear that the handover arrangements by Mortuary staff is rigorous, however they are dependent on ward staff bringing deceased patient property when a deceased patient is transferred to the Mortuary.

Care delivery problems

None.

Service delivery problems

Lack of ownership by ward staff in not ensuring that the "Management of Patients Cash, Valuable and Lost Property Policy" and "Policy on Dealing with the Deceased and Bereaved" were followed by ward staff. This led to property not being taken home by the deceased's relatives or returned in a timely fashion to patients discharged without property, and not being disposed of in a timely manner where the relatives decline or show no interest in it.

Contributory factors

The Management of Patients Cash, Valuable and Lost Property Policy states how patient property should be recorded and handled when transferring between wards, however it is noted that multiple moves of patients across multiple areas poses a risk to property being left on a ward where a patient is no longer cared for.

It was also found that there is no central place where lost property can be stored across the Trust which may support ward staff in disposing of property from the ward safes when owner is not identified.

There is no specific guidance to patients or deceased relatives regarding the disposal of property after a period of time, following a discharge or death. This guidance would be in addition to the existing policy and Information for Patients and Bereaved Relatives and Friends.

Root causes

There has been a custom and practice failure to follow policy and procedure and a failure to recognise the importance of belongings and returning property to Patients for a number of years. There has been no ownership of the management of ward safes and no regular audit of ward safe contents

Additionally both Trust policies whilst found to be out of date should have been reviewed in 2018, were found to provide comprehensive guidance to staff in an easy format to understand

Lessons learned

There is a need to review existing policies and a comprehensive communication plan to re-launch to all staff and patients how patient property will be handled.

There is a need to implement at Divisional Level a regular audit of ward safes with a plan to return property that has been identified as left.

Post-investigation risk assessment

A Potential Severity (1-5)	B Likelihood of recurrence at that severity (1-5)	C Risk Rating (C = A x B)
3	1	3

CONCLUSIONS:

Recommendations

1. The Policies' guiding practice must be reviewed and updated and arrangements to disseminate across the Trust with appropriate training to staff, this must include accountably, responsibility of the importance of ensuring property is returned to patients and / or their carers. It is suggested the Policy authors should consider a mini pocket guide as part of this review.
2. Monthly audit against policy must be embedded until such time as there is confidence across the Trust that required policy standards are met
3. Consideration should be given to identifying an individual which is consistent across wards who acts under instruction of the ward manager to undertake the role of ensuring patient property follows the patients through their stay in the hospital
4. Consideration should be given to sourcing a central store and system for collation, return and disposal of patient property, this should include identified and lost property, safe storage of property awaiting collection. This must include guidance to staff and patients on the location and duration and disposal of property.
5. Arrangements must be developed to ensure that property is returned to families where it is known that the next of kin of the deceased is living

Arrangements for Shared Learning

With Divisional Teams to review and agree arrangements for action planning

Distribution List

Clinical Commissioning Group (CCG)

Patient / patient's family

Legal Services

Quality Improvement

Divisional Meetings

Local Specialty Teams

Glossary

Word	Explanation
PatientCentre	The Trust's hospital information system which contains patient details