PATIENT PROPERTY & MONEY PROCEDURE

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POLICY SUMMARY

The process to be adopted by wards in managing patients’ property and monies is detailed, together with medical staff involvement in assessing capacity. Copies of all required forms are included.

The Trust Monitors the implementation of and compliance with this policy in the following ways:

Internal Audit

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The Director responsible for monitoring and reviewing this policy is Executive Chief Finance Officer
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1.0 INTRODUCTION

1.1 The Patient Property & Money Procedure contains various forms and disclaimers which can be made available on request in different formats (including different languages and Braille). In addition, staff should consider the use of interpreters and sign language as appropriate. Where clients have learning difficulties, disclaimers or forms should be verbally communicated in the most appropriate language and a record should be kept on the client file to advise when this was completed and whether the client understood what they were narrated.

1.2 For the purpose of this document where ward is mentioned this should be read as ward / unit / nursing home.

1.3 Nursing
   Where there is reference to a Named Nurse, then in their absence the Named Nurse deputy will take on the role as set out in the Trust’s Named Nurse Policy. However at ward level, the ward will still retain overall responsibility to ensure that the procedure is implemented.

1.4 In adhering to this procedure, staff should give due regard to safeguarding issues at all times, particularly in terms of potential financial abuse, which includes:
   - having money or other property stolen,
   - being defrauded,
   - being put under pressure in relation to money or other property, and
   - having money or other property misused.

1.5 It is important to recognise that financial abuse can be carried out by anyone who is in contact with the patient, such as a family member, a neighbour, a personal assistant, a formally commissioned care provider or a community social worker.

1.6 The procedure has been broken down into various sections as outlined below, although staff are required to familiarise themselves with the whole document. Non-compliance with the procedure could lead to disciplinary action being taken against the member of staff.

1.7 Section 2 of this procedure sets out the necessary steps to be followed by Trust staff with regard to managing, storing and documenting patients’ property.

1.8 Section 3 deals with the policy and procedures which wards should follow for the handling, safe custody, access to, regulating, restricting, and withholding of patients’ monies.
1.9 **Section 4** deals with the procedure for administering patient’s money, where the patient has been declared able to manage their own affairs.

1.10 **Section 5** deals with the procedures in handling the property and money where a patient lacks capacity to manage their own property and affairs.

1.11 **Section 6** provides general guidance notes in relation to Court of Protection and Lasting/Enduring Power of Attorney, which all Directors, Senior Service Managers, Ward Staff and Patient Welfare Staff should be familiar with.

1.12 For the avoidance of doubt, this procedure refers to a number of key staff members within the Finance and Welfare Departments for the completion of a range of tasks. In the absence of these staff members, the tasks will be undertaken by covering members of staff. In the event there are no suitable staff members to cover the identified task, the decision will be referred to the Deputy Chief Finance Officer, Head of Financial Accounts or Head of Financial Management.
2.1 **Action necessary by Service Directors and Senior Managers:**

a) The Service Directors and Service Managers will ensure that disclaimer notices are publicly displayed on all wards and departments stating the following:

"Notice is hereby given that Essex Partnership University NHS Foundation Trust accepts no responsibility for the loss of, or damage to personal property of any kind, including money, in whatever way the loss or damage may occur unless an official receipt is obtained from the Trust for property which has been handed in for safe custody".

The official receipt will be the white copy of the Property for Safe Custody form (Appendix 1) signed by two members of nursing staff. If Senior Managers require disclaimers to be provided in alternate languages/forms, these are to be requested via the Welfare Office in the first instance.

b) For property (excluding clothing) all wards must use the Property for Safe Custody form (Appendix 1) issued by the Finance Department/Welfare Department.

c) Although the Trust is not responsible for property not brought onto the ward, the Service Director/Senior Manager should inform the relevant Local Authority as soon as possible after a patient's admission in circumstances where there is concern over safety of patients' property not bought into hospital and which is considered to be at risk. A Local Authority has no power to act if a patient dies before such notification has been received.

In the event that a patient is assessed in line with the requirements contained in the Mental Capacity Act 2005 and referred to in the Trust's Policy on the Mental Capacity Act 2005 (MCP2), as lacking capacity to manage their own property and affairs, the Service Director/Senior Manager can make an application to the Court of Protection. However this should only occur as a last resort if there is no one else available to look after the patient's property and affairs. The Service Director/Senior Manager should ascertain whether anyone has been appointed by the patient under a Lasting/Enduring Power of Attorney to manage their affairs. If there is no valid Lasting /Enduring Power of Attorney, and it is necessary to apply to the Court of Protection for a Deputy to be appointed, the Deputy should ideally be a member of the patient’s family, or a friend, or, failing that, the Local Authority.

d) The Service Director/Senior Manager must provide adequate and secure storage accommodation for patient’s property handed in for safe custody.
e) The Trust must provide adequate storage receptacles for a patient's property whilst attending clinics, where appropriate. Ideally this would be in the form of a basket, which would enable the patient to carry their own property whilst attending such clinics, and therefore make them responsible for the safety of such property.

f) The Service Directors/Senior Managers must ensure that staff that have responsibility for implementing these procedures are properly trained. Training should be offered to ensure that staff handling patient’s property on admission/discharge or transfer, are competent to assess patients’ capacity and to deal with their property in accordance to Trust policy and guidelines.

2.2 **Action Necessary by Ward Staff:**

a) General

It is at the discretion of the Ward Manager/Nurse in Charge whether the belongings brought onto the ward are in line with Trust policies and appropriate for the patient to retain whilst on the ward.

All patients property brought onto a ward should be recorded on the Personal Items Inventory Form either electronically (form 1.7-00) or written (Appendix 2).

Under no circumstances shall money or property be accepted for safe custody unless in accordance with the following procedures. Wherever possible, property not required by a patient during their stay on the ward should be handed by the patient to a relative or friend at the time of admission and this information recorded in patient’s notes by the Named Nurse.

Ward staff must make all patients or, if assessed to lack capacity, their official representative/relative aware of the Trust’s Disclaimer of Responsibility unless property/money is handed over for safe custody. Every patient or their official representative/next of kin should be asked to sign the disclaimer on the Personal Items Inventory Form (1.7-00 / Appendix 2) or the Property / Money Disclaimer (Appendix 3), in order to safeguard the Trust from any claim on property not handed over for safe custody. At the patients request a copy of the signed disclaimer may be given.

If a patient refuses to sign, this should be recorded on the form and witnessed by the Ward Manager and another member of Trust staff.

Where third party involvement is necessary regarding property/money due to lack of capacity an MCA1 or MCA2 and Medical Declaration as to Capacity form (Appendix 3) need to be completed for the patient.

When a patient has been assessed as lacking capacity to look after their own affairs, there is a duty on the wards Senior Manager, acting on the best interests of the patient to have their money and property (including
clothing) examined and placed in safe custody. The examination and check **must** take place in the presence of **two** members of staff; one of these will be the Named/Qualified Nurse.

Patients should always be encouraged to make an Advance Statement regarding what they would like to happen to their property/personal items in the event that at any time they are unable to give instruction.

In the event the patient wishes to hand in money for safe custody, Section 3.2 of this procedure should be referred to.

Under no circumstances shall staff use a patient’s debit/credit cards with or without the use of the patient’s/PIN number to make cash withdrawals from, or to deposit monies into a bank or cash points. Post office cards do not fall within the scope of debit/credit cards and have a separate process detailed in FP09/02a.

The Property for Safe Custody Form (Appendix 1) must always be kept in safe custody and be immediately available for inspection by authorised staff, i.e. Internal Audit. Finance staff, and the Service Manager.

In **ALL** cases it is essential that written/electronic records of all actions and transactions be maintained. Staff should not take personal responsibility for the safe custody of patients’ belongings, nor should they sell or dispose of belongings on behalf of the patient.

Under no circumstances should items of property or cash be held in the ward safe without the appropriate paperwork being completed.

b) Receiving Property for Safe Custody from the Patient

All patient’s’ property handed in for safe custody into a ward safe or welfare office, should be entered on the Property for Safe Custody Form held on the ward which is sequentially numbered. Each entry should have three copies, white, blue, white card.

i) The **white** copy to be handed to the patient as a receipt, or where the patient has been assessed as lacking capacity to manage their own property and affairs, any Attorney or Deputy appointed to act on their behalf, or, failing that, a relative.

ii) The **blue** copy to be retained in the patient’s notes.

iii) The **white card** copy to be retained with the property.

iv) Where property is being handed in to a Welfare Office for safe custody the blue copy and white card copy must accompany the property.

In **ALL** cases the property to be handed in for safe keeping must be examined by **TWO** members of staff, one of whom must be the Named Nurse, who must both sign the entry on the Property for Safe Custody Form. Any patient with capacity should also sign the patient declaration section, indicating their agreement that the items listed are correct, otherwise, this section is left blank.
The Property for Safe Custody Form and Personal Items Inventory Form should be the only official records for the purpose of recording patients' property.

The terms “gold”, “silver”, “diamond” etc. must not be used when describing jewellery etc., instead the description “yellow metal”, “white metal”, “white stone”, etc. must be used.

Property must be kept securely in the ward safe for the duration of the patient’s stay or until such time as it is handed to the Welfare Office in order to provide ultimate safe custody.

All spoiled copies of the Property for Safe Custody Form must be retained and clearly marked “cancelled”.

Property for safe custody must always be placed in a sealed patients’ property envelope (available from the Welfare Department) bearing the patient’s name and hospital number and the signatures of two members of staff, one of whom must be the Named Nurse/qualified member of staff across the seal. Entry should also be made in the patient's care file by the Named Nurse or Nurse in Charge.

Details of any dentures must be recorded at all times stating whether upper set, lower set, or a complete set, and placed in a denture pot in the patient’s bedroom and labelled with the patient’s name, for when the patient has recovered sufficiently to need them.

Details of any spectacles or hearing aids must be recorded and clearly labelled with the patient’s name, in the case that they need to be removed from the patient. In such cases both spectacles and hearing aids must be placed in a secure area ready for the return to the patient once they are in a position to wear them.

Storage of Patients’ Property (excluding clothing)

(i) Access to Local Welfare Office

The property for safe custody along with the Property for Safe Custody Form should be taken to the Welfare Office as soon as possible after they have been handed in for safe custody. The Welfare Officer must verify receipt. The Welfare Officer will then retain the white card copy and the white copy will be given to the patient (or their Attorney, Deputy, or relative as appropriate) with the blue copy being retained in the patient’s file. The Welfare Department should ensure that property is only accepted when supported by the correct documentation. If property is not accepted due to lack of paperwork, this should be escalated to the Service Manager.
(ii) Limited or No Access to Local Welfare Office

Where there is limited or no access to a local Welfare Office property for safe custody should be held in the ward’s safe. For cash, please see separate procedures (Section 3). The blue copy must always be retained in the patient’s notes. The white card copy should be retained with the property.

For all patients’ property held on a ward, including those in the safe, a regular weekly check must be made by a qualified member of staff. Any discrepancies must be reported immediately in accordance with the Trust’s Security Policy.

d) Property Handed Over Subsequent to Admission

Property and valuables handed over for safe custody, subsequent to admission, must be recorded on a new separate Property for Safe Custody Form and dealt with as set out in the paragraphs above. The record should be cross-referenced to any previous record of items placed in safe custody for that patient.

e) Admissions Out of Office Hours

All property for safe custody of patients who are admitted out of office hours, must be listed on a Property Safe Custody Form and placed in the property envelopes, as described in the paragraphs above. This must be sealed and signed by two members of staff, one of whom should be the Named Nurse/qualified member of staff, across the seal and then the envelope should be deposited in the night safe, or ward safe.

Wards with Access to a Night Safe/Welfare Office

i. When property is deposited in the night safe, (which ward staff should visibly witness) it is to be listed and signed for on a page in the night safe register by the member of staff. This forms the receipt that the property has been deposited safely. The ward staff should then record this in the patient’s notes. A member of the ward staff must then attend the Welfare Office as soon as possible on the next working day, to retrieve the property from the night safe, signing the log to say items removed.

ii. Where property is kept in the ward safe, a member of ward staff should attend the Welfare Office with the property as soon as possible on the next working day. On no account should patients’ property be held in the ward safe except when the Welfare Office is closed.

For Wards with no access to a Night Safe/Welfare Office

Procedure as detailed in 2.2 c) ii should be followed to take the property into safe custody.
f) Management of Property Acquired Whilst Admitted

A record of private purchases of inexpensive non-consumable items made for or on behalf of patients whilst on the ward, must be entered on the Personal Items Inventory. All items/clothing should be adequately identified as to ownership. All personalised clothing must be similarly recorded, either electronically or written on the Personal Items Inventory (Form 1.7-00, or appendix 2)

Items of clothing not required by the patient during their stay on the ward should either be sent home, as detailed above, or stored in a safe place and examined at least monthly against the clothing form and acknowledged either by the patient or a member of staff.

Patients are responsible for informing the ward if any additional items are brought onto the ward or if any items are removed from the ward.

g) Transfer of Property to Third Parties

Normally, property should not be handed over to third parties without the consent of the patient, but articles of small value and clothing may be handed over to friends or relatives and receipts obtained in the presence of the Named Nurse or Ward Manager. Money and/or property must, however, be retained by the Trust until patients have regained capacity to give instructions as to their disposal or alternative arrangements have been made (See Section 4) If this is not done, patients may have the right to sue the Trust. The only exception to this is where a patient lacks capacity to administer their own affairs by reason of assessment under the Mental Capacity Act 2005 in which case their property may be transferred in accordance with instructions given by anybody appointed under a valid Lasting/Enduring Power of Attorney, or as a Deputy by the Court of Protection, to administer the property on the patient’s behalf.

h) Losses of Patients’ Property

Any losses of patients’ property/money must be dealt with in accordance with Trust ‘Procedure for Losses & Special Payments (FP09/01) and a Datix report completed. Disclaimer notices as mentioned previously must be publicly displayed on all wards and if possible, on all bedside lockers, departments, and clinics. It is the responsibility of the Senior Manager/Ward Manager to ensure this action is taken.

i) Returning Patients’ Property During Their Stay/ Upon Internal EPUT Transfer/Transfer or Discharge from Hospital

Property must only be returned to the patient or, if they lack the capacity to manage their property and affairs, to anyone acting under a Lasting/Enduring Power of Attorney or a Deputy appointed by the Court of Protection, or to the patient’s nominated next of kin.
In all cases, whoever receives the property should check the property to ensure that it is all correct, then sign and date the form confirming receipt of all items. For property held in the Welfare Office/ward safe the white card copy of the Property for Safe Custody Form should be signed.

Return of Property During Stay

Access to a Welfare Office

If a patient wishes to remove one or more items of property held in the Welfare Office they should obtain a Patients Withdrawal of Property Form Appendix 5 from Welfare. This must then be completed by a member of ward staff and signed by a qualified nurse. On return of the form to Welfare the patient will be required to sign for the property they have taken back into their possession.

Property Held in Ward Safe

Should a patient wish to remove one or more items of property held in the ward safe two members of staff should open the sealed envelope in the patient’s presence and a record made on both of the wards copies (blue and white card) and the patient’s copy (white) of the Property for Safe Custody Form. The patient should also sign and date the Property for Safe Custody Form in order to confirm the item/s have been taken back into their possession.

Internal Trust Transfer

If a patient is being transferred to another ward within the Trust, the member of staff from the new ward who is taking possession of the patient’s belongings should check all items. If satisfied that all items are present and paperwork is correct, they should then sign to accept responsibility. Until this is done the property should remain securely held and not transferred. Upon transfer, the new ward should record the belongings as for a new patient.

Discharge or External Transfer

Upon transfer or discharge from the ward, property should be returned to the patient or, if they lack capacity to manage their own property or affairs, to anyone acting under a Lasting/Enduring Power of Attorney or a Deputy appointed by the Court of Protection. If the patient lacks capacity to manage their own property and affairs but does not have an official representative the property can be returned to the patient’s relative/next of kin provided RC/Consultant/Ward Manager/Named Nurse gives written consent.

In all cases the white card copy of the Property for Safe Custody Form should be signed by the person receiving the property on the patient’s behalf.
Before a patient is transferred/discharged to another hospital, all of the patient’s property must be listed either electronically or written on the Personal Items Inventory Form by two members of staff, one of whom will be the Named Nurse/qualified member of staff.

If property has been left and needs to be posted to the patient, Recorded Delivery should be used and the proof of posting slips should be attached to the Property for Safe Custody Form/Personal Items Inventory Form.

Property/Money in Welfare Office

When a patient is discharged / transferred to another hospital out of normal working hours, Welfare staff should be notified as soon as possible on the next working day, in order to return any property/money that is being held for safe custody in the Welfare Office.

In ALL cases the white card copy of the Property for Safe Custody form must be retained in accordance with the Trust Record Management Policy (CP9); under no circumstances should this be destroyed before stated time period.

2.3 Action necessary by out-patient clinic staff:

Patients, who are required to undress in a changing cubicle during an Out-Patient Clinic, or attendance at a medical service department, should be given a receptacle to contain their clothing and valuables, where appropriate. The receptacle should be carried, if possible, by the patient between the cubicle and any clinic or department they visit, ensuring that their property accompanies them and is not left at risk in an unguarded situation. Supplies of the receptacles should be made available in all changing cubicles and treatment areas and where necessary their purpose is drawn to the patient’s attention by the nursing staff.

Disclaimer notices as mentioned in 2.1 must be publicly and clearly displayed in all out-patient clinics, clinics and departments.

2.4 Action necessary by ward / home staff in the event of a patient’s death:

a) The Personal Items Inventory Form, (Form 1.7-00 or Appendix 2) must be completed to show all property belonging to a deceased patient. (two members of staff to check and sign). Any items (e.g. wedding ring etc.) left on the body at the request of next of kin/relatives must be clearly stated.

b) The property will be retained on the ward, and any item of value, other than those left on the body at the request of the relatives/next of kin must be listed on a Property for Safe Custody Form and go to the Welfare Office. Where there is no access to a local Welfare Office property for safe custody should be held in the ward safe. It is the responsibility of the Named Nurse or their deputy to ensure this process is completed correctly.
c) If the deceased patient has property / money in the control of the Welfare Department then the Named Nurse or in their absence the Ward Manager should advise the next of kin or relatives of this, informing them that next of kin will be contacted by the Welfare Department.

d) If the deceased patient has property / money on the ward it may be handed to the next of kin who should then complete and sign the Indemnity Form on the reverse side of the wards copy of the Property for Safe Custody Form (Appendix 1a). If there is any dispute as to who is entitled to collect a deceased patient's property / money the matter should be referred to the Welfare Department, Rochford, who will deal with the matter in accordance with FP09/02a.

e) In all cases when a deceased patient's property is being collected, the next of kin / relative / official representative must check, in the presence of a Ward Manager / Named / Qualified Nurse, to ensure that all property recorded is intact. The next of kin / relative / official representative must then sign for the property that is being handed over.

f) In the absence of a will or an Advance Statement and where a deceased patient does not have anyone entitled to the property this then reverts to The Crown. For any property / money held for safe custody, the Welfare Department, Rochford must be consulted for further advice.

g) Burial of deceased patients; there may be exceptional cases in which relatives are unwilling to arrange for burial or cremation although the Trust may have reason to think they can afford to do so. In this event, the Senior Service Manager should arrange for the burial to be carried out by the Local Authority under s50 of the National Assistance Act 1948. The Local Authority can recover its expenses from the estate.

2.5 Action necessary for handling unclaimed property:

If a patient has left any property on the ward after their discharge it must be clearly recorded on the patient’s notes what property was left behind. All reasonable attempts must be made to inform the patient, or their relatives / next of kin, of the property left behind. Items of value must be kept securely in the ward safe until collection, or suitable disposal.

For items of low value, such as clothes, toiletries and washing bags etc., all reasonable attempts should be to return items. Where these remain uncollected, unclaimed or cannot be identified as belonging to a patient they may be disposed of on the ward.

2.6 Administration Principles / Ward Checklist

a) Property for Safe Custody Forms are controlled stationery and as such will be provided by the Welfare Department / Finance Department.

b) Each ward should make appropriate secure arrangements for holding the keys to the safe where patients’ belongings are being stored in line with the Trust’s Security Policy.
c) Property logged and recorded on Personal Items Inventory and kept in patient’s file

d) Property Disclaimer explained and form signed as per 2.2 (a).

e) Property for safe custody/money listed on Property for Safe Custody Form checked by Named Nurse/qualified member of staff prior to being placed in safe custody.

f) Property/Money placed in safe custody. Property for Safe Custody Form signed by receiving member of staff.

g) Property for Safe Custody Form scanned or kept in patient’s file.

### 3.0 PROCEDURES FOR PATIENTS MONIES

#### 3.1 Introduction

3.1.1 The Welfare Department, Rochford will administer the day to day running of Patients Monies and should be contacted in the first instance.

3.1.2 The procedure provides an overview of the appropriate actions needed to be taken by staff and the controls which must be in place to ensure that it is handled in an appropriate way, such that the risk of loss is kept to a minimum.

3.1.3 In ALL cases of handling patients’ money it is essential that either written or electronic records of all actions and transactions be maintained. **Under no circumstances must any documents relating to patients monies be destroyed or discarded unless in accordance with the Trust’s Record Management Policy (CP9).**

3.1.4 For the purposes of this section where SR is mentioned this should be read as ‘member of staff responsible for banking and/or issuing of Patients Monies’. This will usually be the person responsible for Petty Cash payments.

3.1.5 Where the ‘Trojan’ account is mentioned this refers to the Individual Secure Sub Fund account opened by the Welfare Department for a patient who has money in the Patient’s Money bank account.

#### 3.2 Receiving Patients Money

3.2.1 a) Money received into the Patient’s Money bank account, in whatever format, for safe custody requires the Trust to open a secure individual account for the patient. The individual account will be a sub fund and all transaction details will be entered onto the Trojan system.

b) The ward must ensure that for initial deposits a Patient’s Monies Account form, (Appendix 6) is completed.

i) For patients who have capacity, they should sign the Voluntary Agreement in Part A of the form.
ii) For patients who have been assessed as lacking capacity, Part B of the Patient’s Monies Account form, (Appendix 6) should be completed. The Responsible Clinician (RC)/Ward Manager must liaise with the Welfare Department regarding the administration of monies.

iii) The completed form should be sent to the Welfare Office in order for the individual account to be opened.

3.2.2 a) Cash/cheques/postal orders received by ward for safe custody must always be checked by two members of staff, one being Named Nurse/Qualified Nurse, then entered and signed for on a Property for Safe Custody Form (Appendix 1).

b) Where a patient has capacity they should sign the declaration on the Property for Safe Custody Form (Appendix 1).

c) Where a patient has been assessed as lacking capacity an official representative/next of kin/relative should be asked to sign on their behalf.

3.2.3 Cash may be held on the ward in safe custody on behalf of the patient in the following circumstances:

a) Ward with access to a local Welfare Office.

   i) A sum of cash up to a maximum of £50 appropriate to the immediate needs of the patient may be held securely in the ward safe. This must be kept separate to the patient’s other belongings. Money must be deposited in the Patients Cash Record envelope, (Appendix 7), which must be completed and signed where detailed. This money should be independently checked each week.

   ii) The patient has been admitted outside of Welfare Office hours.

   iii) The patient is on a secure Forensic ward and access to money has been restricted.

b) Ward with no or restricted access to local Welfare Office

   A sum of cash up to £50 may be held securely in the ward safe. This must be kept separate to the patient’s other belongings. Money must be deposited in Patients Cash Record Envelope, (Appendix 7), which must be completed and signed where detailed. This money should be independently checked each week.

   In all cases if there is a need for a patient to have more than £50 available to them on the ward this may only be allowed at the discretion of the Ward Manager.
c) If a patient declines to deposit cash/cheque/postal orders for safe custody the ward staff should make the patient/official representative/relative aware of the Trust Disclaimer of Responsibility as per Section 2.2 a). They should be asked to sign the Personal Items Inventory Form (Form 1.7-00/Appendix 2) or the Property/Money Disclaimer Form (Appendix 3). Should the patient/official representative/next of kin/relative refuse to sign, this should be recorded in the patient’s file.

d) Under no circumstances should money be held in the ward safe without the appropriate paperwork being completed.

3.2.4 Money Over Stated Limits

a) All patients cash received over the stated limits above must then be taken to the local Welfare Office/SR together with the Property for Safe Custody Form (Appendix 1) for banking.

b) Money over the stated limits received out of Welfare Office/SR working hours must be deposited in the night safe or kept securely in the ward safe. It must then be taken as soon as possible to the Welfare Office/SR on their next working day.

3.2.5 Foreign Currency

a) Foreign Currency handed in for safe custody should be listed on the designated area of the Property for Safe Custody Form and the procedure in 2.2 for property should be followed.

b) The Trust does not have the capability to exchange foreign currency for sterling.

c) If a patient requires currency to be exchanged for sterling it is at the Ward Managers discretion if arrangements can be made to assist the patient. It is essential that all details of such transactions are recorded and receipts kept.

3.2.6 Under no circumstances shall staff use patient’s debit/credit cards with or without the use of the patient’s PIN number to make cash withdrawals from or to deposit monies into a bank or cash points. Post office cards do not fall within the scope of debit/credit cards and have a separate process which may be followed by Welfare / SR /ward staff as detailed in FP09/02a.

3.2.7 Purchase of Patients' Items

a) Staff must ensure that if they are required to help a patient purchase items with cash all details of such transactions must be recorded and receipts kept protecting both staff and patients, together with the following:

b) If a patient has been assessed to lack capacity, a Medical Declaration form (Appendix 4) has been completed.
c) Ward Manager has given authorisation.

3.3 Paying Monies into Trust account

For details on how monies may be transferred/paid directly into the Patient’s Money bank account for a patient, the ward should contact the Welfare Office/SR.

3.4 Access to and Withdrawal of Patients Money

Withdrawal limits vary between Wards and Patients. This section should be read in conjunction with 3.5 (below) Restricting or Withholding Patients Money.

3.4.1 Money held in a Trojan account may only be accessed via Patients Welfare Offices /SR

3.4.2 Patients are limited to one cash withdrawal per day.

3.4.3 Non Forensic Patients

For patients wishing to withdraw funds a white Withdrawal Form, (Appendix 8) will be completed by the Welfare Office/SR. Where the ward have not advised of specific limits placed on a patient, each patient is limited to £20 per day, funds permitting, before approval is needed and signed for by a qualified nurse on the ward.

3.4.4 Forensic Patients

Where the ward have not advised of specific limits placed on a patient each patient has a weekly limit of up to £40, funds permitting, which may be withdrawn on a white Withdrawal Form, (Appendix 8)

For any withdrawal over the weekly limit a Green Form (triplicate format) (Appendix 9), held on the ward, is to be used in all cases where money is restricted or where there is a signed voluntary agreement (Appendix 6, Part A) from the patient to follow the procedural controls over access to their monies. The form will contain, apart from the amount to be withdrawn (in words and figures) the purpose for which the monies are to be used and will be signed by the patient; the RC and a member of the nursing staff. In the case where monies are to be used for the purchase of specific items, outside the hospital, there will be an agreement that the patient (or representative) will keep the receipts for the items purchased. Where there is reasonable suspicion that a particular patient has not spent their money as agreed, these receipts will then be checked off by the security nurse against the amount of money withdrawn.

3.4.5 Patients who have been assessed to have capacity are required to sign the withdrawal form (white or green) confirming they are receiving the money. **If a patient with capacity refuses to sign under no circumstances should money be handed to the patient.**
Only in circumstances where a patient has been assessed to lack capacity or the ward has assessed that there is a specific risk involved, two members of staff, one a qualified nurse may sign on the patient’s behalf. Procedures detailed in 3.2.3 of this policy should then be observed regarding holding the money on the patient’s behalf.

3.4.6 In certain circumstances a patient may need to pay an external company or request goods to be ordered for their use via the Trust's EPROC system, out of funds held in the patient’s Trojan account. In this instance the relevant form should be completed Cheque Request form, EPROC Form, (Appendices 10 & 11).

Before an EPROC order is made, the staff member approved to order via EPROC must liaise with the Welfare Department to ensure adequate funds are available.

Cheque Request forms should be sent to the Welfare Department, Rochford for processing.

EPROC Forms should be sent to the local Welfare Office or Welfare Department, Rochford once the patient has received the goods and it has been established they are keeping the goods.

3.5 Restricting or Withholding Patients’ Money

3.5.1 Restricting or Withholding the Withdrawal of Patients’ Money – General Guidelines

There may be a requirement to restrict the amount withdrawn or withhold money altogether from a patient. Prima facie this would be considered a contravention of human rights. However, the Human Rights Act 1998 provides for exceptional circumstances when it is lawful to enforce restrictions on the management of a patient's finances.

When considering restricting or withholding monies, the following Articles of the Human Rights Act 1998 will apply in determining whether such action is permissible in law, and must therefore be used by staff as a reference in their decision making.

Articles 8(1) and 8(2) of the European Convention on Human Rights state:

8(1) Everyone has the right to respect for his private and family life, his home and his correspondence.

8(2) There shall be no interference by a public authority with the exercise of this right except such that is in accordance with law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection
of health or morals, or for the protection of the rights and freedoms of others.

The Human Rights Act makes it unlawful for a public authority to act in a way incompatible with a convention right. The Trust is a public authority and therefore any restrictions on allowing a patient access to his money must be justified by reference to Article 8(2) above.

3.5.2 Patients Assessed as Lacking Capacity to Manage Their Own Affairs

When a patient is assessed as Lacking Capacity to manage their own financial affairs, it may be appropriate for someone to apply to the Court of Protection to appoint a Deputy to manage their financial affairs on their behalf (See Section 5 and Section 6). On this basis, so long as any decisions are documented and can be justified in the patient's best interests, the Trust should not encounter any problems from a legal standpoint in controlling incapacitated patient's money when necessary.

When making a decision in a patient's best interests it is necessary, as far as possible, to determine the patient's views, whether past or current. Decisions should be made involving the patient as much as possible and where this is not possible, the views of their family or representatives should also be taken into account, if this is felt appropriate. Consideration must be given as to whether the patient is under the influence of any third party.

Once all of the relevant views have been taken into account it will be for the appointed Deputy to make decisions to manage the patient's financial affairs with the minimal level of involvement (i.e. only day to day transactions and trying to avoid financial decisions with far reaching complications) and only when it is deemed necessary.

3.5.3 Patients With Capacity to Manage Their Own Affairs

There are essentially two grounds upon which the Trust can, in certain circumstances justify (in line with Article 8(2)) controlling the amount of money patients may withdraw or have with them on the ward. These are security grounds, i.e. where there is a perceived risk of absconding, bullying, or the purchase of illicit substances; and secondly on therapeutic grounds, i.e. to protect the patient whose mental health may be detrimentally affected by the implications of spending significant amounts of money or incurring large debts. These are discussed further below:

(a) Security:

Whilst in principle, all patients have equal rights of access to money as all other patient, where the Trust has specific concerns that a group of patients present particular problems then, provided the decision is arrived at after careful consideration of the alternatives, it can legitimately restrict access to money at a ward level. This may apply in the particular circumstances of forensic patients, but is not
limited to this group and should be considered on a ward by ward basis, factoring in the specific issues at the relevant time. Appropriate grounds for treating some patients in a different way would include the safety and security of patients, visitors and staff; i.e. as stated above in Article 8(2) “for the protection of the rights and freedoms of others”. A broader management solution on security grounds will be justifiable if security problems are more commonly present on particular forensic wards. The Trust should consider the risks present and clearly set out in the patient care records how and when patients will be able to access their money. The Trust needs to ensure that measures are appropriate, fair and necessary.

(b) Therapeutic:

Restricting access to money on therapeutic grounds would normally come under “for the protection of health” within Article 8(2) of the Human Rights Act. Under this provision the Trust should consider whether a patient mental disorder will suffer as a consequence of making unwise financial decisions, and hence justify a proportionate intervention with a planned clinical outcome. If so, then monies can be withheld within reason.

Decisions regarding the withholding of monies on therapeutic grounds should be made by the patient Responsible Clinician (RC).

3.6 Restricting or Withholding the Withdrawal of Patients Money - Procedures

3.6.1 Where the clinical team responsible for the patient treatment decides on either, or both, of the grounds outlined above, that there should be controls and restrictions on the patient withdrawals of his/her monies, the following procedure will be followed.

3.6.2 The patient will be asked to sign the voluntary agreement, Part A of the Patients Monies Account form (Appendix 6) as per 3.2.1 of this policy.

3.6.3. Where the patient agrees to sign the voluntary agreement, the clinical team should make it clear to the patient that they are entitled to withdraw from the agreement at any time. The agreement should be reviewed by the clinical team with the patient if the patient indicates they are no longer happy with the agreement.

3.6.4 Where the patient refuses to sign the voluntary agreement, the RC, after consulting with the multidisciplinary team, will determine whether restrictions on the patient access to his money are appropriate and should be imposed, on either therapeutic or security grounds. The RC will give his or her reasons for the decision in writing, Part B Patients Monies Account form (Appendix 6) and/or Medical Declaration as to Lack of Capacity form (Appendix 4) a copy of which will be given to the patient.
3.6.5 In the case where such restrictions are imposed, the procedure governing the patients’ access to their money will follow that used in the case of a voluntary agreement to such restrictions in section 3.4.

3.7 Loss of Patient’s Money

Any loss of patient’s money from the ward should be notified immediately, and a Datix completed in accordance with the Trust’s policy on Losses & Special Payments (FP09/01).

3.8 Returning Patient's Money on Discharge/Transfer

3.8.1 On discharge/transfer to hospital/prison outside of the Trust money held for safe custody in the ward safe may be given to the patient. In the presence of two members of staff, one being a qualified nurse, the patient must check the money is correct, all are then required to sign the Patients Cash Record Envelope, (Appendix 7) indicating that all is in order.

3.8.2 If a patient is being transferred to another ward within the Trust, money held for safe custody in ward safe must be listed on a Property for Safe Custody Form, (Appendix 1) and both the money and form sent with the patient. The member of staff on the new ward taking possession of the patient’s belongings should check the money. If satisfied that the money is correct they should then sign to accept responsibility. Until this is done money should remain securely held and not transferred. Upon transfer the new ward should record the money as for a new patient, 3.2. If the patient has money in a Trojan account the patient will still be able to access their funds at the new ward.

3.8.3 For return of money held in a Trojan account, the Welfare Office/SR should be contacted as soon as the ward is aware that the patient will be leaving the Trust; details can then be given for arrangements to be made in order that any benefits or regular payments can be transferred, returned or stopped. Return of money may be in cash or cheque at the Trust’s discretion.

3.8.4 For unclaimed monies left on the ward after the patient has been discharged/transferred, the Welfare Department, Rochford must be contacted.

3.9 Deceased Patient

This should be read in conjunction with 2.4 of this Policy.

If the deceased patient has a small amount of money on the ward it may be handed to the next of kin who should then complete and sign the Indemnity Form on the reverse side of the wards Property for Safe Custody Form, (Appendix 1a). For larger amounts held or if there is any dispute as to who is entitled to collect a deceased patient’s money the matter should be referred to the Welfare Department, Rochford who will deal with the matter in accordance with FP09/02a.
4.0 ADMINISTERING PROPERTY/MONEY OF PATIENTS WHO ARE CAPABLE OF MANAGING THEIR OWN AFFAIRS

4.1 Action necessary by Ward Staff/Senior Service Manager

Ward staff and, especially the Named Nurse, should at all times encourage patients to ask a relative, friend or Social Services to look after their affairs and not the Trust. This could be done by the use of a Lasting/Enduring Power of Attorney or under informal arrangements, and would be preferable to the Trust becoming involved, in terms of risk management.

It should be noted that Lasting/Enduring Power of Attorney is only applicable if the person lacks the capacity to make decisions for themselves. If the person has capacity to make decisions for themselves, then they can manage their own affairs or instruct anyone they please to do so on their behalf.

Where a person lacks capacity this needs to have been assessed in accordance with the Mental Capacity Act 2005 (see Trust Policy MCP2 ‘Mental Capacity Act 2005’).

4.2 Action necessary by Medical Staff

However the Trust appreciates that there will be some patients with capacity who have no relatives or friends to assist in conducting their affairs and therefore the Trust may sometimes be put in a position where it will be necessary to help these patients with their affairs. A capacity assessment in line with the requirements of The Mental Capacity Act 2005 (see Trust Policy MCP2) must be carried out if there is any doubt about the patient’s ability to manage their own affairs (see Section 5). The Patients Monies Account Form (Appendix 6) and Patient Authority Form (Appendix 12) should be properly completed by the patient and the relevant clinical staff before the Trust takes on the responsibility for administering the patient’s money.

4.3 In the event that the patient with capacity has no relative or friend to conduct their affairs and refuses to consent to the Trust managing their property and/or money, the GP/Consultant/RC must consider whether the Trust should manage the patient’s financial affairs or impose restrictions on access to their finances under the procedure set out at Section 3.
5.0 PROPERTY/MONEY OF PATIENTS LACKING THE CAPACITY TO MANAGE AND ADMINISTER THEIR OWN AFFAIRS

5.1 Action necessary by Consultant/RC /Medical Staff:

The legal framework for decision making by or on behalf of those who lack mental capacity to decide for themselves is the Mental Capacity Act 2005. The main principles of this Act are as follows:

1) A person must be assumed to have capacity unless it is established that they do not.
2) A person should not be treated as unable to make a decision unless all practical steps have been taken in order to assist a person to take that decision.
3) A person should not be treated as incapable of making a decision on the basis that they have made a bad one.
4) Any act done on behalf of a person lacking capacity must be done in their best interests.
5) Any act done or decision made on behalf of a person lacking capacity must be in a manner which is least restrictive of that person’s rights and freedoms.

The assessment of capacity is decision specific. Therefore an assessment will have to be made in relation to the patient’s capacity to decide as to what should happen to their property/money during their hospital stay. This is a two stage test:

1) Is the person unable to make a decision for themselves when they need to?
2) Is the inability to make a decision due to an impairment of, or disturbance in the functioning of, their mind or brain?

Therefore it does not necessarily follow that a patient admitted to a psychiatric hospital / nursing home or ward is incapable of managing their own affairs.

In assessing this first part of the test, the assessor should have regard to whether the patient can:

1) Understand the information about the decision to be made.
2) Retain that information in their mind.
3) Use or weigh that information as part of the decision making process.
4) Communicate the decision.

If the patient cannot do these they are unable to make a decision for the purposes of the first part of the two stage test above.

It is up to the professional responsible for the person’s treatment to make sure the capacity has been assessed.
A declaration as to a patient’s incapacity to manage their own affairs has to be made by the patient’s GP or any other registered medical practitioner (i.e. consultant or RC). The Named Nurse may be consulted for their input during this decision making process, but the ultimate responsibility lies with a medical practitioner. The clinical staff will have separate processes in place to review their clinical opinion. Two copies of this declaration should be made, one for the welfare office, the other for the patient’s notes.

In the case of patients with fluctuating capacity (e.g. as a consequence of manic episodes), it will be necessary to keep the declaration of capacity/incapacity under review, for the purpose of them making decisions on their property/money. Consideration should be given to formulating an Advance Statement to be built into the patient’s care plan. For example, the patient could express his consent to withholding monies when they were in a manic phase of mental illness. This should be carefully documented, signed by the patient and include details of the assessment which facilitated this.

**Note:** In the case of fluctuating capacity – staff should always attempt to delay any decisions until the person regains capacity. If the decision cannot be delayed, due to some urgency, then the decision can be made for the person in their best interest.

5.2 Action Necessary by Senior Managers/Ward Staff

Where the patient lacks capacity to manage their own property and affairs, the senior managers in consultation with ward Named Nurse and Welfare staff should follow the guidance set out below (a) to (d).

(a) If a patient lacks capacity to manage their own property and affairs, then this task should be undertaken by anyone who has previously been appointed by the patient under a valid Lasting/Enduring Power of Attorney.

(b) If a patient lacks the capacity to manage their own property and affairs and has not previously granted a valid Lasting/Enduring Power of Attorney, then consideration should be given to applying to the Court of Protection, under section 16 of the Mental Capacity Act 2005, for a Deputy to be appointed to administer the patient’s affairs on their behalf and in their best interests. This Deputy should preferably be a relative or friend of the patient or, if the patient’s affairs are complicated, a solicitor or other appropriate professional could act. If there are no friends or relatives willing to act as Deputy for the patient, then there should be liaison with Social Services who may take on this role. In such cases it would be preferable to avoid somebody on the front line care staff being a Deputy to avoid any conflicts of interest.

Where a valid Enduring Power of Attorney has previously been granted then the Attorney must register that Power with the Court of Protection and can continue to act on the patient’s behalf. Under the Mental Capacity Act 2005 no further Enduring Powers of Attorney will be agreed by the Court of Protection, as this has been replaced by a Lasting Power of Attorney. However, any existing Enduring Powers of Attorney are valid.
6.0 GUIDANCE NOTES ON COURT OF PROTECTION & LASTING/ENDURING POWER OF ATTORNEY:

6.1 Court of Protection

The Court of Protection as it currently stands was established by Section 45 of the Mental Capacity Act 2005 and has the following powers:

1. To decide whether a person has capacity to make a particular decision for themselves.

2. To make declarations, decisions or orders on financial or welfare matters concerning people who lack capacity to make these decisions themselves.

3. To appoint deputies to make decisions on behalf of people lacking capacity to make these decisions themselves.

4. To decide whether or not a Lasting Power of Attorney or Enduring Power of Attorney is valid.

5. To remove Deputies or Attorneys who do not carry out their duties.

It is notable that this court is empowered to deal with healthcare and a person’s welfare matters whereas its predecessor of the same name only dealt with decisions in relation to property and financial matters.

6.2 Deputies

The Court will always try to make decisions itself but when a single declaration is not appropriate to the specific matter, for instance, if it is likely that numerous decisions will need to be made over a period of time, then the court may appoint a Deputy to act on behalf of and in the best interests of the person lacking capacity.

6.3 Appointment

In most cases the Deputy appointed will be a member of the family or a close friend of the person lacking capacity. However, the Court has the power to appoint an independent Deputy, for instance a lawyer or an accountant or a professional Deputy from the Office of the Public Guardian Panel.

Deputies must be over 18 and must consent to the appointment. There can be more than one Deputy and the court can stipulate whether their duties should be executed jointly or severally.

Healthcare or social care workers will not normally be appointed as Deputies because of the possible conflict of interest.
6.4 **Duties of Deputies**

When acting on behalf of the person lacking capacity the Deputy must always act in the best interests of the person who lacks capacity, must adhere to the Mental Capacity Act 2005 Code of Practice and only make decisions which the Court of Protection has authorised them to make. In addition a Deputy has a duty to do the following:

- a) Act with due care and skill
- b) Not take advantage of the situation
- c) Indemnify the person against liability to third parties caused by the Deputy’s negligence.
- d) Not delegate duties unless authorised to do so by the Court of Protection.
- e) Act in good faith.
- f) Respect the person’s confidentiality.
- g) Comply with the guidance and directions from the Court.

Those Deputies who have been given power over property and affairs must also keep accounts of income and expenditure and keep separate their money from that of the person lacking capacity.

If there are suspicions that a Deputy is abusing their position then the Office of the Public Guardian should be notified immediately. The Office of Public Guardian will then investigate and apply to the Court to cancel the appointment if deemed necessary.

6.5 **Responsibility for Property**

The appointment of a Deputy does not absolve the Trust from the duty to protect a patient’s property, clothing and/or money, which are deposited with the Trust. Proper provision must be made for the custody of these and it is essential to maintain complete accuracy of description of possessions so deposited. An application for the appointment of a Deputy need not be made if adequate protection is given by other means. This applies, for example, where the patient’s only income is in the form of Department of Work & Pensions benefits which are collected and held by the Trust or other agent appointed on their behalf and where there capital resources are safely invested, recourse thereto not being required for their immediate needs or those of their dependants.

6.6 **Administration Costs**

Unless the estate is a small one and yields income below a particular figure the fees are payable at the beginning of the proceedings. Any fees or costs incurred are normally payable out of the patient’s assets and not out of the private money of the Deputy. In cases of hardship the Public Trust Office will consider a request to defer or cancel fees.

6.7 **Lasting/Enduring Power of Attorney**

The Enduring Power of Attorney (EPA) has now been replaced by the Lasting Power of Attorney (LPA) which means you can no longer make an EPA or change the terms of an existing one.
However, EPAs already in existence can still be used. If a patient has an EPA, consideration will need to be given as to whether it has been registered with the Office of the Public Guardian. Only a registered EPA can empower the attorney to act on behalf of the giver. It should also be clarified exactly what powers the Power of Attorney bestows.

6.8 LPAs are the means by which powers of attorneys are granted currently. There are two types of LPA, Health and Welfare LPA and Property and Finance Affairs LPA. If the patient has a Health and Welfare LPA they will not be empowered to make decisions in relation to the property and financial affairs of the patient.

6.9 It is important to note that both the EPA and LPA only convey powers if they have been formally registered with the Office of the Public Guardian. Such registration should be checked before decisions are made by an attorney.

6.10 There is also the ordinary power of attorney, also known as the limited power of attorney, which can be drawn up to bestow powers of decision on another. This does not have to be registered to be valid but will be immediately revoked if the donor loses capacity.

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