

WELFARE DEPARTMENT PROCEDURE

(Including additional guidelines for Patients' Monies Floatholders / Wards)

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POLICY SUMMARY
<p>Detailed is the process to be adopted by Welfare Officers and any Trust staff involved in managing patients' property and monies together with the process regarding benefits.</p> <p>Copies of required forms may be found in procedure FP09/02 or are included.</p>
<p>The Trust Monitors the implementation of and compliance with this policy in the following ways:</p>
<p>Internal Audit</p>

Services	Applicable	Comments
Trustwide	✓	

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

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

WELFARE DEPARTMENT PROCEDURE

(Including additional guidelines for Patients' Monies Floatholders / Wards)

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1.0 INTRODUCTION

- 1.1 Welfare Department staff together with any Trust staff involved in patients' property, monies and benefits must ensure that these procedures are read in conjunction with all sections within the Trust's Patient Property & Money Procedure (FP09/02).
- 1.2 For the purposes of this document where 'ward' is mentioned this should be read as ward / unit / nursing home.
- 1.3 Where 'SR' is mentioned this refers to the 'member of staff responsible for banking and/or issuing of Patients' Monies' for wards with no access to a Welfare office.
- 1.4 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.
- 1.5 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.
- 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 welfare staff to ensure the receipt of property received from a patient for safe custody is documented and stored securely.
- 1.8 **Section 3** deals with the procedure welfare staff should follow for the handling, safe custody and return of patients' monies.
- 1.9 **Section 4** deals with procedures regarding assisting patients with their benefits and financial affairs.
- 1.10 **Section 5** of this procedure is for non-welfare staff responsible for banking and paying out of patients' money.

- 1.11 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.

2.0 PROPERTY

2.1 Procedure for storing patients' property for safe custody

- (a) When the property along with the Property for Safe Custody Form (see FP09/02 Appendix 1) are brought to the Welfare Office the welfare officer, in the presence of the member of ward staff, must ensure that all items are present and listed correctly. If there are any discrepancies the property should be returned immediately to the member of ward staff to enable them to rectify this. Only when the welfare officer is entirely sure the paperwork has been completed correctly should they sign to verify receipt. The **white card** copy will then be retained with the property in the welfare office safe. The **white paper** copy will be given to the patient/ their Attorney, Deputy, or relative as appropriate, with the **blue** copy being retained in the patient's file.
- (b) Once accepted into the Welfare Office the Property Log (appendix 1) should be completed and property put immediately in the safe.
- (c) If the property contains money this should be listed on an Income Sheet (Appendix 2) and the money placed immediately in the Patients' Income tin within the safe, ready for banking.
- (d) Any further property received should be dealt with in the same manner but cross referenced with to any previous record of items placed in safe custody for that patient.
- (e) For property held in the night safe a member of welfare staff should accompany the member of ward staff to retrieve the property. The night safe should only be opened when there are two members of staff present.

2.2 Losses of Patients' Property (including money)

Any losses of patients' property including money which has been handed to the Welfare Department or SR for safe custody must be reported at all times to the Welfare Manager and a Datix report must be completed. The Welfare Manager will then deal with the matter in accordance with the Trust's Procedure for Losses & Special Payments (FP09/01).

2.3 Returning Patients' Property

The procedure to be followed for returning patients' property is as follows:

In all cases of returning property the white card copy of the Property for Safe Custody form is to be signed by the patient or where stated below next of kin / relative / Responsible Clinician (RC) / Consultant / Ward Manager / Named / Qualified Nurse. The form must then be retained in accordance with the Trust Record Management Policy (CP9); under no circumstances should this be destroyed before stated time period.

When returning property welfare staff must check all property with the patient / representative against the copy of the Property for Safe Custody form to ensure that all property recorded is correct.

Where a patient is capable of managing their own affairs property must be handed over to the patient. Welfare staff should not hand over property to anyone other than the patient without their written consent.

If a patient has been assessed to lack the capacity to manage their property and affairs it may be given to anyone acting under a Lasting/Enduring Power of Attorney, a Deputy appointed by the Court of Protection, or the patient's next of kin. In these cases the welfare staff should take the property to the ward and whoever receives the property should sign the receipt on the white card copy of the Property for Safe Custody form, this must be witnessed by RC/Consultant/Ward Manager/Qualified Nurse.

In cases where the patient is unconscious then no property should be handed over by welfare staff. The state of being unconscious is equivalent to lacking capacity and any acts made should be made in the best interest of the patient. However where the Trust has no option but to hand the property over to a relative/next of kin, staff must get them to sign the receipt on the white card copy of the Property for Safe Custody form, witnessed by RC/Consultant/Ward Manager/Qualified Nurse.

Whilst still admitted to a ward, if a patient wishes to remove one or more items of property held in the Welfare Office they should be given a Patients' Withdrawal of Property Form (see FP09/02 Appendix 5) 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 the Property for Safe Custody form for the property they have taken back into their possession.

If a patient has been discharged from hospital they may be given any property held in the Welfare Office for safe custody upon signing the white card copy of the Property for Safe Custody form.

Upon transfer or discharge from ward, property should be returned only to the patient, however in special circumstances and when a patient does not know that a transfer is to take place the Ward Manager/ Qualified Nurse may request for the property to be taken to the ward without making the patient aware. In this instance welfare staff may give the property to ward staff providing the Nurse in Charge and one other member of ward staff sign the white card copy of the Property for Safe Custody form acknowledging receipt on the patient's behalf.

Where a patient is discharged / transferred to another hospital out of normal working hours, any property being held for safe custody in the Welfare Office on behalf of that patient should be forwarded to the receiving hospital at the earliest opportunity.

- a) Where the receiving hospital is local, the property should be hand delivered by a member of Welfare staff, and evidence of receipt should be obtained for our records.
- b) Where the receiving hospital is not local, the property should be sent by post using Recorded Delivery. The proof of posting slip should then be attached to the corresponding Property for Safe Custody form.

2.4 Action necessary in the event of a patient's death:

- a) When a patient is deceased and property is being held for safe custody the Welfare Manager, Rochford will establish next of kin / person authorised to claim the property (claimant) and issue Indemnity Forms (Appendix 3).
- b) Welfare staff should not give out any property until the procedure detailed below has been completed and the Welfare Manager has given approval.
- c) If the value of the property held by the Trust is less than £10,000.00:
 - i) The Welfare Manager will ascertain the relationship of the claimant to the deceased patient and check that the claimant is the executor named in the Will, or if there is no valid Will is the person or one of the persons entitled to apply for Letters of Administration in respect of the deceased patient's estate in line with current Probate Rules.
 - ii) If there is no valid Will the Welfare Manager will obtain authority for the deceased patient's property to be handed over to the claimant from all persons who could claim in priority to, or equally with, the claimant. The claimant should be asked to provide these authorities on the Indemnity Form. The property will only be transferred to the claimant if they are the person entitled to take out Letters of Administration.
- d) If the value of the property held by the Trust exceeds £10,000.00.
 - i) The Trust should insist on the production of a Grant of Letter of Administration or a Grant of Probate, as evidence that the claimant is the personal representative of the deceased, before handing the property over.
 - ii) If there is no valid Will the Welfare Manager must follow the procedure stated in (c).
- e) Once the claimant of a deceased patient has been established, official documentation obtained and the Welfare Manager is satisfied that such status is correct, the welfare staff may begin to arrange for the transfer of the deceased patient's property to the claimant in return for their signed receipt.

- f) The receipt will be the statement on the Indemnity Forms which contains an undertaking to indemnify the Trust against all possible claims. It is important that no property should be transferred to any person who is under 18 since a minor cannot give a valid undertaking during his minority, but in such cases the minor's parent(s) or lawful guardian(s) should give the undertaking.
- g) The property may be either collected from the Welfare Office or posted via Recorded Delivery as detailed in 2.3 of this policy.
- h) The Welfare Manager should seek independent advice if there are additional complications and the case is not a straightforward one.
- i) In the event of a deceased patient, and where no property is claimed by a next of kin, the Welfare Manager should make enquiries to ascertain the value of the patient's property held by the Trust. If the value is uncertain this should be professionally valued and the cost of the valuation should be borne by the deceased patient's estate.
- j) Where a patient dies intestate and there is no lawful kin, the estate belongs to the Crown. The Welfare Manager will inform the Treasury Solicitor giving particulars of any property held.

2.5 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 Trust will 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 deceased patient's estate.

2.6 Action necessary for handling unclaimed property:

- a) For any unclaimed property the Welfare Office is holding in safe custody, reasonable efforts must be made to trace the owner or the relatives/next of kin, but if this is not successful the property should be kept for a reasonable time before disposal. Under the Limitation Act of 1949, a period of six years would normally be reasonable in the case of property deposited although this period of recovery may be extended in the case of disability, acknowledgement, part payment, fraud and mistake.
- b) In circumstances where all attempts to contact/return the items to the patient have failed, unclaimed debit/credit cards, official cards/documentation (e.g. bus pass, driving licence, passport) should be forwarded to the appropriate authority by Special Delivery (receipt slip to be attached to property form) with an explanation of the circumstances in which they came into the Trust's possession for safe custody.

- c) The proceeds of the sale of abandoned or unclaimed property must be credited to the Trust's main bank account. In the event of a patient or some other person eventually claiming property which has been disposed of, the amount due would be payable out of this account.

2.7 Legal responsibility for patients' property

- a) **Responsibility as Bailee**

When an article is transferred by its owner or possessor (the Bailor) to another person (the Bailee) in order that the latter may keep it and deliver it back in its original condition/form into the possession of the Bailor then the legal relationship is known as Bailment. When a patient deposits their property with the Trust for safe custody with the intention of the property being returned on demand by the patient (or Bailor) the Trust in effect becomes the Bailee.

- b) **Limitation of Liability**

The Bailee may limit or relieve himself of his common law liability by special conditions in the contract, but he must show that the patient knew of the conditions and assented to them. The Bailee is not, apart from special contract, an assurer of property which comes into his possession and, in the absence of negligence on his part or of his servants or agents, he could not be held liable for loss or damage.

3.0 PATIENTS' MONEY

3.1 General

- a) Money received into the Trust's Patient Money bank account, in whatever format, for safe custody requires the Trust to open a secure individual account for the patient.
- b) The individual account will be a sub fund and all transaction details will be entered onto the Trojan Patients' Monies system by welfare staff. This will form the official record.
- c) When opening a Trojan account welfare staff must ensure that a Patients Monies Account Form (see FP09/02 Appendix 6) has been completed and signed by either the patient, Part A or by the RC/ward Part B.
- d) 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).

3.2 Income

- a) Receiving and Recording Patients' Income
 - i) Patients admitted to a ward may be in receipt of benefits from the Department of Work & Pensions (DWP). In order for the patient to access their money it may, in certain circumstances, be paid into the Trust's Patients Money account (e.g. long term patient, safeguarding, and no fixed abode at time of claiming).
 - ii) Welfare staff will receive a daily report from the Cash & Controls Accountant, Finance Department (CCA) of monies received directly into the Patients' Money bank account from the DWP or from a patient's relative/representative by way of bank transfer/standing order. Welfare staff will then apply the money (standing order) to the patient's Trojan account on the day it is received.
 - iii) Monies received from the DWP must be checked against the master record of payment due, held in the Patients Benefit Book.
 - iv) For all instances where cash/cheques are to be paid into the Patients' Monies account, the details must be entered on to an Income Sheet and cash/cheques placed immediately in the safe.

- v) Patients' money received from wards for safe custody should always be entered on to a Property for Safe Custody form by the ward, before being handed to welfare staff.
- vi) A patient's relative/representative may deposit money directly at a Welfare Office. Welfare staff must always complete a numbered receipt and give top copy to the relative/representative keeping the bottom copy in the receipt book.
- vii) A patient or their representative may pay cheques into the Patients' Monies account. Welfare staff should follow the same procedure as for cash; however the cheque must have cleared before funds may be drawn against it.
- viii) For patients entitled to receive Commissioners Allowance welfare staff should complete the Commissioners Allowance form in duplicate (Appendix 4). One copy is to be presented to Petty Cash for payment which when received should be entered on to an Income Sheet and the money placed immediately in the safe. Welfare staff should then enter details of the allowance from the second copy on to the patients' Trojan account.
- ix) All income should be banked weekly with a copy of the Income Sheet being retained by the receiving Welfare Office/SR. The original being forwarded to the Welfare Office, Rochford, to enable accurate records of patients' accounts to be maintained. Welfare staff should then enter details of the income on to the patient's Trojan account.

b) Debit/Credit/Post Office Cards

Under no circumstances shall staff use patient's debit/credit cards with or without the use of the patient's PIN number to deposit monies into or make cash withdrawals from a bank or cash points.

Post office cards do not fall within the scope of debit/credit cards and have a separate process as detailed below which should be followed by welfare staff/SR/ward.

Staff are encouraged to follow this procedure to reduce the exposure of erroneous accusations of fraud.

Emergency cash withdrawals at the post office should be made only where applicable to patients who meet the following criteria: -

- The patient has no immediate family or friends.
- The patient refuses the services of an Advocate
- The patient refuses to use the Trust bank account
- The patient is only expected to remain on a short-term basis.

- i) Two members of staff should deal with the transaction, one member of staff is to deal with the patient's card, and the other is to have the patient's PIN.
- ii) The patient must complete and sign the Post Office Withdrawal Authority Form (Appendix 5). **The PIN should not be included in the document.**
- iii) A statement of account from the Post Office should be obtained following the cash withdrawal detailing the transaction including date, time and the current account balance.
- iv) The money should be taken directly to the Welfare Office/SR and details entered onto an Income Sheet, money being placed in the safe immediately. A Special Encashment Form (Appendix 6) should also be completed ready for entering the details onto the patient's Trojan account.
- v) The patient will then be able to access the money following the details in 3.3 Withdrawals.
- vi) If the card is being returned to the patient, they should sign the Post Office Card Withdrawal Form to say that their card has been returned to them. **Staff should try to minimise the time the card is out of the patient's possession in order to reduce the opportunity of erroneous accusations of fraud.**
- vii) The Post Office Withdrawal Authority Form, a copy of the post office receipt and statement should be kept together for audit purposes.
- viii) If the patient has asked for the post office card to be kept in for safe custody, the ward must complete a new Property for Safe Custody Form and accept the card as per 2.1 a).
- ix) Patients should be advised to check their account balance at their earliest opportunity once they have been discharged. Welfare staff/SR/ward should also provide the patient with a copy of all transaction/s that have been processed during the patient's stay.

NB: Any member of staff who is aware of any patient's PIN should declare this: they should never hold the patient's card whilst knowing the PIN number.

c) Foreign Currency

The Trust does not have the capability to accept foreign currency as income. To exchange foreign currency for sterling a patient/ward should refer the matter to the Ward Manager who will deal with any request as per FP09/02, Section 3.2.5.

3.3 Withdrawals

- a) Withdrawal limits vary between wards and patients. Where a patient lacks capacity to deal with their affairs, or money is to be restricted, welfare staff must ensure they have received guidance from the ward regarding the administration of the patient's money.
- b) Patients are limited to one cash withdrawal per day.
- c) Patients who have been assessed to have capacity are required to sign the cash withdrawal form (white or green see FP09/02 Appendices 8 & 9) confirming they are receiving the money. **If a patient with capacity refuses to sign under no circumstances should welfare staff give the patient any money.**
- d) Where a patient has been assessed to lack capacity or the ward has assessed that there is a specific risk involved; welfare staff may accept the signatures of two members of staff, one a qualified nurse on the withdrawal form.
- e) Non Forensic Patients

For patients wishing to withdraw funds a (White) Cash Withdrawal Form is to be completed by welfare staff. 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.

- f) Forensic Patients
 - i. 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. Welfare staff should complete a white Withdrawal Form and obtain the patient's signature.
 - ii. For any withdrawal over the weekly limit, funds permitting, the patient must present a (Green) Cash Withdrawal Form (triplicate format) to the Welfare Office. Welfare staff must ensure that the form has been signed by the patient; the Responsible Clinician/Ward Manager and a member of the nursing staff.
 - iii. Welfare staff must monitor withdrawals closely and be aware when a patient must present a (Green) Cash Withdrawal Form for any further withdrawals.
 - iv. Welfare staff must record all withdrawal transactions on the patient's Trojan account.

- g) Cheque Request
 - i) When a cheque request form is presented to the Welfare Department, before processing staff should ensure that the form has been authorised by the appropriate staff members and the patient has adequate funds available.
 - ii) The cheque request will be added to the weekly cheque table and sent to the Cash & Controls Accountant, Finance (CCA) for the issue of the cheque.
 - iii) Once confirmation has been received from the CCA welfare staff must then record details of the cheque withdrawal on the patient's Trojan account.

- h) EPROC
 - i) The person responsible for ordering goods via EPROC will contact the Welfare Department to ensure that adequate funds are available on the patient's Trojan account.
 - ii) Welfare staff should log any such requests until the EPROC transaction has been recorded on the patient's Trojan account or cancelled. Until this happens welfare staff must ensure that the logged amount is taken into account to ensure there are sufficient funds for any further withdrawal requests from that patient.
 - iii) Once it has been confirmed to welfare staff that goods ordered via EPROC have been received and are being kept by the patient the procedure as for cheque requests, 3.3 g), may be followed.

3.4 Managing Accounts

- a) End of Financial Week
 - i) At the end of each financial week welfare staff/SR will reconcile the individual Patients' Monies float held. Reimbursement monies should be requested and all withdrawal forms and income sheets will be forwarded to the Welfare Office, Rochford.
 - ii) Welfare staff, Rochford, will undertake a full reconciliation of the Trojan Patients Monies system at the end of each financial week. Details of all income and expenditure transactions that have taken place during that week will be separately recorded and a copy sent to the CCA, Finance.
 - iii) After the reconciliation has been completed welfare staff should send balances of all patients' accounts to the CCA.

- iv) At ward request, welfare staff may send details of patients' balances relating to that ward only. This will usually apply to, but not exclusively to, wards without onsite access to a Welfare Office.
- b) Balances over £10,000
- i) Welfare staff should alert patients when their balance exceeds £10,000.
 - ii) If the patient has capacity they should be made aware by the Trust that the money may earn interest in an account outside of the Trust.
 - iii) In circumstances where a patient has been assessed to lack capacity to deal with their affairs the Welfare Manager would suggest to Social Workers that the patient be referred to the Court of Protection for the appointment of a Deputy to make decisions for them regarding their finances.
 - iv) Where the Welfare Manager is the Corporate Appointee for a patient it is advisable in these circumstances that they contact the Court of Protection for further guidance.

3.5 Losses of Patient's Money

Losses of any patients' monies which have been handed to the Welfare/SR for safe custody should be immediately reported to the Welfare Manager and a Datix report must be completed. The Welfare Manager will then deal with the matter in accordance with the Trust's Policy on Losses and Special Payments (FP09/01).

3.6 Returning Patient's Money on Discharge/Transfer

- a) Where a patient is being transferred to another ward within the Trust and they have money in a Trojan account the patient will still be able to access their funds at the new ward. Welfare staff should make the new ward aware that the patient has funds available.
- b) Wards should notify welfare staff or the SR as soon as they are aware that a patient with a Trojan account will be leaving the Trust. Welfare staff should then give details for arrangements to be made in order that any benefits or regular payments can be transferred, returned or stopped.
- c) If the patient has already been discharged / transferred, welfare staff will then need to make enquiries to return any balance held in the Trojan account to the patient.

- d) For unclaimed monies left on the ward after the patient has been discharged / transferred to a hospital/unit outside of the Trust; the ward will bring the money together with a Property for Safe Custody form to the Welfare Office/SR. The procedures at 3.2 a) iv) and 3.6 c) should be followed.
- e) For b) – d) every effort must be made to return all money held in safe custody to the patient, or if they have been assessed to lack capacity to an approved representative.
- f) If after all reasonable efforts have been made and the money cannot be returned either to the patient or their approved representative within one year after the patient has been discharged from hospital, then it should be credited to the Trust's main account. In the event of a valid claim being established at a later date, payment should be made and debited to this account.

3.7 Deceased Patient

Welfare staff should follow the procedure detailed in Section 2.4 of this document.

4.0 BENEFITS AND FINANCIAL AFFAIRS

- 4.1 Where required, welfare staff/ members of staff responsible for patients' welfare (SRB) will assist patients with regard to Department of Work & Pensions Benefits (DWP); primarily but not exclusively:
- a) Employment & Support Allowance
Universal Credit
State Pension
Pension Credit
 - b) Disability Living Allowance
Personal Independence Payment
Attendance Allowance
- 4.2 Welfare staff/ SRB should ascertain whether a patient is in receipt of or if application has been made, for any sickness benefits that may be due and where possible a Patient Authority Form (see FP09/02 Appendix 12) should be completed.
- 4.3 If a patient is not in receipt of benefit and does not have any income (e.g. employment), guidance may be given by welfare staff/ SRB as to what the patient's options are. Assistance is to be offered in applying for one of the benefits mentioned in 4.1 a).
- 4.4 Welfare staff / SRB should notify the DWP when a patient is admitted to a ward. Close liaison should be maintained with the DWP to ensure that all admissions and discharges are notified. Where necessary a medical certificate, Med 10, should be completed and sent to the DWP as soon as is practicable.
- 4.5 Unless patients are paying the whole cost of accommodation, some DWP benefits are reduced/stopped after specified periods in hospital. It is in the best interests of the patient that DWP are notified of their continued stay in hospital at the specified period time in order to prevent an overpayment or fine being incurred.
- 4.6 On discharge / transfer from the Trust and where a patient is in receipt of DWP benefits welfare staff/SRB should notify the DWP of date they left the Trust together with any home leave dates.
- 4.7 Some patients on certain Mental Health (MH) Sections may not be entitled to benefits; however welfare staff/SRB should monitor any change in MH Section in order to be able to assist with a benefit claim where appropriate.
- 4.8 **Forensic Patients**
Sentenced patients on MH Section 47/49 or 45/a are not eligible to receive DWP benefits, including State Pension. In these cases they are entitled to a weekly Commissioners Allowance.

4.9 **DWP Corporate Appointeeship**

- a) The only circumstances in which the Welfare Manager should take on responsibility for handling a patient's affairs, is where the patient lacks capacity to manage their own affairs, there is no Attorney or Court of Protection Deputy appointed, there is no need to access the patient's capital assets, and the patient's only income is in the form of benefits.
- b) All avenues for identifying someone to look after the patient's affairs should be exhausted.
- c) The starting point is to see whether anyone has been appointed to act on the patient's behalf under a valid Lasting or Enduring Power of Attorney as approved by the Court of Protection.
- d) Alternatively, if there is no Attorney, and the patient is assessed as lacking capacity to manage their own affairs, it may be that someone has been appointed as a Deputy, by the Court of Protection.
- e) Failing this, attempts should be made to persuade a member of the patient's family, or a friend, to act as Deputy in respect of the patient's benefits.
- f) In these limited circumstances it is appropriate for Welfare Manager to complete the form for the patient to have Corporate Appointeeship and sign on behalf of the Trust to become the patient's Appointee in order to collect and hold their benefits and make payments on the patient's behalf. If this should be the case then any actions taken must be in the best interests of the patient.

4.10 **Financial Affairs**

- a) In certain circumstances welfare staff/SRB will be required to assist patients with some aspects of their financial affairs.
- b) Organisations may be contacted by the Welfare Manager/Deputy Manager/SRB on the patient's behalf providing a Patient Authority Form has been signed by the patient or if they lack capacity a Medical Declaration as to Lack of Capacity form (see FP09/02 Appendix 4) has been received from the ward.

5.0 MEMBERS OF STAFF RESPONSIBLE FOR PATIENTS' MONIES

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

5.2 For this section where 'Welfare' is referred to this should be read as Welfare Department, Rochford.

5.3 Where 'SR' is mentioned this refers to the 'member of staff responsible for banking and/or issuing of Patients' Monies' for wards with no access to a Welfare office.

5.4 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).

5.5 Income

- a) SR's should only accept cash and/or cheques for banking which have been received with a completed Property for Safe Custody form (appendix)
- b) Once received, the SR must then enter the details on to an Income Sheet (Appendix 2) and cash/cheques placed immediately in the safe, **separate** to the Patients' Monies float.
- c) If this is an initial deposit the ward will also give the SR a Patients' Monies Account form. To obtain a Trojan account number the SR should then contact Welfare with details of the patient's name, date of birth, NHS number, date of admission and ward name.
- d) Where possible, income should be banked weekly; a copy of the Income Sheet should be scanned / faxed to Welfare and the original posted to them the same day.

5.6 Withdrawals

- a) Money for patients is to be paid from the Patients' Monies float **only**.
- b) Patients are limited to one cash withdrawal per day.
- c) Sufficient funds must be available before withdrawal is permitted.
- d) The SR may pay monies out from the Patients' Monies float against cash received for banking. Cheques however must have cleared before funds

may be drawn against it and the SR should seek approval from Welfare to ensure the clearing process is complete.

e) Non Forensic Patients

- i) For patients wishing to withdraw funds the SR must complete a (White) Cash Withdrawal Form, (see FP09/02 Appendix 8) 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.
- ii) Patients who have been assessed to have capacity are required to sign the withdrawal form confirming they are receiving the money. **If a patient with capacity refuses to sign under no circumstances should staff give the patient any money.**
- iii) Where a patient has been assessed to lack capacity or the ward has assessed that there is a specific risk involved; the SR may accept the signatures of two members of staff, one a qualified nurse on the withdrawal form.

f) Forensic Patients

- i) Withdrawal Forms for forensic patients will be completed by the ward. The ward will then request from the SR the total amount of money to be collected.
- ii) Once the transaction has been completed the signed withdrawal forms will be returned to the SR. In the case of (Green) Cash Withdrawal Forms (see FP09/02 Appendix 9) the SR will only require the top copy.

5.7 Debit/Credit/Post Office Cards

Under no circumstances shall staff use patient's debit/credit cards with or without the use of the patient's PIN number to deposit monies into or make cash withdrawals from a bank or cash points.

Post office cards do not fall within the scope of debit/credit cards and have a separate process as detailed below which should be followed by welfare staff/SR/ward. Please see section 3.2 b) of this document.

5.8 Reconciliation

- a) The Patients' Monies float should be reconciled on a weekly basis.
- b) The total of all withdrawal forms for that week should be calculated by the SR. A Reimbursement Form (Appendix 7) must then be completed;

this should then be scanned / faxed to Welfare with the withdrawal forms. Original hard copies of all must then be posted to them on the same day.

- c) The balance of monies remaining in the Patients Monies float, together with the reimbursement figure must be equal to the starting float amount.
- d) Once the original copies of the reimbursement and withdrawal forms have been received, Welfare will arrange to raise a cheque / submit a request to the money delivery service for reimbursement of Patients' Monies funds.

5.9 Patients' Balances

- a) A list of patient's balances will be sent weekly to the SR and/or ward by Welfare after the full Trojan system end of week reconciliation has been completed.
- b) If a patient requires a statement of account the SR/ward may request this from Welfare.

5.10 Return of Patients' Monies Balance of Account

- a) Return of money held by the Trust in a Trojan account may be in cash or cheque at the Trust's discretion.
- b) The SR may pay a sum out in cash providing the float has sufficient funds to meet weekly pay out for all other patients.
- c) In the event that the balance exceeds the amount of cash that is able to be paid the SR should refer the matter to Welfare who will arrange for the balance of account to be sent by cheque.

5.11 Losses of Patients' Monies

Losses of any patients' monies which have been handed to the SR for safe custody should be immediately reported to the Welfare Manager and a Datix report must be completed. The Welfare Manager will then deal with the matter in accordance with the Trust's Policy on Losses and Special Payments (FP09/01).

END
