



Monitoring of Patient Finances Under Article 116 of The Mental Health (Northern Ireland) Order 1986

2015-16

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1.0 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover RQIA endeavours to encourage improvements in the quality of services and to safeguard the rights of service users. The Mental Health and Learning Disability Team (MHLDT) undertake a range of responsibilities for people with mental ill health and those with a learning disability, in accordance with the Mental Health (Northern Ireland) Order, 1986 (the Order).

1.1 Monitoring of Patient Finances by RQIA in accordance with the Mental Health (Northern Ireland) Order, 1986

Article 116 of the Order outlines specific expectations in relation to the trusts' handling of patients' property as follows:

(1) Subjects to paragraphs (4) and (5), where it appears to a trust that any patient in any hospital or in any accommodation administered by it under the Health and Social Services (Northern Ireland) Order 1972 is incapable, by reason of mental disorder, of managing and administering his property and affairs, the trust may receive and hold money and valuables on behalf of that patient.

(2) A receipt or discharge given by a trust for any such money or valuables shall be treated as a valid receipt.

(3) Where a trust holds money or valuables on behalf of a person in pursuance of paragraph (1), it may expend that money or dispose of those valuables for the benefit of that person and in the exercise of the powers conferred by this paragraph, the trust shall have regard to the sentimental value that any article may have for the patient, or would have but for his mental disorder.

(4) A trust shall not receive or hold under paragraph (1) on behalf of any one patient without the consent of the RQIA money or valuables exceeding in the aggregate such sum as the Department of Health may from time to time determine.

(5) Paragraph (1) shall not apply where a controller has been appointed in Northern Ireland in relation to the property and affairs of the patient.

The Order also defines a role for RQIA in relation to oversight of patients' property at Article 86 (2) (c) (iv) in preventing or redressing loss or damage to [patients] property;

RQIA is required to monitor the arrangements put in place by trusts to safeguard patients' monies. Specifically under Article 116(4) of the Order, trusts are not permitted to receive or hold balances in excess of an agreed sum without the consent of RQIA. This sum was set by the Department of Health, in September 2012, at no more than £20,000 for any single mental health or learning disability patient.

1.2 Methodology used by RQIA in 2015-16 to Monitor Compliance with Article 116

In the 2015-16 inspection year, RQIA monitored compliance with Article 116 by requesting and receiving quarterly returns from all five HSC trusts containing information regarding patients' finances. The MHL D team also requested and received up to date policies, procedures and Standing Financial Instructions (SFIs) from each trust. This information was reviewed by a designated MHL D inspector. Advice was sought from a finance inspector to obtain assurances that trusts apply best practice in the management of patients' property and monies through:

- Compliance with DHSSPS Circular 57/2009 - Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. This applies to all trust facilities including hospitals;
- Application of accounting policies as detailed in their SFIs; and;
- Implementation of comprehensive local procedures.

2.0 Follow up on Inspection Findings 2015-16

The MHL D team followed up on progress in relation to recommendations made during the financial inspections of 63 MHL D wards in 2013/14. During inspection visits each of the wards compliance was reviewed against recommendations that had been previously evidenced to be 'partially met' or 'not met'.

2.1 Belfast Health and Social Care Trust (BHSCT)

In 2013-14 financial inspections were undertaken on 22 wards across three hospital sites in the BHSCT. A total of 39 recommendations were made.

During follow up inspections in 2014-15 inspectors evidenced 33 recommendations to have been 'met' and three recommendations to have been 'not met'. Recommendations made for the two wards that had closed since the last finance inspection were not reviewed.

The three recommendations that were 'not met' were reviewed again during unannounced inspections in 2015-16; and were evidenced to have been 'met'. See Appendix 2.

The BHSCT reported holding finances over £20,000 on behalf of 24 patients in quarter 1 (01 April 15 – 30 June 15), 23 patients in quarter 2 (01 July 15 – 30 September 15) and quarter 3 (01 October 15 – 31 December 15) and 21 patients in quarter 4 (01 January 16 – 31 March 16). In all cases a controller was not appointed. RQIA will continue to monitor the BHSCT's quarterly returns in the 2016-17 inspection year, and where necessary give consent to the trust to hold patients' monies, or make a recommendation that the trust make a referral to the Office of Care and Protection where these amounts continue to be over the agreed sum of £20,000.

2.2 Northern Health and Social Care Trust (NHSCT)

In 2013-14 financial inspections were undertaken on 12 wards across two hospital sites in the NHSCT. A total of 41 recommendations were made for 10 wards.

During follow up inspections in 2014-15 inspectors evidenced 26 recommendations to have been 'met', 12 to have been 'not met' and two recommendations to be 'no longer applicable' (see Appendix 1). Recommendations made for the two wards that had closed since the last finance inspection in 2013-14 were not reviewed.

The 12 recommendations that were 'not met' were reviewed again during unannounced inspections in 2015-16, and were evidenced to have been 'met'. See Appendix 3.

The NHSCT reported holding finances over the agreed sum of £20,000 on behalf of five patients throughout the year. In quarter 1 (01 April 15 – 30 June 15) and quarter 2 (01 July 15 – 30 September 15) four patients had a controller appointed. In quarter 3 (01 October 15 – 31 December 15) and quarter 4 (01 January 16 - 31 March 16) all five patients had a controller appointed. In these cases consent was not required from RQIA. Monitoring of the NHSCT's quarterly returns will continue by RQIA in the 2016-17 inspection year.

2.3 South Eastern Health and Social Care Trust (SEHSCT)

In 2013-14 financial inspections were undertaken on seven wards across four hospital sites. A total of 15 recommendations were made for six wards.

During follow up inspections in 2014-15 inspectors evidenced all 15 recommendations to have been 'met'. As a result there were no recommendations requiring further follow up during unannounced inspections in the SEHSCT wards during the 2015-16 inspection year.

The SEHSCT reported holding finances over the agreed sum of £20,000 on behalf of five patients throughout the year. In all cases a controller was not appointed. RQIA will continue to monitor the SEHSCT's quarterly returns in the 2016-17 inspection year, and where necessary give consent to the trust to hold patients' monies, or make a recommendation that the trust make a referral

to the Office of Care and Protection were these amounts continue to be over the agreed sum of £20,000.

2.4 Southern Health and Social Care Trust (SHSCT)

In 2013-14 financial inspections were undertaken on eight wards across three hospital sites in the Southern Trust. A total of 18 recommendations were made across all eight wards.

During follow up inspections in 2014-15 inspectors evidenced 12 recommendations to have been 'met', two recommendations to have been 'partially met' and three recommendations to have been 'not met'. Recommendations made for the three wards that had closed since the last finance inspection in 2013-14 were not reviewed.

The two recommendations that were 'partially met' and the three recommendations that were 'not met' were reviewed again during unannounced inspections in 2015-16 and were all evidenced to have been 'met'. See Appendix 4.

The SHSCT reported holding finances over £20,000 on behalf of two patients in quarter 1 (01 April 15 – 30 June 15), no patients in quarter 2 (01 July 15 – 31 September, one patient in quarter 3 (01 October 15 – 31 December 15) and 15) and no patients in quarter 4 (01 January 16 – 31 March 16). RQIA will continue to monitor the SHSCT's quarterly returns in the 2016-17 inspection year.

2.5 Western Health and Social Care Trust (WHSCT)

In 2013-14 financial inspections were undertaken on 14 wards across five hospital sites in the WHSCT. A total of 48 recommendations were made for 13 wards.

During follow up inspections in 2014-15 inspectors evidenced 30 recommendations to have been 'met', 11 recommendations to have been 'not met' and one recommendation to be 'no longer applicable' (see Appendix 1). Recommendations made for the two wards that had closed since the last finance inspection in 2013-14 were not reviewed.

The 11 recommendations that were 'not met' were reviewed again during unannounced inspections in 2015-16. Inspectors evidenced 10 of the recommendations to have been 'met'. One recommendation relating to procedure for authorisation of larger purchases was evidenced to have been 'partially met' and will be followed up during an unannounced inspection in the 2016-17 inspection year. See Appendix 5.

The WHSCT reported that they held finances over £20,000 on behalf of two patients in quarters 1 – 3 (01 April – 31 December) and one patient in quarter 4 (01 January – 31 March). In all cases a controller was not appointed. RQIA will continue to monitor the WHSCT's quarterly returns in the 2016-17

inspection year, and were necessary give consent to the trust to hold patients' monies, or make recommendation that the trust make a referral to the Office of Care and Protection were these amounts continue to be over the agreed sum of £20,000.

3.0 Conclusions from Inspection Findings

Findings from the follow up inspections would indicate that patients' monies and property in the mental health and learning disability wards inspected by RQIA had been properly safeguarded. One recommendation remains 'partially met' and will be followed up again during the 2016-17 inspection year.

4.0 Next Steps

This report will be shared with the Director of Finance for each of the five HSC trusts.

RQIA will continue to monitor the management of patient finances as part of its statutory functions in accordance with the Mental Health (Northern Ireland) Order 1986. This will include continuing to review;

- trusts' SFI's, policies and procedures on an annual basis,
- the management of quarterly returns and action plans detailing the trust held funds for individual patients' monies and valuables with balances greater than £20,000,
- the arrangements put in place by trusts to safeguard patients' monies where a referral to the Office of Care and Protection has not been deemed appropriate, and;
- where a controller has not been appointed.

An annual report will be compiled by 30 June 2017. This will be published annually by the responsible MHLD inspector to include details of the total number of persons and amount of monies managed by each of the five HSC trusts. Details of any action taken by RQIA and the HSC trusts to safeguard patients' monies under Article 116(4) of the Order will be contained in this report.

Appendix 1 – Recommendations Evidenced to be ‘No Longer Applicable’ During the 2014-15 Inspection Year

Inspection	Recommendation	Action Taken	Compliance
<p>Tobernaveen Centre, Holywell Hospital, 29 & 30 January 2015</p>	<p>It is recommended that the ward manager ensures that a system to verify clothes and other items purchased for patients are checked by ward staff against the receipt, confirmed as received by the patient and receipts retained.</p>	<p>This practice no longer takes place on the ward as the function of the ward has changed to patients being admitted who are over 65 and have a mental health problem. The ward manager informed the inspector that these patients predominantly ask their relatives/carers to purchase items for them. However the ward manager advised that if patients did want to purchase clothes or any other items they would set up a record book to check purchases against receipts and ask patients to sign that they have received the items and they would retained the receipt.</p>	<p>No Longer Applicable</p>
<p>Inver 4, Holywell Hospital, 22 June 2015</p>	<p>It is recommended that the ward manager ensures that a record of all staff who obtain the key to the safe where patients’ money is temporarily stored including the reason for access.</p>	<p>The inspector was informed by the ward sister that patients’ money is held in hospital accounts. There was no patient money held on the ward.</p>	<p>No Longer Applicable</p>
<p>Beech, Tyrone and Fermanagh Hospital, 25 February 2015</p>	<p>It is recommended that the Trust develops and implements a policy and procedure in relation to group purchases.</p>	<p>There was no evidence that the practice of group purchasing is ongoing and as a result the policy has not been developed.</p>	<p>No Longer Applicable</p>

Appendix 2 Belfast HSC Trust Finance Recommendations Reviewed During the 2015-16 Inspection Year

Inspection	Recommendation	Action Taken	Compliance
Innishfree (NRU), Knockbracken, 07 July 2015	It is recommended that the ward manager ensures that regular individual patient statements are received from the cash office at the ward to facilitate reconciliation of expenditure and receipts	The inspector reviewed a sample of the cash statements received by the ward manager for all patients. These are cross referenced with the ward records for any discrepancies.	Met
Moylena, Muckamore Abbey, 20 & 21 June 2015	It is recommended that the ward manager ensures that a record of staff who access the key to the Bisley drawer, and the reason for access, is maintained.	Inspectors reviewed the records in relation to patient finances and noted that a record of staff who had access to the key to the Bisley drawer and the reason for access was maintained	Met
Ward L, Mater Hospital, 06 August 2014	It is recommended that the Trust introduce a uniform policy for managing patients' finances across all wards.	The Trust's <i>'Patients' Finances and Private Property-Policy for Inpatients within Mental Health and Learning Disability Hospitals'</i> was up to date and had been implemented in September 2014. A copy of the policy was available in the ward's main office and on the Trust's intranet. A staff declaration sheet evidenced that staff had read and understood the procedures concerning the management of patient's private property.	Met

Appendix 3 Southern HSC Trust Finance Recommendations Reviewed During the 2015-16 Inspection Year

Inspection	Recommendation	Action Taken	Compliance
<p>Cloughmore, Craigavon Area Hospital, 23 April 2015</p>	<p>It is recommended that the ward manager ensures that all items brought into the ward on admission are listed appropriately, the area of their storage or transfer recorded, and appropriate receipting undertaken, particularly when relatives remove items from the ward.</p>	<p>The inspector reviewed the patients property book. The patient signature indicated that the patient agreed and understood that 'items in their possession remain their responsibility'. On admission a record of the patient's property is recorded; records reviewed evidenced that this was signed by two staff and retained in the individual patient's file.</p>	<p>Met</p>
	<p>It is recommended that the Trust develops and implements a uniform policy for managing patients' finances within the Bluestone Unit, including managing and securing patients' property held in the ward safes.</p>	<p>The inspector was advised by the ward manager and patient flow and bed management coordinator that the uniform policy had not been created. The inspector was advised that this recommendation is currently being managed by the Trust's finance department. The inspector was advised that there was no draft policy available but that the policy will be made available from 31 May 2015.</p>	<p>Not Met (See below for follow up)</p>
<p>Cloughmore, Craigavon Area Hospital, 14 September 2015</p>	<p>It is recommended that the Trust develops and implements a uniform policy for managing patients' finances within the Bluestone Unit, including managing and securing patients' property held in the ward safes.</p>	<p>The inspectors reviewed the trust's policy and procedure for managing patients' private property which was issued in May 2015. This policy included the management of patients' finances within the Bluestone Unit, including managing and securing patients' property held in the ward safe.</p>	<p>Met</p>

		Cloughmore does not currently have a safe on the ward.	
Silverwood, Craigavon Area Hospital, 27 August 2015	It is recommended that the Trust develops and implements a uniform policy for managing patient's finances within the Bluestone Unit.	The inspectors reviewed the policy and procedure for managing patients' private property this was issued in May 2015.	Met
Willow, Craigavon Area Hospital, 29 July 2015	It is recommended that the Trust develops and implements a uniform policy for managing patient's finances within the Bluestone Unit.	The ward manager stated that patients' money is not retained on the ward. A procedure was in place to direct staff on what to do when a patient is admitted with a large sum of money or valuable items. The inspectors reviewed the policy and procedure for managing patients' private property issued in May 2015.	Met
	It is recommended that the ward manager ensures that all staff attend relevant training in policies and procedures for management of patient's finances.	The ward manager stated that staff had not received formal training in the management of patients' finances. However, the policy was circulated to staff for comments before it was issued in May 2015. The policy and procedure for managing patients' private property was available for staff on the ward.	Met

Appendix 4 Northern HSC Trust Finance Recommendations Reviewed During the 2015-16 Inspection Year

Inspection	Recommendation	Action Taken	Compliance
<p>Carrick 4, Holywell Hospital, 08 & 15 May 2015</p>	<p>It is recommended that the ward manager ensure that all staff attend up to date training in the management of patients' monies and valuables.</p>	<p>The inspector reviewed the training matrix for the ward and noted that 6 (23%) of the 26 staff currently working on the ward had no record of having attended this training. The inspector was informed that there were currently no further dates available for staff to attend.</p>	<p>Not met (See inspection dated 19-25 November 15 for follow up)</p>
	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct</p>	<p>The Deputy Ward Manager advised the inspector that this practice was still not in place for any of the patients. A copy of the statements were obtained from the cash office by the Deputy Ward Manager by the end of the inspection, however these had not been cross referenced to the ward records of patients' finances.</p>	<p>Not met (See inspection dated 19-25 November 15 for follow up)</p>
	<p>It is recommended that the ward manager ensures that regular weekly checks of patients' money held against the cash ledger are undertaken and appropriately recorded.</p>	<p>The inspector reviewed the patients' account/safe register audit sheets for all patients and noted that weekly checks were not being completed. In the case of three of the 15 patients on the ward there had been no review of their records since February 2015. The deputy ward manager confirmed that these were the only checks currently undertaken. The ward manager confirmed that they had not been completing weekly checks of all patients' records.</p>	<p>Not met (See inspection dated 19-25 November 15 for follow up)</p>

Carrick 4, Holywell Hospital, 19-23 November 2015	It is recommended that the ward manager ensure that all staff attend up to date training in the management of patients' monies and valuables.	Inspectors reviewed the training records and noted that all staff had attended up to date training on the management of patient's monies and valuables.	Met
	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct	Inspectors reviewed documentation in relation to patient's monies and noted that a copy of each patient's statement was received from the cash offices every month and retained in each patient's financial file. Inspectors also noted that the Ward Manager completes and documents a weekly safe audit and verifies that transactions were correct.	Met
	It is recommended that the ward manager ensures that regular weekly checks of patients' money held against the cash ledger are undertaken and appropriately recorded.	Inspectors reviewed documentation in relation to the patient's monies. An audit was completed every week of the amount of money held for each patient in the safe against the cash ledger.	Met
Inver 4, Holywell Hospital, 22 June 2015	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	The inspector reviewed a sample of the statements received from the cash office and could confirm that these are audited monthly by the ward manager. A receipt is returned to the cash office to confirm that the statements have been checked and are correct.	Met
Lissan 1, Holywell Hospital, 21 May 2015	It is recommended that the ward manager ensure that all staff attend up to date training in the management of patients' monies and valuables.	The inspector reviewed a copy of the staff training records and was pleased to note that 19 of the 20 staff currently working on the ward had completed this training.	Met
Ross Thompson Unit, Causeway Hospital 23 July 2015	It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded.	The ward's patient property book evidenced that all valuable items brought into the ward by the patient were recorded. In circumstances where a relative removed	Met

	Record of receipt by the relative should be obtained.	<p>items this was discussed with the patient, the relative and the multi-disciplinary team (as required). The removal of items registered in the patient property book was recorded.</p> <p>The inspector noted posters displayed on the wall opposite the ward's main entrance advising patients, relatives and visitors of their responsibility to inform staff should items of property be removed from the ward. This included clothing being removed for laundry.</p>	
	It is recommended that the ward manager ensures that records of purchases made and change returned to patients are maintained along with appropriate receipting processes.	Purchases made by staff on behalf of a patient were recorded on a patient monies receipt form. The form was retained on the patient's file and included a record of the money spent and associated receipts. Entries onto the form were signed by two members of staff and the patient. Patient money receipt forms reviewed by the inspector had been completed in accordance to Trust policy and procedure.	Met
Tobernaven Upper, Holywell Hospital, 08 June 2015	It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.	The inspectors noted posters displayed at ward level advising patients, relatives and visitors of their responsibility to inform staff should items of property be removed from the ward.	Met
	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	From May 2015 cash statements have been provided to the ward from the cash office. The inspectors reviewed a sample of the statements and could confirm that these are audited monthly by the ward manager. A	Met

		receipt is returned to the cash office to confirm that the statements have been checked and are correct.	
Tobernaveen Centre, Holywell Hospital, 25 June 2015	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	The inspector reviewed a sample of the statements received from the cash office which confirmed that these are audited monthly by the ward manager. A receipt is returned to the cash office to confirm that the statements have been checked and are correct.	Met
Tobernaveen Lower, Holywell Hospital, 14 May 2015	It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.	The inspector noted that ward management had displayed notices throughout the ward advising patients and visitors of their responsibilities regarding patient property. On the day of admission a record of patient property returned home is completed the inspector can confirm this is receipted accordingly.	Met
	It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.	The inspector met with the ward manager who advised that there were currently no patients on the ward deemed incapable of managing their finances. As a result the ward was not currently managing any patients' finances. The ward manager advised that any patient deemed incapable of managing their finances a statement would be obtained from the cash office. Ward management had displayed notices on the ward advising patients that a statement can be provided from the cash office on request.	Met

Appendix 5 Western Trust HSC Finance Recommendations Reviewed During the 2015-16 Inspection Year

Inspection	Recommendation	Action Taken	Compliance
<p>Beech, Tyrone and Fermanagh Hospital, 20 July 2015</p>	<p>It is recommended that the Trust reviews the current practice for authorisation of larger purchases, including eliminating the practice of the same staff authorising the purchase and verifying the receipt. A policy and procedure should be developed and implemented.</p>	<p>Inspectors reviewed records regarding authorisation of larger purchases and there was evidence of 3 signatures to authorise the purchase, purchase the item and to verify receipts.</p> <p>However two policies in relation to this practice had not been reviewed and updated - the Cash Handling Policy Sept 2011 and the Patient Property Policy which had not been updated since March 2012 to reflect this new practice.</p> <p>A new recommendation will be made in relation to reviewing these two policies and procedures. This will be followed up during an unannounced inspection in the 2016-17 inspection year.</p>	<p>Partially Met</p>
	<p>It is recommended that the ward manager trust introduces a weekly audit of receipts against expenditure on this ward.</p>	<p>Inspectors reviewed financial records held on the ward. The acting ward manager had completed a weekly audit of receipts received and had checked this against expenditure.</p>	<p>Met</p>
	<p>It is recommended that the Trust introduces a secondary check of expenditure records on this ward.</p>	<p>There was evidence in the financial records that two staff members had checked receipts on the ward. The acting ward manager also completed a weekly check of records.</p>	<p>Met</p>

	<p>It is recommended that the ward manager ensures that a record of all staff who obtain the key to the safe where patients' money is stored is maintained including the reason for access.</p>	<p>Staff had recorded who obtained the key to the safe in the "Safe Key Register" book; this was signed by two members of staff. A book was also held to record the reason for access to the safe. This was audited each week by two members of staff</p>	<p>Met</p>
<p>Brooke Lodge, Lakeview Hospital, 6 & 7 May 2015 (Now Known as Lakeview Hospital)</p>	<p>It is recommended that the ward manager ensures that regular statements are received from the cash office to facilitate verification of transactions and expenditure.</p>	<p>Inspectors were informed that the patients admitted to the ward during the inspection did not have their money retained by the Trust's cash office. Patient's monies were held on the ward in the wards safe.</p> <p>Inspectors reviewed the safe records and noted that each patient had an individual cash record. Records had been completed in accordance to the Trust's cash handling procedures. Inspectors noted that the Trust's policy directed that staff ensure that only small amounts of patients' monies (under £50) should be retained in the safe. The Trust's policy detailed that patients presenting with more than £50 should have their money deposited within the Trust's cash office.</p> <p>However, inspectors evidenced that one patient had received a sum of £170 one week prior to the inspection. Inspectors were informed that the money had been provided by the patient's relative to purchase essential items. Inspectors were concerned that retaining this amount of money was contrary to section 1.4.10 of the Trust's patient</p>	<p>Met</p>

		<p>property procedures. Section 1.4.10 states that <i>'A maximum of £50.00 can be held at ward level for any patient'</i>. A new recommendation regarding this issue has been made.</p> <p>In circumstances where patients' money was retained by the Trust's finance department, statements of transactions and expenditure were provided to the patient on a monthly basis.</p> <p>It was good to note that the Trust's finance department conducted ongoing audits of the ward's petty cash, patient property, and the ward's safe and the safe records.</p>	
	<p>It is recommended that the Trust develops and implements a policy and procedure in relation to operating individual patient saving accounts.</p>	<p>The Trust's Cash Handling Procedures detailed the steps to be taken by ward staff regarding the management of patient property.</p> <p>Section 2.1.2 of the Trust's patient property procedures detailed that upon admission a patient's cash/valuable items must be sealed in the patient's property envelope and forwarded to the Trust's finance department.</p> <p>A finance officer informed inspectors that patients' monies (above the sum of £50) were deposited in a Trust account, under the patient's name, within a local branch of a national bank. A Trust finance officer</p>	<p>Met</p>

		informed inspectors that the Trust's finance department reviewed each patient account and forwarded individual statements to the patient on a monthly basis.	
	It is recommended that the ward manager ensures that updated training in the management of patients' finances is prioritised for all staff.	Updated training for nursing staff in relation to the management of patients' finances had not taken place since the last inspection. This recommendation will be restated for a third time.	Not met (Please see below for follow up)
Brooke Lodge, Lakeview Hospital, 7-11 September 2015 (Now known as Lakeview Hospital)	It is recommended that the ward manager ensures that updated training in the management of patients' finances is prioritised for all staff.	Inspectors were informed a training package had been developed by the hospital manager. The training package was available and reviewed by inspectors and included the trust policy and procedure on the management of patient's property. Inspectors reviewed the record of attendees at the training. All staff were recorded as having attended the training. The training was delivered by the hospital manager and deputy ward manager.	Met
Cedar, Gransha, 9 June 2015 (This ward has now closed)	It is recommended that the ward manager ensures that regular statements are received from the cash office to facilitate verification of transactions and expenditure.	Eight of the patients admitted to the ward had accounts with the Trust's cash office. Inspectors reviewed the ward's patient cash balances book. The book evidenced that the ward manager received a patient balances update sheet from the cash office, for each patient, every two weeks. Cash office updates recorded the patient's name, hospital number, account balance, completed transactions and a subsequent	Met

		brought forward balance. Inspectors reviewed the records from the 4 November 2014. Records evidenced that patient monies retained by the cash office had been recorded in accordance to Trust policy and procedure.	
Lime, Tyrone and Fermanagh Hospital, 21 July 2015	It is recommended that the ward manager develops a system to ensure that where staff are making purchases on behalf of patients, a transparent record is maintained of the amount of money received, purchases made and change returned and verified by another staff member.	The inspectors reviewed the records for the management of patient finances. The inspectors observed that when staff were spending money on a patient's behalf, the money was signed out to the responsible member of staff. Records maintained evidenced the amount of money received, purchases made and change returned. Records were verified by a second member of member.	Met
	It is recommended that the ward manager ensures that a record is kept of the staff member who obtains the key to the patient's safe, and the reason for access is maintained.	The inspectors reviewed the finances records for the ward and noted that the safe key was signed by two nursing staff at the handover of each shift. In addition the contents of the safe were also checked daily by two nursing staff. Within each patient's finance records staff record the reason for removal of monies on each occasion. Individual patient's monies were also checked weekly and the records signed by two nursing staff.	Met



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