Name of Policy: Patients Monies and Property

Effective From: August 2008

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Reviewed by: Pam Oliver + Judith Gibson
1. **Introduction**

The Trust has a responsibility to ensure that property belonging to patients whilst they are in our care is recorded, stored and returned in accordance with the required standards. This policy outlines the procedures to be followed by nursing, cashiering, finance and patient accounting staff whilst carrying out these functions.

The patient accounting procedures are followed by staff who are employed by NTW Mental Health Trust, who are based in the Tranwell unit and carry out this work under a service level agreement on behalf of the Trust.

2. **Policy Scope**

The policy applies to all members of staff who have responsibility for the recording, storing and return of the property to patients and/or their carers.

3. **Aims of the Policy**

- To provide standard guidance to staff when patients bring valuables into the Trust.
- To safeguard the Trust and patients against loss.

4. **Roles and Responsibilities**

**Divisional Managers**

Are required to ensure that these procedures are carried out by their staff and that Disclaimer forms are displayed in all patient areas

**Nursing and Cashiering staff**

Are required to:

- record, store and return the property appropriately.
- ensure that they fully comply with these instructions when patients valuables are in their care.

**Finance and Patient Accounting staff**

Are required to follow these procedures when dealing with the paperwork associated with the recording of the patients valuables and apply the appropriate financial controls to safeguard these items.
## OPERATIONAL POLICY CONTENTS

### PROCEDURE NOTES

<table>
<thead>
<tr>
<th>SECTION ONE</th>
<th>COLLECTION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>COMPLETION OF PATIENT PROPERTY BOOK – NURSING STAFF</td>
<td>5</td>
</tr>
<tr>
<td>1.2</td>
<td>PATIENTS’ MONIES AND PROPERTY RECEIPT OF MONEY AND PROPERTY AT WARD LEVEL</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(DISCLAIMER FORM)</td>
<td>12</td>
</tr>
<tr>
<td>1.3</td>
<td>PATIENTS’ MONIES AND PROPERTY ACCIDENT AND EMERGENCY PATIENTS</td>
<td>13</td>
</tr>
<tr>
<td>1.4</td>
<td>PROCEDURE FOR REMOVAL OF OFFENSIVE WEAPONS OR ILLEGAL DRUGS FROM PATIENTS</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>BEING ADMITTED TO HOSPITAL</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION TWO</th>
<th>CUSTODY</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>PATIENTS’ MONIES AND PROPERTY TRANSFER OF MONIES AND PROPERTY TO THE CASHIER’S OFFICE PROCEDURES FOR NURSING STAFF</td>
<td>18</td>
</tr>
<tr>
<td>2.2</td>
<td>PATIENTS MONIES AND PROPERTY/TRANSFER OF MONIES AND PROPERTY TO CASHIER’S OFFICE/PROCEDURES FOR CASHIERING STAFF</td>
<td>21</td>
</tr>
<tr>
<td>2.3</td>
<td>PATIENTS MONIES AND PROPERTY/OFFICE PROCEDURE FOR THE SAFE CUSTODY OF MONIES AND PROPERTY/PROCEDURES FOR CASHIERING STAFF</td>
<td>23</td>
</tr>
<tr>
<td>2.4</td>
<td>TRANSFER OF PATIENTS AND THEIR VALUABLES TO OTHER WARD OR HOSPITALS WITHIN THE TRUST</td>
<td>25</td>
</tr>
<tr>
<td>2.5</td>
<td>PATIENTS’ MONIES AND PROPERTY/COLLECTION OF PENSIONS ON BEHALF OF PATIENTS</td>
<td>27</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION THREE</th>
<th>RECORDING</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PATIENTS PROPERTY PROCEDURE/PATIENTS ACCOUNTING SYSTEM</td>
<td>28</td>
</tr>
</tbody>
</table>

3
**PATIENT MONEY AND PROPERTY/GENERAL WARD PROCEDURES**

- (FORMS PA1 - Authorisation to Open a Patient’s Account INSTRUCTIONS AND FORM)  
- (FORM PA2 Financial Information Sheet – Incapable patients/ Instructions and form pages)  
- (FORM PA3 – Change of Patient Details/Instructions and form)  
- (FORM PA4 – Holiday/Outing Withdrawal/Instructions and form)  
- (FORMS PA9 Patients Accounts Withdrawal Form)  
- (FORM P10 Patient’s Account Receipt)  

**SECTION FOUR SAFEKEEPING ON WARDS**

- (FORM RS1 SAFE LOG)  

**SECTION FIVE RETURN**

- 5.1 RETURN OF MONEY AND PROPERTY TO PATIENTS  
  - (FORM PA5)  
- 5.2 ESTATES OF DECEASED PATIENTS  
  - (FORMS PM1 /PM2)  

**SECTION SIX DISPOSAL**

- DISPOSAL OF PROPERTY OF DECEASED PATIENTS UNCLAIMED PROPERTY  

**SECTION SEVEN LOST PROPERTY**

- (LOST PROPERTY FORM)  

**SECTION EIGHT FOUND PROPERTY**

- (FOUND PROPERTY FORM)
SECTION ONE   COLLECTION

PROCEDURE NOTE 1.1

COMPLETION OF PATIENT PROPERTY BOOK – NURSING STAFF

Receipt of Property

Short Stay – up to 48 hours:

Step 1: Complete each section of the form accurately. Care should be taken to ensure that the property handed over is accurately recorded to avoid any uncertainty or confusion when property is returned to the patient. The use of terms, such as, “gold”, “silver”, “diamond” and “ruby” should be avoided when describing items, “Yellow metal”, “white stone”, “red stone”, etc should be used.

Step 2: Agree the items entered into the Patient Property Book with the patient and another member of staff. Both members of staff and the patient should sign the book to confirm the items handed over for safe keeping. Hand the White copy of the form to the patient.

Step 3: If the patient is incapable of signing the Patients’ Property Book enter in the patient’s signature space “patient incapable” and both nurses sign.

Step 4: Place the property into a patient property envelope with the Yellow copy and write on the front of the property envelope the patient’s -

Name
Date of Birth
Ward/Unit
Nursing staff

Both nursing staff should sign over the seal.

Where the item of property is too large for an envelope it should be placed in a property bag and a Patient Property envelope attached to it.

Step 5: Place the patient property into the Ward safe (or identified lockable area if too bulky for Ward safe)
Step 6: On returning the property, check that the seal has not been broken and take the property and Property book to the patient.

Step 7: The nurse will agree the items with the patient.

Step 8: The patient will sign the **Pink copy** of the Patient Property Book to say that he/she has received the items and that they are correct. The **Pink** and **Blue** copies remain in the Patient Property Book.

**Long Stay - over 48 hours**

Follow steps 1 - 4 as for Short Stay.

Step 5: Take the property and book to the Cashier’s Office.

Step 6: The Cashier will sign the bottom section of the form to accept responsibility for the property.

Step 7: The cashier will issue an official Trust receipt for any cash handed over. This should be attached to the blue copy of the Patient Property book to confirm that the cash has been received by the cashier.

**Outside office hours**:

Put the **Yellow** and **Pink** copy into the patient’s property envelope and place in the night safe (beside the cashiers office at Queen Elizabeth Hospital Main entrance and Tranwell)

The **Pink copy** will be returned from the cashier’s office with an official receipt. This should be given to the patient immediately. The **Pink copy** should be stapled back into the Patients’ Property Book on the corresponding page.

**Return of Property**

**Short Stay – up to 48 hours**:

Step 8: The patient/carer will hand over the white copy of the Patient Property book or other evidence to prove that they are entitled to the property. The nurse will collect the items from the safe/secure location and agree the items with the patient/carer.

Step 9: The patient/carer will sign the **Pink copy** of the Patient Property Book to say that he/she has received the items and that they are correct. The **Pink** and **Blue copies** remain in the Patient Property Book.
**Long Stay - over 48 hours**

**Step 10:** Property will be returned to the patient/carer by the Cashier.

The patient/carer will hand over the white copy of the Patient Property book or other evidence to prove that they are entitled to the property. They will sign the yellow copy of the form to acknowledge receipt of the property. Where possible the cashier should check that the signature matches the original signature of the patient when the property was deposited.

The cashier should periodically check the file of outstanding Patient Property book sheets to ensure that property is not held for patients who have been discharged.

**Points to note:**

1. The Property book must be completed in sequential order.

2. If a property voucher is spoilt **DO NOT** tear out all four copies and destroy, **simply** put a line through and sign your name and add the date.

3. These books are controlled stationery and receipt should be acknowledged. New books are available from Financial Accounting, Bensham Hospital extn. 5327.

4. Completed books should be retained on the department for a minimum period of 2 years.
PROCEDURE NOTE 1.2

PATIENTS’ MONIES AND PROPERTY

RECEIPT OF MONEY AND PROPERTY AT WARD LEVEL

A  GENERAL

Nursing staff on wards and departments are responsible for ensuring that patients are aware of the Trust’s policy with regard to patients’ monies and property (i.e. that no liability will be accepted by the Trust for the loss of any money or property unless it is handed over for safekeeping).

Nursing staff will also be responsible for the receipt and initial recording of money and property which is handed over.

B  DISCLAIMER NOTICES

All wards and departments should display prominent disclaimer notices stating the aforementioned policy. Divisional Managers shall be responsible for determining the nature and location of disclaimer notices. Nursing staff should draw the attention of patients and relatives to these notices and if necessary explain the policy.

If a patient is classified as incapable the disclaimer form in appendix A should be completed and put into the patients medical notes.

C  RECEIPT AND RECORDING OF MONEY AND PROPERTY

1. Patients who are conscious and capable of managing their own affairs

   1.1 Wherever possible patients should be encouraged to leave money and property which is not immediately required with relatives or friends for safe keeping.

   1.2 If this is not possible, patients, having been informed of the Trust’s policy with regard to money and property, should be encouraged to deposit any money or property which is not immediately required in safe custody.

   1.3 All money and property which is handed over should be recorded in the Patient’s Property Book accurately to avoid any uncertainty or confusion when property is returned to the patient. Do not record money and property retained on the ward by the patient.
1.4 The use of terms such as “gold” and “silver” should be avoided when describing items of jewellery etc. but descriptions such as “yellow metal” or “white metal” should be used instead. Stones in rings or other jewellery should not be described as “diamond” “ruby” etc. but the terms “white stone”, “red Stone” etc should be used.

1.5 Money which is contained in wallets or purses handed over for safe custody should be counted and the amount recorded in the Patients’ Property Book. All money handed over for safe custody will ultimately be banked and it is important that this procedure is followed in order to ensure that all money is properly identified and accounted for.

1.6 Once the Patients’ Property Book is complete, check the details and sign.

1.7 The patient should be given White copy of the Patients’ Property Book sheet and informed of the need to retain this as evidence that the money and property has been handed over.

2. Patients who are unconscious or otherwise incapable of managing their own affairs.

Particular care must be taken when dealing with the money and property of patients who are unable to deal with their own affairs. The following procedures must be followed in all such cases in order to safeguard the interests of patients, staff and the Trust.

2.1 Where the property of such patients is to be handed over to relatives, the procedure outlined in paragraphs 2.2 to 2.4 below should be followed, and the relatives should be required to sign the Patients Property Book to acknowledge receipt of the property.

2.2 All property should be recorded in the Patients Property Book. This must be undertaken by two members of staff together.

Great care should be taken to ensure that property taken into safe custody is accurately recorded in the Patients’ Property Book in order to avoid any uncertainty or confusion when property is returned to the patient.
The use of terms such as “gold” and “silver” should be avoided when describing items of jewellery etc. but descriptions such as “yellow metal” or “white metal” should be used instead. Stones in rings or other jewellery should not be described as “diamond” “rub/ etc. but the terms “white stone”, “red stone” etc. should be used.

Money which is contained in wallets or purses taken into safe custody should be counted and the amount recorded in the Patients’ Property Book. All money taken into safe custody will ultimately be banked and it is important that this procedure is followed in order to ensure that all money is properly identified and accounted for.

2.3 The top copy of the Patients’ Property Book sheet should be handed to the Patients relatives or put into the nursing care plan until such time as the patient regains the capacity to deal with his affairs.

The other copies should remain in the book unless valuables are transferred to the cashier’s office; in which case the yellow and pink copies should be passed to the cashier’s office with the patients valuables.

2.4 All money and property handed over for safe custody should be stored as described in para D (Page 11)

3 Deceased Patients

3.1 Where patients are dead on arrival at the accident and emergency department, or die whilst in hospital the procedure in paragraphs 2.2 to 2.4 should be followed.

3.2 The top copy of the Patients’ Property Book sheet, which would normally be handed to the patient, should be taken, along with the other copies (as described in procedure note No. 02.1) and the property, to the cashiers office.

3.3 All money and valuables should be removed from deceased patients BEFORE the body is taken to the mortuary.

3.4 Where mortuary staff find money or valuables which have not been removed these should be taken into safe custody following the procedure given in section 2.
D  STORAGE OF ITEMS HANDED OVER FOR SAFEKEEPING

UP TO 48 HOURS

Cash and valuables should be put into a patients valuables “envelope”, and stored in the safe/identified secure area, on the ward, or if it is considered appropriate be taken to the cashier’s office.

The yellow copy of the patients property book should be kept with the property. When the property is returned to the patient, the patient will sign this copy to acknowledge receipt of the property. The yellow copy should then be stapled to the relevant pink/blue copies in the patient property book.

OVER 48 HOURS

The patient’s valuables envelope should be passed to the cashier’s office as soon as possible.

E  BULKY ITEMS EG CLOTHING

Should be stored in a lockable cupboard/locked area on the ward/unit.

The responsibility of the safe/secure area lies with the nurse in charge of the ward/unit.
DISCLAIMER FORM
Gateshead Health NHS Foundation Trust
Hospital…………………….. Dept/Ward…………
Name:………………………………………Record No…………………..

DISCLAIMER FORM
PATIENT’S PROPERTY

To be completed by every patient or next of kin. Once completed to be retained in the case notes.

You are encouraged to arrange for any valuables, cash or property to be handed to your relatives. If this is not possible, you are advised to give any items you want placing in safe storage to the Nurse in Charge and an official receipt will be issued.

You are responsible for any items you have retained. The Trust cannot accept responsibility for loss of, or damage to personal property that has not been deposited for safe keeping.

I have read the above notice and I accept responsibility for any property retained in my possession.

Signature of Patient/Next of Kin………………… Date…………
Time………..
Printed Name……………………………………………………………

Witnessed by………………………………………………….. Date………..
Time………..
Designation……………………………………………………………

If patient/next of kin refuses to sign disclaimer from, but retains items, enter against signature ‘Refuses to sign’ and obtain signature of a second member of staff as witness.
PROCEDURE NOTE 1.3
PATIENTS’ MONIES AND PROPERTY
ACCIDENT AND EMERGENCY PATIENTS

A GENERAL

Accident and emergency attendance’s and admissions are, by their very nature, unplanned, and patients will not have prepared to come into hospital. For this reason they may well have larger quantities of money and valuables in their possession than a routinely admitted patient would be expected to have.

Accident and emergency patients may need urgent medical attention, and it is self evident that this must be the first priority, however, staff should always bear in mind the need to ensure that, where necessary, the property of such patients is protected.

There are many different types of accident and emergency patient, and many ways in which they could be classified, but for the purposes of this document they fall into the following basic groups:

- Patients who are conscious and fully able to deal with their own property.
- Patients who are conscious and able to deal with their own property, but are to be admitted to hospital.
- Patients who are unconscious, disoriented or otherwise unable to deal with their own property.

B PATIENTS WHO ARE CONSCIOUS AND FULLY ABLE TO DEAL WITH THEIR OWN PROPERTY

Many accident and emergency patients will be treated as outpatients, and there will be no need for staff to be involved in dealing with their property at all. Disclaimer notices should be displayed, indicating that the Trust will not be responsible for the loss of property, including money, howsoever caused.
C PATIENTS WHO ARE CONSCIOUS AND ABLE TO DEAL WITH THEIR OWN PROPERTY BUT ARE TO BE ADMITTED TO HOSPITAL

Accident and Emergency Department staff should avoid taking money and property into safe custody, but should take care to ensure that anything belonging to the patient is taken to the ward to which he/she is to be admitted, where it should be dealt with by the staff on that ward in accordance with procedure note 1.2.

Where money or property are taken into safe custody the following procedure should be adopted.

1) Wherever possible patients should be encouraged to leave money and property which is not immediately required with relatives or friends for safe keeping.

2) Where this is not possible, patients, having been informed of the Trust’s policy with regard to money and property, should be encouraged to deposit any money or property which is not immediately required in safe custody.

3) All money and property handed over should be recorded in the Patients’ Property Book.

4) Only money and property which is handed over should be recorded in the Patients’ Property Book. Money and property retained on the ward by the patient should NOT be recorded.

5) Great care should be taken to ensure that property handed over is accurately recorded in the Patients’ Property Book in order to avoid any uncertainty or confusion when property is returned to the patient.

6) The use of terms such as “gold” and “silver” should be avoided when describing items of jewellery etc. but descriptions such as “yellow metal” or “white metal” should be used instead. Stones in rings or other jewellery should not be described as “diamond” “ruby” etc. but the terms “white stone”, “red stone” etc should be used.

7) Money which is contained in wallets or purses handed over for safe custody should be counted and the amount recorded in the Patients’ Property Book. All money handed over for safe custody will ultimately be banked and it is
important that this procedure is followed in order to ensure that all money is properly identified and accounted for.

8) When the foregoing procedures have been carried out and the entry in the Patients’ Property Book is complete, the details should be carefully checked and the patient and the member of staff receiving the money and property should both sign the Patients’ Property Book.

9) The patient should be given the top copy of the Patients’ Property Book sheet and informed of the need to retain this as evidence that the money and property has been handed over.

10) All money and property handed over for safe custody should be transferred to the Hospital office as soon as possible, following the procedure given in procedure note 2.1

D PATIENTS WHO ARE UNCONSCIOUS, DISORIENTED OR OTHERWISE UNABLE TO DEAL WITH THEIR OWN PROPERTY

1) Particular care must be taken when dealing with the money and property of patients who are unable to deal with their own affairs. The following procedures must be followed in all such cases in order to safeguard the interests of patients, staff and the Trust.

2) Where the property of such patients is to be handed over to relatives, the procedure outlined in paragraphs 2 to 8 below should be followed, and the relatives should be required to sign the Patients’ Property Book to acknowledge receipt of the property. All copies of the Patients’ Property Book should be retained on file.

3) Where property is to be handed over to relatives, the recording of the property to be handed over must be undertaken by two members of staff together.

4) All money and property handed over to relatives must be recorded in the Patients’ Property Book.

5) Great care should be taken to ensure that property handed over to relatives is accurately recorded in the Patients’ Property Book in order to avoid any uncertainty or confusion
when the patient regains the capacity to deal with his own affairs.

6) The use of terms such as “gold” and “silver” should be avoided when describing items of jewellery etc. but descriptions such as “yellow metal” or “white metal” should be used instead. Stones in rings or other jewellery should not be described as “diamond” “ruby etc. but the terms “white stone”, “red stone” etc. should be used.

7) Money which is contained in wallets or purses taken into safe custody should be counted and the amount recorded in the Patients’ Property Book. All money taken into safe custody will ultimately be banked and it is important that this procedure is followed in order to ensure that all money is properly identified and accounted for.

8) When the foregoing procedures have been carried out and the entry in the Patients’ Property Book is complete, the details should be carefully checked and both members of staff handing over the money and property should sign the Patients’ Property Book.

9) The top copy of the Patients’ Property Book sheet should be retained on file with the other copies until such time as the patient regains the capacity to deal with his affairs.

10) Where the patient is transferred to another hospital, staff should ensure that all property is transferred with the patient.

11) All money and property handed over for safe custody should be transferred to the Hospital office as soon as possible, following the procedure given in procedure note 2.1
PROCEDURE NOTE 1.4

PROCEDURE FOR REMOVAL OF OFFENSIVE WEAPONS OR ILLEGAL DRUGS FROM PATIENTS BEING ADMITTED TO HOSPITAL

1) It is an offence for any person to possess illegal drugs or to have with him in a public place any offensive weapon or firearm without lawful authority or excuse (the proof of which lies with the person in possession of the weapon) The publicly accessible parts of the hospital are classified as a public place.

2) If an illegal item is found in the possession of a patient, he should be advised that possession of the item is unlawful, and asked to hand over voluntarily the item to a member of the hospital staff. A disclaimer certificate should be completed and signed by the patient. If the patient refuses to sign the certificate the appropriate member of staff should record the fact.

3) If the patient refuses to hand over the item, he should be advised that he is committing an offence and that the police will be called. If he still refuses, the police should be called immediately.

4) Hospital staff are advised not to exercise force in removing the item from the patient. Although this might be correct in law (and would therefore be unlikely to lead to a successful claim against the member of staff or the hospital), there is a risk of injury being incurred. The police should be called in all cases where the patient is unwilling to hand over the item voluntarily.

5) If the patient is unconscious or otherwise unable voluntarily to hand over the item, it should be removed in any case.

6) In cases where the item has been handed over voluntarily, it should be labeled carefully and sealed in an envelope with the completed disclaimer form, and locked away. The Divisional manager/Senior nurse on duty should be informed and he must assume responsibility for deciding whether or not to hand over the item to the police. It should be noted that only persons authorised by legislation may retain possession of controlled drugs.

7) Under no circumstances should the item be returned to the patient.

8) In cases where it has been necessary to call the police because of the patient’s refusal to hand over the item voluntarily the police should be asked to accept responsibility for the item and for any subsequent action.
SECTION TWO  CUSTODY

PROCEDURE NOTE 2.1

PATIENTS’ MONIES AND PROPERTY

TRANSFER OF MONIES AND PROPERTY TO THE CASHIER’S OFFICE

PROCEDURES FOR NURSING STAFF

GENERAL

All money and property taken into safe custody, with the exception of money and property held for short periods on wards and departments under the arrangements described in procedure note No. 01.2, should be transferred as soon as possible to the hospital cashier’s office.

The procedure to be followed will vary depending upon whether or not the office is open, and whether or not a night deposit facility is provided. This procedure note therefore is divided into three sections, to cover each of these situations.

The procedures given must be followed in all cases, and money and property must NOT be retained on wards and departments, subject to the exceptions outlined in procedure note no 02.2, or in circumstances where bulky property of relatively small value, (e.g. clothing), is received when the cashiers office is closed.

A  PROCEDURE WHEN CASHIER’S OFFICE IS OPEN

1) As soon as possible after the money and property has been received and entered into the Patients’ Property Book, the items recorded should be taken, along with the Patients’ Property Book, to the hospital cashier’s office.

2) All of the money and property recorded should be handed to the Cashier, along with the Patients’ Property Book.

3) The Cashier should sign Patients’ Property Book to acknowledge receipt of the property.
4) The Cashier will retain the yellow copy of the Patients’ Property Book, and return the book to the member of staff handing over the property.

5) A separate official receipt should be obtained for any money handed over. The member of staff handing over the money should ensure that the receipt is for the correct amount and has been signed by the Cashier and that the receipt number has been entered in the Patients’ Property Book.

6) The official receipt should be handed to the patient or retained with the top copy of the Patients’ Property Book sheet where this has not been handed to the patient. (see 01.2 para 2.3)

B PROCEDURE WHEN CASHIER’S OFFICE IS CLOSED AND NIGHT DEPOSIT FACILITIES ARE PROVIDED (QEH and Tranwell only)

1) As soon as possible after the money and property has been received and entered into the Patients’ Property Book, the items recorded should be placed in a sealed patient property envelope, along with the yellow and pink copies of the Patients’ Property Book sheet.

2) The sealed patient property envelope should then be placed in the night deposit safe (beside the cashier’s office in the main entrance to the hospital).

3) When the hospital office re-opens the Cashier will sign both copies of the Patients’ Property Book sheet and make out an official receipt for any money deposited. The pink copy of the Patients’ Property Book sheet and the official receipt will be returned to the ward or department making the deposit.

4) On receipt of the pink copy of the Patients’ Property Book sheet and the official receipt, the patients named nurse should ensure that the Patients’ Property Book sheet has been signed by the cashier, that the official receipt is for the correct amount, and enter the receipt number into the Patients’ Property Book. These documents should be attached to the blue copy of the Patients’ Property Book.
C PROCEDURE WHEN CASHIER’S OFFICE IS CLOSED AND NO NIGHT DEPOSIT FACILITIES ARE PROVIDED OR THE UNIT DOES NOT HAVE AN ONSITE CASHIER (e.g. DHH)

1) The nurse in charge should ensure that the envelope containing the property is temporarily stored in the ward/unit safe or other identified secure area until the next business day when the property can be taken to an official cashier.

2) The responsibility of the safe/secure area lies with the nurse in charge of the ward/unit.
PROCEDURE NOTE 2.2

PATIENTS MONIES AND PROPERTY

TRANSFER OF MONIES AND PROPERTY TO CASHIER’S OFFICE

Procedures for Cashiering staff

A  GENERAL

Patients’ monies and property taken into safe custody by nursing staff on wards and departments will be brought to the cashier’s office or deposited in the night safe (where this facility is provided) according to the procedures given in procedures note no. 01.2.

This procedure note is therefore divided into two sections which describe the procedures to be followed when the money and property is brought to the cashier’s office by nursing staff, and procedures to be followed when the night deposit safe is opened.

B  RECEIPT OF PATIENT’S MONEY AND PROPERTY HANDED OVER BY NURSING STAFF

1  Receive patient’s property and patients property book from nursing staff.

2  Check:

   • patient’s property book has been signed by 2 members of the nursing staff,
   
   • all property handed over has been properly recorded,
   
   • all money in purses/wallets has been recorded.

3  Receipt money, record receipt number in the Patient’s property book

4  Complete the “For Finance use” section of the Patients property book ensuring that you sign to acknowledge receipt of the money and property. Attach official receipt for any cash to the yellow copy of the Patient’s property book and hand to the member of the nursing staff.

6. Apply procedure for the safe custody of patient's money and property (Procedure note 2.3)

C RECEIPT OF PATIENTS PROPERTY IN THE NIGHT SAFE (QEH & TRANWELL ONLY)

1. The opening of the night safe should always be undertaken by 2 officers together – one of which should be the cashier.

2 Remove all sealed containers and deal with each one separately

3 Check:
   - patient’s property book sheets have been signed by 2 members of the nursing staff,
   - all property handed over has been have been properly recorded,
   - all money in purses/wallets has been recorded.

4 Receipt money, record receipt number in the Patient’s property book sheets

5 Complete the “For Finance use” section of the Patients property book ensuring that you sign to acknowledge receipt of the money and property. Attach official receipt for any cash to the pink copy of the Patient’s property book and return to the ward.


7. Apply procedure for the safe custody of patient’s money and property (Procedure note 2.3)
PROCEDURE NOTE 2.3

PATIENTS MONIES AND PROPERTY

OFFICE PROCEDURE FOR THE SAFE CUSTODY OF MONIES AND PROPERTY

Procedures for Cashiering staff

A GENERAL

This procedure note explains the procedures to be followed by the cashiering staff for the custody of money and property which has been handed over for safekeeping. The procedure to the receipt of money and property is explained in procedure note no. 02.2. but the following important points should be noted:

- No money or property should be taken into custody unless it has been properly recorded in the Patients Property book by nursing staff and the entry has been signed by either the patient and a member of the nursing staff or by two members of nursing staff.

- A careful check must be undertaken to ensure that all money received has been separately recorded and that no cash is left in purses, wallets etc. handed over for safe custody.

- An official receipt must be made out in respect of all money received.

B SAFE CUSTODY OF MONEY

1. The official method of ensuring the safe custody of money handed over for safe keeping is by banking all such money received through the normal cash receipting system.

2. All money handed over for safe keeping must be banked through the official system. The retention of money either on wards or departments or in the cashiers office is not permitted, except as described in procedure note no. 01.2 para. D for short stay patients up to 48 hours.

C SAFE CUSTODY OF PROPERTY

1. As stated in section A above, all property which has been handed in for safe custody will be recorded in a Patients property book. After taking
custody of the property, following the procedure outlined in procedure note no. 02.2 the cashier will have in his/her possession both the property and a copy of the Patients property book sheet.

2. All property must be immediately placed in a sealed envelope or other suitable container which must bear the following information:
   - Name of the patient
   - Patients property book sheet number
   - Date of receipt

3. The sealed envelope or container must be placed in the office safe or, if bulky and/or small value, in a lockable steel cabinet or cupboard. The envelopes/containers should be stored in alphabetical order by patient’s surname.

4. The office copy of the Patients property book sheet should be filed. The file may be maintained in either alphabetical or numerical order, whichever the cashier finds most convenient, but care must be taken to ensure that the method is consistent. This file forms the Patients Property register.

5. Care should be taken to ensure that the Patients Property register is kept up to date and sheets are removed and placed in numerical order in a “dead” file whenever the property is returned to the patient.

6. Periodically, but not less frequently that once per annum, the Patient Property register should be reviewed and efforts made to properly dispose of property which has not been collected by patients, or relatives, where patients have been discharged or died.

7. Whilst every effort should be made to return property and to contact patients or relatives, discretion will be required in deciding how to deal with uncollected property. It may be inappropriate to contact relatives of deceased patients in order to dispose of items of small value and care should be taken to avoid causing distress. Conversely however, it is important to ensure that appropriate action is taken to protect valuable property and to avoid the possibility of claims against the Trust for property which has been improperly disposed of.

8. Patients property book sheets in the “dead file” should be retained for a minimum period of two years after the end of the financial year to which they relate.
PROCEDURE NOTE 2.4

TRANSFER OF PATIENTS AND THEIR VALUABLES TO OTHER WARD OR HOSPITALS WITHIN THE TRUST

A) SHORT TERM HELD ON WARD WITHIN THE TRUST

TRANSFERRING AND RECEIVING NURSES

1) Check and agree items with the patient.

2) Complete TRANSFER OF PROPERTY” section in patients property book.

3) If the property is to continue to be retained by the Trust the receiving nurse will record the valuables in their wards Patients Property book.

B) VALUABLES HELD IN CASHIERS OFFICE

Transferring nurse will ring the cashiers office to inform them of the transfer and give details of the new ward. The nurse will document in the care plan that valuables are held in the cashiers office.

Cashiers office will advise the patients accounts officer if money is held on behalf of the patient.
C) TRANSFER TO ANOTHER HOSPITAL

All property and valuables should be returned to the patient/carer wherever possible. See procedure note 5.1.

1) If the patient is unconscious/incapable and no relative is present then:—

   ▪ Put all items into a patient property bag.
   ▪ Ensure contents are checked by 2 nurses and details entered into the Patients Property Book.
   ▪ Add seal. Record details of number in Patients Property Book.

2) The escorting nurse should take the white and yellow copies of the book to the receiving hospital and obtain a signature for receipt of the property/valuables.

   Leave white copy with receiving hospital.

   Return with the yellow copy and attach to patient property book.
PROCEDURE NOTE NO 2.5

PATIENTS’ MONIES AND PROPERTY

COLLECTION OF PENSIONS ON BEHALF OF PATIENTS

A  GENERAL

Wherever possible, arrangements should be made for relatives to collect pensions and other benefits on behalf of patients. Where such arrangements are not possible the Trust may be appointed as agent to receive benefits on behalf of patients.

Where the Trust is the appointed agent the patients accounts officer should complete the Department of Work and Pensions (DWP) documentation and submit for payment.

Financial Control

Receive monthly schedule from the DWP.

Email schedule detailing the pensions received to the patients accounting officer on a monthly basis.

Update patients’ monies cash book.

Patients Accounting officer

When the patient is discharged/dies advise the DWP. Return the balance in the patients account to the patient or their representative.

Close the patients account

B  PATIENTS WHO ARE NEGLECTED BY AGENTS ACTING FOR THEM

Where an agent is receiving benefit on behalf of the patient and it is found that the agent does not provide the patient with pocket money or comforts, it is the responsibility of the Trust to notify the DWP. The DWP will make such investigations as they deem appropriate and may, if necessary, appoint the Trust as agent.
SECTION THREE RECORDING

PROCEDURE NOTE 03

Patients Property Procedure/Patients Accounting System

1. Ward Staff

1.1 To Open and Account

Complete form PA1, Authorisation to open an account. Send top (white) copy to the cashier for onward transmission to the Patients Accounts Officer (PAO). Leave 2nd (yellow) copy fixed in book. Note: Where money is handed in on death, use form PA5 – Notification of Death/Discharge/Transfer from.

1.2 Incapable patients only

Patients Accounts Officer:

Raise form PA2, send top (white) copy and 2nd (pink) copy to ward/cashier. Leave 3rd (yellow) copy fixed in book.

Ward/Cashier
Receive duplicate form PA2 from Patients Accounts Officer Complete Section 2 in duplicate Return white copy to Patients Accounts Officer Retain pink copy and file in numerical order

2. Cashier

2.1 Change of Patients details

Complete PA3 in duplicate Send top (white) copy to Patients Accounts Officer Leave 2nd (yellow) copy fixed in book

2.2 Notification of Death/Discharge/Transfer

Complete form PA5 in duplicate Send top (white) copy to Patients Accounts Officer Leave 2nd (yellow) copy fixed in book
3. **Withdrawals from Accounts**

3.1 **Cash withdrawals**

Arrange for patient to complete Cash Withdrawal form PA9 (see attached)
If patient is unable to sign, write “UNABLE TO SIGN” in signature space.
Obtain the signature of the witnessing nurse when handing cash to the patient.

3.2 **Requisitioning Goods on Behalf of Patients**

**Ward Staff**
Check patient has adequate funds in account
Raise Trust requisition for required items, enter full details of patient including hospital number.
Obtain authorisation from appropriate manager i.e. Ward manager or deputy.
*Sent top (white) and 2nd (yellow) copies to Cashier, Tranwell*

**Cashier (Tranwell)**
Receive requisition
Check patient has adequate funds in account
*Forward to the suppliers department for them to raise the order*

**Ward Staff**
Receive goods, check for quantity and quality.
Send goods received note to the Patients Accounts Officer.

**Patients Accounts Officer**

Receive goods received note (from ward) and invoice (from Supplier)
Tie up both documents.
Pass for payment.

3.3 **Patients Holiday Outings**

Complete form PA4 as per instructions on cover of the book.

4. **Payments into Patients Accounts**

4.1 **Ward receipts – Nurse**
Complete form PA10 as per instructions on cover of the book.
4.2  Cashier receipts

Record all income on official CC&D sheets
Enter full patients details, ensure that the patients name and hospital number are entered clearly.
Give receipt to payee

After weekly banking, photocopy top copy of CC&D sheet and send to Cashier (Tranwell)
Send top copy to financial control – Bensham hospital
Retain 2nd copy on file

4.3  Money received in post

Ensure details have been recorded in post register
Follow procedure in 4.2 above
Enter receipt number into post register

5  Hand Control

5.1  Patient Service Manager (PSM)

Complete Hand Control form for each hospital/unit
Record:  CC&D voucher details
        Manual payment voucher details
        Disbursement voucher details
        Total interest received details
        Ward transfer details

Total the Hand Control
Print reconciliation by term report from the Trojan system
Balance Hand Control to the reconciliation report.
Fax copy of completed hand control to Financial Control – Bensham hospital

5.2  Financial Control

Income officer
Receive CC&D sheets and transaction listings from Spectrum
Receive copy of Manual Payment vouchers
Enter information into the cash book

Income Team Leader
Receive fax/copy of hand control
Balance hand control to cash book
Identify any discrepancies – advise PSM.

Control Accounts officer
Balance Cash book to the bank account statements
Gateshead Health NHS Foundation Trust

Patients Accounting System

Authorisation to Open a Patient’s Account

Introduction

Before an account can be opened with the Patient’s Bank, the Patients Accounts Officer (PAO) at Tranwell needs the administrative details of the patients. Form PA1 is used to collect this information.

This two part form should be raised for any patient who wishes to use the banking facility whether he/she be capable or incapable of administering his/her own affairs.

The decision as to whether patients are capable of managing their affairs is the responsibility of the Decision Maker under the requirements of the Mental Capacity Act 2005.

Procedure

1. Complete patient details ensuring the Decision Maker signs the form.
2. For capable patients, ask patient to sign and date the form.
3. Sign “completed by” and enter date
4. **Tranwell only** Send top white copy to Patients Accounts Officer (PAO)
   
   **Others** Send top white copy to *Administration Staff* for onward transmission to PAO at Tranwell.
5. The 2nd yellow copy will be retained at *ward level or by the Administration Staff*

N.B. Changes in category, i.e. from Incapable to Capable, should be notified to the PAO on a further PA 2 form.

If it becomes necessary to cancel a form, ensure all copies remain in the book clearly indicating that this transaction has been cancelled. Under no circumstances should the copies be discarded.

New books are issued by the PAO at Tranwell
Gateshead Health NHS Foundation Trust

Patients Accounting System

PA1 No. ……

Authorisation to Open a Patient’s Account

Hospital/Unit __________________________

Patients Details

Patient Number _____________

Surname __________________ First Name _________________

Ward ___________________ NI Pension No. ______________

D.O.B. ___________________ Date of Admission ___________

Other Details

D.O.B. ___________________ Date of Admission ___________

I consider this patient capable/incapable * of managing his/her own affairs.

Signed: _________________________ Date: _______________________

Decision Maker * Please delete as appropriate

Capable Patients

I wish an account to be opened in my name with the patient’s bank. In circumstances where my account is going into difficulties, I authorise the Patient’s bank to bring this to the attention of the relevant ward manager.

Patients Signature: ________________________ Date: ________________________

Form Completed by: __________________ Date: ______________________

Tranwell only: Top white copy to PAO; 2nd yellow remains fixed in book
Others: Top white copy to Administration for onward transmission to PAO; 2nd yellow remains fixed in book
Financial Information Sheet – Incapable patients

Introduction

Some patients will be deemed as incapable of handling their own affairs but will still be deemed capable of handling cash on a limited basis. The Medical and Nursing staff will decide on the amount of cash to be made available to the patients, either on a daily or weekly basis.

Procedure

1. On receipt of a Capable/Incapable Form PA1, the Patients Accounts Officer (PAO), Tranwell will initiate this form.

2. The top 2 copies (white and pink) of the form will be sent by the PAO to the Ward Manager/Deputy Ward Manager/ Administration staff.

3. The 3rd (yellow) copy remains fixed in the book.

4. The Ward/Deputy Manager/Administration Staff will then complete Section 2 of the form and return the top (white) copy to the PAO at Tranwell. The 2nd (pink) copy will be forwarded to the Cashier who will retain on a specimen signature file.

N.B. In the case of patients receiving cash, their signature or mark must be inserted on the form.

If it becomes necessary to cancel a form, ensure all copies remain in the book clearly indicating that this transaction has been cancelled. Under no circumstances should the copies be discarded.

New books are issued by the PAO at Tranwell
Gateshead Health NHS Foundation Trust
Patients Accounting System

Financial Information Sheet – Incapable patients

Section 1 To be completed by the Patients Bank

Patient’s Name: ……………………………… Patients No. ………………………………
Ward: ……………………………… Hospital ………………………………..

Details of Financial Status

<table>
<thead>
<tr>
<th>Income</th>
<th>Expenditure</th>
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Signature: ………………………………………
Date: ………………………………………

Section 2 To be completed by the Ward Manager or Deputy

Amount in cash patient to receive daily …………………………………………
Amount in cash patient to receive weekly …………………………………………
Maximum amount to be spent on behalf of patient weekly ………………………………..

Any relevant details

Signature: ………………………………………
Date: ………………………………………

Patient’s Specimen signature/mark
Only for patients to whom cash is to be made available

…………………………………………………………..

Top white copy to PAO Tranwell
2nd Pink copy to Cashier
Third Yellow remains fixed in book

Computer input by; ……………...
Introduction

During a period of hospitalisation, a patient’s circumstances may change e.g. Ward, Benefit change, Status change from Capable to Incapable or vice versa.

It is important that the Patients Accounts Officer (PAO), at Tranwell, is notified of these changes on form PA3.

Procedure

1. The Ward/Administration staff must forward the top (white) copy to the PAO, Tranwell.

2. The 2nd (Yellow) copy remains fixed in book

3. It is important to ensure a specimen signature is included when status changes from Incapable to Capable.

N.B. If it becomes necessary to cancel a form, ensure all copies remain in the book clearly indicating that this transaction has been cancelled. Under no circumstances should the copies be discarded.

New books are issued by the PAO at Tranwell
To: Patients Accounts Officer – Tranwell

From: ..............................................

Please action the following changes to details held on the Patients Accounts System:

Patient’s Name: ............................... Patients No. ......................................

Ward: ..........................................

Notify appropriate change below giving dates where appropriate

Ward Change: ........................................................

Benefit Change........................................................

Pension Change ........................................................

Status Change *
   e.g. Capable to incapable  ............................................

Other: ........................................................................

   * If change to capable, please provide:

Specimen Signature: .............................................

Completed by: ....................................................

Date: .............................................

Top white copy to PAO, Tranwell
2nd Yellow remains fixed in book

Computer input ...........
Gateshead Health NHS Foundation Trust

Patients Accounting System

PA4 No. ……

Holiday/Outing Procedure notes

Introduction

A number of patients may spend time away from hospital on outings. This form must be used to account for expenses in relation to any outings or longer period holidays.

Procedure

Initiating and Cash collection

1. Named nurse or equivalent should initiate the form giving details of each patient and his/her requirements, then sign the “Request by” section.

2. Ward manager or equivalent to authorise.

3. All copies to be forwarded to the Cashier who will inform ward when cash is available

4. The organiser of the holiday/outing must visit the Cashier to sign and collect the cash.

5. Top (white) copy is retained by the cashier for onward transmission to the cashier at Tranwell who will batch and pass to the Patients Accounts Officer for computer input.

Accounting for the Expenditure

1. When a sum of money is issued to the patient by the nurse, he/she must ensure that the details are recorded on the pink form and the patient signs for it.

2. At the end of the holiday/outing, any unspent balance should be appropriately recorded.

3. The Ward manager or equivalent and the nurse in charge of the holiday/outing should ensure that all the expenditure details are correctly recorded before certification.

4. The completed pink form plus any unspent balance must be returned with the receipts to the Cashier who will issue an official Trust receipt.
5. The Cashier should then send the pink copy of the form to the cashier at Tranwell who will check the details on both forms in case of discrepancies.

6. Any discrepancies must be brought to the authorising officer’s attention immediately.

Notes:

1. Although it can be impractical on occasions, it does safeguard everyone’s interest if appropriate receipts are obtained to account for expenditure which should be attached to the pink form when complete.

2. Please ensure the Cashier is given sufficient notice to ensure cash requirements are available.

3. If it becomes necessary to cancel a form, ensure all copies remain in the book clearly indicating that the transaction has been cancelled. Under no circumstances should the copies be discarded.

4. A new book will be issued by the PAO - Tranwell
Gateshead Health NHS Foundation Trust

Patients Accounting System

Holiday/Outing Withdrawal Voucher

PA4 No. ……

Hospital …………………

Ward ……………………. Amount Required £………………

Date of Outing/Holiday …………………………………………

Requested by: ……………………. Authorised by: …………………

Designation: ……………………. Designation: …………………

Date: ………………………........ Date: …………………………………

Issued by: ……………………. Received by: …………………

Cashier ……………………. Designation: …………………

Date: ………………………….. Date: …………………………………

Patient Details

<table>
<thead>
<tr>
<th>Patients Number</th>
<th>Patients Name</th>
<th>Amount</th>
</tr>
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</table>

Total Received £

NB. The person requesting the money should not be the same as the receiver.
**Gateshead Health NHS Foundation Trust**  

**Patient’s Accounts Withdrawal form**

<table>
<thead>
<tr>
<th>PATIENT’S NUMBER</th>
<th>DATE</th>
<th>PATIENT’S NAME</th>
<th>WARD</th>
</tr>
</thead>
<tbody>
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**£20/10**  
**£5**  
**£1 COIN**  
**50p**  
**PENCE**  
**CHEQUE**  
**TOTAL WITHDRAWN £**

**PAY THE SUM OF £……………………………**  
**SIGNATURE OF ACCOUNT HOLDER**

**(TO BE SIGNED IN THE PRESENCE OF THE CASHIER)**  
**WITNESS……………………………………**  
**(IF THE MONEY IS NOT ISSUED AT THE BANK)**

**FOR OFFICIAL USE ONLY**

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<th>PAID BY</th>
<th>POSTED</th>
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Gateshead Health NHS Foundation Trust
Patient’s Accounts Receipt

<table>
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<th>Patients Number</th>
<th>Patients Name</th>
<th>Ward</th>
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</table>

Received from:

…………………………………………………………………………………………

The sum in Words ..................................Pounds...............Pence

Amount

£

Cash/Cheque

Received by:

Name: ......................... Signature: ...................................

Designation: ................... Date: ...........................................

Witnessed by:

Name: ......................... Signature: ...................................

Designation: ................... Date: ...........................................

For Director of Finance

Top white – copy to payee
2nd Pink - copy to cashier
3rd Yellow – remains fixed in book
SECTION FOUR SAFEKEEPING ON WARDS

PROCEDURE NOTE 4

Patient Money and Property

Mental Health Wards Only

Introduction

In some wards it may be necessary to hold a limited amount of cash/valuables on the ward for patient use. This procedure note outlines the procedures to be carried out on the wards in these circumstances.

1. Ward Staff authorised signatories

Each ward should maintain an authorised signatory list, of staff who are of an appropriate grade to complete and certify controlled stationery in relation to patient’s money and property.

This should be kept up to date when staff change and regularly reviewed (at least twice a year) and a copy of the list should be forwarded to the local cashier and the Patients Accounts officer at Tranwell.

2. Safe log

Each ward should maintain a record of the contents of the ward safe, this is called the Safe log see example attached.

The log should be signed on a daily basis by the nurse in charge.

This log will be audited by the ward manager and matron on a 3 monthly basis.

3. Responsibility of all Ward staff who are involved in the management of Patient’s money and Property.

Any member of ward staff, who is involved in dealing with Patient's money or property have a responsibility for ensuring that they keep themselves up to date with these procedures. To ensure that this happens, they should read these procedure notes, at least once a year, and sign and date the ward record to evidence that this has happened.
PROCEDURE FOR COMPLETION OF THE RECORDING SHEET FOR THE SAFE KEEPING OF PATIENTS PROPERTIES/MONIES (form RS1)

- Use a separate recording sheet for each patient
- All staff to remind themselves of the Trusts Patients Property Operational Policy
- All property MUST have a patients property receipt
- Two signatures will be required when submitting any items
- After 48 hours items should be placed in patients bank
  (house keys could be exempt but will need a Patients Property Book ref no. and recorded and signed each time they are taken out and returned)
Recording sheet for the safe keeping of Patients Properties/Monies on MENTAL HEALTH WARDS

NAME…………………………………………..                         D.O.A…………………………

Is this person CAPABLE or INCAPABLE (MCA 2005) of managing own affairs (please circle)
If INCAPABLE please state any daily/weekly restrictions or any other instructions/comments.

…………………………………………………………………………………………………………………………………………….. …………………………………………………………………………………………………………………………………………….. ………………………………………………………………………………………Signature/Band………………………………

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<th>Date</th>
<th>PPb ref</th>
<th>Item Handed in</th>
<th>By Whom</th>
<th>Item taken out</th>
<th>By whom</th>
<th>Balance</th>
<th>1st Signature</th>
<th>2nd Signature</th>
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RS1
SECTION FIVE RETURN

PROCEDURE NOTE 5.1

PATIENTS’ MONIES AND PROPERTY
RETURN OF MONEY AND PROPERTY TO PATIENTS

GENERAL

This procedure note deals with the return of money and property to patients is divided into two sections, Section A deals with the return of money, whilst section B deals with the return of property. Procedures for dealing with the estates of deceased patients are covered in procedure note 5.2

Money and property may be returned to a patient either on discharge, or at the patient’s request.

Money and property, once taken into safe custody, should not be returned to patients by ward staff except where it has been taken into short term custody under the provisions of procedure note 1.2 para D.

A RETURN OF MONEY
1) Methods of Payment

1.1 Money which has been handed over for safe custody will have been banked by the cashier through the official system. Money may be returned to the patient either in the form of cash, or by cheque, subject to the limits specified in the following paragraphs.

1.2 Payments up to £50

Where the amount to be returned to the patient is an amount of £50 or less, the reimbursement may be made in cash out of the patients’ monies petty cash float. These are held at Tranwell, Swalwell, Elmwood and Dunston Hill Hospital. QEH should use the exchequer petty cash float and code to the patients’ money suspense code 769415 158000

1.3 Payments over £50

Where the amount to be returned to the patient is an amount greater than £50 the payment will be made in the form of a cheque.

Where a patient has a particularly urgent need for cash, is unable, by reason of age or infirmity, from encashing the cheque at a bank, authorisation to pay
out over this amount must be obtained by contacting either:

Asst. Director of Finance  Ext. 5318 or
Accounts manager          Ext. 5349

2) Procedure to be followed

Withdrawals

2.1 Before making any cash payment the Cashier must ascertain the amount due to the patient, ensuring that any payments which have already been made are taken into account. The Patients Accounts Officer at Tranwell ext. 6226 should be telephoned to ascertain the amount of the balance in the patient’s ledger account, and any receipts or payments which have not yet been notified to that officer should be added to, or deducted from, the balance before the payment is made. Particular care should be taken to ensure that recently notified transactions, which may not yet have reached him/her are taken into account.

Cash withdrawals

2.2 The patients will be given a PA9 form by the nurse. This should be taken to the cashier who will issue the money required. Where the payment is made from the patients’ monies petty cash float, the procedure for petty cash payments (see para. 2.1) must be followed.

Incapable patients - the form should be signed by 2 members of nursing or medical staff

Cheque withdrawals

2.3 Where the payment is to be made by cheque several days notice will be required in order to ensure that the cheque is available for the patient on discharge.

IMPORTANT

Nursing staff must ensure that the cashier is notified immediately of the intended discharge of a patient for whom money is held.

2.4 Cheque payments are processed by the Patients Administration Officer at Tranwell, who maintains the patients’ accounts. Requests for the return of monies should be made to by the Cashier or Ward Manager
who should complete the Notification of Death, Discharge or Transfer form P.A.5 (copy attached).

2.5 The Cashier making the request should ensure that any receipts or payments made on behalf of the patient which have not yet been notified to the Patients Accounts Officer at Tranwell are entered on the request form in order to ensure that the payment made to the patient is for the correct amount.
B RETURN OF PROPERTY

Property will be returned to patients by the Cashier from the cashiers/hospital office. Nursing staff should direct patients to that officer on discharge, or should collect property from the office on the patient's behalf if necessary. (If the nurse collects on behalf of the patient he/she will sign the hospital office pink copy to acknowledge receipt of the money. The patient will sign the ward copy to acknowledge receipt of the money. The patient will be required to produce his copy of the Patients' Property Book sheet as evidence of deposit, if the patients copy is not available alternative proof of identity must be provided.)

The Cashier must obtain the signature of the patient on the office copy of the Patients' Property Book sheet and check (where possible) that this matches the original signature of the patient when the property was deposited.

The Cashier should periodically check the file of outstanding Patients' Property Book sheets to ensure that property is not held for patients who have been discharged, and should follow up any outstanding items.
GATESHEAD HEALTH NHS FOUNDATION TRUST
REQUEST FOR RETURN OF PATIENT’S MONIES

Notification of Death, Discharge or Transfer

HOSPITAL/UNIT: ___________________________ Patient No. __________

PATIENT’S FULL NAME ___________________________

ADDRESS __________________________________________

THE ABOVE NAMED PATIENT WILL BE/WAS* DISCHARGED/DIED/WAS TRANSFERRED TO*
__________________________________________ ON ____________________________

PLEASE REMIT THE BALANCE OF THE PATIENT’S ACCOUNT ALLOWING FOR THE
FOLLOWING TRANSACTIONS:

INCOME

RECEIPT NO _______________ DATED ______________ VALUE £ __________

WITHDRAWALS

VOUCHER NO _______________ DATED ______________ VALUE £ __________

DEATHS ONLY

NEXT OF KIN/EXECUTOR* _______________ RELATIONSHIP _______________

ADDRESS _________________________________________________

ENQUIRY FORM GIVEN/SENT* TO NEXT OF KIN. YES/NO*

DATE ________________

FUNDAMENTAL ACCOUNT

PRIVATE YES/NO* HOSP. FUNERAL CHARGED TO CODE: __________________________

ORDER NO ___________ UNDERTAKER _______________________ COST £ __________

DEATH GRANT APPLIED FOR YES/NO*

OTHER INCOME RECEIVABLE YES/NO*

INSURANCE APPLIED FOR YES/NO* DETAILS __________________________

CONFIRMING TELEPHONE CONVERSATION OF ________________________________

DATE _______________________________ (DATE)

BETWEEN _________________________ AND ______________________ (NAMES)

COMPLETED BY ________________________ CERTIFIED BY _____________________

*DELETE AS APPROPRIATE
PROCEDURE NOTE NO. 5.2

PATIENTS’ MONIES AND PROPERTY

ESTATES OF DECEASED PATIENTS

A  GENERAL

1) The Trust may be involved in the estates of deceased patients, either as a creditor for funeral expenses or as a custodian of money and property.

2) The Trust has no duty to administer the estate, nor to protect property which is not in their possession. Neither the Trust nor any officer of the Trust has the right to interfere in the estate of a deceased patient, and if any such action is taken legal difficulties may arise.

3) It is important to ensure that money and property are not handed to someone who is not legally entitled to them, as difficulty might be experienced at some later date if the person to whom it should have been given obtains a Grant of Representation.

4) a) Whenever money and property is handed over an indemnity (P.M.1 form see copy attached) must be obtained from the person to whom it is given.

b) Patients clothing etc (i.e. non valuables) should be returned to the next of kin as soon as possible. If items remain unclaimed, they should be held on the ward for a maximum period of 3 months and then be disposed of.

5) The procedure to be followed will depend upon a number of factors including the value of the money and property held, and whether the deceased left a Will. The following sections describe the various options and the circumstances in which they will apply.

B  WHERE THERE IS A WILL

Where it is known that an executor intends to prove an existing Will no action should be taken until Probate has been produced.

Where a Will is known to be in existence but the executor does not intend to obtain a grant of Probate the person claiming the property should be required to complete the form (P.M.1 see copy attached)

If the value of the property held is less than £5000, the property may be released to the person named as executor in the Will on receipt of an indemnity (P.M.2) or letter from the solicitor dealing with the estate.
If the value of the property held exceeds £5000, the production of probate is required before the property may be released to the person named as executor in the Will on receipt of an indemnity (P.M.2) or the solicitor dealing with the estate.

**C WHERE THERE IS NO WILL**

When a patient dies intestate the property vests in the President of the Probate Division until a Grant of Letters of Administration has been obtained.

If the value of the property held exceeds £5000, the production of Letters of Administration is required before the property may be released.

If the value of the property is less than £5000, the following procedure should be adopted.

The claimant should be required to complete the form (P.M.1).

The relationship of the claimant to the deceased should be ascertained, and a check should be made to ensure that the claimant is one of the persons entitled to apply for Letters of Administration in respect of the deceased patient’s estate.

Authority to release the deceased patient’s property to the claimant should be obtained from all persons who could claim in priority to or equally with the claimant.

The property may then be handed over to the claimant subject to the completion of a form of indemnity (P.M.2)

**D WHERE THERE IS NO WILL AND NO LAWFUL KIN**

Where a patient dies intestate and there is no lawful kin, the estate belongs to the Crown and particulars of the deceased should be notified to the Treasury Solicitor.
Form to be completed and signed by persons claiming personal property and effects belonging to deceased

Re: __________________________________________________ ____________________ (Deceased)
__________________________________________________ ____________________ (Hospital)

1. Claimant:
   (a) Full Name: _________________________________________________
   (b) Address: ___________________________________________________
   (c) Relationship to deceased: ______________________________________

2. Did the deceased leave a Will? Yes / No

   IF THERE IS A WILL, QUESTIONS 3 AND 4 NEED TO BE ANSWERED, BUT THE WILL OR GRANT OF PROBATE MUST BE SENT TO THE ADDRESS AT THE BOTTOM OF THIS FORM

   3. Please stated the approximate value of the deceased’s estate, including the value of personal property and cash held by the Trust:

   £ ___________________________ If estimated to exceed £5,000, write * over £5,000.

   4. Please give the full name(s) and address(es) of the following living relatives of the deceased:

      (a) Husband or Wife:
          | NAME | ADDRESS |
          |      |         |
          |      |         |

      OR IF NONE
      (b) Children, including issue of any children who may have died before the deceased:
          | NAME | ADDRESS |
          |      |         |
          |      |         |

      OR IF NONE
      (c) Father and / or Mother
          | NAME | ADDRESS |
          |      |         |
          |      |         |

      OR IF NONE
      (d) Brothers and sisters, including issue of any brothers and sisters who may have died before the deceased:
          | NAME | ADDRESS |
          |      |         |
          |      |         |

      OR IF NONE
      (e) Any other relatives:
          | NAME | ADDRESS |
          |      |         |
          |      |         |

I hereby declare that the above information is correct to the best of my knowledge.

Signed:  ______________________________________________ Date:  ______________________________

Please return to:  Patient Accounts Officer
                  Tranwell Unit
                  Windy Nook Road
                  Gateshead
                  Tyne and Wear
                  NE10 9RW
To: Patient Accounts Officer  
Tranwell Unit  
Windy Nook Road  
Gateshead  
Tyne and Wear  
NE10 9RW

Re: (Deceased)

In consideration of you're delivering to:

<table>
<thead>
<tr>
<th>CLAIMANT FULL NAME</th>
<th>CASH</th>
<th>PROPERTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£</td>
<td>p</td>
</tr>
</tbody>
</table>

Being the same assets now in your hands of the estate of the above named deceased. I / We hereby undertake to indemnify you and keep you indemnified against all actions, proceedings, claims or demands whatsoever which may be taken against you by any person claiming to be interested in the estate of the above named deceased or otherwise and against any costs or expenses whatsoever which may be incurred or become payable in respect thereof.

Signed: ……………………………………………….. Witness: ……………………………………….
Relationship to Deceased: ………………………….. Address: ……………………………………….

…………………………………….
Occupation: ……………………………………….

Date: _______________________________________________________________________________

Signed: ……………………………………………….. Witness: ……………………………………….
Relationship to Deceased: ………………………….. Address: ……………………………………….

…………………………………….
Occupation: ……………………………………….

Date: _______________________________________________________________________________

Signed: ……………………………………………….. Witness: ……………………………………….
Relationship to Deceased: ………………………….. Address: ……………………………………….

…………………………………….
Occupation: ……………………………………….

Date: _______________________________________________________________________________

Notes: WHERE THE CASH IS TO BE DIVIDED, PLEASE SHOW EXACTLY WHAT EACH PERSON IS TO RECEIVE
SECTION SIX  DISPOSAL

PROCEDURE NOTE 6

DISPOSAL OF PROPERTY OF DECEASED PATIENTS/UNCLAIMED PROPERTY

CASHIERS OFFICE AT QEH, DUNSTON HILL HOSPITAL AND TRANWELL

1) Patients property should be checked, by the cashier, monthly to ensure patients are still in hospital.

2) As soon as it is discovered that the patient is no longer in hospital try to contact the patient or relatives as soon as possible. If patient property records do not show next of kin contact health records.

3) If relatives/patient can not be contacted attach note onto patients property envelope stating date of death or discharge. Hold for at least 3 months. Dispose of all non valuable items and record this fact on the Patient Property sheet.

2  CASHIER’S OFFICE AT QEH

1) When a sizable amount of valuable items over 3 months or after discharge have accumulated (say every 2 years) contact cashiers staff at DHH and Tranwell and collect their valuable property for all patients discharged or died more than 3 months ago.

2) Record all items. Ensure two people sign register that items are being sold. Advise Accounts manager extn. 5349.

3  ACCOUNTS MANAGER

1) Ask supplies to obtain quotations for the sale of the valuables.

2) Sell items to the highest bidder.

3) The proceeds should be credited to exchequer funds.
SECTION SEVEN LOST PROPERTY

PROCEDURE NOTE NO. 7

LOST PROPERTY

If a member of staff, a patient or a visitor loses property whilst on the Trusts site the lost property report form (copy attached) should be completed and handed into the hospital cashier’s office.

If the property is found cashier’s office staff will contact the loser and arrange for collection.

The found property form should be signed by the loser on collection of the property.
<table>
<thead>
<tr>
<th></th>
<th>Full details of loser and/or person reporting if loser unable to attend.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Address: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Department: ____________________________</td>
</tr>
<tr>
<td></td>
<td>(if applicable)</td>
</tr>
<tr>
<td></td>
<td>Home telephone No: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Work telephone No: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Full description of property, including make, colour, size, shape and any distinguishing marks by which it could be identified. If money, how made up.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date, time and place when property last known to be in loser’s possession</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Date: ____________________________ Time: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Place: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date, time and place when loss discovered</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Date: ____________________________ Time: ____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>If lost from the person, routes taken by loser since property last known to have been in possession.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Any further information which may assist recovery of the property</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Date, time and to whom reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Date: ____________________________ Time: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Signature: ____________________________</td>
</tr>
<tr>
<td></td>
<td>Printed Name: ____________________________</td>
</tr>
</tbody>
</table>
SECTION EIGHT  FOUND PROPERTY

PROCEDURE NOTE 8

FOUND PROPERTY

Any property found on the Trust’s site should be handed into the hospital cashier’s office. (This excludes clothing found in ward areas etc).

A found property form should be completed.

The staff in the hospital cashiers office will check all lost property reports to endeavour to locate the owner.

If property is not reclaimed within 3 months the finder should be contacted and allowed to collect the property.

RETURN OF PROPERTY

If the property is to be returned to the owner then section 7 of the found property form should be completed.

If the property is returned to the finder section 8 of the found property form should be completed. This indemnifies the Trust against a claim if the owner should ever report the loss.

If the finder fails to collect the property within 3 months the Trust will dispose of the property.
GATESHEAD HEALTH NHS FOUNDATION TRUST

FOUND PROPERTY REPORT

Serial No

1. Time, date and place where found
   Time ___________________ Date ___________________

   Place ____________________________________________

2. Name, address/department and telephone number of finder
   Name ____________________________________________

   Address __________________________________________

   ________________________________________________

   Department _______________________________________
   (if applicable)

   Home tel. no _______________________________________

   Work tel. no _______________________________________

3. Description of property

   ________________________________________________

4. Signature of finder concurring description of property

   Signed __________________________________________

5. Report received by:

   Name ____________________________________________

   Signature _______________________________________

   Date ___________________ Time ___________________

   Place ____________________________________________

6. Steps taken to establish and make contact with the lawful owner, (a) by the finder, (b) by the person receiving the report.

   (a) ______________________________________________

   (b) ______________________________________________

   _______________________________________________
RETURN OF FOUND PROPERTY

RECEIPT (FOR RETURN TO THE OWNER OR AUTHORISED REPRESENTATIVE)

7. I identify the property mentioned in this report as mine and acknowledge receipt

Name (printed) __________________________________________ Signature ________________________

Address ________________________________________________

Date _____________________________________________________

Witnessed by (name) _____________________________________ Signature ________________________

Designation ______________________________________________ Date _____________________________

FOUND PROPERTY — FORM OF INDEMNITY (FOR RETURN TO THE FINDER)

8. I, the undersigned, in consideration of your handing over to me the property which I found and which is listed above, hereby undertake to indemnify Gateshead Health NHS Foundation Trust and keep the said

so indemnified against all actions, proceedings, claims or demands whatsoever which may be taken or made against Gateshead Health NHS Foundation Trust by any person claiming to be interested in the property concerned, and against any costs or expenses whatsoever which may be incurred or become payable in respect thereof.

Name (printed) __________________________________________ Signature ________________________

Address ________________________________________________

Date ____________________________

Witnessed by (name) _____________________________________ Signature ________________________

Designation ______________________________________________ Date _____________________________