



Patients' Monies and Belongings

Third Edition

shaping healthcare finance...

Practical
Guide

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The NHS is always changing and developing – this edition reflects the structures and processes in place in November 2016. We are keen to obtain feedback on ways in which the content, style and layout can be improved to better meet the needs of its users. Please forward your comments to info@hfma.org.uk or to the address above.

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Foreword

This guide has been developed by the HFMA's Accounting and Standards Committee and is now in its third edition. It is designed to provide practical help to all those involved in the management of patients' monies and belongings.

The key factors in a successful and effective approach to managing patients' monies and belongings are:

- Open and transparent arrangements
- Effective financial procedures
- Awareness of the relevant guidance
- Positive and timely liaison with internal audit.

Given the importance of safeguarding the money and property of vulnerable people in the care of the NHS, the guide starts by looking at the way that trusts can protect patients and guard against things going wrong, particularly where patients are unable to manage their own affairs. It then moves on to look at how trusts can deal with unclaimed property and the affairs of people who die in hospital.

Finally, there is an outline of the key controls that trusts should have in place to safeguard money and property.

It should be noted that there are different practices across the UK and that therefore this is a core document outlining good practice – it should be amended locally to suit individual requirements and circumstances.

I hope you find it useful!



David Bacon

Chairman

HFMA Accounting and Standards Committee

Acknowledgments

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Editorial work was undertaken by **Sarah Bence**, **Debbie Paterson** and **Andrew Leitch**.

Chapter 1

Patients' Monies and Personal Belongings

This chapter looks at the responsibilities of trusts¹ in relation to patients' monies and belongings (property) and the actions needed to limit liability and avoid reputational damage. It looks at how items deposited with a trust for safekeeping should be recorded and stored; the investment of long-stay patients' monies and the actions to be taken when returning items at the end of a hospital stay. The chapter also considers patients who are unable to look after themselves and the accounting arrangements for patients' monies.

1.1 Responsibilities

Trusts have a responsibility both to safeguard patients' monies and belongings (property) and to limit their own liability in the event of loss or damage². NHS England's safeguarding policy includes the use of property without consent or the misuse or misappropriation of property/funds in its definition of abuse³.

Responsibility can be explicit – the patient knowingly and willingly hands over their property to the staff of the trust for safekeeping; or implicit – as a result of the trust's duty of care towards the patient, it inherits '...an obligation to look after their property even where no explicit transfer of responsibility has occurred⁴.

If a patient suffers loss of, or damage to, money or personal belongings they have with them while attending a trust as a patient the trust may be held liable.

Staff and departments have a number of key responsibilities in relation to the safeguarding of patients' monies and belongings as follows:

Staff/department	Responsibilities
All staff (including ward, A&E, residential home staff, cashiers)	To be aware of the need to safeguard patients' property. To understand and follow the trust's procedures in this area.
The finance department	To develop the trust's procedures for protecting patients' property. To provide advice, training and support on the practical application of those procedures to other staff and departments.
The director of finance	To ensure that the impact on services and patients is understood when reaching decisions in general and considering the associated financial implications in particular. To lead the finance team.

¹ In this publication we use trust to mean any NHS organisation which has contact with patients and may have to manage their money and belongings.

² *Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.*

³ *Safeguarding Policy*, NHS England, 2016: <https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguard-policy.pdf>

⁴ *Guidance for NHS organisations on the secure management of patients' property*, NHS Protect, 2012: www.nhsbsa.nhs.uk/Documents/SecurityManagement/Secure_management_of_patient_property_guidance_consultation_document.pdf

Staff/department	Responsibilities
The board	To 'add value to the organisation, enabling it to deliver healthcare and health improvement within the law and without causing harm.' ⁵
The audit committee	To obtain assurance that controls work as designed and challenge poor sources of assurance.
Internal audit	To provide an independent and objective opinion on the effectiveness of the system of control.

1.2 Action to Limit Liability

As part of any admission there should be clear guidance to staff and patients about the care of patients’ monies and personal belongings including valuables. This is increasingly important with the advent of high value mobile phones and multi-media devices and the associated chargers that some patients may bring into hospital with them. This issue could usefully be covered as part of staff induction or training programmes, emphasising the importance of safeguarding personal property as well as money that is brought into hospital on admission.

As a minimum, trusts should normally:

- Publish and draw patients’ attention to suitable disclaimer notices
- Include a disclaimer notice in admission documentation
- Make provision for the safe custody of items deposited with staff
- Ask patients to sign a form acknowledging that any property brought into hospital and not deposited is held at their own risk.

All trusts should disclaim liability for the loss of money and valuable articles including mobile phones or personal effects *except* when they are taken into safe custody.

If used, warning notices should normally be displayed publicly in all wards, clinics and health centres and brought to the attention of all patients and relatives. Suggested wording for these is shown below.

Figure 1: Sample disclaimer notice
 [Name of Trust]

Private Property

Please note that the [name of trust] Trust accepts no responsibility for the loss of or damage to personal property of any kind, including money, in whatever way the loss or damage may occur unless an official receipt is obtained from the ward manager/chief executive for property which has been handed in for safe custody.

Explicit mention of this should be made in any admission notice/documentation issued to the patient or their carer. Model wording, which may be adapted for local use, is shown in figure 2.

Chapter 2

Property of those Patients Unable to Manage their Own Affairs

This chapter looks at the importance of assessing the ability of a patient to manage his or her own affairs; the role of the Office of the Public Guardian and deputies in managing the affairs of patients deemed incapable of doing so for themselves; the implications of the appointment of a deputy and the role of the appointee. It also comments briefly on the key role of clinical staff.

On admission, it is standard procedure for a care programme to be developed for each patient. The person developing the care programme will need to make an assessment of the capabilities of the patient to deal with their personal financial affairs during their stay.

Within each hospital or ward, whoever is responsible for the administration of patients' monies (usually a ward manager and/or someone in the finance department), needs to be familiar with the local approach to care programmes. They also need to ensure that colleagues – from whatever discipline – who develop and manage care programmes, are aware of the need to consider the ability of the patient to manage their own affairs and the key steps to be taken if it is deemed they are medically incapable of so doing. In turn, they may be called upon to help and advise the patient's friends or relatives. It should always be made clear that any guidance provided is for general purposes only and the relatives should be directed to contact the Office of the Public Guardian¹ (OPG) or seek independent legal advice for more information.

2.1 Assessing the Ability of Patients to Manage their own Affairs

No patient should be deprived of the management of their own affairs unless there is clear medical evidence that they are unable to do so.

It should not be assumed that a patient admitted to a hospital or ward is incapable of managing their own affairs and proper medical checks need to be made to assess whether this is the case. If, once these have been done, it is found that the patient is unable to manage their affairs they cannot delegate power of attorney or other authority². Instead unless there is an existing valid enduring or a lasting power of attorney³ in place, the OPG *must* be notified.

The OPG has jurisdiction to manage and administer the property and affairs of the patient and to ensure that their property is protected and made available for their benefit. Once advised of the patient's admission, the OPG will let the trust have details of the person (the deputy) who has been appointed by the Court of Protection to act on behalf of the patient.

A patient's mental capacity to manage his or her affairs may change during their stay and this needs to be reflected in the care programme. If any patient not under the jurisdiction of the OPG expresses a wish (or if any other person wishes the patient) to sign documents, to make a will, to transact other business or to dispose of property, the responsible medical officer should satisfy himself or herself that the patient understands what he or she is proposing to do and the likely impact/effect of these actions. If there is any doubt about the patient's capacity to manage his or her own affairs this should be discussed with the patient's nearest relative or solicitor and where necessary, advice sought from the OPG.

¹ www.gov.uk/government/organisations/office-of-the-public-guardian/about

² It is important to note that if someone has been given power of attorney prior to the patient's incapacity they should not continue to exercise it (unless it is an enduring or lasting power of attorney (EPA)) and the guidelines relating to notifying the OPG should be followed.

³ The *Mental Capacity Act 2005* replaced enduring powers of attorney (EPA) with a new and different type of power of attorney called a lasting power of attorney (LPA). No changes can be made to an existing EPA or a new one created.



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