

**Monitoring of Article 116
of The Mental Health (Northern Ireland)
Order 1986**

2013/2014



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1.0 Introduction

1.1 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 & Learning Disability Team (MHLDT) undertakes 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 (MHO).

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

Article 116 of the MHO 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 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 MHO 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 MHO, 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, Social Services and Public Safety at no more than £20,000 for any single mental health or learning disability patient in September 2012.

1.3 Methodology used by RQIA to Monitor Compliance with Article 116

In the 2013/2014 inspection year, RQIA monitored compliance with Article 116 through a programme of financial inspections. Financial inspections were undertaken in 63 mental health and learning disability wards. The finance inspector sought 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 Standing Financial Instructions (SFIs);
- Implementation of comprehensive local procedures; and,
- Application of Standard 15 of the Nursing Homes Minimum Standards (in so far as this can be applied to hospital patients).

The inspections involved the review of:

- Availability of appropriate written procedures for the Handling of Patients' Private Property and Cash;
- Staff access to and awareness of the procedures;
- Staff training in the application of the procedures;
- Review of processes relating to withdrawal of patient's monies;
- Review of patient property books;
- Review of cash record books; and,
- Patients' income and expenditure records.

The inspector met with the ward manager, deputy ward manager or nurse in charge on each ward to discuss the processes in place to safeguard patients' monies and property. A report of inspection findings and a Quality

Improvement Plan (QIP) detailing recommendations was issued to each Trust in March 2014. Individual Trust reports and QIPs are available at http://www.rgia.org.uk/what_we_do/mental_health_and_learning_disability/inspection_reports.cfm.

2.0 Summary of Inspection Findings

Table 1 - Number of recommendations made per trust

Trust	Number of wards inspected	% of inspections undertaken (n=63)	Number of recommendations made	% of recommendations made (n=161)
Belfast	22	35%	39	24%
Northern	12	19%	41	25%
South Eastern	7	11%	15	9%
Southern	8	13%	18	11%
Western	14	22%	48	30%

Table 1 lists the number of wards inspected in each of the five trust areas, the percentage of the total number of inspections undertaken and the number of recommendations made. The number and overall percentage of wards inspected in the Belfast Health and Social Care Trust (BHSCT), South Eastern Health and Social Care Trust (SEHSCT) and Southern Health and Social Care Trust (SHSCT) areas appears to be proportionately reflected in the corresponding number and percentage of recommendations made for each respective Trust.

In the Western Health and Social Care Trust (WHSCT) area just over one fifth of inspections undertaken resulted in just under one third of the total number of recommendations made.

In the Northern Health and Social Care Trust (NHSCT) area just under one fifth of inspections undertaken resulted in just over a quarter of the total number of recommendations made.

In terms of the percentage of inspections undertaken, the number of recommendations made in the Western and Northern Trusts is proportionately higher than the number of recommendations made in the Belfast, South Eastern and Southern Trust areas. This is due to the concerns noted in a number of wards in both of these Trusts in relation to the lack of robust practices of recording, receipting, verification and reconciliation.

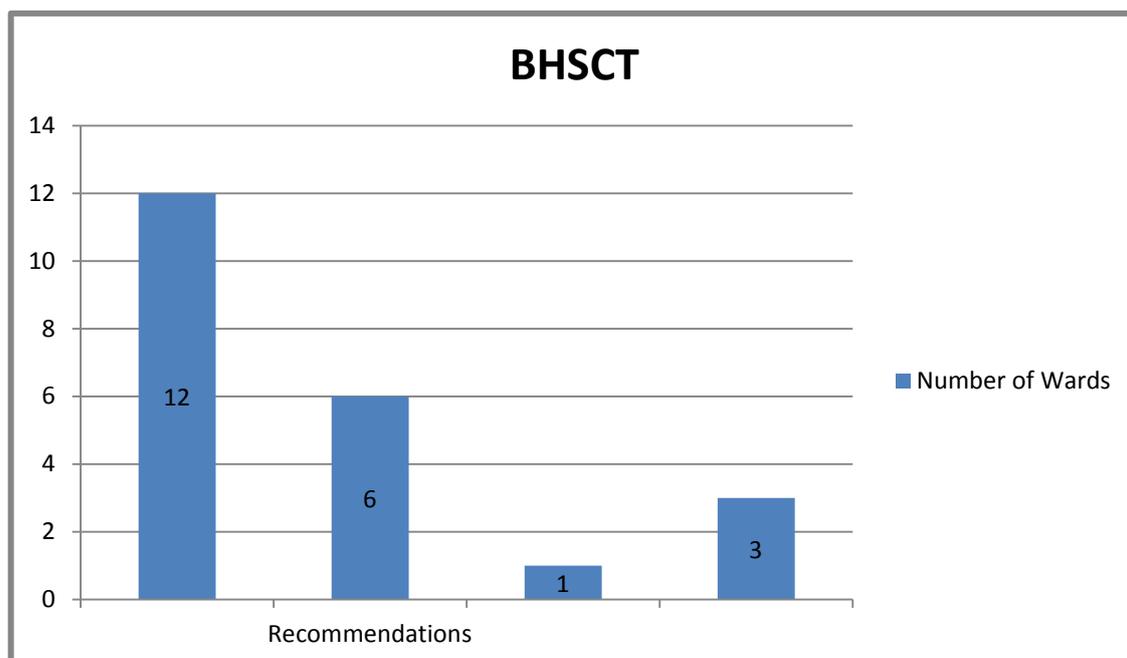
Table 2 - Number of recommendations made in specific programmes of care

Type	Number of wards inspected	% of inspections undertaken	Number of recommendations made
Mental Health	36	57%	91
Learning Disability	14	22%	37
Older People	13	21%	33

Table 2 reflects a proportionate distribution of the number of recommendations made corresponding to the percentage of inspections undertaken in across wards in the three relevant programmes of care; wards for people with mental ill health, wards for people with learning disability and wards for older people with mental ill health.

2.1 Belfast Health and Social Care Trust

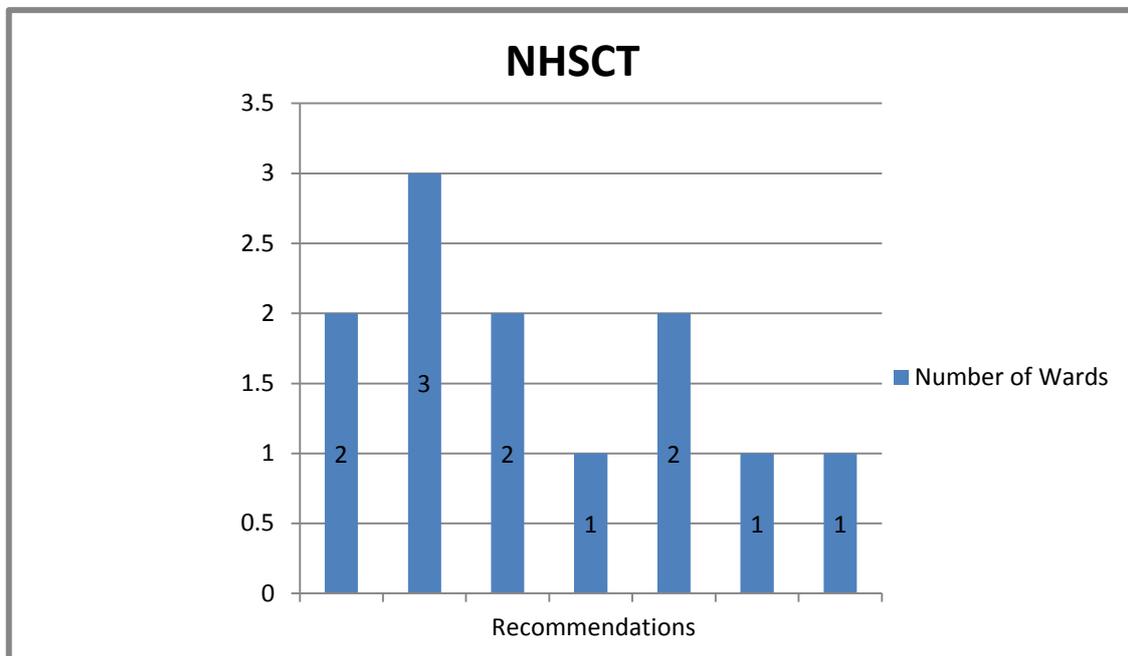
The inspector visited 22 wards across three hospital sites in the BHSCT. A total of 39 recommendations were made. There were examples of good practice noted in individual wards in relation to receipting and verification of purchases, and twice daily checking of safe contents.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, several concerns were noted in relation to staff implementation of policies and procedures and accuracy of record keeping, across all hospital sites. These included 24 recommendations across 21 wards in relation to ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward. The recommendations also related to the management of risk in access to these monies. Five recommendations were made for four wards in relation to the updating of policies and procedures to guide and support staff practice. Other areas to be addressed included seven recommendations across three wards relating to the management of group expenditure and how this is equally and fairly managed for individual patients, and the charging arrangements for transport and therapeutic activities. The BHSCT is the only Trust where recommendations were made in relation to group expenditure and charging patients for items required for therapeutic and recreational activities.

2.2 Northern Health and Social Care Trust

The inspector visited 12 wards across two hospital sites in the NHSCT. A total of 41 recommendations were made for 10 wards. It was good to note that no recommendations were made following inspections of two wards. There were examples of good practice noted in individual wards in relation to accurate receipting of money and property, and lodging of money and valuables in the cash office.

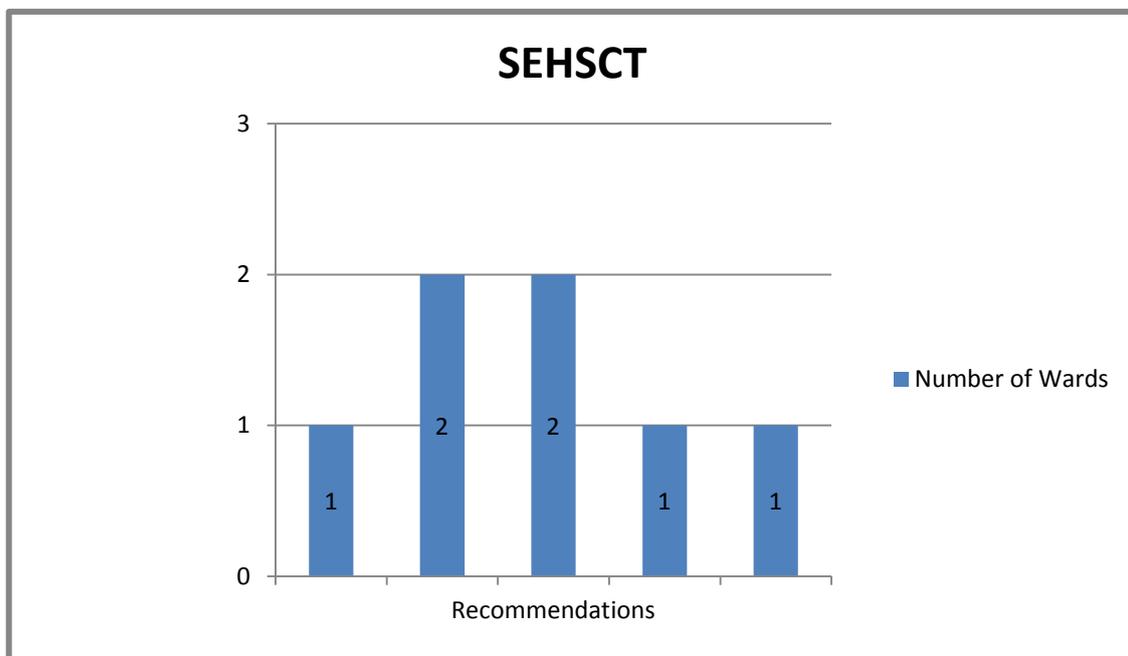


There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. Particular concerns were noted in relation to staff training and implementation of policies and procedures, and accuracy of record keeping, across both hospital sites. This resulted in 27 recommendations for nine wards, including recommendations in relation to

ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward. These recommendations also related to receipting of transactions and the management of risk in access to patients' monies. Other areas to be addressed included review of the interface between the ward and the cash office, the access by numerous individuals to patients' accounts and the updating of policies, procedures and training, to guide and support staff practice.

2.3 South Eastern Health and Social Care Trust

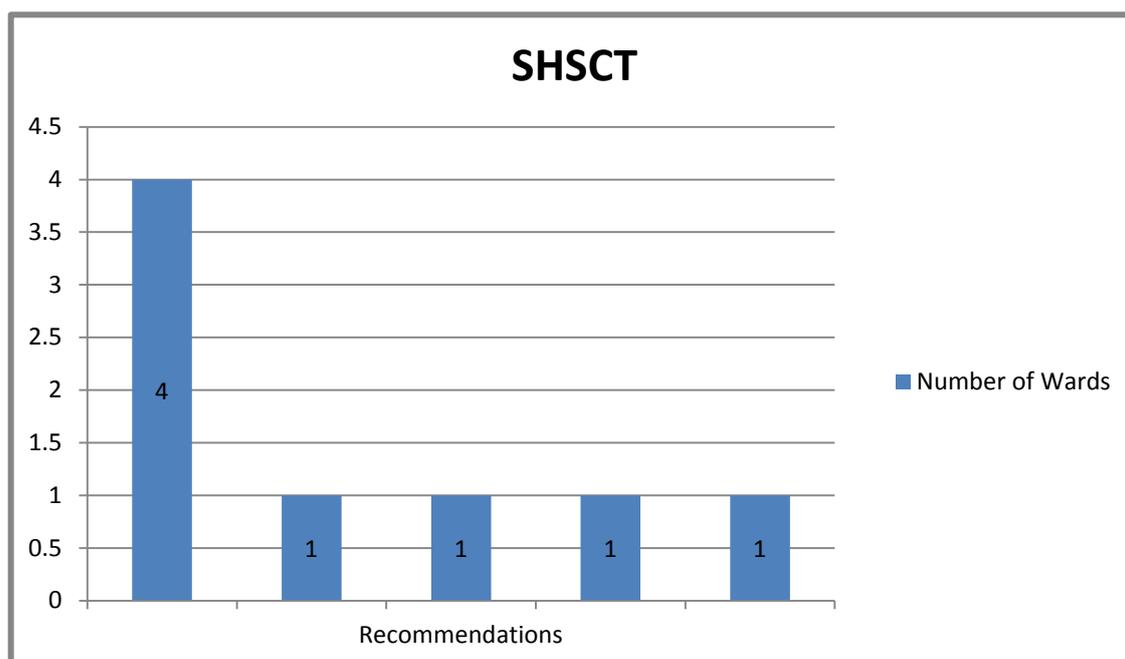
The inspector visited seven wards across four hospital sites in the SEHSCT. A total of 15 recommendations were made for six wards. It was good to note that no recommendations were made following inspections of one ward. There were no recommendations made for wards in the SEHSCT in relation to interfaces with the cash office, which was an area for recommendation for three of the five other trusts.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, concerns were noted in relation to staff implementation of policies and procedures and accuracy of record keeping, across three hospital sites. This included ward processes for keeping patients' monies safe in terms of where monies are kept by staff on each ward, receipting of transactions, resulting in seven recommendations in two wards. These recommendations also related to the management of risk in access to patients' monies resulting in four recommendations for four wards. Other areas to be addressed included the updating of policies, procedures and training, including approval and authorisation of expenditure for larger items, to guide and support staff practice.

2.4 Southern Health and Social Care Trust

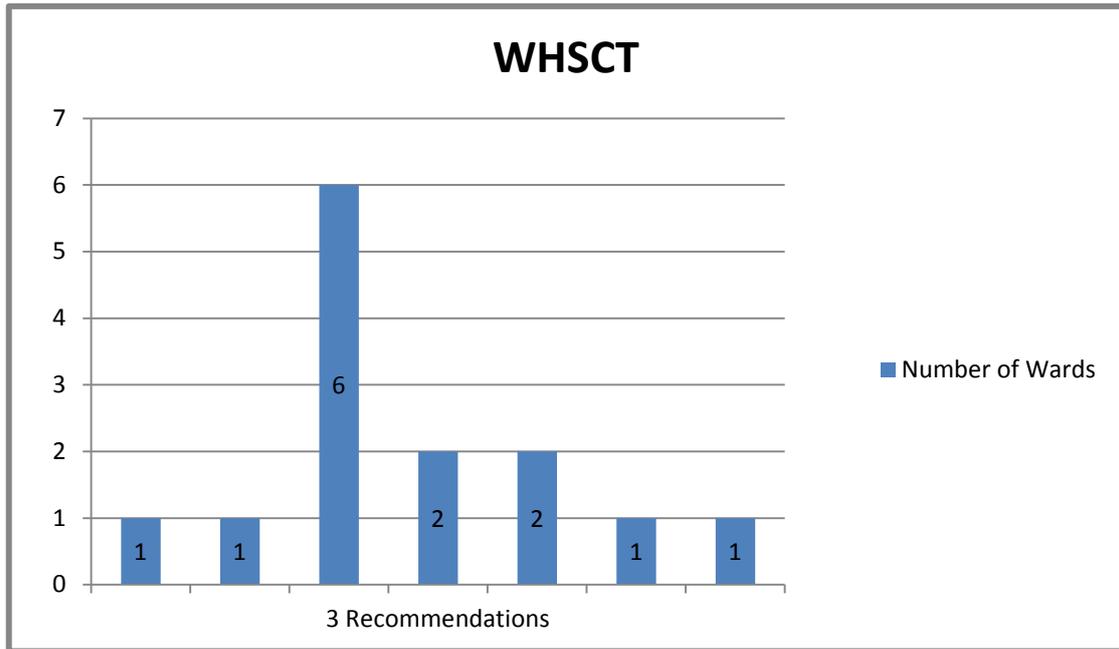
The inspector visited eight wards across three hospital sites in the SHSCT. A total of 18 recommendations were made for all wards. There were examples of good practice noted in individual wards in relation to completion of property books and receipting of monies left on the ward for individual patient expenditure and a robust discharge system in place whereby the patient had acknowledged the return of their money. There were no recommendations made for wards in the SHSCT in relation to interfaces with the cash office, which was an area for recommendation for three of the five other trusts.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, concerns were noted in relation to policies, procedures, guidance and training for staff. Additionally concerns were noted in relation to processes for keeping patients' monies safe in terms of where monies are kept by staff on wards, resulting in four recommendations for four wards. These recommendations also related to receipting of transactions and the management of risk in access to patients' monies, resulting in nine recommendations for six wards. Another area to be reviewed included the receipting of removal of items by relatives on admission.

2.5 Western Health and Social Care Trust

The inspector visited 14 wards across five hospital sites in the WHSCT. A total of 48 recommendations were made for 13 wards. It was good to note that no recommendations were made following the inspection of one ward. Some areas of robust processes consistent with best practice were also noted. There were examples of good practice noted in individual wards in relation to completion of property books and receipting of monies left on the ward for individual patient expenditure.



There were no concerns noted in relation to discrepancies of balances of monies in patients' accounts. However, there were individual wards where the lack of robust practices of recording, receipting, verification and reconciliation, and implementation of systems and processes presented a realistic risk of misappropriation of patients' monies. There were 20 recommendations made (42% of recommendations made for this trust area) in relation to systems and processes for 13 wards (93% of wards inspected in this trust area). The WHSCT is the only trust where recommendations were made in relation to systems and processes in this number. Review of policies, procedures, staff guidance and staff training also required to be addressed.

2.6 Common Themes

A number of common themes emerged across trust areas. Although these themes resulted in a number of recommendations made in three or more trust areas, the percentage of recommendations made were significantly higher for individual trusts in three of the commonly themed areas. These are as follows:

2.7 Keys, Safes and Associated Records

- Total number of recommendations made **48**
- Total number of Trust areas where recommendations were made **5**

Recommendations related to:

- access to keys and safes
- associated records for any person who obtains the keys.

There were 48 recommendations made for 43 wards (68%) across all trusts. This equates to 30% of the total number of recommendations made.

The highest number of recommendations in this area were made in the BHSCT where 50% of the total number of recommendations in relation to access to keys and safes and associated record keeping were made . It should be noted that more wards were inspected in the BHSCT than other trust areas (35%),

2.7.1 Record Keeping Processes and Processes in relation to Receipting of Transactions

- Total number of recommendations made **43**
- Total number of Trust areas where recommendations were made **5**

Recommendations related to:

- review of record keeping processes and processes in relation to receipting of transactions between the ward and the patient, the ward and a relative and the ward and the cash office

There were 43 recommendations made for 24 wards across all trusts. This equates to 27% of the total number of recommendations made.

The highest number of recommendations were made in the NHSCT. This equates to 92% of wards inspected in the NHSCT and 40% of the total number of recommendations made in relation to record keeping processes and processes in relation to receipting of transactions.

Recommendations in relation to record keeping processes and processes in relation to receipting of transactions were made for 75% of wards in the SHSCT and 44% of wards in the WHSCT.

2.7.2 Interface with the Cash Office

- Total number of recommendations made **15**
- Total number of Trust areas where recommendations were made **3**

Recommendations related to:

- interfacing with the cash office
- ensuring that the cash office provided individual patient statements to facilitate verification of transactions.

There were 15 recommendations made for 12 wards across three trusts. This equates to 9% of the total number of recommendations made.

The highest number of recommendations were made in the NHSCT; 11 recommendations were made, representing 73% of the total number of recommendations in this area.

2.7.3 Implementation of/updating of Policy and Procedure

- Total number of recommendations made **15**
- Total number of Trust areas where recommendations were made **4**

Recommendations related to:

- implementation of/updating of policy and procedure for the management of patients' monies and property.

There were 15 recommendations made for 15 wards across four trusts. This equates to 9% of the total number of recommendations made.

The number of recommendations made were spread evenly across the Belfast, South Eastern, Southern and Western Health and Social Care Trusts.

2.7.4 Staff Training

- Total number of recommendations made **5**
- Total number of Trust areas where recommendations were made **4**

Recommendations related to:

- Staff training in the procedures governing the management of patients' monies and property.

Five recommendations were made. Although the number of recommendations made represents only 7% of the total number of recommendations made, these recommendations were made in four of the five trust areas, the exception being the NHSCT.

3.0 Conclusions from Inspection Findings

Inspection findings would indicate that patients' monies and property in the Mental Health and Learning Disability wards inspected had generally been managed appropriately and were being properly safeguarded. It was good to note some areas of robust processes consistent with best practice, and these practices are to be commended. However, in other wards the lack of robust practices of recording, receipting, verification and reconciliation presented a realistic risk of misappropriation of patients' monies. A number of control issues were identified and relevant recommendations have been made to address these issues in all trust areas. Trusts were advised that these recommendations should be implemented immediately to mitigate risks.

4.0 Next Steps

RQIA will evaluate the implementation of recommendations on individual wards as part of a planned programme of inspections in 2014/2015. 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 reviewing Trusts' Standing Financial Instructions, policies and procedures, and management of Trust held funds for individual patients' monies and valuables with balances greater than £20,000.

Appendix 1 Wards Inspected

Belfast Trust

No	Trusts	Hospital	Wards	Date of Visit
1	BHSCT	Mater Hospital	Ward J - Mater	30/12/2013
2	BHSCT	Mater Hospital	Ward K - Mater	30/12/2013
3	BHSCT	Mater Hospital	Ward L - Mater	30/12/2013
4	BHSCT	Knockbracken	Shannon Clinic Ward 1	30/12/2013
5	BHSCT	Knockbracken	Shannon Clinic Ward 3	30/12/2013
6	BHSCT	Knockbracken	Shannon Clinic Ward 2	30/12/2013
7	BHSCT	Knockbracken	Valencia	30/12/2013
8	BHSCT	Knockbracken	Clare Ward	30/12/2013
9	BHSCT	Knockbracken	Avoca Ward	30/12/2013
10	BHSCT	Knockbracken	Innisfree	30/12/2013
11	BHSCT	Knockbracken	Dorothy Gardiner	30/12/2013
12	BHSCT	Knockbracken	Rathlin	30/12/2013
13	BHSCT	Muckamore Abbey	Cranfield Female	31/12/2013
14	BHSCT	Muckamore Abbey	Cranfield ICU	31/12/2013
15	BHSCT	Muckamore Abbey	Killead	31/12/2013
16	BHSCT	Muckamore Abbey	Cranfield Male	31/12/2013
17	BHSCT	Muckamore Abbey	Six Mile	31/12/2013
18	BHSCT	Muckamore Abbey	Erne	31/12/2013
19	BHSCT	Muckamore Abbey	Moylena	31/12/2013
20	BHSCT	Muckamore Abbey	Greenan	31/12/2013
21	BHSCT	Muckamore Abbey	Donegore	31/12/2013
22	BHSCT	Muckamore Abbey	Oldstone	31/12/2013

Northern Trust

No	Trust	Hospital	Ward	Date of Visit
1	NHSCT	Holywell Hospital	Tobernavreen Centre	02/01/2014
2	NHSCT	Holywell Hospital	Tobernavreen Lower	02/01/2014
3	NHSCT	Holywell Hospital	Tobernavreen Upper	02/01/2014
4	NHSCT	Holywell Hospital	Carrick 1	02/01/2014
5	NHSCT	Holywell Hospital	Carrick 3	02/01/2014
6	NHSCT	Holywell Hospital	Carrick 4	02/01/2014
7	NHSCT	Holywell Hospital	Lissan 1	02/01/2014
8	NHSCT	Holywell Hospital	Tardree 1	02/01/2014
9	NHSCT	Holywell Hospital	Inver 1	02/01/2014
10	NHSCT	Holywell Hospital	Inver 3	02/01/2014
11	NHSCT	Holywell Hospital	Inver 4	02/01/2014
12	NHSCT	Causeway Hospital	Ross Thompson unit	08/02/2014

South Eastern Trust

No	Trust	Hospital	Ward	Date of Visit
1	SEHSCT	Ulster Hospital	Ward 27 - Ulster	03/01/2014
2	SEHSCT	Downshire Hospital	Ward 27 - Downshire	03/01/2014
3	SEHSCT	Downshire Hospital	Ward 28	03/01/2014
4	SEHSCT	Downe Hospital	Dementia Ward	03/01/2014
5	SEHSCT	Downe Hospital	Downe Acute	03/01/2014
6	SEHSCT	Lagan Valley Hospital	Ward 11	03/01/2014
7	SEHSCT	Lagan Valley Hospital	Ward 12	03/01/2014

Southern Trust

No	Trust	Hospital	Ward	Date of Visit
1	SHSCT	Craigavon Area	Silverwood	06/01/2014
2	SHSCT	Craigavon Area	Bronte	06/01/2014
3	SHSCT	Craigavon Area	Cloughmore	06/01/2014
4	SHSCT	Craigavon Area	Willow	06/01/2014
5	SHSCT	St. Luke's Hospital	Gillis Memory Centre	06/01/2014
6	SHSCT	St. Luke's Hospital	Haven Close	06/01/2014
7	SHSCT	St. Luke's Hospital	Ward 3	06/01/2014
8	SHSCT	Longstone	Longstone Assessment	06/01/2014

Western Trust

No	Trust	Hospital	Ward	Date of Visit
1	WHSCT	T&F	Beech	07/01/2014
2	WHSCT	T&F	Ash	07/01/2014
3	WHSCT	T&F	Oak A	07/01/2014
4	WHSCT	T&F	Oak B	07/01/2014
5	WHSCT	T&F	Lime	07/01/2014
6	WHSCT	T&F	Elm	07/01/2014

7	WHSCT	Gransha Hospital	Cedar Ward	08/01/2014
8	WHSCT	Grangewood Hospital	Evisk -	08/01/2014
9	WHSCT	Grangewood Hospital	Carrick	08/01/2014
10	WHSCT	Lakeview Hospital	Strule Lodge	08/01/2014
11	WHSCT	Lakeview Hospital	Brooke Lodge	08/01/2014
12	WHSCT	Waterside Hospital	Ward 1	08/01/2014
13	WHSCT	Waterside Hospital	Ward 3	08/01/2014
14	WHSCT	Shantallow	Slievemore Nursing Unit	08/01/2014

