

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

2014-2015



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1.0 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover RQIA endeavours to encourage improvements in the quality of services and to safeguard the rights of service users. The Mental Health & 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).

1.1 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) Subject 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.

1.2 Methodology used by RQIA to Monitor Compliance with Article 116 2013-14

In the 2013/2014 inspection year, RQIA monitored compliance with Article 116 through a focussed programme of financial inspections. Financial inspections were undertaken in 63 mental health and learning disability wards by an independent finance inspector. 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.

2.0 Follow up on Inspection Findings 2014-15

As part of its inspection to individual wards RQIA incorporated finance monitoring into its inspection programme for 2014-15. The Quality Improvement plans issued in March 2014 were reviewed by the MHLD inspector during unannounced visits to facilities and compliance assessed against recommendations.

2.1 Belfast Health and Social Care Trust

In 2013-14 the finance inspector visited 22 wards across three hospital sites in the BHSCT. A total of 39 recommendations were made. During the follow up inspections in 2014-15 inspectors noted that progress was fully met in 33 recommendations and not met in three recommendations. Two wards have closed since the last finance inspection.

See Appendix 2.

2.2 Northern Health and Social Care Trust

In 2013-14 the finance inspector visited 12 wards across two hospital sites in the NHSCT. A total of 41 recommendations were made for 10 wards. During the follow up inspections in 2014-15 inspectors noted that progress was fully met in 26 recommendations, not met in 12 recommendations and not applicable in 2 recommendations. Two wards have closed since the last finance inspection.

See Appendix 3

2.3 South Eastern Health and Social Care Trust

In 2013-14 the finance inspector visited seven wards across four hospital sites in the SEHSCT. A total of 15 recommendations were made for six wards. During the follow up inspections in 2014-15 inspectors noted that progress was fully met in 15 out of 15 recommendations (all six wards inspected).

2.4 Southern Health and Social Care Trust

In 2013-14 the finance inspector visited eight wards across three hospital sites in the SHSCT. A total of 18 recommendations were made for all wards. During the follow up inspections in 2014-15 inspectors noted that progress was fully met in 12 recommendations, partially met in two recommendations and not met in three recommendations. Three wards have closed since the financial inspection in 2013-14.

See Appendix 5

2.5 Western Health and Social Care Trust

In 2013-14 the finance inspector visited 14 wards across five hospital sites in the WHSCT. A total of 48 recommendations were made for 13 wards. During the follow up inspections in 2014-15 inspectors noted that progress was fully met in 30 recommendations and not met in 11 recommendations and one recommendation was assessed as no longer applicable. Two wards have closed since the last finance inspection in 2013-14.

See Appendix 6

3.0 Conclusions from Inspection Findings

Follow up 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 that the majority of recommendations have been met since the last finance inspections in 2013-14. Some recommendations were assessed as no longer applicable and there were recommendations made for wards which have since closed.

However, in other wards inspected the lack of progress in relation to some recommendations has been restated for a second time. These recommendations are in relation to development and implementation of policies, recording of items, access to safe and weekly checks as well as individual statements from cash office. Training in relation to the management of patient finances was not available in some trusts. 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 2015/2016. This report will be shared with each Trust MHLN Director, and Director of Finance. A risk rating will be completed of wards in respect of further priority inspections in 2015/2016. 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 HSC Trust

No	Trust	Hospital	Ward	Date
1	BHSCT	Mater Hospital	Ward J - Mater	11/11/2014
2	BHSCT	Mater Hospital	Ward K - Mater	03/12/2014
3	BHSCT	Mater Hospital	Ward L - Mater	06/08/2014
4	BHSCT	Knockbracken	Shannon Clinic Ward 1	17/02/2015
5	BHSCT	Knockbracken	Shannon Clinic Ward 2	11/11/2014
6	BHSCT	Knockbracken	Shannon Clinic Ward 3	12/03/2015
7	BHSCT	Knockbracken	Valencia	29/01/2015
8	BHSCT	Knockbracken	Clare Ward	11/03/2015
9	BHSCT	Knockbracken	Avoca Ward	14/01/2015
10	BHSCT	Knockbracken	Innisfree	25/05/2015
11	BHSCT	Knockbracken	Dorothy Gardiner	26/03/2015
12	BHSCT	Knockbracken	Rathlin	04/02/2015
13	BHSCT	Muckamore Abbey	Cranfield Female	02/02/2015
14	BHSCT	Muckamore Abbey	Cranfield ICU	25/09/2014
15	BHSCT	Muckamore Abbey	Killead	24/11/2014
16	BHSCT	Muckamore Abbey	Cranfield Male	12/01/2015
17	BHSCT	Muckamore Abbey	Six Mile	14/01/2015
18	BHSCT	Muckamore Abbey	Erne	09/12/2014
19	BHSCT	Muckamore Abbey	Moylena	08/07/2014
20	BHSCT	Muckamore Abbey	Greenan	23/10/2014

Northern HSC Trust

No	Trust	Hospital	Ward	Date
1	NHSCT	Holywell Hospital	Tobernavveen Centre	29/01/2015
2	NHSCT	Holywell Hospital	Tobernavveen Lower	06/01/2015
3	NHSCT	Holywell Hospital	Tobernavveen Upper	15/01/2015
4	NHSCT	Holywell Hospital	Carrick 4	27/10/2014
5	NHSCT	Holywell Hospital	Lissan 1	02/09/2014
6	NHSCT	Holywell Hospital	Inver 1	11/03/2015
7	NHSCT	Holywell Hospital	Inver 4	21/01/2015
8	NHSCT	Causeway Hospital	Ross Thompson unit	15/12/2014

South Eastern HSC Trust

No	Trust	Hospital	Ward	Date
1	SEHSCT	Ulster Hospital	Ward 27 - Ulster	02/04/2014
2	SEHSCT	Downshire Hospital	Ward 27 - Downshire	05/11/2014
4	SEHSCT	Downe Hospital	Dementia Ward	22/01/2015
5	SEHSCT	Downe Hospital	Downe Acute	11/11/2014
6	SEHSCT	Lagan Valley Hospital	Ward 11	18/02/2015
7	SEHSCT	Lagan Valley Hospital	Ward 12	03/02/2015

Southern HSC Trust

No	Trust	Hospital	Ward	Date
1	SHSCT	Bluestone	Silverwood	09/02/2015
2	SHSCT	Bluestone	Bronte	05/11/2014
3	SHSCT	Bluestone	Cloughmore	07/04/2014
4	SHSCT	Bluestone	Willow	20/03/2015
5	SHSCT	Bluestone	Dorsey A & T	04/11/2014
6	SHSCT	Bluestone	Rosebrook	12/02/2015
7	SHSCT	St. Luke's Hospital	Gillis Memory Centre	06/01/2015

Western HSC Trust

No	Trust	Hospital	Ward	Date
1	WHSCT	T&F	Beech	25/02/2015
2	WHSCT	T&F	Oak B	11/11/2014
3	WHSCT	T&F	Lime	02/03/2015
4	WHSCT	Gransha Hospital	Cedar Ward	30/09/2014
5	WHSCT	Grangewood Hospital	Evisch Female	11/08/2014
6	WHSCT	Grangewood Hospital	Carrick Male	25/02/2015
7	WHSCT	Lakeview Hospital	Strule Lodge	12/01/2015
8	WHSCT	Lakeview Hospital	Brooke Lodge	14/09/2014
9	WHSCT	Waterside Hospital	Ward 1	19/02/2015
10	WHSCT	Waterside Hospital	Ward 2	16/12/2014

Appendix 2 Belfast HSC Trust finance recommendations restated following 2014/15 inspection year

A total of 39 recommendations were made following the 2013/14 financial inspections. During the follow up inspections in 2014/15, inspectors noted that progress was fully met in 33 recommendations and not met in 3 recommendations. Two wards have closed since the last finance inspection.

The 3 recommendations that were not met have been restated following the 2014/15 inspection year and are listed below.

Inspection	Recommendation	Action Taken	Compliance
<p>Innishfree, Knockbracken, 25 & 26 March 2015</p>	<p>It is recommended that the ward manager ensures that regular individual patient statements are received from the cash office at the ward to facilitate reconciliation of expenditure and receipts</p>	<p>Individual patient statements are not received from the cash office at the ward to facilitate reconciliation of expenditure and receipts.</p> <p>This recommendation will be restated for a second time</p>	<p>Not met</p>
<p>Moylena, Muckamore Abbey, 8 & 9 July 2014</p>	<p>It is recommended that the ward manager ensures that a record of staff who access the key to the Bisley drawer, and the reason for access, is maintained.</p>	<p>There was no record of staff who can access the Bisley drawer on the ward. This recommendation will be restated for a second time</p>	<p>Not met</p>
<p>Ward L, Mater Hospital, 06 August 2014</p>	<p>It is recommended that the Trust introduce a uniform policy for managing patients' finances across all wards.</p>	<p>A uniform policy for managing patients' finances across all wards was not available during the inspection. The Trust's finance department reported that the policy was not currently available.</p>	<p>Not Met</p>

Appendix 3 Southern HSC Trust finance recommendations restated following 2014/15 inspection year

A total of 18 recommendations were made following the 2013/14 financial inspections. During the follow up inspections in 2014/15, inspectors noted that progress was fully met in 12 recommendations, partially met in 2 recommendations and not met in 3 recommendations. Three wards have closed since the last financial inspection in 2013/14.

The 3 recommendations that were not met and the 2 recommendations that were partially met, have been restated following the 2014/15 inspection year and are listed below.

Inspection	Recommendation	Action Taken	Compliance
<p>Cloughmore, Craigavon Area Hospital, 7 April 2014</p>	<p>It is recommended that the ward manager ensures that all items brought into the ward on admission are listed appropriately, the area of their storage or transfer recorded, and appropriate receipting undertaken, particularly when relatives remove items from the ward.</p>	<p>The inspector reviewed the ward processes for ensuring the security of patient property and noted that patient valuables were listed on admission. The inspector did not find evidence of a process to record all items brought into the ward.</p> <p>This recommendation will be restated for a second time.</p>	<p>Partially met</p>
	<p>It is recommended that the Trust develops and implements a uniform policy for managing patients' finances within the Bluestone Unit, including managing and securing patients' property held in the ward safes.</p>	<p>The inspector was informed that a procedure for managing patient's money and property had been drafted and had been sent to the Trust's finance department for advice and guidance. However, at the time of the inspection this had not been implemented.</p> <p>This recommendation will be restated for a second time.</p>	<p>Partially met</p>

<p>Silverwood, Craigavon Area Hospital, 9 February 2015</p>	<p>It is recommended that the Trust develops and implements a uniform policy for managing patient's finances within the Bluestone Unit.</p>	<p>The inspector met with the ward manager and the Patient Flow and Bed Management Coordinator who stated that the uniform policy for the Bluestone Unit has not been implemented. The managers advised that the policy was currently under review by senior hospital management and is awaiting final approval. The inspector was not provided a copy of the draft policy.</p>	<p>Not met</p>
<p>Willow, Craigavon Area Hospital, 20 March 2015</p>	<p>It is recommended that the Trust develops and implements a uniform policy for managing patient's finances within the Bluestone Unit.</p>	<p>As stated above this was discussed at the conclusion of the inspection with the patient flow and bed management coordinator and the ward manager who advised that a uniform policy is being devised for the bluestone unit and should be available by May 2015.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that all staff attend relevant training in policies and procedures for management of patients finances.</p>	<p>Staff have not received training in relation to the policies and procedures for management of patients' finances. However, the patient flow and bed management coordinator and the ward manager advised when the local policy is available to staff this will be implemented. However they were unable to give a date of when this training will be available to staff.</p>	<p>Not met</p>

Appendix 4 Northern HSC Trust finance recommendations restated following 2014/15 inspection year

A total of 41 recommendations were made following the 2013/14 financial inspections. During the follow up inspections in 2014/15, inspectors noted that progress was fully met in 26 recommendations, not applicable in 2 recommendations and not met in 12 recommendations. Two wards have closed since the last finance inspection in 2013/14

The 12 recommendations that were not met, have been restated following the 2014/15 inspection year and are listed below.

Inspection	Recommendation	Action Taken	Compliance
<p>Carrick 4, Holywell Hospital, 27 & 28 October 2014</p>	<p>It is recommended that the ward manager ensure that all staff attend up to date training in the management of patients' monies and valuables.</p>	<p>Inspectors were advised that training in the management of patients' monies and valuables is not currently available to staff working on the ward. Inspectors were advised that staff will liaise with colleagues in the finance department within the Trust in relation to making this training available. This recommendation will be restated for a second time.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct</p>	<p>Inspectors were informed that this process has not been implemented. This recommendation will be restated for a second time.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that regular weekly checks of patients' money held against the cash ledger are undertaken and appropriately recorded.</p>	<p>There were no evidence on the days of the inspection which indicated that the ward manager was completing regular weekly checks of patients' money held against the cash ledger. This recommendation will be restated for a second time</p>	<p>Not met</p>
<p>Inver 4, Holywell Hospital, 21 & 22 January 2015</p>	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.</p>	<p>The ward manager stated that they do not routinely request patient statements from the hospital cash office. This recommendation will be restated a second time.</p>	<p>Not met</p>

<p>Lissan 1, Holywell Hospital, 2 & 3 September 2014</p>	<p>It is recommended that the ward manager ensure that all staff attend up to date training in the management of patients' monies and valuables.</p>	<p>Inspectors were advised that training in the management of patients' monies and valuables is not currently available to staff working on the ward. Inspectors were advised that the ward sister and senior management team for the ward are liaising with the colleagues in the finance department within the Trust in relation to making this training available.</p>	<p>Not Met</p>
<p>Ross Thompson Unit, Causeway Hospital 15 & 16 December 2014</p>	<p>It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.</p>	<p>Inspectors spoke with ward staff who advised that they do not document or record the removal of patient's items by relatives.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that records of purchases made and change returned to patients are maintained along with appropriate receipting processes.</p>	<p>Staff on the Ross Thompson unit do not hold monies belonging to patients. Staff however informed inspectors that they may on occasions, at a patient's request, purchase items from the shop. Currently staff do not retain financial transaction records for when patients give money to staff, the reasons for this, item purchased and monies returned.</p>	<p>Not met</p>
<p>Tobernaven Upper, Holywell Hospital, 15 January 2015</p>	<p>It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.</p>	<p>The ward manager advised that the following recommendation had not been achieved.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.</p>	<p>The ward manager advised the inspector that at present they do not receive statements from the cash office. The ward manager has agreed to take this forward for immediate action.</p>	<p>Not met</p>

<p>Tobernaveen Centre, Holywell Hospital, 29 & 30 January 2015</p>	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.</p>	<p>Individual statements are not received from the cash office. The ward manager advised that if patients request a statement they can arrange this with the cash office. However to date this is not been implemented on the ward. This recommendation will be restated for a second time</p>	<p>Not met</p>
<p>Tobernaveen Lower, Holywell Hospital, 6 & 7 Jan 2015</p>	<p>It is recommended that the ward manager ensures that all items brought into the ward on admission that are removed by relatives are recorded. Record of receipt by the relative should be obtained.</p>	<p>The ward manager advised that the following recommendation had not been achieved. Following discussion with the inspector, the ward manager agreed steps to take in order to ensure the safeguarding of patients belongings in accordance with the recommendation.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that individual patient statements are received from the cash office in order to verify that transactions are correct.</p>	<p>The ward manager advised the inspector that at present they do not receive statements from the cash office. The ward manager has agreed to take this forward for immediate action.</p>	<p>Not met</p>

Appendix 5 Western Trust HSC finance recommendations restated following 2014/15 inspection year

A total of 48 recommendations were made following the 2013/14 financial inspections. During the follow up inspections in 2014/15, inspectors noted that progress was fully met in 30 recommendations, not met in 11 recommendations and 1 recommendation was no longer applicable. Two wards have closed since the last finance inspection in 2013/2014.

The 11 recommendations that were not met, have been restated following the 2014/15 inspection year and are listed below.

Inspection	Recommendation	Action Taken	Compliance
Beech, Tyrone and Fermanagh Hospital, 25 February 2015	It is recommended that the Trust reviews the current practice for authorisation of larger purchases, including eliminating the practice of the same staff authorising the purchase and verifying the receipt. A policy and procedure should be developed and implemented.	The purchase of larger items was signed by three different members of staff; however a policy and procedure had not been developed or implemented to reflect the current practice. The current policies and procedures pertaining to patients' property and finances had not been reviewed or updated since 2011/2012.	Not met
	It is recommended that the ward manager trust introduces a weekly audit of receipts against expenditure on this ward.	The inspector was advised by the ward manager that they do not complete a weekly audit of receipts.	Not met
	It is recommended that the Trust introduces a secondary check of expenditure records on this ward.	The inspector was provided with no evidence of secondary checks; there was also no evidence that expenditure was being audited or reviewed by the ward manager.	Not met
	It is recommended that the ward manager ensures that a record of all staff who obtain the key to the safe where patients' money is stored is maintained including the reason for access.	A review of ward records indicated that staff were not recording staff who obtain the key to the safe and/or a reason for access to the safe in relation to monies.	Not met
	It is recommended that the ward manager trust introduces a weekly audit of receipts against expenditure on this ward.	The inspector was advised by the ward manager that they do not complete a weekly audit of receipts.	Not met

Brooke Lodge, Lakeview Hospital, 14 September 2014	<p>It is recommended that the ward manager ensures that regular statements are received from the cash office to facilitate verification of transactions and expenditure.</p>	<p>Inspectors were informed by the deputy ward manager that regular statements are not received from the cash office to facilitate verification of transactions and expenditure. This recommendation will be restated for a second time</p>	<p>Not met</p>
	<p>It is recommended that the Trust develops and implements a policy and procedure in relation to operating individual patient saving accounts.</p>	<p>Inspectors were informed by the deputy ward manager that a draft policy had been developed in relation to operating individual patient saving accounts. The draft policy was not available on the ward. This recommendation will be restated for a second time</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that updated training in the management of patients' finances is prioritised for all staff.</p>	<p>The inspectors were informed that training in the management of patients finances is not available to staff. This recommendation will restated for a second time.</p>	<p>Not met</p>
Cedar, Gransha, 30 September & 1 October 2014	<p>It is recommended that the ward manager ensures that regular statements are received from the cash office to facilitate verification of transactions and expenditure.</p>	<p>This process has not been implemented. This recommendation will be restated for a second time.</p>	<p>Not met</p>
Lime, Tyrone and Fermanagh Hospital, 2 March 2015	<p>It is recommended that the ward manager develops a system to ensure that where staff are making purchases on behalf of patients, a transparent record is maintained of the amount of money received, purchases made and change returned and verified by another staff member.</p>	<p>Ward staff do not record the purchases made by staff on a patients behalf. Instead when a member of staff obtains monies to spend on behalf of a patient, the money is recorded as signed out to the patient as opposed to the member of staff who has physically obtained the money.</p>	<p>Not met</p>
	<p>It is recommended that the ward manager ensures that a record is kept of the staff member who obtains the key to the patient's safe, and the reason for access is maintained.</p>	<p>The key to the safe is retained throughout the day by the nurse in charge who signs for receipt of the key from the previous shift. The ward does not currently record each occasion that the safe is opened, who opened it or why it was opened.</p>	<p>Not met</p>