The Regulation and Quality Improvement Authority

Monitoring of Patients Finances in Mental Health & Learning Disability Inpatient Facilities

(Article 116 Mental Health (NI) Order 1986)

Belfast Health & Social Care Trust

December 2013

informing and improving health and social care
www.rqia.org.uk

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1.0 Section 1 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. RQIA undertakes a range of responsibilities for people with mental ill health and those with a learning disability.

RQIA is required to monitor the arrangements put in place by Trusts to safeguard residents' monies and gain an assurance that these are satisfactory. Under Article 116 of the Mental Health (NI) Order 1986 (MHO), RQIA is required to give consent to Trusts to hold balances of more than £20,000 for any single Mental Health and Learning Disability (MHLD) patient.

To assist it in discharging this function RQIA in 2013/14 commissioned an external financial inspector to undertake financial inspections of MHLD patients' monies in inpatient settings across the five Northern Ireland Heath and Social Care Trusts.

1.2 Requirement to Review of Article 116 under the Mental Health (Northern Ireland) Order 1986

Article 116 of the Order outlines specific expectations in relation to 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. (Currently sum of £20,000).

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.

1.3 Methodology used by RQIA to Monitor Compliance with Article 116

The financial 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 inspector visited 22 wards in the Belfast Health and Social Care Trust (BHSCT) as part of this review. The specific wards visited are detailed in 2.0.

The inspection involved:

- 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.

2.0 Belfast Health & Social Care Trust -Wards Inspected

No	Trust	Hospital	Ward	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

3.0 Summary of Key Findings

3.1 The Mater Hospital

Wards J, K & L

The Mater Hospital site has three acute admission wards which operate the same processes for safeguarding patients' property and money both on admission and for the duration of their period in hospital.

The processes for safeguarding property and money on admission appeared to be operating effectively on the day of inspection.

The Trust was operating a disclaimer on money or valuables that are kept by the patient whilst in hospital and each patient is required to sign this on admission. Each patient had a keypad safe in their wardrobe located beside their bed which they can individually programme on admission. A master key was held in the nurses' office, accessed by the nurse in charge, should any patient forget their keypad number. The practice on each ward was that two staff must access the master key and accompany the patient to open the safe to allow the patient to reset the code. On one ward a file is held that records the two staff and they sign confirmation of this action.

The ward manager reported that the Policy for Managing Inpatient Finances is emailed to staff by the ward manager. The staff should retain this as a receipt of distribution. Wards J and L had a policy issued in October 2013 which relates to Long Stay Wards. Ward K had a using a five page policy dated May 2011.

Recommendations

It is recommended that the ward managers of Wards J, K & L maintain a record of any staff member who obtains the override key to the patients safe and the reason for access

It is recommended that the Trust introduce a uniform policy for managing patients finances across all wards

3.2 Knockbracken Hospital

Seven wards were inspected which were operating similar admissions processes for safeguarding patients property and money. On the day of inspection they appeared to be operating effectively.

Rathlin Ward

All patients on the ward had been deemed capable of managing their money and could use the safe located in their room. The safes were operated by a code, however it was reported that the majority of patients do not like using the code and will generally ask the staff to use the master key when they want access. It was reported that the ward policy encourages two members of staff to accompany the

patient. However, it was reported that at times only one staff member is present. There was no record maintained of the staff who access the master key.

Recommendations

It is recommended that the ward manager ensures that a record is of the staff member who obtains the master key to the patient's safe, and the reason for access is maintained.

It is recommended that the ward manager ensures that two staff open the patients' safes in accordance with the ward policy.

Dorothy Gardiner Ward

Patients who are deemed capable of managing their own monies use a key operated safe in their room. All ward staff however were able to access the master key. There was no record of the staff who access the master key.

The ward had five inpatients who had been deemed incapable of managing their monies. Monies for these patients were stored in a Bisley drawer in the office. The key was kept in a safe that only nursing staff had access to. There was no record kept of the staff who access the key.

Patients able to go to the shop to make their own sundry purchases are asked them to obtain receipts; not all patients will bring them back. However, there were robust records kept to confirm receipt of the money by individual patients.

Recommendations

It is recommended that the ward manager ensures that a record of staff who access the master key and the reason for access, is maintained

It is recommended that the ward manager maintains a record of all staff who obtain the key to the safe and the drawer where patients' money is stored and the reason for access

Avoca Ward

Patients who had been deemed capable of managing their own monies each used an individual safe, located in the dining room. These safes were operated by an individual patient code digital code. The override key was located in a locked cupboard in the nurses' office. For patients who had been deemed incapable of managing their own monies, money was stored in a Bisley drawer located in the nurses' office. The nurse in charge held the key. There was no record maintained of the staff who access the override key to the patients safe or the Bisley drawer.

Recommendations

It is recommended that the ward manager maintains a record of all staff who obtain the master key to the patients' safes, and the drawer where patients' monies are held, and the reason for access

Clare Ward

Patients have lockable drawers under their bed. The nurse in charge holds the key which the patient must request to open the drawer. However, this key opens all drawers and cupboards on the ward and all staff had access to the key. There was no record kept of who obtains the key. Monies for those patients who have been assessed as incapable of managing their own finances were held in a Bisley drawer located in the nurses' office. The nurse in charge kept charge of the key to this drawer. There was no record maintained of who obtains the key to the Bisley drawer.

Recommendations

It is recommended that the ward manager ensures that a record of staff who access the key to the patients' drawers, and the reason for access, is maintained.

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.

It is recommended that the Trust provides separate keys and locks for each of the patients' drawers where individual patients keep their monies and the other cupboards and drawers on the ward.

Innisfree Ward

The Trust has been authorised as appointee for 10 patients on Innisfree ward who have been assessed as incapable of managing their own finances/ The Office of Care and Protection (OCP) manages monies for one other patient assessed as incapable of managing their own finances. When money is required staff will make the withdrawals from the Trust cash office. Receipts had been obtained and kept for each patient.

Group activities occur on the ward. However only one receipt had been obtained for the total spends. The total spend had been divided by the number of patients who took part in the event/outing. These receipts were kept in a bundle in the nurses' office. The receipts were not easily identified as a group spend and there was no record of which patients attended the group session.

Patients' monies were kept in a Bisley drawer which was located in the nurses' office along with cash records of transactions. There was no record kept of staff who access the key to the Bisley drawer.

Records of monies had checked weekly but the cash office had not sent statements to the ward to facilitate reconciliation of expenditure and receipts.

Recommendations

It is recommended that the ward manager ensures that a record is maintained of individual patients who attend group events, and only these patients are charged accordingly.

It is recommended that receipts for group expenditure are more easily identifiable.

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.

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.

Valencia

All patients on the ward had been assessed as incapable of managing their own monies. Patients' relatives or the OCP had become authorised appointees. The ward held money for two patients; one relative had left small sums for a particular spend, and the OCP had sent money to the cash office for the other patient's needs. The money was kept in a Bisley drawer which is located in the nurses' office, along with the cash records of transactions. All purchases had been receipted and these were kept in the office in a locked filing cabinet. There was no record kept of staff who obtain the key to the Bisley drawers.

The cash and records had been checked on a monthly basis by the nurse in charge.

Recommendations

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.

Shannon Unit – Shannon1, Shannon 2 & Shannon 3

The admissions processes in each of the three wards are the same and on the day of inspection they appeared operating effectively.

The majority of patients in each ward had been deemed capable of managing their own monies and kept their own money on their person. There were no lockable facilities in their rooms. However patients in Shannon 1 and Shannon 2 can ask to have their room locked and the security nurse holds the key. In Shannon 3, the patient could hold a key to their room. Patients were able to keep valuable equipment (e.g.) TVs, CD players. These were kept are the patient's own risk and each patient had signed a disclaimer of responsibility.

Patients who had been deemed incapable in managing their own finances or those whose individual benefits are paid into the Trust cash office may have a restriction on the amount they are allowed daily. This was monitored by the nurse in charge. The cash withdrawn from the cash office was kept in a Bisley drawer in the nurses' office and the nurse in charge held the key. The nurse in charge generally made any withdrawals. Robust records had been kept of these transactions. However, there was no record kept of any other person who obtains the key to the Bisley drawers.

Records had been maintained by the each of the wards for the receipt of monies from the cash office and the distribution of the monies to the patient.

Recommendations

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

3.3 Muckamore Abbey Hospital

The policy for admission wards in Muckamore Abbey Hospital was to lodge patients' valuables in the cash office or to send the valuables home with relatives. Where valuables had been sent home, signature of receipt by the relative had not been obtained.

Trust policy stated that no more than £100 should be kept at ward level and in general only £20-£30 was kept for each individual patient, with the exception being at holiday times. In instances where patients had other valuables, these were held in a separate drawer in the nurses' office or the Trust cash office on site. Twice daily checks had been made at the changeover of staff, of the cash and property held. These records were checked by two staff and appropriate signatures had been recorded.

Secondary Audit of Patients Finances

The Operations Manager had conducted a monthly audit and reconciliation of patient's money retained on the ward against the cash ledgers and these were evidenced on each ward on the day of inspection.

Patients Financial Statements

The cash office on site at Muckamore Abbey Hospital had issued monthly statements to the ward of all transactions on the Patients Private Property (PPP) account. On receipt the Ward Manager had checked these to the transactions recorded in the patient cash ledger and investigated any unidentified items.

Expenditure

The arrangements to spend individual patient's money varied depending on the ward and patient ability. There was evidence of some individual arrangements particularly for long stay patients and these are detailed below.

Cranfield – Male Ward, Female Ward & Intensive Care Unit

All wards kept patients' monies they had either withdrawn from the cash office or been given by a relative for a patient in a Bisley cabinet. The Bisley cabinets had a dedicated drawer for each patient along with a cash record sheet which recorded transactions. The Bisley drawers were located in the nurses' office and the nurse in charge held the key. Whilst two members of staff had recorded the withdrawals and lodgements in the patient's cash ledger, there was no record of who accesses the key to the drawers.

Recommendations

It is recommended that the ward managers in Cranfield Women, Cranfield Men and Cranfield ICU ensures that a record of all staff who obtain the key to the drawers where patient‘s money is stored is kept, including the reason for access.

Six Mile Ward

Some of the patients on the ward had requested SKY TV. There are 12 patients on the ward and 8 patients pay for the subscription. Use of the SKY was only permitted to those who pay subscription and the patients manage this arrangement. Some of the patients had daily newspapers delivered to the ward from a local retailer. The bill was issued to the Trust, and the cash office had paid the bills, deducting the amount from each of the individual patients' PPP accounts.

Recommendations

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

Killead Ward

Patients who go out shopping or on trips use either the hospital mini bus or the leased mini bus if they are available; otherwise patients had paid for the taxis. Where the leased bus had been used, an amount of money had been deducted from the patient's PPP account for the cost.

The nurse who met with the inspector was unsure if this charge applied to all patients who use the bus or just the patients who were in receipt of Mobility Allowance. On the day of the inspection it appeared that any patient who was in receipt of a mobility allowance had to pay a travel cost for using the bus, but any patient who did not receive a mobility allowance was not charged for using the bus.

One patient had arranged to pay his mother £40-£50 per week for individual purchases. This arrangement had been approved by the hospital Consultant on behalf of the Trust. Staff confirmed that the patient's mother makes appropriate purchases on behalf of her son.

Another patient had chosen to buy a car for his mother from monies in his PPP account savings. This had been approved by the hospital Consultant on behalf of the Trust.

Recommendations

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

It is recommended that the Trust review the policy on payment for use of the leased bus as a matter of urgency to ensure that all patients are charged equitably for its use.

It is recommended that the ward manager ensures that all staff are aware of and receive training in a revised Trust policy for charging for transport.

It is recommended that the Trust devise and implement a policy and procedure for authorising payments to relatives for large purchases, and/or recurrent sums of monies, taking cognisance of the Trust policies and procedures for safeguarding vulnerable adults.

Donegore Ward

The only group spending the ward operated had been for baking sessions. The cost of ingredients had been divided by the number of patients who had attended the session. The cash ledger had been noted accordingly and receipts had been obtained.

Recommendations

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.

Moylena Ward

Patients who go out shopping or on trips use either the hospital mini bus or the leased mini bus if they are available; otherwise patients had paid for the taxis. Where the leased bus had been used, an amount of money had been deducted from the patient's PPP account for the cost.

The nurse who met with the inspector advised that some patients attend the day centre on site and choose the activities they want to take part in. If the items are not provided by the centre the patient will buy their own, for example, pens, crayons, and a foot spa had been purchased.

Recommendations

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

It is recommended that the Trust review the policy on payment for use of the leased bus as a matter of urgency to ensure that all patients are charged equitably for its use.

It is recommended that the ward manager ensures that all staff are aware of and receive training in a revised Trust policy for charging for transport.

It is recommended that the Trust review the requirement for patients to buy their activity or occupational therapy materials as part of a therapeutic programme.

Erne ward

All patients on the ward had been deemed as incapable of managing their own finances. The Trust was their authorised appointee. The majority of spend had been carried out by the staff. Receipts sampled included those for Tesco finest yogurt. The nurse who met with the inspector explained that although the Trust provided

plain yogurt, the patient had expressed a preference for these particular yogurts so the staff considered that the spend was justifiable. Staff undertake all the shopping for their patients outside of working hours, and had provided receipts which had been verified by the nurse in charge when brought into the ward.

Recommendations
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.

Greenan Ward
All of the patients on Greenan ward have been in hospital for a very long time. All patients had been deemed incapable of managing their own monies and the Trust was their appointee. Receipts of individual expenditure for group activities had been retained and noted against each patient who participated. There was no record of regular reconciliation of patient's monies; checking of patient's money had been carried out at the time of lodgement and withdrawals only.

Recommendations

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

It is recommended that the ward manager ensures that regular weekly reconciliation of patients' money against the cash ledger is undertaken and appropriate records maintained.

Oldstone
Patients in Oldstone had been considered capable of managing their own monies with assistance. Monies were stored in the Bisley drawers in the nurses' office.

As part of the model of care provision in preparing patients to leave the hospital to live in community based settings, patients are encouraged to undertake daily living tasks such as shopping and cooking. Part of this was the choice of some patients to buy and cook their own food for lunch (the Trust provides patients' lunches if preferred). SKY TV had been installed in the communal area of one "house" and the patients in that house paid the cost between them. Some patients had mobile phones and paid their own bill. Take away food had been paid for from the cash held in the Bisley drawer for each patient and the cash ledger recorded. Individual receipts had been obtained. Patients can go shopping themselves, generally going in pairs, splitting the taxi fare.

Recommendations

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.

It is recommended that the Trust review the requirement for patients to buy their own food as part of a therapeutic programme.

4.0 Conclusion

The management of patient finances in inpatient mental health and learning disability facilities was reviewed in 22 wards in the Belfast Health and Social Care Trust in December 2013 by a process of inspection. 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. This includes ward processes for keeping patients' monies safe in terms where monies are kept by staff on each ward and the management of risk in access to these monies. Other areas to be addressed include the management of group expenditure and how this is equally and fairly managed for individual patients, the charging arrangements for transport and therapeutic activities and the updating of policies and procedures to guide and support staff practice.

The inspector would like to thank staff for their assistance during these inspections.

Quality Improvement Plan

Belfast Health and Social Care Trust

Finance Inspection

December 2013

All recommendations are underpinned by the Mental Health (NI) Order 1986, Articles 86 (2) (c) (iv), & 116, and The Quality Standards for Health and Social Care 2006, Standard 6.3.1 (c)

Quality Improvement Plan

Ward	Recommendations	Details of action to be taken by trust	Timescale
Mater Ward K	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. It is recommended that the Trust introduce a uniform policy for managing patients' finances across all wards.	Within Ward K patients manage their own finances using a keypad safe in their bedroom. On occasions patients may ask staff to override access to the their safe as they may have forgotten the access code to this – as of the date of the response to this report a proforma is now in use to record the name of the staff who accesses the safe on the patients behalf and the reason why they had to access it. This will also be updated in the policy. **The existing policy for management of patients' finances and property which has recently been amended and reissued in March 2014 (Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals**) is now in use in this ward.	**Immediately** **31 May 2014**
Mater Ward L	It is recommended that the ward manager ensures that a record of staff who access the key to the safe and the reason for access, is maintained.	Within Ward L patients manage their own finances using a keypad safe in their bedroom. On occasions patients may ask staff to override access to the their safe as they may have forgotten the access code to this – as of the	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	It is recommended that the Trust introduce a uniform policy for managing patients' finances across all wards.	date of the response to this report a proforma is now in use to record the name of the staff who accesses the safe on the patients behalf and the reason why they had to access it. This will also be updated in the policy. **The existing policy for management of patients' finances and property which has recently been amended and reissued in March 2014 (Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals**) is now in use in this ward.	**31 May 2014**
Mater J	It is recommended that the Trust introduce a uniform policy for managing patients' finances across all wards.	Within Ward J patients manage their own finances using a keypad safe in their bedroom. On occasions patients may ask staff to override access to the their safe as they may have forgotten the access code to this – as of the date of the response to this report a proforma is now in use to record the name of the staff who accesses the safe on the patients behalf and the reason why they had to access it. This will also be updated in the policy.	**31 May 2014**

Ward	Recommendations	Details of action to be taken by trust	Timescale
		The existing policy for management of patients' finances and property which has recently been amended and reissued in March 2014 (Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals) is now in use in this ward.	
Rathlin	It is recommended that the ward manager ensures that a record of staff who access the master key and the reason for access, is maintained. It is recommended that the ward manager ensures that two staff open the patients' safes in accordance with the ward policy.	Within Rathlin Ward patients manage their own finances using a keypad safe in their bedroom. On occasions patients may ask staff to override access to the their safe as they may forgotten the access code to this – as of the date of the response to this report a proforma is now in use to record the name of the staff who accesses the master key. This will also be updated in the policy. A proforma has now been introduced which requires the names of two staff and the reason for opening of any safe to be recorded	**Immediately**
Dorothy Gardiner	It is recommended that the ward manager ensures that a record of staff who access the master key and the reason for access, is maintained It is recommended that the ward	Within Dorothy Gardiner Ward patients manage their own finances using a keypad safe in their bedroom. On occasions patients may ask staff to override access to the their safe as they may forgotten the access code to this – as of the	**Immediately** **Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	manager maintains a record of all staff who obtain the key to the safe and the drawer where patients' money is stored and the reason for access	date of the response to this report a proforma is now in use to record the name of the staff who accesses the master key and the reason why they had to access it. This will also be updated in the policy.	
Clare Ward	It is recommended that the ward manager ensures that a record of staff who access the key to the patients' drawers, and the reason for access, is maintained. 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. It is recommended that the Trust provides separate keys and locks for each of the patients' drawers where individual patients keep their monies and the other cupboards and drawers on the ward.	A proforma has now been introduced which requires the names of two staff and the reason for opening of any patient drawers to be recorded. This will also be updated in the revised policy. A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy. The Ward Manager has requested Estates colleagues to provide separate key and locks for each of the patients' drawers where individual patients keep their monies and the other cupboards and drawers on the ward	**Immediately** **Immediately** **31 May 2014**
Innisfree	It is recommended that the ward manager ensures that a record is maintained of individual patients who attend group events, and only	This has been incorporated into the revised (Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals. This policy was in	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	these patients are charged accordingly. It is recommended that receipts for group expenditure are more easily identifiable. 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. It is recommended that the ward manager ensures that regular individual patient statements are received from the cash office at the ward to facilitate reconciliation of expenditure and receipts.	the process of being updated at the time of inspection but has now been issued to all in-patient wards in March 2014. Within the revised policy referred to above, group expenditure receipts are now attached to the withdrawl Form 2 which details all patients involved in the expenditure and what the expenditure was for. Withdrawl form 2's are retained on the ward for a 12 month period before being returned to the Cash Office/Patient Bank. A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy. This has been addressed in the revised PPPA Policy reissued in March 2014 whereby the Cash Office/Patient Bank Staff will issue a monthly transaction report to each ward manager which will detail all incoming monies and outgoing expenditure.	**Immediately** **Immediately** **immediately**
Valencia	It is recommended that the ward manager ensures that a record of staff who access the key to the	A proforma has now been introduced which requires the names of two staff and the reason	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	Bisley drawer, and the reason for access, is maintained.	for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	
Avoca	It is recommended that the ward manager maintains a record of all staff who obtain the master key to the patients' safes, and the drawer where patients' monies are held, and the reason for access	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also apply to any drawers where patients hold their monies. This will also be updated in the revised policy.	**Immediately**
Shannon Ward 1	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.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**
Shannon Ward 2	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.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**
Shannon Ward 3	It is recommended that the ward manager ensures that a record of	A proforma has now been introduced which	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	staff who access the key to the Bisley drawer, and the reason for access, is maintained.	requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	
Cranfield Women	It is recommended that the ward manager ensures that a record of all staff who obtain the key to the drawers where patient's money is stored is kept, including the reason for access.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**
Cranfield ICU	It is recommended that the ward manager ensures that a record of all staff who obtain the key to the drawers where patient's money is stored is kept, including the reason for access.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**
Cranfield Male	It is recommended that the ward maintains a record of all staff who obtain the key to the drawer where patient's money and property is stored and the reason for access	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
Sixmile Ward	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.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
Killead	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 It is recommended that the Trust review the policy on payment for use of the leased bus as a matter of urgency to ensure that all patients are charged equitably for its use. It is recommended that the ward manager ensures that all staff are aware of and receive training in a revised Trust policy for charging for transport. It is recommended that the Trust devise and implement a policy and procedure for authorising payments to relatives for large purchases, and/or recurrent sums of monies, taking cognisance of the Trust policies and procedures for safeguarding vulnerable adults.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy. The Trust has a procedure in relation to the lease of the mobility vehicle. This is currently under review and will be completed by the end of August. The Trust are currently revising the Trust policy on charging for Transport and all staff will have received updated training in this by the end of September. A policy is currently being devised for authorising payments to relatives for large purchases, and/or recurrent sums of monies.	**Immediately** **31 May 2014** **30 June 2014** **31 May 2014**

Ward	Recommendations	Details of action to be taken by trust	Timescale
Donegore	It is recommended that the ward maintains a record of all staff who obtain the key to the Bisley drawers where patient's money is stored and the reason for access	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**
Greenan	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 It is recommended that the ward manager ensures that regular weekly reconciliation of patients' money against the cash ledger is undertaken and appropriate records maintained.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy. This has been incorporated into the revised (Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals. This policy was in the process of being updated at the time of inspection but has now been issued to all in-patient wards in March 2014.	**Immediately** **Immediately**
Moylena	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.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
	It is recommended that the Trust review the policy on payment for use of the leased bus as a matter of urgency to ensure that all patients are charged equitably for its use. It is recommended that the ward manager ensures that all staff are aware of and receive training in a revised Trust policy for charging for transport. It is recommended that the Trust review the requirement for patients to buy their activity or occupational therapy materials as part of a therapeutic programme.	The Trust has a procedure in relation to the lease of the mobility vehicle. This is currently under review and will be completed by the end of August. The Trust are currently revising the Trust policy on charging for Transport and all staff will have received updated training in this by the end of September. The Trust has reviewed the requirement for patients to buy their activity or occupational therapy materials and this practice has now ceased. Patients will only buy these type of materials if this is part of a personal hobby or interest or for personal use outside of therapy programmes – this will be added to the revised policy.	**31 May 2014** **30 June 2014** **Immediately**
Erne	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.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy.	**Immediately**

Ward	Recommendations	Details of action to be taken by trust	Timescale
Oldstone	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. It is recommended that the Trust review the requirement for patients to buy their own food as part of a therapeutic programme.	A proforma has now been introduced which requires the names of two staff and the reason for opening of the Bisley drawers to be recorded. This will also be updated in the revised policy. The trust has reviewed the requirements for patients to buy their own food as part of a therapeutic programme – where patients who wish to buy their own food as part of a therapy programme, monies will be made available via petty cash floats.	**Immediately** **Immediately**

NAME OF CHIEF EXECUTIVE / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Martin Dillon interim chief executive.

Inspector assessment of returned QIP				Inspector	Date
		Yes	No		
A.	Quality Improvement Plan response assessed by inspector as acceptable	x		Rosaline Kelly	**18/08/14**
B.	Further information requested from provider				