



# Policy:

## FIN 016 Service User Property and Money

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### Summary of policy

This policy sets out the guidance and procedures for staff to support the management and safety of patients' property. This document defines a process that each service should adopt, however due to the differing arrangements over how services/wards operate these can be adapted to meet the needs of that service. It is the responsibility of Ward Managers to ensure that sufficient processes are in place and are adhered to.

<b>Target audience</b>	Trust staff, the Board of Directors and Council of Governors
<b>Keywords</b>	Patient's property, Patient's monies, valuables, deposited and undeposited property.

### Storage & Version Control

Version 2 of this policy is stored and available through the SHSC intranet only. This version of the policy supersedes the previous version 1.2 dated August 2019. Any copies of the previous policy held separately should be destroyed and replaced with this version.

## Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	This is a new policy (version 1.0). The Service User's Property and Money Policy was previously part of the Trust's "Cashier/Petty Cash holders Ward Held Monies and Property Policy and Procedures document. The Holidays and Outings process is now also included within this policy.	09/2016	The main content of the policy remains largely unchanged from that contained in the previous policy. However, additional guidance on statutory roles and responsibilities have been added into Sections 1-5 and Section 6. Additional guidance on use of disclaimer forms also added at section 6.1 to reflect best practice.
1.2	Interim refresh.	08/2019	The main content of the policy remains largely unchanged from that contained in the previous policy v1.
2.0	Review on expiry of policy.	11/2021	<p>The main content of the policy remains largely unchanged.</p> <ul style="list-style-type: none"> <li>- The policy has been transferred over to the new template.</li> <li>- References to "Residents' Financial Services" or "RFS" have been replaced with "Financial Accounts" or "Financial accounts Team" as appropriate.</li> <li>- Amended section 6.3 as the appointee service is now provided via Sheffield City Council.</li> <li>- As per the consultation it was highlighted that it is not always possible to have 2 nurses on a night shift. This is reflected in sections 6.4.7; 6.6.2; and 6.6.3.</li> <li>- "Out of area placements" added to 6.8.23</li> <li>- "Ward Managers" included into 6.11.2</li> <li>- Addition of the online bank transfer as a method of payment in section 6.11.5</li> <li>- "Patient's signature" added to 6.11.6</li> <li>- Removal of "lost and found" property 6.12 and refer to the "Handling lost property policy" instead in 12.1</li> <li>- Removal of former Appendix M in relation to the Appointee service (see section 6.3)</li> </ul>

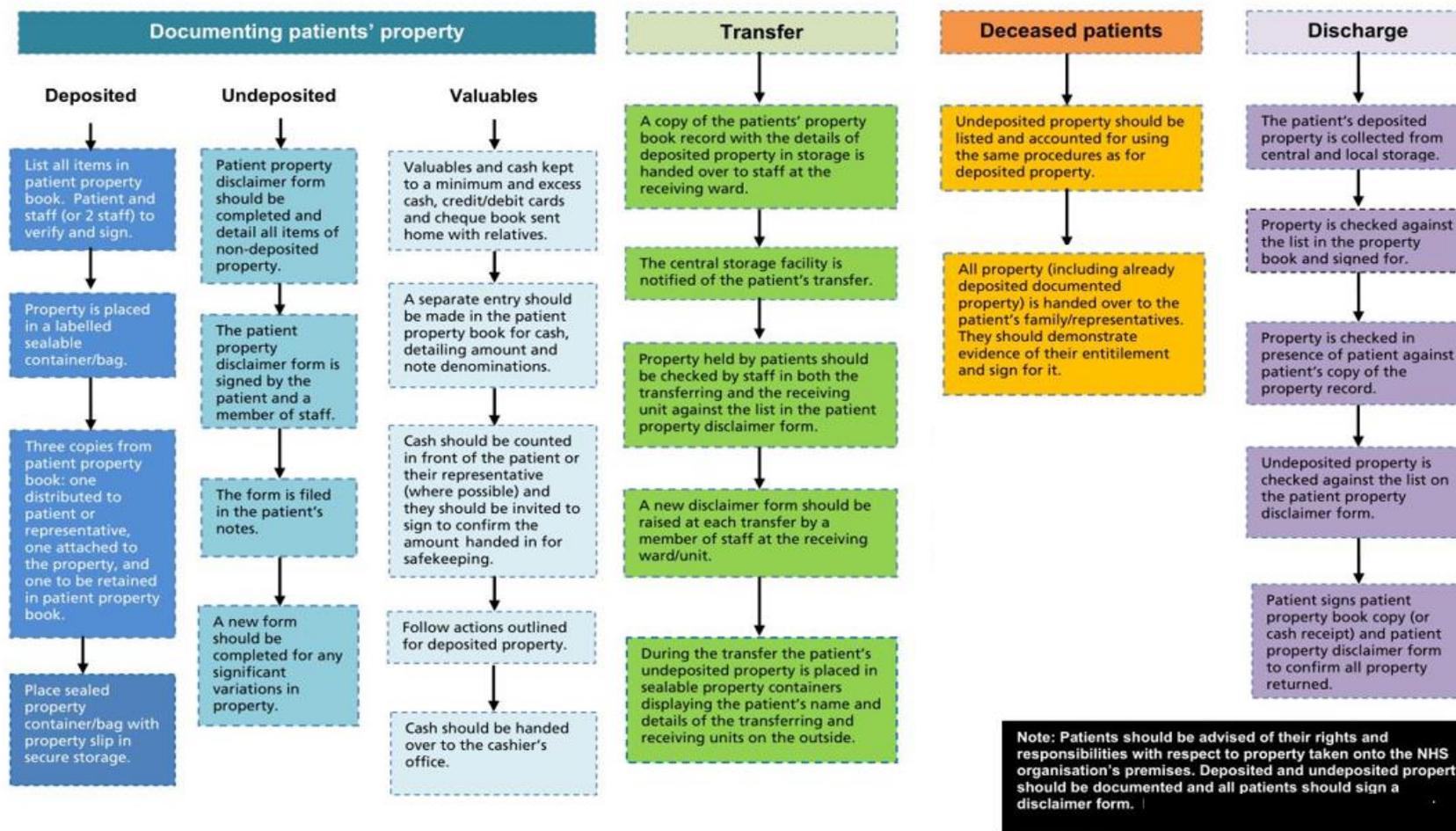


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## Flowchart



## 1 Introduction

- 1.1 The NHS Counter Fraud Authority has responsibility for the management of security in the NHS in England. This includes creating a safe and secure environment in the NHS.
- 1.2 The Care Quality Commission (CQC) was established under the Health and Social Care Act 2008 as an independent regulator for health and adult social care in England. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 ('the regulations') set out essential standard which providers are required to meet in order to register with CQC.
- 1.3 Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 ('the regulations'), providers "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" (Regulation 11, paragraph (1)). The meaning of 'abuse' includes "theft, misuse or misappropriation of money or property" (ibid. Paragraph (3)). The CQC guidance provides several outcomes and prompts in relation to this regulation; for example: the guidance states that in order to meet the requirements of Regulation 11, providers should
- Ensure that patients and service users are protected as staff are not able to benefit financially or inappropriately gain from them (unless it is in line with arrangements for the service), use their property for personal use, borrow money from them or lend money to them, and sell or dispose of their property for their own gain.
  - Ensure that, where the service looks after people's money or valuables in a long-term way (e.g. A mental health or learning disability residential setting) detailed records are kept, the property is not used for the running of the service and service users can access the property in a timely way.
- 1.4 Under the Regulations, providers "must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse" (Regulation 11, paragraph (1)). The meaning of 'abuse' includes "theft, misuse or misappropriation of money or property" (ibid. Paragraph (3)). The CQC guidance provides several outcomes and prompts in relation to this regulation; for example: the guidance states that in order to meet the requirements of Regulation 11, providers should
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  - Ensure that, where the service looks after people's money or valuables in a long-term way (e.g. A mental health or learning disability residential setting) detailed records are kept, the property is not used for the running of the service and service users can access the property in a timely way
- 1.5 Providers must ensure that service users and others having access to Providers premises are "protected against the risks associated with unsafe and unsuitable premises", by means of, among other things, "appropriate measures in relation to the security of the premises" (Regulation 15). For example:
- The guidance states that in order to meet the requirements of Regulation 15, providers should ensure that "measures are in place to protect the personal possessions of people who use the services."

- 1.6 The NHS Resolutions handles civil legal liability claims through a variety of membership schemes. Claims relating to patients ' personal belongings may be covered under the Liabilities to Third Parties Scheme and the Property Expenses Scheme, known collectively as the Risk Pooling Scheme for Trusts.
- 1.7 It is within this statutory environment that this Policy sets out Sheffield Health and Social Care NHS Foundation Trust's Policy in respect of patient's property and monies.

## **2 Scope**

- 2.1 This policy covers the following:-
- Statutory Responsibilities & Context
  - SHSC Staff Responsibilities
  - Legal Rights and responsibilities of NHS Organisations, staff and patients/service users in relation to patients' property and money
  - Information to provide to Patients/Service users and their families
  - When patients lack capacity to make a decision about their property or money.
  - Procedures and record keeping on Admission
  - Procedures for access by patients/service users to property and money handed in for safe keeping during their stay or held in their own rooms
  - Procedures and record keeping on transfer
  - Procedures and record keeping on discharge
  - Procedures and record keeping for deceased patients/service users.
  - Procedures when property/money is reported missing or damaged
  - Procedures for the custody and disposal of unclaimed property.
  - Investing long-stay resident's monies.
- 2.2 Excluded from this policy document, but included in the accompanying Cashiering and Petty Cash Policy and accompanying procedure, and which should be read by Ward Managers in conjunction with this policy and its accompanying procedure document:
- Recording patient's monies transactions in Petty Cash records

## **3 Definitions**

- 3.1 Property: for the purposes of this policy, property includes money and any other personal property.
- 3.2 Valuables: for the purposes of this policy, valuables include any item of value (including, but not limited to, monetary value). List examples of valuables commonly brought by patients on healthcare premises that would be covered by this policy, such as cash, credit/debit cards, portable electronic devices and jewellery.

3.3 Deposited property: this is property which the NHS organisation takes into its care for safekeeping, either following an explicit agreement with the patient or because the patient is incapacitated or otherwise unable to look after it.

3.4 Undeposited property: this is property which patients retain with them on the NHS organisation's premises

## **4 Purpose**

4.1 This Policy is designed to ensure that appropriate measures are in place for the secure management of patients' property so that the risk of loss of or damage to the property is minimised. This is part of delivering a safe and secure environment of care, in line with statutory and regulatory obligations.

4.2 The aims are:

- (i) To provide an environment where the risk of loss of or damage to patients' personal belongings is minimised
- (ii) To minimise SHSCs liability for lost or damaged property and ensure incidents of loss or damage are dealt with swiftly and effectively

4.3 This Policy document, and the Cashiering and Petty Cash Policy and accompanying Procedure document, together replace the Trust's previously issued Cashier/Petty Cash Holders, Ward held Property and Money Policy from 2007.

4.4 The aim of this document is to provide guidance to all Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff on the management of Service User's Property and Money

4.5 This policy applies to all employees of SHSC, any staff who are seconded to SHSC, contract and agency staff and any other individual working on SHSC premises.

4.6 This policy applies to all Directorates within SHSC.

## **5 Duties**

5.1 In the context of the statutory environment outlined in Paragraph 1, and as per the SHSC Standing Financial Instructions; "the Trust has a responsibility to provide safe custody for money and other personal property handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival." (SFIs Paragraph 16.1)

5.2 The Standing Financial Instructions go on to state that "the Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission by: - Notices and information booklets (notices are subject to sensitivity guidance), - hospital admission documentation and property records, - the oral advice of administrative and nursing staff responsible for admissions." (SFIs Paragraph 16.2).

- 5.3 “The Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patient’s property.” This Policy must be read in conjunction with the “Handling Lost Property Policy” to meet this requirement.
- 5.4 The Fire and Security Officer will “take responsibility for security management matters” (SHSC Security Policy Section 6)
- 5.5 The Trust will ensure, through its governance arrangements, that Trust assets and belongings, and those of service users for whom the Trust has responsibility, are suitably protected to prevent damage or loss from inappropriate actions or criminal activity (SHSC Security Policy Paragraph 7.7)
- 5.6 Departmental Managers will “Inform staff of their responsibilities and duties for the administration of the property of patients” (SHSC Scheme of Delegation / SFI ref 16.6)
- 5.7 Staff should be informed, on appointment, by the departmental or senior manager of their responsibilities and duties for the administration of the property of patients.
- 5.8 Healthcare professionals are responsible for ensuring that all patient property is documented following the correct procedure and in a timely way. They are also responsible for making patients and their representatives aware of SHSCs policies and procedures with regard to patient’s property.
- 5.9 Departmental administration staff are responsible for ensuring that the correct information material and patient property documentation is available and for liaising with Cashiers, Petty Cash Float Holders or Financial Accounts officers about property held by SHSC in safe custody. They are also responsible for providing a safekeeping facility where property is taken into the care of SHSC but held on Wards.
- 5.10 Petty Cash Float Holders are responsible for following correct administration and reporting procedures when reimbursing patients monies from their floats
- 5.11 Cashiers are responsible for following correct administration and reporting procedure when reimbursing patients monies from their float and when taking property (including monies) into safe keeping. This includes providing a safekeeping facility for property taken into the care of SHSC and deposited with Cashiers.
- 5.12 All staff of SHSC are responsible for upholding the security arrangements at SHSC, complying with SHSC policies and procedures, and ensuring propriety in all their activities. Ensuring that policies and procedures relating to patient property are following at all times is part of these duties.

- 5.13 Financial Accounts staff are responsible for administering and managing monies for those residents for whom they are Appointee, or for whom an agreement to manage the finances is in place. In collaboration with the Cashiers service, they provide access for patients to their monies via petty cash floats as per the Trust's Cashiering Policy and Accompanying procedures.

## **6 Process: Service User's Property and Money (SUPM)**

### **6.1 Providing information and advice to service users on managing their property**

- 6.1.1 Information and advice to service users and their relatives/carers on patient property generally includes two messages:
- Service users should keep as little property as possible on the NHS organisation's premises, and these particularly applies to valuables. They should hand over any item they do not need to a relative/carer to take home.
  - The NHS organisation will not accept liability for loss or damage to the patient's property unless it is handed over for safe keeping.
- 6.1.2 A disclaimer notice is provided at Appendix C for use on wards and other trust locations.
- 6.1.3 On admission service users are required to complete a disclaimer form (Appendix D) to confirm that they have been informed that the trust will not accept responsibility for loss or damage to personal property of any kind, including money, unless it has been deposited for safe keeping and an official receipt obtained.

## **6.2 Acceptance of Monies and Property (where SHSC will manage funds)**

- 6.2.1 Receipt of patients' monies and property may occur by any of the following methods:
- i) patient personally deposits monies and property with the Cashiers at the earliest convenient time.
  - ii) ward deposits monies and property on behalf of the patient, with the Cashiers at the earliest convenient time, after admission.
  - iii) relatives deposit monies and property on behalf of the patient.
- 6.2.2 When cash is accepted it is receipted on a cash collection and deposit sheet. Receipts are given to the patients or ward representative or relatives otherwise they are filed.
- 6.2.3 A personal details form, THS1, (Appendix E), must be completed and returned to Financial Accounts, for each new patient for whom the Cashier receives cash.
- 6.2.4 The form is completed to enable Financial Accounts to set up an account which will enable the patient to withdraw monies.
- 6.2.5 Depending on the facilities available, Financial Accounts will obtain information by either telephoning Data Processing or by using a computer terminal linked to Data Processing (insight).
- 6.2.6 When securities, (i.e. bank books) and property are received personally, a receipt is given from a patient's private property book. A receipt is not issued for items taken from the night safe.
- 6.2.7 The Cashier signs the receipt and hands the top copy to the person making the deposit, copy receipts remain in the book.
- 6.2.8 Security books and property are filed in a secure drawer which must be locked at all times, except for access. The keys to the security drawer(s) are kept in the key cupboard in the Cashiers department. Alternatively, the safe is used - keys held with Cashier. No items should ever be unsecured.
- 6.2.9 For securities only, Financial Accounts are notified by completion of a Securities Incomings/Outgoings form THS9. This form should be forwarded on Friday, when a security is documented. (Appendix F).
- 6.2.10 A full securities list, THS10, (Appendix G), is completed by the Cashiers Department at the end of each quarter, (i.e. June, September, December, March). This shows all securities held in the Cashiers Department, as at the end of the stated month.

## **6.3 Department for Works and Pensions: Direct Payments and Appointeeships**

- 6.3.1 When a patient is deemed incapable of claiming DWP benefit, they should be directed to the Sheffield City Council's "First Contact Team" in order to obtain an Appointee who can act on the person's behalf, by collecting their states benefits, maximising their income, making payments for bills and care charges for them.
- 6.3.2 An Appointeeship is part of a person's support plan, which they may pay a contribution towards. But how much they pay, depends on their financial assessments and ability to pay. The financial assessment is carried out by Sheffield City Council.

#### **6.4 Safe Custody on Wards of Property/ Monies**

- 6.4.1 All patients' monies transactions will be carried out by at least one qualified member of staff, with a second staff member acting as a witness. The patient should sign to witness all transactions when capable of understanding the transaction. Staff should always check the previous balance to ensure that the amount follows on.
- 6.4.2 Patient monies will be always kept in a locked cash tin within the ward safe, and access to the safe restricted to designated personnel.
- 6.4.3 The Shift Manager will be responsible for the safe keeping of the key to the cash tin and will, under no circumstances, pass the key to a third party to gain access. Formal handover must take place if keys are to be transferred.
- 6.4.4 Patients monies retained on the ward will be kept in individually marked property envelopes which will be sealed and signed across the seal by two members of staff as in 6.4.1 above, or if the patient signs, one qualified nurse to countersign. The amount contained within the envelope will be recorded on the envelope.
- 6.4.5 On admission, all money held for safe keeping must be recorded on a Monies sheet (Appendix Q) (or blue book)
- 6.4.6 On admission all property held for safe keeping must be recorded on the standard property form (Appendix R) to ensure none goes astray.
- 6.4.7 The admitting nurse will ensure that property is recorded in the presence of a second nurse, and that both sign the property sheet. The patient should also sign the sheet where possible, and should understand that valuables should be handed in for safe keeping.
- 6.4.8 On admission a disclaimer form (see para. 6.1.3 and Appendix D) should be signed to confirm that the patient understands that the Trust accepts no responsibility for loss or damage to valuables not handed in for safe keeping.
- 6.4.9 The property sheet should always be signed by two members of staff for each transaction. A copy should be given to the patient, and retained on the patients notes. The original sheet should be stored securely (ideally in the safe with the property).

- 6.4.10 When property is returned, a separate Return of Patient's Property sheet should be signed and attached to the up-to-date property list so that it is clear which property has been returned to the client. Both sheets should be copied for the patient, and a copy retained on the patient notes.
- 6.4.11 Property held for safekeeping should be described on the sheets in open language. For example, a ring must be described, where applicable, as yellow metal, not gold, and precious stones are white stones, not diamonds etc. as assumptions should not be made.

## **6.5 Purchases (Where patients are unable to perform transactions)**

- 6.5.1 This procedure should only take place in exceptional circumstances where the patient is unable to carry out the transaction.
- 6.5.2 Monies spent on behalf of patients must be recorded on the 'Patients Monies in Safekeeping' sheet at Appendix Q. (or blue book). The amount withdrawn must be evidenced by signatures of two members of staff, one of whom must be qualified.
- 6.5.3 Change and receipts must be checked by two members of staff, one being qualified. If stored for safe keeping, the change will be recorded on the sheet and signed for by the two members of staff, and money will be placed in a new money envelope with any other monies held for the patient. This envelope should be sealed/signed by two members of staff. Change given direct to the patient should also be recorded on the monies sheet and evidenced by two members of staff as a withdrawal.
- 6.5.4 Receipts should also be retained and stapled to the Monies sheets.

## **6.6 Ward Handover Procedures**

- 6.6.1 Where patient's property and money are stored for safekeeping on wards, the Handover procedures apply.
- 6.6.2 Handover must be carried out by one nurse and witnessed by another member of staff during the night shift across all acute wards.
- 6.6.3 All patients' envelopes should be checked to ensure they remain sealed with two staff signatures across the seal, that the amount on the envelope is checked for accuracy and agrees to the balance on the Patients Money in Safe Keeping (Appendix Q) sheet. Property held in the safe should also be checked to the Patients Property in Safe Keeping sheet (Appendix R). One nurse and another member of staff will sign and date the property sheet to confirm that the checks have been undertaken. It is anticipated that there should be only one Property sheet and one Monies sheet per patient held ideally in the safe, or securely.
- 6.6.4 Any discrepancy must be reported immediately to the Ward Manger who will contact the relevant Clinical Nurse Manager and General Manager and instigate a verification exercise. If any discrepancy occurs, there must be a handover carried out by the nurse in charge and another member of staff at each shift handover until further notice.

6.6.5 Independent checks – At least once a week the Ward Manager and Clinical Nurse Manager should carry out a full check. This includes; ensuring a sealed and signed patient monies envelope is held for each patient's monies, along with a safekeeping form and that the value agrees; the property recorded as held for safekeeping is secured in the safe; transactions have been signed by two individuals in all cases, one of whom is qualified, and the other being the patient or a member of staff; and that disclaimer forms are held for all patients regarding property not handed in for safe keeping. The check should be evidenced, either by recording it on the patient's sheets (sign and date) or recording separately (sign and date).

## **6.7 Purchases of Service User Clothing**

6.7.1 When clothing is purchased by staff on behalf of patients or when a member of staff accompanies a patient to purchase clothing, an individual file will be set up for each patient to record purchases of clothing. An example is attached at Appendix T.

6.7.2 Every purchased item of clothing will be recorded on the record sheet. Two signatures, of which will be a qualified nurse, will be obtained. The record sheet will include a description of the clothing, manufacturer, number of items(s) purchase, colour, size

6.7.3 The time between the money withdrawal and return of change will not exceed one shift.

6.7.4 Should the patient not make a purchase, any monies should be returned and an appropriate entry made to record the return of patients' monies on the 'Monies held for Safekeeping' form. Any excess funds may be paid into Cashiers if the Trust's Financial Accounts function manages the patients' monies.

6.7.5 Receipts need to be kept and should reconcile with the change and the original withdrawal. Receipts must be originals.

6.7.6 Receipts will be checked by two members of staff to the items purchased to ensure they are bona fide and correct. Should the purchase occur from an untitled area (such as a market), a handwritten receipt, detailing a description of the goods per 6.7.2, should be obtained.

6.7.7 Receipts will be kept with the patient's record of clothing purchases.

## **6.8 Accessing Client monies whilst resident where managed by SHSC**

6.8.1 Every patient should have unrestricted access to their own money, unless a decision is taken by a person using their professional judgement regarding a patient's psychiatric condition.

6.8.2 Access to money is through the use of a hospital cheque book (Forest Lodge) or a cash withdrawal slip (Longley Centre and Michael Carlisle Centre). The cheque books/withdrawal slips should be kept secure in a locked drawer, etc., by the ward staff when not in use.

- 6.8.3 Identity of the patient is presumed upon production of a cheque book slip or cash withdrawal slip. Identity cards are considered inappropriate on a cost basis due to the turnover of patients and the likelihood of loss.
- 6.8.4 A patient may withdraw any sum of money, provided they have sufficient funds in their account, and they have sufficient authority to do so.
- 6.8.5 Each week a printout of the current available balances of the patients' accounts is received from the Financial Accounts Team. The previous work week's withdrawals are not included.
- 6.8.6 At Forest Lodge the patient takes a cheque to the Cashiers Office. The cheque will have been written by the ward supervisor who may exercise control over the use of chequebooks. All cheques must be examined to ensure they are correctly written prior to paying out money, and against the balance on the printout to ensure sufficient funds are available. The Cashiers Office will issue one-off cheques for new clients.
- 6.8.7 The patient, wherever possible, will sign the cheque and the correct money is given in return. The value of the withdrawal is noted on the print out, to be taken into account when checking the balance the following work day if the patient withdraws money.
- 6.8.8 If a patient requires a new cheque book, one will be issued upon the presentation of the used cheque book. The patient must sign for the chequebook to acknowledge receipt.
- 6.8.9 When a patient loses their cheque book or an individual cheque, they must report this loss to the ward manager and the Cashiers Office. The Cashier will note the loss in the stationery ledger and issue a new cheque book.
- 6.8.10 At other units, other than Forest Close, the patient takes a cash withdrawal slip to the Cashier.
- 6.8.11 The value of the withdrawal slip is checked against the balance on the printout to ensure sufficient funds are available. The patient signs the withdrawal slip, along with an appropriate authorised signatory and the correct money is given in return.
- 6.8.12 Money withdrawn is noted on the printout as the withdrawals need to be taken account of the following workday when patients withdraw money.
- 6.8.13 The Cashier must ensure the counter-signature is that of an authorised signatory.
- 6.8.14 An attempt should be made by the Cashier to determine why such a withdrawal is being made: i.e. discharged, which is stated on the cheque or withdrawal slip.
- 6.8.15 Only one withdrawal per day should be made, unless circumstances dictate otherwise. If a second withdrawal is made the Cashier should state otherwise.

- 6.8.16 Where a patient is unable to attend to a petty cash float to withdraw money themselves, a staff member may draw money on their behalf.
- 6.8.17 The staff member will bring a cheque or withdrawal slip (depending on which float) which will be completed, and if possible, signed by the patient. Withdrawal is limited to the amount held in the patient's account and the collector must not be the person who has authorised the withdrawal, otherwise the Cashier has the right to refuse. Only a signatory who is entitled to authorise over £50 on the trust Authorised Signatory Database for withdrawals for patients of £50.00 and above should authorise the withdrawal.
- 6.8.18 The Cashier must confirm the staff member's identity through requesting proof of identification, after which the staff member must countersign the cheque/withdrawal slip. The correct money is then exchanged for the cheque/withdrawal slip.
- 6.8.19 If a patient's or staff member's identity is ever in doubt the Cashier should check their identity with the ward on which they reside or work.
- 6.8.20 When a patient has insufficient funds according to the current available balance on the printout (remembering to account for the previous day's withdrawals) the Cashier must ensure that there is available money which has not been included in the current available balance.
- look at cash collection & deposit sheets; the current sheet being used and the last collection and deposit sheet used prior to banking.
  - look at benefit paid on direct payment which the patient is entitled to, after due payment date has elapsed.
  - contact Financial Accounts team; they may be aware of funds available to the patient which the Cashiers have no exact record of: i.e. patients whose finances are controlled by an appointee; patients who have an Investment or Deposit Account.
- 6.8.21 If a patient still has insufficient funds the patient should be requested to return to the ward to have a new cheque/withdrawal slip made out requesting a smaller amount of money (if available).
- 6.8.22 Where a patient has no money, they should be advised to see a Social Worker.
- 6.8.23 When care is outsourced to other providers of care, like "out of area" placements within or outside the NHS, the service user's monies remain under the administration of SHSC Financial Accounts team.

## **6.9 Payment of household bills (Cashing Agent)**

- 6.9.1 A service provided by Financial Accounts is the payment of patients' personal household bills whilst residing on Trust premises.
- 6.9.2 The patient will provide the relevant details: i.e. bills and paying in books.

- 6.9.3 The Cashier completes a request for payment form THS3 (Appendix H) stating how payments should be made.
- 6.9.4 The patient then signs the form authorising the payment to be made, and the form is countersigned by an appropriate authorised signatory on the Trusts Authorised Signatory Database. The form is then forwarded to Financial Accounts with the appropriate bill for payment.

## **6.10 Holidays and Outings**

- 6.10.1 This section outlines how to access monies for client's holidays and outings.
- 6.10.2 Accommodation, activities and transport costs should be processed using the Non-Stock Purchase Order process. Please contact the Procurement team for further guidance. Payment will be on receipt of invoice at the Accounts Payable team in the Finance Directorate, and will be made direct to the supplier. Under normal circumstances cash should not be requested for these purposes. If, however, circumstances do not permit payment by this method, please contact the Finance Director in order to arrange a suitable alternative.
- 6.10.3 Staff subsistence is made available prior to the holiday/outing. The member of staff should submit a staff subsistence form to the Finance Directorate at least TEN working days before the holiday/outing. If the form is fully completed and authorised by the relevant Service Manager, a cheque will be issued. Current Subsistence rates are detailed in Appendix O.
- 6.10.4 If, during a holiday or outing, staff meals are provided via the Trust's self-catering or provisions budgets then this would preclude any entitlement to subsistence allowance.
- 6.10.5 Self-catering, petrol and incidental costs may be incurred on certain holidays. This money must be collected from a cashier prior to the holiday in accordance with the collection instructions below. Please note that there are no specific rates for the above costs, and they must be agreed by the budget manager.
- 6.10.6 The Client's Holiday money should be closely monitored and controlled. The Client Holiday Cash Control Sheet (Appendix P) should be used
- The staff member in charge of the holiday is responsible for the safe keeping of all holiday monies.

- Wherever possible enquiries should be made into the availability of safes / safekeeping of money. The nurse in charge should be advised to use a safe and should be the only person with access.
- If a safe is not available, all holiday cash should be kept in a locked tin and access restricted to one or two designated personnel.
- This form must be completed for all holidays. If necessary please contact finance for advice on completing the form.
- Other than exceptional circumstances (i.e. ice creams, refreshments, etc.), receipts should be obtained and kept at ward level with the corresponding control sheets for at least 18 months after the end of the financial year they relate.
- The monies should be checked at regular intervals , i.e. once a day by two members of staff to identify any discrepancies.
- Any monies returned from a holiday should be banked with a cashier within five working days of their return. If for some reason the money cannot be banked straight away then this should be kept in a sealed envelope with two signatures across the seal in a petty cash tin.
- Please ensure surplus cash is banked using the same financial code as previously used to withdraw.
- A receipt must be obtained from cashiers and attached to this form as evidence that cash was returned...

### **Collection of cash for Holidays/Outings**

- 6.10.7 Money can only be accessed from either a Cashier or delivered by the relevant Security Service. In both cases all receipts should be collected and retained at ward level for 18 months, as they may be required for audit purposes. Any unused money must be returned to the Cashier, or arrangements made for the relevant Security Service to make a collection.
- 6.10.8 *Collection from Cashiers:* A one off additional cash requirement form (Appendix N) should be submitted to the Finance Department by the relevant Service Manager. This should be received at least TEN working days before the day of the holiday/outing. The request should state the amount of cash required, the name of the person who will collect the cash, the date of collection and the financial code. Any cash should be collected on the day of departure and not before. It is not appropriate to hold monies on the ward prior to departure unless it is absolutely unavoidable. In these instances, the cash should be placed in a sealed envelope signed by 2 members of staff, out which one should be qualified, and stored in a locked safe or cabinet. A letter of authorisation will be sent to the nominated officer, authorising them to collect the cash. This letter should be presented to the Cashier, along with their ID badge.

- 6.10.9 *Delivery of Cash by Security Services*: On certain occasions it may be necessary to make a request for additional sums of cash to be delivered. It must be stressed, however, that this should only be in exceptional circumstances where it is not possible to obtain goods or services through the normal ordering procedures. In these instances, the following procedure must be adhered to.
- All requests should be submitted on a one-off additional cash requirement form.
  - Any requests should be submitted to the Management Accounts Section within the Finance Department by the relevant Service Manager.
  - Requests should be received at least TEN days before the date of delivery.
  - Once the request has been checked by Management Accounts, a signed copy of the request will be sent back to the requesting unit who will then arrange delivery of the cash from their usual security service in the standard way.
  - All receipts should be obtained for management control and internal and external audit purposes.
- 6.10.10 These procedures are necessary to ensure that proper safeguards and controls are in place whenever cash disbursements are made.

## **6.11 Discharge of Clients**

- 6.11.1 When a patient is discharged the Information Department, HQ, will notify Financial Accounts. In the event of a death only, the Cashier must complete a deaths and discharges form THS2 (Appendix J) and send it to the Financial Accounts team if a patients money account has been set up.
- 6.11.2 When the Cashier is notified of an impending discharge, they must check with Financial Accounts to see if an account has been set up and if securities and property are held. Each working day Financial Accounts will receive details of patients discharged (Ward Managers to action). The patient names should be checked against office records since patients could be discharged out of office hours, without collecting their belongings.

### **Closure of Account**

- 6.11.3 When a patient who has an account is being discharged, the ward will notify the Financial Accounts Team to arrange for any balance to be returned prior to discharge.
- 6.11.4 Where less than £50 is held in the patient's account this will be returned to the patient on the production of a ward cheque or cash withdrawal slip. The Cashier should contact Financial Accounts for a final balance if the patient is having their rent or other bills paid from their account.
- 6.11.5 For security purposes any balance in excess of £50 should be forwarded to the patient by cheque to their discharge address; or by online bank transfer where an account exists. This action will be taken by Financial Accounts.

- 6.11.6 If the patient whose balance is in excess of £50 insists they should have all their cash at once, the ward cheque or cash withdrawal slip must be signed by a suitable authorised signatory, and a signed receipt by the patient should be forwarded to Financial Accounts for completion.
- 6.11.7 The procedure for disbursing a patient's money is followed. However, the cheque or withdrawal slip should be marked 'discharged', so notifying Financial Accounts not to forward a duplicate payment by cheque to a forwarding address.
- 6.11.8 When a patient who has been discharged, (probably out of hours), returns to withdraw any due monies and their account is still open the Cashier must contact Financial Accounts to ensure a cheque has not already been forwarded to the discharge address. If the account has been closed a cheque will have been forwarded. No such withdrawal is possible and the discharged patient is informed accordingly.
- 6.11.9 Where Direct Payments are being made, a Request to Cease Direct Payment THS13 should be completed (Appendix I).

### **Return of Securities**

- 6.11.10 If securities are held in the Cashiers department, the Cashier completes a 'Return of Personal Securities' form (see Appendix S), detailing the securities returned.
- 6.11.11 The form is also used as a means of disbursing property.
- 6.11.12 The form is signed by the person collecting the securities and passed over to the Cashier, who in turn hands over the securities, placing the receipt on file.
- 6.11.13 If securities are held with the Financial Accounts team, the patient's affairs will be settled by them.
- 6.11.14 When a patient is discharged out of office hours any securities held must be forwarded to the discharge address or otherwise as per instructions from Financial Accounts.
- 6.11.15 A completed 'Return of Personal Securities' form is enclosed together with a stamped addressed envelope and instructions to sign the receipt and return to Financial Accounts. A copy is kept on file until the original is returned.
- 6.11.16 Any securities returned are noted on the incomings/outgoings of securities sheet, THS9, (Appendix F), which is forwarded on the Friday of each week to Financial Accounts.
- 6.11.17 Should the return of securities be required following the death of a patient, then advice should be sought from Financial Accounts on the procedure to follow.

### **Return of Property**

- 6.11.18 The patient signs a completed 'Receipt of Personal Securities' form as a means of disbursement.
- 6.11.19 Return of financial property is noted on a securities sheet.
- 6.11.20 Property not collected should be disposed of following the appropriate procedure, once opportunity has been given for collection, i.e. writing to the discharge address, to inform the discharged patient of the need for collection or otherwise impending disposal.
- 6.11.21 If the property is not collected, it should be listed and arrangements for disposal made with the Supplies Department.

### **Death of a service user**

- 6.11.22 Financial Accounts will be notified of the death of a patient through the completion of a THS2 (Appendix J).
- 6.11.23 The balance of account will be dealt with by Financial Accounts. This constitutes part of the deceased person's estate. No withdrawals should be made whilst the account is open.
- 6.11.24 See Flowcharts in respect of the return of patient's money upon discharge.

## **6.12 Reimbursement of Petty Cash Floats for Service User transactions**

- 6.12.1 Disbursement of patients' monies is made using the petty cash float for SHSC activities. Each week Financial Accounts will forward a cheque to the Finance Department reimbursing the money.
- 6.12.2 The Cashier totals the cash withdrawal slips/cheques and then totals the withdrawals indicated on the printout. Both figures being equal ensures that all withdrawals have been noted on the printout.
- 6.12.3 Each cheque or slip must have the patient's account number clearly written to enable the processor in Finance to make deductions from the correct account.
- 6.12.4 The cheques or slips are then loosely attached to a prepared petty cash voucher and the details of the voucher entered on the petty cash reimbursement sheet.
- 6.12.5 The petty cash voucher is then photocopied, and the copy is forwarded to the Finance Directorate, along with other vouchers and the petty cash reimbursement sheet.
- 6.12.6 The original petty cash vouchers, along with any Financial Accounts forms and cash collection and deposit sheets, are placed in an envelope to be transported back to finance headquarters weekly. All items are placed in envelopes which are signed and sealed prior to putting in the transport bag.

## **6.13 Disputes**

- 6.13.1 Where there is a query on whether an item can be purchased through Petty Cash, the Petty cash Float holder or Cashier should be initially consulted. For further clarity the Head of Financial Accounts should be consulted.
- 6.13.2 In the event of a dispute the Director of Finance will outline the course of action to be followed.

## **7 Development, Consultation and Approval**

- 7.1 This policy will be maintained by the Financial Accounts team. Changes will be recorded on the Policy cover sheet.
- 7.2 All previous versions will be archived.
- 7.3 Implementation will be per the following Implementation Plan at Section 9.

## 8 Audit, Monitoring and Review

8.1 The Finance Directorate will monitor compliance with this Policy via ad-hoc checks by the main Cashiers and the use of Internal Audit for compliance audits on a regular basis.

8.2 Results of compliance reviews will be reported to SHSC Finance and Performance Committee.

8.3 This policy will be reviewed on a 2-yearly basis from the date of implementation. This policy will be reviewed by November 2023.

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Review of policy to ensure fit for purpose in line with NHS guidelines.	Internal Audit review.	Head of Financial Accounts / Finance and Performance Committee.	Every two years.	Head of Financial Accounts  Finance and Performance Committee.	Head of Financial Accounts  Ward Managers	Head of Financial Accounts  Ward Managers

## 9 Implementation Plan

9.1 This policy will be made available on the SHSC staff intranet only.

9.2 Changes to the policy will be communicated via email to all staff per the Dissemination plan outlined in Section 10

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Head of Financial Accounts	31/01/2022	
Make SHSC staff aware of new version of the policy	Head of Financial Accounts	31/12/2021	

## 10 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	September 2016	December 2016		
1.2	August 2018	December 2018		
2.0	December 2021	n/a	December 2021	n/a

## 11 Training and other resource implications

- 11.1 This procedure will be reviewed on an annual basis from the date of implementation.
- 11.2 Minor amendments (such as changes in title) may be made prior to the formal review, details of which will be monitored/approved in consultation with relevant staff groups. Such amendments will be recorded in the Register and a new version of the Policy issued.

## 12 Links to other policies

- 12.1 This policy should be read in conjunction to the Cashiering and Petty Cash Policy, the Losses and Special Payments Policy and the Handling Lost Property Policy in place
- 12.2 In addition this policy should be read jointly with the Service Users Patients Property and Monies policy and its accompanying procedure, by Petty Cash Holders and Cashiers, to ensure they are compliant with the requirements for reimbursing Service User's funds and their responsibilities in terms of holding Service User's Property.

## 13 Contact Details

- 13.1 Contact the Head of Financial Accounts within the Finance Department with any queries.

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
Head of Financial Accounts	Head of Financial Accounts	0114 271 6781	financialaccounts@shsc.nhs.uk
Capital and Technical Accountant	Mr Dave Spooner	0114 660 4470	Dave.Spooner@shsc.nhs.uk

## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
I confirm that this policy does not impact on staff, patients or the public.

*I confirm that this policy does not impact on staff, patients or the public.*  
Name/Date: Gabriel Recalde / November 2021

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	n/a	n/a	n/a
Disability	n/a	n/a	n/a

<b>Gender Reassignment</b>	n/a	n/a	n/a
<b>Pregnancy and Maternity</b>	n/a	n/a	n/a
<b>Race</b>	n/a	n/a	n/a
<b>Religion or Belief</b>	n/a	n/a	n/a
<b>Sex</b>	n/a	n/a	n/a
<b>Sexual Orientation</b>	n/a	n/a	n/a
<b>Marriage or Civil Partnership</b>	n/a		

Please delete as appropriate: no changes made.

Impact Assessment Completed by: Head of Financial Accounts  
 Name /Date: Gabriel Recalde / November 2021

## Appendix B

### Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	Yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	N/A
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes (previous versions)
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A

15.	Where appropriate, does the policy contain a list of definitions of terms used?	Yes
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to i. review ii. audit compliance with the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes

## **Private Property**

**Please note that Sheffield Health and Social Care NHS Foundation Trust accepts no responsibility for the loss of or damage to personal property of any kind, including money, in whatever way the loss or damage may occur unless an official receipt is obtained for property which has been handed in for safe custody.**

**It is recommended that you only bring property and cash essential to your immediate needs onto Trust property. Clients should keep as little personal property as possible on the NHS Trust premises, and this particularly applies to valuables. Wherever possible please hand any item not needed to a relative or carer to take home. Alternatively items can be handed in for safe keeping. You will be given an official receipt for these.**

## Appendix D: Property Disclaimer Form

# Sheffield Health and Social Care

NHS Foundation Trust

### Property Disclaimer Form

An explanation has been given to me of how I may deposit cash/valuables/property/clothing with the Sheffield Health and Social Care NHS FT for safe-keeping whilst I am resident, and that the Trust cannot accept any responsibility for any loss, theft or damage to my property which has not been deposited for safe-keeping.

Date..... Signed .....

Print Name.....  
(Service User)

**Please ensure you take all belongings with you on your date of discharge. Please be aware that any items of property /clothing etc. left on the ward after this date can only be kept for 14 days and then they will be disposed of on your behalf. There can be no exceptions.**

I have explained to .....(Service User Name) how s/he may deposit cash/valuables/property/clothing with the Sheffield Health and Social Care NHS FT for safe keeping. I have also explained to him/her that the Trust can accept no responsibility for the safe-keeping on his/her property which is not so deposited and that the Trust can accept no responsibility for any loss, theft or damage to that property.

Date..... Signed .....

Print Name.....  
(Member of Staff)

#### **Please Note:**

**An entry should now be made in the Nursing notes that in the opinion of the Nurse-in-Charge this client is deemed to be capable of looking after his/her own property. An explanation has been given to him/her and the Disclaimer Form completed.**

**FILE IN NURSING NOTES/CLIENT FILE**

## Appendix E: Personal Details Form (THS1)

SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST	
PERSONAL DETAILS OF ACCOUNTS TO BE MANAGED BY FINANCIAL ACCOUNTS TEAM	
HOSPITAL	.....
<b>DETAILS AS FOLLOWS:</b>	
TITLE: MR/MRS/MISS	.....
SURNAME:	.....
FORENAMES:	.....
DATE OF BIRTH:	.....
DATE OF ADMISSION:	.....
INSIGHT/ADMISSION NUMBER:	.....
WARD :	.....
NATIONAL INSURANCE NUMBER:	.....
NEXT OF KIN:	.....
RELATIONSHIP:	.....
NAME:	.....
ADDRESS:	.....
POST CODE:	.....
CONTACT TEL. NO:	.....
<b>Please Note</b>	
This document should be completed with as much information as possible and attached to the original Collection and Deposit Sheet, marked private and confidential and returned to:	
Financial Accounts Team 45 Wardsend Road North Sheffield S6 1LX	
THS1	Finance/November 2021

## Appendix F: Securities In/Out Sheet (THS9)

SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST

SECURITIES SHEET FOR: .....

PLEASE NOTE: Security items indicated below should only be financial, for example: Cheque Book, Building Society Pass Book, Credit or Debit Card etc.

**INCOMINGS**

SURNAME	FORENAMES	SECURITIES	ACCOUNT/ROLL NUMBER	BALANCE	DATE DEPOSITED

**OUTGOINGS**

SURNAME	FORENAMES	SECURITIES	ACCOUNT/ROLL NUMBER	BALANCE	DATE RETURNED

PERSON SUPPLYING INFORMATION: ..... DATE: .....

DATE OF PREVIOUS THS9 SUBMITTED: .....

THS9

© Crown RPS/1005

## Appendix G: Full Securities List (THS10)

SHEFFIELD HEALTH & SOCIAL CARE NHS FOUNDATION TRUST

FULL SECURITIES LIST FOR: .....

SURNAME	FORENAMES	SECURITIES	ACCOUNT/ROLL NUMBER	BALANCE	COMMENTS

DATE:

PERSON SUPPLYING INFORMATION:

© Crown RFS/1505

THS10

## Appendix H: Request for Payments (THS3)

<b>SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST</b>	
<b><u>FINANCIAL ACCOUNTS TEAM</u></b>	
<b><u>REQUEST FOR PAYMENT TO BE MADE FROM PATIENT FINANCES</u></b>	
<hr/>	
HOSPITAL	.....
<hr/>	
<b><u>PATIENT NAME:</u></b>	
SURNAME:	.....
FORENAMES:	.....
WARD:	.....
ACCOUNT NO:	.....
<b><u>PAYMENT DETAILS FOR FASTER PAYMENTS</u></b>	
Name of bank	.....
Sort code:	.....
Account no:	.....
Payee name	.....
Reference	.....
Amount	.....
<hr/>	
I AUTHORISE THE ABOVE REQUEST:	
PATIENT SIGNATURE:	.....
WARD MANAGER:	.....
<hr/>	
This document should be completed with as much information as possible and attached to relevant paperwork prior to returning to:	
Financial Accounts Team 45 Wardsend Road North Sheffield S6 1LX	
THS3	<small>Finance/November 2021</small>

## Appendix I: Request to Cease Direct Payment (THS13)

<b>SHEFFIELD HEALTH AND SOCIAL CARE NHS FOUNDATION TRUST</b>	
<b><u>FINANCIAL ACCOUNTS TEAM</u></b>	
<b><u>REQUEST TO CEASE DIRECT PAYMENT</u></b>	
<hr/>	
HOSPITAL:	.....
<hr/>	
<b><u>PATIENT NAME</u></b>	
SURNAME:	.....
FORENAMES:	.....
N. I. NUMBER:	.....
ACCOUNT NO:	.....
WARD:	.....
<hr/>	
EXPLANATION WHY DIRECT PAYMENT IS TO CEASE:	
.....	
.....	
.....	
.....	
.....	
.....	
<hr/>	
<b><u>AUTHORISATION:</u></b>	
I AUTHORISE THE ABOVE REQUEST:	
PATIENT SIGNATURE:	.....
WARD MANAGER/SOCIAL WORKER'S SIGNATURE: .....	
<hr/>	
This document should be completed with as much information as possible and returned to:	
Financial Accounts Team 45 Wardsend Road North Sheffield S6 1LX	
THS13	<small>Finance/November 2021</small>

## Appendix J: Deaths and Discharges Form (THS2)

<b>SHEFFIELD HEALTH &amp; SOCIAL CARE NHS FOUNDATION TRUST</b>	
<b><u>RESIDENTS' FINANCIAL SERVICES</u></b>	
<b><u>DETAILS OF DEATHS AND DISCHARGES</u></b>	
HOSPITAL: .....	
<b><u>DETAILS AS FOLLOWS:</u></b>	
NAME:	.....
WARD:	.....
ACCOUNT NO:	.....
DATE OF DEATH/DISCHARGE:	.....
BALANCE ON DEATH/DISCHARGE:	.....
.....	
<b><u>DISCHARGE ADDRESS:</u></b>	<b><u>NEXT OF KIN:</u></b>
ADDRESS: .....	NAME: .....
.....	ADDRESS: .....
.....	.....
.....	POST CODE: .....
POST CODE: .....	TEL. NUMBER: .....
TEL. NUMBER: .....	RELATIONSHIP:.....
<b>ANY OTHER INFORMATION:</b>	
.....	
AUTHORISED SIGNATURE: .....	
This document should be completed with as much information as possible and returned to:	
Residents' Financial Services Fulwood House Old Fulwood Road Sheffield S10 3TH	
THS2	© Crown RFS/1005

## Appendix K: Return of Securities Form

### Sheffield Health & Social Care NHS FT

**RETURN OF PERSONAL SECURITIES HELD IN THE NAME OF:.....**

	Description	Reference	Balance		
			£	P	
1					
2					
3					
4					
5					

Received from Sheffield Health & Social Care NHS FT, Longley Centre, Sheffield 5, the securities mentioned above.

	Address _____
20	

## Appendix L: Lost and Found Property Book

### Sheffield Health & Social Care NHS FT

#### Lost & Found Property Book

Date Property Found	Time Found	Name & Address of Finder	Description of Article	Where Found	Receipt No.	Collected by Witnessed by

A copy of this form should be handed to the finder and a copy retained by the Cashier.

# Appendix M: Lost Property Indemnity Form

Sheffield Health & Social Care NHS FT

## Lost Property Indemnity

Register No.

Description:

.....  
.....  
.....  
.....

This property is accepted on the condition that, should the true owner come forward at any time, he/she may repossess the property as of right.

I understand and acknowledge the above statement and undertaken to hand over the property in this eventuality.

Signed: ..... Date: .....

Name (Block Capitals): .....

Address (Block Capitals): .....

.....  
.....

# Appendix N: Holidays & Outings - One-Off Cash Collection / Delivery Form



**Sheffield Health  
and Social Care**  
NHS Foundation Trust

## MEMORANDUM

To: Management Accounts, Sheffield Care Trust HQ, Fulwood House.

From: Budget Manager

Date:

Tel:

---

### ONE OFF ADDITIONAL CASH REQUIREMENTS – CLIENT HOLIDAY/OUTING

In accordance with the agreed procedures, I request a one off delivery of cash as follows:-

To be delivered by: SECURITY SERVICES/COLLECTED FROM CASHIERS  
(delete as appropriate)

DATE: .....

FULL DELIVERY ADDRESS: .....  
(if applicable)

RECIPIENT/TO BE COLLECTED BY: ..... | .....  
(delete as appropriate)

### REASON FOR REQUEST:

1. .... Financial Code: 01-...../.....-...../00000
2. .... Financial Code: 01-...../.....-...../00000
3. .... Financial Code: 01-...../.....-...../00000
4. .... Financial Code: 01-...../.....-...../00000

Many thanks.

---

AUTHORISED BY BUDGET MANAGER

---

CHECKED MANAGEMENT ACCOUNTS: .....

## **Appendix O: Staff Subsistence Rates for Client's Holidays and Outings**

### **STAFF SUBSISTENCE RATES FOR PATIENT/CLIENT HOLIDAYS & OUTINGS**

The following subsistence rates are to be used in accordance with the attached procedure.

	<b>£</b>
<b>LUNCH ALLOWANCE</b>	<b>5.00</b>
<b>(<u>more</u> than 5 hours away from office, including the lunchtime between 1200-1400 hours)</b>	
<b>EVENING MEAL ALLOWANCE</b>	<b>15.00</b>
<b>(<u>more</u> than 10 hours away from office, after 1900 hours)</b>	

Please note that Staff Subsistence Rates are the only standard rates. Any other expenses are to be agreed by the appropriate budget manager.

If, during a holiday or outing, staff meals are provided via the Trust's self-catering/provisions budget this then precludes any entitlement to subsistence allowance.

#### **Client Monies**

It is the responsibility of the budget holder to check with the Financial Accounts Team (FA) that the client has sufficient personal funds.

All required documentation should be submitted to FA in accordance with current procedures.

At least TEN working days prior to the holiday, arrangements should be made either via the Cashiers Department or FA to ensure that funds are available for the date of the holiday.

Where residents have insufficient funds for the holiday, and this is being provided from revenue budgets. Please inform Management Accounts at Wardsend Road. In this instance monies will need to be requested by a one-off additional cash requirement form.

## Appendix P: Client Holidays and Outings Cash Control Sheet

Sheffield Care Trust  
Finance Department

### CLIENT HOLIDAY CASH CONTROL SHEET

Ward/Department: .....

Holiday Destination: .....

Depart: ..... Arrive: .....

Date	Opening Balance £.	Transport Costs £.	Therapeutic Activities £.	Self Catering £.	Misc £.	Total £.	Receipt Attached	
							Yes	No
Carry Forward: (OR)		£	£	£	£	£		
Return to Cashiers:		£	£	£	£	£		

I confirm that to my knowledge the above is correct. ....  
Authorised Signature

**PLEASE KEEP THIS FORM WITH ANY RELATED RECEIPTS AT WARD LEVEL. DO NOT RETURN TO FINANCE.**





**Appendix S: Return of Patient's Property**

**RETURN OF PATIENT'S PROPERTY**

**PATIENT'S NAME:** .....

**WARD:** .....

**DELETE (A) OR (B) AS APPROPRIATE:**

**(A) THE ABOVE NAMED PERSON IS DISCHARGED FROM HOSPITAL.**

**(B) THE ABOVE NAMED PERSON HAS HAD PROPERTY RETURNED TO THEM PRIOR TO DISCHARGE.**

**PATIENT'S SIGNATURE:** .....

**DATE:** .....

**STAFF SIGNATURE:** .....

**DATE:** .....

## Appendix T: Patient Clothing Purchases

Sheffield Health & Social Care NHS FT

A Record of all New Purchases

A record of all new purchases regarding patient clothing

Patient Name: .....
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Detailed description of clothing – including name of manufacturer	Purchase Date	Signature (Qualified Nurse)	Signature	Receipt Number