

**FINANCIAL CONTROL PROCEDURE:
PATIENT'S PROPERTY, INCOME AND ALLOWANCES**

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Target Audience:

People who need to know about this document in detail	Organisation wide audience
People who need to have a broad understanding of this document	(For example: Board Members, Management Board. Senior Leaders. Board Committees.)
People who need to know that this document exists	(For example: All staff involved in the development of Health Board Policies.)

Integrated Impact Assessment:

Equality Impact Assessment Date & Outcome	Date:
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Disclaimer:

If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk

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INTRODUCTION

1. POLICY STATEMENT

1.1 The Cwm Taf Morgannwg University Health Board (UHB) has a legal responsibility to safeguard any patient's monies and property that is handed over for safekeeping and to return it to the patient on discharge.

1.2 This procedure fulfils the following purposes:

- To ensure that the interests of the patient, the staff and the UHB are fully protected.
- To guide in the procedures to be adopted for receiving, recording and disposing of property on behalf of the patient.

2. SCOPE OF POLICY

2.1. The procedure covers both short stay and long stay patients. A short stay patient will normally have a known discharge date, which in most cases will not be greater than 6 weeks. Long term patients are usually those in elderly care and mental health care whose length of stay is unknown.

3. AIMS AND OBJECTIVES

3.1. This procedure fulfils the following purposes:

- To ensure that the interests of the patient, the staff and the UHB are fully protected.
- To guide in the procedures to be adopted for receiving, recording and disposing of property on behalf of the patient.

4. FORMS

4.1. The following forms are referred to within this Financial Procedure. They are either included as appendices or in the case of controlled stationery noted with the issuing source.

Appendix	Name of Form	To be used by:
1	Patient's Property – Disclaimer Form	Wards
2	Investment of Patients' Monies: Court of Protection	Finance
3	Application for cash withdrawal on behalf of patient.	Wards (Long stay Only)

4	Authorisation Form for Patient's Purchases	Wards (Long stay Only)
5	Record of Transfer Form	Wards
6	Bank Transfer Form	Wards/General Office

Controlled stationery	Name of Form	Issued by:	To be used by:
CS 1	Ward Property Book (On Admission)	General Office	Wards
CS 2	Register of Patient's Property	Finance	General Office
CS 3	Patient's Ledger Sheet	Finance	General Office
CS 4	Request to Open Current Account	Finance	General Office/ Finance
CS 5	Summary of Patient's Private Monies paid from Petty Cash	Finance	General Office/ Finance
CS 6	Payment Request Form	Finance	General Office/ Finance
CS 7	Record of Private Property and Clothing retained on the ward	General Office	Wards (Long stay Only)
CS 8	Form of Indemnity	Finance	General Office/ Finance

Please note that the references CS 1 to CS 8 are to aid in the understanding of this Financial Procedure and are not included as a reference on the forms themselves.

5. WARD PROCEDURE: SHORT STAY PATIENTS

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5.1. **Planned Admissions**

- 5.1.1. Where admission to hospital is planned, the patient is advised in advance not to bring in any valuables. On arrival at the Hospital, the patient must be advised of the conditions relating to personal possessions and should be asked to sign a disclaimer: Patient's Property – Disclaimer Form (Appendix 1).
- 5.1.2. At this point, the patient should also be advised that any valuables or cash may be handed over for safe keeping/banking but should be reminded that the UHB cannot be held responsible for items not deposited for safekeeping. Items taken into safe custody must be recorded on a Ward Property Book (On Admission) Form (CS 1).
- 5.1.3. Patients should also be advised that cash handed over for safekeeping will be receipted and banked as soon as possible and returned in the form of a cheque or bank transfer (Appendix 6). Notice will need to be given prior to its return.

5.2. **Emergency Admissions**

- 5.2.1. Where a patient is admitted unconscious or their condition warrants assistance in protecting their valuables, these should be deposited for safekeeping in the General Office. Details must be entered on a Ward Property Book (On Admission) Form (CS 1) and witnessed by two members of staff. In the interest of patient care this may be completed after the patient has been admitted to a ward not necessarily at the point of entry in A&E/AMU.
- 5.2.2. The property (valuables) of a patient who is conscious at time of admission should be handed by the patient to a relative or friend and not given to the Ward staff.
- 5.2.3. If a relative or friend is not present the patient should be encouraged by staff to hand over all monies and valuables. Patients may however retain on the Ward any personal articles of small value. Patients should be notified that cash will be banked and returned in the form of a cheque or bank transfer.
- 5.2.4. Patients must be reminded that the UHB cannot be held responsible for items not handed over for safekeeping. Items taken into safe custody must be recorded on a Ward Property Book (On Admission) Form (CS 1). The patient should also be asked to sign a disclaimer: Patient's Property – Disclaimer Form (Appendix 1).

5.2.5. The storage of items taken into safe custody should be in accordance with part 3.4 below.

5.2.6. If hospital staff have knowledge of patient's property outside the hospital requiring protective action, the appropriate Local Authority should be informed. It is imperative that any knowledge of property in this category should be notified to the Local Authority immediately, since if a patient dies before they receive this notification, they have no power to act.

5.3. **Disclaimers**

5.3.1. Notices of disclaimer, Patient's Property - Disclaimer Form (Appendix 1) must be displayed on all Wards and other vantage points throughout the UHB premises highlighting personal possessions not handed in for safekeeping are not the responsibility of the UHB.

5.3.2. When children are admitted, the admitting nurse should ensure that the parent/guardian is aware that any mobile phones/tablets/electronic game equipment brought into the Hospital by children is their responsibility and not that of the UHB.

5.4. **Recording of Property & Valuables**

5.4.1. Property taken into safe custody at ward level must be recorded by two staff members (nursing staff or ward clerks) on a Ward Property Book (On Admission) Form (CS 1). The Ward Property Book is an item of controlled stationery and is available from the Hospital's General Office. Forms are pre-numbered and in triplicate.

- The first copy is the patient's receipt
- The second copy is for General Office
- The third copy is retained in the book

5.4.2. The book must be retained in a safe place and be available for inspection by authorised personnel. All spoilt copies must be retained in the book, crossed through and marked 'cancelled'. Completed books must be returned to General Office. On return, this book must be examined and checked to ensure all property has been received for safekeeping.

5.4.3. Property handed over for safe custody should be examined, listed and signed for by two members of nursing staff. If possible, the patient should

sign agreeing the items listed are correct. The words "gold" or "silver", "diamond", "emerald", etc. must not be used but the description "yellow metal", "white metal", "white stone", "green stone" must be used.

NOTE: Only property handed over for safekeeping should be recorded in the Ward Property Book.

- 5.4.4. If the patient requests a professional valuation to substantiate the entry as "gold", "silver", etc. this may be done and cost to be borne by the patient and the record amended if necessary.
- 5.4.5. Where property has been recorded in the Ward Property Book, but before actually taken into safe custody, it can only be returned to the patient, i.e. (not to the relative) after the appropriate receipt has been completed.
- 5.4.6. Valuables taken into safe custody at Ward level may be kept in the Ward safe. Access to the ward safe should be restricted. Alternatively, property may be taken to General Office to deposit in the UHB safe. If there is no safe on the ward the property must be taken to General Office for immediate deposit in the UHB safe and a signature obtained to confirm receipt from General Office staff. All cash must be deposited in General Office.
- 5.4.7. Outside office hours, any cash and property taken into safekeeping should be deposited in the ward safes if available. If a night safe is not available, then the property must be deposited in a lockable secure cabinet, property or cash must not be placed in a medication cupboard. The contents must be placed in a sealed envelope and witnessed by two members of staff.
- 5.4.8. When the property is returned or taken to General Office the Ward staff must ensure they obtain a signature from the person receiving the property.
- 5.4.9. In the cases of patients who become incapacitated whilst in Hospital Care and are unable to safeguard their valuables, there is an obligation on the part of the UHB to safeguard their articles. In these cases, all valuables should be taken into safe custody and recorded in the Property Book.

5.5. **General Office Duties**

- 5.5.1. General Office should be given the page from the Ward Property Book (On Admission) when property is taken there for safekeeping. A log of all

property taken into safe custody must be maintained by each General Office (CS 2). The following action must be followed:

- a. Property envelopes must be labelled and sealed giving the full name of the patient, the patient's hospital number (if known), together with Ward Property Book (on Admission) Form reference number and details of the property.
- b. Cash receipts must either be recorded on a Collection and Deposit (C&D) sheet or receipted directly into the ORACLE financial system.
- c. Cash Receipts must be banked in accordance with the Financial Control Procedure on Cash and Bank.

6. WARD PROCEDURE: LONG STAY PATIENTS

This section is only relevant for those wards/hospitals within the UHB who have patients whose duration of stay is deemed to be long term.

6.1. On Admission

- 6.1.1. The procedures followed on admission will be the same as for short stay patients (Section 3) but it is likely that the patient may require administration and/or financial support services.
- 6.1.2. Where a long stay patient requires the UHB to administer money on their behalf the Officer responsible for Patients' Monies will:
 - a. Set up a patient ledger sheet to record all deposits and withdrawals
 - b. Notify Finance department using a request to open current account form (CS 4).

As a minimum, the patient's full name (first & middle name and surname) should be used on these forms and all future correspondence.

6.2. Monies Deposited including Pensions/Benefits

- 6.2.1. Where a patient is in receipt of pensions/benefits, it is the responsibility of the patient, patient's families or patient's representatives to notify the Department of Work & Pensions as it may affect their right to pension/benefit.

- 6.2.2. The patient may nominate the UHB to collect the pension on their behalf. Pension monies for those patients will be paid automatically into the UHB's main bank account. Upon receipt of the pension monies Finance staff will notify the Officer responsible for Patients' Monies.
- 6.2.3. Ward staff must not pay out monies to patients, but may accompany the delegated officer and act as a witness.
- 6.2.4. Where either cash/cheques are paid on behalf of patients this shall be paid into the General Office and either a Collection and Deposit (C&D) sheet must be completed or the receipt entered directly onto the ORACLE financial system, the receipt should be noted on the patient's ledger sheet.
- 6.2.5. Where a patient is in receipt of a wage for employment, they should inform the Department of Work & Pensions, as it may affect the right to any benefits. For example, a patient may be in receipt of sick pay from an employer. The onus is on the patient to inform the appropriate bodies when their circumstances change. However, with the permission of the patient this may be done by the delegated Officer.
- 6.2.6. The Patients' Monies reconciliations to the ledger will be performed by a Finance Officer on a monthly basis.

6.3. **Investments**

- 6.3.1. Patients' balances will be reviewed bimonthly by the Officer responsible for Patients' Monies within Finance and should any funds be found in excess of patients immediate needs then they should notify the Financial Accountant to move funds to an Investment account. Investments accounts are set up in the patient's name and administered by the UHB.
- 6.3.2. All correspondence and transactions must be directed through the Financial Accounts Section within the Finance Department.
- 6.3.3. Where a patient's affairs are administered by the Court of Protection or its agents then there is a need to ensure that authority has been given to invest the patient's surplus monies. If authority has not been obtained then the delegated Officer should follow the procedure set out in Appendix 2.
- 6.3.4. A Register must be maintained by the Financial Accounts Section, of all patients' investments held. This register must be reconciled with bank statements by the Finance Officer and reviewed by the Head of Corporate Finance (or their representative) on a monthly basis.

6.4. **Patient Spending**

- 6.4.1. Before withdrawals/purchases are made ward staff must check with the Officer responsible for Patients' Monies that sufficient funds are available in the patient's account.
- 6.4.2. Small sums of money (i.e. up to £50 may be paid out of petty cash to patients who have money deposited in an account with the UHB, for their day to day needs. Details of all payments out of petty cash must be recorded on a summary of Patient's Private Monies paid from Petty Cash form (CS 5) and distributed as follows:
 - a. Copy to Finance Department (weekly).
 - b. Copy/copies with petty cash reconciliation weekly/ monthly to Cashiers.
 - c. Copy Hospital Records.
- 6.4.3. There is an upper limit of £50 on daily withdrawals (Monday – Friday excluding bank holidays) of cash from patients' current accounts even where the patient is capable of managing his/her own affairs. There will be no doubling up to cover weekends or bank holidays.
- 6.4.4. Nurses must not be used as agents for paying patients, or for distributing goods, except in the case of patients who are severely disabled or confused, and for whom it is necessary for the Nurse to receive and care for such goods on the patient's behalf. Form Appendix 3 to be completed.
- 6.4.5. A completed authorisation form (Appendix 4) must be obtained from the ward when the patient is unable to receive the monies directly and before purchases are made on the patient's behalf or cash is withdrawn.
- 6.4.6. Where a relative or friend assumes responsibility for a patient's affairs whilst in hospital and pension/benefits are receivable, the ward staff must continually assess that the patient is adequately provided for: where neglect is observed, the ward staff must inform Social Services who will nominate a social worker.
- 6.4.7. Patients are expected to pay for their own clothing. If such a payment would reduce the balances on their current and deposit accounts to less than £100, the Officer responsible for patient's monies must confirm that the patient does have other funds available to them.
- 6.4.8. There is an obligation by ward staff to ensure that patients receive value for money from their purchases.

6.4.9. Purchases are transacted by one of the following principal methods:

- a. By ordering commodities direct through the Procurement Department of the UHB. When this method is used the name of the patient should be included on the order, and the invoice will be paid under the normal Accounts Payable procedure. When the transaction is complete, Finance staff will notify the Officer responsible for Patients' Monies to debit the patient's account accordingly.
- b. Shopping expeditions may be organised for patients who will be accompanied by escorts. Arrangements must be made in advance with the shop that each patient is invoiced individually where possible. If the shop will not co-operate then the Officer in charge of the expedition should ensure that any charges are in the form of an itemised invoice. In these cases, the Officer in charge must make a record of individual patient's purchases, which should be attached to the invoice and forwarded with the relevant Payment Request Form (CS 6) to the Finance Department for payment.
- c. Shopping days may be organised at the Hospitals where contractors attend. Individual invoices must be rendered and payment made via Payment Request Form (CS 6).

6.4.10. Whenever possible, patients must authorise deductions from their accounts. Patients capable of understanding the transaction, but unable to sign must have all transactions witnessed.

6.4.11. An independent member of staff should examine purchases at Ward level and the articles purchased identified with the patient's name and marked accordingly.

6.4.12. Receipts must be produced for all purchases made on behalf of patients.

6.4.13. Payment requests must be made on the appropriate Payment Request forms (CS 6), and signed by the originating officer and authorised by the relevant Senior Nurse Ward Manager or Patient's Monies Supervising Officer.

6.4.14. Nursing staff who signs for patient's money are expected to control and monitor the spending whether it is inside or outside the Hospital environment. Patients adjudged by a Medical Officer to be capable of spending and appreciating their own money should be given a daily allowance subject to the limits set out in Section 4.4.2.

6.4.15. Patients considered, on medical opinion, as incapable of looking after and spending their money should receive assistance from Nursing Staff with their purchases. Cash withdrawn by these patients may still require safe keeping on the ward. In this instance a record of all cash held should be maintained and monies should be securely stored in a lockable cabinet. A countersignature from a witness should be obtained in these cases.

6.4.16. Where possible, cash receipts and other documentation must be obtained for these purchases. A reconciliation of patient's money expenditure incurred by nursing staff should be prepared by the nurse in charge and forwarded with receipt to the Officer responsible for Patients' Monies in order to debit the patient's account.

6.5. Finance Department Responsibilities

6.5.1. Details of cheques drawn on behalf of patients will be forwarded monthly to Hospitals by the Finance Department. All debits and credits must be recorded on a patient's ledger spreadsheet. On a monthly basis, Finance will send out details of patient balances to the Officers responsible for Patients' Monies who will confirm agreement with hospital records. Any differences that cannot be resolved should be reported to the Directorate Manager.

6.6. Records of Patient's Clothing

6.6.1. Where possible, a record of items and personal clothing retained on the ward should be maintained at ward level by nursing staff or the ward clerk (CS 7). However, if the patient has regular home visits, shopping trips or visitors who could possibly remove items of clothing then the monitoring of clothing becomes difficult for the UHB. In these cases, as part of the risk assessment process, Directorate Managers may use their discretion to decide whether to maintain these records, as they may be constantly out of date. Reasons for non-completion of the records should be documented and approval sought from the Directorate Manager. Where the records are maintained visitors/relatives should be reminded to notify nursing staff when items are added or removed.

7. DISCHARGE FROM HOSPITAL

7.1. On discharge, any property taken into safe custody should be handed to the patient. The patient should sign the relevant page of the Ward Property Book (CS 1) as evidence of receipt.

7.2. In order to cover immediate needs, a sum of money may be released from Petty Cash by General Office to the patient (up to £75) and a signature obtained. If the patient is unable to collect the cash from the General

Office, a nominated person may collect it and Form Appendix 3 should be completed. The remaining balance on the account will then be sent direct to the patient's address, by cheque or bank transfer, from the Cashier's Section in Finance. In those instances where an individual does not have a bank account, or no fixed abode, staff may be allowed discretion to pay up to £150 cash on the authorisation of a Senior Nurse or Patient's monies Supervising officer within the UHB. In special circumstances, a higher limit may be agreed, but this must have the approval of the Head of Corporate Finance (or their representative).

- 7.3. Where the patient is incapable of handling money, the cheque/bank transfer may be forwarded to a properly authorised custodian. On this occasion, a letter supporting the change of the cheque/bank transfer recipient will be required from the officer responsible for patients' monies.
- 7.4. In the event of delays in notification of discharge and after every effort has been made and money cannot be returned to the patient or to an authorised custodian within one year of discharge, it should be credited to the UHB's accounts. Should a valid claim be established later, payment may be made and the UHB's accounts debited.
- 7.5. Whenever money or valuables are passed to either: the patient, a relative, a custodian, from one member of staff to another, or transferred to another organisation, a receipt must be obtained.
- 7.6. For long stay patients, prior to the release of the balance of a patient's account or valuables, the Officer responsible for Patients' Monies should ensure that:
 - a. All receipts and payments have been posted correctly to the patient's personal account up to the time of discharge.
 - b. All internal transactions have been posted (e.g. transfers, petty cash).
 - c. The officer should telephone the Finance Department to confirm balances.
 - d. Any bank books, or savings bonds, etc. held in the name of an untraced patient should be returned to the relevant body and a receipt obtained.
 - e. Where a patient's surplus monies are invested and the patient is discharged then the Investment account should be closed. A cheque will be sent to the UHB. Finance will then issue a cheque/bank transfer to the patient/relative.

8 PATIENT TRANSFERS

8.1 When a patient is to be transferred to another ward/hospital all belongings (valuables, clothing etc.) should be recorded on a Record of Transfer Form (Appendix 5). The patient should sign the form agreeing the full listing of belongings as being accurate. If the patient is unable to sign the form another nurse or the patient's representative should sign the form as a witness. The form, which is in triplicate should be distributed as follows:

- One copy to be retained by the patient
- One copy to be sent with the patient to the other ward/hospital (to be handed over on arrival);
- One copy to be retained in the book

8.2 If the patient has been transferred to a ward /hospital within our UHB the receiving officer/nurse should check all the patient's belongings and sign the form. This form should then be filed by the ward staff. Once the patient has arrived on the ward and the form checked and signed, the UHB has no responsibility for the patient's belongings. As is the case for any new admission, the patient will be offered the opportunity to place valuables in the safe custody of the UHB and the procedure above of completing the Ward Property Book (CS 1) will apply.

8.3 For long stay patients transferred to another hospital, outside the UHB, prior to the transfer of the patient being made, any balances held on the patient's account will be paid over by cheque or bank transfer. The receiving organisation must be notified in writing of the balances to be transferred.

8.4 Where the UHB holds money on behalf of the patient, ward staff must ensure that General Office and the Financial Accounts Department are informed.

9 DECEASED PATIENTS

9.1 Where a patient dies on the ward all belongings will be taken into safe custody and recorded in the Ward Property Book by two members of staff. All valuable property will then be passed to General Office and a signature obtained. Following the death of a patient, the delegated Officer will record:

- a. The date of death.
- b. If the funeral is to be carried out by the Hospital or privately.
- c. The name(s) and address (es) of the next of kin.

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- 9.2 Where a person is brought into an A&E and subsequently dies without being admitted into hospital, a record of personal effects should be entered in the A&E Ward Property Book (CS 1) and witnessed by two members of staff. Items should then be passed to the General Office for safe keeping.
- 9.3 Where a person is 'dead on arrival' the responsibility for personal property normally rests with the Police Authority. If the Police do not accept this responsibility, the procedure above will apply.
- 9.4 When General Office is closed all property belonging to the deceased person should be logged on the Ward Property Book Form and witnessed by two individuals. The property should be held in a secure cabinet until the items can be handed over to General Office. Non valuable items (clothing etc) may be handed over to relatives on proof of identity and a signature in the book obtained. Valuable items should not be handed to relatives until the necessary indemnity form is signed.
- 9.5 For long stay patients where the UHB has been elected to receive their pension monies, the Officer responsible for Patients' Monies should inform the Department of Work and Pensions and notify Finance immediately so that pension receipts will be cancelled. Any pension monies received after the patient's death must be returned as soon as possible.
- 9.6 The UHB may arrange and pay for the funeral of patients who die in Hospital where no arrangements are made by their relatives or when:
- Relatives cannot be traced.
 - Relatives are traceable and cannot afford to arrange for burial.
 - Relatives are traceable, but refuse to take responsibility, e.g. on grounds of distance of relationship.
 - If the UHB is holding money on behalf of the deceased, this should be allocated towards the cost of the funeral.
- 9.7 Where a patient dies intestate and there is a next of kin, if the value of the property held is less than £5,000, the Officer responsible for Patients' Monies must ensure that:
- The relationship of the claimant to the deceased patient is ascertained and that he/she is one of the persons who are entitled to apply for Letters of Administration i.e. Next of Kin for balances up to £5,000, A Form of Indemnity (CS 8) to be sent to the home address of the known next of kin for completion.

- b. Once the Form of Indemnity (CS 8) is completed by the claimant and independently witnessed, entry is then made in the Hospital Property Book showing release of valuables.
 - c. No transfer of property is made to any person under 18 years, unless the minor's parent(s) or lawful guardian(s) sign the Form of Indemnity. (CS 8)
- 9.8 If the value of the property held by the UHB exceeds £5,000 then Probate or Letters of Administration will be required.
- 9.9 Where a patient dies intestate and there is no next of kin:
- a) If the value exceeds £500, the Estate reverts to the Crown and details should be passed to the Treasury Solicitors by the hospital's delegated Officer.
 - b) If the value is less than £500, it will be credited to the UHB's accounts. Should a valid claim be established later, payment may be made and the UHB's accounts debited.

10 UNCLAIMED PROPERTY

- 10.1 When a patient has been discharged or deceased but not reclaimed their property, the Hospital's delegated Officer must make every effort to trace the patient or next of kin. If this proves unsuccessful the Directorate Manager should be contacted by the delegated Officer in order that further enquiries can be made. If this is not successful, the articles must be kept for a reasonable time before disposal, i.e.
- Clothing and items of low value – three months
 - Items of value - six years (Limitation Act 1949)

A review of all property held in safe custody should take place on an annual basis by the hospital's delegated officer.

- 10.2 Any cash unclaimed, or monies received from the sale of the abandoned or unclaimed property should be credited to the UHB. Should a claimant at a later date claim property that has been sold, the amount due would be payable from the UHB. The delegated Officer, in liaison with their Manager

and Finance, must seek expert advice if there is doubt about the value of property to be sold.

- 10.3 Unclaimed bank books, national savings certificate, etc. must be returned by the hospitals delegated Officer to the relevant organisation accompanied by a suitable letter of explanation.

11 Reporting of Overdrawn Balances

- 11.1 Patients' balances should be managed so that patients do not spend money they do not have. Where balances become overdrawn through a failure of controls then every effort must be made to recover the balance. Where balances are not recovered they should be recorded as a loss and reported to the Audit Committee.

12 EQUALITY IMPACT ASSESSMENT STATEMENT

- 12.1 Following assessment, this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality strands: Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

13 RELATED POLICIES

- 13.1 The following Financial Control Procedures should be read in conjunction with this policy:
- a. FP04 Cash & Banking

14 MAIN RELEVANT LEGISLATION

- 14.1 This procedure should be read in conjunction with the Standing Financial Instructions and other relevant Financial Control Procedures. These can be accessed on sharepoint:
<http://ctuhbintranet/Policies/Policies/Forms/Finance>.



APPENDIX 1

Patient's Property – Disclaimer Form

Name:	Ward:	NHS No:
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_____ has explained to me the procedure for the safe keeping of money and property. I have been offered the opportunity to hand over my personal property and valuables in accordance with that procedure, however, I have decided to keep my valuables in my possession during my stay in hospital and in doing so accept full responsibility for their safe keeping.

I _____ hereby acknowledge that Cwm Taf Morgannwg University Health Board cannot now accept any responsibility for any loss or damage to my valuables on these premises. All personal property retained by me on the ward or on my person while in hospital is my responsibility and I therefore indemnify the hospital from any liability arising from the loss or damage thereof.

Signed		Witness (Name & Signature	By		Date	
---------------	--	--	-----------	--	-------------	--

(If patient is unable to sign, friend or relative should sign below)

Signed		Witness (Name & Signature	By		Date	
---------------	--	--	-----------	--	-------------	--

Does the patient have jewellery?

YES/NO	If 'Yes' Please State	
---------------	--------------------------------------	--

Does the patient have electronic devices?

YES/NO	If 'Yes' Please State	
---------------	--------------------------------------	--

Does the patient have any cash or any other valuables?



YES/NO	If 'Yes' Please State	
I understand that these are my responsibility		Signed: _____
Page Number of Property Book:..... COMPLETED		

APPENDIX 2

INVESTMENT OF PATIENTS' MONIES

Patients who are the responsibility of the Court of Protection

1. Address: Cardiff Civil & Family Justice Centre
2 Park Street
Cardiff
CF10 1ET
United Kingdom

2. The UHB's Hospital Patients' Monies Officer must identify through the patient's file whether the Court Order issued by the Court of Protection already gives the power to invest any surplus income on behalf of the patient. If the UHB possesses this then there is no need to involve the Court of Protection.

3. If the UHB does not possess the power to invest, then the Court of Protection should be contacted via the Patient's Money Control Section and the following details supplied:
 - a. The name of the patient.
 - b. Court of Protection Reference Number.
 - c. Date of birth of the patient.
 - d. Details of allowances received (eg. mobility allowance, retirement, etc.)
 - e. Amount received each week in respect of each allowance.
 - f. Details of how the money is collected.
 - g. Balance in the patient's accounts.
 - h. Where it is invested and the current investment rate.
 - i. Where it will be invested and that investment rate.



APPENDIX 3

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

APPLICATION FOR CASH WITHDRAWAL (MAXIMUM £50)

Patient's Name: _____

Hospital No _____ Ward _____

I authorise the withdrawal of £..... in cash, subject to sufficient funds being in my account.

Signature of Patient _____

Authorisation (Nurse in Charge) _____

Date _____

Amount received £ _____

Signature of patient _____

Date _____

**PLEASE RETURN TO OFFICER RESPONSIBLE FOR PATIENTS' MONIES
AFTER COMPLETION**

APPENDIX 4

AUTHORISATION FORM FOR PATIENT'S PURCHASES

HOSPITAL _____

Please complete ALL parts:

WARD:	
DATE:	
Name of Patient:	
Hospital Number:	

I hereby authorise payment / release of money for the above named patient for his/hers private monies account for the purpose of:

.....

Sum of Money to be released:	
Patient's Signature:	
Witness (if Necessary)	
Date documented in Nursing process:	
Signature of qualifies staff:	
Signature of Ward Manager / Senior Staff Nurse:	
Date:	



APPENDIX 5

RECORD OF TRANSFER FORM

Name of Patient _____ Date of transfer _____

Transferring from
Hospital _____ Ward _____

Transferring to
Hospital _____ Ward _____

The following is a correct record of cash and property with the patient on transfer:

_____ Patient or
Representative _____ Ward Sister /
Charge Nurse

_____ Witness
(Member of Hospital Staff)

PROPERTY	CASH	£	p
	Notes		
	Coins		
	Other		
	Total		
	Total in words: _____		
	pounds _____		
	pence _____		

I confirm receipt of the item detailed above:

Receiving Officer



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board

APPENDIX 6

AUTHORISATION OF BANK TRANSFER

Patient's Name: _____

Hospital No: _____ Ward: _____

BANK ACCT NAME: _____

SORT CODE: _____

BANK ACCOUNT NUMBER: _____

Signature of Account Holder: _____

Print Name: _____

Signature of Nurse in Charge: _____

Print Name: _____

Job Title: _____

Date _____

**PLEASE RETURN TO OFFICER RESPONSIBLE FOR PATIENTS' MONIES
AFTER COMPLETION**