Western Health and Social Care Trust

PATIENTS' PROPERTY PROCEDURES

September 2022

Title:	Patients' Property Procedures			
Ownership:	Finance Directorate, Financial Accounting Division			
Approval by:	Corporate Financial Accountant		**Approved:**	SMT on 22/08/22
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Links to other policies	• Cash Handling Procedures • Corporate Appointee Guidance • Safeguarding Vulnerable Adults Policy • Standing Financial Instructions			

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Patients' Property Procedures

1.0 Introduction

These procedures are established as the Trust has responsibility to provide safe custody for money and other personal property in a number of circumstances:

- Handed over by, or collected on behalf of, patients or clients
- In the possession of unconscious or confused patients or clients
- Found in the possession of patients dying in Trust facilities or dead on arrival.

The Trust will not accept responsibility or liability for property brought into the premises unless it is handed over and a receipt obtained.

Most people who suffer from mental disorders are capable of looking after their own property and affairs. The law recognises this fact and assumes that a person is capable until the contrary is proven.

However, patients who are incapable of managing their property and affairs by reason of mental disorder, whether liable to be detained in hospital or not, may have them placed under the jurisdiction of the High Court. This jurisdiction is administered by the Office of Care and Protection under the direction of the Master of Care and Protection.

2.0 Control of Patient Property Books

2.1 Patient Property Books (PPP ADM) are Controlled Stationery and are used to record the receipt of all belongings of a patient on admission.

2.2 Only one Patient Property Book (PPP ADM) should be in use at any one time.

2.3 Completed books will be retained by the facility/ward for current year and previous 6 years.

2.4 A new book may be requested by contacting the Finance Department, Administration Offices, Gransha Park (Tel No. 028 71865277 or 71865282). The Finance Department will record the issue of the new book in the controlled stationery record. Receipt of all controlled stationery must be confirmed by returning the controlled stationery slip to Finance.

2.5 The pages of the Patients Property Book (PPP ADM) must be used in numerical order.

2.6 Spoiled pages must be clearly marked `cancelled` and must never be removed.

2.7 The Ward Manager should monitor the use of Patient Property Book (PPP ADM), to ensure correct completion.

2.8 The Senior Nurse Manager must check the books periodically, at least twice yearly.

2.9 A warning notice regarding the necessity to hand over valuables will be displayed in all wards.

3.0 Patients' Property at Trust Facilities/Wards

3.1 Admissions

3.1.1 On admission to a Facility/Ward, it must be determined whether or not someone has been appointed to look after the patient's affairs.

3.1.2 Patients should be advised of the Trust Procedures regarding patients' monies and valuables. All personal belongings for safe keeping will be identified, described and clearly listed in the Patient Property Book (PPP ADM).

3.1.3 Patient Property Books (PPP ADM) should always be fully completed on admission i.e. blank section on all pages should be crossed through and no pages left unused. It is essential that this procedure applies up to and including discharge/transfer of the patient. All Patient Property Book (PPP ADM) entries must be counter-signed by the patient. In circumstances where the patient is unable to sign, the entry should be witnessed by a relative or another member of staff. The top copy is to be given to the patient/relative where applicable and will act as a receipt. The second copy is retained at Facility/Ward for audit purposes.

3.1.4 If the patient is incapable, their personal belongings will be examined and checked in the presence of the patient and another member of staff. All money must be accurately counted, agreed, documented and signed by 2 members of staff.

3.1.5 In the event of patients going to theatre or for procedures (e.g. x-ray) all jewellery must be removed and retained in a locked box located in a drawer/cabinet with access to keys restricted.

3.1.6 Where the clothing/valuables of persons, who are deceased on arrival at hospital, are required by the police for forensic examination, the items must be recorded in the Patient Property Book (PPP ADM) and the entry countersigned by the person receiving the items.

3.1.7 A Patient's Property request for a New Account form (PAT1 Form) must be completed if a patient has been admitted with cash in their possession.

3.1.8 Cash must be sealed in a "Patients' Property Envelope" and forwarded to the Cash Office/Finance Department where it is checked against the details in either Patient Property Book (PPP ADM) or subsidiary receipt book. An official Kalamazoo receipt is issued by Cash Office/Finance staff for any monies lodged.

3.1.9 Valuables must be sealed in a "Patients' Property Envelope" and held in the facility/ward safe.

3.1.10 Patients must be encouraged to send home any clothing not required during their stay in hospital. Clothing recorded on admission may vary during their stay in hospital and staff cannot be held responsible for this.

3.1.11 Monies brought in by a relative/visitor for the patient's benefit and handed to facility/ward staff must be entered in the subsidiary receipt book, signed for by 2 members of staff and a receipt given to the relative/visitor.

3.1.12 Cash/Valuables received outside normal working hours must be recorded in the normal way. If there is access to a “Night safe” it must be deposited. Only Cash Office staff will hold the keys for the “Night safe”. Cash Office staff will inspect this safe each working day. If a “Night Safe” is not available cash/valuables should be recorded in the Safe Register and held in the safe (or locked cabinet with restricted access within ward/facility) until the next day.

3.1.13 A Finance Officer must check the contents of the “Patients Property Envelope” in the presence of a second member of staff. A receipt must be issued, the number recorded in the Patients Property Book (PPP ADM) and where possible, the receipt should be given to the patient.

3.1.14 On discharge/transfer patients should check their property with a nurse and sign the Patient Property Book (PPP ADM) acknowledging the receipt of the items listed.

3.1.15 Ward Managers are responsible and accountable for the correct adherence to these procedures.

3.2 Managing Patients’ Property/Money at Trust Facilities/Wards

3.2.1 If money is lodged on behalf of a Patient this will be available for access through either Patient Property Petty Cash Float or Request for Cheque from Patient’s Property Account (PPP CHQ).

3.2.2 A personal ledger must be kept for each patient. All transactions must be recorded in ink and countersigned by the patient where possible or by two members of staff. It must be kept in the facility/ward safe, the keys of which are retained by the Nurse in Charge of the facility/ward.

3.2.3 Incorrect entries in the personal ledger should be corrected in a manner which will leave the original entry legible. Correcting fluids are not to be used.

3.2.4 The Nurse in Charge of each facility/ward is responsible for the accuracy of each personal ledger together with the maintenance of all associated records. The Nurse in Charge has overall responsibility to ensure that the above procedures are adhered to, reporting any irregularities found to the Service/Ward Manager.

3.2.5 If a Patient is deemed capable and wishes to retain access to their community bank and require assistance from Trust staff, all movement of their bank card from the safe must be documented and signed by 2 authorised officers e.g. Nurse in Charge, Named Nurse. Staff will not ask for or have access to a patient’s PIN for their bank cards. A personal ledger must be kept for each patient with supporting documentation retained, including bank account receipts/statements. All transactions must be recorded in ink and countersigned by the patient where possible or by two members of staff. The Service/Ward Manager should undertake routine monitoring of transactions to and from the patient’s bank account.

3.2.6 Internal Audit will carry out spot checks of the recording/management of Patients’ Property at facility/ward level, and will initial and date the records on completion. Any irregularities found will be reported immediately to the Service/Ward Manager.

3.2.7 The facility/ward safe key must be kept on the person of the Nurse in Charge. It is recommended that a record is kept at facility/ward level of the transfer of the safe key to the custody of another member of staff.

3.2.8 Patient balances will be sent out on a monthly basis to the facility/ward and should be checked by the authorised officer. Any irregularities/discrepancies must be reported to the Finance Department for further investigation immediately. Discharge or death of any patient for whom the Trust holds Patients' Property money must be notified to the Finance Department immediately. (See 3.6 & 3.7)

3.3 Lost/Damaged Property

3.3.1 Patients will be compensated for lost/damaged property in the following circumstances: The property has been recorded in the Patient Property Book (PPP ADM).

3.3.2 If a patient has refused to hand over money/valuables this must be documented in Section 2 of the Patient Property Book (PPP ADM) and the Trust will not accept responsibility or liability for these items.

3.3.3 At the time of the loss or damage, the property was under the control of the Trust.

3.3.4 Losses incurred in other circumstances will be assessed on merit.

3.4 Request for Funds for or on behalf of Patients

3.4.1 Provide Additional Comfort

3.4.1.1 Items of equipment i.e. Personal TV, Tablets, Furniture etc. may be purchased where they are requested by the patients or are perceived as beneficial to the welfare of the patient and where the patient has sufficient funds to purchase same.

3.4.1.2 Request for Cheque Patient's Property Account (PPP CHQ) is used to purchase items on behalf of the patient. EProc should be explored initially for good practice and best value for money. However, if this is not feasible backup documentation should be attached, which incorporates, quotations, the patient's signature, consent of relatives and the approval of the Multidisciplinary Team.

3.4.1.3 Top copy of PPP CHQ form is forwarded to Finance Department with relevant invoice/documentation for payment. Second copy remains in the book held on the facility/ward.

3.4.2 Purchase of Clothing

3.4.2.1 Patients who are assessed as being incapable of managing their own affairs may have clothing purchased for them from funds held on their behalf by the Trust. MHO Article 116 (1) and (3) refers.

3.4.2.2 Patients who are assessed as being capable are to be encouraged to purchase their own clothing (or have clothing purchased on their behalf) from their own funds.

3.4.2.3 In both cases above, the Nurse in Charge must check that the patient has sufficient funds to cover anticipated expenditure. Authorised Trust staff or the patient (if capable) purchase required items of clothing. Trust staff must obtain an invoice for the clothing to be purchased. This invoice, signed by nursing staff is forwarded to the Finance Department for payment.

3.4.3 Purchase of Other Items

3.4.3.1 Patients may request the release of monies for the purchase of items. The patient should be encouraged to request the minimum amount of money necessary for their day to day needs. Any requests for withdrawals of cash must be entered in the Patients' Property Petty Cash Book. The top copy must be signed by a member of facility/ward staff releasing the cash and by the patient/member of ward staff receiving same. Top copy is then forwarded to the Finance Office for reimbursement of the float.

3.4.3.2 Patients may have other items e.g. toiletries purchased on their behalf. Ward staff should check with the Finance Department that the patient has enough money in his/her account to cover the cost of the purchases. On receipt of the items, the patient or a relative should sign the invoice. Two members of the ward staff must also sign the invoice in the presence of the patient or relative. This is then passed to the Finance Office for payment from the patients' account.

3.4.3.3 Where the patient is incapable of managing his/her affairs, any monies/valuables will be dealt with in accordance with the procedure for "Incapable Patients' monies" (see Section 3.8)

3.5 Handling Untoward Incidents

3.5.1 Any untoward incidents involving money should be reported at once to the Line Manager.

3.5.2 Any allegations which cause concern should be reported at once to the:

a) Appropriate Line Manager
b) Chief Internal Auditor
c) Director of Finance

3.5.3 Any allegation concerning the misappropriation or mishandling of money will be investigated within the context of the Disciplinary Procedures. The Director of Finance must be contacted immediately.

3.6 Discharged Patients

3.6.1 Facility/Ward staff must complete Notification of Discharge, PAT 3 form for any patient who has cash/valuables held in safekeeping at time of discharge. All matters regarding funds held should be referred to the Finance Department.

3.6.2 Prior to discharge from facility/ward to Nursing Home (Trust or Private)/Hostel or Community each patient should be reassessed with a view to determining whether or not they are capable or incapable of managing their own affairs.

3.6.3 If the patient is deemed to be capable, then any monies or valuables held by the Trust on their behalf should be returned to them. In exceptional circumstances, the Trust may continue to hold these monies/valuable if it is in the “Best Interest of the Patient”.

3.6.4 Where the patient is deemed to be incapable of managing their own affairs and is to be placed in Trust accommodation, then the Trust has a duty and obligation to ensure that any monies are properly administered for the benefit of the patient in accordance with Article 116 of MHO (NI) Order 1986 and Mental Capacity Act (NI) 2016.

3.6.5 Amounts required for the benefit of the patient may be sent directly to the Nursing /Residential Home on request.

3.6.6 Patients Property Book (PPP ADM) may be brought to Cash Office to release cash. The person receiving the cash must sign the book as evidence of receipt. Otherwise, all documentation must be sent to Finance Department for a cheque to be issued.

3.6.7 At weekends the Cash Office/Finance Department is closed and money will be sent to the patients’ home in the form of a cheque.

3.7 Deceased Patients

3.7.1 Facility/Ward staff must complete Notification of Death, PAT 2 form where a patient is deceased and has cash/valuables held in safekeeping. All matters regarding funds held should be referred to the Finance Department.

3.7.2 If a Will has been made, Finance Department require a certified copy of the will and/or Grant of Probate from the Solicitor before cash is released to Solicitor or Executor and a “Form of Indemnity” must also be completed.

3.7.3 If no Will has been made, the deceased has died “intestate”. If the value of the estate, after deduction of debts and funeral expenses is:

- < £20,000 then a “Form of Declaration” has to be completed by the Next of Kin before cash is released.
- > £20,000 then the Next of Kin, will have to apply for Letters of Administration before cash is released.

3.7.4 Where it is found necessary for the Hospital to make funeral arrangements, any expenses necessarily incurred are a first charge on the deceased patients’ estate. If any cash of the estate is held by the Trust, funeral expenses are deducted upon authorisation by the Director of Finance.

3.7.5 Where a Next of Kin makes the funeral arrangements, any expenses incurred may be paid from the deceased patients’ estate upon authorisation by the appropriate Director.

3.8 Incapable Patients

3.8.1 Patients or clients who are:

- Mentally disordered

- Confused or disorientated
- Unconscious
- Severely incapacitated for any reason

3.8.2 When a patient is deemed incapable of managing his/her own affairs and there are assets involved, the Office of Care and Protection should be notified by the Care Manager.

3.8.3 When appropriate, the Office of Care and Protection will appoint a controller to manage the patients' affairs. He/she will have authority to act in relation to the patients' property and affairs. When relevant documentation is received from Office of Care and Protection, Finance Department will release the funds in accordance with their instructions.

3.8.4 The Trust can administer monies and valuables, up to an agreed amount of £20,000 with the permission of the Office of Care and Protection and the Regulation and Quality Improvement Authority (RQIA).

3.8.5 A referral should made to the Office of Care and Protection where the total funds are £20,000 or more. The patients' funds should be paid to the Office of Care and Protection for lodgement in the Courts Funds Office. In exceptional circumstances, the Trust may be allowed to hold these funds.

3.8.6 Trust staff must not give permission for or assist in the making of Wills.

4.0 Patients' Property – Clients Living in the Community including Private Residential and Nursing Homes

4.1 Clients in the Community/Hostel/Nursing Home receive social security benefits which may include disability and housing benefits. Patients are expected to pay a charge to offset the running costs of their accommodation. The amount charged will depend on their income and savings/property.

4.2 Clients in the Community are encouraged to manage their cash without the need for staff to secure it for safekeeping. Clients are not encouraged to retain excessive amounts of cash in their accommodation or on their person and they are facilitated in this by visits to the bank, post office etc. when deemed necessary.

4.3 No member of staff should be involved in handling money or carrying out financial transactions on behalf of clients without the express permission of their Community/Clinical Service Manager or equivalent middle manager.

4.4 Before giving permission for members of staff to handle money on behalf of clients, Managers should consider:

i. Whether the client is capable of handling his/her own affairs;
ii. Whether a relative or friend could act as agent for the client;
iii. Whether the Safeguarding Vulnerable Adults policy should be involved because there is concern about financial exploitation so that appropriate action can be taken, including Guardianship if this is considered necessary to safeguard the interest of the client.

When all of the above has been considered, a decision to grant permission to the member of staff should only be given when there is evidence that the client is not capable of handling his/her own affairs, there are no relatives or friends to act as agents and/or guardianship is required.

4.5 In those exceptional cases where staff have no option but to deal with the clients monetary affairs, a Patient Property Request for New Account, PAT1 Form must be completed.

4.6 The staff member and line managers must ensure that all money is properly recorded and receipted. This must be in accordance with Trust policy as defined in the Trust's Standing Financial Instructions and stored in the office safe until transfer to the Finance Department.

4.7 Patients may request the release of monies for the purchase of items. The patient should be encouraged to request the minimum amount of money necessary for their day to day needs. Any requests for withdrawals of cash must be made by submitting an approved "Request for Withdrawal of Patients'/Residents'/Clients' Monies" Form PAT4

4.8 Receipts must be obtained for all transactions involving clients' money and these must be recorded in the casework file and co-signed by the relevant line manager.

4.9 It is envisaged that cases which fall into this category must be reviewed on a regular basis and at least every six months by Social Workers to ensure:

i. That this procedure has been appropriately followed;
ii. That the clients welfare is fully safeguarded and;
iii. That alternative arrangements which do not involve Trust staff carrying responsibility for client monies be explored and adopted if possible.

4.10 Finance staff will carry out a regular review of such cases to ensure the criteria are still met for handling monies for clients living in the community. See Corporate Appointee guidance.

4.11 Patients' balances will be sent out on a monthly basis.

5.0 Schedule of Delegated Authority

For the purposes of these transactions, the delegated authorities of staff are as follows:

i. Director – over £5,000
ii. Assistant Director – up to £5,000
iii. Community/Clinical Services Manager – up to £2,000
iv. Senior Social Worker or equivalent – up to £750
v. Social Worker or equivalent – up to £250

Please note if using an electronic signature to approve a payment then an email is required from the authorised officer to support the documentation.

NOTES

- PPP CHQ - Controlled stationery issued by Finance Department
- PPP ADM - Controlled stationery issued by Finance Department
- Patients' Property Petty Cash Book - Controlled stationery issued by Finance Department
- Subsidiary Receipt Book - Controlled stationery issued by Cash Office, AAH
- Patients Property Envelope - Catalogue item WPH000019 on eProcurement
- PAT1 FORM New Patient Account See appendices
- PAT2 FORM Death Notification See appendices
- PAT3 FORM Discharge Notification See appendices
- PAT4 FORM Request For Withdrawal Of Patients'/Clients' Monies See appendices

Western Health and Social Care Trust

PATIENT'S PROPERTY REQUEST FOR NEW ACCOUNT

Incomplete forms will be returned.

***All fields on this page are mandatory. Please ensure all details on this form are complete.**

CLIENT NAME:	
HOME ADDRESS:	
POSTCODE:	
DOB:	
NEXT OF KIN:	
RELATIONSHIP OF NOK:	
NEXT OF KIN ADDRESS:	
FACILITY/COMMUNITY:	
ADDRESS:	
POSTCODE:	
DATE OF ADMISSION:	
POC:	
NATIONAL INSURANCE NO:	
HEALTH CARE NO:	
HOSPITAL NO:	

IS THE CLIENT BEING PROPOSED FOR WHSCT CORPORATE APPOINTEE? Please tick as appropriate.

Yes ☐ **No** ☐

If yes, please ensure all sections of this form are completed.

If no, please ensure the Key Worker declaration is completed on page 4.

Internal Application for the Trust to become Corporate Appointee

SECTION A: Why Corporate Appointee is required (tick one box only):

Tick *Where:*	**Why PPP account is required:** *Client diagnosed as not having mental capacity to manage their own affairs:*
	Require Corporate Appointee for (Government/Social Security) benefits only.
	Require Corporate Appointee for (Government/Social Security) benefits. Client also has non-benefit income and / or other capital monies (e.g. savings) to be managed. **Please ensure questions 4 and 5 are completed.**

SECTION B: Trust to become Corporate Appointee (client does not have capacity)

Guidance notes for completing each section are on page 6-7.

**** Please tick as appropriate.***

1. Has the person been diagnosed as not having mental capacity to manage their own affairs / finances? See Appendix 1, Note 1 for guidance.
Answer: Yes ☐ No ☐

2. Does this client currently have a mobility vehicle or have any future plans to have a mobility vehicle? See Appendix 1, Note 2 for guidance.
Answer: Yes ☐ No ☐

3. Are there any other persons (e.g. family) or organisations (e.g. Supported Living facility) who can become Appointee? See Appendix 1, Note 3 for guidance.
Answer: Yes ☐ No ☐

4. Does this client have any assets (property, bank accounts etc.) and / or other income (i.e. not benefits)? See Appendix 1, Note 4 for guidance.
Answer: Yes ☐ No ☐ Unsure ☐

5. What assets (property, bank accounts etc.) and / or other income (i.e. not benefits) does the client have? See Appendix 1, Note 5 for guidance.
Action required ☐ No action required ☐ **Please provide details below.**

SECTION C: Further information

Please note, if the Corporate Appointee internal application is approved, details will then be required on the following:

- *Next of Kin – Please provide **written affirmation** from the NOK that they are in agreement for the WHSCT to act as Corporate Appointee. Also if the client has a Will; Client's funeral plan, please advise below.*

  Attach NOK evidence to this form

KEY WORKER DECLARATION:

I confirm that I will adhere to the most recent Patient Property procedures for this client, and that I will notify the Finance Department, via standard forms, in the event of the client's death or if the account is no longer required.

Please ensure the Patients Property Dept. is **notified in writing** of any change in the client's circumstances, including change of Social Worker supporting the client.

NAME:	
POSITION:	
SIGNATURE:	
DATE:	
WORK BASE (for correspondence):	
TELEPHONE/MOBILE NO:	

IF URGENT ACTION IS REQUIRED TO SAFEGUARD THE CLIENTS FINANCES PLEASE ENSURE THE ADULT SAFEGUARDING TEAM HAS BEEN CONTACTED.

Finance Department contacts:

Patient Property contacts- Admin Offices, Gransha	Aisling Duddy aisling.duddy@westerntrust.hscni.net Joanne Ward joanne.ward@westerntrust.hscni.net Yvonne Ferguson yvonne.ferguson@westerntrust.hscni.net	028 71 865282 (x 218315) (x 218334) (x 218271)
Appointee contact SLS & Community	Ingrid Canning (Capital Accounting, Gransha)	02871 860616 (x 218309)
Appointee contact R&N Homes	Jennifer Devenney (Financial Assessments, Omagh)	028 8283 3100 (x 234629)

Completed forms (and associated evidence) should be returned to the relevant Appointee contact and cc'd to the PP contact as above.

For Finance use only:

** Please delete as necessary.*

PP account approved:	**Yes / No ***
Date account opened:	
Approved by Finance Manager:	
Input by PP Band 3:	
Date input:	
PP Account Number Allocated:	
Bank details forwarded to Key Worker:	
Corporate Appointee approved?	**Yes / No ***
Corporate Appointee permanent or temporary arrangement?	**Permanent / Temporary ***
Date Key Worker advised:	
BF56 received from Key Worker (date):	
Name of Corporate Appointee (initially):	
Date completed BF56 sent to SSA:	
Date BF57 received back from SSA:	

FORM PAT 1 Guidance Notes

Note 1

Please provide (attach) a copy of the medical assessment (from Consultant/GP). If these reports are not available, please detail what report/evidence is available to determine that the client does not have capacity and attach this evidence.

Note 2

If answer is YES:

The Trust **cannot take on Corporate Appointee role** for this client as it cannot fulfil the Terms and Conditions of the lease on a mobility vehicle. Do not complete the rest of this form as this internal application for Corporate Appointee **cannot progress at this time.** Please contact the relevant Finance Department (contact details in Section C) if you require further advice.

If answer is NO:

Please proceed to question 3.

Note 3

If answer is YES:

Please provide detail of why these alternative options are not being progressed.

If answer is NO:

Please provide details of how you have determined that there are no other alternative options for the role of Appointee.

Note 4

If answer is YES:

If the client is in an Independent Sector facility (Nursing/Residential care home or Support Living facility) **or** living in their own home in the community, the Trust may take on Corporate Appointee for this client under Social Security legislation. This means that:

- The Trust deals with **only the benefits** the client is in receipt of, not any other capital, assets or other income; and
- An Article 107 referral to OCP may be required to deal with any other income or capital/assets. The Trust does not have legislative cover under Article 116 of the Mental Health Order (1986) to deal with these finances.
- It may not be appropriate for the Trust to become Corporate Appointee in these circumstances.

Please complete question 5.

If answer is NO: Application is now complete – Question 5 is not required.

If answer is UNSURE:

An Article 107 referral may be required to request a Certificate to investigate the client's financial affairs. Please ensure the relevant Finance Department is advised that this request has been made.

Note 5

Please provide full detail (with values) and any action required on each of the elements of the client's finances.

Western Health and Social Care Trust

PATIENTS' PROPERTY

DEATH NOTIFICATION FORM

PATIENT DETAILS

PATIENT NAME _____ H & C No. _____

ADDRESS _____ NAT INS NO. _____

_____ DATE OF BIRTH_____

_____ DATE OF DEATH _____

NEXT OF KIN DETAILS

NAME _____ RELATIONSHIP _____

ADDRESS _____ CONTACT NO _____

_____

_____

_____

SOLICITOR DETAILS

NAME _____ CONTACT NO. _____

ADDRESS _____

_____

SIGNED _____ BAND _____

DATE _____

SIGNED _____ BAND _____

DATE _____

PLEASE SEND COMPLETED FORMS TO:

PATIENTS' PROPERTY SECTION
FINANCIAL ACCOUNTING DEPARTMENT
ADMINISTRATION OFFICES
GRANSHA HOSPITAL
CLOONEY ROAD, DERRY, BT47 6TG

Western Health and Social Care Trust

PATIENTS PROPERTY

DISCHARGE NOTIFICATION FORM

PATIENT DETAILS

PATIENT NAME _____ H & C No. _____

ADDRESS _____ NAT INS NO. _____

_____ DATE OF BIRTH_____

_____ DATE DISCHARGED _____

IS THE PATIENT CAPABLE? YES/NO (DELETE AS APPLICABLE)

NEXT OF KIN DETAILS

NAME _____ RELATIONSHIP _____

ADDRESS _____ CONTACT NO. _____

_____

_____

DISCHARGE DETAILS

NAME _____ CARE MANAGER _____

ADDRESS _____ CONTACT NO. _____

_____

_____

SIGNED _____ BAND _____

DATE _____

SIGNED _____ BAND _____

DATE _____

PLEASE SEND COMPLETED FORMS TO:

PATIENTS' PROPERTY SECTION
FINANCIAL ACCOUNTING DEPARTMENT
ADMINISTRATION OFFICES
GRANSHA HOSPITAL
CLOONEY ROAD, DERRY, BT47 6TG

Western Health and Social Care Trust

REQUEST FOR WITHDRAWAL OF PATIENTS'/CLIENTS' MONIES

CLIENT DETAILS

FACILITY _____ DATE _____

P.P.P. ACCOUNT NO _____ BALANCE £ _____

CLIENT NAME (PRINT NAME) _____

AMOUNT £ _____

REASON FOR EXPENDITURE_____

_____

_____

(PLEASE ATTACH RECEIPTS IF AVAILABLE)

PAYMENT DETAILS

CHEQUE MADE PAYABLE TO _____

*POSTAL ADDRESS/HOLD FOR COLLECTION (*DELETE AS APPLICABLE)

_____

_____ POSTCODE _____

REQUESTED BY: (PRINT NAME) _____

*SIGNATURE _____ BAND _____

APPROVED BY: (PRINT NAME) _____

*SIGNATURE _____ BAND _____

ELECTRONIC SIGNATURES MUST BE SUPPORTED BY AN EMAIL FROM THE AUTHORISING OFFICER

APPROVAL LEVELS

1. DIRECTOR – OVER £5,000
2. ASSISTANT DIRECTOR – Up to £5,000
3. COMMUNITY/CLINICAL SERVICES MANAGER – Up to £2,000
4. SENIOR SOCIAL WORKER OR EQUIVALENT – Up to £750
5. SOCIAL WORKER OR EQUIVALENT – Up to £250