



The **Regulation** and
Quality Improvement
Authority

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

2012/13



Table of Contents

1.0	Introduction.....	3
1.1	The Regulation and Quality Improvement Authority.....	3
1.2	Monitoring of Patient Finances by RQIA in accordance with the Mental Health (Northern Ireland) Order 1986.....	3
1.3	Methodology.....	4
2.0	Findings.....	6
2.1	Key Findings.....	6
3.0	Conclusions	7
4.0	Recommendations.....	7
4.1	Recommendations for Health and Social Care Trusts.....	7
4.2	Recommendations for RQIA	7
5.0	Next Steps.....	9
	Appendix A – Wards Inspected as Part of 2012 -13 Review	10
	Appendix B – Specific Findings Relevant to Belfast Health and Social Care Trust.....	12
	Appendix C – Specific Findings Relevant to Northern Health and Social Care Trust.....	15
	Appendix D – Specific Findings Relevant to Western Health and Social Care Trust.....	16
	Appendix E – Specific Findings Relevant to South Eastern Health and Social Care Trust.....	18

1.0 Introduction

1.1 The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority (RQIA) is a non-departmental public body established under the provision of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. RQIA is responsible for providing independent assurance concerning the quality, safety and availability of health and social care services in Northern Ireland. Moreover RQIA endeavors to encourage improvements in the quality of services and to safeguard the rights of service users. The Mental Health & Learning Disability Team (MHLDT) undertakes a range of responsibilities for people with mental ill health and those with a learning disability, in accordance with the Mental Health (Northern Ireland) Order, 1986 (MHO).

1.2 Monitoring of Patient Finances by RQIA in accordance with the Mental Health (Northern Ireland) Order, 1986

Article 116 of the MHO outlines specific expectations in relation to the trusts' handling of patients' property as follows:

(1) Subjects to paragraphs (4) and (5), where it appears to a trust that any patient in any hospital or in any accommodation administered by it under the Health and Social Services (Northern Ireland) Order 1972 is incapable, by reason of mental disorder, of managing and administering his property and affairs, the trust may receive and hold money and valuables on behalf of that patient.

(2) A receipt or discharge given by a trust for any such money or valuables shall be treated as a valid receipt.

(3) Where a trust holds money or valuables on behalf of a person in pursuance of paragraph (1), it may expend that money or dispose of those valuables for the benefit of that person and in the exercise of the powers conferred by this paragraph, the trust shall have regard to the sentimental value that any article may have for the patient, or would have but for his mental disorder.

(4) A trust shall not receive or hold under paragraph (1) on behalf of any one patient without the consent of the RQIA money or valuables exceeding in the aggregate such sum as the Department may from time to time determine. (This sum was increased mid audit period on 10 September 2012 to £20,000 by the Department of Health, Social Services and Public Safety (DHSSPS)).

(5) Paragraph (1) shall not apply where a controller has been appointed in Northern Ireland in relation to the property and affairs of the patient.

The MHO also defines a role for RQIA in relation to oversight of patients' property at Article 86 (2) (c) (iv) in "preventing or redressing loss or damage to [patients] property";

RQIA is required to monitor the arrangements put in place by trusts to safeguard patients' monies. Specifically under Article 116(4) of the MHO, trusts are not permitted to receive or hold balances in excess of an agreed sum without the consent of RQIA. This sum was set by the Department of Health, Social Services and Public Safety at no more than £5,000 for any single mental health or learning disability patient, rising to £20,000 in September 2012.

The five Health and Social Care Trusts hold approximately £8.5 million on behalf of patients. There are approximately 500 MHLD patients with balances of £5,000 or more.

1.3 Methodology

To assist RQIA in discharging its statutory function in 2012/2013, set out under Article 116 of the MHO, we commissioned the Business Services Organisation Internal Audit Unit to conduct a review of MHLD patients' monies across four Health and Social Care Trusts.

The Southern Health and Social Care Trust (SHSCT) mental health and learning disability hospitals and Muckamore Abbey Hospital were excluded from the scope of this review as these facilities had been subject to internal audits commissioned by the respective trusts prior to this review.

Internal Audit testing sought to obtain assurances that trusts apply best practice in their management of patients' property and monies through:

- Compliance with DHSSPS Circular 57/2009 - Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes. This applies to all Health & Social Care (HSC) facilities including hospitals;
- Application of accounting policies as detailed in their Standing Financial Instructions (SFIs);
- Implementation of comprehensive local procedures; and
- Application of Standard 15 of the DHSSPS Nursing Homes Minimum Standards, 2005 (in so far as this can be applied to hospital patients).

The Internal Audit Team visited **21 wards** across four Trusts (Northern Health and Social Care Trust (NHSCT); South Eastern Health and Social Care Trust (SEHSCT); Belfast Health and Social Care Trust (BHSCT) and Western Health and Social Care Trust (WHSCT) as part of this review.

The wards visited as part of the audit are detailed in Appendix A.

The audit was undertaken from September 2012 to November 2012. A sample of 81 patient records was selected across all wards visited to review the following:

- Cash and valuables were held securely;
- Appropriate and complete income and expenditure records were maintained;
- All transactions in the audit period were appropriately recorded and supported by a receipt where necessary;
- Amounts received from finance departments were recorded and received intact and in full at the of the relevant wards;
- Expenditure recorded appeared to be reasonable;
- Regular checks had been undertaken by ward managers on patients' income and expenditure records to confirm that entries were dual signed and expenditure was supported by receipts, where necessary, and that patients' balance reports were received on a monthly basis from the finance department and reviewed by ward managers.

The review of documentation included:

- Availability of appropriate written procedures for the Handling of Patients' Private Property (PPP) and Cash;
- Staff access to and awareness of the procedures;
- Staff training in the application of the procedures;
- Records relating to group expenditure, where applicable, to determine whether the expenditure was appropriate and whether records were complete;
- Assessment of the system in place to ensure that all income had been appropriately recorded, receipted and lodged;
- Patients' Property Admissions books to ensure that these had been completed appropriately and promptly.

Testing was carried out at finance departments for the period of September 2012 to November 2012 to ensure that:

- All benefits due, (Income Support, Disability Living Allowance etc.) had been received intact and on time; and,
- Withdrawals / payments made were supported by official stationery / receipts, where applicable.

Internal Audit identified all patients for whom the trusts managed monies in excess of £5,000 who had been discharged or who had died during the period from June 2012 to November 2012 to ensure that:

- All valuables and monies held had been returned to them or their next of kin and that appropriate evidence was retained to demonstrate that the Trust had discharged their responsibilities appropriately.

2.0 Findings

2.1 Key Findings

Internal Audit identified the following key findings as a result of this review:

- Permission is not sought from RQIA requesting consent for trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient by any of the four HSCTs. This is required under Article 116(4) of the MHO.
- In all seven wards visited in the BHSCT, monies withdrawn from patients' accounts at the cash office by nursing staff for patients' use were not always recorded in cash record books at the wards and there was no evidence of receipt of these monies by patients. IAT was therefore unable to confirm that these monies were used appropriately.
- In the BHSCT, monies were still held for seven former patients who had been transferred to Private Nursing Homes. Amounts were paid over to the homes on request from the homes or by Social Workers. Checks had not been subsequently carried out to ensure that the patients received the monies paid to them or that the monies had been spent to make purchases on their behalf.
- Where group expenditure was in place, at two wards in two hospitals (BHSCT and WHSCT), a formal agreement to these arrangements by patients was not in place in nine of 14 instances.
- In one ward in the WHSCT, records of monies spent had not been maintained and at another ward in the WHSCT, cash held by staff for group spend purposes was not stored securely.
- Records of property/ valuables held for three patients at three facilities in the BHSCT did not correspond with items actually held.
- In four wards (SEHSCT and BHSCT) access to keys of storage units where patients' monies / valuables were held was not strictly controlled and in one ward, patients' monies and valuables were held in the drugs cupboard.
- Patients' Property admission books had not been completed at five wards in two hospitals (SEHSCT and BHSCT). At a further four wards in two hospitals (BHSCT and WHSCT) whilst the books had been completed, entries were not always signed by the patient and one staff member or by two staff members as per the relevant procedures.
- Transactions in patients' cash record books (mainly withdrawals) were not signed by the patient and one staff member or by two staff members as per relevant procedures in 211 of 576 transactions examined at BHSCT hospital visited. At three hospitals (WHSCT, BHSCT and SEHSCT), 36 instances of 192 transactions examined (19%) were noted where receipts for expenditure incurred on behalf of patients had not been retained.
- At 14 wards in four hospitals across all four trusts, there was no evidence of monitoring of patients' expenditure by managers through review of cash record books and / or patients' balance reports.

- In seven wards (WHSCT and BHSCT) it was noted that receipts had not been issued to patients' relatives where monies had been handed in for patients' use.
- Patients' Property accounts relating to 25 patients at one hospital (BHSCT) were reviewed. A total of 421 withdrawals were examined, and the following exceptions were noted:
 - In two instances (withdrawals of £60.00 and £5.00) corresponding receipts could not be located.
 - In one instance, a withdrawal of £300.00 from a patient's account was requested, approved and collected by the same staff member – this was recorded as monies withdrawn for Christmas shopping but receipts had not been retained.

3.0 Conclusions

On the basis of the findings from audit testing and subject to the control weaknesses noted below and in detail at Appendices B - E, the Internal Audit Team was of the opinion that Patients' Private Property in the Mental Health and Learning Disability units visited had generally been managed appropriately and patients' monies and valuables were being properly safeguarded. However, 13 control issues were identified and relevant recommendations have been made to the relevant trusts, to address these issues.

Internal Audit reported by exception only, and where no issues and recommendations are made, the result of the work undertaken indicated that the key objectives and risks were being managed and that procedures had been adequately adhered to.

4.0 Recommendations

4.1 Recommendations for Health and Social Care Trusts

Each trust was issued with a separate report of the findings relevant to their trust area, and asked to submit a robust plan to RQIA to address each of the identified control issues. The relevant Quality Improvement Plan findings for each trust are included at Appendices B – E.

4.2 Recommendations for RQIA

It is recommended that RQIA:

- Consider application from Trusts to hold money or valuables in excess of £20,000 (Revised limit by DHSSPS) for MHL D patients on an annual basis;
- Review the action plans submitted by each trust to address the lack control issues and ensure RQIA is satisfied that each trust provide adequate assurances in relation to the safeguarding of patients' monies;
- Provide consent where appropriate.
- Undertake further finance inspections.

5.0 Next steps

RQIA will undertake further financial inspections to MHLD wards in 2013/2014, to include the wards not part of this commissioned review, and will provide each Trust with a report of their findings.

RQIA will hold information events in each of the four trusts in June 2013 reviewed, to ensure that the findings and recommendations are widely disseminated and understood.

RQIA will continue to monitor the management of patient finances by the process of inspection as part of its statutory function in accordance with the MHO.

BSO Internal Audit Team and RQIA would like to thank the management and staff from WHSCT, NHSCT, SEHSCT and BHSCT for their assistance and co-operation throughout the review.

Appendix A

Wards Inspected as part of 2012-13 Review

No	Trust	Site	Number of Patients Sampled
1	Western Health & Social Care Trust	Cedar Ward, Gransha Hospital	3
2	Western Health & Social Care Trust	Carrick Ward, Grangewood, Gransha	3
3	Western Health & Social Care Trust	Evisk Ward, Grangewood, Gransha	1
4	Western Health & Social Care Trust	Strule Lodge, Lakeview Hospital, Gransha	5
5	Western Health & Social Care Trust	Beech Villa, Tyrone & Fermanagh Hospital	7
6	Northern Health & Social Care Trust	Holywell Hospital – Carrick 1	2
7	Northern Health & Social Care Trust	Holywell Hospital - Carrick 3	3
8	Northern Health & Social Care Trust	Holywell Hospital - Carrick four	8
9	Northern Health & Social Care Trust	Holywell Hospital - Inver 1	3
10	Northern Health & Social Care Trust	Holywell Hospital - Inver four	2
11	Northern Health & Social Care Trust	Holywell Hospital – Lissan 1	3
12	Northern Health & Social Care Trust	Holywell Hospital – Tardree	4
13	South Eastern Health & Social Care Trust	Downshire - Kilclief (Ward 27)	5
14	South Eastern Health & Social Care Trust	Downshire - Wards 28 /29 combined	7

15	Belfast Health & Social Care Trust	Knockbracken Hospital – Avoca	5
16	Belfast Health & Social Care Trust	Knockbracken Hospital – Clare	4
17	Belfast Health & Social Care Trust	Knockbracken Hospital - Continuing Rehabilitation Unit	7
18	Belfast Health & Social Care Trust	Knockbracken Hospital - Dorothy Gardiner Unit	4
19	Belfast Health & Social Care Trust	Knockbracken Hospital – Inishfree	3
20	Belfast Health & Social Care Trust	Knockbracken Hospital – Rathlin	1
21	Belfast Health & Social Care Trust	Knockbracken Hospital – Valencia	1

APPENDIX B

SPECIFIC FINDINGS RELEVANT TO BELFAST HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
WITHDRAWAL OF PATIENTS' MONIES	
2	278 of the 421 withdrawals sampled at Knockbracken Hospital were performed by one nurse and passed either directly to patients or used to purchase items on their behalf. Patients do not sign to evidence receipt of monies passed to them and these transactions are not always recorded in the patients' cash record books, transactions were generally low value and appeared reasonable. Receipts for items purchased on patients' behalf and any change, where appropriate, are not pursued by Cash Office staff. Any receipts that were returned to the Cash Office by nurses are not filed with the original cash request making them difficult to locate.
WITHDRAWALS FROM FORMER PATIENTS' ACCOUNTS	
3	<p>At Knockbracken Hospital monies belonging to 7 patients who had been discharged from the hospital to private nursing homes was still held in the Patients' Private Property account. It was noted that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amounts were transferred to the Homes from these accounts but there was no formal mechanism in place for requesting these e.g. in the case of one patient, a payment was requested by e-mail from the Home Administrator and for a second patient requests for payments were made by Trust Social Workers, at the Cash Office, using Trust withdrawal forms. <p>No checks are carried out at the Private Homes to confirm that monies requested are received intact by the former patients or used on their behalf.</p>
GROUP EXPENDITURE	
4	Group expenditure was in place at the Continuing Care Unit, Knockbracken Hospital. 4 from a sample of 10 group spends reviewed were not supported by receipts. All 4 were recorded as 'Chippy' and total cost was £180.00. No formal confirmation has been obtained from patients indicating that they have consented to the use of their funds for group expenditure. There may be a risk of future disputes over the use of patients' monies for group spend where patients' formal agreement has not been obtained.

No	Findings
SECURITY OVER PATIENTS' PROPERTY / MONIES	
5	<p>Property held for patients in the cash office at Knockbracken Hospital did not correspond to details recorded in the safe register in the following instances:</p> <ul style="list-style-type: none"> • A ring, an electoral ID card and a key listed in the safe register could not be located. • An ATM Card located in the safe was not recorded in the safe register.
6	<p>At the Continuing Rehabilitation Unit and Dorothy Gardiner Unit, Knockbracken Hospital, the keys to storage units used to hold patients' monies were kept on key racks in the offices and were accessible by all staff on duty increasing the risk of unauthorised access.</p>
PATIENT PROPERTY BOOKS	
7	<p>Patients' Property Admission books were not used at 4 of the sample of 7 Wards visited. This occurred at Clare, Inishfree, Dorothy Gardiner Unit and Valencia. At the Continuing Rehabilitation Unit the patients' property admission book was not signed by a staff member and the patient / next-of-kin or by 2 staff members in 45 from 141 instances (32%) examined. All 45 were signed by 1 staff member. This increases the risk of loss / misappropriation of patients' monies.</p>
CASH RECORD BOOKS	
8	<p>At Knockbracken Hospital, Cash Record Books relating to a sample of 25 patients were reviewed. 211 from 576 (37%) transactions were signed by 1 staff member only. 16 from 92 (17%) transactions related to expenditure that was not supported by a receipt. None of these were high value items.</p>
MANAGEMENT REVIEW	
9	<p>At all 7 Wards visited in Knockbracken Hospital, there was no evidence that the Ward Managers reviewed either the patients' cash record books or the Patients' Balance Reports. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.</p>
10	<p>Patient listings by Ward provided to Internal Audit by Finance staff at BHSCT was not up to date. Some patients had been transferred to other wards. This will impact on Ward Managers' ability to conduct a complete and thorough review of the reasonableness of account activity for patients in their wards.</p>
RECEIPTS	
11	<p>On occasions patients' relatives pass monies to ward staff for patients use. These monies should be officially receipted with a copy issued to the relatives. Receipt books were not being used at Avoca, Clare, Continuing Care Unit, Dorothy Gardiner Unit and Inishfree at Knockbracken Hospital. This increases the risk of misappropriation or loss of monies handed over for patients' use.</p>

No	Findings
PATIENTS' INCOME & EXPENDITURE RECORDS	
12	<p>Patients' Property accounts relating to the 25 patients sampled were reviewed. From a total of 421 withdrawals examined, the following 8 exceptions were noted:</p> <ul style="list-style-type: none"> ○ In 2 instances (withdrawals of £60.00 & £5.00) back-up could not be located. ○ In 1 instance the withdrawal of £300.00 from a patient's account was requested, approved and collected by the same staff member – this was recorded as monies withdrawn for Christmas shopping but no receipts were retained. In the remaining 5 instances, Cash Office staff had debited the wrong accounts. 4 related to one patient whose account was debited £10.00 on 4 separate occasions in error and 1 related to a client whose account was debited £8.00 in error.
13	<p>1 patient withdrew £20.00 from his account but Cash Office staff debited another patient's account in error. This was subsequently fixed after being flagged up by Internal Audit.</p>
14	<p>Nursing staff used the wrong forms to make withdrawals at the Cash Office on a significant number of occasions. There are 2 forms in use. 'Form 1' should be used by patients to withdraw monies themselves and 'Form 2' should be used by Nurses when withdrawing monies on the patients' behalf. This ensures traceability i.e. if Form 2 then an entry in the patients cash ledger would be expected.</p>
15	<p>Nursing staff at the Dorothy Gardiner Unit used photocopies of pre-numbered cash request forms several times i.e. serial no. 544 used was used 4 times and number 575 was used on 5 occasions. Audit trail is compromised where more than one copy of pre-numbered controlled stationery is used.</p>
PATIENTS' PRIVATE PROPERTY PROCEDURES	
16	<p>Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Avoca, Claire, Dorothy Gardiner Unit, Rathlin and Valencia, Knockbracken Hospital.</p>

APPENDIX C

SPECIFIC FINDINGS RELEVANT TO NORTHERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
MANAGEMENT REVIEW	
2	At 2 of the 7 Wards visited, there was no evidence that the Ward Manager reviewed the patients' cash record books or Patients' Balance Reports. This occurred at Inver 1 and Inver 4, Holywell Hospital. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
3	Staff at Carrick 1, 3 and 4, Lissan 1 and Tardree at Holywell Hospital have no involvement with patients' monies i.e. patients manage their own monies within the patients' property account and cash record books are not maintained. Ward Managers do not monitor patients' balances to ensure that account activity appears reasonable. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
PATIENTS' INCOME & EXPENDITURE RECORDS	
4	Staff at both Inver 1 and Inver 4 held cash for a number of patients in the Dangerous Drugs Cupboard rather than a safe. Patients' expenditure is recorded on the top copy of cash requisition sheets that are used to request the monies from the Cash Office rather than cash record books rather than on cash record books - this makes transactions more difficult to monitor.
5	15 from 347 (4%) withdrawals made by nurses on patients' behalves were not signed by the patients or 2 nurses as required when monies were taken to the wards. The risk of loss /misappropriation / loss is increased where 2 staff members do not witness transactions.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
6	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Carrick 1, 3 and 4, Inver 1 and 4, Lissan 1 and Tardree at Holywell Hospital.

APPENDIX D

SPECIFIC FINDINGS RELEVANT TO WESTERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
GROUP EXPENDITURE	
2	Group expenditure was in place at Beech Villa, Tyrone & Fermanagh Hospital and Cedar Villa, Gransha Hospital. At Cedar Villa specific records detailing monies spent as group expenditure for all patients were not maintained. Cash held for group spend at the time of the audit visit was £31.58 and this was held in a money bag in an unlocked drawer in the office. At Beech Villa receipts were not filed with expenditure records making it difficult to reconcile expenditure to receipts. Cash held for group spend at the time of the audit visit was £11.89 and was held in a money bag in an unlocked drawer in the office. There was no evidence that 2 from 7 patients in the sample had consented to the group spend arrangement.
PATIENTS' PROPERTY BOOKS	
3	At 3 of the 5 Wards visited, patients' property admission books were not always signed by a staff member and the patient / next-of-kin or by 2 staff members when belongings were handed over for safekeeping. At Carrick, 3 from 20 entries were signed by 1 staff member only. At Evish, 2 from 54 entries were signed by 1 staff member only. At Strule, 1 from 21 entries was signed by 1 staff member only and 1 was unsigned. This increases the risk of loss / misappropriation of patients' monies.
PATIENTS' INCOME & EXPENDITURE RECORDS	
4	Cash Record Books for a sample of 19 patients were reviewed. 49 from 1533 (3%) transactions noted were not appropriately signed, 40 were not signed and 9 were signed by only 1 staff member. 18 from 97 (19%) transactions related to expenditure that was not supported by receipts. This increases the risk of loss / misappropriation of patients' monies.
5	In 1 instance £300.00 was debited to the wrong patient's account in error.

MANAGEMENT REVIEW	
6	At 3 of the 5 Wards visited there was no evidence that Ward Managers reviewed patients' cash record books. This occurred at Cedar Villa, Beech Villa and Strule. At 2 of the 5 Wards visited there was no evidence that the Ward Manager reviewed Patients' Balance Reports. This occurred at Cedar Villa and Strule. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
7	Staff at Carrick and Evis, Grangewood have no involvement with patients' monies i.e. patients manage their own monies within the patients' property account and cash record books are not maintained. Ward Managers do not however monitor patients' balances to ensure that account activity appears reasonable. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
RECEIPTS	
8	On occasions patients' relatives pass monies to ward staff for patients use. These monies should be officially receipted with a copy issued to the relatives. Receipt books were not being used at Beech Villa, Tyrone & Fermanagh Hospital and Cedar Villa, Gransha Hospital.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
9	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Beech Villa, Carrick, Cedar Villa and Evis.

APPENDIX E

SPECIFIC FINDINGS RELEVANT TO SOUTH EASTERN HEALTH & SOCIAL CARE TRUST

No	Findings
MENTAL HEALTH (NI) ORDER 1986	
1	Permission is not sought from RQIA requesting consent for Trusts to hold balances of more than £5,000 for any single Mental Health and Learning Disability (MHL) patient. This is required under Article 116 of the Mental Health (NI) Order 1986.
SECURITY OVER PATIENTS' PROPERTY /MONIES	
2	At Ward 28/29 (combined), Downshire Hospital the key to the storage unit was kept in an unlocked drawer in the main office and was accessible by all staff on duty.
3	At Kilclief (Ward 27), Downshire Hospital an envelope containing \$50.00 (dollars) was found in the petty cash box at the time of the audit visit. The name of a patient together with a date (22/10/08) was recorded on the envelope. This patient is no longer resident on the Ward. Staff stated that they were unaware of the existence of this envelope. This money should have been lodged to the cash office for safekeeping
PATIENTS' PROPERTY BOOKS	
4	A patients' property book was not used at Wards 28/29 (combined), Downshire Hospital.
PATIENTS' INCOME & EXPENDITURE RECORDS	
5	Cash Record Books relating to the 12 patients were reviewed. 2 transactions were for expenditure that was not supported by receipts and no change was provided.
6	<p>In 6 instances patients' cash at hand did not agree with that expected as per cash record books.</p> <ul style="list-style-type: none"> <input type="checkbox"/> In 1 instance cash record book indicated a balance of £60.00 as at 02/07/12 - no cash was held. <input type="checkbox"/> In 1 instance cash record book indicated a balance of £56.31 but only £40.88 was held - a shortfall of £15.43. <input type="checkbox"/> In 1 instance cash record book indicated a balance of £45.00 but only £5.00 was held. <input type="checkbox"/> On 3 other occasions minor differences of £1.00, £1.50 and £2.00 were noted.

MANAGEMENT REVIEW	
7	At both Kilclief (Ward 27) and Ward 28/29 there was no evidence that the Ward Manager reviewed either the patients' cash record books or Patients' Balance Reports. The risk of misappropriation of patients' monies going undetected is increased where management reviews are not carried out.
8	Patient listings by Ward provided to Internal Audit by Finance staff at SEHSCT were not up to date. Some patients had been transferred to other wards. This will impact on Ward Managers' ability to conduct a complete and thorough review of the reasonableness of account activity for patients in their wards.
PATIENTS' PRIVATE PROPERTY PROCEDURES	
9	Patients Private Property (PPP) procedures (encompassing Cash Handling procedures) instruct staff how to deal with patients' valuables and cash. At all Trusts visited these policies were on the intranet and ward managers stated that all relevant staff were trained in their application during induction. However, evidence that all staff have read and understood these was not available at Kilclief (Ward 27) and Ward 28/29 (combined) at the Downshire Hospital.