

THE STATE HOSPITALS BOARD FOR SCOTLAND

PATIENTS FUNDS POLICY

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Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

Review 2024: No changes required to policy (evidence base checked)



Changes required to policy (evidence base checked)



Summary of changes within policy:

APPROVED

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1 INTRODUCTION

The State Hospital (TSH) is responsible for providing safe and secure custody of patients' income and property during a patient's residence and for transferring the patients' funds and property upon discharge from the Hospital. This policy is to ensure that patients' funds and property held by Finance/Patients' Bank are properly receipted, issued and managed in such a manner as to allow patients as much access to their funds as possible but to prevent unauthorised use.

As such, the Hospital must have adequate monitors to ensure controls are in place for the safeguarding and management of patient funds and possessions.

This policy should be read in conjunction with Section 16: Patients Property of the Hospital's Standing Financial Instructions and SP05 Patient Property Policy.

1.1 Legal Framework

This policy is drafted in accordance with the TSH's Board (the Board) Standing Financial Instructions, specifically paragraphs 1.1.1 to 1.1.4 (see extract below) and with the principles for discharging functions set out in section 1 of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Extract from Standing Financial Instructions:

- These Standing Financial Instructions (SFIs) are issued in accordance with the Financial Directions issued by the Scottish Ministers under the provisions of the National Health Service (Scotland) Act 1978, the National Health Service (Financial Provisions) (Scotland) Regulations 1974, Section 4, together with the subsequent guidance and requirements contained in The Health Act 1999, NHS Circular No 1974 (GEN) 88 and Annex, and NHS MEL 1994 (80) for the regulation of the conduct of the Board, its members and officers, in relation to financial matters they shall have effect as if incorporated in the Standing Orders (SOs) of the Board.
- These SFIs detail the financial responsibilities, policies and procedures to be adopted by the Board. They are designed to ensure that its financial transactions are carried out in accordance with the law and Scottish Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the Reservation of Powers to the Board and the Scheme of Delegation adopted by the Board.
- These SFIs identify the financial responsibilities that apply to everyone working for the Board. They do not provide detailed procedural advice. These statements should therefore be read in conjunction with the detailed departmental and financial operating procedures.

Statutory Instrument (1974) No 468 requires Finance Directors to design, implement and supervise systems of financial control and NHS Circular 1974 (Gen) 88 requires the Finance Director to:

- Approve the financial systems.
- Approve the duties of officers operating these systems.
- Maintain a written description of such approved financial systems, including a list of specific duties.

1.2 Appointeeship

As all patients are detained under the Mental Health (Care and Treatment) (Scotland) Act 2003 and are unable to act in terms of accessing their state benefits and communicating with Department for Work & Pensions (DWP). Named persons within the Finance Department of TSH will in the main be the patients' appointee in relation to the above. Appointeeship is revoked upon the patient being discharged or transferred from the Hospital.

2 SCOPE

All transactions in the Hospital where patients' property, allowances and income are handled, processed and purchased require compliance with national legislation, DWP guidance and the Hospital's Standing Financial Instructions.

Where patients are deemed to be incapable of managing their financial affairs, the Adults with Incapacity Policy (CP07) applies and dealt with under [Adults with Incapacity \(Scotland\) Act 2000: principles](#)

Annual audits will be carried out on patient funds and possessions by internal and external auditors.

Monthly reconciliations are carried out on patient funds bank accounts & reconciliations of DWP benefits.

3 PRE ADMISSION

As part of the initial assessment process, Social Work staff, in consultation with the relevant Local Authorities will gather information on financial assets (including joint assets), benefits and whether the patient has a Continuing Power of Attorney (CPOA), Financial Guardianship or Appointee. Social work staff will also seek clarification from the Local Authority Mental Health Officer on capacity issues and pass this information on to Finance and patient's RMO.

Where patient refuses to disclose financial information at this point, this will be reviewed at a later date during the interview with the patient by the Patients' Finance Officer as part of the claim for DWP benefits process.

4 PATIENTS' FUNDS PROCEDURE

a) Patient Admission - Finance/Patients' Bank Procedure

Upon admission to the Hospital, the Patient Funds Officer will create a personal cash account within the Patients' Funds system (Trojan) for the patient.

- The patient's account will be credited with a weekly allowance (£20.15 as at April 2015) until claims to DWP benefits have been decided. If a patient fails the DWP Habitual Residency Test (no right to reside) then any payments made to the patient will be at the discretion of the Chief Executive Officer.
- Any property (e.g. birth certificate, passport, bank cards) held by the Finance Department or Patients' Bank must be recorded on the patients' funds account Property Section within Trojan.
- Patients admitted to the Hospital under Section 136 (TTD) of the Mental Health (Care and Treatment) (Scotland) Act 2003 are not entitled to claim DWP benefits, however they will still be paid a weekly allowance (£20.15 as at April 2015). This is then claimed back on a monthly basis from the Scottish Government Health Department.
- Within a week of being notified of a patient's admission the Patient Welfare/Finance Officer will contact the ward and arrange a suitable time to meet with the patient (see Appendix 2 Patient Welfare/Finance Officer – Patient's Benefit Interview Checklist).
- A benefits template form will require to be completed to allow a claim for Universal Credit to be submitted. Universal Credit applications are now done by telephone by the Patient Welfare Officer on the patient's behalf or if the patient has been transferred from another hospital

Employment Support Allowance may be continued and only a Change of Circumstances Form requires to be completed.

- If the patient was in receipt of Disability Living Allowance (DLA), the Patients' Finance Officer will contact DWP DLA section to advise them of patient's admission to the Hospital. There are currently 4 benefits payable by DWP that patients may be entitled to (Universal Credit, Employment & Support Allowance, State Pension and Pension Credit). The rates of these benefits also vary and depend on several factors, e.g. age, whether there is a disability, national insurance contributions, amount of savings. DWP benefits are paid directly to the Hospital's bank account for patient funds normally on a weekly, fortnightly or monthly basis. See flowchart on Appendix 1.
- As part of the initial meeting with the Patient Welfare/Finance Officer the patient will be asked if he currently has anyone dealing with his financial affairs or assets. If the patient confirms that he does, the Patient Welfare/Finance Officer will ask the patient whether he wishes this person to continue to be his appointee or whether he wishes the Hospital to act as appointee for the purpose of receiving state benefits. If the patient wishes the Hospital to act as the appointee, the Patient Welfare/Finance Officer will contact the appointed person dealing with his finances or assets with regards to them contacting DWP to relinquish their responsibility.
- If the patient does not have anyone dealing with their finances or assets the patient will be advised of the following options with regards to their financial affairs:
 - Setting up an appointee (relative or friend can be nominated to receive their DWP benefits on their behalf).
 - The Hospital being the appointee for the purpose of receiving state benefits and paying these over to the patient.
 - Power of Attorney or Continuing Power of Attorney (the patient must be able to make decisions and would have to decide whom he wishes to act as Power of Attorney and what powers they should have with regards to financial issues only). This will incur a cost which the patient will require to pay.
 - Financial Advisor (only appropriate if the patient has sufficient assets likely to be in excess of £10,000).

Patients can contact Advocacy for a list of contacts for Solicitors and Independent Financial Advisers (IFA's).

b) Patient Admission - Social Work Procedure

Prior to admission, Social Work staff may be able to gather information regarding any property (either rented or owned) and will liaise with the relevant local authority's Social Worker and Mental Health Officer regarding any arrangements which the local authority or relevant others such as Power of Attorney, Solicitor, Named Partner have in place to manage property or other financial assets.

c) Patient Admission - Security Procedure

- When a patient is admitted, the Security Operator will be responsible for detailing the patient's personal possessions in a Patient Property Log ensuring that prohibited items are recorded separately on a Prohibited Items Log.
- Valuables (e.g. bank cards, cash, bank books, documents) will be recorded on a Valuables Patient Property Log upon admission and forwarded to the Patients' Bank for recording and safekeeping until the patient is discharged or transferred. Jewellery or other valuable items should be recorded in detail on the Patient's Property Log (Valuables).
- Where the patient has identified that there is a 3rd party dealing with their finances and assets, these will be forwarded to them.

d) During Patient's Residence - Finance/Patients' Bank Procedure

- When the claim to DWP benefits has been decided, DWP send a letter to the Finance Department detailing the benefit, weekly amount and date payable from.
- The Patient Welfare/Finance Officer then calculates how much the patient is due and deducts the initial weekly allowance paid. Any arrears are paid to the patient's personal account within the Trojan system.
- Every month the Patient Welfare/Finance Officer reconciles the amount of benefit that the Hospital has paid to the patient against the amount of benefit received from the DWP. It is not unusual for there to be anomalies which are investigated. When the difference relates to timing of the amounts reimbursed to TSH from DWP, the balance is carried over to the next month.
- Where the reconciliation shows that there has been an underpayment to the patient, the patient is then paid the amount due direct to his patient funds account.
- The Patients' Bank, situated in the Skye Centre will deduct all authorised patients' expenditure from the patient's account. Some examples of patient's expenditure are takeaway meals, postages, telephone calls, external purchases, spectacles, cheque requests, cash withdrawals and cash for visitors.
- Patients are not allowed to carry cash out with the Skye Centre when they withdraw cash from the Patients' Bank for spending in the shop. Any change is returned to the Patients' Bank with the shop receipt for lodging back into the patient's account.
- The Finance Department will ensure that all deposits received for the patients are entered onto the Trojan system into the patient's bank account.
- External bank accounts can be opened for patients who wish to have this service. Currently we are restricted to opening accounts for patients at the National Savings & Investment bank (NS&I). This is due to necessary evidence that some banks need to check e.g. utility bills and photographic evidence that patients are unable to supply. These bank accounts are held in the patient's name only. The NS&I accounts are postal accounts and the patient will receive a statement from NSI after every transaction.
- Patients can request to have regular amounts transferred from their patient funds account to their external bank accounts by contacting their key worker in the first instance who will then complete the necessary paperwork.
- No member of staff, including Finance staff is allowed to give financial advice on investments to patients. Should a patient require financial advice, he will be provided with a list of registered Financial Advisors.
- Upon notification of the death of a patient, all accounts for that patient will be frozen and Appendix 11 of the Palliative and End of Care Policy and Procedure (CP49) will be applied.
- There is a cash deposit box within the Carer's Reception transfer waiting area where relatives/friends can deposit cash. They require to complete the details on the special numbered security envelope supplied, put the cash inside the envelope, seal and deposit the envelope in the appropriate box. A tear off slip can be detached and kept by the relative/friend as receipt of the envelope being deposited. The envelopes are uplifted at least 3 times a week by two members of the Finance Department who are then responsible for checking and depositing the amount to the patient's account.

- Alternatively, cheques may be posted direct to the Finance Department as long as there is a note detailing the name of the patient who is to be credited with the amount. Patients are encouraged to advise anyone sending money to them to refrain from sending cash in the post.
- Patients who wish to purchase items from the therapy departments can do so. Payment is made direct from their patient funds account on the receipt of an invoice from the appropriate department.
- Patients may request cash to be given to a relative when visiting or cash may be required for a patient's outing. The ward staff should complete an Emergency Ward Cash request form which should be sent to the Patients' Bank within the required 3 day timescale. The money will be taken direct to the ward on the nearest day to the date requested so that cash is not lying in the ward unnecessarily.
- If the form is received less than the required 3 day limit, the ward requesting the cash may require to uplift the cash direct from the Patients' Bank.
- The Patient Welfare/Finance Officer is responsible for informing DWP when a patient's savings exceed the savings limit set by DWP as any savings in excess of this limit reduces the amount of benefit payable. Currently the savings limit for Pension Credit is £10,000 and for Employment Support Allowance (Income Related) the limit is £6,000.
- All balances held on behalf of patients are held in a bank account with the Royal Bank of Scotland. The bank interest received on this account is apportioned quarterly to individual patient's accounts, on the basis of average balances over the period.
- Overdrawn balances on patient's accounts are reviewed monthly and appropriate action is taken to ensure that arrangements are made to regularise the situation.

e) During Patients' Residence - Ward Procedure

- Patients can request their account balance or a statement of their account from a member of the nursing staff.
- Patients can request withdrawals from their external bank accounts by requesting this through a member of nursing staff who will complete the necessary paperwork. The Patients' Bank has withdrawal forms for the NS&I account's only and patients can request these forms from the Patients' Bank staff.
- No cash is allowed to be handed in at wards from patient's relatives & friends as there are arrangements in place for depositing of cash. Patient's visitors wishing to deposit cash should be directed to the Visitors Deposit Box in the Carers Reception transfer waiting area.
- If cash is received in the post, the ward must complete a special envelope "Ward Deposit" which should be signed by two nursing staff. The nursing staff should then contact Finance to have the envelope uplifted. The Finance staff uplifting the envelope will check the contents of the envelope before signing the form held in the ward.
- Patients may request cheques to be raised from their account. The ward will complete the Cheque Request Form which should be signed by both the patient and Charge Nurse or Senior Charge Nurse or Lead Nurse.
- Where the withdrawal request is for more than £500 this must be discussed by the Clinical Team and the date of the clinical team meeting that this decision took place must be recorded on the Cheque Request Form as well as the signature of the Lead Nurse or RMO.

- If there have been more than 4 cheque requests over £500 for a patient within a month, Finance will alert the relevant ward for this to be addressed by the Clinical Team.
- When a patient requires cash, for outings or is discharged, the Senior Charge Nurse or Charge Nurse will send an Emergency Ward Cash / Rehabilitation Form to the Patients' Bank at least 3 days prior to the date of the outing/discharge. If insufficient notice is given to the Patients' Bank, the ward may have to collect the cash from the Patients' Bank.
- Where withdrawal requests or outside purchase requests are for children, the Child Protection and Child Contact Policy and Procedures should be referred to.
- Escorting staff should refer to the Suspension of Detention Policy when handling patient's cash.
- The ward will notify the Patients' Bank as soon as possible by e-mail on the death of a patient.
- Notices disclaiming liability for loss or theft of property, unless deposited and an official receipt obtained should be prominently displayed on all wards, Carers Reception, Family Centre and Skye Centre.
- Should a patient request to set up a will the ward should contact Advocacy who will assist the patient.
- If the patient has a will or a funeral plan in place, this requires to be notified to Patient Funds so that it can be recorded on the patient's file.

f) Patient Transfer or Discharge - Finance/Patients' Bank Procedure

- Senior Charge Nurse (or delegated nursing staff) is responsible for notifying Patient Funds Officer of intended discharge/transfer date as soon as possible, preferably 7 days prior to discharge. Upon notification that the patient has been transferred or discharged, the Patient Welfare/Finance Officer will inform DWP that the patient has been transferred or discharged and that the Hospital relinquishes its rights of appointeeship.
- The Patient Funds Officer / Patient Welfare/Finance Officer may withhold sums of monies until all expenditure has been applied to the patients account. This can be for a period of up to 2-3 weeks as some expenditure is only notified to patient funds on a monthly basis.
- When all expenditure has been deducted from the patient's account the Patient Funds Officer will forward all balances in the patient's account to the patient or patient's representative's forwarding address as well as any property that has been held securely for the patient at the Patients' Bank.
- An indemnity form will be sent to the patient or patient's representative with the monies and property which should be signed, dated and returned to TSH Finance Department by the patient or patient's representative.

g) Patient Transfer or Discharge - Ward / Social Work Procedure

- Where it is decided at a CPA meeting that a patient is to be transferred or discharged, the Senior Charge Nurse (or delegated nursing staff) will inform the Patients' Funds staff of the discharge date as soon as possible by e-mail or a telephone call not less than 7 days prior to discharge date.
- Ward Staff are responsible for forwarding the patient's personal possessions held in the ward on to the patient or patient's representative.

- Ward staff will arrange for the patient to complete a Consent Form - Release of financial information and return this to Patient Funds, Harris. (The only details that will be disclosed are the name of the bank where savings are held).

5 PATIENTS' POSSESSIONS PROCEDURE (INCLUDING VALUABLES)

Finance will normally hold all patients' financial and personal documents including bank cards, birth certificates, bank books, gift vouchers.

Patient's possessions include any clothes, valuables or non-perishable goods brought into the Hospital by the patient, patient's family and friends, or bought by the patient while they are resident within the Hospital.

a) Finance/Patients' Bank Procedure

- Any property held by the Finance Department or Patients' Bank must be recorded on the patient's funds account Property Section within Trojan.
- Property held at the patients' bank is to be checked against the Trojan report: New Patients' Property report at least twice a year.
- When the patient is discharged from the Hospital, all property that has been held at the Patients' Bank for the patient will be sent by recorded delivery to the forwarding address previously given. An indemnity form will be sent to the patient or patient's representative with the property which should be signed, dated and returned to TSH Finance Department.

b) Ward Procedure

- A log of patient's possessions will be completed by the Security Department on a patient's admission to the Hospital. Any prohibited items will be held within the Security Department. The terms "gold", "silver", "diamond", etc must not to be used to describe property or valuables. The descriptions "yellow metal", "white metal", "white stone", etc shall be used. Patients are limited to 5 boxes (each box having a storage capacity of 40 litres) of property that can be held in storage within the hub. Each patient will also have a limit to the amount of property he can store in his room, detailed within his room.
- Ward staff should check whether relevant policies may apply in relation to patients' possessions (e.g. Patients' Mail, Keeping Children Safe, Stores and Purchasing).
- Any financial possessions or formal personal documents e.g. bank card, birth certificate, drivers licence, passport) received upon admission must be forwarded to the Patients' Bank for recording and safekeeping.
- The patient's property log will be transferred with the patient if the patient is transferred to another ward. The receiving Senior Charge Nurse is responsible for ensuring that the log is correct on transfer, however this may be delegated to other ward staff.
- The log will be updated as new goods are acquired by the patient. This is the responsibility of the Senior Charge Nurse, however may be delegated to other ward staff.
- The patient's log must be checked by 2 nursing staff in the ward to ensure all possessions are accounted for on a 6 monthly basis. After the check has been completed, the log must be signed and dated by the 2 nursing staff and the patient. Prohibited items held within Security will be checked on a yearly basis and signed by 2 Security Operators.

- Any discrepancies should be noted - additional items found added to the log and missing items recorded on the [Patient Property Loss Form](#) available on the Intranet.
- Patients should sign the property log as confirmation that all their property has been included.
- Records will be retained on the ward.
- Any loss or damage to patient's possessions will be reported by the patient to ward staff. The Senior Charge Nurse will ensure appropriate action takes place as per the Patients' Property Policy which is available on the Intranet.
- When the patient is discharged or transferred from the Hospital, all property held for the patient should be sent by Ward Staff to the patient or patient's representative forwarding address as soon as possible after discharge. If the quantity of property is substantial, this will be sent by a carrier.
- Checks will be carried out annually by Internal and External Audit on patients' possessions and wards must allow access to auditors to enable these checks to be completed.

6 PATIENTS' PRIVATE PURCHASES

Patients may wish to purchase items from supplier's outwith the Hospital shop and the Hospital has arrangements in place for this.

a) Ward Procedure

- The patient will make the request to the ward staff who will check the item requested complies with e.g. Security Policies, Child Protection Summary and Child Contact Policy and that the patient has sufficient funds to pay for the goods.
- If the patient has sufficient funds, ward staff will complete a Patient Purchase Requisition Form, including the Health & Safety section. Where the price of the item is unknown, ward staff should indicate on the form the maximum amount the patient wishes to pay for the item. The form is to be signed by the patient and Charge Nurse / Senior Charge Nurse / Lead Nurse who will then forward to Procurement for them to purchase the goods.
- Where forms are not fully completed, Procurement will return the forms to the relevant ward.

b) Procurement Procedure

- The value of the goods will be added to the Patient's personal account in Trojan as a "commitment" initially and then when the purchase order is created this will then show as an "order" against the patient's balance.
- Goods will be delivered to the Stores who will then create a goods receipt in the Trojan system. Stores will then deliver the goods to the ward who will sign for the receipt of the goods.
- Electrical goods purchased require to be tested by estates staff prior to delivery to the wards. Procurement will advise Estates when electrical items are received and testing will be completed within 5 working days.

c) Finance / Patients' Bank Procedure

- On a daily basis the Patient Funds Officer will obtain a report from Trojan on all the goods that have been received and will then apply the charge to each of the patients who ordered the goods. The value of the goods supplied will be deducted from the patient's personal account.
- Any delivery and administration charges will be charged to the patient who ordered the goods.
- If a patient returns goods, the patient will be refunded by the Patients' Bank once the Hospital has received the refund from the supplier. There may be administration charges charged by some suppliers for returns, which will be charged to the patient by Patients' Bank staff.

7 PATIENTS' DENTAL AND OPHTHALMIC TREATMENT COSTS

Patients may require or request the services of a Dentist or Optician which the Hospital will provide however costs may be borne by the patient for the treatment provided. Only NHS treatment is free for patients and anything outwith NHS treatment will therefore be chargeable to patients.

Some patients may be able to claim assistance to help pay for the treatment in the form of a refund from NHS Scotland.

NHS Scotland leaflet HCS2 "A Quick Guide to Help with Health Costs" details who qualifies for help and how much can be claimed back.

8 GAMBLING

Gambling, gaming, wagers and betting, involving patients in TSH is not allowed which also includes other people (including visitors) placing bets or gambling for patients. This is to ensure that TSH complies with its legal obligation in relation to The Gambling Act (2005).

The Gambling Act (2005) defines Gambling as:

- a) **Gaming:** playing a game of chance for a prize which includes:
 - A game that involves both an element of chance and an element of skill.
 - A game that involves an element of chance that can be eliminated by superlative skill.
 - A game that is presented as involving an element of chance, but does not include a sport.
- b) **Betting:** making or accepting a bet on:
 - The outcome of a race, competition or other event or process.
 - The likelihood of anything occurring or not occurring.
 - Or whether anything is or is not true.
- c) **Lottery:** participating in a lottery
Further definitions include a Betting Intermediary who is:
 - A person who provides a service designed to facilitate the making or acceptance of bets between others.
 - Providing facilities for betting.

In relation to the Law, acting as a betting intermediary without a licence would be considered an illegal act, and individuals who engage in the facilitation of illegal betting risk up to six months imprisonment and or up to a £5,000 fine, (this being specific to Scotland).

- d) **Remote gambling:** In the Act "remote gambling" means gambling in which persons participate by the use of remote communication.

Remote communication means communication using:

- The internet.
- Telephone.
- Television.
- Radio.
- Any other kind of electronic or other technology for facilitating communication.

Money from patients' accounts must not therefore be withdrawn or transferred for the purpose of gambling or betting.

8.1 Exceptions - Non Commercial Gaming

The Gambling Act identifies that there are exceptions and identifies which can be applied to non-commercial gaming events. This allows TSH to provide limited value prizes for patients who participate in activities so long as there is no profit made from the activity by the aggregate of amounts paid by way of stakes.

8.2 The State Hospital Position

Taking account of the legal position, TSH will therefore allow the organising and running of events such as bingo or sweepstakes such as the Grand National or World Cup, etc where the event is organised and overseen by staff to ensure fairness of application. No stakes will be taken for participation and any prizes, which will be of a limited value (not exceeding £10) will be supplied by the Hospital.

9 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and/or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation/translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith/religion/beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers/Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and/or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and/or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

10 STAKEHOLDER ENGAGEMENT

No changes were required to the policy; therefore, stakeholder engagement was not necessary for the 2024 review.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
Carers	N/A
Volunteers	N/A

11 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin.

The Person Centred Improvement Service will facilitate communication with Patients, Carers and Volunteers.

The Audit Committee (Policy Advisory Group) will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

APPENDIX 1: FINANCE PROCEDURES - DWP PATIENTS BENEFITS

FINANCE PROCEDURES - DWP PATIENTS BENEFITS

BENEFITS ON ADMISSION

Patient allocated Hospital account and paid Pocket money weekly by TSH.

Patient Welfare/Finance Officer will visit patient to complete Universal Credit application form to claim from admission date. This is then taken to The Department for Work & Pensions (DWP) office in Lanark.

Following DWP's acceptance of claim, benefit will be paid directly into the Hospital bank account. This can take up to 6 weeks. The payment of the weekly Pocket Money will cease on receipt of the benefit and the patient will be paid the appropriate benefit to his Hospital bank account.

Patient Welfare/Finance Officer will complete monthly benefit reconciliation. Patient's account will be credited with any outstanding monies due.

BENEFITS ON TRANSFER

An Emergency Ward Cash form should be completed at least 3 days before cash is required so that funds are available for the patient to take with him. The form is to be signed by patient & Charge Nurse/ senior Charge Nurse / Lead Nurse and sent to Patients' Bank.

Upon notification by the ward staff that patient is being discharged or transferred, the Patient Welfare/Finance Officer sends a letter to DWP to relinquish responsibility for patient and request that any monies due to leaving date be paid to the Hospital.

Patient Welfare/Finance Officer will complete monthly benefit reconciliation. Any benefit monies due to the patient will be forwarded. This can take 4-6 weeks dependant on when funds are credited from DWP.

Patient Funds Officer will forward to patient or patient's representative any outstanding balance from patient's Hospital account after ensuring that all deductions have been made (e.g. newspapers, takeaway meals, phone calls). This will be completed within 4 weeks of patients discharge date.

APPENDIX 2: PATIENT WELFARE/FINANCE OFFICER - PATIENT'S BENEFIT INTERVIEW CHECKLIST

PATIENT WELFARE/FINANCE OFFICER - PATIENT'S BENEFIT INTERVIEW CHECKLIST

	Tick
Phone ward within 1 week of patients admission.	
Patient asked if anyone else dealing with financial affairs.	
Universal Credit – application form to be completed and signed by patient – claim then phoned to DWP and corporate appointee form etc taken into DWP offices in Lanark.	
Employment & Support Allowance can be continued if patient is already receiving this (ie transferred from another hospital) – change of circumstance letter only required.	
DLA section contacted (where applicable).	
Patient advised of options with regards to their finances (see * below).	

* Options for patients' with regards to their finances

- The Hospital being the Corporate Appointee to deal with their DWP benefits.
- Nominating a relative or friend to be appointee to receive their DWP benefits on patient's behalf.
- Power of Attorney or Continuing Power of Attorney (patient must be capable of making decisions and they would have to decide who they wish to make Power of Attorney and what powers they were to have in relation to patients finances). **This will incur a cost to the patient.**
- Appoint a Financial Advisor (only appropriate where patient has sufficient assets likely to be in excess of £10,000). **This will most likely incur a cost to the patient.**
- If a patient is deemed to be incapable of managing their own financial affairs, then the Adults with Incapacity Policy will apply.