



# C-1

## **PATIENTS' PRIVATE PROPERTY AND FINANCES**



## **NATIONAL FINANCIAL REGULATIONS**

Version 2023.1  
Effective 31 January 2023

This policy covers:

- the types of Patients' Private Property (PPP) which the HSE can handle
- guidance on managing the PPP while under the care of the HSE
- guidance on how and when to access a client's Capacity and Consent

Ideally, you should read this document online as we link to other guidelines you also need to know. Additional accessibility functions are also available such as the interactive Table of Contents where you can click on any section of the table and be brought directly to that content. While browsing the document, you can click the button at the bottom of the page at any time to return to the Table of Contents.

To help you take note of these links and other features of this policy, we use the icons below.

### C-1 ICON SET



Highlighting Important Information



Download Form



Contact Details or Connection Point



Legal Reference

**Who needs to read this policy?**

The National Financial Regulations apply to all staff in all divisions, CHO's and Hospital Groups where services are provided on behalf of the HSE. This includes permanent, temporary and agency staff. Equivalent controls should also be implemented by Section 38 and Section 39 providers where services are being provided on behalf of the HSE or where HSE grant aid funding is being received.

**How we keep the policy up to date – and how you can help**

There is a change control process in place for the NFR documents to ensure they are kept up to date with current practice and guidelines. All change control requests and feedback should be submitted using the [change control form](#).

**If you have to create a local procedure document**

If you are responsible for developing a local procedure document, you might find the following resources useful:

- the [key control checklist](#) on [page 40](#) as it lists required key controls which you must have in place
- a [sample local procedures template](#)

**Frequently Asked Questions (FAQs)**

You can find answers to some of the most common queries related to the NFRs on our [FAQs page](#) on the HSE website.

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## At a glance

Document at a glance	
<ul style="list-style-type: none"> <li>Patients' Private Property (PPP) in the care of the HSE is the property of the client.</li> <li>This document sets out what property the HSE can and should oversee on behalf of the client.</li> <li>Compliance with this document and its controls will help protect the client and the HSE.</li> <li>Provides clear understanding of the legal position in respect of capacity and consent.</li> </ul>	
Key users	Key concepts
<ul style="list-style-type: none"> <li>All staff employed by the HSE who deal with PPP.</li> <li>All staff employed by an agency contracted by HSE under a Service Arrangement who administer PPP.</li> </ul>	<ul style="list-style-type: none"> <li>Responsibilities.</li> <li>PPP.</li> <li>Client Capacity.</li> <li>Services provided to clients.</li> <li>Legally Appointed Representative (LAR).</li> </ul>
Key objectives of this document	Key relevant links
<ul style="list-style-type: none"> <li>We inform staff about their roles and responsibilities relating to PPP.</li> <li>We provide clear steps to enable the delivery of a proper service to clients which recognises to the maximum extent possible their ability to self-determine.</li> <li>We give a clear understanding on the legal position in respect of a client's capacity and consent.</li> <li>We ensure the HSE fulfils its duties correctly on behalf of clients.</li> <li>We enable the safeguarding of clients' property.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HIQA and Mental Health Commission National Standards for Adult Safeguarding</a></li> <li><a href="#">National Standards for Residential Care Settings for Older People in Ireland</a></li> <li><a href="#">National Consent Policy</a></li> <li><a href="#">Health (Repayment Scheme) Act, 2006</a></li> <li><a href="#">Mental Health Act, 2001</a></li> <li><a href="#">Assisted Decision-Making (Capacity) Act, 2015</a></li> <li><a href="#">Protected Disclosures Act 2014</a></li> <li><a href="#">Part 14 of the Health Act 2004, as amended by the Health Act 2007</a></li> </ul>
Key contacts	
<ul style="list-style-type: none"> <li>PPP Central Unit Queries - contact <a href="mailto:pppcentralunit@hse.ie">pppcentralunit@hse.ie</a>.</li> <li>HSE Authorised Person for Protected Disclosures Queries - contact <a href="mailto:protected.disclosures@hse.ie">protected.disclosures@hse.ie</a>.</li> <li>Governance and Compliance Queries - contact <a href="mailto:govn.compliance@hse.ie">govn.compliance@hse.ie</a>.</li> <li>Safeguarding Queries – <a href="#">contact your local Safeguarding and Protection Team</a></li> </ul>	

## 1. Introduction

This document sets out guidance in relation to how the HSE provides a service to care for a client's private property, referred to as 'Patients' Private Property' (PPP).

**PPP is not HSE property** and the HSE has a duty to ensure client funds held by the HSE are safeguarded for the direct benefit of the client.

Neither the HSE nor its staff may profit in any way from the use or administration of PPP.

It is important that you are aware of the key controls and procedures relevant to you and the support materials and contacts that are available to help you in your work.

We have included a [glossary of terms](#) and [table of acronyms and abbreviations](#) on pages 38 and 40 respectively. You may find it helpful to refer to it as you read.

## 2. PPP objectives

The HSE's objectives are to:

### Safeguarding PPP

- provide for the safe care of PPP, as set out in this document
- limit the HSE's liability in the event of any loss or damage to PPP
- promote clients independence
- promote the continued independence of clients to the greatest extent practicable, consistent with the provision of safe and appropriate care
- encourage and support clients to make their own arrangements regarding the safekeeping of their funds
- record and comply with the law and other standards
- properly record and account for any movements in the funds held for safekeeping client purposes
- comply with the following key pieces of legislation which impact this area:
  - [Health \(Repayment Scheme\) Act, 2006](#)
  - [Mental Health Act, 2001](#)
  - [Assisted Decision Making Act, 2015](#)
  - [Protected Disclosures Act 2014](#)
  - [Part 14 of the Health Act 2004, as amended by the Health Act 2007](#)
  - Data Protection Acts of [1988](#) and [2003](#),
  - [Data Protection Act 2018](#) taken with the [General Data Protection Regulations \(GDPR\)](#)



- comply with relevant standards issued by:
  - [Health Information and Quality Authority](#) (HIQA) and [Mental Health Commission](#)
  - [Joint National Standards for Adult Safeguarding](#)
  - [Mental Health Commission](#):
  - [Decision Support Service](#) under the [Assisted Decision-Making Act 2015](#)



### 3. What is PPP?

PPP is not limited to client’s funds.

PPP includes the items in the list below, as well as other items.

Types of PPP (examples only)
Money and funds placed in a Patient Private Property Account.
Documents that provide access to monies or facilitate the future transfer of monies.
Clothing and footwear.
Jewellery and other small valuable items.
Luggage.
Personal items of furniture, ornaments and so on.
Pension books.
Personal effects.
Other items of sentimental value.

### 4. Clients to whom this policy applies

Clients include anyone receiving clinical care or treatment at a HSE facility or an external agency funded by the HSE.

The degree of intervention by the HSE in acting as a custodian for a client is largely determined by the Client’s Capacity ([See Section 5](#)).

The PPP service is mainly provided by the following HSE care groups to clients who would benefit from it whether by choice or by need:

- older people



- mental health
- intellectual disability
- physical and sensory disability
- long stay patients' in acute hospitals

Intervention by the HSE to act as a custodian for PPP must be appropriate to the client's circumstances and capacity ([See Section 5](#)).

It is also acceptable for the HSE to hold PPP Accounts for clients with capacity upon request and who are deemed appropriate to avail of this service.

## 5. What is capacity?

The concept of capacity is critical in how the HSE approaches its role as PPP custodians and the extent of interventions that it may take on behalf of clients.

'Capacity' is defined in the [Assisted Decision Making Act, 2015 \('ADMA'\)](#) as follows:



A person's capacity shall be assessed on the basis of his or her ability to understand, at the time that a decision is to be made, the nature and consequences of the decision to be made by him or her in the context of the available choices at that time.

It is important to note when initially considering questions of capacity, it is a functional test of capacity that is relevant and not a mental health examination or assessment. There is a presumption of capacity as a starting point.

### 5.1 Functional test

The functional test focuses on how the decision is made rather than the outcome or consequences of the decision. This functional approach is issue, context, and time specific.

The functional test indicates that the client is unable to decide if they cannot perform:

Functional test	
Understand the information relevant to the decision.	<input type="checkbox"/>
Retain that information long enough to make a voluntary choice.	<input type="checkbox"/>

**Functional test**

Use or weigh that information as part of the process of making the decision.

Communicate their decision (whether by talking, writing, using sign language, assistive technology, or any other means) or, if the implementation of the decision requires the act of a third party, to communicate by any means with that third party.

It is important to emphasise that capacity is **not considered impaired** if the client is;

**Capacity – not considered impaired**

Able to understand an explanation given in a way that is appropriate to their circumstances (such as whether using clear language, visual aids, or any other means).

Able to retain the information relevant to a decision for a short period only.

Able to regain the capacity to decide having previously lost that capacity.

Has capacity to consider some matters but lacks capacity in other matters then the client will be regarded as having capacity in the matters where capacity exists.

Please refer to the following for further information on [capacity](#).

## 6. Importance of client capacity

Capacity determines the following:

- extent of intervention that may be taken on behalf of clients by HSE custodians
- how the HSE is required to fulfil its role as custodians of PPP

If there are any concerns of coercion by a third party, the service provider should refer the case to the [HSE's Elder Abuse Service](#).

### 6.1 Client functional capacity

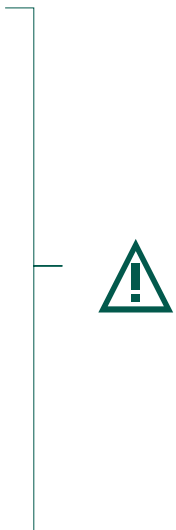
For clients with functional capacity to make decisions:

- HSE staff and external agencies who administer PPP should take instructions from the client and fulfil their specific wishes
- these wishes should be carried out without question

### 6.2 Client non-functional capacity

For clients who lack capacity to make specific decisions:

- client decisions do not automatically fall to family
- it may be appropriate for another person (including the HSE) to fall into a decision making role on behalf of the client
- this will depend on whether there is a **Legally Appointed Representative (LAR)** of the client and where it is not practical to revert to the courts for everyday client decisions
- no person (including close family members, friends, carers, or organisations) can make decisions on behalf of a client who lacks capacity unless they have specific legal authority to do so
- some clients have fluctuating (changing) capacity and every effort should be made to find out their will and preference in times where they have capacity to make that specific decision



### 6.3 Legally Appointed Representative (LAR) - third party

There are 3 situations where client decision making may fall to Third Parties.

Situations in which Third Party decision making arise	
1	Clients who are Wards of Court.
2	Clients who have granted an Enduring Power of Attorney (EPA) to a person.
3	People who are 'Next Friend' appointed by a court.

The table below explains and outlines the implications of each of the above situations:

Third Party decision making for clients		
Situation 1	Situation 2	Situation 3
Clients who are Wards of court	Clients who have granted an EPA to a person	Persons who are 'Next Friend' appointed by a court
<ul style="list-style-type: none"> <li>When an adult is made a 'Ward of Court' it means that the court is satisfied the person is unable to look after their affairs and somebody should be appointed to do so on their behalf.</li> </ul>	<ul style="list-style-type: none"> <li>An EPA is a legal document which allows an individual to appoint a specific individual (usually a close family member) to look after both a person and their financial affairs if for any reason a person loses capacity in the future.</li> </ul>	<ul style="list-style-type: none"> <li>A 'Next Friend' is the nominated person who can initiate proceedings on behalf of the vulnerable person in accordance with the rules of court.</li> </ul>
The LAR is:	The LAR is:	The LAR is:
<ul style="list-style-type: none"> <li>the Committee in Wardship such as the person or persons appointed by the court to look after the affairs of the Ward of Court.</li> </ul>	<ul style="list-style-type: none"> <li>appointee under an EPA.</li> </ul>	<ul style="list-style-type: none"> <li>often, a parent or legal guardian will be nominated as the 'Next Friend', but this is not always the case, and it can be any fit or proper person who does not have a conflict with regards to the client's interests.</li> </ul>

Third Party Decision Making for clients		
Decisions Making Consequences:	Decisions Making Consequences:	Decisions Making Consequences:
<ul style="list-style-type: none"> <li>decisions are made by the Committee in Wardship on the client's behalf.</li> </ul>	<ul style="list-style-type: none"> <li>decisions can be made by the Appointee under an EPA on the client's behalf if the EPA is activated.</li> </ul>	<ul style="list-style-type: none"> <li>decisions can be made by a 'Next Friend' on the client's behalf in accordance with the court appointment to that role.</li> </ul>

### 6.4 No client LAR

If a client lacks [capacity](#) and they do not have a LAR but decisions need to be made by the HSE, the HSE must do the following:

- take up the role of decision maker on the client's behalf in relation to the clients property
- where a client does not have capacity and their will and preference in the matter is not known, the HSE will act in the best interests of the client
- focus solely on ensuring that client funds held by the HSE are safeguarded for the client's direct benefit
- only make decisions around client funds if the client is unable to possess the capacity themselves at that time

In making client decisions, the HSE must examine all of the client's circumstances and follow in priority:

Client's circumstances		
Priority	Follow	Description
1st	The Expressed Will and Preference of the Client	<ul style="list-style-type: none"> <li>HSE must consider the expressed will of the client.</li> <li>It is irrelevant how it is communicated, but it must be clear and obvious.</li> <li>The right to self-determine includes the right to make unwise decisions.</li> </ul>

Client's circumstances		
Priority	Follow	Description
2nd	Known Will and Preference of the Client	<ul style="list-style-type: none"> <li>The HSE should look to the known will and preference of the client and their beliefs and values before they lost capacity which can be informed by people such as family who know the client.</li> <li>It is important not to be led by a status approach (client has disability and can't make decisions) or outcome approach (client makes an unwise decision so must not have capacity).</li> </ul>
3rd	Best Interest of the Client	<ul style="list-style-type: none"> <li>HSE must do what one would reasonably expect anybody to do in those circumstances if they were making that decision for themselves.</li> </ul>

### 6.5 Documentation of HSE decisions on client's behalf

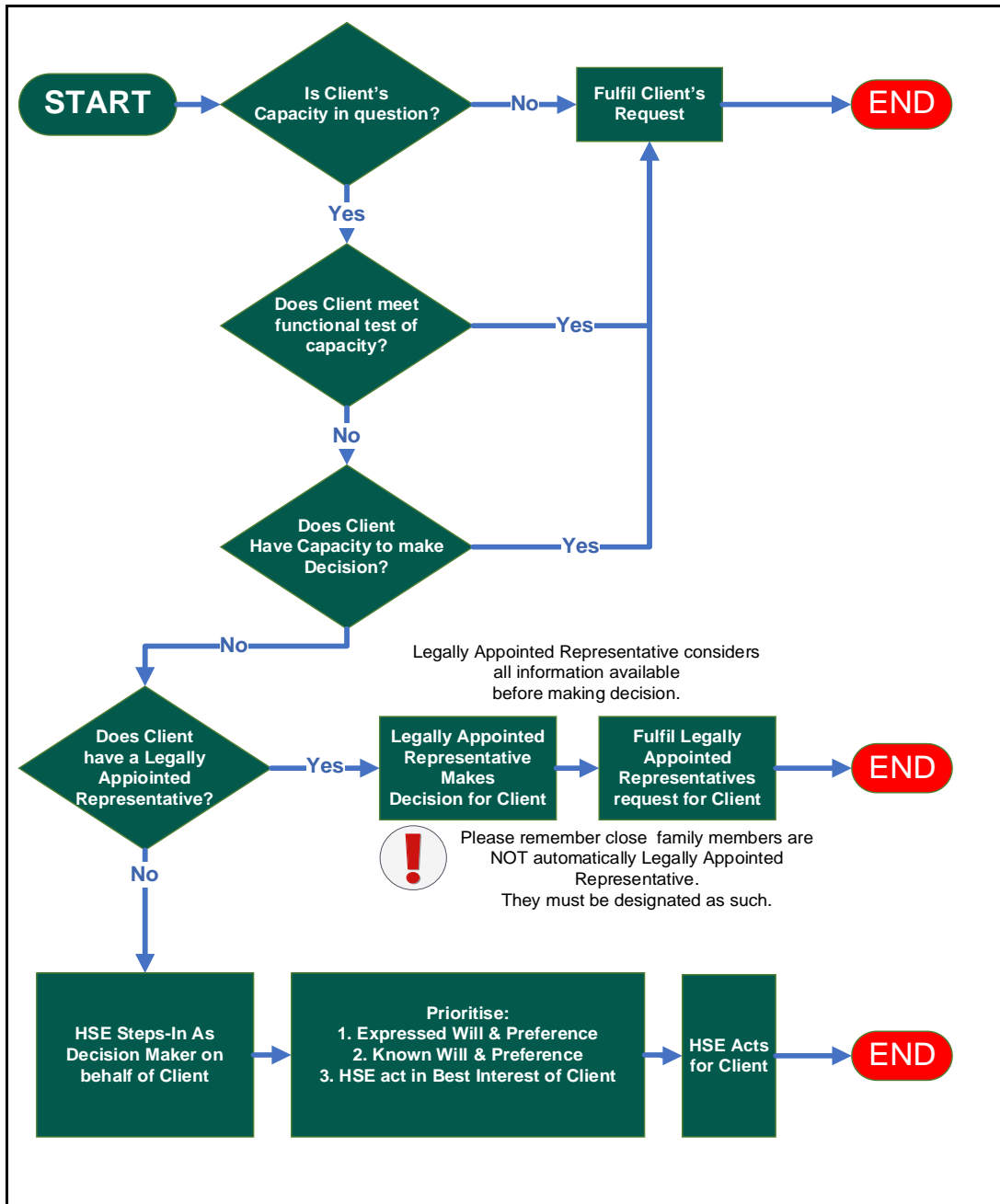
Any out of the ordinary decisions made on behalf of the client should be documented.

- Any important, unusual, expensive, or out of the ordinary decisions where the HSE acts in a decision making capacity on behalf of a client should be documented. This includes such decisions as an organised trip to a concert or a soccer game.
- Day-To-Day routine decisions need not be documented. This includes decisions such as where to eat, what clothes to buy and so forth.
- The intervention (equipment, service, therapy and so on) must be documented as part of the client's Care Plan and reviewed as per the therapeutic intervention
- For ongoing services and therapies, an appropriate monitoring and review date not greater than three months must be agreed and documented.



## 6.6 Summary

This diagram provides a summary of Client Capacity and Decision Making for HSE staff:



## 7. Managing PPP Funds

This section deals with how the HSE manages PPP funds.

### 7.1 PPP accounts overview

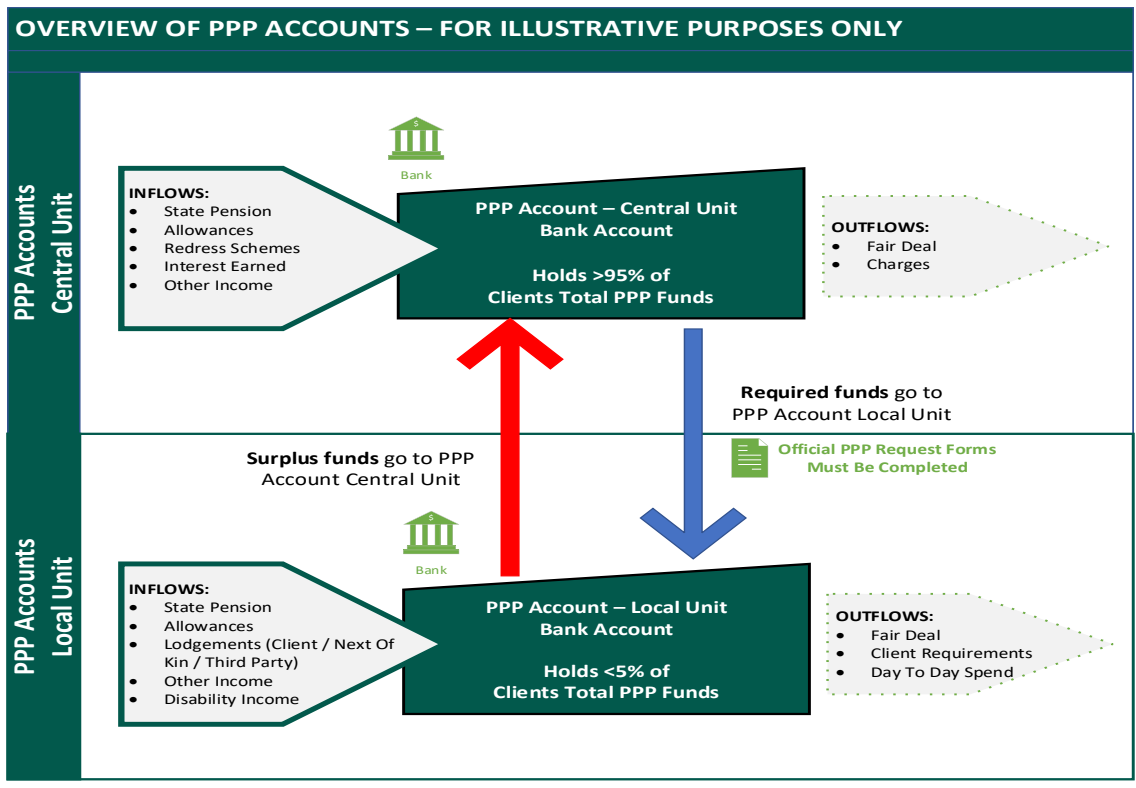
Clients may ask the HSE to manage their personal funds in designated 'PPP Accounts' or where they are unable to give instructions around their finances.

The HSE will intervene to support clients with the PPP service. This support may, for example, involve:

- cashing client's old age pension or disability allowance
- paying and making the balance available to the client for personal spending

Smaller sums are held at the client's local HSE unit for their day-to-day needs, while the remainder is held centrally in a fund managed by the PPP Central Unit. For PPP Accounts Central Unit queries, please contact [pppcentralunit@hse.ie](mailto:pppcentralunit@hse.ie).

There are processes to transfer PPP funds to and from Local HSE units and the PPP Central Unit. The diagram below provides an overview of the PPP Account system at the HSE and shows the relationship between PPP Central Unit and the PPP Accounts Local Unit.

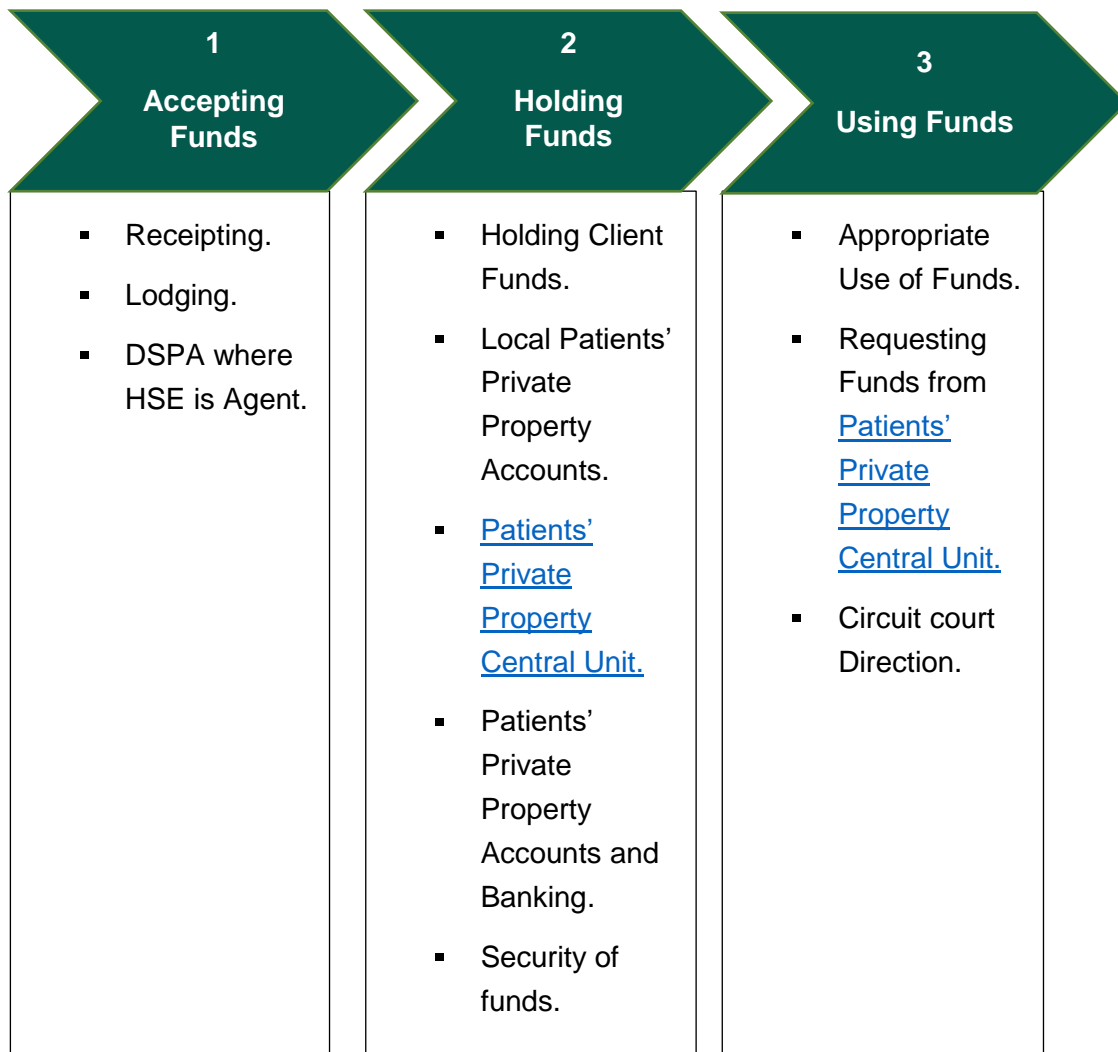




## 7.2 Administration of PPP accounts

The administration of PPP Accounts falls into 3 general areas shown below:

Each of these general areas are now explained in more detail below.



### 7.2.1 Accepting PPP funds

#### Receipting

- A receipt is given to the person providing funds for a client and a duplicate of the receipt is retained in the receipt book for HSE records.
- A separate PPP Receipt Book must be kept at each location for the sole purpose of issuing receipts in connection with PPP funds.
- Receipts issued must always be signed by a HSE member of staff.
- Refer to [NFR B2 – Income and Charges](#) for direction on how to operate a Receipts Book.
- All details of PPP receipts should be entered into the location cash book on the day of the receipt.

### Lodging PPP Funds

- Line Manager must ensure that all PPP fund lodgements are made as frequently as necessary to the relevant PPP Account.
- All PPP fund lodgements should be entered on the PPP system, ledger, and cash book.
- Line Manager is required to comply with the handling of cash in accordance with [NFR B5 – Banking, Cash and Cards](#).
- Income collected must be counted and agreed by two staff members.
- Lodgements must be made each week or fortnight for residences PPP.
- Non-Euro currencies must be converted to Euro at the exchange rate on the day of receipt and recorded on the PPP system, the PPP ledger, and the cash book in Euro.

### Department of Social Protection Allowance (DSPA) – HSE as Agent of the Client

- There are situations where the HSE may have to act as Agent in the collection of DSPA such as a previous agent who was not managing funds appropriately for the client.
- If the HSE acts as Agent in this situation then the DSPA will be made by Electronic Funds Transfer (EFT) directly to the PPP Central Unit.
- These DSPA funds may be accessed by the client through transfers from PPP Central Unit to the local care unit.
- A report providing information to Care Centres on charges levied on its client is sent by the PPPA CU.

#### 7.2.2 Handling and security of non-cash PPP

##### Follow the national guidelines

- The controls set out in the [HSE Patient's Private Property Guidelines](#) deal with the receipt and security of the Patient's monetary private property. They also apply to the receipt and safekeeping of non-money items.
- Understand personal effects and safeguarding matters.
- Be aware that the client's private property **also includes personal effects** as outlined in [Section 3](#).
- For personal effects, the main requirement is for HSE staff to limit any loss or damage to these effects in so far as practicable.
- For jewellery and other small valuable items, clients should be advised that such items cannot be safeguarded by HSE unless they are handed in for safekeeping to the appropriate staff.

- Keep proper records of the receipt of such valuables and store all valuables in a secure area.
- Follow local procedures over the receipt and storage of valuables in all cases.
- Handle other items with care.
- Property may also include documents such as pension books that provide access to money or facilitate the future transfer of money to the HSE to be held in safe keeping for the client.
- Inform the HSE about client property.
- Make the HSE aware of the existence of any client property so it can implement this policy. As a result, HSE staff at admission should make all reasonable enquiries to establish the existence and extent of any property that a client may have brought into the facility. Subsequent enquiries may also be appropriate.
- The HSE's position remains that it cannot accept responsibility for funds or other property not handed in for safekeeping to its staff.

7.2.3 Holding PPP funds

**Local PPP Accounts and Central Unit PPA Accounts**

- A Client's PPP Accounts are usually split between Local Unit and Central Unit for safety and to minimise risk (see [Section 7.1](#)). The table below provides a summary of the distinction:

<b>Local PPP Accounts</b>	These are accounts managed and controlled by the local facility that cares for the client.	Typically, enough funds to cater for the client's everyday needs are held in these accounts.
<b>PPP Central Unit Accounts</b>	These are accounts managed and controlled by the <a href="#">PPP Central Unit</a> which is based in Tullamore.	Typically, surplus funds which the client has but does not immediately require for their day-to-day needs are held by the PPP Central Unit.

### Appropriate use of PPP funds

- Given that PPP funds are not HSE funds, it is necessary to separate client funds from HSE funds to ensure the protection of both the client and the HSE.
- Clarity is also required as to what the client is expected to fund from his or her own resources and what clients can reasonably expect the HSE to fund as part of its core obligations.
- It is important to emphasise that funds raised by the HSE from charges correctly levied on clients under relevant legislation are HSE funds and cease to be the client's funds once collected by the HSE.

### Inappropriate use of PPP funds

It is not appropriate to request or use client funds for the following:

- facilities upkeep, refurbishment, maintenance or decoration
- ongoing In-Patient Charges or Arrears of Charges. These must be authorised by the client or their LAR
- furniture, fittings or equipment (with specific exceptions)
- medicines
- aids or appliances (with specific exceptions)
- nutrition supplements or food
- standard personal hygiene or personal grooming items
- client may wish to add to the standard HSE items with additional products from their own funds
- GP, Chiropody, Optical, Aural and Immunisation - Normally provided or may be accessed through the client's medical card or GP visit card. Appropriate local discretion to be exercised for a small minority of clients who are both ineligible for a medical card and in need of additional services beyond those provided at the unit they reside in



### Situations where it may be appropriate use of PPP funds

It may be appropriate to request or use client funds for:

- trips, outings and social activities
- furniture and enhanced aids for personal use only
- clothing
- contributions to care

- Nursing Home Support Scheme. Refer to [NFR C2 – Community Residence Finances](#)

### PPP accounts and banking

- In keeping with the principle that PPP funds are not HSE funds, client funds should be clearly separate from HSE funds. This ensures the protection of both the client and HSE staff.
- The following **must be followed** as regards banking arrangements for PPP funds:
  - bank accounts holding PPP funds are not to be used to deposit HSE cash receipts or as a HSE cheque cashing fund
  - mixing of PPP funds and HSE funds is not permitted under any circumstances
  - all bank accounts holding PPP funds must be authorised by the HSE Chief Financial Officer (CFO) on the proposal of the CHO Head of Finance
  - a custodian of PPP Accounts held at a bank will be designated by the CHO Head of Finance. The custodian is responsible for:

the PPP Account safeguarding and security; and  
monthly reconciliations at a minimum between the financial accounting system used and the bank record

- all bank accounts should require two signatories. In circumstances where this is impractical for operational reasons a derogation will be considered
- a register of PPP Bank Accounts must be held by the CHO Head of Finance

Read [NFR B5 – Banking, Cash and Cards](#) for more detail on bank reporting requirements. This should form the basis for the operation of these PPP Accounts at the bank level in so far as it is practical.



## 7.3 Using PPP funds

### 7.3.1 Requesting transfer of funds from the PPP Central Unit

- Please note that transfers from the PPP Central Unit can **only** be to the Local PPP Account.
- There are 3 different types of requests that must be considered in more detail. The approach for each type is explained in the table below:

Funds transfer requests from PPP Central Unit			
	Does the Client have Capacity?	Implication	Control Points
<b>Request by The Client Who Has Capacity.</b>	Yes	These clients may request funds from the PPP Central Unit.	<p>Local facility staff should:</p> <ul style="list-style-type: none"> <li>▪ assist in preparing and correctly completing the Official Request Form</li> <li>▪ ensure the client signs the Official Request Form</li> <li>▪ if the client is incapable of signing (as distinct from having capacity) a designated Independent Officer at minimum Grade 6 shall act as witness to affirm the intention by the client to sign</li> <li>▪ the appropriate HSE Certifying Officer must sign the Official Request Form to confirm that all relevant requirements have been met</li> </ul>
<b>Request by The Client's LAR.</b>	No	<p>Client LAR have legal authority to request funds from the PPP Central Unit.</p> <p>See <a href="#">Section 6</a>.</p>	<ul style="list-style-type: none"> <li>▪ Those with legal authority can make decisions on client behalf.</li> <li>▪ <b>Proof of Legal Authority</b> must be presented upon request and endorsed by the Head of the PPP unit prior to any transfer requests made to the PPP Central Unit on the client's behalf.</li> </ul>

Fund transfer requests from PPP Central Unit			
	Does the Client have Capacity?	Implication	Control Points
<b>Request by The HSE on behalf of the Client where there is no LAR.</b>	No	HSE has authority to request funds from PPP Central Unit.  See <a href="#">Section 6.</a>	Local facility staff should: <ul style="list-style-type: none"> <li>▪ be satisfied that it can legitimately act on behalf of the client</li> <li>▪ maintain sufficient documentary evidence that it acted appropriately on the client's behalf</li> </ul>

- In summary, the procedure is:
  - complete all requests for the Transfer of Funds on the relevant Official Request Form which are available on [HSENet - HSE National Intranet - PPP Account Central Unit](#)
  - complete the form in full and make sure it is accurate, certified (stamped and signed) and then post it to [PPP Central Unit](#) in Tullamore
  - if the form is accepted by the PPP Central Unit, the funds requested will be transferred by EFT to the Local PPP Bank Account within 5 working days



### 7.3.2 Withdrawal of funds by client or on their behalf

- The Official Request Form only facilitates the transfer of requested funds from the PPP Central Unit to the Care Units.
- The 'PPP Withdrawal Form' (or multiple withdrawal form version) must be completed at Care Unit level to facilitate the actual withdrawal of funds, payment for goods or services delivered to the client or re-imburement to third parties for costs incurred on behalf of the client.
- The protocols for the use of the Withdrawal Form are available on [HSENet - HSE National Intranet - PPP Unit](#) and must be adhered to in all cases.

### 7.3.3 Circuit Court Direction

Section 9(2)(c) of the [Health \(Repayment Scheme\) Act, 2006](#) allows the HSE to seek the direction of the Circuit court as to how it may use any money of a PPP



Account holder in excess of €5,000 for the benefit of a client. Care centre staff must ensure that the total amount of funds spent from a client's combined PPP account includes their current and deposit PPP.

For details regarding this procedure please contact the [PPP Central Unit](#) for more information, consultation, and advice.



## 8. PPP reporting requirements

It is the responsibility of the location administrator or manager to ensure that all PPP Reports are produced accurately in a timely manner and are reviewed before they are processed.

The following reports are required:

Reports required - checklist	
End of Week Reports where feasible but at a minimum monthly.	<input type="checkbox"/>
End of Month Reports.	<input type="checkbox"/>
Monthly PPP Bank Reconciliation.	<input type="checkbox"/>
End of Month Financial Control Statement.	<input type="checkbox"/>
Annual Financial Statements.	<input type="checkbox"/>
Cash Control Accounts.	<input type="checkbox"/>

Note: the reports listed below may be from a manual or computerised system.

**End of week report - At a minimum these reports must be carried out monthly but if it is possible these reports must be carried out on a weekly basis.**

- All PPP records and reports must balance each week.
- Total of PPP cash book must be obtained. All lodgements must be added to the previous week's balance and any withdrawals for the week subtracted leaving the cash book balance for the week.



**End of week report - At a minimum these reports must be carried out monthly but if it is possible these reports must be carried out on a weekly basis.**

- Each client has an account in the PPP Ledger. All balances should be added to give a total balance for all clients in the ledger. This should equal the balance taken from the cash book.
- That balance column should be totalled and printed. This should agree with the cash book and PPP Ledger totals.
- The printout should be filed in the End of Week Reports Folder.
- The local PPP cash box should be reconciled on at least a weekly basis using a simple cash control account detailing balance by client carried forward at the start of the month, cash received, cash spent, and balance brought forward at end of month.

### **End of month reports**

- On the last day of every month, all end of month reports should be run.
- The end of week reporting procedures should be followed as normal.
- The following reports are required:
  - Client PPP Control Account
  - Client Index or Transaction Summarised Report
  - list of balances (2 copies)
  - list of credit balances
- If no discrepancies are found and all reports balance the report should be filed for the month.

### **Monthly PPP bank reconciliation**

- A bank statement for each unit's PPP Account should be received from the bank each month.
- A reconciliation should be completed each month and any discrepancies reported immediately to the location administrator or manager.
- Attention should be given in this reconciliation to outstanding cheques more than 6 months. These are cheques that have been written on behalf of the client, but which have never been cashed. When these cheques are identified in the bank reconciliation, they should be credited back to the client to whom they relate.

### **End of month financial control statement**

- A bank statement for the locations' PPP Account should be received from the bank each month.

**End of week report - At a minimum these reports must be carried out monthly but if it is possible these reports must be carried out on a weekly basis.**

- A reconciliation should be completed each month and any discrepancies reported immediately to the location administrator or manager.
- Attention should be given in this reconciliation to outstanding cheques more than 6 months. These are cheques that have been written on behalf of the client, but which have never been cashed. When these cheques are identified in the bank reconciliation, they should be credited back to the client to whom they relate.

### Annual Financial Statements

- The PPP Ledger should be completed and balanced on 31 December each year.
- The Bank Reconciliation for the period should also be completed on 31 December each year and submitted to the HSE CFO by the date advised in January.
- The detailed transaction history should be printed out and retained each year. This information should be available for audit purposes and to facilitate enquiries from either individual clients or their representatives concerning their accounts.
- The client ledger should be regularly reviewed during the year and updated to remove inactive or deceased accounts. Where balances remain on inactive or deceased accounts the units need to make the necessary enquiries and pay the balances to the clients' next of kin or the Chief State Solicitor's Office (CSSO) as appropriate.
- Where client ledger listing include debit balances the following actions are required:
  - investigate the instances that lead to payments being made to or on behalf of the client where insufficient funds were available in their accounts
  - agree a repayment schedule with the client to repay the overpayment

### Reports required for audit purposes



[Click here to download a listing of the reports and other information required by Auditors to carry out the Audit of PPP Accounts.](#)

**End of week report - At a minimum these reports must be carried out monthly but if it is possible these reports must be carried out on a weekly basis.**

**Note:** This listing is not exhaustive and local systems may not be able to produce all the requested information. Local arrangements should be formalised with the external auditors annually regarding same.

## 9. Discharging clients

Where a client is being discharged, ensure that there are no concerns around the client's capacity to manage their property before returning it to them. Please refer to [Section 5](#) and [Section 6](#) for further guidance.

Always seek guidance from the [PPP Central Unit](#).

## 10. Forward planning and funeral expenses

It is important that each HSE facility take a proactive approach, consistent with the overall care and wellbeing of the client, in assisting clients and their families to prepare for the clients death. This enables the necessary arrangements to be made when the time comes and any distress for relatives and friends can be minimised.

Each HSE unit in this situation should ensure that the following details are obtained, where possible.

- Client files are updated with up to 3 named next of kin.
- At least 1 of the 3 named next of kin are a main point of contact for the client.
- Any gaps in next of kin information are addressed.
- On admission or as soon as practicable full details of all next of kin are obtained.
- Obtain the clients wishes around the arrangement for their funeral where possible.
- If possible, identify with appropriate discretion, whether the client has made a will.
- If the client has the appropriate capacity, and has not already done so, the client should be encouraged to draw up a will among other forward planning issues – however they are not obliged to do so.
- A useful source of advice on forward planning “Think Ahead” can be found on the [Irish Hospice Foundation](#) website, and clients should be encouraged to consider the guidance provided.

When deciding how to manage claims for funeral expenses, HSE staff should refer to the **Funeral Expenses Flow Chart** contained on **Page 33** of the HSEs [‘Patient’s Private Property Guidelines’](#).

## 11. Deceased clients

### 11.1 PPP on death of a client

A deceased client’s property is referred to as the deceased’s estate. The deceased PPP account balance (both locally held Patient’s Private Property and the contents of the Patient’s Private Property Central) may be released to:

- the Legal Personal Representative (LPR)
- the solicitor acting on behalf of the LPR

This is done to ensure that the assets can be distributed correctly.

The LPR of a deceased client is appointed by the courts based on whether the client dies with or without leaving a valid will.

The table below provides an overview of how the clients will status impacts how we treat the PPP elements that formed part of their estate.

	<b>Client dies leaving a <u>valid will</u> Known as dying “Testate”</b>	<b>Client dies leaving <u>no will</u> Known as dying “Intestate”</b>
LPR of the Deceased:	The will nominates one or more persons to be the executors of their estate.	Next of Kin seeks Letter of Grant of Administration from the court.
Entitlement of the LPR founded in:	Grant of Probate from the court.	Letter of Grant of Administration from the court.
Distribution of Estate:	According to matters set out in the deceased’s will.	According to the provisions of the Succession Act 1965.

The LPR of the deceased collects the deceased client’s funds and assets, pay off debts and funeral expenses, and then distribute the balance of the estate to deceased beneficiaries.

Insofar as it is both feasible and appropriate, the HSE should seek to establish whether a client has made a will and who the client’s LPR is. If this information is

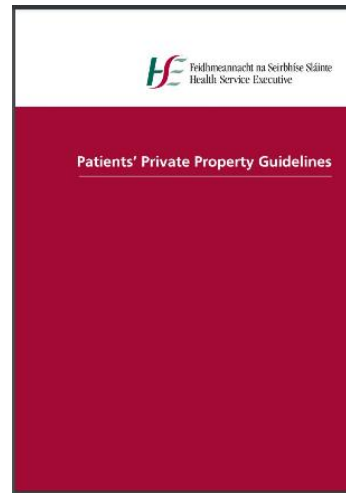
not available at the time of death, then all reasonable enquiries to relatives, friends, and others, as appropriate should be made at that time.

### 11.2 Identifying the Legal Personal Representative (LPR)

In deciding who is entitled to act as LPR of a deceased client, HSE staff should refer to the Section 7.11 of the ['Patient's Private Property Guidelines'](#)

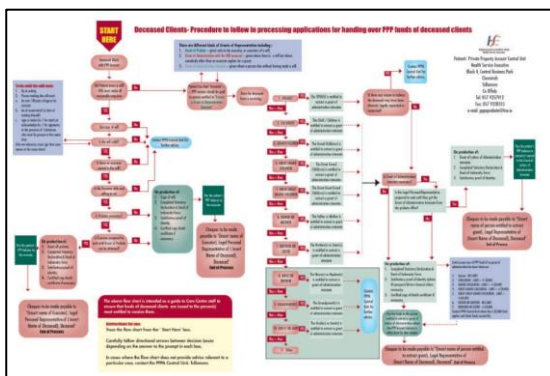
Further guidance is provided in the **'Deceased Client Procedure Flow Chart'** on page 33 of the ['Patient's Private Property Guidelines'](#)

Staff should trace the flow chart from the **'START HERE'** box and follow the directional arrows at the decision points shown as it applies to the deceased client's circumstances.



In unusual or difficult cases, where this flowchart does not provide the level of direction needed, HSE staff should raise the issue with local management, who may decide to refer the case to the [PPP Central Unit](#) for advice and guidance.

Refer to the image below in order to bring you to **'Deceased Client Procedure Flow Chart'** on **Page 33** of the PPP Guidelines.



### 11.3 If no LPR can be identified

If, after making *reasonable enquiries*<sup>1</sup>, the HSE is advised that there is no will (such as, no Executor), or no plan to formally appoint an administrator, then the HSE may

<sup>1</sup> Reasonable enquiries, in this situation, includes written communication with any individuals known by the HSE who may have information as to the existence of next of kin, including any persons mentioned in the client's files, other regular visitors of the client, and welfare services as appropriate.

pay out deceased client’s PPP funds in certain circumstances where the balance held is no more than €20,000 so long as:

- the requirements of the ‘[Deceased Client Procedure Flow Chart](#)’ are followed as per [Section 11.2 above](#)
- the HSE has no valid reason to believe that the person wishing to act as LPR is not entitled to do so and that the HSE are not aware of any dispute or potential dispute over the inheritance or a person’s right to act as LPR
- written confirmation of their right to act as the LPR and of their intention to distribute the assets as per law is provided by the LPR by fully completing the HSE Declaration and Deed of Indemnity form

### 11.4 Monies owed to the HSE from deceased clients

In general, it is **not appropriate** for the HSE to decide by itself to deduct monies owed to it from the PPP Account after the death of a client.

This should be dealt with and agreed with the Legal Personal Representative or family engaged with the HSE in the matter of the client before any decision to make PPP Account payments from the deceased client’s estate.

Agreement should be reached regarding outstanding monies due to the HSE before any balance held on PPP Accounts are transferred.

Where disagreements occur and where the HSE has concerns around the management of the client’s monies by third parties which led to the debt, the advice of the [Patient’s Private Property Central Unit](#) should be sought.



### 11.5 Property other than funds of the deceased client

LPR are the appropriate people in accordance with their legal obligations to make decisions around:

- the personal effects of the deceased client, including the clients’ clothing, jewellery and other items
- any items of furniture or equipment bought using the client’s PPP funds and how to dispose of these items

HSE must make sure that LPR gives a receipt as evidence that the personal items were handed over to the correct person.

PATIENT PRIVATE PROPERTY ACCOUNT  
RELEASE OF DECEASED PATIENT'S FUNDS

**STATUTORY DECLARATION AND DEED OF INDEMNITY**

*This is an important legal document. You must ensure that you understand its implications prior to signing it. You should consider whether you need to obtain independent legal advice to assist you to understand it prior to signing.*

**DETAILS OF DECEASED PATIENT:**

NAME OF DECEASED PATIENT:	
DATE OF DEATH:	
DATE OF BIRTH:	
PPS NUMBER OF DECEASED:	
PATIENT NUMBER/CHART NUMBER OF DECEASED PATIENT:	
LAST KNOWN ADDRESS OF DECEASED: (Other than Unit)	

**DETAILS OF UNIT/NURSING HOME WHERE PATIENT RESIDED PRIOR TO DEATH:**

NAME OF NURSING HOME/UNIT:	
LOCATION / ADDRESS:	
LOCAL HEALTH OFFICE AREA:	

**APPLICANT'S DETAILS:**

NAME OF APPLICANT:	CONTACT DETAILS OF APPLICANT:
RELATIONSHIP TO DECEASED PATIENT:	Home Phone No.:
ADDRESS OF APPLICANT:	Mobile Phone No.:
	Email Address:
	Are You Ordinarily Resident in the Republic of Ireland?
	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Cont. overleaf



Bank, Credit Union or Post Office books should also be forwarded to the LPR after the return of a completed [Declaration and Deed Indemnity Form](#).

A record of the balances noted in such books should be retained and a receipt must also be kept and it should outline the number and types of books, the financial institution and the balance amount noted. Remember: the actual balance might be different from that noted in such books. It will then be a matter for the LPR to establish their entitlement to receive any funds held by the financial institution with that institution directly.

### 11.6 Requesting deceased client funds from PPP Central Unit

There is a procedure to be followed when funds belonging to a deceased client held at the [PPP Central Unit](#) are to be transferred to the Local PPP Account on foot of a request made by the deceased client's LPR.

This procedure is set out in the table below:

Step	Procedure
1*	<p>LPR should be advised by local care unit of the total balance on the client's:</p> <ul style="list-style-type: none"> <li>▪ PPP Central Unit; and</li> <li>▪ Local PPP Account</li> </ul>
2	<p>Upon the LPR request, the local care unit makes a request on the <a href="#">Official Request Form (Deceased Client)</a> to the <a href="#">PPP Central Unit</a>.</p> <p>Note:</p> <ul style="list-style-type: none"> <li>▪ HSE staff preparing this request must ensure it is certified and completed correctly</li> <li>▪ form should be accompanied by: <ul style="list-style-type: none"> <li>○ a copy of the relevant 'Grant of Probate' or 'Grant of Letters of Administration' granting the LPR the legal authority; and/or</li> <li>○ a Statutory Declaration and Deed of Indemnity Form depending on whether the payment exceeds €20,000</li> </ul> </li> <li>▪ The appropriate HSE Certifying Officer nominated by the Head of Service or Assistant National Director (Services) must also sign Form. In so certifying, the staff member is confirming that all relevant requirements have been met.</li> </ul>
3	<p>The request is posted to the <a href="#">PPP Central Unit (Tullamore)</a>.</p>



Step	Procedure
4	Funds are paid by the <a href="#">PPP Central Unit</a> to the Local Unit PPP Account by EFT.
5	Cheque issued to the LPR by the local care unit having again verified the payment against the 'Grant of Probate' or 'Grant of Letters of Administration' and/or Statutory Declaration and Deed of Indemnity Form.

**\*Note** that at Step 1 above, it may not be possible to accurately provide the balance on the [PPP Central Unit](#) as interest may still be accruing which has not yet appeared on statements. Any difference should be remedied by Step 5 at the end of the process.

### 11.7 Deceased clients and role of CSSO

If the HSE appropriately establishes that a deceased client has no will or entitled relations, it will make arrangements to transfer their PPP to the [\('CSSO'\)](#). This Office will receive all such payments on behalf of the Minister.

The table below provides a set of checks and searches that must be undertaken together with supporting written evidence **before** it can decide to transfer funds to the Chief State Solicitor's Office – or not.

Checks before transfers to the CSSO:	
There is no record of the existence of a next of kin or a will on the deceased client's file.	<input type="checkbox"/>
Unsuccessful enquiries have been made from any known visitors or potential next of kin of the deceased.	<input type="checkbox"/>
The undertaker who dealt with the funeral arrangements has been contacted and has advised that they are unaware of any next of kin.	<input type="checkbox"/>
Relevant religious figurehead from the neighbourhood of the deceased has confirmed that they are not aware of next of kin.	<input type="checkbox"/>
Where the HSE hold a bank book or other documentation of the deceased, the manager of that bank or financial institution confirms that they hold no will or are aware of the existence of next of kin.	<input type="checkbox"/>



### Checks before transfers to the CSSO:

Any other reasonable searches relevant to the deceased client's own circumstances should be undertaken to exhaust the potential for the existence of a will or next of kin.

If after a **minimum of 12 months** from the date of the client's death, a person claiming to have inheritance rights has **not** made themselves known to the HSE and the above searches have been completed, then the relevant care unit should start the process to transfer the deceased client's assets to the CSSO.

#### 11.7.1 Assets other than cash

- Assets other than cash may be held on the deceased client's behalf by the HSE. In the case of bank books or records of assets from financial institutions, these should be passed to the CSSO with any other cash and noted in the Chief State Solicitor's Office Spreadsheet Template.



Click here to download the [Chief State Solicitor's Office Spreadsheet Template](#)



- In the case of physical assets, such as jewellery, the assets should be noted in an accompanying spreadsheet and direction should be requested on a case-by-case basis directly through the CSSO.

#### 11.7.2 Transfers to the Chief State Solicitor's Office (CSSO)

- Once satisfied that the estate of the deceased should be passed to the CSSO, arrangements should start to process the physical transfer of funds.
- Each Finance Directorate or Care Centre should complete the [Chief State Solicitor's Office Spreadsheet Template](#). They should provide all details requested, and forward along with a cheque made payable to "The CSSO" to the address below.

The Chief State Solicitor's Office  
Osmond House  
Little Ship Street  
Dublin 8  
D08 V8C5  
Phone: 01 417 6100  
e-mail: [contact@csso.gov.ie](mailto:contact@csso.gov.ie)

- The CSSO has requested that the HSE advise them in any cover letter to accompany a funds transfer that **“This is a new matter”**.
- The CSSO will then acknowledge receipt of the amount forwarded. This acknowledgement should be noted on the clients’ files to allow for proper reconciliation and to provide audit evidence that the transfer took place.
- An indemnity to the HSE will also be provided by the CSSO, which should also be retained in the unlikely event that a person claiming inheritance rights would later appear. If the latter occurs the reference number on the Indemnity should be provided to the person claiming to have an entitlement to inherit so that they may forward that claim to the CSSO.

### 11.7.3 An important note on “Dormant PPP Accounts”

- There may be times where the HSE holds PPP Accounts for clients who were discharged and whose whereabouts are no longer known. There are other cases where we know a next of kin exists, but we are unable to locate them, or they are not able to interact with us. **It is not appropriate to transfer the funds of such clients to the CSSO**, as we cannot confirm that we believe they meet the criteria of having died intestate (without a valid will) and without a next of kin.
- In these circumstances, such funds must be kept in the PPP Account until the HSE can transfer those funds to the rightful owner or new legislation is introduced to permit transfer of funds to the State.

## 12. Client PPP account information requests

The HSE may receive information requests from third parties (including spouses, children, parents, siblings, relatives, and friends) relating to client PPP Accounts. The degree of information sharing permitted once again revolves around the client’s capacity (Refer to [Section 5](#)).

### 12.1 Where clients have capacity to manage their own affairs

In this instance:

- information is only provided to the client themselves **or** to a person appropriately nominated and recorded by the client to receive this information
- clients should be periodically provided with on-going information on their PPP balances and transactions
- any third party requesting information on PPP Account activity should be advised that this information is private and confidential to the client and cannot be released without the client’s express permission

## 12.2 Where clients can indicate will and preference in managing their own affairs

In this instance:

- the person seeking the information must have the legal authority to do so ([See Legally Appointed Representatives in Section 6](#))
- they must provide clear evidence of their legal authority before the release of any PPP Account information

## 12.3 Other limited circumstances

- Where the client's capacity is in question when on admission, the service provider may be provided to the key contact of the patient where a [Key Client Contact Nomination Form is completed](#).
- Where the client's capacity is in question on admission **and** where the partner, parent, child or other family member is acting as Key Client Contact, such information should be released only to allow the Key Client Contact assist the HSE. This is to manage the PPP Account of the client in their best interest as provided for in the [Health \(Repayment Scheme\) Act, 2006](#). In this situation, the decision to provide limited information to the Key Client Contact should be made by the Director of Nursing or Care Centre Manager at the relevant location and should be recorded on the client's file.



## 12.4 Where the client has died

In this instance:

- the PPP Account of the deceased client may be released to the [Legal Personal Representative](#) (such as the Executor or Administrator) or solicitor acting on behalf of such a person to allow them to deal with the proper distribution of the deceased's assets
- refer any queries about the client's PPP Account to LPR of the deceased

## 13. General Data Protection Regulation

All HSE staff should be aware of the provisions of The Data Protection Acts of [1988](#), [2003](#) and [2018](#) and [The General Data Protection Regulation \(EU\) 2016/679 \(GDPR\)](#) and how it relates to their role in safeguarding the client's personal data.

There are specific rules around data retention, data processing and data access rights that staff need to consider.

Please refer to [GDPR](#) and the [Data Protection Act 2018](#) for more information.



## 14. Security and Segregation of Duties (SOD)

The location administrator or manager is responsible for ensuring that all staff in their area:

- receives adequate training in local policies and procedures
- are familiar with these policies and procedures
- follow appropriate security procedures in an efficient and effective manner

SOD is a fundamental control to prevent fraud and ensure integrity in how we conduct our business on behalf of clients. Every effort should be made to follow the SOD obligations set out in [NFR A - Internal Controls Framework and Principles](#).

## 15. Local procedures

Each location must prepare and implement a procedure manual outlining the local process and officers designated for tasks related to PPP. The procedure manual must be available for Internal Audit and the Office of the Comptroller and Auditor General upon request.

All employees who are involved in the process must be fully inducted in and aware of their roles and responsibilities listed in the local procedures manual.

The local procedures manual will specify the individual(s) responsible for implementing the policies and procedures in respect of PPP.

Officers must fully understand their responsibilities and each location manager to ensure that all officers know their responsibilities.

Further information on local procedures can be found in [NFR A - Internal Controls Framework and Principles](#).

## 16. Irregularities, whistleblowing and fraud

HSE staff must not engage in or be in any way associated with fraudulent or unlawful behaviour.

Any member of staff who considers that there may have been an irregularity that could lead to a misappropriation of funds or fraud should refer to the Whistleblowing and Fraud section of [NFR A - Internal Controls Framework and Principles](#) to report serious matters under the [Protected Disclosures Act 2014](#). This act aims to protect staff who raise concerns about possible wrongdoing in the workplace such as financial fraud.



Please also refer to the [HSE Fraud Policy](#).

## 17. Glossary of terms

Term	Meaning
<b>Custodian</b>	A person who has responsibility for taking care of or protecting something.
<b>Executors of Estate</b>	An executor of estate is the person responsible for carrying out the deceased person's wishes as laid out in their will, such as distributing assets to beneficiaries.
<b>Grant of Letters of Administration</b>	A grant of administration is issued by the Irish Probate Office where someone dies without having made a will. In this case, the person who will handle the deceased's estate is called an 'Administrator'. The Administrator appointed is generally the deceased's next of kin.
<b>Grant of Probate</b>	A person applies for a grant of probate from the Probate Office where a person dies and has left a will. The person named as the executor in the deceased's will has the responsibility to apply for the grant of probate and carry out the terms of the will as laid out by the deceased.
<b>Next of Kin</b>	<p>A person who you would like to be contacted in case of an emergency.</p> <p>Being a "next of kin" in itself does not give a person any legal standing.</p>
<b>PPP</b>	<p>Includes:</p> <ul style="list-style-type: none"> <li>▪ money and funds placed by the client in a Patient Private Property Account</li> <li>▪ clothing and footwear</li> <li>▪ jewellery and other small valuable items</li> <li>▪ luggage</li> <li>▪ personal items of furniture or ornaments and so on</li> <li>▪ pension books</li> <li>▪ documents or monies that provide access to monies or facilitate the future transfer of monies to the HSE to be held in safe keeping for the SU</li> </ul>

Term	Meaning
	<ul style="list-style-type: none"> <li>▪ other personal effects.</li> </ul>
<b>PPP Accounts</b>	<p>Defined by Section 2 the Health (Repayment Scheme) Act 2006 as:</p> <p>“Patient’s private property account” means so much of the money and personal property of:</p> <ul style="list-style-type: none"> <li>▪ a person provided with in-client services referred to in <a href="#">section 53</a> of the <a href="#">Health Act 1970</a> (as amended by <a href="#">section 4</a> of the <a href="#">Health (Amendment) Act 2005</a></li> <li>▪ a person provided with institutional assistance under <a href="#">section 54</a> of the <a href="#">Health Act 1953</a>.</li> <li>▪ a person in residence used wholly or partly as a setting to provide care for people with physical or mental disability or</li> <li>▪ a person otherwise being cared for by, or on behalf of, the Executive due to a physical or mental disability or ill-health, that is managed, on behalf of that person, by the Executive or by another person under an arrangement with the Executive whether before, on or after the commencement of Section 9.</li> </ul>
<b>Remittance</b>	The action of sending money in payment or as a gift.
<b>Ward of Court</b>	A Ward of Court is the term used for a person who the courts deem to be unable to look after their affairs and has somebody appointed to do so on their behalf.
<b>Whistleblowing</b>	A whistleblower is a person, often as an employee, within an organisation, who reveals information about an activity which is deemed illegal, immoral, illicit, unsafe or fraudulent.

## 18. Acronyms and abbreviations

Term	Meaning
<b>CFO</b>	Chief Financial Officer.
<b>CSSO</b>	Chief State Solicitor's Office.
<b>DSPA</b>	Department of Social Protection Allowances.
<b>EFT</b>	Electronic Funds Transfer.
<b>EPA</b>	Enduring Power of Attorney.
<b>HIQA</b>	Health Information Quality Authority.
<b>LAR</b>	Legally Appointed Representative.
<b>LPR</b>	Legal Personal Representative.
<b>PPP</b>	Patients' Private Property.
<b>SOD</b>	Segregation of Duties

## 19. Key controls checklist

Please click the icon below to view the NFR C1 key control checklist.

