

## Losses and Special Payments Policy (F-026)

Version Number:	5.4
Author (name & job title)	Jenny Jones
Executive Lead (name & job title):	Peter Beckwith, Director of Finance
Name of approving body:	EMT
Date full policy approved:	July 2017 (v5.0)
Date Ratified at Trust Board:	July 2017 (v5.0)
Next Full Review date:	January 2027

<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>29 January 2024 - Peter Beckwith, Director of Finance</i>
<i>Date EMT as approving body notified for information:</i>	<i>January 2024</i>

*Policies should be accessed via the Trust intranet to ensure the current version is used*

## Contents

1. INTRODUCTION.....	3
2. SCOPE .....	3
3. POLICY STATEMENT .....	3
4. DUTIES AND RESPONSIBILITIES.....	3
5. PROCEDURES RELATING TO THE POLICY .....	4
5.1. Losses .....	4
5.2. Special Payments.....	7
5.3. Limits for Writing Off Losses and Making Special Payments .....	9
5.4. Accounting for Losses and Special Payments .....	9
6. EQUALITY AND DIVERSITY .....	9
7. BRIBERY ACT .....	9
8. IMPLEMENTATION AND MONITORING .....	10
9. MONITORING AND AUDIT.....	10
10. REFERENCES TO ANY SUPPORTING DOCUMENTS.....	10
11. MONITORING COMPLIANCE .....	10
APPENDIX 1: FORM TO BE USED FOR LOSSES OR SPECIAL PAYMENTS OF UNDER £1,000.00 .....	11
APPENDIX 2: AUTHORISATION OF LOSSES, WRITE OFFS AND COMPENSATION PAYMENTS.....	14
APPENDIX 3: DOCUMENT CONTROL SHEET.....	21
APPENDIX 4: EQUALITY IMPACT ASSESSMENT (EIA) .....	22

## 1. INTRODUCTION

The Integrated Governance Handbook (2006) requires health bodies to have systems for:

- the control and safe custody of health service property
- administration of a patient's and the body's property
- recording, reporting and investigation of losses

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of Parliament. They are divided into different categories, which govern the way each individual case is handled. This guidance is not applicable to any losses or special payments that arise from inter NHS transactions.

In considering losses and special payments, it is important to look beyond whether the proposed write off or payment represents value for money. The need for corrective action must also be carefully assessed, including any wider lessons for the NHS as a whole, to minimise the number (and cost) of future cases.

The accounting treatment of losses and special payments is set out in the NHS Trust manual for accounts. It is the responsibility of the Trust to maintain a losses and special payments register in which details of losses and special payments are entered as they are known.

It is vital that all who come into contact with Humber Teaching NHS Foundation Trust - employee, contractor or patient - understand that fraud and security breaches against the NHS and against Humber Teaching NHS Foundation Trust are unacceptable and will not be tolerated and that the Trust is committed to applying all appropriate sanctions.

## 2. SCOPE

This policy applies to all staff employed by the Trust, those seconded to the Trust, contracted staff, those working in Trust premises and to all clients of the Trust.

## 3. POLICY STATEMENT

All losses and incidents that give rise to a request for special payments should be subject to an investigation and corrective action by the appropriate manager. Notification of all losses and requests for special payments must be forwarded to the Trust Secretary and dealt with according to the Trust's Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions and external requirements.

Wherever a fraud or a security breach is detected – by any person - this is and will continue to be investigated by our Local Counter Fraud Specialist (LCFS)/Local Security Management Specialist (LSMS) who professionally investigate using all expertise and resources available.

## 4. DUTIES AND RESPONSIBILITIES

### **Chief Executive and Director of Finance**

The Chief Executive and Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss.

### **Trust Board**

The Trust Board will be informed of any losses caused by theft, arson, neglect of duty or gross carelessness. The Trust Board is responsible for ensuring that the Trust is doing its reasonable best to manage its affairs through the implementation of internal controls to manage any risk of losses or special payments.

### **Directors/Managers**

All directors and managers are responsible for ensuring that any reported incidents are immediately notified to the Trust Secretary. Managers will be responsible for ensuring that an Adverse Incident Form is completed and this and all supporting documentation is sent to the Trust Secretary.

### **Audit Committee**

The Audit Committee will be kept informed of losses over £5,000. An annual report on losses and special payments will be submitted to the Audit Committee and form part of the Annual Accounts.

### **Trust Secretary**

The Trust secretary is responsible for maintaining a register of losses and special payments and reporting losses and special payments to the Audit Committee.

### **Local Counter Fraud Specialist**

The LCFS is responsible for taking forward all anti-fraud work locally in accordance with national standards and reports directly to the director of finance. The LCFS will investigate allegations of fraud and corruption in accordance with the instructions of NHS Counter Fraud Authority.

### **Local Security Risk Manager**

The Local Security Management Specialists will provide advice on ending losses, investigating losses, security incidents and breaches, any remedial action to be taken.

### **Trust Staff**

All staff are responsible for informing their line manager of any losses immediately. The relevant line manager must then promptly notify the assistant/deputy director for that service area who will inform the Chief Executive or Director of Finance.

## **5. PROCEDURES RELATING TO THE POLICY**

### **5.1. Losses**

The prevention of loss is a prime requirement of sound financial control, and control systems should be designed to achieve this. Losses do nevertheless occur, but internal checks, good security systems, regular supervision and internal audit must be used to ensure these are minimised.

Losses fall into three different categories:

#### **Category 1 – Losses of Cash**

Losses of cash or property belonging to the Trust apparently caused by theft, fraud, arson, sabotage, neglect of duty, vandalism, carelessness.

Overpayment of salaries, wages, fees and allowances.

Other causes including un-vouched or incompletely vouched payments, overpayments other than those included above, physical losses of cash and cash equivalents (e.g. stamps) due to fire (other than arson), accident or similar causes

## **Category 2 – Fruitless Payments, including abandoned Capital Schemes and Constructive Losses**

This relates to losses of cash or property belonging to the Trust apparently caused through inefficient operation of administrative controls or financial control systems.

A “fruitless payment” is a payment for which liability ought not to have been incurred or where the demand for the goods and service in question could have been cancelled in time to avoid liability

A payment that cannot be avoided because the recipient is entitled to it, even though the health body will receive nothing of use in return, should be classified as a fruitless payment or a constructive loss.

Because fruitless payments will be legally due to the recipient they are not regarded as special payments. However, as due benefit will not have been received in return, they should be regarded as losses.

Fruitless payments may be due to:

- Forfeiture under contracts as a result of some error or negligence by the NHS body
- Payment for travel tickets or hotel accommodation wrongly booked, or for goods wrongly ordered or accepted
- The cost of rectifying design faults due to lack of diligence or defective professional practices
- Extra costs due to failure to allow for foreseeable changes in circumstances

## **Category 3 – Bad Debts and Claims Abandoned**

The losses of cash or property belonging to the Trust which arises from other consequences, e.g. accident damage, bad debts cover cases involving:

- Private patients
- Overseas visitors
- Cases other than private patients and overseas visitors

The waiver or abandonment of a claim occurs if it is decided not to pursue a claim, which could be or had been, properly made including:

- a decision to reduce the rate of interest on a loan and therefore to waive the right to receive the amount of the reduction
- claims reduced as part of negotiations to recover a debt or for policy reasons
- claims which it was intended to make, but could not be enforced or were never presented
- claims where an overseas visitor has been given hospital treatment, but has no means to pay

## **Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use**

These cover cases including:

- Culpable causes, e.g. suspected or proven theft, criminal damage (including arson), fraud or sabotage (proven or suspected), neglect of duty or gross carelessness
- Losses by fire (other than arson)
- Losses by weather damage or by accident proved on due enquiry to be beyond the control of any responsible person

- Losses due to deterioration in use and deterioration in store due to some defect in administration

### **Theft of IT Equipment**

NHS bodies should ensure that staff and premises are equipped for the risks and attention to security of IT equipment is maintained at all times. The Local Security Management Specialists (LSMS) can provide guidance locally on securing IT equipment.

### **Responsibilities**

- All staff have an individual, personal duty of care in relation to Trust equipment and resources and must report immediately to their manager the discovery or suspicion of loss of any kind, except where a loss due to fraud is suspected.
- All members of staff have a general responsibility for the security of Trust property and of patients' property entrusted to them for safe keeping, for avoiding losses or damage of any kind and for guarding against incidents which may give rise to legal claims.
- Any member of staff who discovers or suspects a loss of any kind must either immediately inform their line manager, who must immediately inform the chief executive and director of finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the director of finance and/or chief executive. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved, if this has not already been done. An Adverse Incident Form must be completed within 10 days of the loss being discovered.

### **Managers' Actions**

Managers should take the following action on notification of a loss (excluding loss due to fraud):

- Reporting the loss and action taken to the appropriate bodies and immediately ending the loss and attempting to recover it other than where fraud is suspected.
- Find out the cause of the loss and taking appropriate corrective action, which includes:
  - Correcting any weakness in control or supervision.
  - Establishing responsibility insofar as it involves inadequate supervision, negligence or misconduct and taking appropriate disciplinary action.
  - Ensuring that any general lessons are picked up and applied in future.
  - If it is not fully recovered at once, recording the loss and all stages of subsequent action
  - Seeking approval, regardless of value from the Department of Health and Social Care, if the case is novel, contentious or repercussive
- Comply with the requirements of the Trust's Adverse Incident Policy by completing an adverse incident report and investigation form. The investigation form should detail the investigation findings and actions taken. An additional copy of the adverse incident report and investigation form should be sent to the Trust Secretary.

### **Local Security Management Specialists (LSMS) Advice**

Advice on ending losses, investigating losses and remedial action is available from the Local Security Management Specialists. It is especially important to access this advice and support as early in the process as possible where the outcome of the investigation may be a criminal prosecution. The LSMS needs to be informed and contacted for advice.

## Reporting/Police Involvement

For losses apparently caused by theft or where criminal damage is suspected the chief executive or director of finance should be consulted about involving the Police. For losses caused by vandalism or (suspected) arson, the senior manager for the affected area, in conjunction with the relevant director/assistant director/deputy director should make the decision to involve the police. The involvement of the police should be recorded on the incident form. The local security manager is available to advise those making this decision.

The Trust has robust procedures in place for protecting items of IT equipment. However if theft of IT equipment is suspected, this should be reported to the appropriate director. If through the loss there is a risk of loss of confidential or sensitive information, this should be reported to the chief information officer immediately who will advise the action that needs to be taken. An Adverse Incident Form should also be completed

## Salary Overpayment

Where an overpayment of salary is discovered, the manager should inform the payroll manager immediately, who will then become responsible for notification of the loss, and will take the lead in attempts to recover the loss.

## Fraud Losses

For losses where fraud is suspected it is important that all staff comply with the Local Anti-Fraud, Bribery and Corruption Policy. All suspicions of fraud should be reported directly to the Local Counter Fraud Specialist who is authorised to treat enquiries confidentially and anonymously. Staff should **not** investigate these matters themselves.

## Local Security

The Local Security Management Specialists will ensure that all requirements of the Local Security Management Directions are adhered to for all security related incidents of theft or criminal damage.

There are a number of avenues through which to seek redress:

- a. Compensation through the criminal court – either as a sentence in its' own right or in addition to another sentence imposed.
- b. Civil action to obtain a civil remedy – a civil remedy may be granted by a court to a party to a civil action.
- c. Confiscation order – an order that requires an offender convicted of an offence who has benefited from that offence, to pay a sum that the court consider appropriate.

## 5.2. Special Payments

Special payments are those which fall outside the normal day to-day business of the health body, or those for which exceptionally, and with the approval of the department, no statutory authority exists. They fall into one of four main categories:

- Compensation payments made under legal obligation
- Extra contractual payments to contractors
- Ex-gratia payments – for loss or damage to staff or patient property which has resulted from an act or failure of the Trust, and compensation payments made under legal obligation.
- Extra statutory or extra regulatory payments

Special payments should only be authorised after a most careful appraisal of the facts, and the Trust should satisfy itself that there is no feasible alternative to making a special

payment.

Approval and authorisation of a special payment should be made by the appropriate signatories indicated in Appendix 1.

Where the special payment is to a supplier as an extra contractual payment or under legal obligation, the manager should inform Procurement before any agreement is made. Procurement will help support the manager to review the circumstances of the request and to mitigate or remove any obligation for special payment where possible. Procurement will also be able to advise of the legal and contractual position and make any amendments required to ensure no further special payments will be incurred.

To ensure that all aspects are satisfactorily considered the checklist at Appendix 2 should be completed before making or undertaking to make any special payment that exceeds £1,000. The only exceptions to this are personal injury claims, in which case the guidance on the NHSLA website ([www.nhsla.com](http://www.nhsla.com)) should be followed.

The Trust will make ex-gratia payments to patients only where the property is not covered by disclaimer notices. This policy should be used to reimburse for lost property which is not covered by any disclaimer, and that no other routes should be used to reimburse patients.

The Trust will make ex gratia payments to staff only in exceptional circumstances where:

- The incident occurs during the course of their employment (unless resident) and reasonable action has been taken to prevent incidents occurring, e.g. taking off jewellery as appropriate.
- The articles lost or damaged are such as might reasonably be carried during the course of their employment.
- The articles are sufficiently robust for the treatment they might reasonably be expected to bear.
- The loss or damage is not due to the officer's own negligence.
- The loss or damage is not covered by an allowance, insurance or any provision for free replacement.
- Where the article can be repaired, the payment made should cover the actual cost of the repair. Where the article is lost or damaged beyond repair, the value of the property immediately before the incident should be paid, that is the cost of the replacement less an estimate of depreciation.

Staff are responsible for their own personal property at all times while on Trust premises and except in exceptional circumstances they are liable for any damage caused to their private vehicles even where this damage occurs on Trust premises or while on Trust business.

Managers should ensure that all properties including car parks display disclaimer notices to make it clear that the Trust is not responsible for private property on its premises.

Requests for an ex-gratia payment should be made in writing within one calendar month of the incident by the employee or patient (or key nurse) and authorised by the budget holder for the area concerned. A copy of the incident form, and a receipt or estimate of the cost of repair/replacement must accompany the written request. This should be sent to the Trust Secretary.

All claims or notification of potential claims for special payments received from a solicitor should be sent directly to the head of information governance and legal services.



### **5.3. Limits for Writing Off Losses and Making Special Payments**

These limits are shown by loss/payment type in Appendix 1.

All cases that are potentially over £5000 or are perceived to be novel, contentious or repercussive should be notified to the Trust secretary as soon as possible.

The manager investigating a loss must complete a checklist (Appendix 2) on completion of the matter, where the loss is over £1000. Where the loss is the result of fraud this checklist will be completed by the Local Counter Fraud Specialist (LCFS) and manager together. Help on completing the checklist is available from the Trust secretary. The Trust secretary must complete the checklist for all special payments over £1,000. All completed checklists should be forwarded to the Trust secretary.

For claims for losses or special payments of less than £1,000 these are made at the discretion of the director who has responsibility for the area where the claim has been made and in accordance with Appendix 1.

### **5.4. Accounting for Losses and Special Payments**

The Risk Management Team will summarise all incidents where loss has occurred on a six-monthly basis and forward to the financial controller for inclusion in the Annual Accounts.

The accounting treatment of losses and special payments is set out in the appropriate manual of accounts.

The Trust Secretary is responsible for maintaining the losses and special payments register in which details of losses and special payments are entered as they are known.

All losses over £5000 will be reported to the Audit Committee. An annual report on all losses and special payments will be considered by the Audit Committee.

## **6. EQUALITY AND DIVERSITY**

This policy details how the different categories of losses and special payments should be handled within the Trust. It does not discriminate against any person or groups of people.

An Equality Impact Assessment has been carried out by the author, which confirms that this policy does not impact on any equality group (Appendix 3).

## **7. BRIBERY ACT**

The Bribery Act applies to this policy.

For further information see

<https://www.justice.gov.uk/downloads/legislation/bribery-act-2010-guidance.pdf>.

If you require assistance in determining the implications of the Bribery Act please contact the Trust Secretary on 01482 389107 or the Local Counter Fraud Specialist on 07872 988939 / email [nikki.cooper1@nhs.net](mailto:nikki.cooper1@nhs.net) or Head of Anti-Crime Services on 07717 356707 / email [steven.moss@nhs.net](mailto:steven.moss@nhs.net).

## **8. IMPLEMENTATION AND MONITORING**

This policy will be disseminated by the method described in the Document Control Sheet (Appendix 2).

The implementation of this policy requires no additional financial resource.

## **9. MONITORING AND AUDIT**

This policy is monitored by the Audit Committee.

The Organisational Risk Management Group (ORMG) and the Health & Safety Group is provided with an update when required on all security investigations which are carried out and the findings and recommendations will be sent to the Service Manager and/or General Manager for them to act upon if appropriate.

## **10. REFERENCES TO ANY SUPPORTING DOCUMENTS**

NHS Finance Manual  
HSG(96)12 Directions on Financial Management in England

### **Associated documents**

Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions

Local Anti-Fraud, Bribery and Corruption Policy  
Adverse Incident Policy

Physical Security of Premises and other assets policy

This policy is not an NHSLA requirement.

## **11. MONITORING COMPLIANCE**

See Appendix 2.

**APPENDIX 1: FORM TO BE USED FOR LOSSES OR SPECIAL PAYMENTS OF UNDER £1,000.00**

<p><b>Type of Loss/special payment</b></p> <p>Please provide details of the loss or special payment requested</p>
<p><b>Date, Time and Location (if relevant) of incident</b></p>
<p><b>Details and circumstances in which loss or damage occurred</b> (Copies of incident/accident reports should support this claim wherever necessary)</p> <p>Please identify the loss or damage:</p> <p>Trust property <input type="checkbox"/>          Personal effects <input type="checkbox"/>          Patient property <input type="checkbox"/></p> <p>Other, please specify ..... <input type="checkbox"/></p> <p>Please provide details of the loss:</p>
<p><b>Amount claimed and details of who payment to be made to (if approved)</b></p> <p>£</p> <p><b>Please use capitals:</b></p> <p><b>Name</b></p> <p><b>Bank or Building Society Name</b></p> <p><b>Account Name</b></p> <p><b>Sort Code</b></p> <p><b>Account No</b></p>

**Contact details of claimant or person acting on their behalf**

**Name**

**Address**

**E mail and/or Telephone No**

**Signature of Claimant**

..... **Date** .....

I understand that it is a serious offence to make or conspire to make any false statement on this form or to withhold any relevant information, and that such an offence may make me liable for criminal prosecution and or/civil recovery proceedings. I consent to disclosure of information from this form to and by the Trust, the Trusts Counter Fraud Specialist and NHS Counter Fraud Authority for the purpose of verification, prevention, detection and prosecution of fraud.

**Details of person reporting the claim**

**Name**

**Division/Service**

**E mail**

**Telephone No**

**Has this incident/claim required any change to the process or review of current policy/procedure?**

**Yes ... please give details**

**No**

**Director or Senior/Divisional Manager Approval**

**Name**.....

**Signature**..... **Date**.....

**Approval by Director of Finance (and relevant Director for patient losses)**

**In all cases:**

Director of Finance Name .....

Director of Finance Signature .....

Date.....

**And, If Patient Losses – Director Approval**

Directors Name: .....

Directors Signature: .....

Date: .....

**For Completion in Finance Department Only**

Reference on Register	
Method of Payment	
Date Processed	
Payment made to	
Financial Controller Approval	

A photocopy will be returned to the appropriate Director as confirmation that the claim has been approved.

When completed form to be e mailed to Divisional/Senior Manager

## APPENDIX 2: AUTHORISATION OF LOSSES, WRITE OFFS AND COMPENSATION PAYMENTS

Type of Loss/ Special Payment	Up to £1000	£1001 - £4999	£5000 -£19999	£20000-£49999	£50000+
Losses of Cash	Financial Accountant and Director of Finance	Trust Secretary and Director of Finance	Trust Secretary and Director of Finance	Director of Finance and Chief Executive	Trust Board
Fruitless Payments*	Trust Secretary and Director of Finance		Trust Secretary and Director of Finance	Director of Finance and Chief Executive	Trust Board
Bad Debts	Financial Accountant and Director of Finance	Trust Secretary and Director of Finance	Trust Secretary and Director of Finance	Director of Finance and Chief Executive	Trust Board
Losses of Equipment and damage to property	Trust Secretary and Senior Manager		Trust Secretary and Head of Department/ Deputy Director of Operations	Head of Department/ Deputy Director of Operations and Chief Executive	Trust Board
Compensation Payments under Legal Obligation	Trust Secretary/Head of Information Governance and Legal Services		Trust Secretary/ Director of Finance	Trust Board	
Extra Contractual Payments to Contractors	Trust Secretary/Director of Finance		Director of Finance/ Chief Executive	Trust Board	
Ex Gratia Payment to staff	Trust Secretary, Lead Director and Director of Finance		Trust Secretary/ Head of Department/ Deputy Director of Operations	Director of Finance and Chief Executive	Trust Board
Claims for Patient's Lost Property	Lead Director and Director of Finance		Director of Finance and Chief Executive	Finance/Audit Committee	Trust Board
For clinical negligence where legal advice obtained	Trust Secretary/Head of Information Governance and Legal Services		Trust Secretary/ Director of Finance	Trust Board	
For Personal Injury where legal advice obtained	Trust Secretary/Head of Information Governance and Legal Services		Trust Secretary/ Director of Finance	Trust Board	
Other	Trust Secretary and Head of Department/Deputy Director of Operations		Trust Secretary/ Director of Finance	Trust Board	

\*A payment which cannot be avoided because the recipient is entitled to it even though the NHS Trust will receive nothing of use in return, should be classified as a fruitless payment or a constructive loss. A "fruitless payment" is a payment for which liability ought not to have been incurred or where the demand for the goods and service in question could have been cancelled in time to avoid liability ([www.info.doh.gov.uk](http://www.info.doh.gov.uk))

## Checklist for all Losses and Compensation Payments over £1000

Category:

Type of case - Reference number:

Health Body (name and code):

1. Record the amount involved and the reasons why the loss arose.

2. Detail the background of case giving full reason why payment is necessary. Have other alternatives to the payment been investigated? If not, why not? If so, provide details.

3. **Was fraud involved?** If so complete a fraud report and ensure that the LCFS, NHS Counter Fraud Authority, Internal and External Auditors, and where relevant the police, are informed of the fraud in accordance with NHS Counter Fraud Authority Directions. Directions and using the reporting system as specified by NHS Protect. Enter dates of completion of fraud report.

4. **Was theft or criminal damage involved?** If so have the police been informed? If not, give the reasons why not? All security related incidents must be reported to the Local Security Management Specialist.

5. **For abandoned works**, were detailed specifications identified before the scheme went ahead? How did the projected work compare to these detailed specifications? At what level, by whom, and why was the scheme approved? Why was the scheme abandoned and by whom? Could the scheme have been aborted earlier? Was the scheme joint financed? If so, was any agreement signed? Was legal advice taken in the drawing up of an agreement? Is the other party prepared to pay half of the costs of the scheme?

**6. For Bad Debts and Claims Abandoned.** Were invoices raised on a regular basis? Was the debt monitored and chased regularly? Were services withdrawn upon continued non-payment? Enclose report showing when invoices were raised and where relevant paid.

For cases involving businesses – has the business gone into liquidation/receivership? If so, are you listed as a creditor and do you have confirmation of this from the liquidator /receiver? If not, why not? Are any dividends being paid out? Was the financial integrity of the business looked into before goods or services were supplied? If not, why not and have procedures been revised to ensure this is carried out in the future?

**7. For rental cases only** - did the tenant enter into lease agreements prior to occupation? If not, why not? If the lease was faulty investigate whether action can be taken against legal advisors who drew up the agreement? Provide an analysis of rent and services charges.

**8. For private patients** cases was an undertaking to pay signed? If not, why not? Was a full estimate of potential costs given and full deposit taken to cover these costs? If not, why not?

For overseas private patient's cases – have the relevant embassies been contacted for payment (if applicable)? For overseas visitors, are robust procedures in place in the NHS body to identify and charge liable overseas visitors? If not, why not? Was the overseas visitor informed that he/she would be liable to pay for the full cost of treatment? Was treatment, in a clinical opinion, immediately necessary or urgent? If treatment was not urgent why was it given before obtaining a sizeable deposit?



9. **Stores (only)** - Are any linen losses calculated at 50% of the replacement value? Is this in accordance with the guidance? Is the total loss more than 5% of the total stock value? Confirm that the loss has been valued at book value less net disposal proceeds.

10. **For extra contractual payments to contractors.** Have other alternatives to the payment been investigated? If not, why not? If so, provide details. Provide detailed calculations on which the payment is based.

11. **For ex gratia payments.** Have other options been considered? If not, why not? Explain why an ex gratia payment offers the best value for money. Confirm that the proposed payment does not place the claimant in a better position than if the error had not occurred? If it does, why? In cases of hardship record what evidence exists on this? Provide detailed calculations to support the proposed payment and demonstrate why the proposed sum is in accordance with the relevant paragraphs of this guidance.

For settlements on termination of employment, has relevant central guidance on such payments been followed in all respects? If not, why not?

For clinical negligence and personal injury cases has the relevant central guidance for such cases been followed in all respects? If not, why not?

12. Is the value of the loss reduced by insurance? If so, record the value of the gross loss and the value of the amount recovered by insurance.

13. Have all reasonable steps been taken to recover the loss? Provide details of the attempts that have been made to recover the loss or explain why no action has been taken. Has appropriate legal advice been sought? If not, why not? If advice has been sought, what recommendations were made and have these been followed? If not, why not?

14. Identify any failings in the actions of employees, including supervisors. Having considered this, is there a need for disciplinary action? Record what action has been taken or is proposed, or if no action is to be taken, explain why. Include dates, names of individuals and positions.

15. Was there any apparent breakdown of procedures? Detail weakness or fault in system of control or supervision.

16. What proposed improvements have been put forward to correct defects in the existing systems or procedures? Include the timetable for implementation of the improvements. What monitoring measures have been introduced to ensure the improvements are working effectively?

17. Is it necessary to inform the board/chief executive? If not, why not?

18. Do your SFIs require a Board report for this case? If so, please enclose the report. If not, consider whether in the light of this case your SFIs should be amended to require a Board report in such cases.

19. Having completed the above steps, detail the general lessons that can be drawn from this case. If a system weakness has been identified which has possible implications across the NHS the LCFS or the LSMS should report the problem to NHS Counter Fraud Authority using either the intranet fraud prevention referral system for fraud so that measures can be taken nationally to amend policy or systems.

20. Please give details of name and position of person forwarding this case for Department of Health and Social Care approval (if applicable). Give the date when this case was first brought to the attention of the Department of Health and Social Care (if applicable).

Name:

Position:

Date Department of Health and Social Care notified:

21. I have considered fully each point on this checklist and my findings are recorded in the attached case summary and/or in the spaces above. I confirm that the details recorded above and on the attached case summary are complete and accurate, and that all aspects of the checklist have been properly considered and actioned.

Signed by:

22. I confirm that the above details are complete and accurate and all aspects of the checklist have been properly considered and actioned. I agree that write off of this loss offers the best value for money for this case.

\* Note: Delete as appropriate.

\* This case is not novel, contentious or repercussive. I therefore agree to write off of the loss.

\* This case is novel, contentious or repercussive and I therefore request formal approval from the Department of Health and Social Care.

Signed by person completing the form:                      Date:

Countersigned by line manager:                      Date:

Please note this section must be signed in accordance with Appendix A or the delegated limits set by the Board. Please print names and position held in the organisation.

Name:- Position held:

Countersigned by:                      Position held:

## APPENDIX 3: DOCUMENT CONTROL SHEET

This document control sheet must be completed in full to provide assurance to the approving committee.

Document Type	Policy		
Document Purpose	The policy has been produced to provide guidance to staff when a loss or special payment is required		
Consultation/Peer Review:	Date:	Group/Individual	
List in right hand columns consultation groups and dates	21 August 2017	Medical Director, the Director of Finance, the Deputy Director of Finance, the Financial Services Manager, the Deputy Director of Integrated Governance, the Risk Manager/Local Security Management Specialist, the Local Counter Fraud Specialist and the Head of Information Governance and Legal Services.	
	June 22	As above, plus Finance Committee	
Approving Committee:	EMT	Date of Approval:	July 22
Ratified at:	N/a as minor changes	Date of Ratification:	N/a as minor changes
Training Needs Analysis: (please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [ ]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [ ✓ ]	Internet [ ]	Staff Email [ ✓ ]
Master version held by:	Author [ ]	HealthAssure [ ✓ ]	
Implementation:	Describe implementation plans below to be delivered by the author: Publication on the intranet		
Monitoring and Compliance:	Monitoring and compliance of the policy will be evidenced through losses or special payments received throughout the year.		

Document Change History: (please copy from the current version of the document and update with the changes from your latest version)			
Version number/name of procedural document this supersedes	Type of change, e.g. review/legislation	Date	Details of change and approving group or executive lead (if done outside of the formal revision process)
5.0	Full Review	July 2017	
5.1	Minor	April 2019	Minor changes to titles, contact details for Counter Fraud clarity re patient's property claims
5.2	Minor	July 2019	Policy updated to include route to be taken for patients' lost property
5.3		July 2022	Minor changes to typos Incorporated Security references from the procedure. Redress procedure Clarification on who should sign the form in Appendix 1. Approved by EMT (July 22).
5.4	Minor	Jan 2024	Minor amend. New form added as Appendix 1. Approved by director sign off (Pete Beckwith – 29 January 2024).

## APPENDIX 4: EQUALITY IMPACT ASSESSMENT (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Losses and Special Payments Policy
2. **EIA Reviewer (name, job title, base and contact details):** Jenny Jones, Trust Secretary
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** Policy

<p><b>Main Aims of the Document, Process or Service</b></p> <p>This policy outlines the special control procedures that apply to losses and special payments. This policy and procedure details how the different categories should be handled and how corrective action must be carefully assessed.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
--

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <span style="color: green;">Low = Little or No evidence or concern (Green)</span>  <span style="color: orange;">Medium = some evidence or concern (Amber)</span>  <span style="color: red;">High = significant evidence or concern (Red)</span></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
--	---	--

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	Including specific ages and age groups:  Older people Young people Children Early years	Low	No evidence of any impact
<b>Disability</b>	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:  Sensory Physical Learning Mental health  (including cancer, HIV, multiple sclerosis)	Low	No evidence of any impact

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Sex</b>	Men/Male Women/Female	Low	No evidence of any impact
<b>Marriage/Civil Partnership</b>		Low	No evidence of any impact
<b>Pregnancy/Maternity</b>		Low	No evidence of any impact
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	No evidence of any impact
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	No evidence of any impact
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	No evidence of any impact
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No evidence of any impact

### Summary

<b>Please describe the main points/actions arising from your assessment that supports your decision.</b>	
There is no evidence of any kind to suggest any differential impact of this policy on the target groups.	
EIA Reviewer: Jenny Jones, Trust Secretary	
Date completed: July 2022	Signature: J Jones