



## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy: Patients' Property Procedures</b>		
<b>Lead Manager: Carmel Devlin</b>	<b>Title: Senior Accountant</b>	
<b>Directorate: Finance</b>	<b>Department: Financial Accounting</b>	
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<b>Short Description of Policy</b> The guidance covers patients in both acute and community settings and is intended to provide advice to Trust staff who, in the course of their day to day work or as a result of their employment, are involved in the administration of patient monies within the Trust.		
<b>Final Recommendations:</b> (please tick as appropriate)		
1.	<b>GREEN: No equality issues/impact: no further action</b>	√
2.	<b>AMBER: Minor equality issues/impact: actions identified</b>	
3.	<b>RED: Major equality issues/impact: full EQIA recommended</b>	
Please send draft completed form for quality assurance to <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a> For further information on quality assurance see page 3, section 3.		
<b>Final Approval Date:</b>		

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Western Health and Social Care Trust Patients' Property Procedures

### 1.2 Description of policy or proposal

The document lays out guidance for staff to follow when administering patient monies in the Trust, and steps which should be taken in various settings. It covers both receipt and expenditure of patient monies and the governance arrangements around these transactions, and onward reporting of the balances.

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

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

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

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

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

The document is a reference point for all staff and is intended to provide advice to Trust staff who, in the course of their day to day work or as a result of their employment, are involved in the administration of patient monies within the Trust. The document is to ensure consistency of approach and to mitigate any risk of loss arising in these circumstances.

### 1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Trust staff

Patients who may have patient monies looked after by the Trust.

Patient carers/relatives/next of kin

Solicitors

Will executors

External companies dealing with the Trust

Internal governance structures will oversee operation of the procedures once implemented.

**1.4 Other policies or decisions with a bearing on this policy or proposal**

WHSTC Standing Financial Instructions

WHSTC Cash Handling Procedures

- Corporate Appointee Guidance
- Safeguarding Vulnerable Adults Policy

WHSTC Risk management policies

**(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED****2.1 Data Gathering**

**2.1.1** What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Review of the S.75 groupings and assessment of the potential for impact on any of these.

Previous equality screening completed within the Department.

Workforce Planning information is provided in section 2.2

Census 2011 information for Western Trust area.

**2.1.2 How did you involve people?**

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

**Consultation and Engagement Statement:** In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

The guidelines were discussed by the Finance Dept, senior management Team in September 2022 and with some key stakeholders (eg facility staff.) since the procedures were previously updated in November 2019. As a result of these discussions, changes have been included in the revised procedures to address issues arising. Guidelines have been discussed with staff previously at Trust wide awareness sessions provided in the context of cash handling. Face to face training has not been possible since March 2020 but training is available online for all staff.

## 2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

<b>SECTION 75 GROUP</b>	<b>Service Users, etc.</b> Census Information 2011 Western Health and Social Care Trust Population:	<b>Staff Workforce Planning Information, WHSCT as @ 23/09/2022</b>
<b>GENDER</b>	<b>Male:</b> 146,051 <b>Female:</b> 148,366	Female: 11188 Male: 2815
<b>RELIGION</b>	Catholic: 182,996 (32.16%) Presbyterian: 29,353 (9.97%) Church of Ireland: 37,154 (12.62%) Methodist: 4,900 (1.66%) Other Christian: 7,212 (2.45%) Other religions: 1,475 (0.50%) No religion: 12,199 (4.14%) <b>Religion not stated: 19,128 (6.50%)</b>	Protestant: 3172 Roman Catholic: 8034 Not Determined/Not Known: 2797
<b>POLITICAL OPINION</b>	<b>Political Opinion - Based on first choice votes held by electoral office.</b> Nationalist: 86,834 (53%) Unionist 61,995 (38.06%) Other: 14,025 (8.62%) Overall total: 162,854	Broadly Unionist 851 Broadly Nationalist 1793 Other 1415 Do not wish to answer/not known 9944
<b>AGE</b>	0-4: 20,445 5-7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15: 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+: 1,333	16-24 :911 25-34: 2938 35-44: 3594 45-54: 3464 55-64: 2563 65+: 533

<b>MARITAL STATUS</b>	<p><b>Marital Status: All usual residents aged 16 and over (229,329)</b>  Single: 87,557  Married: 106,383  In registered same-sex civil partnership: 161  Separated but still legally married: 9,678  Divorced or formerly in a same-sex civil partnership which is now legally dissolved: 11,063  Widowed or surviving partner from a same-sex civil partnership: 14,487</p>	Married :7585 Single : 5007 Other: 1411
<b>DEPENDANT STATUS</b>	<p>All families in households: 77,758  Households with no dependent children: 37,650  Households with children: 76,204</p> <p>Residents who:  Provide 1-19 hours unpaid care per week: 17,538  Provide 20-49 hours unpaid care per week: 5,859  Provide 50+ hours unpaid care per week: 9,096  Provide no unpaid care: 261,924</p>	Yes: 2967 No : 3295 Not Known: 7741
<b>DISABILITY</b>	<p>Persons with:  Long-term health problem or disability:  Day-to-day activities limited a lot: 37,988  Long-term health problem or disability:  Day-to-day activities limited a little: 26,351  Long-term health problem or disability:  Day-to-day activities not limited: 230,078</p>	Yes: 315 No: 7742 Not Known: 5946
<b>ETHNICITY</b>	White: 290,923 (98.81%) Chinese: 486 (0.17%) Mixed: 740 (0.25) Irish Traveller: 251 (0.09%) Indian: 893 (0.30%) Other Ethnic Group: 294 (0.10%) Pakistani: 99 Black African: 115 (0.04%) Black Caribbean: 64 (0.02%) Black Other: 58 (0.02%) Bangladeshi: 21 (0.01%) Other Asian: 473 (0.16%)	Bangladeshi: 1 Black African: 13 Black Caribbean: 2 Black Other: 1 Chinese: 6 Filipino: 34 Indian: 110 Irish Traveller: 3 Mixed Ethnic Group: 11 Not assigned: 3880 Other: 68 Pakistani: 20 White: 9854
<b>SEXUAL ORIENTATION</b>	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	Attracted to: Opposite sex:7061 Same sex: 147 Same and Opposite sex: 29 Do not wish to answer/not known: 6766

### 2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
Gender	No issues identified	No issues identified
Age	No issues identified	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	No issues identified
Dependent Status	No issues identified	No issues identified
Disability	The procedures will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign language interpreters will be available as per Trust policy	The procedures and training will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign language interpreters will be available as per Trust policy
Ethnicity	The procedures will be available in alternative formats Foreign language interpreters and written translation will be provided in line with WHSCT policy	The procedures and training will be available in alternative formats
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No issues identified	No issues identified

### 2.4 Multiple Identities:

When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

<b>N/A</b>
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## 2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
<b>Disability (Service users)</b>	The procedures will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc Sign language interpreters will be available as per Trust policy
<b>Disability (Staff)</b>	The procedures will be available in alternative formats for staff with a disability e.g large font, audio, Braille etc. Sign language interpreters will be provided in line with WHSCT policy
<b>Ethnicity (Service users)</b>	Foreign language interpreters and written translation will be provided in line with WHSCT policy
<b>Ethnicity (Staff)</b>	The procedures and training will be available in alternative formats

## 2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

### (3) CONSIDERATION OF DISABILITY DUTIES

**How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?**

N/A

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?  
Complete for each of the Articles.**

<b>Article</b>	<b>Positive Impact</b>	<b>Negative Impact - human right interfered with or restricted</b>	<b>Neutral Impact</b>
Article 2 – Right to life			√
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			√
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			√
Article 5 – Right to liberty & security of person			√
Article 6 – Right to a fair & public trial within a reasonable time			√
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			√
Article 8 – Right to respect for private & family life, home and correspondence.			√
Article 9 – Right to freedom of thought, conscience & religion			√
Article 10 – Right to freedom of expression			√
Article 11 – Right to freedom of assembly & association			√
Article 12 – Right to marry & found a family			√
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			√
1 <sup>st</sup> protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			√
1 <sup>st</sup> protocol Article 2 – Right of access to education			√

**If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.**



**4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.**

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*
	N/A		Yes/No

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

**4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.**

N/A
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**(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?**

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

**How would you categorise the impacts of this proposal or policy? (Refer to Guidance Notes for guidance on impact)**

**Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?**

**Please tick:**

<b>GREEN:</b> No impact	√
<b>AMBER:</b> Minor impact	
<b>RED:</b> Major impact	

**Please tick:**

Yes	
No	√

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

The purpose of this document is to set out the Trust’s guidance regarding the administration of Patient monies.

The guidance outlines steps which should be taken in various settings. It covers both receipt and expenditure of patient monies and the governance arrangements around these transactions, and onward reporting of the balances.

**Communication with service users/families/carers**

Western Trust staff are committed to improving people’s health and social care and to make sure that people can understand the information they are given about their health and care. The procedures will be provided in different formats, to help to communicate the content. The procedures will be provided in large print, braille, easy read, in another language or by email if required. Service users or their family or carers may need a sign language interpreter or foreign language interpreter and this will be provided as appropriate. The procedures will be available on the internet. In line with Trust guidelines and policies staff should ensure that communication support needs are met when using this procedures.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to **MUST** include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust’s Equality Screening Report.

**(6) EQUALITY AND HUMAN RIGHTS MONITORING**

**What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?**

The Trust will maintain a supported database containing details of all related transactions for patient monies. Issues identified will be recorded and this will help inform ongoing assessment of the impact on the staff groupings affected. The Trust also maintains a register of any non-compliance with the guidelines to ensure governance over Trust assets and inform future controls and learning.

**Approved Lead Officer:** Carmel Devlin

**Position:** Senior Financial Accountant

**Policy/Proposal Screened By:** Carmel Devlin

**Date:** 26<sup>th</sup> May 2023

**Quality Assurance:** Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: [equality.admin@westerntrust.hscni.net](mailto:equality.admin@westerntrust.hscni.net). **Quality Assurance can take up to three weeks.**

**Directorate SMT Approval:** The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

**Quarterly Equality Screening Reports:** When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.