

<b>Section A: Assessment</b>	
<b>Name of Policy</b>	Patient Property Policy
<b>Person/persons conducting this assessment with Contact Details</b>	Bev Evans, Named Nurse Safeguarding E-mail: <a href="mailto:beverley.evans7@wales.nhs.uk">beverley.evans7@wales.nhs.uk</a> Tel: 029 2093 2628
<b>Date</b>	24 <sup>th</sup> June 2016

<b>1. The Policy</b>
<p><i>Is this a new or existing policy?</i></p> <p>Existing policy</p>
<p><i>What is the purpose of the policy?</i></p> <p>The aim of the policy is to provide clear advice to UHB staff about their responsibilities with regard to patient property, cash and valuables.</p>
<p><i>How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan</i></p> <p>By ensuring that people are and feel respected; this includes patients, carers and family members as well as staff, and that we</p>

communicate with people in ways that meet their needs.

*Who will benefit from the policy?*

Employees who handle and receive patients' property will benefit from this policy, along with patients and carers of patients who bring in property to the UHB.

*What outcomes are wanted from this policy?*

- The interests of the patient, the staff and the UHB are fully protected
- Safeguard the interest of particularly vulnerable adults, when they lack capacity to take responsibility for the safekeeping of their property and money
- Standardise and make explicit the procedures for handling patient property and money
- Reduce the liability of the UHB to loss or damage to patient property and money

*Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)*

None foreseen.

## **2. Data Collection**

*What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?*

*What quantitative data do you have on the different groups (e.g. findings from discussion groups, information from comparator*

authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

Please be advised that all the below lists and links are not an exhaustive list of the available evidence and information but provides an indicative summary of the evidence and information applicable to this policy.

A Google search of the policy undertaken on the 24<sup>th</sup> June 2016 found a number of Trusts had a similar policy; these all concluded that there was no impact found; although the list below is not exhaustive, it is representative of what was found in relation to this policy.

Yeovil District Hospital NHS Foundation Trust

<http://www.yeovilhospital.co.uk/wp-content/uploads/2016/01/Patient-Property-Policy-1.pdf>

Royal Cornwall Hospitals NHS Trust

<http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/PatientAdministration/PatientPropertyPolicy.pdf>

Medway NHS Foundation Trust

[http://www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID=144352&filename=/Patients\\_Property\\_In\\_Ward\\_Areas\\_Policy - POLCPCM048-3.pdf](http://www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID=144352&filename=/Patients_Property_In_Ward_Areas_Policy_-_POLCPCM048-3.pdf)

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

<http://www.newcastle-hospitals.org.uk/downloads/policies/Operational/PatientPropertyPolicy201506.pdf>

Leicestershire Partnership NHS Trust

<http://www.leicspart.nhs.uk/Library/PatientPropertyPolicyexpJun18.pdf>

Southern Health NHS Foundation Trust

[http://www.google.co.uk/url?url=http://www.southernhealth.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D42894%26type%3DFull%26servicetype%3DAttachment&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwid38\\_xyPHRAhWml8AKHSF0DokQFgq0MAQ&usq=AFQjCNE-hFd2JeluTYE\\_sMSDaXUe8SSvQg](http://www.google.co.uk/url?url=http://www.southernhealth.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D42894%26type%3DFull%26servicetype%3DAttachment&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwid38_xyPHRAhWml8AKHSF0DokQFgq0MAQ&usq=AFQjCNE-hFd2JeluTYE_sMSDaXUe8SSvQg)

Doncaster and Bassetlaw NHS Foundation Trust

[http://www.dbh.nhs.uk/Library/Patient\\_Policies/PAT%20PA%2012%20v.3%20-%20Patient%20Property%20Policy%20-%20final.pdf](http://www.dbh.nhs.uk/Library/Patient_Policies/PAT%20PA%2012%20v.3%20-%20Patient%20Property%20Policy%20-%20final.pdf)

Tameside Hospital NHS Foundation Trust

<https://www.tamesidehospital.nhs.uk/documents/patientpropertypolicy.pdf>

Isle of Wight NHS Trust

<http://www.iow.nhs.uk/Downloads/Policies/Patient%20Property%20policy.pdf>

Homerton University NHS Foundation Trust

[http://www.homerton.nhs.uk/media/219294/secure\\_management\\_of\\_patient\\_s\\_property\\_september\\_2013.pdf](http://www.homerton.nhs.uk/media/219294/secure_management_of_patient_s_property_september_2013.pdf)

Medway NHS Foundation Trust

[http://www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID=144352&filename=/Patients\\_Property\\_In\\_Ward\\_Areas\\_Policy\\_-\\_POLPCM048-3.pdf](http://www.medway.nhs.uk/EasysiteWeb/getresource.axd?AssetID=144352&filename=/Patients_Property_In_Ward_Areas_Policy_-_POLPCM048-3.pdf)

Consultation has taken place with Clinical Boards between 5.8.15 and 1.9.15 and again between 28.6.16 and 11.7.16; UHB wide consultation occurred between 28.6.16 and 13.7.16. Minor changes were requested to the document in relation to job titles and change of UHB structure, but no impact was highlighted.

Consultation took place with the Welsh Language Officer at Cardiff and Vale UHB on 2.2.17. He advised that patients and their families should have the right to discuss any issues around patient property in their preferred language of Welsh if they so wish, and if there are forms which patients or family members need to sign, then these should be available bilingual to sign. The Patient Property Disclaimer is a Welsh and English document and Section 2 of the Cardiff and Vale UHB Welsh Language Scheme details

how correspondence and communication in Welsh, if preferred by the patient or family will be provided.

The Chair of the Rainbow LGBT+ FFlag Network was consulted on 2.2.17 and advised that he saw no situation where the policy would impact on the LGBT+ community in a negative way, but that it is possible that it could affect everyone in a positive way.

Consultation also took place with members of the Vale 50+ Forum, Third Sector Council and Hafal between 22.11.16 and 19.12.16. There was no impact highlighted by those consulted with, however, we accept that absence of evidence is not evidence of absence, and so would look at this again when we next monitor the policy in 2019.

Two specific confidential issues were raised through this consultation by patient relatives; the comments highlighted how the policy was welcomed.

The Policy was presented to the Health Watch meeting of the Community Health Council on 13<sup>th</sup> December 2016; discussion relating to the policy took place with those present, and again, no impact was highlighted.

### 3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see [www.ons.gov.uk](http://www.ons.gov.uk) Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

**Do you think that the policy impacts on people because of their age?** (This includes children and young people up to 18 and older people)

No

**Do you think that the policy impacts on people because of their caring responsibilities?**

No

**Do you think that the policy impacts on people because of their disability?** (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy).

No

**Do you think that the policy impacts on people because of Gender reassignment?** (This includes Trans transgender and transvestites)

No

**Do you think that the policy impacts on people because of their being married or in a civil partnership?**

No

**Do you think that the policy impacts on people because of their being pregnant or just having had a baby?**

No

**Do you think that the policy impacts on people because of their race?** (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

No

**Do you think that the policy impacts on people because of their religion, belief or non-belief?** (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

No

**Do you think that the policy impacts on men and woman in different ways?**

No

**Do you think that the policy impacts on people because of their sexual orientation?** (This includes Gay men, heterosexuals, lesbians and bisexuals)

No

**Do you think that the policy impacts on people because of their Welsh language?**

No

#### **4. Summary.**

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

Is the policy directly or indirectly discriminatory under the equalities legislation?

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

The Policy has no impact on patients or health care providers in any of the equality groups detailed above. The Policy content supports the protection of an individual's interests. Respect is given to their dignity, privacy and beliefs, whatever their race,

religion, language, gender, disability, age or sexual orientation; an individual's communication needs will be considered and met at all times.

## Section B: Action

### 5. Please complete your action plan below. Issues you are likely to need to address include

•What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)

Consultation already undertaken with:


- Clinical Boards
- UHB wide
- Welsh Language Officer at Cardiff and Vale UHB
- The Chair of the Rainbow LGBT+ FFlag Network
- Vale 50+ Forum
- Third Sector Council
- Health Watch meeting of the Community Health Council

• What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups?

The policy will be reviewed three years from date of acceptance. Should there be any concerns raised during the three years, then the policy will be monitored and evaluated via the Clinical Standards and Innovation Group

## Equalities Impact Assessment Implementation Mitigation/Action Plan



Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
Individuals' communication needs if English is not the individuals' first language	UHB employee dealing with the request	To identify Interpreter/translator as required. Language Line is available when required	When need arises	Interpreter/translator provided. Use of Language Line when required	
<p><b>6. Report, publication and Review</b>  Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)</p>					
<p><b>Please record details of where and when EQIA results will be published</b></p> <p>The results will be published on the intranet and the internet once the Policy has been approved.</p>					
<p><b>Please record below when the EQIA will be subject to review.</b></p> <p>EQIA will be subject to review three years from date of acceptance of the Policy.</p>					
<b>Name of person completing</b>	Bev Evans				
<b>Signed</b>					
<b>Date</b>	27/02/2017				

<b>Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication</b>	Executive Director of Finance
<b>Signed</b>	
<b>Date</b>	

<b>Executive Summary</b>
<p data-bbox="188 619 383 655"><b>Background</b></p> <p data-bbox="188 695 1283 951">Cardiff and Vale UHB has a responsibility to provide safe custody for any property, cash or valuables handed in by patients for safekeeping, or where these items are found to be in the possession of patients admitted to hospital, where there is reason to doubt their mental capacity. The same applies when patients die in hospital. Where there is reason to doubt that the patient has mental health capacity to make decisions about their property and valuables, The Mental Capacity Act 2005 must be followed.</p> <p data-bbox="188 991 1283 1134">Patients admitted to hospital must be actively discouraged from keeping valuables, cash and other non-essential items of property with them. With the patient's agreement, relatives and friends should be encouraged to take all items home, except necessary items retained in the bedside locker.</p> <p data-bbox="188 1174 1294 1318">Patients are responsible for property, cash and valuables that they consider essential to their daily needs, which may include an item of value to them, if they have capacity to do this. Patients must be offered the opportunity to hand over any items not sent home for safekeeping, and if the patient declines,</p>

then a disclaimer form must be signed.

The correct application of this policy will ensure the safekeeping and integrity of patient property and minimise loss and risk to all concerned, and therefore, the aim of the policy is to provide clear advice to UHB staff about their responsibilities with regard to patient property, cash and valuables.

### **The scope of the EQIA**

The likely affects of the policy was assessed utilising the recent evidence from other health care organisations and staff consultation.

### **Key findings**

The Policy content supports the protection of an individual's interests. Respect is given to their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation. Any individual's communication needs will be considered and met at all times. No negative impacts have been identified at this stage.

### **Recommendations**

In terms of the review, it does not appear necessary at this stage to make major changes to the policy in terms of equality. All opportunities to promote equality have been taken. The policy should go ahead.