Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYLLID A PHERFFORMIAD
FINANCE AND PERFORMANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 October 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Procedures
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Head of Accounting & Statutory Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Each year planned reviews are undertaken of the financial procedures operated by Hywel Dda University Health Board (HDdUHB). The procedures, which set out the main financial system controls, are reviewed in terms of:

- Relevance
- Best practice
- Audit recommendations
- System change
- Health Board policy

The Finance and Performance Committee can take assurance that there is a robust review process in place in respect of financial procedures.

Cefndir / Background

The following procedures have been reviewed and are presented to the Finance and Performance Committee for approval:

- **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
- **Financial Procedure 051** - Income and Cash Collection
- **Financial Procedure 078** - Patient Property and Monies
- **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The purpose of these documents is to outline the key processes to be followed by Health Board staff in connection with the above-named financial procedures and to set out associated roles and responsibilities.

The review date of the following procedure falls in November 2025:

- **Financial Procedure 070** - Hospital Travel Cost Scheme

In order to ensure the Health Board's procedure aligns with the All-Wales procedure, approval is sought to defer the review the review and present an updated procedure to the Committee for approval at the February 2026 meeting.

Asesiad / Assessment

- **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
- **Financial Procedure 051** - Income and Cash Collection
- **Financial Procedure 078** - Patient Property and Monies
- **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The financial procedures are covered by a specific Financial Procedures Equality Impact Assessment (EqIA) with no negative impact.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- **APPROVE** the following updated financial procedures:
    - **Financial Procedure 050** - Cash Imprest Accounts – Rehabilitation Monies
    - **Financial Procedure 051** - Income and Cash Collection
    - **Financial Procedure 078** - Patient Property and Monies
    - **Financial Procedure 1032** - Treatment of Private Patients - Control of Admission and Collection of Income

The Finance and Performance Committee is requested to:

- **APPROVE** an extension to the review date of the following procedure:
    - **Financial Procedure 070** - Hospital Travel Cost Scheme

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Review and approve financial procedures on behalf of the Health Board
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd:	Not Applicable

Domains of Quality Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Previous procedures, internal audit report recommendations, standing financial instructions.
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	HDdUHB Finance HDdUHB Local Counter Fraud Service HDdUHB Workforce and Organisational Development

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial procedures are required to ensure sound financial control.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

Gweithlu: **Workforce:**	Not Applicable
Risg: **Risk:**	Financial procedures are required to ensure good governance and therefore minimise risk.
Cyfreithiol: **Legal:**	Not Applicable
Enw Da: **Reputational:**	Financial procedures are required to ensure good governance and sound financial control.
Gyfrinachedd: **Privacy:**	Not Applicable
Cydraddoldeb: **Equality:**	EqIA has been undertaken with no negative impacts on those with protected characteristics.

Cash Imprest Accounts – Rehabilitation Monies

Procedure information

Procedure number: 050

Classification: Financial

Supersedes: 3.0

Version number: 4.0

Date of Equality Impact Assessment: *Detail date of EqIA*

Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*

Summary of document:
The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/occupational therapy monies.

This policy needs to be read in conjunction with Patients Property and Monies procedure.

Scope:
Hywel Dda University Health Board wide

To be read in conjunction with:
Standing Orders Hywel Dda University Local Health Board (opens in new tab)
Standing Financial Instructions (opens in new tab)
815 - Counter Fraud, Bribery and Corruption Policy (opens in new tab)
Financial Procedures (opens in new tab)

Patient information:
Patient Information Library

Owning group:
Finance Directorate
Date signed off by owning group

Executive Director job title:
Director of Finance

Reviews and updates:
1.0 – New Procedure
2.0 – Full Review
3.0 – Full Review
4.0 – Full Review

Keywords
Cash, Imprest, Accounts, Rehabilitation, Monies, Money, Patients

Glossary of terms
MH – Mental Health Services
LD – Learning Disabilities
General Offices – The respective General Office for each of the Health Board sites including Patients Welfare Department.

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Procedure for NHS Staff to Raise Concerns Policy (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk,
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy (opens in a new tab) for further information.

Contents

Introduction

A number of Wards and Community Mental Health Teams (CMHT) within Mental Health and Learning Disabilities (MH&LD) are allowed a fixed monthly amount for patient's rehabilitation/ occupational therapy, which can be collected from General Offices. The amounts shall be determined and periodically reviewed - annually by the Mental Health and Learning Disabilities Director who has overall responsibility.

Scope

The financial procedure is Health Board Wide but covers the Mental Health and Learning Disabilities Directorate.

Aim

The aim of this document is to:

- Provide clarity of the process to the Mental Health and Learning Disabilities Directorate.
- Provide governance around the security of cash. The cash must be kept in a secure lockable cash box. The cash box, when not in use, must be locked and stored in a safe or in a secure location if no safe available.

Objectives

The aim of this document will be achieved by the following objectives:

- Confirming roles and responsibilities to ensure clear accountability in the organisation.
- Providing clear procedures of the actions to be followed.

Roles and Responsibilities

Procedure	Responsible Party
Handling of Monthly Allowances at Ward/ CMHT Level	Occupational Therapist Lead
Authorisation of activity expenditure	Service Manager and Occupational Therapist Lead
Reimbursement of Monthly Allowances	General Office/ Patients Welfare Department
Assurance expenditure is in line with procedure	Occupational Therapist Lead
Changes to the Monthly Allowance	Senior staff member identified by the Director of MH&LD Services

Handling of Monthly Allowances at Ward/ CMHT Level

The area's Occupational Therapists (OT) Lead will determine with the Ward/ CMHT Managers the patient activity and what is required. They will then issue the necessary monies for the activity to the OT technician and record this in the ward/ team book:

- Date monies issued, staff member the monies were issued to, the amount issued and their signature.
- When the purchase has been made, the trader's receipt and unspent monies shall be returned to the OT Lead who will complete the ward/ team book to show date monies/ receipts returned, record the amount of monies spent, supported by the receipts. The OT Lead should ensure that no personal debit/ credit card has been used in replace of the cash, and no loyalty cards have been used within the receipt.
- The Expenditure Form shall be completed for each purchase until the cash has been used.
- The Expenditure Form is signed by the Occupational Therapist and OT/ Ward/ CMHT Lead, with all trader's receipts attached, assuring that all activities have been undertaken.

Authorisation of Activity Expenditure

The Expenditure form and trader's receipts are then scanned/ taken to the Service Manager or the OT Lead for authorisation. The OT Lead forwards the documentation to the Business Manager for Budget Holders signature.

Once complete, the Business Manager will forward the signed documents to the OT Lead for reimbursement.

Reimbursement of Monthly Allowances

Reimbursement is available on a monthly basis from the General Office/ Patients Welfare Department.

The General Office/ Patients Welfare Department issues the monthly top up allowance to a member of the Ward/ Community staff on receipt of the previous month's Expenditure Form. The Expenditure Form shall be completed, including the rationale for the expenditure, attaching the trader's receipt and signed by the relevant Budget Holder.

The General Office/ Patients Welfare Department will check that the trader's receipts are attached for each item (particularly that the dates on receipts fall within the claim period), and that the form is arithmetically correct and duly signed.

If there is a difference, then this shall be investigated. Any deficits will be notified via email to the Head of Services and Head of Accounting and Statutory Reporting.

Any discrepancies will be reported to the Counter Fraud Department.

Having completed all checks, including the authorisation of the budget holder, the General Office/ Patients Welfare Department can make the reimbursement.

The General Office/ Patients Welfare Department will issue a new Expenditure Form for the new month, with the monthly allowance entered. This amount shall be checked in the presence of the staff member of the ward/ department, together with the cash to be held by the ward/ team. Those details will be then updated in the ward/ team book ensuring initials entered that the cash has been given by the responsible petty cash holder.

The member of the ward staff collecting the cash shall check the cash and sign the Rehabilitation book/ sheet to acknowledge issue and receipt of monies.

The monies shall be returned to the ward/ team immediately and given to the OT Lead. Both members of staff shall check the money before it is placed in the secure box, and the register updated to record the reimbursement. The register shall be signed by both members of staff to record the receipt of the new monies.

Assurance Expenditure is in line with Procedure

To ensure Governance of the expenditure, it will be the OT Team Lead responsibility to ensure that:

- No personal items have been made on any of the trader receipts that the staff member is claiming for
- The receipt has the method of payment showing on the receipt, and that no personal debit/ credit card has been used
- The receipt does not have any loyalty card numbers on it
- The receipt has not been defaced, e.g. method of payment is not visible

If any of the above are on the receipt that the staff member is claiming back, the OT Lead shall immediately notify the Head of Service, or if fraud is suspected, the Counter Fraud Department.

Changes to the Monthly Allowance

The Mental Health and Learning Disabilities Director is responsible for agreeing allowances and reviewing the level and appropriateness of expenditure. Requests for additional or increased allowances shall be made in writing. The Mental Health and Learning Disabilities Director will then inform the manager and the Patients Welfare Department of their decision and confirm to the Head of Accounting and Statutory Reporting.

Monitoring and Review

The monitoring and review of this procedure is the responsibility of the Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

Appendix 1 – Expenditure Form

Area:		Cost Code:		Monthly Amount:
Date	Description of Purchase		Activity Undertaken	Amount
			Total Amount of Receipts	

Declaration of Purchases/ Delivery of Activities

Staff Members Name	Declaration of Purchase	Signature	Checked
OT	You have used the monies according to the activity criteria.		
Ward/Team Lead	You have seen that the activity was delivered with the purchased items		
Head of Service	Checked for approval of payment		
Patients Welfare/ General Office	Checked all receipts, form and book are correct. Entered new amount monthly and initialled/ signed the book for audit purpose		

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Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Hywel Dda University Health Board wide
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	050 - Cash Imprest Accounts – Rehabilitation Monies

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies.

The aim of this document will be achieved by the following objectives:

- Confirming roles and responsibilities to ensure clear accountability in the organisation.
- Providing clear procedures of the actions to be followed.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will not have an impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no effect on individuals who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is in relation to workplace and employment only and is therefore not relevant for this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on those who are pregnant or are on maternity.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term ‘religion’ includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on people who have a religion or belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through ‘unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.’ For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: Armed-Forces-Covenant-duty-statutory-guidance					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.					

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim is to provide a clear process to be followed in relation to provision of cash to facilitate the payment of rehabilitation/ occupational therapy monies. It will have no impact on opportunities for people to use the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	29/09/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Timothy John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	29.09.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	13/10/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Income and Cash Collection

Procedure information

Procedure number: 051

Classification:
Financial

Supersedes:
Previous Versions

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:
N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards: N/A

Version number:
4.0

Date of Equality Impact Assessment:

Approval information

Approved by: Finance and Performance Committee

Date of approval:

Date made active:

Review date:

Summary of document:
This document outlines the system and procedure to be followed to ensure all income due to the Health Board is properly accounted for.

Scope:
Hywel Dda University Health Board wide.

To be read in conjunction with:
Standing Orders Hywel Dda University Local Health Board (opens in new tab)
Standing Financial Instructions (opens in new tab)
815 - Counter Fraud, Bribery and Corruption Policy (opens in new tab) Financial Procedures (opens in new tab)

Patient information:
EIDO Patient Information Library

Owning group:
Finance Directorate

Executive Director job title:
Director of Finance

Reviews and updates:
1.0 – New Procedure
2.0 – Full Review
3.0 – Full Review
4.0 – Full Review

Keywords
Income, Cash, Collection

Glossary of terms
WG – Welsh Government
HDUHB – Hywel Dda University Health Board
WHC – Welsh Health Circular
NCA – Non-Contracted Activity
CRU – Compensation Recovery Unit
AHCAT – Assistant Head of Core Accounting Team
ADOF – Assistant Director of Finance
AR – Accounts Receivables
DHCAT – Deputy Head of Core Accounting Team
HASR – Head of Accounting & Statutory Reporting
ICR - Injury Costs Recovery
LTAs - Long Term Agreements
LHBs - Local Health Boards
UHB – University Health Board
NHS – National Health Service
ARAC - Audit and Risk Assurance Committee

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the AW Raising Concerns (Whistleblowing) Policy. Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods.

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk ,
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy for further information.

Contents

Introduction

The Director of Finance is responsible for ensuring that appropriate systems and procedures are in place to ensure all income due to the Health Board is identified, collected, recovered, banked and recorded fully in the Financial Management System (Oracle E Business Suite).

The aim of this procedure will be achieved by ensuring staff are aware of how to handle cash and income securely to minimise instances of loss or theft. Where cases of fraud or corruption are suspected, the guidance given in the Health Board's Counter Fraud, Bribery and Corruption Policy should be followed.

Scope

This procedure is Hywel Dda University Health Board wide.

Aim

The aim of this document is to:

- Outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board.

Objectives

The aim of this document will be achieved by the following objectives:

- This procedure is to ensure financial probity and clarity of accountability in the organisation.

Roles and Responsibilities

	Procedure	Responsible party
1	**Receipting**	**Relevant department accepting cash/cheque**
2	**Banking**	**Relevant department accepting cash/cheque**
3	**Raising Invoices**	**Core Accounting Team**
4	**Submission of FIS 1 requests**	**Financial Accounting**
5	**Long Term Agreement (LTA) Schedules**	**Contracting**
6	**Non-Contract Activity**	**Contracting**
7	**Road Traffic Accidents**	**Core Accounting Team**

Income and Cash Collection

Receipting and Banking

All Income shall be receipted and recorded in the Health Board's Financial Management System (Oracle E Business Suite) in accordance with desk top operating instructions and banked on a weekly basis, with the following exceptions only:

- Income collected by deduction from salary will be receipted and recorded in the Health Board's Financial Management System but will not require banking. Systems will be in place to ensure the completeness of this income.

- Automatic credits to the Health Board's bank accounts will be receipted and recorded directly in the Health Board's Financial Management System as noted above, but again, will not require banking.

Only those officers nominated by the Director of Finance shall bank income.

When paying in money to the bank a triplicate paying-in book, provided by the Finance Department must be used as follows:

i. First copy retained by the bank; (when a security carrier is used, ensure that the second copy is not included with the banking)

ii. Second copy attached to the collector's account sheet and forwarded to the Finance Department;

iii. Third copy retained in the paying-in book

All sums of monies are to be banked on a regular basis by the security company which the Health Board shall employ, via the General Offices on the Acute sites.

Recovery of Income

All sales ledger invoices will be raised on a weekly basis following notification of income due. Invoices will be raised in accordance with desk top operating instructions. In addition, a register of periodic income will be maintained, and periodic invoices raised on a weekly basis.

Quarterly a sample of cancellation of invoices which occurred during the month shall be retrospectively authorised by HASR or DHCAT or AHCAT.

Statements, reminder letters and copy invoices will be issued, in accordance with section 'Credit Control and Debt Recovery' of this procedure, in order to secure the recovery of outstanding balances.

The Health Board will retain the services of a debt collection agency and will refer accounts (in accordance with section 'Credit Control and Debt Recovery') to this agency where payment against overdue accounts cannot be secured by the Health Board.

Where appropriate, income may be recovered by deduction from salary. The approval from the employee shall be obtained before making deduction from salary, unless the agreement is already included in their contract of employment, with reference to Workforce policies as required.

The Health Board's main source of income is via Welsh Government and will be in the form of an annual allocation. This will be updated throughout the year as additional funding is provided by Welsh Government. The Health Board will request the drawdown of the allocation monthly via a FIS1 form; this is then paid to the organisation at the start of each month.

Other sources of income to the Health Board include the following, but not exclusive to:

Long Term Agreements with Local Health Boards

Long Term Agreements (LTAs), between Hywel Dda UHB and other Local Health Boards (LHBs) for patient services should be agreed in accordance with the timetable set out by WG. It will not be necessary for the HDUHB to invoice the LHBs to recover income. Other LHBs may also produce payment schedules and will advise the Health Board if an invoice is required.

Any adjustments to the LTA that are agreed with the LHBs will be detailed in an amended schedule and the monthly payments adjusted accordingly.

LTA schedules will be reconciled to the general ledger monthly.

Non-Contracted activity

WHC (2006) 12 sets out the basis on which NHS Health Boards may charge commissioners for activity that is not covered by an LTA or other contract. It applies to all non-elective activity and to elective activity for which prior permission has been obtained from the responsible commissioner.
The Finance department will invoice the value of Non-Contracted Activity (NCA) to the responsible commissioner.

Patients from Overseas

The Welsh Government Charging Regulations place a legal obligation on Health Boards in Wales to establish if people to whom they are providing NHS hospital services are not normally resident in the UK. If they are not, then charges may be applicable for the NHS hospital services provided. When that is the case, the Health Board must charge the person liable for the costs of NHS hospital services in accordance with financial procedure 082 - Identification and Changing for Overseas Visitors for NHS Treatment Financial Procedure (opens in new tab).

Category II Fees

Category II fees are due to both the Health Board and relevant practitioner where work is undertaken for which there is no clinical need, for example medical reports for solicitors or insurance companies.

A fixed proportion of the category II fee is due to the practitioner if certain criteria are met (as per Amendment to the National Consultant Contract in Wales, 2.10 -see Appendix 1.) and following recovery, should be paid to the practitioner via Payroll. Please refer to 1032 - Treatment of Private Patients - Control of Admission and Collection of Income Financial Procedure (opens in new tab)

Test Fees
The main source of this income is the cost of tests performed by the Cardiology and Pathology Departments.

Tariffs for the Cardiology and Pathology Departments are uplifted annually by Finance. Cardiology and Pathology Departments will notify the Finance Department of activity in order that an invoice can be produced for tests performed.

Road Traffic Accidents
The Compensation Recovery Unit (CRU) under the provisions of the Road Traffic (NHS Charges) Act 1999 will be responsible for the collection of all income due to the Health Board following Road Traffic Accidents, in accordance with financial procedure 1001 - Injury Costs Recovery Scheme Financial Procedure (opens in new tab).

Private Patients
Each practitioner undertaking private practice within the Health Board shall provide the Finance Department details of each private activity – the Agreement to Pay Form.

The Finance Department shall invoice all private patients for services provided by the Health Board in accordance with financial procedure 1032 - Treatment of Private Patients - Control of Admission and Collection of Income Financial Procedure (opens in new tab).

Accommodation
The Hotel Services Department send Finance monthly spreadsheets of any charges required for rent and bonds. The Finance Department will notify the Payroll Department of any deductions from pay details and will raise invoices to staff.

Vending Machines and telephone coin boxes
Vending machines will be emptied on a regular basis, at least monthly. Any telephone coin boxes can be emptied as required and always by two members of staff. Staff will sign a return recording the amount collected and all income will be taken weekly to a general office to be officially receipted (if not collected by GO staff.)

Canteen and shop (if applicable) Income
Appendix 2 of this document details the procedure to follow for all departments operating cash tills, which includes cashing up and cash security.

Disposal of Surplus Assets
The Procurement Department is responsible for arranging the disposal of surplus assets and other items. An All-Wales contract is in place for the disposal of all assets, refer to 093 - Disposal of Surplus and Obsolete Furniture, Equipment, Sale of Scrap and Other Waste Materials Procedure (opens in new tab) for further information. Income will be paid directly to the Health Board Bank Account and will be receipted as per section ‘Receipting and Banking’.

Crèche
The Health Board's crèche based in Withybush General Hospital is open to all children (Health Board employees and the General Public).

An officer of the crèche will prepare a schedule on a monthly basis of charges to employees for the time that their children have spent in the crèche and this will be forwarded to the Payroll Agency who will arrange deduction from salary, all others will make Payment directly with the General Office.

Lease Cars and Salary Sacrifice schemes
The relevant administrators of the salary sacrifice scheme will notify Payroll of the amounts to be deducted from salary in respect of the Health Board Salary Sacrifice Schemes.

Telephone Charges
The cost of private telephone calls logged on call logging software or by switchboard will be recharged to the individual making the call.

Payroll will be notified of charges to be deducted from employees.

Junior Doctors Training and Agenda for change training
Funding is received by an allocation from Welsh Government with regards to junior doctors.

HEIW will also provide funding for agenda for change staff who are in training which is invoiced on a monthly basis.

Recharges
Where expenditure is incurred on behalf of a third party income and expenditure shall be shown net. Such arrangements will only proceed where the Health Board has assurances that the expenditure incurred will be reimbursed by the third party. This will usually take the form of a letter or an email confirmation from the third party.

All Other Income
The Accounts Receivable team (based within the Core Accounting Team) shall be notified by relevant managers of all other income to be recovered, which can include for example
- Mortuary fees
- Sterilisation charges

The Accounts Receivable team will recover this income through invoicing at the request of a RRB to be completed and emailed to AccountsReceivable.HDD@wales.nhs.uk. (Please see Appendix 3)

Control
The Accounts Receivable team will be responsible for maintaining a register of regular/periodic income. The Senior Accounts Assistant for Accounts Receivable will ensure that such income is invoiced on a weekly basis.

The Senior Accounts Assistant for Accounts Receivable will review invoices raised against the register of regular/periodic income to ensure both the completeness of income and the timeliness of invoicing.

Those departments anticipating income through the mail shall ensure, where it is practical, that two members of staff are responsible for opening the mail.

The Financial Management System Accounts Receivable module will be closed at month-end in accordance with the Finance Department's period end closure timetable.

The Financial Management System's general ledger Accounts Receivable control accounts will be reconciled to the sales ledger monthly and prepared and certified via the Finance Reconciliation system (Blackline) monthly, as per the Finance timetable.

An aged debt analysis report will be produced from the Financial Management System monthly. This report will be reviewed by the Senior Accounts Assistant for Accounts Receivable and information in relation to NHS and WG will be reported monthly to WG.

Credit Control and Debt Recovery

Raising of Invoices

All income due to the Health Board will be notified to the Accounts Receivable team in writing in the agreed format, monthly. It is the responsibility of the requesting manager/department to ensure that the income source is valid and all details and backing documentation relating to the income source is correct and maintained e.g. Service Level Agreement relating to the income source. This documentation will be subject to scrutiny by the Health Board's auditors.

All requesting managers/ departments are expected to assist the Accounts Receivable team in the event of an invoice query or invoice dispute.

Recovery of Debt

The payment terms for all invoices are within 14 days. Alternative payment terms must be agreed by the Senior Accounts Assistant for Accounts Receivable.

However, anything where recovery is requested for a period longer than 12 months will be raised to the Deputy Head of Core Accounting Team and will need approval by the Director of Finance. The collection agency may also recommend acceptance of payment by instalments as a settlement to debts referred to them for collection.

All correspondence with accounts receivable will be recorded in the Health Board's Financial Management System.

NHS Debtors

All NHS Wales debtors will be issued with statements monthly. All NHS overdue accounts will be contacted by email within 28 days of the due date (30 days after invoice date,) to secure settlement. All NHS Wales debts will be pursued in accordance with the extant circular regarding the Debtor Arbitration Process WHC (2024/022). All overdue Other NHS debts will be pursued in the same period as the arbitration process for NHS Wales debts; however Other NHS debts may be referred to the debt collection agency after 22 weeks.

Non-NHS – Public Sector
Non-NHS public sector accounts with high volume of transactions will be sent statements monthly. All public sector overdue accounts will be sent a first reminder letter within 28 days of the due date. The first reminder letter will request settlement within 7 days. Where invoices remain outstanding, the public sector body will be contacted by telephone/emailed to establish why settlement has not been made.

Overdue debts not settled after the first reminder letter and emails will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days; otherwise, the account may be forwarded to the debt collection agency.

Non-NHS – Staff
All overdue accounts will be sent a first reminder letter within 28 days of the due date. The letter will request settlement within 7 days. Staff debtors may also be contacted by telephone/email where appropriate.

Overdue debts not settled after the first reminder letter and telephone call / emails will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days; otherwise, the account will be forwarded to the debt collection agency.

Non-NHS – Other
All overdue accounts will be sent a first reminder letter within 28 days of the due date. The letter will request settlement within 7 days.

Overdue debts not settled after the first reminder letter will be sent a final reminder letter within 14 days of the revised due date. This letter will request payment within 7 days otherwise; their account will be forwarded to the debt collection agency.

Debts greater than £100 not settled following the final reminder letter will be forwarded to the debt collection agency monthly.

External Recovery of Debt
The Senior Accounts Assistant for Accounts Receivable will review the Accounts Receivable ledger monthly to identify those debts to be referred for external debt collection. The Senior Accounts Assistant for Accounts Receivable will maintain a schedule of debts referred for external collection and deal with all correspondence with the debt collection agency.

Where the address of the customer is unclear and the outstanding debt is greater than £100, the debt collection agency will be authorised to perform a search. The debt collection agency will advise when the only option for proceeding with collection is through the courts. This action will only be taken after an economic appraisal of the cost of recovery and enforcement is undertaken.

Write Off of Debt

The Senior Accounts Assistant for Accounts Receivable will maintain a schedule (the "Write Off Schedule") of debt to be passed to the relevant parties for authorisation for write off Individual debts:

- Under £1,000 – Director of Finance
- Between £1,000 - £5,000 – Chief Executive Officer & Director of Finance
- Over £5,000 – Audit and, Risk Assurance Committee (ARAC)

Outstanding debts less than £100 not referred to the Debt Collection Agency will be included on the Write Off Schedule for write off when the debt is over 6 months old.

Debt referred to the Debt Collection Agency shall be written off on receipt of advice that they are unable to pursue collection.

The Senior Accounts for Accounts Receivable is responsible for ensuring that written off debts are recorded in the Financial Management System.

Charities

In all instances agreement to pay is obtained prior to purchasing goods/services for which an invoice is subsequently raised to the relevant Charitable organisation.

Where invoices remain outstanding with a charitable body, the debtor will be contacted by email / telephone to try to ensure settlement.

All Charitable body debts not settled after the second reminder letter may be followed up with a further letter from the Director of Finance seeking payment and referred to the Charitable Funds Committee.

Hospital Cafeteria System

All Income from the canteen must be banked and receipted daily, unless the total cash taken per week is less than £20, weekly collections are acceptable. Full details of the Hospital Cafeteria system can be found in Appendix 2.

Training

The Core Accounting Team is responsible for ensuring that all Finance Staff have detailed instructions which support deployment of this procedure and that they are appropriately trained to use the system.

Monitoring and Review

The monitoring and review of this procedure is the responsibility of the Deputy Head of Core Accounting Team who is based in Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

Appendix 1 – Extract from Amendment to the National Consultant Contract in Wales July 2004

2.10 Fee paying work including Category 2 (such as for government departments and additional work for NHS organisations) should not attract double payment. However, it may be carried out with the professional fee retained by the Consultant in the following circumstances, which will be agreed in the job plan review: -

1. When carried out in the Consultants uncontracted time or in annual or unpaid leave.

2. Where it is agreed the work involves minimal disruption to contracted NHS time. This may be particularly relevant in circumstances such as the undertaking of the occasional post-mortem examination for the coroner's office. This will be considered as part of the job plan review.

3. Where such work constitutes a significant element of time, Consultants will identify this in the job planning process, and identify 371/2 hours of time provided to the NHS apart from this work.

If none of the above circumstances apply and the work is carried out within NHS sessions with no compensatory time provided elsewhere, the professional fee is remitted to the employer. Otherwise, provision as set out in Terms & Conditions, Paragraphs 30 to 39.

Appendix 2 – Operation of Till Guide

Operation of Till

a. Only the authorised nominated officers are allowed to operate the cash register.
b. The fixed cash float should be checked at the commencement of each session and signed as agreed.
c. Initial the audit roll and record the date and time before sales commence and at the end of each session.
d. Each individual cash transaction must be recorded (rung up) as a separate amount on the till-roll.
e. Any errors should be initialled by the till operator on the till-roll, the error transaction to be voided and countersigned by a supervisor.
f. In the event of any change of staff responsibility during a period of duty, where practicable, the contents of the till must be checked and handed over and signatures of both parties obtained in a book provided for that purpose.
g. Should the till-roll require changing during a session, a sub total must be registered at the end of the previous roll and beginning of the new roll and the till operator's signature recorded, together with date and time. If the till roll is kept in a locked box of the machine, the till operator should not hold the key.

Cashing up – Till Operator

a. At the end of each session, the till operator on duty will empty the till, count out and replace float, and count the takings.
b. On electronic tills, a printed slip on the receipt roll, showing date and total amount of takings and identity of operator for each session is issued. This slip and cash shall be collected by the cash collecting officer for receipting.
c. At the end of each session, the till-roll must also be initialled, and date and time entered by the till operator on duty.

Cashing up – General Office

a. A reading from the till-roll must be obtained and reconciled with the cash taken. A register should be maintained showing the actual cash taken for each session and the readings recorded. All "overs" and "unders" should be clearly shown, and also the identity of the operator for each session. All overs and unders in excess of £5 must be authorised by the Catering Manager /Supervisor.
b. The till- rolls when completed should be verified against the summary slips produced at the end of each session.
c. Whilst cash collection should be on a daily basis, if the total cash taken per week is less than £20 weekly collections are acceptable so long as the till is lockable and in a secure location.

Security of Cash Weekend and Evening Takings

The Chief Executive by means of the Scheme of Delegation should ensure that strict Security precautions are taken during these periods and at other times when General Office staff are unavailable for collection of cash. Appropriate arrangements (e.g. night safe facilities), should be in place to safeguard cash outside normal office hours.

Cash Register
Wherever possible, the cash register should be permanently fixed to the serving counter to deter removal.

The cash drawer must be locked at all times when meals are not being served and keys must not be left in the machine. Where cash registers are not permanently fixed to the serving counter, then the drawer must be removed and kept in a secure place (Safe).

At mealtimes the drawer must not be left open.

Security of Keys

a. The key of the till cash drawer (operator key) should be the personal responsibility of the delegated till operator.
b. Custody of keys shall pass from one officer to another only against the signatures of the two officers in a book maintained for that purpose.

Appendix 3 – Request to Raise a Bill

Bwrdd Iechyd Prifysgol Hywel Dda
Hywel Dda University Health Board

REQUEST TO RAISE A BILL

Name	
Address	
Postcode	
Phone	
Email Address	
FAO:	
Is this a Recurring Invoice (please select from drop down option)	No
If Yes, enter the Income Ref Number	
Enquiries to:	
Req No/Our Ref	
PO Ref	

Management Accounts Use Only:

Directorate (please select from drop down option)	

Debtors Team Use Only:

Account No	
Invoice No	

CHARGES TO BE RAISED

Item Ref	Invoice Narrative (What the customer reads)	Finance code	Unit price	Qty	Total charge (Excl. VAT)
1				1	-
2					-
3					-
…					-
					-

VAT CLASSIFICATION - MUST BE COMPLETED

Standard rated	Subject to VAT at 20%	**Exempt**	Not subject to VAT by VAT law
Reduced rated	Subject to VAT at 5%	**Outside the scope**	Transaction outside of the VAT system
Zero rated	Subject to VAT at 0%		

Guidance on the VAT classification of common supplies made by the Health Board can be found within the Health Board's VAT income guide or otherwise from guidance published by H M Revenue & Customs (HMRC). It is recommended that documentation is provided along with this form to support the VAT classifications selected. A copy of a completed questionnaire from the VAT income guide can be used for this purpose.

Item Ref	VAT classification	How concluded/Supporting evidence provided (optional)	VAT to charge
1	Standard rated (20%)		
2			
3			
…			
			-

INVOICE SUMMARY

Total charges (excl. VAT)	-
Total VAT	-
Gross invoice amount	-

Requested by:		**Date:**	
Department:			
Contact Telephone			
Authorised by:		**Date:**	
Department:			
Contact Telephone			
Actioned by:		**Date:**	

Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support

For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Hywel Dda University Health Board wide
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	051- Income and Cash Collection

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board.

The aim of this document will be achieved by providing financial probity and clarity of accountability in the organisation.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will not have an impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no effect on individuals who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is in relation to workplace and employment only and is therefore not relevant for this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on those who are pregnant or are on maternity.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term ‘religion’ includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on people who have a religion or belief.					
Sex					

Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The aim of this document is to outline the process for credit control and debt recovery arrangements, including cash handling within the Health Board. It will have no impact on opportunities for people to use the Welsh language.

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	29/09/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Timothy John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	25.09.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	13/10/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Patient Property and Monies

Procedure information

Procedure number: 078

Classification: Financial

Supersedes: 4.0

Version number: 5.0

Date of Equality Impact Assessment: *Detail date of EqIA*

Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: Enter review date (normally three years from approval date)

Summary of document:
The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the management and safekeeping of property and monies brought onto the Health Board's sites by patients and to set out associated roles and responsibilities.

Scope:
Hywel Dda University Health Board wide.

To be read in conjunction with:
Standing Orders Hywel Dda University Local Health Board (opens in a new tab)
Standing Financial Instructions (opens in a new tab)
Counter Fraud, Bribery and Corruption Policy (opens in a new tab)
Financial Procedures (opens in a new tab)

Patient information:
Patient Information Library

Owning group:
Finance Directorate
30/09/2025

Executive Director job title:
Director of Finance

Reviews and updates:
1.0 – New Procedure – 01.10.2009
2.0 – Full Review – 10.01.2012
3.0 – Full Review – 24.09.2019
4.0 – Full Review – 10.11.2022
5.0 – Full Review – tbc

Keywords
Patient, Property, Monies

Glossary of terms
BACS – Bankers' Automated Clearing System
DWP – Department for Work and Pensions
Patient's Property – Physical items belonging to the patient
General Office – The respective General Office for each Health Board site. For the Mental Health and Learning Disabilities Service, this shall be the Patients Welfare Department

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Procedure for NHS Staff to Raise Concerns Policy (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk,
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy (opens in a new tab) for further information.

Contents

Introduction

The purpose of this document is to outline the key processes to be followed by Health Board staff in connection with the management and safekeeping of property and monies brought onto the Health Board's sites by patients and to set out associated roles and responsibilities.

Scope

The financial procedure applies Health Board wide and includes all staff and contractors who come into contact with patients or their property.

Aim

The aim of this document is to:
- Ensure the security of patient's property in order to prevent loss or theft. This procedure is in place in order to protect both the interests of individual patients and members of staff coming into contact with patients.

Objectives

The aim of this document will be achieved by the following objectives:
- Providing clear procedures to be followed by relevant teams at all stages of a patient's journey from admission to discharge.
- Clearly setting out the team responsible for each step in the management of patient property in order to maintain clear accountability.

Roles and Responsibilities

General Roles and Responsibilities	
Responsibility	**Staff/ Team**
Inform patient of the Health Board's Patient Property Disclaimer	Ward, Clinic or Department Manager
Collection of property from patients for safekeeping and maintenance of the Patient's Property Book	Ward, Clinic or Department Manager
Safekeeping of property handed into General Office	General Office
Ensure the safe release of property held at ward level	Ward, Clinic or Department Manager
Ensure the safe release of property held at General Office	General Office

Processing of payments and journals upon request by the General Office	Finance Department

Additional Roles and Responsibilities specific to the Mental Health and Learning Disability Service	
Responsibility	**Staff/ Team**
Maintain a personal account of monies held per patient	General Office/ Patients Welfare
Operation of the patient's savings accounts	Finance Department
Notify the benefits office of admission of a patient into hospital	Ward/ Unit Manager
Arrange regular transfers of funds to patients on commissioned placements	General Office
Processing of cash withdrawals from patients' funds	General Office
Management of cash held in the Learning Disability Service's Residential Units and on patient holidays and outings	Unit Manager

Money Laundering

This is a process by which the proceeds of crime are converted into assets, which appear to have a legitimate origin, so that they can be retained permanently or recycled into further criminal enterprises.

Criminals will attempt to distance themselves from their crimes by finding safe havens for their profits. where they can avoid confiscation orders, and where the proceeds can be made to appear legitimate.

Money Laundering Regulations 2017 apply to any high value dealer, i.e. any organisation that accepts cash transactions in excess of €10,000 (approximately £9,000). However, the Proceeds of Crime Act 2002 applies to all transactions and can include dealings with agents, third parties, property or equipment, cheques, cash, or bank transfers.

Offences covered by the Proceeds of Crime Act 2002 and the Money Laundering Regulations 2017 will be considered in accordance with the Health Boards Fraud, Bribery and Corruption Policy and referred to NHS Counter Fraud Services Wales team for investigation where appropriate.

Procedures

Inform Patients of the Health Board's Patient Property Disclaimer

> **<u>Health Board's Patient Property Disclaimer:</u>**
>
> **The Health Board will not accept responsibility or liability for patient property brought onto the Health Board's premises unless it is handed in for safe custody and a copy of an official property record is retained as a receipt.**

The ward, clinic or department manager shall be responsible for ensuring that patients, or their guardians/ representatives if appropriate, are informed of the Health Board's Patient Property Disclaimer by ensuring that the disclaimer is:

- Publicly displayed on notices in wards, clinics and departments at all times.
- Included prominently in any handbook/ information issued to patients prior to admission.
- Communicated orally to patients/ guardians on admission and to arrange for all patients/ guardians to sign a disclaimer form.

In addition, the ward, clinic or department manager shall ensure that patients/ guardians are:

- Encouraged to hand property not needed for their stay to a friend or relative.
- Informed of the procedure for handing in property to the Health Board for safekeeping.
- Required to sign the patient care record should the patient/guardian decide not to hand any valuables over for safekeeping.

Where staff identify potential difficulties in complying with the above procedures as prescribed, for example, if patients do not wish to hand over religious jewellery, clothing or artefacts whilst in hospital, staff should reach a safe and acceptable solution on a case-by-case basis in conjunction with the patient.

Patients transferred in from other wards, clinics or departments shall be treated as new admissions for the purpose of these procedures.

The ward, clinic or department manager shall be responsible for informing new staff, on, appointment, of their responsibilities and duties for the administration of patients' property.

Collection of Property for Safekeeping
Collection of Property and Completion of Patient Property Book

All property handed over for safe custody must be examined and listed separately in the Patient's Property Book.

Patient’s Property Book

The Patient’s Property Book takes the form of an inventory of patient’s property handed in for safekeeping.

The book shall be in the format determined by the Finance Department and serial numbered. General Office shall be responsible for issuing books to wards, clinics and departments and for maintaining a record of books issued. Each ward, clinic and department may only be issued one book at any one time. A replacement book shall not be issued by General Office unless the existing book is returned.

The Patient’s Property Book must be the only official record of patients’ property held. The book must be kept in a safe place and immediately available for inspection when required. It is the responsibility of the Ward, Clinic and Department Manager to ensure that it is properly maintained at all times.

The book comprises of three copies of each patient’s inventory; the patient’s copy, a copy to be sent to the General Office for record and a third copy (the fixed copy) retained in the book.

In completing the property book, the terms "gold", "silver", "diamond" etc. must NOT be used, and the descriptions "yellow metal", "white metal", "white stone", etc. must be used.

Any spoiled sheets must be retained in the book and clearly marked “CANCELLED”. The top and second sheet of spoiled copies must be similarly endorsed and forwarded to the General Office for record.

Once completed, the Patient’s Property Book shall be signed by two members of staff. Where possible, the patient/ guardian should be asked to sign the book, indicating agreement that the items listed are correct and that the disclaimer is accepted.

The top copy of the book should be handed to the patient/ guardian as an official receipt for property deposited for safe custody.

The above process should be repeated in respect of any additional property handed in for safekeeping following admission.

Patients without capacity on admission or who die whilst in hospital
This section applies where a patient dies whilst in hospital or is admitted to hospital whilst:

- Mentally disordered
- Confused and/ or disorientated
- Unconscious, or
- Severely incapacitated for any other reason.

The contents of the patient’s clothing and effects must be examined and all items placed in safe custody following the above procedures. Since the patient will not be able to sign the Patient Property Book, it is absolutely essential that the book is signed by two members of staff, one of whom must be the senior nurse on duty.

Patients deceased on arrival

If a patient is deceased on arrival and the body taken into the mortuary, the responsibility for the collection and registration of the deceased's property in accordance with the procedures in this section shall fall on the mortuary attendant (or member of staff responsible in their absence).

The paramedic, undertaker or hospital porter bringing the body into the mortuary should be asked to act as a witness in listing and taking the patient's property into custody and should sign the Patient's Property Book.

<u>Coroner's Cases</u>

In the event that the Coroner's Officer wishes to take away the deceased's property, then this may be done on consideration of the police officer completing and signing a patients' property indemnity form. The police officer must also be required to sign the Patients' Property Book. The second copy of the Patient's Property Book, together with the indemnity form, should be forwarded to the General Office for record.

Safekeeping of Property

Non-valuable property should be stored within the ward or department, within a secure and lockable safe or cabinet.

All cash and valuable property handed in shall be transferred to the General Office for safekeeping.

- Valuable property shall be placed in a sealed property bag. The second copy of the Patient's Property Book shall be securely attached to the property bag with the serial number clearly visible to enable identification of contents.
- All cash shall be placed inside a separate sealed property bag separate from non-cash property as all cash handed into the General Office will be banked.
- Sealed property bags should be taken with the property book to the General Office as soon as possible but no later than 48 hours after collection of the property from the patient. Property collected outside the working hours of the General Office shall be stored in the Out of Hours Safe (where available), else in another secure lockable cabinet within the Ward or Department. The property bag shall be taken to the General Office at the earliest opportunity following re-opening.
- Staff depositing property bags at the General Office shall ensure that the fixed copy of the Patient's Property Book is signed by the recipient.

Cash and Valuables handed in for Temporary Safekeeping

Property handed in for safekeeping at ward/ clinic/ department level whilst a patient is <u>temporarily</u> away from the ward, e.g., for an x-ray or other treatment, should be registered in the Patient's Property Book and placed in an envelope marked with the patient's full name and address and sealed in the presence of the patient. The seal of the envelope should be signed by the patient and the Patient's Property Book should be signed by the patient and a member of staff. The fixed copy of the Patient's Property Book must be clearly marked "return to patient". The second copy must be similarly endorsed and forwarded to the General Office for record.

The property should be placed in a secure cabinet and handed back to the patient only when they are in a condition to appreciate that the property has been returned. The return of the property must be acknowledged in the Patient's Property Book and witnessed by the member of staff handing over the property.

Receipt and Safekeeping of Property handed into General Office
Valuable Property
On receipt of sealed property bags into the General Office, the Patient's Property Book shall be signed by the recipient.

The General Office shall maintain a register of property bags handed over for safekeeping. The register must be cross-referenced to the serial numbered Patient's Property Book, copies of which shall be maintained on file in numerical order. Property bags need not be opened and examined.

The General Office shall be responsible for the safekeeping of all property handed over for safekeeping in a safe or secure cabinet.

Cash
Any cash included within a property bag shall be removed from the bag for separate recording and banking.

In respect of each receipt of cash, the General Office shall:

- Issue an official receipt.
- Post a receipt transaction on the Oracle financial system for the relevant amount. The patient's name should be stated within the line description of the transaction.
- Where the amount receipted exceeds £8,999, Counter Fraud should be notified by way of emailing hduhb.counterfraudteam.hdd@wales.nhs.uk. Once notified, Counter Fraud will make enquiries with the patient before notifying NHS Counter Fraud Services Wales. The money should only be released upon completion of these enquiries, the outcome of which will be communicated to Finance.

Cash should be banked in accordance with the Cash Procedure (opens in new tab).

Release of Property
Where a patient wishes to retrieve their property from safekeeping at ward level, property should be returned directly to the patient upon request. The Patient's Property Book shall be updated accordingly and signed by the patient and the staff member returning the property.

Where a patient wishes to retrieve property from safekeeping at the General Office, the patient should be advised to attend the relevant General Office in person to collect.

Release of property from the General Office should be made directly to the patient upon request and the presentation by the patient of the patient's copy of the Patient's Property Book. The patient's signature must be obtained in respect of all property released.

Patients should be informed that a BACS payment will be made in respect of any cash held in safekeeping. Up to £50 may be released in physical cash form by the General Office.

BACS payments shall be arranged by the Finance Department upon request by the General Office.

A patient's property may be released to another person on the specific written authority of the patient. The patient's copy of the Patient's Property Book will also need to be presented.

Release of property in any other circumstances, e.g., where the patient is unable to act for themself, should be made to the registered next of kin against the signature of the recipient on both the Patients Property Book and a Patients Property Indemnity Form. The signing of the Patient's Property Book must be properly witnessed and signed by a member of staff.

Deceased Patients
On the death of any patient on whose behalf property is held by the Health Board, the ward/ clinic/ department manager shall notify the General Office at the earliest convenience.

Non-valuable property held at ward level may be released to the registered next of kin where the identity of the registered next of kin has been verified. The Patient's Property Book shall be updated accordingly and signed by two staff members and the next of kin.

Valuable property in safekeeping at the General Office may be released to the registered next of kin in the following circumstances:

a. The case is straightforward, property is not required by the police for evidence in cases of assault, alleged rape, sudden death etc and there is no likelihood of a dispute as to who is the bona fide person entitled to receive the valuables.
b. Release is to a close relative (i.e., spouse, parent, son/daughter, brother/sister).
c. There is no will, or there is a will, which the executors do not intend to prove.
    i. If there is no will, an indemnity signed by all next of kin entitled under the rules of intestacy must be received.
    ii. If there is a will that is unproved, indemnities agreed by all persons named in the will and by all next of kin entitled under the rules of intestacy.

All claimants other than spouse must complete and sign a Patient Property Indemnity Form before release of valuables.

In all cases where property, including cash and valuables of a deceased patient is of a total value of more than £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates, Small Payments Act 1965), the production of probate or Letter of Administration shall be required before any of the property is released

Where the Health Board is paying for funeral costs for deceased patients, any property or cash shall not be released until such costs have been covered.

Property found on Health Board Premises
Procedures to be followed in connection with property found on Health Board premises are set out in Property Found on Hywel Dda LHB Premises (opens in new tab).

Loss of Property
Procedures to be followed in connection with the loss, including theft or damage to property, are set out in Losses and Special Payments (opens in new tab).

Additional Procedures specific to the Mental Health and Leaning Disability Service (See also MH&LD Services Financial Roles and Responsibility Procedure)

Patient's Monies

The General Office shall maintain a personal account of cash and other monies received into safekeeping in respect of each patient, recording also all income and outgoings against such accounts and maintaining an up-to-date balance. The General Office shall inform patients of the total amount held for them at least annually and in answer to reasonable requests.

Patients who bring in, hand over or accumulate more cash than required for their immediate needs, and are capable of understanding the transactions involved, should be encouraged and given every facility to bank or invest the balance in an account in their own name.

Where a patient is unwilling to bank or invest their own money, or is incapable of doing so, the General Office shall be responsible for submitting a request to the Finance Department for the transfer of sums of £500 or more, above a balance determined by the Ward Manager/ Care Co-ordinator to meet the immediate needs of the patient, to a patients' savings account opened in the patients' name.

The Finance Department shall be responsible for:

- Operating the patients' savings account and for processing transactions to and from the account upon request by the General Office.
- Reviewing annually the prevailing interest rate on the account to ensure that the rate of return obtained on behalf of patients is satisfactory.
- Accruing to individual patient accounts on a monthly basis the savings interest arising on the patients' savings account as per the monthly bank statement.

The Health Board's liability to the patient shall be the exact amount accepted for safe custody together with any accrued interest.

The Finance Department shall issue to the General Office, on a weekly basis, a summary of receipts and withdrawals into and from the patient's monies accounts (the "cashbook listing"), to enable the General Office to update patient personal accounts accordingly.

Benefits

Where a patient is admitted and is in receipt of benefits, the Ward Manager shall notify the Department for Work & Pensions (DWP) of a patient's admission in accordance with the following published guidance:

Going into hospital if you get benefits - GOV.UK (opens in new tab)

Alternatively, the DWP may be informed by way of the submission of form BR409.

Where it is found that a patient is not in receipt of sufficient income to meet day-to-day needs and comforts, the Ward Manager shall notify the DWP of this fact.

Monthly transfer of funds to patients on Commissioned Placements

Where the Health Board has custody of the monies of patients on Commissioned Placements at external charitable bodies or other care organisations, the General Office shall request the regular transfer of the patients' funds to the relevant placement account. The amount of funds to be transferred will be determined by the relevant Social Worker or Care Co-ordinator based on their understanding of the needs of the patients at any given time.

Transfers of funds shall be requested by the General Office by way of the submission of a completed BACS request form to the Finance Department for payment authorisation. Authorised BACS request forms shall then be forwarded to the NHS Wales Shared Services Partnership's Accounts Payable Service for payment.

Cash withdrawals from Patient's Monies

Patients may withdraw cash from their monies held by the Health Board. Withdrawals shall be processed by the General Office on presentation of a form, in a format agreed between the General Office and the Mental Health & Learning Disability Service, which shall be signed by the patient and accompanying nurse. The Ward Manager shall have the discretion to decide the frequency and limit of individual withdrawals available to individual patients based on the Ward Manager's understanding of the particular day-to-day needs of individual patients. On receipt of the cash, the patient shall sign the General Office's cash counter sheet.

Where a patient is unable to attend the General Office, withdrawals of cash should be made by a member of staff on the patient's behalf by way of a form in a similarly agreed format.

Learning Disability Services' Residential Units

Cash held on the Unit

Residents have access to a limited amount of their monies in the form of cash held securely on their behalf on the Unit. The amount of cash to be held on the Unit in respect of each resident shall be determined on a case-by-case basis by the Ward/ Unit Manager.

The Ward/ Unit Manager shall be responsible for ensuring that:

- The cash is held securely in a cash box stored within a safe or lockable cabinet.
- Records are properly maintained for each resident, recording all receipts and withdrawals into and from the resident's cash box, and at all times agreeing with the balance of cash held for that resident. To ensure the protection of residents' cash and staff from allegations of impropriety, records shall state as a minimum:
    - Date
    - Money Out
    - Details of Expected Expenditure
    - Sign Out by Staff Member
    - Receipt Number
    - Money Spent
    - Current Balance
    - Sign In by Staff Member
- A receipt is obtained for all expenditure of cash from the resident's cash box and retained with the resident's records for later reconciliation.
- On the change of each shift, incoming staff check the balances for each client and sign in each resident's records.
- Any cash in excess of a resident's threshold is transferred to the General Office.
- The availability of cash for each resident is maintained by way of regularly replenishing residents' cash boxes. Further withdrawals of cash from the residents' patient monies accounts shall be

obtained from the General Office, in accordance with authorisation procedures agreed between the General Office and the Learning Disability Service.

Holidays and Outings
The Ward/ Unit Manager shall be responsible for arranging the withdrawal from the General Office of additional cash from a resident's funds in advance of a planned holiday or outing, in accordance with authorisation procedures agreed between the General Office and the Learning Disability Service.

The Ward/ Unit Manager shall be responsible for ensuring:
- The safe custody of cash during holidays and outings, including ensuring the use of safe facilities of the host establishment to safeguard substantial amounts of cash at all times.
- That all expenditure is recorded in a format agreed between the General Office and the Learning Disability Service.
- That receipts are obtained for all expenditure made by or on behalf of residents and retained with the records.
- That any unexpended amount of cash withdrawn from residents' cash boxes are returned immediately upon return to the Unit.
- That records of expenditure are taken to the General Office within three working days of return from the holiday or outing for permanent record, along with any unexpended cash.

Unit Expenditure
Residential Units shall maintain an account of all expenditure within the Unit which is not paid from individual residents' accounts, for example, Unit utility bills. A cross-charge arrangement shall be maintained in order for residents to contribute towards the running costs of their home. An annual review shall be undertaken by the Unit Manager in order to confirm expenditure to be recharged to individual residents' patient monies accounts.

The General Office shall be responsible for updating individual residents' personal accounts accordingly and for submitting a monthly request to the Finance Department for the transfer of funds from the residents' monies accounts to the relevant cost centre to which the associated expenditure was originally charged.

The Finance Department shall be responsible for processing the relevant monthly journal upon request by the General Office.

Monitoring and Review

The monitoring and review of this financial procedure shall be the responsibility of the Finance Department. The procedure shall be reviewed whenever amendments to the procedure or related process are deemed necessary and no later than 3 years after the date the procedure was made active.

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Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Hywel Dda University Health Board wide
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	078 - Patient Property and Monies

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. This procedure is in place in order to protect both the interests of individual patients and members of staff coming into contact with patients.

The aim of this document will be achieved by the following objectives:

- Providing clear procedures to be followed by relevant teams at all stages of a patient's journey from admission to discharge.
- Clearly setting out the team responsible for each step in the management of patient property in order to maintain clear accountability.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: Equality Impact Assessments (EqIAs) (sharepoint.com)

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓

Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will not have an impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no effect on individuals who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is in relation to workplace and employment only and is therefore not relevant for this policy.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on those who are pregnant or are on maternity.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on people who have a religion or belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to ensure the security of patient's property in order to prevent loss or theft. It will have no impact on opportunities for people to use the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: [Equality Impact Assessments (EqIAs) (sharepoint.com)]

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	30/09/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Timothy john
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	30.09.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@wales.nhs.uk
	Date	13/10/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Treatment of Private Patients - Control of Admission and Collection of Income

Procedure information

Procedure number: 1032

Classification: Financial

Supersedes: 3.0

Version number: 4.0

Date of Equality Impact Assessment: *Detail date of EqIA*

Approval information

Approved by: Finance and Performance Committee

Date of approval: *Enter approval date*

Date made active: *Enter date made active (completion by policy team)*

Review date: *Enter review date (normally three years from approval date)*

Summary of document:
This procedure states the private practice arrangements to be operated within Hywel Dda University Health Board.

Scope:
This procedure should be brought to the attention of all medical, nursing, administrative and other staff involved in the reception, admission or treatment of private patients, the management of private practice and the collection of charges and should be given to all new Medical Consultants on appointment.

To be read in conjunction with:
Standing Orders Hywel Dda University Local Health Board (opens in new tab)
Standing Financial Instructions (opens in new tab)
Financial Procedures (opens in new tab)
534 - Patient Access: Elective Care Policy (opens in new tab)

Patient information:
Patient Information Library

Owning group:
Finance Directorate
Date signed off by owning group

Executive Director job title:
Director of Finance

Reviews and updates:
1.0 – New Procedure – 2010
2.0 – Review – 04/01/2022
3.0 – Minor Change – 28/06/2022
4.0 – Full Review – *Enter approval date*

Keywords
DVLA, HCPs, Inpatient, Day Case, Outpatient, Pathology Test, RRB, Tariff, WPAS

Glossary of terms
UHB – Hywel Dda University Health Board
HCP – Healthcare professionals
DVLA – Driver & Vehicle Licensing Agency
Tariff – Details cost of treatment/ tests
RRB – Completion of a Request to Raise a Bill should accompany an UTP form, as it details information about the Consultant and any additional costs
UTP – The Undertaking to Pay (UTP) form is a statutory requirement for all private patients to complete before commencing any private treatment at HDUHB. In all cases, the patient is required to sign this form before a clinician is seen and/ or any diagnostic tests and/ or treatment takes place on a private basis.
WPAS – Welsh Patient Administration System

FRAUD, BRIBERY AND CORRUPTION

All staff are required to comply with the Health Board's policies and procedures and apply best practice in order to prevent Fraud, Bribery and Corruption. Staff should be made aware of their own responsibilities in protecting the Health Board from these crimes.

All staff have a duty to notify the Local Counter Fraud Department of any suspected fraud or inappropriate actions and are protected by the All Wales Procedure for NHS Staff to Raise Concerns Policy (opens in a new tab). Anyone who suspects fraud or has any concerns reference Fraud Bribery and Corruption can make a referral by contacting the Counter Fraud Department by any of the following methods:

- Telephoning the office on 01267 266268,
- Emailing HDUHB.CounterFraudTeam.HDD@wales.nhs.uk,
- Making an online referral at https://reportfraud.cfa.nhs.uk or
- Making an anonymous referral by telephoning Crimestoppers on 0800 028 40 60.

Staff should refer to the Counter Fraud, Bribery and Corruption Policy (opens in a new tab) for further information.

Contents

Scope

This procedure should be brought to the attention of all medical, nursing, administrative and other staff involved in the reception, admission or treatment of private patients, the management of private practice and the collection of charges and should be given to all new Medical Consultants on appointment.

This Financial Procedure should be read in conjunction with Patient Access: Elective Care Policy (opens in a new tab)

Aim

The aim of this document is to:

- Provide guidance in the event that private patients are treated within the UHB. This is to assist the Health Board in maintaining financial probity and compliance with relevant legislation.

Objectives

The aim of this document will be achieved by the following objectives:

- Ensuring all private patients receiving treatment within the UHB are identified.
- Staff undertake work when it is permissible to undertake it and the terms under which treatment is provided.
- There is clarity on issues around charges and tariffs.
- There is guidance for suitably qualified Healthcare Professionals (HCPs), Private Patient Co-ordinators within the Central Operations team and Admission Officers/ Ward Clerks on their roles in administering private patients.

Suitably Qualified Healthcare Professionals (HCP) Responsibility

- The treatment of private patients should not prejudice or interfere with or be to the detriment of NHS patients. This includes any NHS on-call or emergency commitments that the HCP is contracted to undertake.
- HCPs wishing to provide outpatient and/ or diagnostic treatments to private patients within the UHB must seek the approval of the UHB Medical Director using the Registration form. A HCP's wish to undertake private work should be discussed with their respective Clinical Director when preparing job plans to ensure that NHS commitments are fulfilled.
- HCPs are prohibited from initiating any discussions in relation to providing private services for an NHS patient whilst working in an NHS capacity.
- HCPs are required to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest if they wish to treat private patients within the Health Board. All disclosures should be made in writing to the Business and Governance Manager within Central Operations. This should be undertaken at the start of each financial year or when they arise.
- HCPs must inform the Private Patient Co-ordinator immediately of any planned admittance of a private patient.

The HCP to whom the patient has been referred is personally responsible to ensure that their patient understands the following matters relating to their treatment:

- That they will be required to pay HCP fees (together with the fees of other practitioners, e.g. Anaesthetists) AND Health Service charges.
- An estimate of the total charges which are likely to result from the proposed episode of treatment.

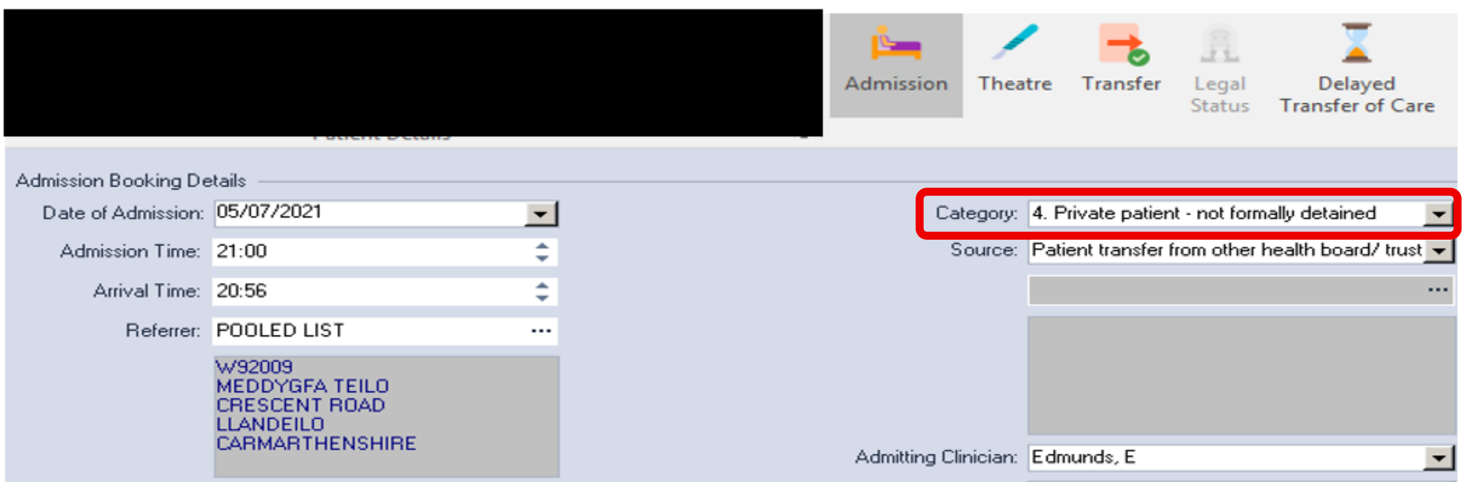
Outpatients

An outpatient cannot be both private and NHS for the treatment of one condition during a single visit. For example, a patient must pay for consultation plus any diagnostic test carried out during a visit; the patient cannot be private for the consultation and NHS for the diagnostic tests. A patient can, however, change status at a subsequent visit.

Medical staff MUST ENSURE that patients are aware that they are required to pay HCPs fees plus the fees of any other practitioner e.g. those of Anaesthetists, Pathologists or Radiologists and that there is also a requirement to pay NHS charges for accommodation, hotel services and administration.

WPAS and other documentation returns or diagnostic requests MUST CLEARLY identify the status of the patient.

Use category 4 (shown below) to note a patient's private patient status on WPAS.



Following consultation, the correctly completed Agreement to Pay Form must be sent on to the Finance Department, along with the completed Request to Raise a Bill so that an invoice can be raised.

Finance Department's Responsibility

Medical staff must ensure that an agreement to pay form is completed and signed by the patient.

Once the episode of care has been completed, the Finance Department should have been notified by all departments of the treatment received by the patient. An invoice should then be sent to the private patient, even if the patient has private medical insurance.

The charges by the Health Board are those agreed by and reviewed annually by the Finance and Performance Committee.

On a monthly basis, the Finance Department must reconcile the information received from the medical staff and the departments with the information held on WPAS and signed UTP forms, any discrepancies must be investigated.

HCPs will be requested for information to assist the reconciliation process and confirm whether patients were treated privately or not.

Ward procedure

Once a private patient has been admitted onto a ward, the senior nursing staff should ensure that all ward returns; referral forms etc state the patient's status. Similarly, WPAS should also reflect the private patient status.

Ward staff should at all times ensure that they assist the Finance Department in the event of further information being requested.

Other Departments

All departments providing diagnostic services to any private patient should note this on a weekly or monthly return which details the name and address of the patient, the date which the procedure was carried out and the nature of the procedure.

It is essential that ALL returns MUST CLEARLY state the patient status.

The following departments send information to the Finance Department on at least a monthly basis:

- Radiology
- Cardiology
- Pathology
- Physiotherapy

If no private patients have been seen, then a nil return should be sent monthly. It is essential that the returns are sent to the Finance Department on a regular basis so that the invoice sent to the patient includes details of all diagnostic tests performed.

Any other departments treating private patients should send returns to the Finance Department immediately following treatment of a private patient.

Medical Staff Code of Conduct

Medical staff who wish to perform private Outpatient/ Diagnostic test at the UHB MUST register their intent by completing the Private Practice Registration Form and submit a copy of their indemnity insurance. No private work must be undertaken until authorisation has been approved by the Medical Director. The Private Patient Co-ordinators should ensure approval by the Medical Director has been obtained as soon as they are notified by the HCPs of any planned admittance.

Medical staff must ensure that they inform patients of all the charges they will incur as a private patient and when necessary, obtain the patient's signature on an Agreement to Pay form.

Medical staff must ascertain whether or not the patient has private medical insurance and provide details on the Application for Admission form.

Medical staff will be required to provide the Finance Department with information to assist in the reconciliation process.

Annual Processes

The following three processes are to be undertaken on an annual basis

- HCPs are to forward a copy of their indemnity policy directly to the Private Patient Co-ordinator.
- HCPs are to disclose any outside business or professional interests that may give rise to an actual or perceived conflict of interest.
- HDUHB Tariff is to be uplifted annually by the Finance Department.

Agreement to Pay Form

Following consultation, an Agreement to Pay Form should be completed by the HCP and signed by the private patient.

Agreement to Pay Form (opens in a new tab)

Request to Raise a Bill

This excel sheet is required to be completed as per the embedded instructions below. These can be submitted electronically to the Debtors generic email address: HDd.Finrecv@wales.nhs.uk or posted via internal mail to: Ty Gorwel, Building 14, St David's Park, Jobs Well Road, Carmarthen, SA31 3HB.

Completion of RRB – Request to raise a bill (opens in a new tab)

Raise a bill (opens in a new tab)

Hywel Dda University Health Board Tariff

This tariff is reviewed annually by the Finance Department. The hyperlinked document is the tariff of private patient activity for the financial year 2025/26 (opens in a new tab) – These costs will be subject to inflationary uplifts in subsequent financial years.

DVLA Process

Receipt of Referral

The DVLA sometimes refers Category II patients to ascertain an individual's fitness to drive. On receipt of referral, ensure the referral is logged onto WPAS using the Administrative Category - 4.

Value	Meaning	Valid From	Valid To
01	NHS Patient, including overseas visitors charged under regulations made under section 124 of the NHS (Wales) Act 2006.	2006	
02	Private Patient, one who uses accommodation or services authorised under paragraph 15 of Schedule 2 to the NHS (Wales) Act 2006 (applying the LHBs) or paragraph 11 of schedule 5 (applying to Special Health Authorities).	2006	
03	Amenity Patient, one who pays for the use of a single room or small ward in accord with Section 137 of the NHS (Wales) Act 2006 entitled hospital accommodation on part payment.	2006	
04	Category II patient (for diagnostic requests only)	1999	

A Category II PATIENT is one for whom work is undertaken by hospital medical or dental staff within category II as defined in paragraph 37 of the Terms and Conditions of Service for Consultant Contract in Wales.

Test Completed

Once the test is completed, a request to raise a bill must be completed (see Request to Raise a Bill).

Charges & Payment

The DVLA have an agreement with the BMA, which includes a universal fee that all Health Boards in Wales are paid. For example:

Test	Value
GP fee for filling in forms	£40
GP fee for examination	£85
Consultant fee for filling in forms	£42
Consultant fee for examination	£102.50
Doctors who are franchised to undertake exercise tests	£136.50
Profusion Tests	£550
Alcohol/ Drug Tests	£85
Carbohydrate-deficient transferrin	£98.50

HDUHB will then raise the invoices to the DVLA. Upon payment, 1/3rd of the payment is retained by the UHB and 2/3rd is paid to the consultant. The consultant should invoice the UHB for their share.

Monitoring

The monitoring and review of this procedure is the responsibility of the Finance Department. Reviews will be undertaken in line with the Health Board's review policy, which is every 3 years, or when changes are identified prior to the required review date.

Appendix A - Private Practice Registration Form

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda University Hospital Health Board

Consultant Private Practising Privileges Application Form

Please complete and return to the Business and Governance Manager within Central Operations:

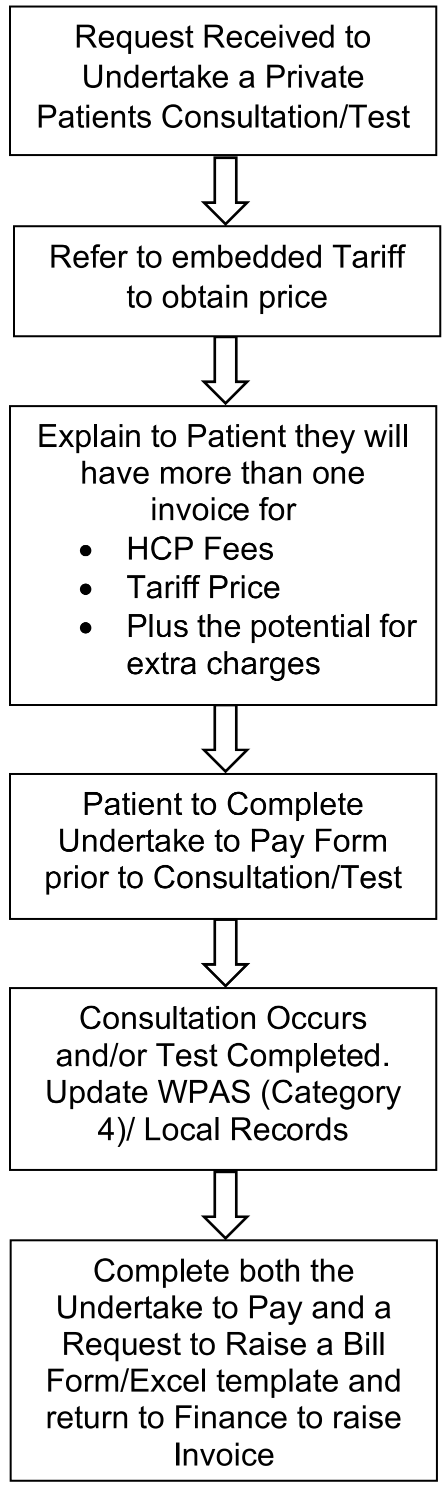
Name		GMC Number	
Position Held		**Specialty:**	
Principal Qualifications:		**Special interest(s):**	
Private Indemnity Insurer:		**Private Indemnity Policy No:**	
Private Indemnity Expiry Date:		**Mobile No:**	
Principal Email Address:		**GMC Registered Email Address:**	

Please indicate the medical insurers you are currently registered with by ticking the below boxes

BUPA	**AXA PPP**	**AVIVA**	**Vitality**	**WPA**	**Simply Health**	**CS Healthcare**	**Other (please list)**

Signed		Date	

Appendix B - Private Patient Consultation/ Test Flow Chart



Equality Impact Assessment (EqIA) Screening Template

When to complete an EqIA Screening

An EqIA Screening Template must be completed when reviewing, changing and developing procedures/ proposals/ projects/ policies. This is a first step and is used to consider whether there are any negative impacts that may arise.

Purpose of an EqIA Screening Template

The purpose of this short exercise is to ensure that you have shown appropriate due regard when considering the impact for people with protected characteristics in your decision making. The screening process is designed to help you consider the circumstances and to inform evidence-based decisions.

If the proposal is of a significant nature and it is apparent from the outset that a full EqIA will be required, then it is not necessary to complete this Screening Template, you can proceed to complete the full EqIA.

If no negative impacts are identified following completion of the EqIA screening then it is not necessary to undertake a full EqIA however, the decision and justification must be clearly recorded in this document.

On completion of the Screening Template:

- Ensure that all the white boxes within the screening are completed.
- Ensure that the Procedure/ Project/ Proposal/ Policy owner has signed and dated the Screening Template.
- Send a copy of the completed template along with the related policy or project proposal to Inclusion.hdd@wales.nhs.uk for the Diversity & Inclusion Team to review.
- Each Screening Template will be reviewed by the Diversity & Inclusion Team and feedback will be provided to the Procedure/ Project/ Proposal/ Policy owner. This may include recommendations for further action to inform robust decision-making.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Director and Directorate	Hywel Dda University Health Board wide
Service Area	Hywel Dda University Health Board wide

Title of Procedure, Project, Proposal, Policy being screened:	1032 - Treatment of Private Patients - Control of Admission and Collection of Income

Description of the Procedure/ Project/ Proposal/ Policy being screened (including key aims and objectives)

The aim of this document is to provide guidance in the event that private patients are treated within the UHB. This is to assist the Health Board in maintaining financial probity and compliance with relevant legislation.

The aim of this document will be achieved by the following objectives:

- Ensuring all private patients receiving treatment within the UHB are identified.
- Staff undertake work when it is permissible to undertake it and the terms under which treatment is provided.
- There is clarity on issues around charges and tariffs.
- There is guidance for suitably qualified Healthcare Professionals (HCPs), Private Patient Co-ordinators within the Central Operations team and Admission Officers/ Ward Clerks on their roles in administering private patients.

Evidence considered (including staff and population data, relevant research, expert and community knowledge etc.)

- Standing Orders Hywel Dda University Local Health
- Standing Financial Instructions
- Counter Fraud, Bribery and Corruption Policy
- Financial Procedures
- 534 - Patient Access: Elective Care Policy

Assess which protected characteristics will potentially be affected by the proposal in the table below (please ✓ the relevant box to confirm positive, negative or no impact)**.**

If at any point a negative impact has been identified (actual or potential), you do not need to proceed with the completion of this form, as a full EqIA must be undertaken: [Equality Impact Assessments (EqIAs) (sharepoint.com)]

Age Is it likely to affect older and younger people in different ways or affect one age group and not another?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people of different age groups.					
Disability Is it likely to affect those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will not have an impact on those with a disability.					
Gender Reassignment Is it likely to affect those who either: • Have undergone, intend to undergo or are currently undergoing gender reassignment. • Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no effect on individuals who have undergone gender reassignment.					
Marriage / Civil Partnership Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. Is it likely to affect those who are married or in a Civil Partnership? This means someone who is legally married or in a civil partnership.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: This group is only in relation to employment and workplace and is therefore not relevant for this group.					
Pregnancy and Maternity Is it likely to affect those who are pregnant or have recently had a baby? Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on those who are pregnant or are on maternity.					
Race / Ethnicity Is it likely to affect people of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers?					

Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people of different race or ethnicity.					
Religion or Belief Is it likely to affect people who have a religion or belief? The term 'religion' includes a religious or philosophical belief.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on people who have a religion or belief.					
Sex Is it likely to affect people who are mostly male or female. Where it applies to both equally does it affect one differently to the other?					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on one sex more than the other.					
Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or either.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on individuals regardless of their sexual orientation.					
Armed Forces Community Consider whether this impacts on members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on members of the Armed Forces and their families.					
Socio Economic Duty Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered.					

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resources please see: more-equal-wales-socio-economic-duty					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on individuals of different socio economic groups.					
Welsh Language Is it likely to impact on opportunities for people to use the Welsh language? The Welsh language should be treated no less favourably than the English language.					
Positive Impact		Negative Impact		No Impact	✓
Justification of impact identified: The aim of this document is to provide guidance in the event that private patients are treated within the UHB. It will have no impact on opportunities for people to use the Welsh language.					

If a negative impact has been identified, you are not required to complete this form as a full EqIA must be undertaken. A full EqIA template and guidance can be found on the following link: Equality Impact Assessments (EqIAs) (sharepoint.com)

Screening Completed by:	Name	Sarah Morgan
	Title	Finance Analyst
	Contact details	sarah.morgan16@wales.nhs.uk
	Date	02/10/25
Screening Authorised by: (Directorate level owner of the procedures/ proposals/ projects/ policy)	Name	Timothy John
	Title	Head of Accounting & Statutory Reporting
	Contact details	Timothy.john@wales.nhs.uk
	Date	02.10.25
Guidance has been provided by Diversity & Inclusion Team:	Name	Kylie Daniels
	Title	Senior Diversity and Inclusion Officer
	Contact details	Kylie.daniels@Wales.nhs.uk
	Date	13/10/2025
Diversity and Inclusion Team additional Comments:		

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.