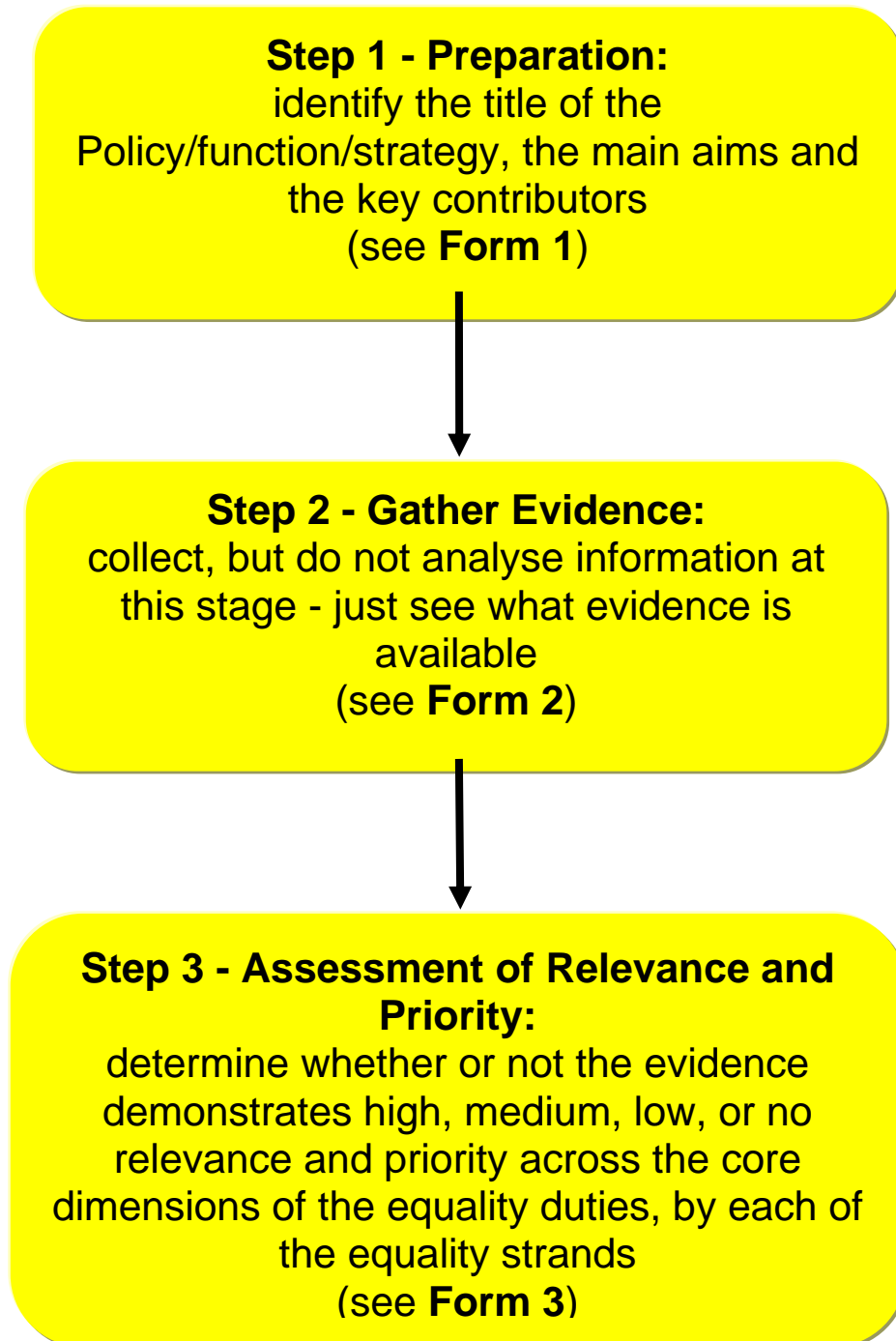## Part A: Preparation and Assessment of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for Eqla

Step 1 - Preparation:
identify the title of the
Policy/function/strategy, the main aims and
the key contributors
(see **Form 1**)

Step 2 - Gather Evidence:
collect, but do not analyse information at
this stage - just see what evidence is
available
(see **Form 2**)

**Step 3 - Assessment of Relevance and
Priority:**
determine whether or not the evidence
demonstrates high, medium, low, or no
relevance and priority across the core
dimensions of the equality duties, by each of
the equality strands
(see **Form 3**)

Form 1: Preparation

Part A must be completed at the beginning of a Policy/function/strategy development or review, and for every such occurrence. (Refer to the Step-by-Step Guide for additional information).

Step 1 - Preparation		
1.	**Title of Policy** - what are you equality impact assessing?	Chaperone Policy
2.	**Policy Aims and Brief Description** - what are its aims? Give a brief description of the Policy (The What, Why and How?)	The aim of the policy is to ensure that health care providers have an understanding of their role when conducting a consultation, examination, investigation or procedure. The objectives are • To ensure that all examinations, investigations and consultations are undertaken in a respectful and dignified manner. • To provide complementary information to the Policy for Consent for Imaging, Examination and Treatment (2011) • To safeguard the dignity, safety, vulnerability, embarrassment and well being of patients and health care providers throughout consultations, examinations, investigation or procedure. • Provide guidance on special issues which may require a chaperone.

Step 1 - Preparation		
3.	**Who Owns/Defines the Policy?** - who is responsible for the Policy/work?	Executive Director of Nursing
4.	**Who is Involved in undertaking this EqIA? -** who are the key contributors to the EqIA and what are their roles in the process?	Lynda Jenkins Senior Nurse Standards and Professional Regulation has led the EQiA and shared the response with the Chaperone Policy Task and finish Group. Staff and service users recent consultation process.
5.	**Other Policies** - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqIA?	• Cardiff and Vale UHB (2011) "Good practice guidelines improving opposite gender Intimate/Personal Care to patients" • Cardiff and Vale UHB (2011) Policy on consent for imaging, examination and treatment • All Wales Child Protection Procedures (2008) • Welsh Sexual Exploitation Risk Assessment Framework (SERAF) Welsh Government 2011 • The Mental Capacity Act 2005 • Fraser Guidelines 1985. • Protocol for chaperoning during a sexual assault medical examination (SARC, 2011) • Lone Worker policy (2010) • Equality, Diversity and Human Rights Policy (2011)

Step 1 - Preparation	
6.	**Stakeholders** - Who is involved with or affected by this Policy?	This policy applies to all health care providers, including those on honorary contracts, working at all locations in the Cardiff and Vale UHB. This also applies to academics and health care support workers. In this policy, all staff groups will be referred to as health care providers. This policy also applies to patients and carers. The principles of the policy apply to patients, carers and health care providers.
7.	**What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?** These could be internal or external factors.	The policy will be available on the UHB intranet site. Health care providers will be made aware of the policy, their role and responsibilities at local induction. Awareness of patients and carers will be raised through posters displayed across the UHB. Full copies will be made available on request, and made available in different languages and format. The right to request a chaperone and to make one available is not a new concept, but raising awareness may impact on the number of requests made.

Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Eliminating Discrimination and Eliminating Harassment	Promoting Equality of Opportunity	Promoting Good Relations and Positive Attitudes	Encouraging participation in Public Life	Take account of difference even if it involves treating some individuals more favourably*
		Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.				
Race	Retrieved from the world wide web on 20 October 2011 found evidence that there may be no impact, or a positive impact impact. **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf **2.** EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SVR9OdHWiE%3D&tabid=390&language=en-US **4.** Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf	y	y	y		
Disability	Retrieved from the world wide web on 20 October 2011 Found evidence that there may be positive impact or no impact **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf **2.** EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SV	y	y	y	y	y

			y		y		y		y		

R9OdHWiE%3D&tabid=390&language=en-US

4. Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf

Category	Evidence									
Gender	Retrieved from the world wide web on 20 October 2011 Found evidence that there may be positive impact or no impact **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf **2.** EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SVR9OdHWiE%3D&tabid=390&language=en-US **4.** Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf		y		y		y		y		
Sexual Orientation	Retrieved from the world wide web on 20 October 2011 Found no evidence of impact **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf **2.** EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-		y		y		y		y		

	screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SVR9OdHWiE%3D&tabid=390&language=en-US **4.** Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf									
Age	Retrieved from the world wide web on 20 October 2011 Found no evidence of impact **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf **2.** EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SVR9OdHWiE%3D&tabid=390&language=en-US **4.** Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf		y		y		y		y	
Religion or Belief	Retrieved from the world wide web on 20 October 2011 Found evidence that there may be positive impact or no impact **1.** EQiA Sheffield Teaching Hospitals NHS Foundation Trusts http://www.sth.nhs.uk/clientfiles/File/chaperone.pdf		y		y		y		y	

	2. EQiA North Devon Healthcare http://www.northdevonhealth.nhs.uk/wp-content/eia-screening-chaperone-policy-v10-july-08.pdf **3.** NHS Oldham Chaperone Policy http://www.oldham.nhs.uk/LinkClick.aspx?fileticket=6SVR9OdHWiE%3D&tabid=390&language=en-US **4.** Newcastle Upon Tyne Hospitals NHS Foundation Trusts. Chaperone Policy http://www.newcastle-hospitals.org.uk/downloads/policies/nursing/chaperonepolicy200909.pdf											
Welsh Language	Retrieved from the world wide web on 20 October 2011 Found no evidence of impact		y		y		y		y			

People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.

Human Rights	The policy takes account of the Human Rights Act with particular regard to the right not to be treated in a degrading way, the right to respect for private and family life, home and correspondence, and freedom of expression. It takes into account the UN Convention on the Rights of the Child.

* This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.

Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	3	+1	P
Disability	3	+1	P
Gender	3	+1	P
Sexual Orientation	1	0	N
Age	3	+1	P
Religion or Belief	3	+1	P
Welsh Language	1	+1	P
Human Rights	3	+1	P

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

FORM 4: (Part A) Outcome Report

Policy Title:	Chaperone Policy
Organisation:	Cardiff and Vale UHB
Name: **Title:** **Department:**	Lynda Jenkins Senior Nurse Standards and Professional Regulation Corporate Nursing
Summary of Assessment:	This policy has been designed to safeguard patients and health care providers and to, minimise the risk of reputational damage to the UHB. The policy has a low positive or neutral effect on all health care providers and patients and specifics that race, disability, gender, age, religion or belief, welsh language, sexual orientation and human rights must be taken into account at all times.
Decision to Proceed to Part B Equality Impact Assessment:	**No** **Please record reason(s) for decision** The decision has been based on the assessment that there is a low positive or neutral positive impact on any groups in respect of race, disability, gender, age, religion or belief, welsh language, sexual orientation and human rights.

Action Plan

You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.
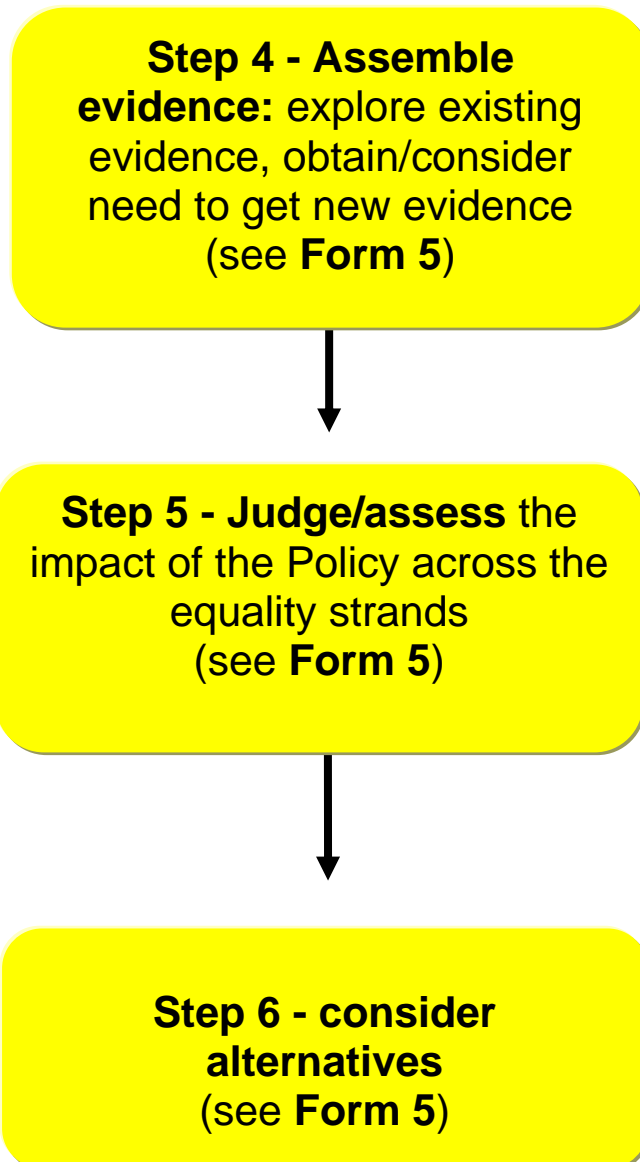
	Action(s) proposed or taken	Reasons for action(s)	Who will benefit?	Who is responsible for this action(s)?	Timescale
1. What **changes** have been made as a result of the EqIA?	NA				
2. Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to **mitigate** these impacts?	The policy has highlighted that cultural, ethnic and religious beliefs, of women may require special consideration re: undertaking procedures, examinations. Appropriate chaperone would be provided re: gender, welsh	To meet patient's cultural, ethnic, religious beliefs, gender and language preference.	Patients and healthcare provider.	Health care provider	Dependent on individual request or when it arises.

	language, as requested by the patient.				
3. **Justification**: For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	NA				
4. Describe any **mitigating actions** taken?	NA				
5. Provide details of any actions planned or taken to **promote equality**.	All patients and healthcare providers have the right to request a chaperone therefore promoting equality	The policy demonstrates the UHBs commitment to the equality agenda.	Patients, carers and health care providers	Line managers are responsible for ensuring that healthcare providers are aware of the policy. Ward and Department leads are responsible for displaying posters to raise awareness for patients and carers.	

Date:	20th October 2011
Monitoring Arrangements:	Adherence to the policy will be appropriately audited by the Directorates and Divisions, and may include the number of requests for chaperones. Any concerns raised and reported breaches of the policy will be formally investigated.
Review Date:	To be confirmed- 3 years from the date of approval.
Signature of all Parties:	*Lynda Jenkins* Lynda Jenkins Senior Nurse Standards and Professional Regulation

Part B: Equality Impact Assessment

Part B has three steps:

Step 4 - Assemble evidence: explore existing evidence, obtain/consider need to get new evidence (see **Form 5**)

↓

Step 5 - Judge/assess the impact of the Policy across the equality strands (see **Form 5**)

↓

Step 6 - consider alternatives (see **Form 5**)

Form 5: Equality Impact Assessment

Step 4 - Assemble evidence		
1.	Do you have adequate information? Refer to **Form 2** (Part A, Step 2: *Evidence Gathering*) If not, can the Policy go ahead during this process?	
2.	Does the evidence relate to all strands? (please explain)	
3.	What additional information is required?	
4.	State which representative bodies of relevant groups you will liaise with for support. Is the information representative?	

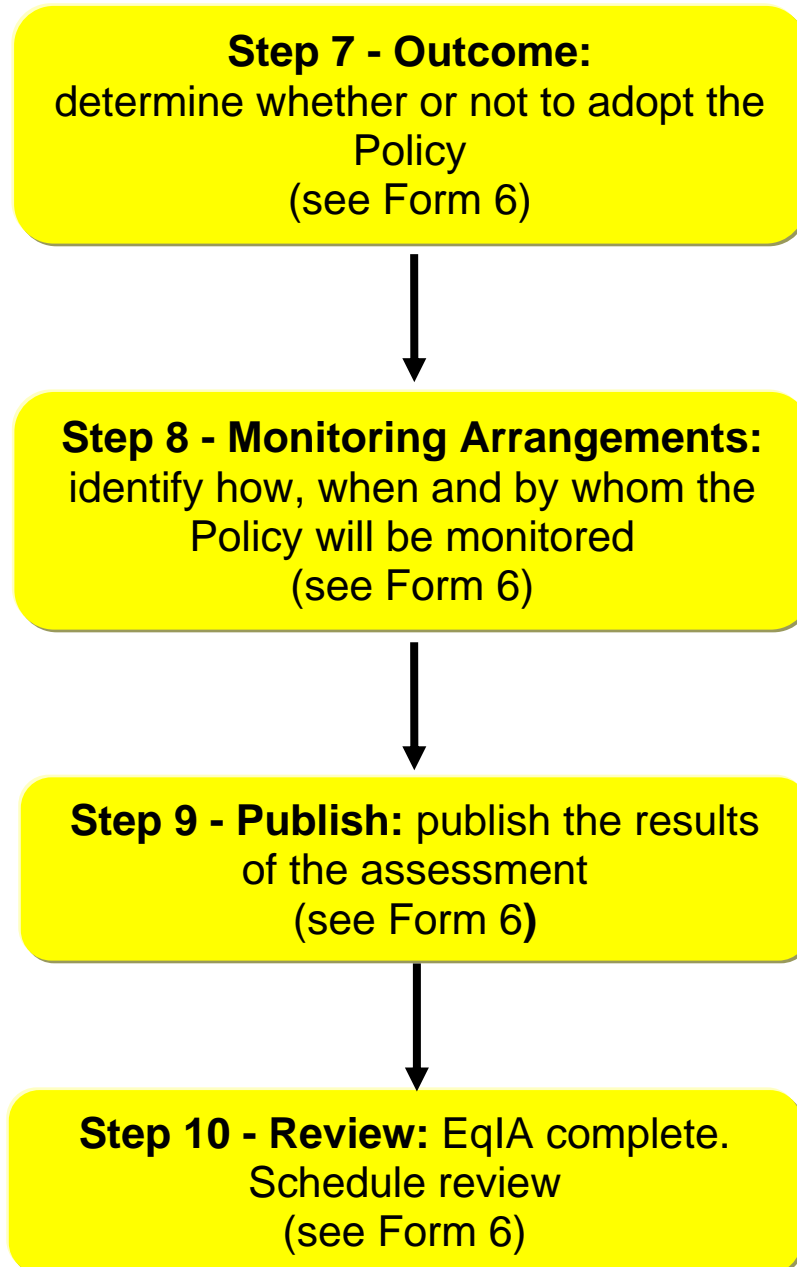| Step 5 - Judge/assess the impact of the policy across the equality strands					
Detail below whether you have identified any positive, adverse or differential effect for any of the following strands:					
EQUALITY STRAND/GROUP					
		Adverse	**Differential**	**Positive**	**Comments**
Age					
Disability					
Gender					
Race					
Religion or Belief					
Sexual Orientation					
Welsh Language					
Human Rights					

Step 6 - Consider Alternatives

6.	Describe any mitigating actions taken to reduce adverse impact.				
7.	Is there a handling strategy for any unavoidable but not unlawful negative impacts that cannot be mitigated?				
8.	Describe actions taken to maximise the opportunity to promote equality i.e. changes to the Policy, regulation, guidance, communication, monitoring or review				
9.	What changes have been made as a result of the equality impact assessment?				

Part C: Outcome, Monitoring, Publication and Review

Part C is a four step process as follows:

Step 7 - Outcome:
determine whether or not to adopt the Policy
(see Form 6)

Step 8 - Monitoring Arrangements:
identify how, when and by whom the Policy will be monitored
(see Form 6)

Step 9 - Publish: publish the results of the assessment
(see Form 6**)**

Step 10 - Review: EqIA complete. Schedule review
(see Form 6)

Form 6: Outcome, Monitoring, Publication and Review

	Step 7 - Outcome: determine whether to adopt the policy or not	
1.	Will the policy be adopted?	
2.	If **No** please give reasons and any alternative action(s) agreed: (If the policy is **not** to be adopted please proceed to step 9).	
	Step 8 - Monitoring arrangements: identify how, when and by whom the policy will be monitored.	
3.	How will the policy be monitored?	
4.	What monitoring data will be collected?	

5.	How will this data be collected?	
6.	When will the monitoring data be analysed?	
7.	Who will analyse the data?	
Step 9 - Publish the results of the assessment		
8.	What changes have been made?	
9.	Describe any mitigating actions taken Provide details of any actions taken to promote equality	

10.	Describe the arrangements for publishing the EQIA Outcome Report	
Step 10 - Schedule review		
11.	When will the policy be subject to a further review?	