

Section A: Assessment	
Name of Policy	Chaperone Policy
Person/persons conducting this assessment with Contact Details	Bev Evans, Named Nurse Safeguarding Children E-mail: beverley.evans7@wales.nhs.uk Tel: 029 2093 2628
Date	26 th April 2016

<p>1. The Policy</p>
<p><i>Is this a new or existing policy?</i></p> <p>Existing policy</p>
<p><i>What is the purpose of the policy?</i></p> <p>The purpose of the policy is to ensure that patient's safety, privacy and dignity are protected during intimate clinical examinations and to safeguard staff and patients from misinterpretation of actions taken as part of a consultation, examination, treatment or care.</p> <p>It is to ensure that employees have an understanding of their role and the rights of the patient when conducting a consultation, examination, investigation or procedure with regards to the provision of a chaperone.</p>

<p><i>How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan</i></p> <p>To ensure that patient's safety is a priority and to promote continuous improvement with the patient experience.</p>
<p><i>Who will benefit from the policy?</i></p> <p>Patients, carers and health care providers will benefit from this policy.</p> <p>The policy applies to all health care providers, including those on honorary contracts and academics, working in all locations in Cardiff and Vale UHB.</p>
<p><i>What outcomes are wanted from this policy?</i></p> <p>The outcomes wanted from this policy are to:</p> <ul style="list-style-type: none"> • Ensure that all examinations, investigations and consultations are undertaken in a respectful and dignified manner • Provide supplementary information in support of the Consent to Examination of Treatment Policy (2012) • Safeguard the dignity, safety, vulnerability and wellbeing of patients and healthcare providers throughout consultations, examinations, investigations or procedure • Provide guidance on special circumstances which may require a chaperone
<p><i>Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)</i></p> <p>None foreseen</p>

2. Data Collection

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

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

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

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

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

Evidence detailed below was retrieved from the World Wide Web on 25th April 2016; this detailed that there was no impact found.

http://www.google.co.uk/url?url=http://www.southernhealth.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D91948%26type%3DFull%26servicetype%3DAttachment&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjo26C_I6zMAhVoLcAKHStlANkQFgguMAU&usq=AFQjCNFVjB-bur5DCLkkuLTsx9f45CbNTQ

<http://www.rcht.nhs.uk/DocumentsLibrary/RoyalCornwallHospitalsTrust/Clinical/General/DignityInCare.pdf>

http://www.google.co.uk/url?url=http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D11273%26type%3DFull%26servicetype%3DAttachment&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjo26C_I6zMAhVoLcAKHStlANKQFghBMAg&usq=AFQjCNHIs7K3hslagCrCttEtKlJe2rJzBq

http://www.dbh.nhs.uk/Library/Patient_Policies/PAT%20PS%202%20v%202%20-%20Use%20of%20Chaperones%20-%20Guidance%20and%20Framework%20for%20Clinical%20and%20Support%20Staff%20-%20final.pdf

Consultation has taken place with Clinical Board Nurses between 21.3.16 and 8.4.16.

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3. Impact
Please answer the following Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.
Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people) No
Do you think that the policy impacts on people because of their caring responsibilities? No
Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy). No
Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites) No

<p>Do you think that the policy impacts on people because of their being married or in a civil partnership?</p> <p>No</p>
<p>Do you think that the policy impacts on people because of their being pregnant or just having had a baby?</p> <p>No</p>
<p>Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)</p> <p>No</p>
<p>Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)</p> <p>No</p>
<p>Do you think that the policy impacts on men and woman in different ways?</p> <p>No</p>
<p>Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bisexuals)</p> <p>No</p>

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

No

4. Summary.

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

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

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

The Policy has no impact on patients or health care providers in any of the equality groups detailed above.

The Policy content supports the protection of an individual's interests. Respect is given to their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation; an individual's communication needs will be considered and met at all times.

Section B: Action

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

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)
- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups?

Equalities Impact Assessment Implementation Mitigation/Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
The Policy has highlighted that cultural, ethnic and religious beliefs can make intimate examinations particularly difficult.	Healthcare provider.	Appropriate chaperone would be provided to meet patient's cultural, ethnic and/or religious beliefs.	Dependent on individual request or when it arises.		
All patients and healthcare providers have a right to request a chaperone, therefore promoting equality.	Line managers and ward and department leads.	Line managers are responsible for ensuring that healthcare providers are aware of the policy. Ward and Department leads are	Ongoing		

		responsible for raising awareness for patients and carers.			
Wider consultation	Reviewer of Policy	Policy and EQIA to be uploaded to intranet for UHB wide consultation	One month from upload		

6. Report, publication and Review


Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

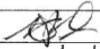
Please record details of where and when EQIA results will be published

The results will be published on the intranet and the internet once the Policy has been approved.

Please record below when the EQIA will be subject to review.

EQIA will be subject to review three years from date of acceptance of the Policy.

Name of person completing	Bev Evans, Named Nurse Safeguarding Children
Signed	
Date	26.4.16

Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication	Chief Nurse / Executive Nurse Director
Signed	
Date	28/4/16

Executive Summary

Background

Cardiff and Vale University Health Board is committed to providing a safe and dignified environment where patients and staff can be confident that best practice is being followed and that the safety of everyone is of paramount importance. Intimate examinations raise considerable issues about clinical governance and risk management for both the healthcare provider and patient. It is acknowledged that a person who feels vulnerable may misinterpret interventions or actions as threatening or intrusive.

A chaperone is a person who is present during a consultation, examination, investigation or treatment as a safeguard for all parties, and is a witness to continuing consent of the procedure.

The aim of the policy is to ensure that patients' safety, privacy and dignity are protected during intimate clinical examinations and to safeguard staff and patients from misinterpretation of actions taken as part of a consultation, examination, treatment or care. It is to ensure employees have an understanding of their role, and the rights of the patient when conducting a consultation, examination, investigation or procedure with regard to the provision of a chaperone.

The scope of the EQIA

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

The overwhelming response was that of positivity.

Key findings

The key findings showed that

The Policy content supports the protection of an individual's interests.

Respect is given to their dignity, privacy and beliefs, whatever their race, religion, language, gender, disability, age or sexual orientation.

Any individual's communication needs will be considered and met at all times.

No negative impacts have been identified at this stage.

Recommendations

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