



Use of Chaperones – Guidance and Framework for Clinical and Support Staff

This procedural document supersedes: Ref: PAT/PS 2 v.2 - Use of Chaperones – Guidance and Framework for Clinical and Support Staff



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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	2 March 2017	Policy has been fully reviewed to reflect recommendations of the Bradbury enquiry.	Lynne Whitaker
Version 2	21 April 2015	This Re-formatted into new APD template.	Moira Hardy
Version 1	October 2011	This is a new procedural document and supersedes any previous documents relating to this subject. Please read in full.	Vivienne Knight

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1. INTRODUCTION

This document provides guidance on the use of chaperones and applies to all Trust staff undertaking a consultation, examination, treatment or providing care e.g. doctors, nurses, therapists, midwives and support staff who are carrying out these duties within their work, regardless of discipline or speciality.

The use of a chaperone safeguards the patient, service user or client [hereafter patient will be used generically] against the potential for actual or perceived abuse, during any examination, procedure or treatment regardless of gender. Similarly the use of a chaperone safeguards the practitioner against a false allegation of abuse or inappropriate behaviour during a treatment or consultation.

The member of staff acting as a chaperone also provides the patient with an advocate during an examination or treatment and can re-iterate information given during the consultation as required.

The use of a chaperone offers mutual protection for the patient and practitioner during an examination or treatment.

Principles:

- All patients without exception can expect to receive their consultation, examination, treatment and care in an atmosphere of confidentiality, trust, and sensitivity.
- All patients, regardless of age, gender, ethnic background, culture, sexual orientation, or mental status have the right to have their privacy and dignity respected.
- A culture of openness between patients and health care professionals must be actively encouraged. A full explanation of the examination or procedure to be carried out must be given to the patient followed by a check to ensure that the patient has understood the information. Information and guidance is available to staff on equality and diversity from the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust website.

2. PURPOSE

This policy applies to all healthcare staff working within Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, including: registered nurses, midwives, Clinical Therapists, Allied Health Professionals, students of all health professions, junior and senior medical staff, consultants, medical imaging staff and health care assistants, working with individual patients in wards, departments, out-patient clinics, community settings and the patient's home.

This policy should be read in conjunction with the Trust's Consent and Mental Capacity policies and appropriate consent should be obtained.

The purpose of this policy is to:

- ensure that all staff have the required understanding of the effective use of a chaperone within their clinical area.
- Safeguard the dignity, rights, safety and well-being of patients and staff throughout consultations, examinations, treatment and care.

3. DUTIES AND RESPONSIBILITIES

3.1 Care Group Directors

Each individual Care Group Management Team is responsible for ensuring that staff adhere to this policy and for monitoring the implementation of the policy across the Care Group.

3.2 Matrons/Heads of Service

- Responsible for supporting ward and department managers to provide chaperones as required and for providing training for chaperones.
- Responsible for monitoring adherence with the policy across their sphere of responsibility.

3.3 Ward/Department Managers

- Responsible for providing chaperones and escalating and documenting those situations when a chaperone has been unavailable.
- Responsible for providing training for chaperones within their ward/department and monitoring adherence with the policy in their ward/department.

3.4 Chaperones

Responsible for safeguarding the interests of the patient when undergoing an intimate procedure or the practitioner undertaking the procedure and is a witness to continuing consent for the procedure being undertaken. The chaperone also acts as an advocate for the patient and can re-iterate information given during the consultation. Ensure that the chaperone has undergone the appropriate training to fulfil their role.

3.5 All Staff

Individual members of staff are responsible for ensuring they implement this policy and that they report any concerns to their manager. If necessary this includes where staff need to use the Trust's Raising Concerns: 'We Care, We Listen, We Act' policy (CORP/EMP 14) to achieve this effectively.

4. PROCEDURE

4.1 General

The often intimate nature of work within clinical care, if not practiced in a sensitive and respectful manner can lead to misinterpretation and occasionally allegations of assault or abuse. The presence of a trained chaperone that is sensitive to these issues can be helpful not only in reassuring and informing the patient, but also in minimising the risk of the practitioner's actions being misrepresented.

All medical consultations, examinations and investigations are potentially distressing. Patients can find examinations, investigations or medical photography involving the breasts, genitalia or rectum particularly intrusive (these examinations are collectively referred to as "intimate examinations"). Consultations involving dimmed lights, the need for patients to undress or for intensive periods of being touched may make a patient feel vulnerable. For most patients respect, explanation, consent and privacy take precedence over the need for a chaperone.

The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

Patients undergoing examinations must only be required to uncover the part of the body that requires investigation or imaging.

Adequate information and explanation as to why any examination or procedure is required must be provided (see also the Trust's Policy on Consent to Examination and Treatment PAT/PA 2).

All patients must have the opportunity of having a chaperone during any consultation or procedure.

For some patients it may be appropriate to introduce a chaperone who is acceptable to the person to help them feel safe and secure. This will depend on the availability of an appropriate chaperone and the urgency of the treatment/intervention required.

Children under 16 years of age must not be used as an informal support or chaperone.

4.2 Offering a Chaperone

Staff must be aware that intimate examinations might cause anxiety for both male and female patients and whether or not the examiner is of the same gender as the patient. All patients must have the opportunity of having a chaperone during any consultation or procedure and the decision to use a chaperone must not be influenced by the gender of the patient or the practitioner.

The use of a chaperone is expected in the following situations:

- Whenever a person is undergoing intimate care, examination or procedure which could compromise the threshold of acceptable intimacy or the integrity of the patient or practitioner.
- Where the care given is in an isolated area or a darkened room.
- Where a person is intoxicated through the use of alcohol or drugs.
- Whenever the patient or clinician believe it to be appropriate.

It is important that patients and carers are made aware of the availability and role of the chaperone.

The offer of a chaperone can be made through a number of routes including the appointment letter, prominently placed posters, information leaflets and verbal information prior to the actual consultation. The offer of a chaperone must be made especially clear to the patient prior to any intimate procedure, ideally at the time of booking the appointment.

It is not always clear ahead of the consultation that an intimate examination or procedure is required; therefore the offer of a chaperone must be repeated at the time of the examination. Where possible, it is good practice that intimate examinations will be pre-arranged to ensure that an appropriate chaperone is available to attend the appointment.

All parties must understand the expectations of the chaperone during the consultation and examination. It is for the lead practitioner to ensure this common understanding exists. The patient must always have the opportunity to decline a particular person as a chaperone.

Where the presence of a chaperone may intrude in a confiding practitioner-patient relationship it will be confined to the physical examination. One-to-one communication must therefore take place after the examination and after the chaperone has withdrawn.

The patient may decide to ask the chaperone to leave at any time. If the practitioner is unhappy to continue with the consultation in this situation, then this should be explained to the patient, be documented in the clinical records and if appropriate an alternative arrangement or another appointment be made.

It is the responsibility of Care Group professional leads to formulate any additional specific guidelines for their individual areas and professional groups. These service specific guidelines once agreed are to be approved and reviewed annually by the Care Group Clinical Governance Teams.

Any speciality specific guidelines thus developed would serve only to offer further clarity or direction to that services' clinical and support staff and would not be against the spirit of this unified Trust guideline, which applies to general chaperoning activity and across all services.

4.3 Chaperone Provision

All patients are entitled to ask for a chaperone to be present for an examination or procedure, although not all requests will be able to be fulfilled.

If a chaperone is unavailable, the patient must be informed and asked if they consent to the examination/procedure going ahead without a chaperone, or if they would prefer to postpone until one is available. Patients have the right to refuse a procedure unless they lack mental capacity to make such a decision and by not having the procedure, they would put their life at risk.

If the patient requests a chaperone to be present and none is available the procedure/examination must be rescheduled within a reasonable timeframe and when a chaperone can be provided. If the delay is clinically significant or accommodating another date or time is necessary for this, the practitioner needs to discuss the urgency and any consequences to the proposed delay. The reason for any re-scheduling and the discussions that have taken place between the practitioner and the patient must be clearly recorded in the patient's clinical records. (See guidance section for urgent and emergency situations).

If the patient prefers to undergo the examination/procedure without the presence of a chaperone, this must be respected and their decision documented in their clinical records. However, the practitioner must feel comfortable with this decision and the patient must be aware that some procedures might require the presence of another person.

The practitioner providing care can also request a chaperone be present.

The patient may not wish to have a chaperone present; however the practitioner may also refuse to continue the examination or procedure without a chaperone in attendance. If this occurs, the reason why a consultation is discontinued must be clearly explained to the patient and documented in the patient's clinical records.

The final decision to continue without a chaperone lies with the practitioner undertaking any intimate examination or procedure.

4.4 Dignity and Respect

Attention must be given to the environment where intimate examinations are to take place to ensure that patients are comfortable and that equipment required is readily available.

Facilities therefore must be available for patients to undress in a private, undisturbed area. There must be no undue delay prior to the intimate examination once the patient has removed any clothing and intimate examinations must take place in a closed room or well-screened bay that cannot be entered whilst the intimate examination is in progress. The practitioner carrying out the intimate examination must offer assistance with and be present during undressing only if absolutely necessary.

The following considerations apply:

- Offer reassurance
- Be courteous
- Keep any discussion relevant
- Encourage the patient's questions and discussion
- Remain alert to verbal and non-verbal indications of distress from the patient.

Adequate privacy must be provided to maintain patient dignity and practitioners must not be interrupted by phone calls or messages.

4.5 Role of the Chaperone

4.5.1 Role of the Chaperone

A chaperone is a person who is present during a physical examination as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent for the procedure. Their role can vary considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. Whilst chaperones will be advised about what is required of them by the practitioner undertaking the procedure or examination, all chaperones are expected to have an understanding of the role being requested of them and their own specific responsibilities within that.

Broadly speaking the chaperone's role can be considered in any of the following areas:

- Providing emotional comfort and reassurance to patients
- To identify the rare occurrence of unusual or unacceptable behaviour on the part of the practitioner
- To provide a degree of protection to practitioners against unfounded allegations of improper behaviour

The chaperone may also fulfil other roles such as:

- Assisting in the examination, for example handing instruments during rectal or vaginal examinations
- Assisting with undressing patients
- Acting as an advocate
- Helping the practitioner manage unexpectedly concerning or aggressive behaviour from the patient

All discussions between the patient and the chaperone must be professional, courteous, kept relevant and unnecessary personal comments avoided. Attempts at using humour in this situation to relax the patient are usually fraught with difficulties of perception and can appear inappropriate and misplaced.

Although chaperones will offer reassurance and may encourage the patient to ask questions, they must not enter into clinical discussion or offer their personal opinions about the patient's condition with the patient and/or the attending practitioner.

Chaperones must adhere to Trust Infection, Prevention and Control policies at all times, particularly in relation to hand hygiene.

Chaperones must allow patients to undress and dress in private. If appropriate it is expected that the chaperone will offer assistance to an infirm or disabled patient with dressing and undressing. The patient must never be fully undressed, only the area being examined should be exposed. In the cases of a full body examination the patient must be examined in stages to retain their dignity. The use of a sheet or drape is always advisable during intimate examinations. The GU Medicine department uses a 'skirt' drape to good effect for this aspect.

The chaperone is required to observe the examination and therefore must be in full view of the patient and practitioner at all times. They must remain alert to verbal and non-verbal signs of patient distress and as soon as it is indicated inform the attending practitioner. Any concerns the chaperone has relating to a procedure they have observed must be discussed at the time with the Line Manager/Department Manager if possible and / or with the staff member's Line Manager. In situations where an incident or near miss report is required the Policy for the Reporting and Management of Incidents and Near Misses (CORP/RISK 13) must be followed.

4.5.2 Informal Chaperone - Family member or Friend

Many patients feel reassured by the presence of a familiar person and request to have a relative or friend present, which must be documented in the patient's clinical records. This request in almost all cases will be accepted, unless there is a specified reason for refusing this by the practitioner, which must be documented. The chaperone may therefore be an adult family member or friend who is accompanying the patient; or the patient may request to defer the examination until a family member or friend can be present. The informal chaperone is required to observe the examination and therefore must be in full view of the patient and practitioner at all times.

The practitioner can request a formal chaperone in addition to the family member or friend acting as an informal chaperone. It may therefore be necessary to postpone the examination until a formal chaperone is available.

If a formal chaperone is not required or present, it is inappropriate to expect a family member or friend to take any active part in the examination or to witness the procedure directly. Positioning of the patient and the family member or friend therefore needs careful consideration. If an informal chaperone is used, a clear explanation of what is expected to happen during the examination must be provided

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4.5.3 Formal Chaperone – Staff Member

A formal chaperone implies a suitably trained individual, such as a nurse or a specifically trained staff member e.g. health care assistant.

This individual will have a specific role to play in terms of the consultation and this role must be made clear to both the patient and the person undertaking the chaperone role. In most cases, it is not appropriate for a non-clinical or untrained member of staff to discuss the appropriateness of the procedure or examination; any consent aspect of this nor assist in the procedure.

The role may include assisting with undressing or assisting in the procedure to be carried out. In these situations, the chaperone must have had sufficient training to understand the role expected of them and the knowledge and skills required to undertake the role.

Protecting the patient from vulnerability and embarrassment means that the chaperone is usually of the same sex as the patient. The use, therefore, of a male chaperone for the examination of a female patient or of a female chaperone when a male patient is being examined could be considered inappropriate. It is therefore important that the patient must always have the opportunity to decline a particular person as a chaperone if that person is not acceptable to them for any reason.

The attending practitioner must record in the patient's clinical record the identity of the chaperone and that appropriate consent was obtained from the patient for the chaperone to be present as well as in relation to the procedure being undertaken.

4.6 Documentation, Communication and Record Keeping

4.6.1 When a Chaperone is present

The name of the chaperone must be recorded by the practitioner in the patients' clinical records.

The patient must be informed by the practitioner of what the examination, treatment or procedure involves prior to its commencement, e.g. the state of undress required, intimacy of the examination, location, any invasive aspects, close contact or darkened room etc.

As part of the normal procedure for consent, the practitioner explains the nature of the examination to the patient and offers them a choice of whether to proceed with that examination at that time with or without a chaperone. The patient will then be able to give an informed consent to continue with the consultation.

Details of the examination including the presence or absence of a formal and any informal chaperone, the information provided and the documented consent must be recorded in the patient's clinical records by the practitioner as outlined in the Trust Clinical Records policy (CORP/REC 5) and relevant professional guidance e.g. GMC, NMC, HPC etc.

Any unusual or unexpected communication or procedural aspects must also be recorded by the practitioner in detail for future reference.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing, then it would be good practice to record this situation in the patient's notes.

The records should make clear from the history that an examination was necessary. In any situation where concerns are raised or an incident has occurred and a report is required this should be completed immediately after the consultation.

Any incidents that arise out of or during any procedure taking place must be reported via Datix web following the Policy for the Reporting and Management of Incidents and Near Misses (CORP/RISK 13).

4.6.2 Patients who are offered and decline a Chaperone.

If the patient is offered and does not want a chaperone, it is important to record that the offer was made and declined.

There are some cases where the practitioner may feel unhappy to proceed with the examination. This may be where a male doctor or other practitioner is carrying out an intimate examination, such as vaginal or rectal examinations, cervical smear or breast examination.

Other situations may be where there is a history of violent or unpredictable behaviour on behalf of the patient or the family member/friend who is accompanying them.

In these situations it may be possible to re-arrange the appointment to a safer setting or for the patient to see another clinician. This situation and why the procedure did not go ahead must be documented in the patient's clinical record.

4.6.3 Where a Chaperone is needed but not available

If the patient has requested a chaperone and none is available at that the relevant time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe.

If the seriousness of the condition dictates that a delay is inappropriate then this must be explained to the patient and recorded in their clinical notes.

A decision to continue or not, and whether to reschedule the appointment must be reached in partnership with the patient.

In cases where the patient does not have the mental capacity to make the decision to have the examination, a best interests meeting must be held with appropriate personnel including healthcare practitioners.

4.7 Specific Consideration/Sensitive Situations

The following apply equally to both male and female adults, children and young people, and for both male and female examiners. It may be appropriate to seek advice from a senior colleague prior to examination in particularly sensitive situations.

- Some patients may feel embarrassment at being examined by a member of the opposite sex. If this is a concern to the patient and a practitioner of the same sex is not available; seek advice from a senior colleague.
- The ethnic, religious and cultural background of some patients can make intimate examinations particularly difficult. Requests for examination by a practitioner of the same gender must be accommodated where possible when requested, but in an emergency this may not be possible. This aspect must be discussed with the patient.
- Intimate examinations must not be carried out on non-English speaking patients without an interpreter/advocate being available.
- Healthcare professionals must not proceed with any examination if they are unsure as to whether the patient understands due to language or any other communication barriers.

4.8 The Examination of Children

Parents will not be routinely used as formal chaperones for their children as a trained chaperone/Registered Nurse should be present. However, in the event that a child does not wish for the nurse to be present a parent can be present as a chaperone for their child. In this event the role must be clearly explained to the parent and their consent sought and documented. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding.

Intimate procedures with a child must be addressed with a formal chaperone as for adults. Reference must be made to the Trust Safeguarding Children Policy (PAT/PS 10) and Shared Care Protocols for Children.

In the case of children, an informal chaperone will normally be a parent or carer or alternatively someone known and trusted or chosen by the child. For competent young adults the guidance relating to adults is applicable.

In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. Practitioners must refer to the policy for the Safeguarding Children Policy (PAT/PS 10) for any specific issues. The advice of the Safeguarding team can also be obtained.

If a child presents in the absence of a parent or guardian, the practitioner must ascertain if they are capable of understanding the need for the examination. In these cases consent must be secured first and a formal chaperone to be present for any intimate examinations.

4.9 Issues Specific to Religion/Ethnicity or Culture

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands. Women of other cultures and beliefs may also feel strongly that they do not wish to be examined by a male practitioner.

Wherever possible in a non-emergency situation, particularly in these circumstances, arrangements must be in place for a female healthcare practitioner to be made available to perform the procedure.

In an emergency situation the risk of delay and the patient's consent to proceed with a male practitioner conducting the examination etc. must be very carefully considered. Without consent the examination must not proceed.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. It is expected practice that where an interpreter is required, the arrangement is a formal one and the interpreter is hired and paid for their services. They must not be a member of the patient's family or their community. (See Interpretation and Translation Services Policy (PAT/PA 34).

4.10 People with Learning Disabilities

The Trust has a responsibility to ensure that all mainstream health services are accessible to people with a learning disability.

Where the person with a learning disability lacks the mental capacity to make a decision about having a chaperone or not, a best interests meeting is held to make the decision on behalf of the patient. This must be documented. (See also Safeguarding Adults Policy (PAT/PS 8)).

By checking the person's Health Action Plan and/or hospital information the person with learning disabilities preferred communication method and choice of carer can be established.

There will also be reference to any consent issues, which may help with assessing the person's mental capacity. Advice from the Head of Safeguarding or Learning Disabilities Senior may be sought as required.

4.11 Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. a home visit, in a Children's Centre, GP surgery, LIFT building etc, the same principles for offering and the use of chaperones must apply.

Where it is appropriate family members or friends may take on the role of informal chaperone.

In cases where a formal chaperone is appropriate, i.e. intimate examinations, it is best practice for the healthcare professional to reschedule the examination to a more convenient location. However, in cases where this is not an option, for example due to the urgency of the situation, because the practitioner is community based, or because the patient is unable to travel, then procedures must be in place to ensure that communication and record keeping are treated as paramount. Where advice on the best way to proceed is required, then decisions as to what should be done are to be made with the patient and the advice of a senior colleague sought if available.

Where the patient lacks mental capacity then all decisions are made in the patient's best interests. Decisions must be communicated to relevant parties and fully documented. (Safeguarding Adults Policy - PAT/PS 8).

5. TRAINING/SUPPORT

5.1 Training Requirements

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

A chaperone training booklet has been produced, in compliance with this procedural document, on the use of chaperones and aims to deliver guidance to all Trust staff undertaking a consultation, examination, treatment or providing care, regardless of discipline or speciality.

The training booklet highlights the key principles of chaperone use and safeguards all our patients regardless of gender against the potential or perceived abuse during examinations or procedures. Complying with the procedural document and understanding the guidance around chaperoning will also safeguard the practitioner against false allegations of abuse or inappropriate behaviour during the consultation.

The chaperone training booklet is available via the Trust's eLearning resources.

The competencies that a formal chaperone is required to meet are an understanding of:

- What is meant by the term chaperone?
- What is an "intimate examination?"
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibility e.g. advocate
- Policy and mechanism for raising concerns

Chaperones are therefore required to have knowledge of the required;

- Listening skills
- Observational skills
- Confidentiality issues
- Consent process

- The procedure being undertaken

Chaperones must undergo training as a part of their professional or HCA competencies through the appraisal process and local induction of new clinical staff must include training on the appropriate conduct of intimate examination. Trainees should be observed and given feedback on their technique and communication skills in this aspect of care. Each Care Group must agree the level of knowledge and skill required for a chaperone working within their specialist areas and ensure that the necessary training is given.

All staff should have an understanding of the role of the chaperone and the procedures for raising concerns.

6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Episodes where an examination was re-scheduled due to a Chaperone not being available	Ward/Department Manager	Annual	Care Group Clinical Governance Group to review and put actions in place as appropriate
Incidents/complaints where an accusation of inappropriate behaviour is made against a staff member	Patient safety Facilitators within Care Groups	Within 24 working hours of incident/ complaint being raised. Monthly reporting	Line Manager to investigate. Care Group Clinical Governance Group to review themes / trends

7. DEFINITIONS

Chaperone A chaperone is a person who is present during a physical examination as a safeguard for all parties (patients and practitioners) and is a witness to continuing consent for the examination/procedure.

Intimate Examination Intimate examinations are examinations of the breast, genitalia and rectum. However, some patients may regard any examination in which the doctor needs to touch or be very close to them as intimate.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 4 - Fair Treatment for All
 CORP/EMP 14 - Raising Concerns: 'We Care, We Listen, We Act'
 CORP/EMP 27 - Equality Analysis Policy
 CORP/REC 5 - Clinical Records Policy
 CORP/RISK 13 - Policy for the Reporting and Management of Incidents and Near Misses
 PAT/PA 2 - Consent to Examination or Treatment Policy
 PAT/PA 19 - Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
 PAT/PA 28 - Privacy and Dignity Policy
 PAT/PS 8 – Safeguarding Adults Policy
 PAT/PS 10 - Safeguarding Children Policy

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APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Use of Chaperones – Guidance and Framework for Clinical and Support Staff	Directorate of Nursing and Midwifery	Lynne Whitaker – Matron Diagnostics & Pharmacy Care Group	Existing Policy	October 2016
1) Who is responsible for this policy? Directorate of Nursing and Midwifery				
2) Describe the purpose of the service / function / policy / project/ strategy? To provide all Trust staff undertaking consultation, examination, treatment or providing care with guidance on the use of chaperones. This will safeguard the patient and practitioner.				
3) Are there any associated objectives? No				
4) What factors contribute or detract from achieving intended outcomes? – None				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: October 2019				
Checked by: Lynne Whitaker		Date: October 2016		