Southern Health
NHS Foundation Trust

SH CP 184

Chaperone Policy

Version: 2

Summary:	This policy sets out guidance for the use of chaperones and procedures that should be in place for examinations and clinical interventions, and with any member of the public who has access to NHS sites and does not meet the requirements of our Trusts Safer Recruiting Procedures and Policies.	
Keywords:	Chaperone, privacy, dignity, vulnerable patient/service user, VIP guest, charitable supporters.	
Target Audience:	All staff within the Trust.	
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Approved & Ratified by:	Patient Experience, Engagement and Caring Group	**Date of meeting:** 22/02/18
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Version Control

Change Record

Date	Author	Version	Page	Reason for Change
20/8/15	Liz Taylor	1.1	4 1.2	Deleted MHLD
			5 4th bullet 7th bullet	Change word from requesting to organising Deleted MHLD
			7	Deleted IUCD and ECG changed wording to an intimate procedure
			10	Delete male doctor and changed to health care professional
			11	Delete informed consent and replaced with valid
			12	Delete MHLD and replaced informed consent with valid
04/07/17	Liz Taylor	2	5	Formatted introduction
03/08/17	Harvey Campbell	2	7/8	Inserted paragraph
03/08/17	Harvey Campbell	2	12	Ability changed to capacity
03/08/17	Harvey Campbell	2	12	Insert paragraphs
03/08/17	Harvey Campbell	2	13	Removed paragraph re seeking support from LD colleague as unclear
03/08/17	Liz Taylor	2	13	Added clarity when to use safeguarding children policy
03/08/17	Harvey Campbell	2	4	Add modern slavery
03/08/17	Harvey Campbell	2	11	Add modern slavery
28/1/20		2		Review date extended from Feb to March 2020
26/2/20		2		Review date extended to Sept 2020
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9/10/20				Review date extended to Nov 2020

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Dr Oliver White	Consultant Psychiatrist & Named Doctor for Safeguarding Children	V2 July 2017

Quick Reference Guide

Intimate procedures:
Whilst exercising clinical judgment, clinicians are advised that they should always consider being accompanied by a formal chaperone when the patient:

- Requires intimate examination, treatment or care
- Is semiconscious or unconscious
- Is intoxicated with alcohol or has taken anxiolytics, hypnotics, and opioid analgesics or any drug or substances known to have an hallucinogenic effect.
- Is confused/disorientated
- Does not use English as their first language. Intimate examinations should never be carried out for non-English speaking patients (except in an emergency) without an interpreter/advocate (taking account of gender) being present
- Has hearing, visual or speech difficulties
- Is a vulnerable adult e.g. an older person or a patient with a learning disability or any cognitive impairment. For these patients, a familiar individual such as a family member or carer may be the best chaperone. A careful simple and sensitive explanation of the technique is vital.
- Has a history of abuse, or where abuse is suspected. Great care and sensitivity must be used to allay fears.

1. Establish whether there is a need for a chaperone and discuss this with the patient prior to the procedure taking place.

2. If an intimate procedure is required, explain to the patient why an examination is necessary and give the patient an opportunity to ask questions, and a full explanation of what this involves.

3. Offer a formal chaperone to support them through this or invite the patient to have a family member/friend present to act in informal chaperone capacity if this is relevant (i.e. leading up to the intimate procedure) If the patient does not want a chaperone, record that the offer was made and declined by the individual in the patients' notes.

4. Obtain the patient's consent before the examination, and record that permission has been obtained in the patient's notes. Follow relevant policies where there are issues relevant to patient capacity.

5. Be prepared to discontinue the examination at any stage should the patient request this and record the reason.

6. Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones if this is deemed in his/her best interest, ensuring that the role is fully explained and consent sought and recorded.

7. Chaperone must at all times allow patient privacy to undress and dress through the use of drapes, screens, blankets.

8. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you/or the HCP propose to do next. Keep discussion relevant and avoid personal comments at all times.

9. If a chaperone has been present throughout the process, record that fact and the identity of the chaperone in the patient's notes.

10. Record any other relevant issues and escalate concerns immediately following the consultation.

11. Ensure the individual is supported to dress fully after the procedure maintaining his/her full dignity and privacy at all times.

Contents

Chaperone Policy

1. Introduction

Background

This policy has been drafted following the investigations into Jimmy Savile's activities at hospitals and hospices and the resulting Lampard Report (2015). The policy has been put in place to protect patients from possible abuse.

There may also be other circumstances where the use of chaperones is also required due to safeguarding concerns arising from e.g. domestic abuse and violence, forced marriage, honour based violence and modern slavery.

This policy sets out guidance for the use of chaperones and procedures that should be in place for:

- **Part A** - Clinical examinations and interventions.

- **Part B** - Escorting Very Important People (VIP's) visitors and guests (including major donors or other supporters of the Trust's charity) on visits to NHS sites when they have not undertaken Safe Recruitment processes.

1.1 The Trust is committed to providing a safe, comfortable environment where patients, family, carers and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

1.2 The Trust welcomes visitors, VIP's, supporters and guests to NHS sites. In order to safeguard patients, visitors and staff the guidance within this policy should be followed.

This policy recognises the following principles:

- **Part A - Intimate procedures**

Whilst exercising clinical judgment, clinicians are advised that they should always consider being accompanied by a formal chaperone when the patient:

- Requires intimate examination, treatment or care
- Is semiconscious or unconscious
- Is intoxicated with alcohol or has taken anxiolytics, hypnotics, and opioid analgesics or any drug or substances known to have an hallucinogenic effect.
- Is confused/disorientated
- Does not use English as their first language. Intimate examinations should never be carried out for non-English speaking patients (except in an emergency) without an interpreter/advocate (taking account of gender) being present
- Has hearing, visual or speech difficulties
- Is a vulnerable adult e.g. an older person or a patient with a learning disability or any cognitive impairment. For these patients, a familiar individual such as a family member or carer may be the best chaperone. A careful simple and sensitive explanation of the technique is vital.
- Has a history of abuse, or where abuse is suspected. Great care and sensitivity must be used to allay fears.

- For some people who use our services, consultations, examinations and procedures may be threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

- 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.

- No family member or friend of a patient should be expected to undertake any formal chaperoning role in normal circumstances unless explicitly requested by the patient.

- The presence of a chaperone during a clinical examination and treatment must always be the clearly expressed choice of a patient *(however the default position should be that all **intimate examinations** are chaperoned).*

- The patient must at all times have the right to decline any chaperone offered. This must be documented in the patient's record.

- Chaperones are most often required or requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, the Trust considers it good practice to offer all patients a chaperone for any examination or procedure where the patient feels one is required, regardless of the gender of the examiner or patient.

- **Part B - Visitors and guests (including VIPs)**

- Visitors to NHS sites must be accompanied by a permanent substantive employee or volunteer of the Trust who has full access to the relevant Trust Policies and procedures.

- It is the responsibility of the member of staff or volunteer organising the visit to identify a suitable chaperone; this may be themselves. They must also agree and document the purpose and outcomes of the visit between the guest and the chaperone including area to be visited, individuals and or patients to be part of contact and activities included.

- Patient safety is paramount and visitors and guests (including VIPs) must not have access to areas where patients are undergoing intimate procedures.

- The Trust has a responsibility for protecting and promoting privacy, dignity and respect. It must inform patients and staff of a visit in advance and give patients the opportunity to choose not to interact with the guest.

- For some people who use our services, visitors and guests (including VIPs) to the NHS sites may be threatening or confusing. A chaperone, particularly one trusted by the patient/s, may help the patient and the visitor through the process avoiding undue distress.

- The chaperone must ensure that the visitor or guest (including VIPs) has Trust authority for the visit to occur and has means of personal identification such as photographic identification card, driving licence or passport.

- The chaperone must take responsibility for ensuring the visitor or guest (including VIPs) adheres to Trust Policies and procedures at all times during the visit. They must adequately prepare the visitor or guest for the visit (for example, explaining how to keep themselves and patients & service users safe), challenge the visitor or guest if their behaviour is unusual or unacceptable, and escalate any incidence of inappropriate behaviour or breach of Policy immediately to senior manager and complete a Ulysses Safeguard.

- All client information, in whatever format, must not normally be disclosed outside of the care team without the consent of the client (NHS Code of Confidentiality). Legitimate reason for accessing information. The chaperone should explain this to the visitor or guest and remind them that they may be exposed to confidential conversations, which they have a duty not to

disclose. Restrict access to clinical areas when ward rounds are taking place and corporate areas (for example, record libraries) where there is a high risk of encountering confidential information.

- The chaperone must be aware of media interest in the visitor or guest (including VIPs) and ensure the Communication team are involved and patient consent sought for any media involvement.

- The chaperone must remain with the visitor or guest (including VIPs) at all times ensuring there is no unsupervised access or contact with patients or their personal identifiable information. This is both for the protection of patients and the protection of the guest against unfounded allegations of improper behaviour made by the patient/s.

1.3 Reported breaches of the chaperoning policy should be formally investigated through the Trust's risk management and clinical governance arrangements and treated as a safeguarding concern. If it is determined that breaches were deliberate on the part of the chaperone then this will be considered a misconduct or gross misconduct issue accordingly and managed in line with the disciplinary policy and procedure.

2. Scope

2.1 This policy applies to all healthcare professionals working within this Trust, including students, medical staff, Allied Health Professionals, nursing and midwifery staff, radiographers and other therapists working with patients in clinic situations, wards, departments, and outpatient and in the community including the patient's home. This policy also covers any non-clinical personnel who may be involved in providing care. In this policy, all staff groups covered will be referred to as the "Healthcare Professionals" (HCP). The use of the feminine gender equally implies the male and similarly the use of the male gender equally implies the female.

2.2 This policy applies to all clinicians directly employed on substantive or honorary contracts by the organisation and contractors whose contract specifies adherence to this policy.

2.3 All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct.

2.4 This policy applies to all intimate examinations and procedures such as personal care and to visitors, guests (including Very Important People' (VIP's)) and other members of the public who are present on NHS sites.

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This policy should be read in conjunction with the following polices:

- Equality and Diversity policy
- Safeguarding Adults and Child Protection Policies
- Consent to Examination and Treatment
- Personal Safety & Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy
- Speak Up (Whistleblowing)

3. Definitions

3.1 A Chaperone

The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/informal role or an active/formal role. There is no clear definition of a chaperone since this role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out.

A chaperone may refer to a person who acts as a witness for a patient and a medical (or HCP) practitioner during a medical examination or procedure.
For the purposes of escorting **visitors and guests (including VIPs),** the **chaperone** must be suitably able to safeguard patients with the ability to challenge inappropriate behaviour.

3.2 Informal Chaperone

An informal chaperone would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend i.e. a familiar person who may be sufficient to give reassurance and emotional comfort to the patient; who may assist with undressing the patient and who may act as an interpreter if deemed appropriate. Caution should be exercised when using an informal chaperone as an interpreter; where there are safeguarding concerns or where sensitive or complex information requires to be interpreted. In these circumstances use of suitably qualified interpreter should be considered.

3.3 Formal Chaperone

This implies a health professional such as a Registered Nurse, or a specifically skilled unregistered staff member e.g. health care assistant (HCA). Where appropriate they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure. Assistance may also include clinical interventions and support provided to the patient when attending to personal hygiene, toileting and undressing/dressing requirements.

A chaperone will be able to identify any unusual or unacceptable behaviour on the part of the health care professional, and should immediately report any incidence of inappropriate behaviour, which includes inappropriate sexual behaviour to their line manager or another senior manager.

A chaperone will provide protection to healthcare professionals against unfounded allegations of improper behaviour made by the patient.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation or procedure unless the patient requests otherwise.

Confidential clinician–patient communication should take place on a one to one basis after the examination / procedures unless the patient requests otherwise It is the responsibility of the health care professional to ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager

It is the responsibility of the Health Care Professional to ensure that accurate records are kept of the clinical contact, which also includes records regarding the acceptance or refusal of a chaperone.

It is the responsibility of the Health Care Professional to access any information and training required to support their role as a chaperone which may include any of the following:

- To provide emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment.

- To assist in an examination or procedure, for example handling instruments an intimate procedure.

- To offer practical support during care interventions, such as undressing the patients, and attending to intimate toileting or hygiene requirements.

- To act as an advocate for the patient and in circumstances where consent to treatment is withdrawn by the patient before or during the procedure, the advocate supports the wishes of the patient.

- To act as an interpreter is appropriately skilled and trained to do so.

- To provide protection to HCP's against unfounded allegations of improper behaviour.

- To report any unusual or unacceptable behaviour on the part of the healthcare professional.

- To act as safeguard for patients against humiliation, pain or distress whilst offering protection against verbal, physical, social or other abuse.

- To act as a safeguard for all parties (patient and practitioners) and as a witness to continuing consent of the procedure.

However a chaperone cannot be a guarantee of protection for either the examiner or examinee.

4. Duties and responsibilities

4.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring effective corporate governance assurance within the Trust and therefore supports the Trust-wide implementation of this policy.

4.2 Executive Directors

Director of Nursing, Medical Director and Chief Operating officer are responsible for endorsing the full implementation of this policy and its relevance to everyday practice within Safeguarding, Patient dignity, Safety and delivery of Quality care.

4.3 Senior Managers

The Manager's role is to ensure implementation of this policy and that the staff understand how the Chaperone Policy applies to them and their patients. Managers are also responsible for ensuring that where necessary, local processes are developed and training given to planning staff rosters and skill mix to support the full implementation of this policy. Managers should review the effectiveness of the implementation, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

4.4 Line Managers

The Line Manager has a responsibility for ensuring chaperones are available within their respective areas, and that chaperones work within their scope of practice and are fully aware of this and associated policies. They also have a responsibility to ensure accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone. They also have responsibility for informing the senior manager if no suitable chaperone is available. They have responsibility for ensuring all chaperones are aware of their responsibilities and that appropriate use of chaperone posters are made available within their areas if required.

4.5 Health Care Professional

The Health Care Professional is responsible for ensuring that patients are offered a chaperone and for respecting the individual's choice to request or decline a chaperone, whether in an outpatient or inpatient setting. They are responsible for maintaining the accurate documentation including the consent given to proceed without a chaperone. They are also responsible for escalation of concerns should these emerge during this process.

4.6 Students

Students can undertake the role of Chaperone if the activity is deemed within their level of competence, commensurate with their stage of training and has a specific learning and development opportunity associated with the task. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. The student has the right to engage or refuse to undertake the role as a Chaperone in accordance with their code of professional conduct.

4.7 Medical Students

In line with GMC guidance, medical students should only:

- Act as a chaperone for patients examined by the relevant clinical supervisor
- Conduct non-intimate examinations on patients with their clinical partner

Medical student should not:

- Conduct **intimate** examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse).
- Act as chaperone to their clinical partner for **intimate** examinations.
- Conduct any **intimate** examination unsupervised even if the patient is happy for them to proceed with the examination.

4.8 When there is no Chaperone available

Where a suitable formal Chaperone cannot be provided, a Trust incident form should be completed outlining the reasons and action taken. The immediate line manager must be notified and any adverse implications this will have on the patient's care and or treatment discussed with them. In all circumstances the patient must be notified that a chaperone is not available and noted in their notes. It is the HCP own discretion and not the Trust to proceed without the formal chaperone present but this decision remains with the HCP as they will be held accountable for answering any allegations made against them.

4.9 The Chaperone

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination. In order to protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient (unless otherwise stated by the patient). An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason. This must be recorded and escalated to the appropriate line manager. The patient will not be asked to give a reason in these cases; however their decision must be respected. The patient will be notified by the HCP that this may delay or even mean the procedure is cancelled until another suitable Chaperone is allocated. The implications for this must be communicated and documented in the patient's notes.

5. Specific issues for consideration

5.1 Consent

Consent is a patient's agreement for a health professional to provide care.

Before HCP's examine, treat or care for any person they must obtain their valid consent.

There is a basic assumption that every adult has the capacity to decide whether to consent to, or refuse, proposed medical intervention, unless it is shown that they cannot understand information presented in a clear way. Staff must refer to the relevant consent and mental capacity policy in relation to this.

Staff need to be mindful that by attending a consultation it may be assumed that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient's valid consent is obtained. This means that the patient must have capacity/ be Gillick competent to make the decision. They must have received sufficient information to take it and not be acting under duress.

When patients do not have the capacity to consent for themselves the HCPs should undertake an assessment of mental capacity and make the decision in the patient's best interests in line with the Mental Capacity Act 2005 and Trust Policies. This must be documented in the patient's notes.

For any procedure where consent is required prior to intimate examinations or procedures staff should refer to the Trusts Consent Policy.

5.2. Issues Specific to Religion, Ethnicity or Culture

The ethnic, religious and cultural background of patients must be taken into account and may have particular significance to intimate examinations. For example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a same sex healthcare practitioner should perform the procedure

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a communication barrier. If an interpreter is available they may be able to double as an informal chaperone. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

If there are concerns that a family member or other chaperone may be exercising coercion and control and that this may be a related to HBV/FM; Domestic Abuse or Modern Slavery the following links will take you to the relevant multi-agency Policy and Procedures:

http://www.hampshiresab.org.uk/wp-content/uploads/105-Guidance-on-Honour-Based-Violence-Forced-Marriage-and-Female-Genital-
http://southamptonlsab.org.uk/wp-content/uploads/4LSAB-Multi-Agency-Safeguarding-Adults-Policy-and-Guidance-Revised-December-2016.pdfhttp://www.southernhealth.nhs.uk/hidden/intranet-redesign/homepage/tools-and-resources/policies/?entryid41=70909&q=0%7esafeguarding%7e

5.3. Issues Specific to Learning Difficulties / Mental Health Problems

Some patients with learning disabilities and/or mental health problems may lack capacity to consent and the health professional should ensure they follow this policy. If the person requires a familiar person or relative with them during the procedure for reassurance the health professional

needs to consider if this is appropriate in order to safeguard the person who is potentially vulnerable. Consideration should be given to having an additional chaperone rather than the familiar person providing reassurance to the individual acting as chaperone where it is thought that the familiar person or family member may not be able to appreciate and understand the need to safeguard the patient. Family and friend may be 'experts by experience' as carers.

All decisions and discussions must be clearly documented in the clinical records as per current record keeping policy.

The level of understanding of the person should be clarified and consent obtained or best interest decision made regarding examination as per Trust and National guidance.

A careful, simple and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will experience heightened levels of anxiety, distress and misinterpretation.

Adult patients who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life threatening situations the healthcare professional should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities. In all circumstances the named mental health team members and learning disability team should be contacted where ever possible in advance to provide advice and specialist input regarding the planning of intimate procedures and the support individuals will require.

5.4 Issues specific to Children and Young People

The care of children often needs to be managed on an individual case basis, due to the complexities and range of issues which apply to the safe chaperoning of children and young people. It is therefore essential to refer to the relevant polices which apply to the specific needs of the patient. If any concerns are raised about the welfare of any child please refer to the Safeguarding Children policy and contact the Senior Nurse on site for advice and guidance

5.5 Mental Capacity

There is a legal presumption that every adult has the capacity to decide whether to consent to or refuse a proposed medical intervention, before proceeding with an examination it is vital that the patient's valid consent is gained.
This means that the patient must:

- Have capacity to make the decision.
- Have received sufficient information and
- Not be acting under duress

Staff should refer to all the relevant Trust consent, Mental Capacity Act, policy and guidance in all situations relating to any adult who does not have capacity.

5.6 Lone Working

Where a healthcare professional is working in a situation away from other colleague's e.g. home visit, out-of-hours activity, the same principles for offering and use of chaperones should apply.
Where it is appropriate family members/friends may take on the role of informal chaperone only. In cases where a formal chaperone would be appropriate, i.e. intimate examinations, the healthcare professional would be advised 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 or because the practitioner is community based, then procedures should be in place to ensure that communication and record keeping are treated as paramount.

Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

5.7 Communication and Record Keeping

Poor communication between a health professional and a patient is often the root of complaints and incidents.
Details of the examination/event requiring presence of chaperone (including the presence or absence of a chaperone and their details which includes full name and contact number) must be documented in the patient's medical/nursing record.
The notes should also record if a chaperone has been offered, but **declined** by the patient.

6. Training requirements

It is advisable that members of staff who undertake a formal chaperone role should have undergone local training so that they develop the relevant competencies and skills required for this role.

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

This training should form part of the local ward/departmental induction programme and be facilitated by their respective line manager. Induction of new clinical staff who would act as formal chaperones must include the key principles listed below:

Training should include 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, and the appropriate conduct during intimate examinations.
- Policy and mechanism for raising concerns and accurate recording.

7. Monitoring compliance

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Complaints			quarterly	Triangulated report to QID/Q&S/Board
Incidents			quarterly	Triangulated report to QID/Q&S/Board
Safeguarding incidents			quarterly	Triangulated report to QID/Q&S/Board

Monitoring against this policy will be through the Trust Internal Safeguarding Board. The Safeguarding Board will note compliance through a triangulated trend analysis approach, noting

the numbers of risk incidents, complaints and safeguarding incidents in relation to matters concerning chaperones, reported through the Quality & Safety meeting.
Divisions will be required to monitor compliance against the policy at an operational level and report these through their respective divisional governance systems.

8. Policy review

This policy will be formally reviewed 2 yearly

9. Associated trust documents

SH CP 49	Admission Discharge & Transfer Policy
SH CP 16	Consent for Examination or Treatment Policy
SH CP 39	Mental Capacity Act Policy and Guidance
SH CP 163	Multi-Agency Operational Policy for the provision of place of safety and assessments under Section 135 and 136 Mental Health Act 2014
SH CP 43	Physical Assessment and Monitoring Policy
SH CP 144	Privacy, Dignity and Respect Policy
SH CP 176	Safer Staffing Policy
SH CP 107	Seclusion and Longer-Term Segregation Policy
SH CP 15.2	Safeguarding Adults Policy
SH CP 56	Safeguarding Children's Policy
SH NCP 22	Security Management Procedure

10. Supporting references

DH 2009 Reference guide to consent for examination or treatment *Second edition*
Accessed 6th May 2015
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138296/dh_103653_1_.pdf

General Medical Council (2013) *Good medical practice* London, GMC.

General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors*. London, GMC

Appendix 2: Equality Impact Assessment

The Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination**, **advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

Stage 1: Screening

Date of assessment:	1 August 2017 review
Name of person completing the assessment:	Ricky Somal
Job title:	Equality Diversity and Inclusion lead
Responsible department:	
Intended equality outcomes:	This policy sets out guidance for the use of chaperones and procedures that should be in place for examinations and clinical interventions, and with any member of the public who has access to NHS sites and does not meet the requirements of our Trusts Safer Recruiting procedures and Policies. The needs and the interests of patients are the driving principle, placing the patient/client at the centre of their care.

Who was involved in the consultation of this document?	Ricky Somal Equality Diversity and Inclusion lead. Liz Taylor Associate Director for Nursing AHP-Children's Services.

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found be following the link: www.legislation.gov.uk/ukpga/2010/15/contents

Protected Characteristic	Positive impact	Negative impact
Age	The policy promotes safety, privacy, dignity, choice and respect for all patients. Children may require support from a parent/significant other with appropriate explanation of the procedure to gain understanding.	No negative impacts identified at this stage of screening
Disability	Communication: It is essential that patients understand their care so they are able to make informed decisions and express their needs, preferences and concerns. Therefore patients/relatives who do not speak English as a first language or who have specific communication needs may require the support of an interpreter or communication aide to explain the process and facilitate understanding, cooperation and consent.	No negative impacts identified at this stage of screening
Gender reassignment	The policy promotes safety, privacy, dignity, choice and respect for all patients.	No negative impacts identified at this stage of screening

Marriage & civil partnership	The policy promotes safety, privacy, dignity, choice and respect for all patients.	No negative impacts identified at this stage of screening
Pregnancy & maternity	The policy promotes safety, privacy, dignity, choice and respect for all patients.	No negative impacts identified at this stage of screening
Race	Communication: It is essential that patients understand their care so they are able to make informed decisions and express their needs, preferences and concerns. Therefore patients/relatives who do not speak English as a first language or who have specific communication needs may require the support of an interpreter or communication aide to explain the process and facilitate understanding, cooperation and consent.	No negative impacts identified at this stage of screening
Religion	Culture and Religion may be a factor in accepting examination from an opposite sex practitioner. Where possible examinations should be conducted by a practitioner of the same sex if requested. Translation services will be offered where applicable to aid communication.	No negative impacts identified at this stage of screening
Sex	The policy promotes safety, privacy, dignity, choice and respect for all patients.	No negative impacts identified at this stage of screening
Sexual orientation	The policy promotes safety, privacy, dignity, choice and respect for all patients.	No negative impacts identified at this stage of screening

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions