

## Equality & Health Impact Assessment for (Chaperone Policy and Procedure)

### Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Chaperone Policy and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Nursing Quality & Integrated Governance (NQIG)  Angela Cook Assistant Director of Nursing & Quality
3.	Objectives of strategy/ policy/ plan/ procedure/ service	This policy sets out the necessary requirements by Public Health Wales Staff (PHW) for the use of chaperones when carrying out intimate examinations. The procedure document ensures that PHW: <ul style="list-style-type: none"> <li>• Has a clear process for the use of chaperones during intimate procedures.</li> <li>• Clearly outlines the requirements for PHW staff, line managers and executive directors.</li> <li>• Intends to protect both staff and service users</li> </ul>
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> </ul>	<b>Good Practice Guidelines</b> Welsh Health Circular on "Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales" was published in January 2020. This outlined guidance for the use of Chaperones for intimate procedures.

<ul style="list-style-type: none"> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul> <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>However, Public Health Wales has not yet progressed this into a policy document.</p> <p>A range of other Health Board chaperone policies been reviewed to look at good practice and to develop a PHW procedure document. Additionally, a small operational multidisciplinary group has been used to develop the policy and procedure document.</p> <p><b>Professional bodies</b></p> <p>Additional Guidance was sought from Professional bodies including:</p> <ol style="list-style-type: none"> <li>1. Society of Radiographers (2023) (<a href="http://www.sor.org">http://www.sor.org</a>) Intimate Examinations and Chaperone Policy</li> <li>2. General Medical Council: <a href="http://www.gmc-uk.org">Intimate examinations and chaperones - GMC (gmc-uk.org)</a></li> </ol> <p><b>Engagement</b></p> <p>In preparing this policy, consultation has taken place through the relevant consultation process of Public Health Wales</p>
<p><b>5.</b> Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>Any staff member, those on honorary contracts, secondees, students, those employed through agency or on a contract who undertake intimate procedures.</p>

## Part 2- Equality and Welsh language

### 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>6.1 Age</b> For most purposes, the main categories are: <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	Service users should continue to access screening services. However, there may be times where those with less independence may require assistance with undressing.	The procedure document supports an environmental assessment to maintain dignity and comfort. Service users are encouraged to maintain independence. Correspondence with service users includes contacting the department in advance if they need additional support to attend screening, for example if	

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		you have a learning disability or mobility problems	
<b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	Service users should continue to access screening services. However, there will be times where those with disabilities may require assistance with undressing or may not fully understand the procedure and the offer of a chaperone.	The procedure document supports an environmental assessment to maintain dignity and comfort. Service users are encouraged to maintain independence. Correspondence with service users includes contacting the department in advance if they need additional support to attend screening, for example if you have a learning disability or mobility problems	Refer to Consent policy

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment  <b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	This policy document should have a positive impact as the offer of a chaperone as it applies whether the health practitioner is the same gender as the service user. It extends beyond genders as it aligns to the individual's personal preferences.	There may be times when a health practitioner of the preferred gender may not be available. This should be explained to the service user and an offer of an alternative health practitioner or appointment time should be made.	
<b>6.4 People who are married or who have a civil partner.</b>	No positive or negative impact	All Service users are treated fairly and consistently in the application of the policy and procedures.	

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<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b>	No positive or negative impact	All Service users are treated fairly and consistently in the application of the policy and procedures.	
<b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b>	This policy document should have a positive impact as the offer of a chaperone respects the needs and preferences of individuals, such as cultural, ethnic, religious beliefs. E.g. Some ethnic groups may prefer a male health care professional or chaperone at AAA screening appointment. This policy document supports these cultural differences.	There may be times when a health practitioner of the preferred gender may not be available. This should be explained to the service user and an offer of an alternative health practitioner or appointment time should be made.	
<b>6.7 People with a religion or belief or</b>	This policy document should have a positive impact as the offer of a	There may be times when a health practitioner of the	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<b>with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief	chaperone respects the needs and preferences of individuals, such as cultural, ethnic, religious beliefs. E.g. Some ethnic groups may prefer a male health care professional or chaperone at AAA screening appointment. This policy document supports these cultural differences.	preferred gender may not be available. This should be explained to the service user and an offer of an alternative health practitioner or appointment time should be made.	
<b>6.8 People who are attracted to other people of:</b> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	No positive or negative impact.	All Service users are treated fairly and consistently in the application of the policy and procedures.	
<b>6.9 People according to their income related group:</b>	No positive or negative impact.	All Service users are treated fairly	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health		and consistently in the application of the policy and procedures.	
<b>6.10 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No positive or negative impact.	All Service users are treated fairly and consistently in the application of the policy and procedures.	
<b>6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	No positive or negative impact.	All Service users are treated fairly and consistently in the application of the policy and procedures.	
<b>6.12 Welsh Language</b>			

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps</b>	<b>Action taken by Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate <b>This column is to be updated in future reviews</b>	<b>Recommendations for improvement/ mitigation/ identified gaps or opportunities</b>
<p><b>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on:</b> (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)</p>			
<b>Opportunities for persons to use the Welsh language</b>	Service users will continue to have the opportunity to converse in Welsh		
<b>Treating the Welsh language no less favourably than the English language</b>	All waiting room signs, website updates and correspondence will be available in both Welsh and English		

### Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes

- Recommendations/mitigation to be considered by the decision makers

**7. Identification of specific population groups**

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No groups have been identified that will be adversely impacted in terms of poorer health and well-being outcomes	<p>This policy and procedure document offers service users the opportunity to request a chaperone for all procedures where dignity may be compromised. It respects the needs and preferences of individuals, such as cultural, ethnic, religious beliefs, gender identity and sexual orientation.</p> <p>This provides greater choice for service users with protected characteristics.</p>

**Assessment**

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

**Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<b>7.2 Lifestyles</b> <ul style="list-style-type: none"> <li>• Diet/nutrition/breastfeeding</li> <li>• Physical activity</li> <li>• Use of alcohol, cigarettes, e-cigarettes</li> <li>• Use of substances, non-prescribed drugs, abuse of prescription medication</li> <li>• Social media use</li> <li>• Sexual activity</li> <li>• Risk-taking activity i.e. gambling, addictive behaviour</li> </ul>	N/A	N/A	N/A	
<b>7.3 Social and community influences on health</b> <ul style="list-style-type: none"> <li>• Adverse childhood experiences</li> <li>• Citizen power and influence</li> <li>• Community cohesion, identity, local pride</li> <li>• Community resilience</li> <li>• Domestic violence</li> <li>• Family relationships</li> <li>• Language, cultural and spirituality</li> <li>• Neighbourliness</li> <li>• Social exclusion i.e. homelessness</li> <li>• Parenting and infant attachment</li> <li>• Peer pressure</li> <li>• Racism</li> <li>• Sense of belonging</li> <li>• Social isolation/loneliness</li> <li>• Social capital/support/networks</li> <li>• Third sector &amp; volunteering</li> </ul>	The chaperone policy has a positive impact as it encourages those vulnerable service users to feel safe and supported.			
<b>7.4 Mental Wellbeing</b>	Yes, it supports dignity and promotes	N/A	N/A	

<ul style="list-style-type: none"> <li>• Does this proposal support sense of control?</li> <li>• Does it enable participation in community and economic life?</li> <li>• Does it impact on emotional wellbeing and resilience?</li> </ul>	the individuals' personal preferences for a chaperone.			
<p><b>7.5 Living/ environmental conditions affecting health</b></p> <ul style="list-style-type: none"> <li>• Air quality</li> <li>• Attractiveness/access/availability/quality of area, green and blue space, natural space.</li> <li>• Health &amp; safety, community, individual, public/private space</li> <li>• Housing, quality/tenure/indoor environment</li> <li>• Light/noise/odours, pollution</li> <li>• Quality &amp; safety of play areas (formal/informal)</li> <li>• Road safety</li> <li>• Urban/rural built &amp; natural environment</li> <li>• Waste and recycling</li> <li>• Water quality</li> </ul>	N/A	N/A	N/a	
<p><b>7.6 Economic conditions affecting health</b></p> <ul style="list-style-type: none"> <li>• Unemployment</li> <li>• Income, poverty (incl. food and fuel)</li> <li>• Economic inactivity</li> <li>• Personal and household debt</li> <li>• Type of employment i.e. permanent/temp, full/part time</li> <li>• Workplace conditions i.e. environment culture, H&amp;S</li> </ul>	N/A	N/A	N/A	
<p><b>7.7 Access and quality of services</b></p> <ul style="list-style-type: none"> <li>• Careers advice</li> <li>• Education and training</li> <li>• Information technology, internet access, digital services</li> </ul>	N/A	N/A	N/A	

<ul style="list-style-type: none"> <li>Leisure services</li> <li>Medical and health services</li> <li>Other caring services i.e. social care; Third Sector, youth services, child care</li> <li>Public amenities i.e. village halls, libraries, community hub</li> <li>Shops and commercial services</li> <li>Transport including parking, public transport, active travel</li> </ul>				
<p><b>7.8 Macro-economic, environmental and sustainability factors</b></p> <ul style="list-style-type: none"> <li>Biodiversity</li> <li>Climate change/carbon reduction/flooding/heatwave</li> <li>Cost of living i.e. food, rent, transport and house prices</li> <li>Economic development including trade</li> <li>Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention)</li> <li>Gross Domestic Product</li> <li>Regeneration</li> </ul>	N/A	N/A	N/A	

**Stage 3**

**Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan**

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
This policy mandates the offer of a chaperone for all intimate procedures within services in Public Health Wales, offering greater	This chaperone policy will lead to an operational change in practice for services that offer intimate procedures. In particular, breast screening and AAA screening services will be required to offer a chaperone for all	Angela Cook (QNAHPs)	Service leads within the clinical area will be responsible for	

<p>choice, dignity, respect, and the feeling of safety.</p> <p>It aligns to the: Welsh Health circular on "Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales" (2020)</p> <ul style="list-style-type: none"> <li>- General Medical Council: Intimate examinations and chaperones.</li> <li>- Society of Radiographers (2023) Intimate Examinations and Chaperone Policy</li> </ul>	<p>intimate procedures or interpreted by the service user as intimate. To implement this policy and implementation group will be established to address:</p> <ol style="list-style-type: none"> <li>1. Changes to appointment letters or leaflets</li> <li>2. Changes to the relevant screening services appointment information on webpages</li> <li>3. Changes to departmental signage</li> <li>4. Assessment of the environment, changing areas, clinic rooms</li> <li>5. Changes to documentation within the medical notes</li> <li>6. Audit process to review compliance to policy</li> </ol>		local implementation	
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**Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).**