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Title:	**The intimate care, examination and chaperoning policy**		
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19/02/2019	3.3	Brona Shaw	Comments: Obstetrics, Physiotherapy Department, Main Outpatients, Belfast City Hospital, Rheumatology and Rehabilitation General Medicine
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1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background

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

The intimate care, examination and chaperoning policy ensures that the highest importance is given to ensuring a culture that values patient privacy, dignity and human rights exists within the Belfast Health and Social Care Trust . This policy specifically applies to the care of patients who require any clinical intervention that involves an **intimate examination** or **procedure**.

Staff have a professional duty to care for patients and responsibilities under their professional bodies to act in the patient's best interests and are accountable for their actions. Staff should be sensitive to differing expectations associated with sexual orientation,gender identity, race, ethnicity, religion and culture.
Attitude and approach by the individual professional is of paramount importance.

Many healthcare interventions, by their nature, can be classified as intimate, and misunderstandings and misinterpretation of actions can occasionally lead to allegations of abuse. A lack of understanding with regards to a patient's social or cultural background may lead to a feeling of vulnerability and confusion and this policy serves to provide best practice guidance for staff involved in intimate care episodes.

Staff have a duty to try and understand the needs of a particular patient when performing an intimate examination and should always offer the patient the option of having a chaperone present wherever possible even in circumstances where the patient hasn't specifically requested it. This applies whether or not the Health Care Professional (HCP) is the same gender as the patient.

By ensuring the use of a chaperone, the Trust wishes to uphold their values and promote a culture of openness between patients and healthcare professionals. This applies whether or not you are the same gender as the patient.

Both male and female staff can be used in the role of Chaperone.

This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations, investigations and clinical interventions that are considered to be intimate.

1.2 Purpose

- To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust.

- To ensure that patients' safety, privacy and dignity is protected during intimate examinations or procedures and delivery of intimate clinical care interventions.

- To ensure that as a teaching Trust, patients and service users should have the opportunity to refuse to allow medical, nursing and / or midwifery students to witness and / or undertake any such intimate examination without feeling awkward. Thus patient's permission should be sought before the examination and a record made that the patient has given it.

- To ensure the HCP's interests whilst carrying out intimate clinical examinations and clinical care interventions.

- To recognise that the BHSCT policy for obtaining consent for examination, treatment or care in adults and children must be adhered to at all times.

2.0 SCOPE OF THE POLICY

This policy applies to all healthcare professionals working within the BHSCT, including Students, Medical, Allied Health Professional, Nursing and Midwifery, Radiographers and other Therapists working with individual patients in clinical situations, wards, departments, practices, outpatient departments and in the patient's home.

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

This policy specifically applies to all **intimate examinations** and **procedures**.

3.0 ROLES/RESPONSIBILITIES

3.1 Senior Managers

The Senior Manager's role is to ensure implementation of this policy and that all staff understand how the Intimate Care, Examination and Chaperone Policy applies to them and their patients / service users. 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.

3.2 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 an episode of intimate care, examination or 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 information leaflets and chaperone posters are made available within their areas if required.

3.3 Health Care Professional (HCP)

All HCPs have a responsibility to act in the patient's best interests and are accountable for their actions. They should provide safe and effective care, while working within the law and respecting the human rights of individuals. The HCP is responsible for ensuring that patients and service users are always 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 with or without a chaperone. They are also responsible for escalation of concerns should these emerge during this process.

3.4 Students

Students can undertake the role of Chaperone with the patient or service user's permission and 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.

3.5 Medical Students

In line with best 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 present, or on their own during year 5 placements.

Medical student should not:

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse or midwife).

- Act as chaperone to their clinical partner for intimate examinations as they would not be deemed an "impartial observer".
- Conduct any intimate examination unsupervised even if the patient is happy for them to proceed.

4.0 KEY POLICY PRINCIPLES

It is mandatory within the Trust that where an intimate examination is required, staff offer the patient / service user the option of having a formal chaperone even in circumstances where the patient hasn't specifically requested it.

4.1 Definitions

Intimate examination

The following are considered as intimate examination:

- Digital Vaginal examination
- Digital Rectal examination
- Speculum examination
- Assisting with breast feeding
- Administering drugs vaginally and rectally
- Bladder catheterisation
- Any other contact that the person that may interpret as intimate

Intimate examinations and procedures can be stressful and embarrassing for patients or service users.

Any consultation, examination or investigation involving the breasts, genitalia or rectum, although in some cultures other areas may be classified as intimate. It may also include any examination where it is necessary to touch or even be close to the patient or service user i.e. those requiring dimmed lights or the need to undress which **may** make patients feel particularly embarrassed, vulnerable or distressed. During any patient / service user care interaction, the HCP should be sensitive to what the patient / service user may consider to be intimate.

Intimate Care:

Intimate care is defined as care tasks associated with bodily functions, body products and Physiological processes that requires direct or indirect contact or exposure of the sexual parts of the body including breasts, genitalia or rectum.

Examples of this include:

- Catheter care
- Care during labour and childbirth
- Assisting with breast feeding
- Perneal care in childbirth

- Inserting pessaries, catheters, suppositories or enemas;
- Application or renewal of dressings in an intimate area;
- Completing an electro cardiogram (ECG);
- Undertaking full body assessment for body map completion to identify wounds, pressure ulcers, bruises.

Personal Care: Dressing and undressing (underwear), help using the toilet, changing continence pads (urine, faeces), management of stomas, bathing/showering, washing intimate parts of body and changing sanitary towels or tampons.

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.

Informal Chaperone

The role of informal chaperone can be fufilled be a family member, friend, legal guardian, non-clinical staff member, medical or junior healthcare student.
An informal chaperone would not be expected to take an active part in the examination or witness the procedure directly. This person should be able to give reassurance and emotional comfort to the patient; this person may assist with undressing the patient if deemed appropriate.
For clients with a learning disability or those that lack capacity a familiar individual such as a family member of carer may act as an informal chaperone as they will be familiar with the individual's needs.

Formal Chaperone

A formal chaperone will be required when examining or undertaking a procedure for a patient / service user :

- Requiring an intimate examination;
- Who is semi-conscious or unconscious;
- Who is intoxicated with alcohol or drugs which include those which are known to have a hallucinogenic or sedating effect;
- Who is a child or young people under the age of 18; this includes when an examination for child protection procedures is being undertaken;
- With a learning disability;
- Who is considered to be vulnerable or at risk (including individuals that lack
- capacity);
- Whose first language is not English;
- Who appears nervous or to have reservations about the examination.

Formal chaperones should be a health professional such as a registered Nurse/Midwife, or a specifically skilled unqualified 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 formal chaperone must be present whenever an intimate examination/ procedure is to take place, regardless of the gender of the examiner. Family or friends should not undertake the role of formal chaperone, although they may be present in an informal capacity at intimate examinations at the invitation of the patient. A formal chaperone should:

(a) be sensitive and respect the patient's dignity and confidentiality
(b) reassure the patient if they show signs of distress or discomfort
(c) be familiar with the procedures involved in a routine intimate examination
(d) stay for the whole examination and be able to see what the doctor is doing, if practical
(e) be prepared to raise concerns if they are concerned about the HCP's behaviour or actions.

They must be able to identify any unusual or unacceptable behaviour on the part of the HCP, 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 also 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**.

In a legal situation the ability of the Trust to defend a false accusation may be jeopardised if a formal chaperone is not present when required. Where an examination is inappropriate or not consented it may constitute a criminal or civil offence. Confidential clinician / patient communication should take place on a one to one basis after the intimate examination / procedures unless the patient or service user requests otherwise. It is the responsibility of the HCP 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 HCP who has carried out the examination or procedure to ensure that accurate contemporaneous records are kept of the clinical contact, which also include records of consent and the acceptance or refusal of a chaperone, (Appendix 1).

A relative or friend of the patient is not usually an impartial observer and would not be a suitable formal chaperone, but staff should comply with any request to have such a person present, as well as a formal chaperone.

**In situations where a registrant is present and assisting the procedure/examination, the registrant can be considered to be the chaperone.

Trans/Transgender: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman,trans masculine, trans feminine and neutrois.

Gender Identity
Gender Identity describes the psychological identification of oneself, typically, as a boy / man or as a girl / woman, known as the 'binary' model.
People have the right to self-identify, and many people reject the whole idea of binary tick-boxes, and describe themselves in **non-binary**, more wide-ranging, open terms such as pan-gender, poly-gender, third gender, gender queer, neutrois and so on. Pronouns he / she, his / hers, may be replaced with more neutral pronouns such as: they, per, zie or fey; and the title Mx may be preferred to Mr, Mrs, Miss or Ms.

4.2 Key Policy Statement(s)

4.3 Policy Principles

Before conducting an intimate examination, you should:

- Explain to the patient / service user why an examination is necessary and give them an opportunity to ask questions.
- Explain what the examination will involve, in a way the patient / service user can understand, so that they have a clear idea of what to expect, including any pain or discomfort.
- Get the patient / service user's permission before the examination and record that they have given it.
- It is good practice to offer all patients /service users a chaperone for any examination or procedure, regardless of the gender of the examiner or patient and not only in the situation where a male examiner is carrying out an intimate examination or procedure on a female.
- A relative or friend of the patient /service user is not an impartial observer and so would not usually be a suitable chaperone, but HCPs should comply with a reasonable request to have such a person present as well as a chaperone.

- Provide the patient / service user with privacy to undress and dress, and keep them covered as much as possible to maintain their dignity; do not help the patient to remove clothing unless they have asked you to, or you have checked with them that they want you to help.
- During the examination, all HCPs must follow the BHSCT policy 'Obtaining consent for examination, treatment or care in adults and children'.

  In particularly all HCPs must:

  - Explain what they are going to do before doing it and, if this differs from what the patient /service user has been told before, explain why and seek the their permission
  - The HCP must stop the examination immediately at the patient / service user's or chaperone's request.
  - The HCP should keep discussion relevant and not make unnecessary personal comments.

- If the HCP or the patient / service user does not want the examination to go ahead without a chaperone present, or if either the HCP or the patient is uncomfortable with the choice of chaperone, it is acceptable to offer to delay the examination to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

- If the HCP does not wish to proceed with the examination without a chaperone present but the patient has said no to having one, the reason for the HCP's preference to have a chaperone present must be communicated clearly to the patient. Ultimately the patient's clinical needs must take precedence. The HCP may wish to consider referring the patient to a colleague who would be willing to examine the patient without a chaperone, as long as a delay would not adversely affect the patient's health.

- Any discussion about chaperones and the outcome must be recorded in the patient's clinical records. If a chaperone is present, this should be recorded with a note of their identity. If the patient / service user does not want a chaperone, it should be recorded that the offer was made and declined

Consent

Consent is a patient / service user's agreement for a HCP 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 BHSCT Policy to be followed when obtaining consent for examination, treatment or care in adults and children.

Maintaining Privacy and Dignity

- In order to maintain privacy and dignity the following points should be considered:
- Provide the patient with a private space in which to undress and dress themselves;
- Pull curtain across ensuring full closure;
- Provide the patient with a gown if necessary;
- Close the doors to any public areas;
- Avoid over-exposure of the client (use clothing as a temporary cover);
- Only help the patient to remove or replace clothing if they ask for or appear to need help;
- Always knock or call before entering;
- Avoid any delay to the procedure taking place.

During intimate examination the HCP should:

- Offer reassurance;
- Be courteous;
- Keep discussion relevant;
- Avoid unnecessary personal comments;
- Encourage question and discussion;
- Remain alert to verbal and non-verbal indications of distress from the patient / service user which may indicate withdrawal of consent.

Communication and Record Keeping

The most common cause of client complaints is a failure on the patient's part to understand what the HCP was doing in the process of treating them. It is essential that the HCP explains the nature of the examination to the patient / service user and offers them a choice whether to proceed with that examination at that time. The patient / service user will then be able to give an informed consent to continue with the consultation.

Details of the examination including presence / absence of chaperone, name of the chaperone and information given must be clearly documented in the patient records.

If it is not possible for a chaperone to be present, discussion should be had with the patient / service user and the outcome documented clearly in the healthcare records. If the patient is offered a chaperone and declines the offer it is important to record that the offer was made and declined. If a chaperone is refused a HCP

cannot usually insist that one is present and should consider if they wish to proceed with the intervention / examination.

If a HCP is unhappy to examine a patient without a chaperone and one is not available, the examination should be postponed, and the event fully documented in the patient's healthcare record.

4.4 Special Circumstances

Issues Specific to Religion, Ethnicity or Culture

The ethnic, religious and cultural background of patients can make intimate examinations particularly difficult, for example, some patients / service users may have strong cultural or religious beliefs that restrict them from being touched by others. Patients service users undergoing examinations should be enabled 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 HCP should perform the procedure.

The HCP should not proceed with any examination if the HCP is unsure that the patient understands due to a communication barrier. The Trust has a legal obligation to provide an interpreter for any patient /service user whose first language is not English. This is particualrly important in respect of health and safety and informed consent.
In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

Issues Specific to gender identity

Transgender (or trans) people are people who live all or part of the time in a gender not normally associated with the gender they were given at birth. Trans people self-identify in many ways. A person's gender identity is self-defining, does not always involve a medical process and is a different issue to their sexual orientation.

For patients / service users who identify as transgender accessing healthcare can be difficult due to prior negative experiences within the community or healthcare setting. For these patients / service users having an intimate examination could also be very distressing due to a number of factors including, embarassement, individualised changes and characteristics in the context of any hormone administration or surgical intervention.

HCPs should be alert to the possibility of any of their patients having issues relating to their gender. These need to be approached sensitively. Should there be any doubt regarding the gender identity, the patient / service user should be asked how they wish to be addressed.

Staff should always use the name, pronoun or term the trans patient / service user prefers in written and verbal communication with them.This may also include using general terminology for body parts, or asking patients if they have a preferred term to be used.

Should the individual express distress or concern about the examination, it may be deferred until a later date when a trusting relationship has been developed. However, in cases where this is not an option, for example due to the urgency of the situation then procedures should be in place to ensure that communication, consent and record keeping are treated as paramount.

Issues Specific to Learning Difficulties / Mental Health Problems/ Dementia, Brain injury, Cognitive impairment

For patients with learning difficulties or mental health problems or other conditions that affect capacity, a familiar individual such as a named family member or professional Carer / HCP may be the best formal chaperone. This must be agreed and documented with the individual and the family member / carer as part of the overall best interest decision making process.

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. This could potentially lead to a risk of concerns that may arise in initial physical examination such as "touch", one to one "confidential" settings in line with their existing or previous treatment plans history of therapy, verbal and other "boundary-breaking" circumstances.

Adult patients with learning difficulties or mental health problems 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 HCP should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities. The named mental health team members and learning disability nurse should be contacted, wherever possible, in advance to provide advice and specialist input regarding the planning of intimate examinations or procedures and to identify the support individuals will require. Please refer to BHSCT Adult safeguarding Policy for further guidance.

Issues specific to Children and Young People

If an intimate examination is required in caring for or treating Paediatric patients and young people, chaperoning considerations should be undertaken in the

same way as would happen for an adult. The explanation given should take into account the child`s physical, emotional and educational needs, religious persuasion, racial origin, cultural and linguistic background. Where possible the child's own feelings and wishes (in light of age and understanding) should be the paramount concern.Only a person who legally has parental responsibility may agree to a child's treatment, with the exception where the Trust has an Interim or Full Care Order in place. Whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, (Gillick v West Norfolk, 1984).

A parent or formal chaperone must be present for any physical examination; the child should not be examined unaccompanied.

Any intimate examination must be carried out in the presence of a formal chaperone.

Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination

If a young person specifically requests review without a chaperone, this must be discussed with them and their carer, and documented in the notes. Physical / intimate examination should not proceed without a formal chaperone.

For individual's with a learning disability/autism, a family member; friend or advocate may act as an informal chaperone as they will be familiar with the individual's needs, fears and methods of communication. Formal chaperones include paid carers; Learning Disability (LD) practitioner, community LD nurse or other familiar health professionals. The choice of using either an informal or formal chaperone should be considered on an individual basis, whilst acknowledging the need to safeguard such vulnerable groups.

As with adults, assumptions that a child with a learning disability may not be able to understand the issues should never be made automatically. It is essential to refer to the relevant polices which apply to the specific needs of the patient. Please refer to the BHSCT Safeguarding Children Policy, Caring for and safeguarding children and young people who attend adult services for admission, care or treatment for further guidance.

Mental Capacity

There is a basic assumption 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 informed consent is gained. This means that the patient must:

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

Under the Mental Capacity Act NI (2016) there is legal protection for people who care for or treat someone who lacks capacity but any action taken must be in a patient's best interests and the least restrictive course of action.

Staff should refer to the BHSCT consent and in particular Mental Capacity Act NI (2016) in all situations relating to any adult who does not have capacity. Please refer to BHSCT Safeguarding Vulnerable Adults Policy for further guidance.

Lone Working

Where an HCP 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 and time. 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.

A Patient's First Intimate Examination

The conduct of a first intimate examination or procedure may influence a patient / service user's confidence for future examinations and procedures and will require particular sensitivity from the examining doctor, HCP, chaperone and anyone else involved. Therefore, it is important that the HCP discusses and provides as much detail of the procedure in advance of any examinations. It is imperative that the HCP listen's to and responds to any concerns and anxieties expressed by the patient or service user, in order to offer reassurance, degree of compassion and dignity through the use of supportive written or verbal information as indicated. Each individual will be unique and as such will require different levels of support and reassurance from the HCP.

Anaesthetised or Sedated Patients

Consent to intimate examinations must be sought before the patient is anaesthetised or sedated, except where this is implicit in the procedure to be undertaken. The appropriate departmental policy for completion of procedures and seeking consent must be followed. The above principles apply to patients who may feel particularly vulnerable during and after the intimate examinations that require sedation.

Other circumstances

- A formal chaperone must be used when examining or treating patients:
    - who are unconscious or intoxicated with drugs, substances or alcohol
    - who are under police escort, supervision, arrest or in custody
    - for whom English is not their first language, causing communication difficulties
    - who are vulnerable for other reasons not specified in this policy

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

This policy applies to all healthcare professionals working within the BHSCT, including Students, Medical, Allied Health Professional, Nursing and Midwifery, Radiographers and other Therapists working with individual patients in clinic situations, wards, departments, practices, and outpatient and in the patient's home.

This policy will be published in the Trust's formal documents library, accessible through the Trust Hub.

Staff are required to familiarise themselves with this policy at service level induction.

5.2 Resources

All staff should have an understanding of the role of the chaperone and the procedures for raising concerns (Appendix 1).

Awareness

Easily understood literature and diagrams should be used to support all verbal information relating to intimate examinations examples can be found at www.easyhealth.org.uk. Departments should consider producing easy read literature to describe intimate treatments, procedures or care specific to their speciality.

Prominently placed posters in waiting areas and patient care settings can be used to highlight to patients the BHSCT use of chaperones.

5.3 Exceptions

This policy applies to all healthcare professionals working within the BHSCT, including Students, Medical, Allied Health Professional, Nursing and Midwifery, Radiographers and other Therapists working with individual patients in clinic situations, wards, departments, practices, and outpatient and in the patient's home, without exemption.

6.0 MONITORING

- Any instances of non-compliance with the policy should be recorded via Datix and investigated accordingly

- Reported breaches of the chaperoning policy should be formally investigated through the Trusts risk management and clinical governance arrangements and treated, if determined as deliberate, as a disciplinary and safeguarding matter.

- Audit of compliance will form part of the Trust audit programme

- There is currently no formal requirement to monitor the offer and use of chaperones. However some organisations may find it helpful as a measure of good practice. It would be simple to carry out an audit of chaperone use, looked at in conjunction with this policy.

- Review of patient feedback and complaints

7.0 EVIDENCE BASE / REFERENCES

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- "Seeking Consent: Working with Children" (DHSSPS 2003)

- "Reference Guide to Consent for Examination, Treatment or Care" (DHSSPS 2003)

- "Gillick Competency and Fraser Guidelines" www.nspcc.org.uk/educationupdate

- SBNI Core Policies www.proceduresonline.com

8.0 CONSULTATION PROCESS

The following groups were involved in the review of this policy

- Anaesthetics
- Cardiology
- Central Nursing team
- Children's Services – Community and Hospital
- General Medicine
- Gynacology
- Imaging, Radiography,Diagnostics
- Medical Directorate
- Mental Health/Learning Disability
- Obstetrics
- Midwifery
- Occupational Therapy
- Older people Service/ Elderly Programme of Care
- Physiotherapy Department, Main Outpatients, Belfast City Hospital
- Rheumatology and Rehabilitation
- Surgery and Specialist Services
- Trade Union
- Trauma Ortho and RDS
- The Rainbow Project
- Childrens Safe Guarding

9.0 APPENDICES / ATTACHMENTS

Appendix 1 – Chaperone fact Sheet

10.0 EQUALITY STATEMENT

The Trust has legal responsibilities in terms of equality (Section 75 of the Northern Ireland Act 1998), disability discrimination and human rights to undertake a screening exercise to ascertain if this policy/proposal has potential impact and if it should be subject to a full impact assessment. This process is the responsibility of the policy or service lead - the template and guidance are available on the Belfast Trust Intranet. Colleagues in Equality and Planning can provide assistance or support.
The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact ☒

11.0 DATA PROTECTION IMPACT ASSESSMENT

New activities that involve collecting and using personal data can result in privacy risks. In line with requirements of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 the Trust has to consider the impacts on the privacy of individuals and ways to mitigate against the risks. Where relevant an initial screening exercise should be carried out to ascertain if this policy should be subject to a full impact assessment. The guidance for conducting a Data Protection Impact Assessments (DPIA) can be found via this **link.**
The outcome of the DPIA screening for this policy is:

Not necessary – no personal data involved ☒

A full data protection impact assessment is required ☐

A full data protection impact assessment is not required ☐

If a full impact assessment is required the author (Project Manager or lead person) should go ahead and begin the process. Colleagues in the Information Governance Team will provide assistance where necessary.

12.0 RURAL IMPACT ASSESSMENTS

From June 2018 the Trust has a legal responsibility to have due regard to rural needs when developing, adopting, implementing or revising policies, strategies and plans, and when designing and delivering public services.It is your responsibility as policy or service lead to consider the impact of you proposal on people in rural areas – you will need to refer to the shortened rural needs assessment template and summary guidance on the Belfast Trust Intranet. Each Directorate/Division has a Rural Needs Champion who can provide support/assistance in this regard if necessary.

13.0 REASONABLE ADJUSTMENTS ASSESSMENT

Under the Disability Discrimination Act 1995 (as amended), the Trust has a duty to make reasonable adjustments to ensure any barriers disabled people face in gaining and remaining in employment and in accessing and using goods and services are removed or reduced. It is therefore recommended the policy explicitly references "reasonable adjustments will be considered for people who are disabled - whether as service users, visitors or employees.

SIGNATORIES
(Policy – Guidance should be signed off by the author of the policy and the identified responsible Director).

[redacted]

09/06/2020

_____ **Date:** _____

Authors

[redacted]

12/08/2020

_____ **Date:** _____

Director

Appendix 1 – Chaperone leaflet