Good Working Practice Principles For The Use Of Chaperones During Intimate Examinations or Procedures

Based upon the document *'Good working practice principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales'* produced in March 2019 following collaboration within the NHS in Wales

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This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

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1 PURPOSE

1.1 These good working practice principles are to guide all healthcare practitioners in the appropriate use of a chaperone during intimate examinations and procedures, to ensure safe and effective practice. They are based on a document produced following collaborative review within NHS Wales of current policies and procedures available across NHS Wales, evidence based practice and where applicable, legislation

1.2 It is important to note that the chaperone is present to safeguard both patients and healthcare practitioners.

1.3 Patients can request a chaperone for any consultation, examination, investigation or procedure including those that are not considered intimate. In these circumstances the principles of these good working practice principles can also be used.

1.4 The basis of these good working practice principles is that, there will always be an active offer of a chaperone to all patients before conducting any intimate examination or procedure.

1.5 These principles also accept and acknowledge that patients have a right to decline a chaperone.

1.6 These good working practice principles will;

- complement and not supersede existing legislative requirements to support children and adults at risk of harm or abuse, such as the Social Services and Wellbeing (Wales) Act [1]; the Mental Capacity Act [2]; the Mental Health Act [3].
- complement and not supersede existing guidance offered by regulatory or professional bodies
- be considered [4] in conjunction with the Mental Capacity Act (2005) and All Wales Consent to examination or treatment Policy.

1.7 These working principles can be used by healthcare practitioner undertaking intimate examinations or procedures in all healthcare setting in Wales to understand their responsibilities and legal obligations and enable them to make safe and ethical decisions when practising. [2,3]
This will support practitioners to understand their responsibilities, their legal obligations and enable them to make safe and ethical decisions when carrying out procedures

1.8 This document **does not include** routine personal care which *may be part* of prescribed nursing care.

2. SCOPE

2.1 This policy applies to all employees including locum, bank and agency staff that are working on behalf of Swansea Bay University Health Board and are involved in the care of patients.

3. RESPONSIBILITIES

3.1 All staff required to provide clinical care of an intimate nature are personally responsible for ensuring they practice in accordance with these principles. All staff are also personally responsible for reporting any concerns they may have about the care provided by a colleague(s) to a patient or patients.

3.2 If Students are being supervised undertaking an intimate procedure or examination the supervising practitioner must ensure that valid consent has been obtained form the patient before commencing.

4. BACKGROUND

4.1 Recommendations have been published by the Independent Inquiry Child Sexual Abuse (IICSA)[5] in relation to chaperones. These are:

- *The Welsh Government develops a National policy for the training and use of chaperones in the treatment of children in healthcare services.*

- *Healthcare Inspectorate Wales considers compliance with national chaperone policies (once implemented) in its assessments of services*.

4.2 Following this the Chief Nursing Officer (CNO), who leads on the safeguarding agenda within NHS Wales, tasked the All Wales Safeguarding NHS Network ("the Network") to develop good working practice principles regarding chaperones during intimate examination of adults and children in healthcare settings on behalf NHS Wales.

4.3 The good working practice principles have been produced using the 5 Ways of working from the Wellbeing of Future Generations Act (2015)[6]. A desktop review of current practice was undertaken using available guidance and policies from healthcare organisations in Wales and examples of best practice principles from NHS England obtained through a literature search.

4.4 The views of practitioners and patient groups were also taken into consideration in shaping the document and were overseen by a working group who represent various areas within NHS Wales. An Equality Impact Assessment is included within Annex 1 and clearly references how the voice and views of populations with protected characteristics have been taken into account.

4.5 Guidance advocating chaperone use has also been published by other professional organisations, including the Faculty of Sexual and Reproductive Healthcare at the

Royal College of Obstetricians and Gynaecologists [7] and The Royal College of Emergency Medicine. [8]

5 INTIMATE EXAMINATION

5.1 For the purposes of these good working practice principles an intimate examination or procedure is defined as one involving the breast, genitalia or rectum. This also includes intimate investigations, medical photography and audio visual recording.

5.2 It is important to remember that what can be classed as an intimate examination may depend on the individual patient.

5.3 Healthcare Practitioners must be culturally sensitive aware of, and respect patients' individual concepts of privacy, intimacy, dignity and what constitutes appropriate touch[10].

6 THE ROLE OF FORMAL CHAPERONES

6.1 The offer of a chaperone is a sign of respect. The presence of a chaperone is important for medico- legal protection of both patient and healthcare practitioner [11]

6.2 For most patient's respect, explanation, consent and privacy take precedence over the need for a chaperone and the presence of a third party does not negate the need for this [12].

6.3 For the purpose of these good working practice principles, the definition of a Chaperone will be:

A *formal chaperone is a person appropriately trained, whose role is to observe the examination / procedure undertaken by the Health Practitioner. Chaperones are present to support and protect patients and Healthcare Practitioners.*

6.4 The General Medical Council (GMC) ethical guidance for Intimate examinations and chaperones in Good Medical Practice 2013 [13] states:

"A formal chaperone should usually be a health professional and you must be satisfied that the chaperone will:

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 healthcare practitioner is doing, if practical
e) be prepared to raise concerns if they are concerned about the healthcare practitioner's behaviour or actions.

6.5 Under the Social Service and Wellbeing (Wales) Act, any concerns with regards a child or adult at risk must be managed in line with Part 7 of the Act [1]. Chaperones

also ensure safe and effective practice and discourage unfounded allegations of improper behaviour [14].

6.6 A relative or friend of the patient is not a suitable formal chaperone, but you should consider any reasonable request by the patient to have such a person present, as well as a chaperone [13].

6.7 Respect for patient's privacy and dignity is always vital especially under circumstances where the examination, care or treatment being carried out is considered to be intimate or embarrassing to the patient. For many patients the presence of a chaperone provides support and reassurance during examinations or procedures by healthcare professionals.[14]

7 PRINCIPLES

7.1 Communication

7.1.1 The active offer of a chaperone should be clearly advertised through patient information leaflets, websites (where available) and on notice boards.[15]

7.1.2 Clinical and patient waiting areas can be used to increase public awareness and understanding, support the more frequent use of chaperones and promote appropriate professional standards for patients and healthcare practitioners'.

7.1.3 Information needs to be accessible to everyone to whom it applies. The information needs to be available in different languages and formats for those whose first language is not Welsh or English and/or have different communication requirements.

7.1.4 The offer of chaperone should be made clear to the patient before any procedure, ideally at the time of booking the appointment (where applicable).

7.1.5 In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This would be followed by a check to ensure that the patient has understood the information and gives consent.

7.1.6 A patient may request to have chaperone and/or to be examined by a healthcare practitioner of a specific gender and wherever practical this request should be considered and supported.

6.2 Suitable Environment

6.2.1 Consideration is given to the environment to ensure privacy and dignity is maintained throughout the procedure. (included as a key principle)

6.3 Healthcare Practitioner Responsibilities

6.3.1 Whenever practitioners perform an intimate examination or procedure it is their responsibility to ensure the patient has consented to the procedure and that the care is delivered in a safe, sensitive and respectful manner. The patient's privacy and dignity must always be upheld at all-time [17].

6.3.2 The presence of a chaperone does not alleviate the requirement to have informed consent for any examination or procedure to be performed. The practitioner must ensure a full explanation and need for the examination has been discussed with the patient. [18]

6.3.3 Although healthcare practitioners have an ethical duty to ensure patients understand what an examination entails and the reasons for it, offering a chaperone demonstrates recognition that an examination may be uncomfortable or embarrassing, which in itself may reassure the patient.[16,19]

6.3.4 Health Practitioners must:

- Explain to the patient why an examination is necessary and give them an opportunity to ask questions
- Explain what they are going to do before doing it covering all steps e.g. removal of clothing, provision of covers etc.
- If any of this differs from what the patient has been told before, explain why and seek their permission again
- Stop the examination if the patient asks you to
- Keep discussion relevant and not make unnecessary personal comments

6.3.5 Practicing in a safe, sensitive and respectful manner on every occasion will reduced the risk of misunderstandings which may result in allegations of improper behaviour.[9]

6.3.6 Healthcare Practitioners must record in the patient record:

- the patient's acceptance or refusal of a chaperone [19],
- any decision about continuing with or cancelling an examination or procedure,
- the name and designation of the chaperone. [7,21,22]

6.3.7 Incidents or complaints relating to the examination/procedure or the use of chaperones is recorded in line with the Health Board policies and procedures

6.4 When Patients decline the active offer for a Chaperone

6.4.1 Patients have a right to refuse a chaperone.

6.4.2 The healthcare practitioner will explain clearly the reasons why the presence of a chaperone is advisable.

6.4.3 If the patient refuses to have a chaperone present, the health practitioner needs to consider if it would be safe and appropriate to continue with the examination or procedure.

6.4.4 If the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences will be clearly noted within the patients' medical notes

6.4.5 Note the patient's acceptance or refusal in the records [19].

6.4.6 If a patient declines a chaperone, it is acceptable for a consultation, examination or investigation to be performed without a chaperone [15]. Healthcare practitioners should recognise that they are at increased risk of their actions being misconstrued or misrepresented [4] if they conduct intimate examinations where no other person is present.

6.5 No Suitable Chaperone Available

6.5.1 When no chaperone is available or the patient is unhappy with the chaperone offered the patient could be asked to return at a different time, if this is considered to be clinically safe.

6.5.2 Every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, as long as the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in their medical records. A decision to continue or otherwise should be reached jointly.

6.6 Children and Young People

6.6.1 Children and young people who are undergoing intimate examinations would usually have a Chaperone present. For young people, who are deemed to have mental capacity, they have the same rights to consent and confidentiality as an adult.

6.6.2 GMC 2018 guidance states:[13]

The capacity to consent depends more on young people's ability to understand and weigh up options than on age. When assessing a young person's capacity to consent, you should bear in mind that:

a. *at 16 a young person can be presumed to have the capacity to consent (see paragraphs 30 to 33)*

b. *a young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved.*

6.6.3 In an emergency situation the same principles would apply for children and young people as for adults.

6.6.4 Parents, guardians and young people must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination.

6.6.5 A parent or carer or someone already known and trusted by the child may also be present during the examination or procedure to provide reassurance.

6.7 Patients Who Lack Capacity to Give Consent

6.7.1 Staff must be aware of and act in accordance with the Mental Capacity Act (2005) (MCA)[2].

6.7.2 If a patient's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken. This must be fully documented in the patient's record, along with the rationale for the decision.

6.7.3 Adult patients who cannot give consent and consequently resist any intimate examination or procedure should be managed using the principles of the MCA including best interest decisions. [20]

6.7.4 Family or friends who understand their communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

6.8 Emergency Situations

6.8.1 In an emergency or life threatening condition, where the patient can give consent, the principles in this guidance should be followed. However, where the patient is unable to give consent and speed is essential in the care and treatment of the patient it is acceptable for clinicians to perform intimate examinations without a chaperone. This should always be recorded in the patient's records.

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Annex 1

Reporting on Equality Impact Assessment (EIA) for:

Good working practice principles for the use of Chaperones During Intimate Examinations or Procedures within NHS Wales

1. Introduction

1.1 The Equality Act 2010 places a positive duty on public bodies to pay 'due regard' to equality across public policy and service design and delivery. The Public Sector Equality Duty in Wales introduced a specific duty to assess the impact of decisions on nine protected characteristics to ensure that there is a clear understanding of how policy decisions may affect individuals and groups differently; to ensure that any decisions do not have a detrimental impact on any individual or group and to maximise a positive impact across the protected characteristics. https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty-wales

1.2 It is recognised that intentionally taking into account the relevance and impact for people with protected characteristics will produce stronger and more effective decisions. There is a commitment to ensuring that relevance and impact is understood and used to shape these good working practice principles.

1.3 This document presents the evidence collected to date in support of the equality impact assessment (EIA) undertaken in parallel with the development of new all Wales Good working practice principles on the use of chaperones for intimate examinations and procedures. This assessment includes evidence gathered through a desk top review of relevant published reports, research, policies, guidance; and from engagement with stakeholders including staff and patient groups.

1.4 We also have a responsibility to comply with the Welsh Language Standards and ensure that Welsh is treated no less favourably than English and Welsh speakers can receive services in Welsh. https://www.legislation.gov.uk/ukpga/1993/38/pdfs/ukpga_19930038_en.pdf The importance of bilingual care for people in Wales has been considered in this assessment.

This assessment has sought to consider the following:

- Are there any patient groups that are likely to be affected differently by the active offer of a chaperone for intimate medical examinations?
- What do we understand of any potential positive, different or negative impact?
- What needs to be taken into account and reflected in the good working practice principles to ensure equality of treatment and outcome for everyone?
- How will the actual impact of the best practice principles be monitored in the future?

2. Background

2.1 The All Wales NHS Safeguarding Network have been tasked with developing good working practice principles that clearly offer NHS practitioners, independent contractors and those working within private practice, support and guidance in relation to the use of a chaperone.

2.2. The request for a set of good working practice principles follows a number of high profile cases that have raised a safeguarding risk for patients when required to undertake intimate examinations by a clinical practitioner, as illustrated in the cases of Dr Clifford Ayling (2004) and Dr Bradbury (2015). The presence of a chaperone is also important in providing an important safeguard for health professionals who may be at risk of being subject to false allegations from their patients although the evidence suggests that these incidents are small in number.

3.0 Methodology:

3.1 A Task & Finish Group was established consisting of members drawn from nominated representatives from NHS Wales. Terms of reference were agreed at the outset to ensure its purpose and expected outcomes are clear and understood by everyone. Three meetings of the T&F Group were held to develop final draft practice principles by end of March 2019 to submit to the Chief Nursing Officer.

3.2 The equality impact assessment was guided by members of the Task & Finish Group and its development considered as a standing agenda item.

The Steering group consists of the following representatives from NHS Wales:	
1	Abertawe Bro Morgannwg University Health Board
	• Safeguarding Nurse Specialist
2	Aneurin Bevan Health Board
	• Lead Nurse Adult Safeguarding
3	Betsi Cadwaladr University Health Board

	• Senior Nurse Safeguarding • Associate Director of Safeguarding
4	Cardiff & Vale University Health Board
	• Assistant Director of Therapies & Health Sciences • Consultant – Surgery and ED • Head of Safeguarding
5	Hywel Dda Health Board
	• Lead Nurse Safeguarding
6	Powys Teaching Health Board
	• Specialist Nurse - Safeguarding
7	Welsh Ambulance Services NHS Trust
	• No nominations offered (but submitted their polices for consideration)
8	Velindre NHS Trust
	• Senior Nurse Safeguarding & Public Protection
9	Primary care
	• Representative from GP practice • (also) Representative for BMA Cymru • (also) Representative for HEIW/Deanery • (also) Representative for HIW
10	Public Health Wales
	• Assistant Director of Quality Nursing and Allied Health Professions • Designated Nurse – National Safeguarding Team • Head of Nursing –Screening Programme • Interim Director, CEHR, PHW • Lead GP for National Safeguarding Team (Chair)

4.0 Communication:

4.1 As part of the process of developing Good working practice principles, the task and finish group ensured that the EIA ran parallel to this work to ensure compliance with principles of 5 ways of working. Focus has been on protected characteristics and 3rd sector agencies/groups identified with support of the Centre of Equality and Human Rights (Public Health Wales).

4.2 A desk top review of existing chaperone policies and professional guidance was carried out as a first stage of the process of gathering evidence to inform the EIA. This highlighted particular relevance for the protected characteristics of sex; race; gender re-assignment; disability and religion/belief. The issues highlighted related to capacity to give consent; values and beliefs and cultural considerations; roles of advocates, carers and support workers and privacy and dignity issues.
An initial scoping exercise was undertaken to assess the relevance and potential impact of the good working practice principles across the protected characteristics.

4.3 Engagement with stakeholders was undertaken through patient groups, third sector partners and staff networks. The approach was developed following discussion through the Task & Finish Group with advice and support from the Centre for Equality and Human Rights.
Although these good working practice principles affects all men, women, children and young people, our involvement of stakeholders focused on the protected characteristics highlighted above as being of particular relevance. Our aim was to check out any assumptions, questions and gaps in understanding highlighted through the initial drafting of the practice principles and ensure that any issues in need of further consideration, are fully reflected and addressed in the final document.

4.4 During February and March, a dip sample approach to engagement with the wider population was undertaken to gain their views with regards to chaperone for intimate procedures to ensure that the voice of the service user was clear (these are available within Appendix 1 of this document)

4.5 Approaches were made to meet with a number of individuals/groups and meetings/discussions took place with the following:

- Barod CIC (a Community Interest Company who work with and for people with learning disabilities)
- BAWSO
- Community Health Council Wales (Board)
- Stonewall Cymru (campaigns for the equality of lesbian, gay, bisexual and trans people)
- Unique Transgender Network (campaigns for the equality of trans people in Wales) and Trans Social Meet Up (voluntary group supporting trans people in South Wales)
- Women Connect First (mission to empower and improve the lives of disadvantaged Black, Asian and Minority Ethnic (BAME) women and communities in South Wales)

Meetings were also offered to:

- Mencap Cymru (provides support to ensure people with learning disabilities can live independently)
- Velindre Cancer Centre

5.0 Purpose & Aims of good working practice principles

5.1 These good working practice principles are to guide all healthcare practitioners within NHS Wales in the appropriate use of a chaperone during intimate examinations and procedures, to ensure safe and effective practice.

They are based on current policies and procedures available within NHS Wales, evidence based practice and where applicable, legislation.

5.2 The principles complement and not supersede existing legislative requirements to support children and adults at risk of harm or abuse, such as the Social Services and Wellbeing (Wales) Act http://www.legislation.gov.uk/anaw/2014/4/contents/enacted ; the Mental Capacity Act https://www.legislation.gov.uk/ukpga/2005/9/contents ; the Mental Health Act .https://www.legislation.gov.uk/ukpga/2007/12/contents

5.3 The practice principles complement and not supersede existing guidance offered by regulatory or professional bodies. A further aim is to support NHS Wales's organisations an opportunity to review their policies and procedures in light of these good working practice principles along with other relevant professional practice documents.

5.4 Aims:
Develop good working practice principles that guides all Healthcare practitioners in the appropriate use of a chaperone (during intimate procedures) to ensure safe and effective practice.

5.5 Objectives:

- Practitioners will be able to translate these good working practice principles into day to day practice (including, where possible, care/treatment plans/risk assessments.
- Ensure safeguards are in place to support service users and practitioners.
- Enable service users to raise concerns with regard to dignity in care.
- Enable service users to have an active offer of chaperone for intimate. clinical procedures/investigations.

Population group:

- These good working practice principles will include all population groups across the continuum of care who have access to healthcare services within Wales.
- The practice principles are intended for all users of NHS Healthcare services in Wales.

Protected Characteristics: (EHR)

- A sensitive and professional approach by the individual healthcare employee is of paramount importance. S/he has a duty to try and understand the needs of individual patients and professionally judge what

may be an appropriate response (consideration of service user's values, culture or religious beliefs).

6.0 Potential Impact on Protected Characteristics

6.1 This report reflects the post-engagement analysis and presents the key themes identified through engagement and analysis of relevant research and guidance.

6.2 Gender:

6.2.1 There is evidence from the Independent Inquiry Child Sexual Abuse and relevant case law to show that women and girls are at greater risk of harm from intimate medical examinations than men and boys. Women are more likely than men to have experienced harm or sexual abuse during an intimate medical examination.

6.2.2 It is also acknowledged that male clinical practitioners may be perceived as being more likely than female clinical practitioners to abuse their positions of trust and be the perpetrators of abuse in the context of intimate medical examinations carried out on female patients. Male clinical practitioners may therefore feel more at risk of being subject to false allegations.

6.2.3 An Employment Appeals Tribunal case established in principle that a policy of chaperoning male practitioners only is likely to be viewed as sex discrimination and treating men less favourably than women on the grounds of their sex https://www.personneltoday.com/hr/chaperoning-male-nurses-only-is-discriminatory-tribunal-rules/ .

6.2.4 It is important in this context that the good working practice principles to apply to all clinical practitioners irrespective of gender.

6.3 Gender Reassignment

6.3.1 Research carried out in Wales in 2017 highlighted that Trans people have experienced discrimination when accessing healthcare. http://www.equalityhumanrights.wales.nhs.uk/meeting-the-primary-care-health-needs-of

6.3.2 Stonewall Cymru have advised us that Trans people are particularly vulnerable to receiving poor treatment during intimate examinations which could include being misgendered, insensitive clinical approaches and examinations carried out without clear medical justification. Trans people might experience gender dysphoria during an intimate examination. 'Some people may be extremely self-conscious about their body or parts of their body and dislike these being touched'.

http://www.equalityhumanrights.wales.nhs.uk/sitesplus/documents/1120/Gires Guide_English_ebook3.pdf

6.3.3 Healthcare Practitioners should be aware of what they can do to minimise distress during an intimate examination, by using respectful and gender-affirming language, and by asking if there is anything that would make the examination easier for the patient, such as referring to body parts by preferred names. 'Healthcare practitioners can make a significant difference by their knowledge, attitudes and behaviour towards trans* service users. It will have a profound, beneficial effect on the individual and influence the attitudes and behaviours of other colleagues and service users'. http://www.equalityhumanrights.wales.nhs.uk/sitesplus/documents/1120/Gires Guide_English_ebook3.pdf

6.3.4 It is essential to ensure privacy of gender information unless relevant to treatment. 'Breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence'. http://www.equalityhumanrights.wales.nhs.uk/sitesplus/documents/1120/Gires Guide_English_ebook3.pdf

6.3.5 Training is key to ensuring appropriate care and dignity. A Trans Healthcare e-learning module is available via the NHS Learning Platform and all staff required to undertake the role of a chaperone should complete the module. Face to face training has been developed by Unique Transgender following a research project undertaken within primary care in Wales in 2017. The training is available to general practices and hospital departments via Unique Transgender http://www.uniquetg.org.uk/

6.4 Sexual Orientation

6.4.1 Research shows that many lesbian, gay, bi and trans (LGBT) people have experienced discrimination or unequal treatment when accessing healthcare. Stonewall Cymru told us that LGBT people might be anxious that they might experience homophobic, bi-phobic or transphobic language when they access care, including during an intimate examination. https://www.stonewall.org.uk/lgbt-britain-health

6.4.2 To address the potential concerns for LGBT people, Stonewall Cymru recommended that all chaperones should receive specific training on providing inclusive care to LGBT people so that they can recognise inappropriate treatment and provide the necessary support and reassurance to patients.

6.4.3 All employees should be compliant with the mandatory and generic 'Treat Me Fairly' equality training for NHS Wales staff before they undertake the role of a chaperone. Further e-learning modules are accessible via ESR to develop the awareness and understanding of staff of the healthcare experiences of particular groups and to support them in ensuring that healthcare is inclusive of all.

6.5 Disability

6.5.1 Some patients with vision impairments or hearing loss may require communication support to give informed consent and ensure that they have understood the purpose of the examination. There is a plethora of research undertaken by Action on Hearing Loss, Cymru and RNIB Cymru that evidences the significant number of patients with sensory loss who leave their GP surgery or hospital not having understood what has been said to them because of communication barriers.

6.5.2 It is important that healthcare practitioners are aware of how to communicate effectively with patients with sensory loss and for those patients who are Deaf and use British Sign Language, that a qualified BSL interpreter is provided. It is also important that any patient information on the role and purpose of a chaperone is accessible to all patients and available in different formats to meet different communication requirements. This may include large print, BSL, audio, Braille and Easy Read.

6.5.3 The best practice principles emphasise the need to ensure that patient information is available in accessible formats and languages. The principles also emphasise the important requirement to have informed consent prior to undertaking an intimate examination on a patient.

6.5.4 Informed consent is an important issue for patients with mental health issues. The statutory framework on capacity and consent is set out within the Mental Health Capacity Act (2005). The patient must give informed consent to the presence of a chaperone during an intimate medical examination. Where the person lacks capacity to give informed consent, the law is clear with regards to the requirement to fully consider and apply the process for making a decision in the patient's best interests.
http://www.legislation.gov.uk/ukpga/2005/9/contents

6.5.5 People with learning difficulties or disabilities as evidenced from Barod CIC`s engagement event (see Appendix 1) have the ability to make an informed consent – but healthcare practitioners need to be mindful of the language used (and the risk of engaging with the support worker or parent rather than the patient).

6.5.6 Consideration should be given to terminology used – with some confusion within the engagement groups in relation to the term chaperone. Everyone had a different idea of what an intimate examination was.

6.6 Religion / belief

6.6.1 Cultural values and religious beliefs may reflect different attitudes towards intimate examinations by people of different faiths. The good working principles

recognise that what may be perceived an intimate examination may depend on the individual patient.

6.6.2 The practice principles emphasises that 'healthcare practitioners must be culturally sensitive and aware of patients' individual concepts of privacy, intimacy, dignity and what constitutes appropriate touch'.

6.6.3 The practice principles address the issue of patients who may request a chaperone of a specific gender. Patients have the right to request a chaperone of a particular gender and as far as practicably possible, the request should be granted. Where it is not possible to provide a chaperone of a particular gender, the appointment may be re-arranged as long as this is not considered to be detrimental to the patient's overall health and wellbeing.

6.7 Race

6.7.1 Some Black and Minority Ethnic (BME) patients may not speak English as their first language and an interpreter may be required for appointments with healthcare practitioners. There may be particular issues to consider to ensure the patient's privacy and dignity when an interpreter is required to be present when an intimate examination is being undertaken. It is important that as far as practicably possible the examination preserves the privacy and dignity of the individual and is undertaken in the presence only of the practitioner and chaperone. Where the patient has a different language need, an interpreter must be provided to ensure that they are able to understand the reason for the examination and to give consent to having a chaperone present. The interpreter should not be asked to act as the chaperone.

6.8 Welsh Language

6.8.1 There will be patients whose first language is Welsh and the choice of chaperone will need to reflect their language and communication requirements. 'Language is at the core of establishing and expressing identity. Responding sensitively to language, whilst focusing on the individual, is an essential principle of maintaining dignity and respect in care within a bilingual setting'. http://www.wales.nhs.uk/sites3/Documents/415/WEB%20-%2016184_Action%20Plan_SS_e_WEB.pdf

6.9 Human Rights

6.9.1 These good working practice principles are relevant to the Human Rights Act 1998 and in particular, the right not to be tortured or treated in an inhuman or degrading way (Article 3) and the right to respect for private and family life, home and correspondence.

6.9.2 The practice principles recognise the importance of treating patients as individuals and, that the offer of a chaperone for an intimate medical examination may be perceived differently by individual patients.

6.9.3 The practice principles offer patients choice about not having a chaperone present and very clearly sets out the responsibilities of healthcare practitioners to treat all patients with respect and dignity and to have regard for their individual values and beliefs.

6.9.4 The presence of a chaperone also offers a safeguard to minimise the risk of patients being subject to any mistreatment.

6.10 United Nations Convention on the Rights of the Child

6.10.1 Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNCRC).
https://www.unicef.org.uk/what-we-do/un-convention-child-rights/

6.10.2 Public bodies have a duty to protect, promote and fulfil the rights of the child. The UNCRC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

7.0 Outcomes

7.1.0 This assessment has been informed by published research and guidance and our engagement with internal and external stakeholders. As a result of the assessment, a number of changes were made as the practice principles were being drafted to take account of issues highlighted. These changes are intended to strengthen the practice principles and ensure that its approach is fair and inclusive of everyone.

7.1.1 The assessment has highlighted the potential for a negative impact on Trans patients where healthcare practitioners may inadvertently treat Trans patients in a discriminatory and disrespectful way. It is therefore important that staff who are asked to act as chaperones are compliant with the statutory 'Treat Me Fairly' equality e-learning training. Further e-learning modules that develop the knowledge and understanding of staff of the particular issues for protected groups including the Trans community are accessible to all staff via their ESR accounts.

7.1.2 There is also guidance called 'It's Just Good Care' which all staff can access via the website of the Centre for Equality and Human Rights at
http://www.equalityhumanrights.wales.nhs.uk

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