

 <p>GIG CYMRU NHS WALES</p> <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 02 June 2025</p> <p>Agenda item: 3.3</p>
--	---

Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Chaperone Policy
Policy Lead	Angela Cook Assistant Director of Nursing & Quality
Lead Executive	Claire Birchall Executive Director of Nursing , Quality, & Integrated Governance
PHW / All Wales?	Public Health Wales
Date of last Review	New Policy and Procedure
Is the current policy / procedure within review date?	NA
Approving Body /Group	Quality, Safety and Improvement Committee
Version Number	Version 1

Section 2: Recommendation

That the Quality, Safety and Improvement Committee:

- Considers the information contained within the policy and Equality Health Impact Assessment.
- **Notes** that the Leadership Team approved the associated Chaperone Procedure and endorsed the Chaperone Policy to the Committee.
- **Approve** the Chaperone Policy.



Section 3 – Details of the Review:	
Background:	
Reason for review	This is a new policy and procedure to be introduced to support the delivery of safe and effective clinical services and enhance safeguarding arrangements.
Description/Assessment	<p>This policy and procedure sets out guidance for the use of chaperones and the procedure that should be in place for clinical consultations, clinical examinations and clinical interventions, particularly in relation to Intimate procedures within Public Health Wales.</p> <p>The Purpose is to:</p> <ul style="list-style-type: none"> • To ensure that a service users’ safety, privacy and dignity is protected during intimate examinations or procedures. • To minimise the risk of a Healthcare Professionals actions being misinterpreted during intimate examinations/interventions. • To act as a safeguard for patients and staff against any unacceptable acts of behaviour during intimate examinations/interventions <p>The policy has been developed with the screening division and a training package is being developed to support staff knowledge and skills with the introduction of this policy and procedure.</p>
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes / No (If no please provide rationale)
Date range of consultation:	21/08/24 – 18/09/24
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	No Feedback received. Engagement with key staff within the Screening Division in HPSS occurred ahead of the formal consultation period.
(Add detail)	Amendments made based on engagement work prior to formal consultation.



Had this policy / procedure been considered by any other groups?	Yes / No
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	Safeguarding Group 16 th January 2025 Leadership Team considered and approved the procedure on the 30 th April 2025 and endorsed the policy on the 22 May 2025.

Section 4: Impact Assessments	
Equality and Health Impact Assessment	An Equality and Health Impact Assessment has been completed and included as an appendix to this report.
Welsh Language Impact	The Policy / Procedure will be translated to welsh and available on the internet bilingually.
Risk and Assurance	No risk register associated with this Policy or Procedure at present.
Health and Social Care (Quality and Engagement) (Wales) Act	This policy will ensure the following Duty of Quality standards are met Safe, Effective, Workforce, leadership and Learning and Improvement
Financial implications	There may be cost implications if this policy is not introduced as a result of a claim of malpractice or sexual safety.
People implications	Additional training requirements are needed to ensure those staff who undertake chaperone responsibilities have the knowledge and skills to undertake the role safely. Female screening participants will have an additional safeguarding reassurance for intimate procedures.
Socio Economic Duty	There are no implications as all service users and staff will be treated equally as a result of this policy and procedure.



Section5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Translation to Welsh	2 weeks	Angela Cook
Publication of the Intranet site and socialisation via the Screening Division leads and professional Nursing and AHP forums	2-4 weeks	Angela Cook Donna Newell Named lead for Safeguarding

Section 6 – Dissemination

The primary source for dissemination of this Chaperone Policy within the organisation, wider community and our partners will be via the internet site.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Reference Number: XXXX
Version Number: XXX
Date of next review: XXX

CHAPARONE POLICY

Policy Statement

Public Health Wales Staff (PHW) aims to ensure that a process is in place for the use of chaperones when carrying out intimate examinations. PHW recognises that it is important to ensure that intimate tests and examinations must be practiced in a safe, sensitive and respectful manner on every occasion and in line with legislation and best practice.

Public Health Wales aims to support the following delivered through the guidance set out within the Chaperone Procedure:

- To ensure that the service user's safety, privacy and dignity is protected during intimate examinations or procedures and delivery of intimate clinical care
- To minimise the risk of a Healthcare Professionals, this can be any staff member, actions being misinterpreted.
- To maintain safety, ensuring that correct processes and support is available whilst carrying out intimate, clinical examinations and interventions.
- To act as a safeguard for service users and staff against any unacceptable acts of behaviour during intimate tests and examinations.
- To recognise that the PHW Consent to Treatment Policy must be always adhered to.

This policy aligns with the following strategic priorities:

1. Delivering excellent public health services to protect the public and maximise population health outcomes.

The intended outcome of this policy is:

1. Compliance with legislation
2. To provide an adjunct to the consent policy and support its implementation.
3. To provide service users who undergo intimate examinations a safe, and comfortable environment that respects gender, cultural and personal preferences.
4. To protect both staff and service users.
5. To provide safe working practices to all staff who undertake the following procedures where physical examinations, particularly where there is removal of service user clothing or where intimate/invasive procedures are involved.

Policy Commitment:

Public Health Wales recognises its duty to comply with legislative requirements

and to comply with good practice guidelines as part of its commitment to deliver excellent public health services.

This policy outlines PHW's commitment to comply with 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, and the Mental Health Act 3.

It is committed to complement and not supersede existing guidance offered by regulatory or professional bodies.

Supporting Procedures and Written Control Documents

Both the policy and procedure will be underpinned by key legislature:

1. 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 2014, the Mental Capacity Act 2, and the Mental Health Act 3, 2005
2. complement and not supersede existing guidance offered by regulatory or professional bodies; and
3. These principles will be considered in conjunction with the Mental Capacity Act (2005), All Wales Consent to Examination or Treatment Policy and
4. Human Rights Act 1998
5. Equality Act 2010
6. General Medical Council, Intimate examinations and Chaperones (2024) and the Society of Radiographers, Intimate Examinations and Chaperone Policy, 2016.

Identify interdependencies with other policy/control documents.

1. PHW Chaperone procedure
2. PHW Consent to Examination or Treatment Policy
3. PHW Safeguarding Vulnerable Children and Adults Policies and Procedures
4. PHW Putting things right policy
5. [Speaking Up Safely \(sharepoint.com\)](#)
6. [All-Wales Procedure for NHS Staff to raise concerns](#)

Scope

This procedure is applicable to all PHW staff who undertake the following procedures:

- Interviewing service users on sensitive issues
- Physical examinations, particularly where there is removal of service users clothing or where intimate/invasive procedures are involved.
- All procedures where dignity may be compromised respecting the needs and preferences of individuals, such as cultural, ethnic, religious beliefs, gender identity and sexual orientation.
- Procedures where the service user does not have the capacity to decide

for themselves.

- Procedures or examinations where the service user is a child under 16 years of age.

Outside the scope:

- Emergency situation or life-threatening condition.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment has been completed.
Approved by	Board/Committee
Approval Date	(e.g. 27 June 2016)
Review Date	(e.g. 27 June 2019)
Date of Publication:	(e.g. 27 July 2016)
Group with authority to approve supporting procedures	Safeguarding Group
Accountable Executive Director/Director	Claire Birchall, Executive Director of Nursing, Quality and Integrated Governance
Author	Angela Cook Assistant Director of Quality & Nursing

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or [Board Business Unit](#)

Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
New Policy				

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"> • Has a clear process for the use of chaperones during intimate procedures. • Clearly outlines the requirements for PHW staff, line managers and executive directors. • Intends to protect both staff and service users
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment 	Good Practice Guidelines 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"> • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <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>Professional bodies</p> <p>Additional Guidance was sought from Professional bodies including:</p> <ol style="list-style-type: none"> 1. Society of Radiographers (2023) (http://www.sor.org) Intimate Examinations and Chaperone Policy 2. General Medical Council: Intimate examinations and chaperones - GMC (gmc-uk.org) <p>Engagement</p> <p>In preparing this policy, consultation has taken place through the relevant consultation process of Public Health Wales</p>
<p>5. 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'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	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	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
		you have a learning disability or mobility problems	
6.2 Persons with a disability as defined in the Equality Act 2010 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

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.3 People of different genders: Consider men, women, people undergoing gender reassignment NB 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.	
6.4 People who are married or who have a civil partner.	No positive or negative impact	All Service users are treated fairly and consistently in the application of the policy and procedures.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	No positive or negative impact	All Service users are treated fairly and consistently in the application of the policy and procedures.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	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.	
6.7 People with a religion or belief or	This policy document should have a positive impact as the offer of a	There may be times when a health practitioner of the	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
with no religion or belief. 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.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No positive or negative impact.	All Service users are treated fairly and consistently in the application of the policy and procedures.	
6.9 People according to their income related group:	No positive or negative impact.	All Service users are treated fairly	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
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.	
6.10 People according to where they live: 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.	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No positive or negative impact.	All Service users are treated fairly and consistently in the application of the policy and procedures.	
6.12 Welsh Language			

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
<p>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: (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>			
Opportunities for persons to use the Welsh language	Service users will continue to have the opportunity to converse in Welsh		
Treating the Welsh language no less favourably than the English language	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
7.2 Lifestyles <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	N/A	N/A	N/A	
7.3 Social and community influences on health <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	The chaperone policy has a positive impact as it encourages those vulnerable service users to feel safe and supported.			
7.4 Mental Wellbeing	Yes, it supports dignity and promotes	N/A	N/A	

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

<ul style="list-style-type: none"> Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 				
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	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"> - General Medical Council: Intimate examinations and chaperones. - Society of Radiographers (2023) Intimate Examinations and Chaperone Policy 	<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"> 1. Changes to appointment letters or leaflets 2. Changes to the relevant screening services appointment information on webpages 3. Changes to departmental signage 4. Assessment of the environment, changing areas, clinic rooms 5. Changes to documentation within the medical notes 6. Audit process to review compliance to policy 		local implementation	
--	--	--	----------------------	--

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).