Shropshire Community Health NHS
NHS Trust

Policies, Procedures, Guidelines and Protocols

Document Details	
Title	**Chaperone Policy and Procedure**
Trust Ref No	1586-
Local Ref (optional)	
Main points the document covers	This policy sets out guidance on the use of chaperones within the Trust and is based on recommendations from the General Medical Council, Royal College of Nursing, NHS Guidance and the findings of the Ayling Inquiry (2004) and recommendations of the Verita Cambridge University Hospitals Report (2015).
Who is the document aimed at?	All clinical staff
Author	Deputy Director of Nursing and Quality
Approval Process	
Approved by (Committee/Director)	Patient Experience Committee
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Full Equality Impact Assessment	No
Lead Director	Director of Nursing Quality and Clinical Delivery
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Sub Category	
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Who the policy will be distributed to	All Trust Staff
Method	Trust Intranet
Document Links	
Required by CQC	Regulation 10 Dignity and Respect, Regulation 13 Safeguarding Service Users from Abuse or Improper Treatment
Required by NHSLA	No
Other	

Amendments History		
No	Date	Amendment
1	30 June 2014	Re format to achieve SCHT standard policy style
2		Add paragraph 1.2
3	23rd June 2017	Routine review with latest guidance including Verita recommendations
4	18th September17	Amendments following CPG review, including format, and definitions
5	January 2025	Review and update

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1. Introduction

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

The Nurses and Midwives Council (NMC), General Medical Council (GMC), Royal College of Radiologists (RCR), Society, and College of Radiographers and the Royal Colleges of Nursing and Midwifery (RCN, RCM) have published guidance on this subject.

2. Purpose

This policy aims to give staff guidance on the provision of chaperones for clinical examination or investigation.

All patients have the right to have their dignity and privacy respected regardless of their gender, age, ethnic background, culture, mental status and sexual orientation. The health professional's responsibility is to ensure that the patient/client understands what is going to happen and has agreed for the procedure/examination to take place and if they wish to have a chaperone present.

The presence of a chaperone during a clinical examination and / or treatment must be a clearly expressed choice of a patient. However, in the event of clinical examinations, staff must, have a chaperone present in the following circumstances:

- When the patient is unconscious.
- Invasive procedures after sedation
- Unaccompanied children
- Vulnerable adults who lack capacity
- Intimate examinations, involving genitalia, rectum or breast(s)

3. Definitions/ Glossary

The designation of the chaperone will depend on the role expected of them and on the wishes of the patient. It is useful to consider whether the chaperone is required to carry out an active role, such as participation in the examination or procedure, or have a passive role, such as providing support to the patient during the procedure.

3.1 A formal chaperone

A member of Shropshire Community Health NHS Trust (SCHT) staff, they must have undergone a Disclosure & Barring Service (DBS) check and have the competencies for that role, and their knowledge and skills should be appropriate to support the procedure or examination being undertaken. These include having an understanding of:

- Why a chaperone needs to be present
- Their role as a chaperone

- Mechanism for raising any concerns

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

3.2. An informal chaperone:

An informal chaperone is a friend, family member, or supporter of a patient who accompanies them to a consultation or procedure. Patients often request informal chaperones because they feel reassured by the presence of a familiar person.

3.3 Intimate examinations:

Genital and rectal examinations in all patients.

Breast examinations in all pubertal or post pubertal girls and women. The examination of male breast tissue can be decided on a case by case basis. It could also include any examination where it is necessary to touch or even be close to the patient. Cultural and diversity influences may affect what is deemed 'intimate' to a patient.

4. Duties

4.1 Director of Nursing, Quality and Clinical Delivery

The Director of Nursing Quality and Clinical Delivery is responsible for overseeing the implementation and impact of this policy and for making recommendations for change in line with national policy and guidance.

4.2 Divisional Clinical Managers

The Divisional Clinical Managers are responsible for monitoring the impact of this policy within their division monitoring any incidents or complaints if policy is not followed.

4.3 Locality Clinical Managers & Service Leads

Locality Clinical Managers and Service Leads should ensure this policy is implemented within their services.

4.4 Staff

All staff, whilst performing their duties on behalf of SCHT, should be aware of and follow this policy.

Staff and Chaperones must be aware of their responsibilities under the Data Protection Policy which includes guidance about confidentiality and the role of the Caldicott Guardian

4.5 Chaperone responsibilities

4.5.1 There is no common definition of a chaperone, the role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. Broadly speaking the role can be considered in any of the following areas:

- Providing the patient with physical and emotional support and reassurance
- Ensuring the environment supports privacy and dignity
- Providing practical assistance with the examination
- Safeguarding patients from humiliation, pain, distress or abuse or providing protection to healthcare professionals against unfounded allegations of improper behaviour
- Identifying unusual or unacceptable behaviour on the part of the healthcare professional

4.4.2 Chaperones should:

- Be sensitive and respectful of the patient's dignity and confidentiality
- Be familiar with the procedures involved in routine intimate examinations and will be able to identify any unusual or unacceptable behaviour on the part of the health care professional
- A chaperone will also provide protection to healthcare professionals against unfounded allegations of improper behaviour made by the patient.
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end
- Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record
- Be prepared to raise concerns if misconduct occurs and immediately report any concerns to a senior colleague.

5.0 Procedure

The intimate nature of many clinical interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and the potential for allegations of sexual assault or inappropriate examinations. In these circumstances a chaperone will act as a safeguard for both patient and clinician. All patients have the right, if they wish, to have a chaperone present during an examination, procedure, treatment or any care irrespective of organisational constraints or settings in which they are carried out. Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation, and wherever possible, the chaperone should be of the same gender as the patient, unless the patient has specifically requested a relative or friend to be present who is of the opposite sex, (e.g. a male partner in midwifery procedures.

It is mandatory within the Trust that a formal chaperone is present for

- All intimate examinations on children and young people aged between 1 and 16 years old,

- If any the patient is unconscious or under the influence of drugs or alcohol

- Where there are concerns about the person's ability to understand or to consent to the examination,

- Where the patient lacks capacity or they are considered to be vulnerable

- Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation and wherever possible the chaperone should be of the same gender as the patient

The need for emergency care will take precedence over the request and/or requirement for a chaperone. Professionals may be asked to justify any failure to follow this policy, about the person's ability to understand or to consent to the examination, the patient lacks capacity or they are considered to be vulnerable.

5.1 The Chaperone Process

All patients should be offered a chaperone for any examination, treatment or procedure. 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 should be followed by a check to ensure that the patient has understood the information and gives consent. To protect the patient from vulnerability and embarrassment, consideration should be given to the chaperone being of the same sex as the patient wherever possible. Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. 'Do not enter' or 'Examination in progress' signs must be used when possible, and the chaperone must be present.

Staff will ensure curtains/doors are closed during all examinations and procedures. /doors are closed staff will gain permission before entering to ensure privacy. Staff will ensure patients do not feel vulnerable to intrusion and that curtains, which do not remain tightly closed, do not compromise privacy and dignity

The patient will not be asked to take off more clothing than is necessary and will be provided with an appropriate gown/garment that is acceptable to them in order to protect their modesty.
Patients will be given privacy to dress and undress. Patients should not be assisted in removing clothing unless it has been clarified that assistance is needed. Staff should be aware and sensitive to religious customs and beliefs.

Following any physical examination, patients will have an opportunity to re-dress before the consultation continues

5.2 Documentation

The name and role of the chaperone present, and whether 'formal' or 'informal', must be documented in the patient's notes or electronic record. If the patient is offered a chaperone and declines the offer, this must also be documented.

5.3 Where a Chaperone is declined by a patient

If a patient prefers to undergo an examination procedure without the presence of a chaperone this should be respected and their decision documented in their clinical record. The only exclusion to this is when intimate examinations or procedures are performed, where it is mandatory to have a chaperone as outlined in this policy. If the patient has declined a chaperone for an intimate examination where it is mandatory to have a chaperone, the practitioner must explain clearly to the patient why a chaperone is necessary. If the patient continues to decline the presence of a chaperone the clinician will need to undertake an assessment of the level of risk should they proceed. It may be necessary to postpone the examination/procedure until advice can be sought, and to complete a DATIX on the Trust's incident reporting system.

5.4 Where a Suitable Chaperone is not available

Every effort should be made to provide a chaperone and where possible a chaperone of the same sex as the patient should be offered. If either the practitioner or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.

On occasions where it is not possible to provide a chaperone of the same sex as the patient the following considerations will be taken into account:

- The wishes of the person requiring the examination
- The consequences if the person does not receive the care
- The consequences for the person's health
- Whether the urgency of the care needed makes it an immediate necessity
- The length of time before a same gender member of staff can be present
- The reasoning and decision making should be recorded in clinical notes and a DATIX generated.

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5.5 Patients with individual additional needs

Patients with communications needs or learning disabilities and autism must have a formal chaperone for all examinations/procedures. The additional communication needs should be flagged, recorded as an EPR Alert and implemented in line with the Accessible Information Standard Policy. Family or friends who understand their communications needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

Staff must be aware of the implications of the Mental Capacity Act (2005) ('MCA') and cognitive impairment. 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 should be fully documented in the patient's notes or electronic record, along with the rationale for the decision.

An interpreter should be used when a service user does not understand any English; or

- When a service user may be able to speak some English but whilst in distress, their understanding becomes impaired; or
- When a service user has an impairment which requires specialist support;
- When important clinical information is to be given or consent obtained and the service user would not be able to understand this in English.
- Clinical information, medical terminology or decision making about clinical care should always be through the authorised interpreting services except in an emergency situation when staff may have to act in a patient's best interest and not have time to arrange an interpreter.
- Relatives, carers and friends should not interpret for service users

If there are language difficulties or communication difficulties it is essential that a formal interpreter service is used. Other family members are not suitable interpreters

Consideration will be given within reason on gender of the interpreter and permission from the service user will be sought. For further information on accessing interpreters please see the Trusts Interpretation and Translation Policy.

6.0 Chaperoning children and young people under 16 years

Whilst it is accepted that a child or young person must been seen in the presence of a parent / legal guardian/ appropriate adult it is recognised that in some circumstances it may be necessary to see a child or young person without a parent, legal guardian present. This may be the case in sexual health settings, or where there are safeguarding concerns or in an emergency presentation.

When a young person's is transitioning from Children to Adult services the young person may wish to or be encouraged to attend part of the appointment unaccompanied by a parent / legal guardian/ appropriate adult to encourage independence. However, an informal or formal chaperone must be present for any physical examination. Any intimate examination must be carried out in the presence of a formal chaperone, an informal chaperone parent / carer or someone already known and trusted by the child/ young person may also be present for reassurance and to minimise any distress caused by the procedure.

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

Children and young adults who are deemed to have mental capacity or are for example being prepared for 'transition' to adult services" may be seen without their parents/ carer at their request, but must be examined in the presence of a chaperone.

If they specifically request examination without a chaperone, this must be discussed with them and their carer and documented in the notes or electronic record. The examination should not proceed without a chaperone.

6.1 Child Protection Medicals

Child Protection Medicals must be done in the presence of a formal chaperone. The chaperone should be an experienced member of staff who is familiar with procedures and the special aspects of these examinations.

The parents or the social worker should not be used as chaperones. (Child Protection Companion, Royal College of Paediatrics and Child health 2006)
If there are language difficulties or communication difficulties it is essential that a formal interpreter service is used. Other family members are not suitable interpreters. It is good practice for formal interpreters to have child protection training.

7.0 Training

There is no special training for staff who act as a chaperone. However, they must have undergone a DBS check and have the competencies for that role as a formal chaperone (section 3.1)

8. Dissemination and Implementation:

It is the responsibility of each Clinical Service Lead and Team Leader to be satisfied that staff have an understanding in relation to the above.

This policy will be shared at all relevant service team meetings, and an alert via DATIX to all SCHT staff.

Publication on SCHT website

9.0 Consultation and Approval Process

9.1 Consultation

Consultation will be through comments and discussions with Divisional Clinical Managers, Operational leads, and Safeguarding team.

9.2 Approval

The Patient Experience Committee will approve this policy and its approval will be notified to the Quality & Safety Committee.

9.3 This policy will be disseminated by the following methods:

- Staff – via Inform and Datix system
- Publication on the Trust Intranet site
- Awareness raised by Managers and Service Leads at staff meetings

10.0 Monitoring

10.1 Any Service User feedback, complaint or information from Patient Advice and Liaison Service, The Friends and Family Test or through the Patient & Carer Forum which relates to none compliance with the standards in this policy will be subject to DATIX and further investigation

10.2 This Policy will be reviewed every 3 years or earlier as indicated. Any comments, queries or suggested amendments should be addressed to the Deputy Director of Nursing and Quality.

11. Associated Documents

This policy should be used in conjunction with existing guidance from Professional Bodies and with reference to the following trust policies:

- Consent to Examination and Treatment Policy
- Clinical Record Keeping Policy
- Mental Capacity Act 2005
- Safeguarding Children and Safeguarding Adults Policies
- Equality and Diversity policy
- Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy
- Accessible Information Standard
- Interpretation and Translation Guidance for Staff
- Freedom to speak up: Raising concerns (whistleblowing) policy for the NHS :

http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf

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