Chaperone Policy

Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.

Purpose of Agreement	This policy outlines the standards to be applied within Solent NHS Trust for Chaperoning patients (adults and children)
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	AA	5	SCOPE & DEFINITIONS	04/10/2016
2		6-7	SCOPE & DEFINITIONS	
3		7	SCOPE & DEFINITIONS	
4		8	SCOPE & DEFINITIONS	
5		8	SCOPE & DEFINITIONS	
6		10	Vulnerable Patients	
7		11	Lone Working	
8		12	Communication and Record Keeping	
9		13	TRAINING	
10		14	REVIEW	
11		15	REFERENCES AND LINKS TO OTHER DOCUMENTS	
12	AA	5 6 7 8 12 13 14 16	Inserted revised scope wording Removed points 2.6;2.7;2.10 Added 'a male' in 3.3 Added 'this may need to be arranged prior to examination/appointment' to point 3.4 Added 'the' to point 3.8 Added 'where possible' to point 3.13 Removed 5.1; 5.3;5.4 and reworded 5.2 and have made it 5.1 Removed point 5.4 Inserted new wording in point 6.0 Removed last sentence in point 7.1 Removed points 7.2 – 7.4 Removed second sentence in point 8.1 Removed point 8.2 Removed NMC 2003 guidance Removed RCN chaperoning (2006) reference Removed NMC (s2008) chaperoning advice sheet Updated Medical Protection Society to 2019 Chaperones Frequently Asked Questions Changed the EQIA to current version	February 2020 (version 3)

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
V2	November 2016	Angela Anderson	Policy Steering Group	Amendments to policy, as above.

V3	December 2019	Angela Anderson	Policy Steering group	Amendments as noted above

Summary of Policy

This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, clinical examinations and clinical interventions, particularly in relation to Intimate procedures.

The purpose of this policy is:

- To ensure that patient' 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 patient safety, that correct processes and support is available whilst carrying out intimate, clinical examinations and interventions.
- To act as a safeguard for patients and staff against any unacceptable acts of behaviour during intimate examinations/interventions
- To recognise that the Trust Consent to Treatment Policy must be adhered to at all times

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1. INTRODUCTION & PURPOSE

1.1 Solent NHS Trust attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation. The organisation is committed to providing a safe, comfortable environment both in clinical areas and patients' homes where patients and staff can be confident that best practice is being followed at all times and the safety of every one is of paramount importance.

1.2 This policy sets out guidance for the use of chaperones and procedures that should be in place for clinical consultations, clinical examinations and clinical interventions, particularly in relation to Intimate procedures.

The purpose of this policy is:

- To ensure that patient' 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 patient safety, that correct processes and support is available whilst carrying out intimate, clinical examinations and interventions.
- To act as a safeguard for patients and staff against any unacceptable acts of behaviour during intimate examinations/interventions
- To recognise that the Trust Consent to Treatment Policy must be adhered to at all times

1.3 Solent NHS Trust recognises the diversity of clinical situations which cannot be fully covered in this policy, and therefore the accountability and responsibility for assessing, seeking advice for each unique clinical situation lies with the respective staff member.

1.4 Abuse can take many forms including neglect, financial, physical injury, emotional and sexual abuse and it is important that healthcare professionals are sensitive to these issues and alert to the potential for patients to be victims of abuse.

This policy recognises the following principles which must be considered:

- That for some people who use our services, consultations, examinations and procedures may be threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress
- For most patients respect, clear explanation, consent and privacy may take precedence over the need for a chaperone
- The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately
- No family member or friend of a patient should be expected to undertake any formal chaperoning role in normal circumstances unless explicitly requested by the patient. However there is an exception in Sexual Health services where only appropriately trained staff will fulfil this role

- The presence of a chaperone during a clinical examination and treatment must always be the clearly expressed choice of a patient
- The patient must at all times have the opportunity to decline any chaperone offered. This must be documented in the patient's record
- Chaperones are most often requested where a male examiner is carrying out an intimate examination or procedure on a female patient. However, the trust considers it good practice to offer all patients the opportunity to have a chaperone for any examination or procedure where the patient feels one is required, regardless of the gender of the examiner or patient
- Breach of the chaperone policy should be reported through the Trust adverse incident reporting system and investigated appropriately. If a breach is determined deliberate actions should be taken in line with the Trust Disciplinary Policy and the Safeguarding Adults and Safeguarding Children Policies

2. SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

2.3 Chaperone-There is no common definition of chaperone as their role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. However, the general consensus as a verb (used with an object) is to attend or accompany.

2.4 The chaperone role can be considered to involve:

- Providing emotional comfort and reassurance to patients
- Ensuring bed areas are appropriately screened/doors closed and engaged signs used/privacy curtains drawn
- Ensuring interruptions by other staff are only for emergency situations
- Safeguarding both the patient and the healthcare professional
- Offering assistance during the examination/procedure e.g. handling of equipment /instruments assist in the examination or treatment.
- Maintaining the patient's dignity, by only exposing the area requiring examination/treatment by using clothing, gowns and sheets.
- To provide protection to healthcare professional against unfounded allegations of improper behaviour.
- Identify any unusual or unprofessional behaviour on the part of the professional or the patient.
- To report any concerns raised by the patient or observed by themselves.

2.5 This policy sets out the standards and procedures in Solent NHS Trust that have been put in place to ensure that health and social care professionals are aware of their obligations and are able to comply with statutory and professional guidelines.

2.6 The policy specifically applies to all intimate examinations and procedures. It applies to situations where patients are likely to feel most vulnerable and where they have to adopt vulnerable positions, and where there is handling of their body close to intimate areas such as breasts, genital and rectal area.

2.7 The Trust recognises that the Healthcare Professional remains accountable for assessing and reviewing each case on an individual basis, and therefore should consider the use of chaperones for non-intimate procedures, examinations and consultations where and if deemed appropriate for specific safety reasons

3. PROCESS/REQUIREMENTS

3.1 A Chaperone is present as a safeguard for all parties (patient and practitioner) and as a witness to continuing consent of the procedure; however a chaperone cannot be a guarantee of protection for either the examiner or examinee. A chaperone must be in addition to the person providing the treatment/procedure.

3.2 Chaperoning also fulfils another area of paramount importance, in maintaining a patient's dignity and minimising unease whilst they are undressed and receiving care. Whilst clinical staff may be used to dealing with the unclothed body to undertake examinations or procedures, patients are likely to feel uncomfortable and inhibited with the possibility of damaged self image and self respect. In these situations, the chaperone can serve as a physical and psychological support to the patient during the procedure, as well as assisting the practitioner when required.

3.3 Care must also be exercised when both clinicians are the opposite gender to the patient/service user. Some patients may find this situation unacceptable and staff must check if the patient is comfortable and happy to proceed with the examination when this occurs.

3.4 Information should be made available to patients/service users and carers and all patients will be asked and irrespective of organisational constraints, have the right, if they wish to have a chaperone present. This includes the right to expect a chaperone of the same sex as them. This may need to be arranged prior to the appointment/examination

3.5 Patients are frequently anxious and appreciate support when other procedures of a non-intimate nature take place. At such times an identified Healthcare Professional can also assist the clinician during the procedure.

3.6 For those situations where clinicians do not handle patients physically, e.g. psychology, there may be occasions when for the clinicians safety, lone working is inappropriate and a chaperone will be required.

3.7 No family member or friend of an adult will be expected to undertake any formal chaperoning role. However, consideration must be given to requirements within differing cultures where family member/ friend maybe appropriate, or for patients

with learning disabilities, learning difficulties or mental health problems that effect capacity, where a familiar individual such as a family member or a carer may be the best chaperone. A careful, simple and sensitive explanation of the procedure/technique is vital. Where an individual has capacity, consent for the chaperone should be confirmed.

3.8 If the patient declines the offer of a chaperone it is important to record that the offer was made and declined. This also applies to a minor who is a competent child.

3.9 When intimate personal care has been required and a member of staff of the same gender has been requested and is not available, this must be brought to the attention of the person in charge. If a chaperone is refused a healthcare professional cannot usually insist that one is present and many will examine the patient without one. This also applies to a minor who is a competent child. In addition; a brief entry in the notes of the patient is required for each occasion and will state:

- Date
- Time
- Care given
- Immediate necessity, which led to opposite sex personal care being given.
- Reason why a member of the same gender was not available

3.10 The use of chaperone is mandatory in the following circumstance:

- Whenever a patient requests the presence of a chaperone
- Whenever there is an actual or possible history of abuse or neglect (ensure the safeguarding teams are aware of the situation)
- Whenever a Healthcare Professional requests the presence of a chaperone.

3.11 Sensitivity must always be applied to the awareness of non- verbal cues when discussing need for a chaperone. The use of a chaperone will be considered in the following circumstances:

- If a patient is seen alone
- If an examination is of a personal nature
- If a parent or carer is unable to accompany the child/young person

3.12 A chaperone may be either:

- A parent/carer or
- Member of nursing, Allied Health Professional or medical staff including students and Heath Care Support workers who have had appropriate training
- Administration team who have received appropriate training

Intimate Examinations /Procedures

3.13 Intimate examinations include the examination of breasts, genitalia or rectum, although it will be noted that other body areas/situations may also take on this classification particularly by elderly patients, those with learning difficulties, confused or disorientated or those of diverse cultures, where English is not their first language or require the support of an interpreter, for instance for British Sign Language (BSL).These procedures can be stressful and embarrassing for patients and an empathetic well trained chaperone can help to alleviate or minimise this distress and discomfort.

Prior to the examination/procedure/ staff will:

- Explain to the patient why the examination/procedure is necessary and give the patient an opportunity to ask questions
- Ensure that an interpreter is sought for any patient who requires support in communicating
- Where possible routinely offer a chaperone
- Give an explanation to the patient of what the examination / procedure will involve, in a way that the patient can understand, so that the patient has a clear idea of what to expect, including any likelihood of pain or discomfort
- Obtain the patients permission before the examination/procedure is started
- Explicitly indicate that they can halt the procedure if they need to. For example say "if at any time you want us to stop, just say the word 'stop' and we will do so until you are ready to continue, or "raise your finger if you want us to stop"
- If students are being supervised whilst undertaking an intimate examination or procedure, the supervising clinician must ensure that consent has been given by the patient
- Ensure that consent forms are signed by the patient for specific invasive procedures in line with the Trust policy on Consent to Examination and Treatment and local speciality guidance/standard operating procedures
- Ensure that the patient's consent is obtained and recorded for other examinations /procedures along with the name of the chaperone.
- Make sure that when a patient decides not to give consent, this decision will be respected and recorded in the clinical notes.
- Give the patient privacy to undress and dress and maintain the patient's dignity at all times. Unless it has been clarified that the patient requires help, do not assist the patient in removing clothing and retire to the other side of the curtain or room next door whilst this is taking place.

During the examination/ procedure:

- Keep the discussion relevant and avoid any unnecessary personal comments.
- Avoid unnecessary discussion with other members of staff.
- Ensure the patients privacy and dignity is protected at all times.
- Help the patient to understand what is being communicated to them.
- Give support and encouragement to the patient to ease discomfort or unease.
- Check they are still comfortable with the process.

- Observe for more subtle indications of distress from non verbal signs.

- On completion, address any queries or concerns relating to the examination/procedure.

Consent

3.14 Consent is a patient's agreement for a health professional to provide care. Before you examine, treat or care for any person you must obtain their consent

3.15 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.

3.16 By attending a consultation it is assumed by implied consent that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient's informed consent is obtained. This means that the patient must; be competent to make the decision; have received sufficient information to take it and not be acting under duress.

3.17 When patients are not able to consent for themselves they will be treated in their best interests. Children over 16 can consent for themselves without their decision being referred to their parents or guardians, however it is good practice to involve the parents, but this must be decided by the young person.

3.18 A person with parental responsibility can consent for a child under 16 unless the child is deemed to be Fraser/Gillick competent. Please refer to the Trust policy on Consent to Examination and Treatment for further information.

Vulnerable Patients (this group would also include children and some young people)

3.19 For patients with learning disabilities, learning difficulties or mental health problems that affect capacity, a familiar individual such as a family member or carer may be the best chaperone.

3.20 A careful simple and sensitive explanation of the technique is vital. This patient group is a vulnerable one and issues may arise in initial physical examination, "touch" as part of therapy, verbal and other "boundary-breaking" in one to one "confidential" settings and indeed home visits.

3.21 Information should be provided in a way which is easily accessible for the patient and should meet the accessible information standards.

3.22 Adult patients with learning difficulties, cognitive impairments or mental health problems that resist any examination or procedure must be interpreted, as refusing to give consent and the procedure must be abandoned and must be recorded on the electronic patient record.

3.23 In life threatening situations the healthcare professional will use professional judgement and where possible discuss with a member of the Learning Disability Team.

Paediatrics

3.24 In the case of children a chaperone will normally be a parent, carer or someone who knows the child. For Fraser competent young people the guidance relating to chaperoning adults is applicable.
The care of children often needs to be managed on an individual care basis, due to the complexities and range of issues which apply to the safe chaperoning of children and young people. It is therefore essential to refer to the relevant policies which apply to the specific needs of the patient. Please refer to the Safeguarding Children Policy and contact the Named Professionals for advice and guidance. Children and their parents/carers must receive appropriate explanation of the procedure to obtain their co-operation and understanding.
If a child or a young person presents in the absence of a parent/carer, the health care professional must ascertain if they are capable of understanding the need for an examination. In these cases consent must be established and a formal chaperone.
Respect for privacy and dignity is a right for all children, regardless of age, sex, ethnic background or culture (UN Convention article 16 (1) and 37). "The intimate nature of many medical and nursing interventions must be practised in a sensitive and respectful manner to minimise any misinterpretation or the possibility of allegations of abuse" (RCN 2006).

Ethnic Cultural and Religious Considerations

3.25 The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others.

3.26 Patients undergoing examinations will be allowed the opportunity 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 female healthcare practitioner will perform the procedure.

3.27 It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a language barrier. In life saving situations every effort will be made to communicate with the patient by whatever means available before proceeding with the examination.

Lone Working

3.28 Where a healthcare professional is working in a situation away from other colleague's e.g. home visit, out-of-hours centre, the same principles for offering and use of chaperones will apply.

3.29 Where it is appropriate family member/friend may take on the role of informal chaperone. In cases where a formal chaperone would be more appropriate e.g. intimate examination, the healthcare professional would be advised to reschedule the examination to a more convenient location.

3.30 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 will be in a place to ensure that communication and record keeping are treated as paramount.

Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present. They should therefore ensure both timely and detailed information relating to the event are documented in the records.

Mental Capacity

3.31 There is a legal presumption that every adult has the capacity to decide whether to consent to or refuse a proposed medical intervention, before proceeding with the examination it is vital that the patient's valid consent is gained. This means that the patient must:

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

Staff should refer to all the relevant Trust Consent to Treatment, Mental capacity Act Policy and guidance in all situations relating to any adult who does not have capacity.

3.32 **Communication and Record Keeping**

Poor communication between Healthcare Professionals and a patient is often the root cause of complaints and incidents. Details of the examination/event requiring presence of a chaperone (including the presence or absence of a chaperone and their details which includes full name and contact number) must be documented in the patient's records. The notes should also record if a chaperone has been offered, but declined by the patient.

SystmOne codes should be used and for Solent these are:

- 9NP0 – Chaperone offered
- 9NP1 – Chaperone present
- 9NP2 – Chaperone refused
- 9NP3 – Nurse chaperoned

4. ROLES & RESPONSIBILITIES

4.1 **Chief Executive:** The Chief Executive is ultimately responsible for ensuring effective corporate governance assurance within the Trust and therefore supports the Trust-wide implementation of this policy

Executive Directors: The Chief Nurse, Chief Medical Officer and Chief Operating Officers are responsible for endorsing the full implementation of this policy and its relevance to everyday practice within safeguarding, patient dignity, safety and delivery of quality care

Senior Managers: The manager's role is to ensure implementation of this policy and that the staff understands how the Chaperone Policy applies to them and their patients. The form at Appendix 1 can be used to record that staff have read and understood the policy. 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.

4.2 Team managers have a responsibility to:

- Ensure care is delivered in a context of continuous quality improvement, where implementation of the guideline is subject to regular feedback and audit.
- Ensure all staff are aware of this Policy and understand the processes to be followed to maintain patient dignity and respect.
- Comply with Solent NHS Trust monitoring of this Policy.
- Ensure Bank/agency staff will be informed of individual patient's needs at the beginning of their shift.

4.3 Employees have a responsibility to:

- Use their clinical judgement and consult with patients when applying the strategies set out within this Policy, which aims to reduce the potential negative personal, physical and emotional impact of examination.
- Each registered health professional is accountable for their practice and must be aware of their legal and professional responsibilities relating to their competence.
- Discharge their duties in accordance with their role, level of expertise and the requirements of their professional body where applicable.
- Have evidence of regular updating must be demonstrated through informed evidence-based practice and documentation of attendance at relevant training.
- Ensure patients and carers are involved in shared decision-making.
- Be aware of, and comply with, the procedures outlined in this document.
- Comply with monitoring the effectiveness of this procedure. Report untoward events, or serious untoward events to their manager and through the organisations Risk Management Processes.

5. TRAINING

5.1 Clinical leads and Matrons will be made aware of this policy and be responsible for ensuring all staff are aware of the policy. They will arrange service specific training where this is indicated.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

6.1 A full EQIA has been completed and there is no negative impact indicated in the Impact Assessment. Full details can be found in Appendix 2.

7. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

7.1 Complaints and patient surveys will be reviewed by the patient experience team and will be indicative of any themes relating to chaperoning.

8. REVIEW

8.1 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompts an earlier review.'

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

- Equality, Diversity and Human Rights Policy

- Consent to Treatment Policy
- Safeguarding Children and Vulnerable Adults Policy
- Deprivation of Liberty Safeguards Mental Capacity Act Policy
- Department of Health (2010) The Essence of Care, www.doh.gov.uk
- General Medical Council (2013) Intimate Examinations and Chaperones, www.gmc.uk.org/standards/INTIMATE.htm
- Nursing and Midwifery Council (2015) NMC Code - Standards of conduct, performance and ethics for Nurses and Midwives
- Health & Care Professions Council (HEALTHCARE PROFESSIONALC) (2016) Standards of conduct, performance and ethics
- General Dental Council (2013), Standards for the Dental Team,
- Chartered Society of Physiotherapy (2015) Chaperoning
- Ayling Report,www.dh.gov.uk September (2004)
- Care Quality Commission (2014) Fundamental Standards Regulations
- Medical Protection Society (2019) Chaperones f Frequently Asked Questions

Appendix 1

Chaperone Policy

This sheet will be used to record the names of staff members who have read and understood the above policy document.

Name (Please Print)	Job Title	Date	Signature

Appendix 2

Equality Impact Assessment

Step 1 – Scoping; identify the policies aims	**Answer**		
1. What are the main aims and objectives of the document?	The aim of the EIA in this document is to ensure that this policy does not discriminate against any vulnerable people any of the protected characteristics according to the Equality Act of 2010.		
2. Who will be affected by it?	This policy will have an impact across the organisation in all clinical areas and will affect Staff, Patients, carers and service users		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Monitoring of complaints and concerns relating to provision of chaperones The outcome is for people to be offered and where requested, have a chaperone provided		
4. What information do you already have on the equality impact of this document?	Assessment of previous policy that covers protected characteristics and vulnerable groups – mental health and learning disability, veterans and socio-economically deprived communities. If any incidents occur whereby behaviour of an individual breaches any aspect of the Equality 2010, these will be addressed through channels including grievance, complaints and code of conducts/disciplinary/HR route if the incident involved a staff		
5. Are there demographic changes or trends locally to be considered?	Nil of note		
6. What other information do you need?	Nil		
Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully discriminate against any group?		X	
2. Can any group benefit or be excluded?		X	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?	X		

5. Have you carried out any consultation internally/externally with relevant individual groups?	X		This has been shared with clinical and managerial service leads and with the Trust policy group; Equality, Diversity and Inclusion leads; Company secretary; Trust Management Team
6. Have you used a variety of different methods of consultation/involvement		X	
Mental Capacity Act implications			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	X		
External considerations			
8. What external factors have been considered in the development of this policy?			National standards and guidance. CCG Requirements CQC standards Equality Act 2010
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Nil

If there is no negative impact – end the Impact Assessment here.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible	

for monitoring and regular review of the document?	
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	

****Retain a copy and also include as an appendix to the document****