CHAPERONE POLICY

Department / Service:	Corporate
Originator:	Deborah Narburgh Head of Safeguarding
Accountable Director:	Paula Gardner
Approved by:	Chief Nurse Head of Safeguarding Integrated Safeguarding Committee
Date of Approval:	1st June 2021
Review Date: **This is the most current document and should be used until a revised version is in place**	1st June 2024
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Departments
Target staff categories	All Health Care Professionals

Policy Overview:

This policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.

Intimate or personal care and examinations must be practiced in a safe, sensitive and respectful manner otherwise misunderstandings may occur which may result in allegations of abuse or assault. 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.

The presence of a chaperone can be of reassurance to both patients and doctors, especially when there is a need for an intimate examination to be performed, regardless of the gender of either the doctor or the patient. The presence of a chaperone during intimate examination, procedure or treatment is a safeguard for both patient and clinician.

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1. Introduction

In 2000, GP Clifford Ayling was convicted of sexual assault on 10 female patients during intimate examinations. At the time, the GMC's guidance on intimate examinations (1996) suggested that 'whenever possible' doctors should offer a chaperone or invite the patient to bring a relative or a friend.

The inquiry that followed the Ayling case found that he usually carried out intimate examinations without the presence of a chaperone. The inquiry outcome called for trained chaperones to be routinely offered in these situations. Patients would have the right to decline if they wished.

Current GMC guidance, Intimate Examinations and Chaperones (2013) states that doctors should offer the patient the option of a chaperone wherever possible before conducting an intimate examination, whether or not they are the same gender as the patient. The chaperone should usually be a trained health professional, although doctors should comply with 'a reasonable request' to have a family member or friend present as well as a chaperone. Friends or family members who may be present must not be expected to take on a chaperoning role as this may not be what the patient wants. Care must be taken to ensure that if a patient doesn't speak English then an interpreter should be used (not a family member).

Intimate examinations may be embarrassing or distressing for patients and such examinations should be carried out sensitively. Intimate examinations include examinations of the breasts, genitalia and rectum, but it also extends to any examination where it is necessary to touch or be close to the patient.

The person undertaking the examination should respect any request for the examination to cease.

2. Scope of this document

This policy sets out guidance on the use of chaperones within Worcestershire Acute Hospitals NHS Trust and is based on recommendations from the General Medical Council, The Nursing and Midwifery Council, NHS Guidance and the findings of the Ayling Inquiry (2004).

This document applies to all staff groups working within Worcestershire Acute Hospitals NHS Trust and applies to all staff who may be involved in the examination or undertaking of clinical procedures, as well as those staff who may be asked to chaperone patients.

This document should be used in conjunction with existing guidance from Professional bodies and with reference to:

- Consent to Examination & Treatment Policy

- Clinical Record Keeping Policy
- Freedom To Speak Up Policy
- Mental Capacity Act 2005
- Policy on Chaperoning Infants, Children and Young People

3. Definitions

A chaperone is an impartial observer present during an intimate examination of a patient. He or she will usually be a health professional who is familiar with the procedures involved in the examination. The chaperone will, wherever possible be the same sex as the patient.

3.1 Intimate examinations

Intimate examinations are examinations of the breast, genitalia and rectum. However, some patients may regard any examination in which the doctor needs to touch, or be very close to them as intimate. Example: examination of the fundi using an ophthalmoscope in a darkened room.

Key Information for Staff:
Royal College of Nursing (RCN) Genital Examination in Women (June 2020) https://www.rcn.org.uk/professional-development/publications/rcn-genital-examination-in-women-pub007961

4. Chaperone's role

GMC guidance in Good Medical Practice 2013 states, “A chaperone should usually be a health professional and you must be satisfied that the chaperone will:

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

The presence of a chaperone provides a safeguard for both patient and doctor.

5. When to offer a chaperone

The most obvious example is with intimate examinations, and in these situations a chaperone must be always be offered. However, it is important to remember that what can

be classed as an intimate examination may depend on the individual patient. A chaperone should be offered routinely before conducting any intimate examination. This applies to both female and male patients.

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 in accordance with WAHT Consent to Examination or Treatment Policy (WAHT-CG-075).

Some patients may require a chaperone for other examinations too. For example, particularly vulnerable patients, or those who have suffered abuse, may need a chaperone for examinations where it is necessary to touch or be close to them.

5.1 Emergency situations

In certain circumstances such as an emergency, it will be lawful to carry out examinations or treatment, if it is deemed to be in the patient's best interests, on the provision that the specific examination or procedure has not been the subject of an advanced refusal in a valid and signed advance directive. In certain cases, patients may have taken steps in advance to document what interventions they will and will not consent to at a time in the future where they may lack capacity to consent for themselves.

6. Why use a chaperone?

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

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:

- Their presence adds a layer of protection for both the doctor and the patient; it is rare for an allegation of assault to be made if a chaperone is present. In the event of an allegation being made, WAHT Managing Allegations Against People in A Position of Trust Policy should be followed (WAHT-HR-098).
- To acknowledge a patient's vulnerability and to ensure a patient's dignity is preserved at all times
- They may assist the health professional in the examination; for example, the chaperone may assist with undressing/dressing of patients as required
- Provides emotional comfort and reassurance to the patient

7. Unconscious patients, anaesthetised/sedated patients

Whenever possible, e.g. for elective surgery patients, consent for examination, procedures or investigation should be obtained prior to any anaesthetic/ sedation; and be in writing

following the trust procedure for obtaining consent. Where this is not possible, e.g. as a result of unplanned or emergency surgery, every effort should be made to ensure that a chaperone is present during examination.

Equal consideration should be given to unconscious patients and chaperones should always be present when intimate care and examinations are being performed on unconscious patients.

8. Patients with individual needs

Patients with communication needs or learning disabilities must have support from healthcare professionals. Family or friends who understand their individual communication 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 and if a patient's ability 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 should be carried out in line with Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 (WAHT-CG-752).

9. Interpreter Services

The Trust is committed to providing accessible and appropriate care to all patients. Staff should ensure that patients whose first language is not English receive the information they need and that they are able to communicate effectively with healthcare staff. It is not appropriate to use children for the purpose of interpreting. Where the practitioner has any difficulty or concerns with regard to effective communication and the ability to obtain informed consent for a procedure an interpreter should be called (available via switchboard).

10. Privacy & Dignity

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.

11. Infants, Children and Young People

The Independent Inquiry into Child Sexual Abuse 2018 made recommendations in relation to:

- Developing a national policy on the training and use of chaperones

- The Chair and Panel recommended that the Department of Health and Social Care develops a national policy for the training and use of chaperones in the treatment of children in healthcare services.

- The Chair and Panel recommended that the Care Quality Commission considers compliance with national chaperone policies (once implemented) in its assessments of services.

WAHT Chaperone Policy for Infants, Children & Young people (WAHT-TP-055) can be found here: "Miscellaneous" section
http://www.treatmentpathways.worcsacute.nhs.uk/paediatrics-information-portal/

12. Cultural and Religious Issues

The cultural values and religious beliefs of patients can make intimate examinations and procedures difficult and stressful for themselves and healthcare professionals. Clinicians must be sensitive to the needs of patients and their specific requirements understood (through the use of interpreters if appropriate) and whenever possible complied with.

13. Responsibility and Duties

All staff required to provide clinical care of an intimate nature are personally and professionally responsible for ensuring compliance with this Policy. All staff are also individually responsible for the reporting and escalation of any concerns they may have about the care provided by a colleague(s) to a patient or patients.

All incidents related to the Policy should be recorded via the Datix incident reporting system.

13.1Training and awareness

While individual professionals have a responsibility to ensure that they are aware of the contents of this policy and apply them, it is the responsibility of lead clinicians, matrons and ward managers to identify any training needs and to organise appropriate workplace instruction. Workplace instruction should involve discussion and demonstration of an understanding of the following:

- What is meant by the term chaperone?
- Confidentiality
- What is an intimate examination
- Why chaperones need to be present

- The rights of the patient
- The chaperone's role and responsibility
- An understanding of the diverse needs of patients
- A working knowledge of the incident reporting procedures

Instruction on the role of the chaperone should be included in clinical induction programmes for new members of staff.

14. Confidentiality

Patients should be reassured that all staff understand their responsibility not to divulge confidential information.

15. Record Keeping

Staff should document both the presence of a chaperone and their identity (name and full job title) in the patient records.

If an accusation of improper behaviour is made several years later and there is no record of who acted as chaperone, it would be difficult to recall who witnessed the examination.

15.1 Patients who refuse a chaperone

For patients who refuse a chaperone, you should record that you offered a chaperone but the patient declined.

Patients have a right to refuse a chaperone. If you are unwilling to conduct an intimate examination without a chaperone, you should explain to the patient why you would prefer to have one present. You may need to offer an alternative appointment, or an alternative doctor, but only if the patient's clinical needs allow this.

Even if a patient declines the offer of a chaperone, the doctor/nurse may feel that in certain circumstances (for example, an intimate examination on a young adult of the opposite gender), it would be wise to have a chaperone present for their own comfort/protection.

The doctor should explain that they would prefer to have a chaperone, explain that the role of the chaperone is in part to assist with the procedure and provide reassurance. It is important to explore the reasons why the patient does not wish to have a chaperone and to address any concerns they may have.

If the patient still declines, the doctor will need to decide whether or not they are happy to proceed in the absence of a chaperone. This will be a decision based on both clinical need

and the requirement for protection against any potential allegations of an unconsented examination/improper conduct.

Another option to consider is whether or not it would be appropriate to ask a colleague to undertake the examination (although the chaperone issue may still prevail).

A further option would be to consider referring the patient to secondary care for the examination (although the chaperone issue may, again, still prevail).

The doctor/health professional should always document that a chaperone was offered and declined, together with the rationale for proceeding in the absence of a chaperone.

15.2 No chaperone available/patient unhappy with choice of chaperone

When no chaperone is available or the patient is unhappy with the chaperone offered (for example, they will only accept someone of the same gender), you can ask the patient to return at a different time, if this is not against their clinical needs. Consideration should be given to the chaperone being of the same sex as the patient wherever possible.

16. COVID19 - Key Principles for Undertaking Intimate Clinical Assessments remotely

Key Information for Staff:
NHSE Key Principles for Undertaking Intimate Clinical Assessments remotely in response to COVID19 **https://www.gmc-uk.org/-/media/files/key_principles_for_intimate_clinical_assessments_undertaken_remotely_in_response_to_covid19_v1-(1).pdf?la=en&hash=0A7816F6A8DA9240D7FCF5BDF28D5D98F1E7B194** **GMC Guidance for Doctors** https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones

17. Policy review

This Policy will be reviewed in accordance with Key Document review timeframes or in the event of any new or emerging legislation or practice developments.

Any review of this document will be taken via WAHT Integrated Safeguarding Committee

18. References

GMC Intimate Examinations & Chaperones	April 2013	www.gmc-uk.org/guidance
HMSO report into the professional behaviour of Clifford Ayling.	2004	HMSO London
RCN Chaperoning: the role of the nurse and the rights of patients.	2006	Royal College of Nursing. London
General Medical Council – Maintaining a professional boundary between you & your patient	2013	https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/maintaining-a-professional-boundary-between-you-and-your-patient
Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005		WAHT-CG-752
Consent to Examination or Treatment Policy		WAHT-CG-075
Managing Allegations Against People in A Position of Trust Policy		WAHT-HR-098
Freedom To Speak Up Policy		WAHT-HR-097
Chaperone Policy for Infants, Children & Young People		WAHT-TP-055
Clinical Record Keeping Policy		WAHT-CRK-09
Independent Inquiry into Child Sexual Abuse	2018	https://www.iicsa.org.uk/
RCN Genital Examination in Women	June 2020	https://www.rcn.org.uk/professional-development/publications/rcn-genital-examination-in-women-pub007961
NHSE Key Principles for Undertaking Intimate Clinical Assessments remotely in response to COVID19	V1July 2020	https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-15-chaperones

19. Equality Impact Statement

This policy has been subject to an equality impact assessment. Refer to supporting document one.

20. Dissemination of document

The most up to date version of this document will be available on the Trust intranet.

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Compliance with Privacy & Dignity standards	Nursing Quality Checks		Matrons trustwide	CGG in accordance with Divisional reporting schedules	
		PALS/complaints trends/themes	Ongoing	Patient Experience Lead	CGG in accordance with Divisional reporting schedules	
	Adherence to the Chaperone Policy	Annual audit of Chaperone Policy	Annual	Integrated Safeguarding Team	Integrated Safeguarding Committee	Annual in accordance with Safeguarding Audit plan

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Safeguarding Committee representatives

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Safeguarding Committee 29th March 2019
Children & Young Peoples Board 2nd April 2019
Integrated Safeguarding Committee 01.06.2021

Approval Process

This section should describe the internal process for the approval and ratification of this Policy:

Approved:	**Date:**	**Who by:**
	29th March 2019	**Safeguarding Committee**

Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

Date	**Amendment**	**By:**
Dec 2010	Re-write of original guideline, updated into new format.	S. Ellson
April 2013	To be republished with no amendments	Helen Blanchard
June 2015	Updated individual's names, titles and references. Change to audit process	Sonya Murray
Aug 2017	Document extended for 6 months as per TMC paper approved on 22nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
March 2019	Re write to replace previous trustwide version	Safeguarding Committee
March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
May 2021	Full review to include Genital Examination in Women (RCN, 2020) and Key Principles for undertaking intimate clinical assessments remotely in response to COVID19 (NHSE, July 2020)	Integrated Safeguarding Committee 01.06.2021

21. Appendix

21.1 Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

NHS Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Deborah Narburgh, Head of Safeguarding**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Deborah Narburgh	**Head of Safeguarding**	**deborah.narburgh@nhs.net**
Date assessment completed	**02.07.2021**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Chaperone Policy**				
What is the aim, purpose and/or intended outcomes of this Activity?	This policy sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment. Worcestershire Acute Hospitals is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed.				
Who will be affected by the development & implementation of this activity?	x x x	Service User Patient Carers	x ❑ ❑	Staff Communities Other _____	

	❑	Visitors	❑	
Is this:	x Review of an existing activity ❑ New activity ❑ Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Review of National Guidance in relation to the use of chaperone. Inclusion of Genital Examination in Women (RCN, 2020) and Key Principles for undertaking intimate clinical assessments remotely in response to COVID19 (NHSE, July 2020)			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Integrated Safeguarding Committee representatives			
Summary of relevant findings	Approved 1st June 2021			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		Policy applies to all adults over the age of 18yrs, and sets out the rights of patients to have a chaperone present during any intimate examination, procedure or treatment.
Disability		x		Policy equally applicable to all
Gender Reassignment		x		Policy equally applicable to all
Marriage & Civil Partnerships		x		Policy equally applicable to all
Pregnancy & Maternity		x		Policy equally applicable to all
Race including Traveling Communities		x		Policy equally applicable to all

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief		x		Policy equally applicable to all
Sex		x		Policy equally applicable to all
Sexual Orientation		x		Policy equally applicable to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		Policy equally applicable to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		Policy equally applicable to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	D A Narburgh
Date signed	
Comments:	
Signature of person the Leader Person for this activity	D A Narburgh
Date signed	02.07.2021
Comments:	

21.2 Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources?	No
2.	Does the implementation of this document require additional revenue?	No
3.	Does the implementation of this document require additional manpower?	No
4.	Does the implementation of this document release any manpower costs through a change in practice?	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

21.3

AUDIT TOOL

IMPLEMENTATION AND COMPLIANCE WITH CHAPERONE POLICY

1. Is the professional/s aware of the Chaperone Policy?
[ ] Yes [ ] No

2. For patients who have received intimate examination/procedures -

Is there evidence in the patient record that:

Consent was obtained for intimate examination/procedures [ ] Yes [ ] No

A chaperone was offered? [ ] Yes [ ] No

3. Is there a poster or patient information leaflet available on request or on display?
[ ] Yes [ ] No

4. State number of incidents or complaints for the service as a result of/related to intimate examination/ procedures.

Date completed……

Name……..

Designation……..

Department ……

Contact details ……