Chaperone Policy V2.1

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This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: Part A - To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust.
Part B - Providing a Chaperone to any member of the public who has access to NHS sites and does not meet the requirements of our Trusts Safer Recruiting Procedures and Policies.
Target audience: Trust staff and Cornwall and Isles of Scilly Integrated Care Board.
Document author and role: Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services.
Document author contact details: 01872 255741.
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☒ Cornwall Partnership NHS Foundation Trust
☒ Royal Cornwall Hospitals NHS Trust

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Executive approval: Kim O'Keeffe, Deputy CEO and Chief Nurse Officer.
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RCHT General manager confirming approval processes: Zoe Cooper, Safeguarding Services.
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Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
V1.0 (V7.0 in initial joint policy)	Feb 2020	Zoe Cooper, Nurse Consultant for Safeguarding		Amalgamation of RCHT and CFT policies. Change name of the Policy. Insertion of Flowchart.
V1.1	Apr 2020	Zoe Cooper, Nurse Consultant for Safeguarding		Include CFT logo
V1.2	Jun 2020	Zoe Cooper, Nurse Consultant for Safeguarding		Include CFT Governance Information. Hyperlinks added to certain documents for convenience.
V1.3	Dec 2020	Safeguarding Services Admin		Appendix 3 Chaperones in Outpatient Gynaecology added.

Version	Date	Author and/or reviewer	Section	Changes (key points)
V1.4	Sep 2021	Safeguarding Services Admin		Updated references to the Safeguarding Children's Policy. Updated telephone numbers and made accessible.
V2.0	May 2023	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services		Full review Version numbers updated from initial joint policy to reflect a new policy: V7.0 to become V1.0 etc.
V2.1	31/03/2024	Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services	Section 5: Steps when using a chaperone. Page 29 Page 22 Pages 19, 20, 21 and 22	• Amended wording around chaperone stamp to advise not mandatory. • Wording tweaked for 'Steps when using a chaperone'. • Accessible flowchart. • Information about training for RCHT staff added. • Information about radiation safety added. • Clarity of language.

This document replaces: Chaperone Policy V2.0

Consent process for a chaperone

Professionals may be asked to justify any failure to follow this policy.

A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

Patients have a right to a chaperone

Establish whether there is a need for a chaperone and discuss this with the patient prior to the procedure taking place.

- Offer a formal chaperone to support the patient or invite the patient to have a family member or friend present to act in informal chaperone capacity if this is relevant (such as leading up to the intimate procedure).
- 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.
- The presence of a chaperone during a clinical examination and treatment must always be the clearly expressed choice of a patient. The default position should be that all intimate examinations are chaperoned.

For most patients respect, explanation, consent and privacy take precedence over the need for a chaperone.

Intimate examinations

It is mandatory for healthcare professionals to offer a formal chaperone when performing intimate examinations. Ensure best practice for healthcare practitioners when conducting an intimate examination is followed.

The patient must at all times have the right to decline any chaperone offered. This must be documented in the patient's record.

Formal chaperones for clinicians

Clinicians are advised that they should always consider being accompanied by a formal chaperone when the patient:

- requires intimate examination, treatment or care
- is semi-conscious or unconscious
- is intoxicated with alcohol or taken anxiolytics, hypnotics, opioid analgesics or drug or substances known to have a hallucinogenic effect
- is confused or disorientated
- does not use English as their first language; intimate examinations should never be carried out for non-English speaking patients (except in an emergency) without an interpreter or advocate (taking account of gender) being present
- has hearing, visual or speech difficulties
- is a vulnerable adult, for example an older person, young person, has as learning disability or cognitive impairment; in these circumstances a familiar individual such as a family member or carer may be the best chaperone as a careful simple and sensitive explanation of the technique is vital
- has a history of abuse, or where abuse is suspected; great care and sensitivity must be used to allay fears

People experiencing abuse will sometimes agree to a partner remaining as a chaperone and that perpetrators will put themselves forward into this position. People particularly vulnerable are those with mental distress and/or who are experiencing psychotic symptoms.

Emergency care

The need for emergency care will take precedence over the request and/or requirement for a chaperone.

People at risk of abuse

No child, young person or adult at risk of abuse should be examined without a chaperone being present. Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination, then parents can act as chaperones if deemed in their best interest. Role of the chaperone should be fully explained and consent sought and recorded.

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Data Protection Act 2018 (UK General Data Protection Regulation Legislation)

The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opted in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

RCHT/CFT is committed to ensuring high standards of privacy and dignity for patients, relatives, and carers.

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 2005, and The Cambridge University Chaperone policy.

This guidance applies to all patient episodes which involve intimate care procedures.

This version supersedes any previous versions of this document.

2. Scope

This policy applies to all clinical staff and non-clinical staff involved in the delivery of patient care at RCHT and CFT.

This policy applies to all employees Trust-wide, including locum, bank and agency staff working on behalf of the Trust and involved in the direct care of patients, and any others who may be asked to chaperone patients.

This policy should be read in conjunction with the following policies:

- (SG/002) Adult Safeguarding Policy (April 2022)
- SG/004 Integrated CFT/RCHT Children Safeguarding Policy (August 2021)
- Equality Diversity And Inclusion Policy (January 2023)
- Consent to Examination or Treatment Policy (November 2022)
- Lone Working Policy (April 2023)
- Freedom to Speak Up: Raising Concerns Policy (November 2023)

3. Definitions and glossary

Dignity is concerned with how people feel, think, and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.

Privacy is a state in which one is not observed or disturbed by other people.

Intimate examinations can include all examinations where the outer clothing is removed down to underwear or less; an intimate examination is defined as an examination of the breast, genitalia, rectum, or any other area of the body that the patient may perceive as intimate and applies to both female and male patients. (An exception to this may be made for the examination of male breast tissue, decided on a case-by-case basis). It is mandatory within the Trust that a formal chaperone is offered for all intimate examinations and the intimate checklist in this policy is followed.

There is no common definition of a ‘chaperone’, and the role varies according to the needs of the patient, the Healthcare Professional (HCP), and the examination or procedure being carried out. The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either a passive/informal role or an active/formal role. A chaperone may refer to a person who acts as a witness for a patient and a medical practitioner (or HCP) during a medical examination or procedure.

A formal chaperone is a clinical practitioner or a specifically trained non-clinical staff member who has a clear role as a chaperone within certain procedures (e.g. undressing or assisting in the clinical intervention). Staff are encouraged to receive sufficient training to undertake the formal chaperone role: this may be as part of an accredited programme such as an apprenticeship, undergraduate or postgraduate course, or the induction process. The formal chaperone supports the practitioner to protect the patient from vulnerability and embarrassment ensuring their privacy, dignity and wishes are respected at all times.

This implies an HCP such as a registered practitioner, or a specifically skilled unregistered staff member e.g. Health Care Assistant (HCA). Where appropriate they may assist in the procedure being carried out and/or hand instruments to the examiner during the procedure. Assistance may also include clinical interventions and support provided to the patient when attending to personal hygiene, toileting, and undressing/dressing requirements.

A chaperone will be able to identify any unusual or unacceptable behaviour on the part of the HCP, and should immediately report any incidence of inappropriate behaviour, including inappropriate sexual behaviour to their line manager or another senior manager. A chaperone will provide protection to HCPs against unfounded allegations of improper behaviour made by the patient.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation or procedure unless the patient requests otherwise.

Confidential clinician–patient communication should take place on a one-to-one basis after the examination/procedure(s) unless the patient requests otherwise. It is the responsibility of the HCP to ensure that any concerns they have regarding the examination or procedure are reported immediately to their line manager or senior manager.

It is the responsibility of the HCP to ensure that accurate records are kept of the clinical contact, including records regarding the acceptance or refusal of a chaperone.

It is the responsibility of the HCP to access any information and training required to support their role as a chaperone which may include any of the following:

- To provide emotional comfort and reassurance to patients during sensitive and intimate examinations or treatment.
- To assist in an examination or procedure, for example handling instruments an intimate procedure.
- To offer practical support during care interventions, such as undressing the patients, and attending to intimate toileting or hygiene requirements.

- To act as an advocate for the patient and in circumstances where consent to treatment is withdrawn by the patient before or during the procedure, the advocate supports the wishes of the patient.
- To act as an interpreter is appropriately skilled and trained to do so.
- To provide protection to HCPs against unfounded allegations of improper behaviour.
- To report any unusual or unacceptable behaviour on the part of the HCP.
- To act as safeguard for patients against humiliation, pain or distress whilst offering protection against verbal, physical, social, or other abuse.
- To act as a safeguard for all parties (patient and practitioners) 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.

Informal chaperone

An informal chaperone would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend i.e. a familiar person who may be sufficient to give reassurance and emotional comfort to the patient, who may assist with undressing the patient and who may act as an interpreter if deemed appropriate. A close relative could therefore be an informal chaperone; this is particularly true in the case of children and young people. However, cases of child protection must have the presence of a formal chaperone. Caution should be exercised when using an informal chaperone as an interpreter or where there are adult safeguarding concerns or where sensitive or complex information requires to be interpreted.

4. Ownership and responsibilities

4.1. Ownership

- Chief Executive

- Executive Directors
- Director of Nursing, Midwifery and Allied HCPs
- Safeguarding Operational Group (SOG)
- Senior Managers
- Line Managers
- Healthcare Professional (HCP)
- Students
- Student Mentor/Practice Educator
- Student Doctors

4.2. Responsibilities

Chief Executive

- Ensuring effective corporate governance assurance within the Trust and therefore supporting the Trust-wide implementation of this policy.

Executive Directors

- Endorsing the full implementation of this policy and its relevance to everyday practice within safeguarding, patient dignity and the safety and delivery of quality care.

Director of Nursing, Midwifery and Allied HCPs

- The quality of patient care, ensuring that appropriate systems and processes are in place to ensure patients privacy and dignity at all times.

Senior Managers

- Ensuring implementation of this policy and making sure their staff understand how the Chaperone Policy applies to them and their patients.
- Ensuring that where necessary, local processes are developed, and training is given to planning staff rosters and skill mix to support the full implementation of this policy.
- Reviewing the effectiveness of the implementation and taking appropriate remedial

action when they become aware of any acts or omissions that contravene it.

Line Managers

- Ensuring chaperones are available within their respective areas.
- Ensuring that chaperones work within their scope of practice and are fully aware of this Policy and associated policies.
- Ensuring accurate records are kept of the clinical contact, including records regarding the acceptance or refusal of a chaperone.
- Informing the Senior Manager if no suitable chaperone is available.
- Ensuring all chaperones are aware of their responsibilities and that appropriate use of chaperone posters are made available within their areas if required.

Healthcare Professional (HCP)

- Ensuring patients are offered a chaperone and for respecting the individual's choice to request or decline a chaperone - whether in an outpatient or inpatient setting.
- Maintaining accurate documentation including the consent given to proceed without a chaperone.
- Escalating concerns should these emerge during the process.

Students

- Undertaking the role of Chaperone if the activity is deemed within their level of competence, commensurate with their stage of training and has a specific learning and development opportunity associated with the task.
  Note: The student has the right to engage or refuse to undertake the role as a Chaperone in accordance with their code of professional conduct.

Student Mentor/Practice Educator

- Undertaking an assessment of the student in discussion with them to determine their level of competence in order for them to complete their responsibilities as listed above.

Student Doctors (in line with Good Medical Practice (GMC) guidance)

- Acting as a chaperone for patients examined by the relevant clinical supervisor.
- Conducting non-intimate examinations on patients with their clinical partner.

Note: Student doctors should not:

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse).
- Act as chaperone to their clinical partner for intimate examinations.
- Conduct any intimate examination unsupervised, even if the patient is happy for them to proceed with the examination.

4.3. Groups and committees

Safeguarding Operational Groups (SOGs)

- Ensuring the policy is suitable for clinical purposes and is reviewed as required (at least every three years from implementation).

5. Standards and practice

The role of the chaperone

The role of the chaperone will vary depending upon the patient, the practitioner, and the procedure to be performed. According to the NHS Clinical Governance Support Team (2005), the role of the chaperone could be considered as one of the following:

- Providing emotional comfort and reassurance to patients.
- Assisting in the examination for e.g. handling instruments during procedures.
- Assisting in un-dressing the patient.
- Acting as an interpreter on an informal basis. (However, in some cases a formal

interpreter maybe required and therefore the Interpreting and translation services Policy should be followed.)

- Providing protection to HCPs as regards unfounded allegations of improper behaviour.
- Safeguarding patients from potential humiliation, pain, distress, or abuse.
- An experienced chaperone will identify unusual or unacceptable behaviour on the part of the HCP.
- Responsible for providing a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination, in order to protect the patient from vulnerability and embarrassment.

Chaperones in practice

Practitioners must always consider the alternatives to intimate examinations to avoid embarrassment to the patient. Where this is unavoidable, there should be an adequate provision of staff to facilitate patient choice, protect individuals and avoid delays.

If the situation is life threatening, then professional judgement must be used to act in the patient's best interests.

Patient choice

All patients have the right to have an informal or formal chaperone present during consultations or procedures, should they wish to.

The patient should be offered a chaperone prior to the appointment, ideally at the time of booking or within written information so they can organise an informal chaperone to attend with them.

Patients should be encouraged to be as independent as possible or practical e.g. undressing and re-dressing without assistance.

The presence of a chaperone must be discussed as part of the consent process: this may include the informal chaperone remaining in the room or a formal chaperone attending.

The patient's decision to decline a chaperone must be documented by the HCP:

- Where the HCP feels a chaperone is appropriate and the patient has refused (e.g. intimate examination), the HCP must seriously consider the patient's condition, and whether there are any alternatives to the procedure.
- The HCP must at all times consider both the patients and their own safety.

Where a chaperone is requested but unavailable, the patient should be consulted upon as regards the appointment being delayed or re- booked. All actions and decisions should be fully documented.

An opportunity should always be given to the patient to decline a particular person if that person is not acceptable to them for any reason.

Consent

Consent is a patient's agreement for an HCP to provide care. Before HCP's examine, treat, or care for any person they must obtain their valid consent.
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. Staff must refer to the relevant policies in relation to this:

- Consent to Examination or Treatment Policy
- RCHT Mental Capacity Act Policy

Staff will need to be mindful that by attending a consultation it may be assumed that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient's valid consent is obtained. This means that the patient must have capacity/comply with Fraser Guidelines to make the decision. They must have received sufficient information to take it and not be acting under duress.

When patients do not have the capacity to consent for themselves the HCPs should undertake an assessment of mental capacity and make the decision in the patient's best interests in line with the Mental Capacity Act 2005 and Trust Policies. This must be documented in the patient's notes.

For any procedure where consent is required prior to intimate examinations or procedures staff should refer to the Trusts Consent to Examination or Treatment Policy.

Consent process

A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

Patients have a right to a chaperone

Establish whether there is a need for a chaperone and discuss this with the patient prior to the procedure taking place.

- Offer a formal chaperone to support the patient or invite the patient to have a family member / friend present to act in informal chaperone capacity if this is relevant (i.e. leading up to the intimate procedure).
- No family member or friend of a patient, including social and youth workers should be expected to undertake any formal chaperoning role in normal circumstances unless explicitly requested by the patient.
- The presence of a chaperone during a clinical examination and treatment must always be the clearly expressed choice of a patient (however the default position should be that all intimate examinations are chaperoned).

Note: For most patients, respect, explanation, consent, and privacy take precedence over the need for a chaperone.

Intimate examinations

It is mandatory for Healthcare Professionals (HCPs) to offer a formal chaperone when performing intimate examinations: ensure the Best Practice Guidance for Healthcare Practitioners when conducting an intimate examination is followed:

- The patient must at all times have the right to decline any chaperone offered. This must be documented in the patient's record.

Mammography

Symptomatic setting: chaperones are present during every ultrasound examination. Evidence of a chaperone is recorded on CRIS when the event(s) are post processed. Mammograms usually occur without a chaperone, although one can be provided if requested. The mammogram is carried out by a female member of staff.

Screening NBSS: chaperones are offered in the form of a notice on the waiting room wall on the mobile unit. If one is required, a further appointment will be made for the patient to attend the Mermaid department in order to provide a chaperone.

Occasionally a patient will come with an accompanying person if they have some form of special need. Dependent upon the situation and the consent of the patient to undergo the examination they may or may not allow the accompanying person to be present in the room while the mammogram is being taken.

There are occasions when the examination requires more than one member of staff in order to position accurately e.g. patient in wheelchair.

No child, young person, or adult at risk of abuse should be examined without a chaperone being present:

- Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination, then the parents can act as chaperones if this is deemed in his / her best interest. The role of the Chaperone should be fully explained, and consent sought and recorded.

Clinicians are advised that they should always consider being accompanied by a formal chaperone when the patient:

- Requires intimate examination, treatment, or care.
- Is semiconscious or unconscious.
- Is intoxicated with alcohol or has taken anxiolytics, hypnotics, opioid analgesics or any drug or substances known to have a hallucinogenic effect.
- Is confused, disorientated or aggressive.
- Does not use English as their first language; intimate examinations should never be carried out for non-English speaking patients (except in an emergency) without an interpreter / advocate (taking account of gender) being present.
- Is a vulnerable adult e.g. an older person or a patient with a learning disability or any cognitive impairment - for these patients, a familiar individual such as a family member or carer may be the best chaperone as a careful simple and sensitive explanation of the technique is vital.
- Has a history of abuse, or where abuse is suspected; great care and sensitivity must be used to allay fears.

The need for emergency care will take precedence over the request and/or requirement for a chaperone.

Note: Professionals may be asked to justify any failure to follow this policy.

Steps when using a Chaperone:

Permissions

- Obtain the patient's consent to have a chaperone before the examination.
- Record that permission has been obtained in the patient's notes.
- Follow relevant policies where there are issues relevant to patient capacity.

Step 2

- Chaperone must always allow patient privacy to undress and dress using drapes, screens, blankets.
- Ensure the individual is supported to dress fully after the procedure maintaining their full dignity and privacy at all times.

Step 3

- Record the use of and identity of the chaperone in the patient's notes (name and role/grade).
- The Chaperone stamp can be used when using paper records.

Step 4

- The presence of a third party does not negate the need for adequate explanation and courtesy.
- A third party cannot provide full assurance that the procedure or examination is conducted appropriately.

Mental capacity

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 an 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.
- Not be acting under duress.

Staff should refer to all the relevant Trust Policies in all situations relating to any adult who does not have mental capacity:

- Consent to Examination or Treatment Policy.

- RCHT Mental Capacity Act Policy.

Children, young people

It is mandatory at RCHT and CFT for all children and young people under the legal age of consent (16 years) to be seen in the presence of another adult (and 18 years if concerns about capacity/competence). No children under 16 years should be examined unaccompanied by an adult. There is an exceptional circumstance when this is not possible in the case of radiation safety, in this instance please follow imaging guidelines.

In the case of children, particularly infants (under 1 year) and young children, an informal chaperone could be used such as a parent or carer, or someone known, trusted, and chosen by the child. However, if a child is deemed vulnerable to abuse, or is the subject of on-going safeguarding investigations then a formal chaperone must be requested.

It is recommended that for intimate examinations involving children of any age or adults at risk, consent to the procedure involving a formal chaperone is obtained as per Trust policy. In very young children or infants one can use professional judgement but if a child may be embarrassed by the examination, or is deemed vulnerable to abuse, or is the subject of on-going safeguarding investigations then a formal chaperone must be requested.

It is usual practice and advisable to offer a chaperone (informal or formal depending on the examination / procedure) who is a suitable member of staff, to a young person of pubertal age and above. There is no reliable age ‘cut off’ for this decision.
It is important that staff members get to know the child before any intimate procedure; they must agree the names used to refer to intimate parts of the body.

Document the name and role of the chaperone.

The care of children often needs to be managed on an individual case 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 polices which apply to the

specific needs of the patient. If any concerns are raised about the welfare of a child, please refer to the Safeguarding Children Policy (currently being developed) and contact Safeguarding Services for advice and guidance.

Adults at risk

For adult patients where capacity is affected, a familiar person such as a family member or carer may be the best chaperone. The chaperone may be able to advise the practitioner regarding communication techniques in order to obtain consent. Their refusal of the procedure maybe a refusal of consent, and this must be carefully assessed. Where there is suspicion that the patient lacks capacity to consent to the examination the Mental Capacity Act and the Consent to Examination or Treatment Policy must be followed. A best interest decision will need to be made to decide whether to proceed and Safeguarding Services can advise if needed in challenging cases, Tel: RCHT 01872 255741 CFT Tel: 01208 834775. If the patient has learning disabilities the advice of the Acute Liaison Nurse for Learning Disabilities and Autism should be sought, Tel: 01872 255741 - it is recommended this is done prior to a pre-booked appointment. All actions and decisions must be documented.

- Consideration should be given to having an additional chaperone rather than the familiar person providing reassurance to the individual acting as chaperone, where it is thought that the familiar person or family member may not be able to appreciate and understand the need to safeguard the patient. Family and friends may be ‘experts by experience’ as carers.

All decisions and discussions must be clearly documented in the clinical records as per current record keeping policy.

A careful, simple, and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will experience heightened levels of anxiety, distress, and misinterpretation.

Adult patients who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life threatening situations the HCP should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within Mental Health and Learning Disabilities and Autism. In all circumstances the Mental Health and Learning Disability and Autism teams should be contacted in advance wherever possible to provide advice and specialist input regarding the planning of intimate examinations and provide the support individuals require.

In situations which may be embarrassing such as personal care and interventions (including the administration of intra-luminal medications where no alternative is available), children/young people and adults at risk should be given the choice to have at least one member of the same sex present at that time if parents/ carers are unable to complete the task without nursing involvement.

Religious, ethnicity or cultural backgrounds

Some patients may have strong cultural or religious beliefs that restrict them being touched by others; these needs must be ascertained during the consent process. It may be necessary for a same sex practitioner to undertake the procedure, however if the language barrier leaves the practitioner unsure of the individuals needs and an interpreter is required, they may be able to act as an informal chaperone. However, for intimate examinations a formal chaperone will be required as well as the interpreter.
It would be unwise to proceed with any examination if the HCP is unsure whether the patient understands due to a communication barrier. If an interpreter is available, they may be able to double as an informal chaperone – see Informal chaperone for clarification.

In life threatening situations professional judgement must be used in order to act in the patient's best interests. Every effort must be made to communicate with the patient by whatever means before undertaking a procedure and documenting in full.

The Chaplaincy team will be able to offer advice and support regarding a patient's religious/ethnic or cultural needs.

Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for e.g. uncovering only that part of the anatomy that requires investigation or imaging. Wherever possible, particularly in these circumstances, a same sex healthcare practitioner should perform the procedure.

If there are concerns that a family member or other chaperone may be exercising coercion and control and that this may be related to Honour Based Violence and Forced Marriage (HBV and FM), Domestic Abuse or Modern Slavery the following links will take you to the relevant multi-agency's policies and procedures.

Lone working

Where an HCP is working in a situation away from other colleague's e.g. home visit, out-of-hours activity, the same principles for offering and use of chaperones should apply. Where it is appropriate, family members/friends may take on the role of informal chaperone only. In cases where a formal chaperone would be appropriate, i.e. intimate examinations, the HCP would be advised to reschedule the examination to a more convenient location. However, in cases where this is not an option, for e.g. due to the urgency of the situation or because the HCP is community based, then procedures should be in place to ensure that communication and record keeping are treated as paramount. HCPs 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.

Best practice for HCPs when conducting an intimate examination

Offer and confirm the use/refusal of a chaperone as part of the consent process when discussing the procedure and its alternatives (if any).

Ensure the patient is aware the intervention can be discontinued at any stage at their request.

If an intimate procedure is required, explain to the patient why an examination is necessary and give the patient an opportunity to ask questions, and a full explanation of what this involves.

Patients should be asked to only expose the required part of their body to keep nudity to a minimum. Facilities should be available for the patient to undress undisturbed and in a private area. Delays and travelling distances between undressing and the examination must be kept to a minimum.

Intimate procedures must take place in a closed room or well screened area where privacy can be assured, and no interruptions are permitted.
Ask the patient to position themselves, use only required assistance to give patient a sense of control and reduce vulnerability.

Explain what you are doing at each stage of the examination, the outcome when it is complete and what you/or the Healthcare Professional propose to do next.
Be prepared to discontinue the examination at any stage should the patient request this and record the reason.

Note: Poor communication between an HCP and a patient is often the root of complaints and incidents.

Gloves must be worn (unless the therapy requires skin on skin contact, which should be discussed with the patient during the consent process).

A professional and clinical approach must be taken at all times:

- Provide reassurance.
- Keep discussion relevant and avoid personal comments at all times.
- Encourage questions.
- Remain alert to verbal and non-verbal signs of distress.

Any results or findings should be relayed to patient once they are re-dressed. This is also an opportunity to ask the patient if the chaperone needs to remain or if they would like their informal chaperone (i.e. friend/ relative) present.

Document the following:

- Name and role of the chaperone present in the patient's notes.
- Details of the examination/event requiring the presence of a chaperone.
- Absence or presence of a chaperone and their details to include:
    - Full name.
    - Contact number.
- If a chaperone has been offered but declined by the patient.

Note: The Chaperone stamp can be used with paper records.

Reported breaches of the chaperone policy should be formally investigated through the clinical, quality and safety governance process and treated, if determined as deliberate, as a disciplinary matter. If the incident involves a child, young person, or an adult at risk then Safeguarding Services should be informed.

Maternity Services

The Trust recognises that the delivery of maternity care in the hospital and community setting can frequently involve close physical contact, body exposure and intimate examinations. As the majority of this care is carried out by midwives, it would not be practical or possible to provide a chaperone in every one of these circumstances. The Nursing and Midwifery Council (NMC) (2013).

Where there is a perceived risk to the HCP or if the patient requests a chaperone, this will be provided by the HCP without exception. No HCP should continue with an intimate examination if a chaperone is requested and cannot be provided. The procedure must be delayed, and a plan put in place to provide the chaperone.

Ophthalmology and Hearing Services

For non-intimate examinations such as those undertaken in the high-street e.g. hearing/eye tests, a chaperone is not required unless the vulnerability of either patient or HCP is seen as an additional factor.

Note: All children under the age of 16 MUST have a chaperone if unaccompanied.

Training requirements

It is advisable that members of staff who undertake a formal chaperone role should undergo local training in order to develop the relevant competencies and skills required for this role.

All staff should understand the role of the chaperone and the procedures for raising concerns.

This training should form part of the local ward/departmental induction programme and be facilitated by a line manager. Induction training of new clinical staff who would act as formal chaperones should include an understanding of:

- What is meant by the term chaperone.
- What an “intimate examination” is.
- Why chaperones need to be present.
- Rights of the patient.
- HCP role and responsibilities e.g. advocate, appropriate conduct during intimate examinations.
- Policy and the mechanism for raising concerns.
- Accurate recording.

For staff at RCHT there is also the opportunity for an online course which can be accessed via ESR.

Providing a chaperone to a VIP or celebrity

Providing a Chaperone to any Visitor or Guest (including VIP's) who has access to NHS sites and does not meet the requirements of our Trusts' recruitment policies in relation to honorary contracts.

This part of the chaperone policy supports the recommendations of the Lampard Report (2015) of following the investigations into Jimmy Savile's activities at hospitals and hospices. The part of the policy has been put in place to protect patients from possible abuse.

There may also be other circumstances where the use of chaperones is also required due to safeguarding concerns arising from e.g. domestic abuse and violence, forced marriage, honour-based violence, and modern slavery.

It applies as follows:

- Escorting Very Important People (VIP's), visitors and guests (including major donors or other supporters of the Trust's Charities?) on visits to NHS sites when they have not undertaken Safe Recruitment processes.
- The Trust is committed to providing a safe, comfortable environment where patients, family, carers, and staff can be confident that best practice is being followed at all times, and the safety of everyone is of paramount importance.
- The Trust welcomes visitors, VIP's, supporters, and guests to NHS sites; in order to safeguard patients, visitors and staff, the guidance within this policy should be followed.

Note: RCHT staff should also refer to the Management of High Risk (Protected) and VIP Patients Plan.

Visitors to NHS sites must be accompanied by a permanent substantive employee or volunteer of the Trust who has full access to the relevant Trust Policies and Procedures.

It is the responsibility of the member of staff or volunteer organising the visit to identify a suitable chaperone. They must also agree and document the purpose and outcomes of the visit between the guest and the chaperone including the area to be visited and the individuals or patients to be part of the contact and activities included.

Patient safety is paramount, and visitors and guests (including VIP's) must not have access to areas where patients are undergoing intimate examinations.

The Trust has a responsibility for protecting and promoting privacy, dignity, and respect. It must inform patients and staff of a visit in advance and give patients the opportunity to choose not to interact with the guest.

Some people who use our services may find visitors and guests (including VIP's) to the NHS sites threatening or confusing. A chaperone, particularly one trusted by the patient, may help them and the visitor avoid undue distress.

The chaperone must ensure that the visitor or guest (including VIP's) has Trust authority for the visit to occur and has means of personal identification such as photographic identification card, driving licence or passport.

The chaperone must take responsibility for ensuring the visitor or guest (including VIP's) adhere to Trust Policies and Procedures at all times during the visit. They must adequately prepare the visitor or guest for the visit (e.g. explain how to keep themselves, patients, and service users safe), challenge the visitor or guest if their behaviour is unusual or unacceptable, and escalate any incidence of inappropriate behaviour or breach of Policy immediately to senior manager, and complete an incident report.

All client information, in whatever format, must not normally be disclosed outside of the care team without the consent of the client (Confidentiality: NHS Code of Practice). Legitimate reasons for accessing information. The chaperone should explain this to the visitor or guest and remind them that they may be exposed to confidential conversations, which they have a duty not to disclose. Access should be restricted within corporate areas e.g. record libraries and clinical areas where there is a high risk of encountering confidential information.

The chaperone must be aware of media interest in the visitor or guest (including VIP's) and ensure the Communication team are involved as well as patient consent sought for any media involvement.
The chaperone must remain with the visitor or guest (including VIP's) at all times to ensure there is no unsupervised access, contact with patients or access to their personal identifiable information. This is for both the protection of patients and the guest against any unfounded allegations of improper behaviour made by the patient.

Reported breaches of the chaperone policy should be formally investigated through the Trust's Risk Management and Clinical Governance arrangements and treated as a safeguarding concern. If it is determined that breaches were deliberate on the part of the chaperone, then this will be considered a misconduct or gross misconduct issue and managed in line with the Disciplinary Policy and Procedure.

6. Related legislation, national and local guidance

Links to key external standards:

- Confidentiality: NHS Code of Practice
- Fraser Guidelines
- GMC Good Medical Practice
- GMC Maintaining a professional boundary between you and your patient
- NMC The Code Professional standards of practice and behaviour for nurses, midwives, and nursing associates
- HCPC Standards of conduct performance and ethics

Joint CFT and RCHT Policies:

- Adult Safeguarding Policy
- Safeguarding Children Policy

CFT Policies:

- Consent Policy (Adults over the age of 18 years)
- Children and Young Persons' Consent Policy
- Consent to Treatment under the Mental Health Act
- Clinical Risk Management Policy
- Disciplinary Policy and Procedure
- Freedom to Speak Up Policy
- Guidance for the Management of Patient's who Lack Capacity (including Deprivation of Liberty Safeguards)
- Interpreting and Translation Policy and Procedure
- Lone Working Policy and Procedure
- Recruitment Policy
- Volunteers in Partnership (VIP) - Trust Volunteers
- Clinical Risk Management Policy

RCHT Policies:

- Consent to Examination or Treatment Policy
- Disciplinary Policy
- Lone Working Policy (HSP 020)
- Freedom to Speak Up – Raising Concerns Policy
- Management of High Risk (Protected) and VIP Patients Plan

7. Training requirements

Cascade training following launch of the Policy undertaken by Departmental Heads, Line Managers and Ward Managers.

8. Implementation

Implementation will be undertaken by Ward Sisters, Charge Nurses and Service Heads of Departments following publication. Cascade, Weekly News and Clinical Quality Assurance Group CQAG (CFT).

9. Document Monitoring arrangements

Use of the chaperone in clinical practice:

- Annual dip sample Audit.

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Use of the chaperone in clinical practice.
Lead	RCHT and CFT Safeguarding Operational Groups and Care Group Senior Nurses and Clinicians.
Tool	To link with the Clinical Effectiveness department to do Case Notes Audit.
Frequency	Quarterly case notes audits undertaken by the Ward Sisters, Charge Nurses or AHP particularly in areas where intermit examinations are performed on a daily basis. The Hub, MAU, Surgical receiving unit, and Paediatric observation area.
Reporting arrangements	Quarterly reporting at the Senior Nurse and Midwives Committee Exception reporting at the RCHT and CFT Safeguarding Operational Groups and RCHT Governance Committee on a quarterly basis.
Acting on recommendations and lead(s)	RCHT Safeguarding Operational Groups and Care Group Senior Nurses and Clinicians.

Information category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	**RCHT** • Senior Nurse forum and Midwives Committee. **CFT** • Monitoring against this policy will be a triangulated trend analysis approach, noting the numbers of incidents, complaints, and safeguarding incidents in relation to matters concerning chaperones, reported through the Quality and Governance Committee. Areas will be required to monitor compliance against the policy at an operational level and report these through their respective governance systems (CQAGs).

10. Updating and review

This Policy will be reviewed no less than every three years.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

12. Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Chaperone Policy V2.1

Document library section: Clinical / Safeguarding Services / General

Is this a new or existing document? Existing

Date of assessment: 24 November 2023

Person responsible for the assessment: Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services.

What is the main purpose of the document?

Part A - To produce a co-ordinated approach to the use of chaperones during consultations, examinations and procedures carried out within the Trust.

Part B - Providing a Chaperone to any member of the public who has access to NHS sites and does not meet the requirements of our Trusts Safer Recruiting Procedures and Policies.

Who is affected by the document?

☒ Staff ☒ Patients ☒ Visitors ☒ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	This policy specifically relates to all ages.
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	A chaperone can be male or female unless a preference is indicated by the patient.
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No

Signature of person completing the equality impact assessment:

Name: Zoe Cooper, Nurse Consultant for Integrated Safeguarding Services

Date: 27 November 2023

13. Appendix 2. Chaperones in Outpatient Gynaecology

The chaperone aims to minimise patient anxiety by providing appropriate comfort and reassurance where needed, without interrupting, or prolonging the consultation.

The chaperone is to assist the clinical examination, or procedure, as requested by the clinician and to supply, and handle instruments/equipment required by the clinician during procedures.

The name of the chaperone should be documented in the patient's notes.

If the patient objects to a particular chaperone, then an alternative person should be found, or the consultation postponed.

If the patient refuses to have a chaperone present at all, this must be documented and then the clinician will decide if the consultation, discussion, or procedure can continue, or not. The clinician must always consider both the patients and their own, safety.

Some patients may have strong cultural, religious, or personal beliefs that require a same sex clinician and/or chaperone. Sensitive enquiry should identify this at the first opportunity and the issue be documented. In such circumstances, a clinician and chaperone of the appropriate gender should be found. If this is not possible the appointment may have to be rescheduled.

If a chaperone cannot be found the situation should be clearly documented and the problem escalated to the line manager to achieve a solution, a Datix event should be filed and if a suitable solution is not possible the appointments should be rescheduled.