The Royal Wolverhampton NHS Trust

Policy Number CP36

Chaperoning of Patients and Clients

Contents

Appendices

1.0 Policy Statement (Purpose / Objectives of the Policy)

This policy is for the routine care and treatment of adults and children. It is not intended to provide guidance for children's safeguarding or Child Protection Medical Examinations. For guidance on chaperones at Child Protection examinations refer to CP41 Safeguarding Children, Child Protection Service Delivery Standards 2020, and Wolverhampton Safeguarding Together guidance. Advice can also be sought from the RWT Safeguarding Team.

The Royal Wolverhampton NHS Trust, ('The Trust') provides a range of community and acute services to both adult and child patients. This Policy applies equally to all employees of the Trust who undertake investigation, examination, and treatment of patients as part of clinical activity, irrespective of location.

This policy is intended to safeguard patients/service users and ensure that privacy and dignity is given high regard when treatment involves intimate or other examinations. The policy also serves to reduce the likelihood of service users misinterpreting actions taken by staff as part of consultation, examination, treatment, and care; however, the focus of the procedure remains with the service user.

It is good practice to offer all patients a chaperone for any consultation, examination, or procedure, including the administration of medication, where the patient feels one is required. This offer can be made through a number of routes including prominently placed posters, practice leaflets, and verbal information prior to the actual consultation.

All medical consultations, examinations and investigations are potentially distressing and those involving the breasts, genitalia, or rectum, or those requiring dimmed lights or the need to undress may make patients feel particularly vulnerable.

For some people who use our services, whether because of mental health needs and/or learning disabilities, or where a service user may have experienced abuse, consultations, examinations, or procedures may be threatening or confusing. This may also be the case for babies, children, and young people in relation to their ability to understand procedures from a developmental perspective, and individuals who may have dementia/health condition/learning disability affecting their ability to fully understand situations. Staff should be sensitive to the impact of the experience on an individual. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

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.

This policy is **not** describing the use of Appropriate Adults as defined under the Police and Criminal Evidence Act 1984 (PACE).

This policy is to be read in conjunction with CP41 Safeguarding Children and CP53 Safeguarding Adults at Risk.

All aspects of this document regarding potential Conflicts of Interest should refer first to the Conflicts of Interest Policy (OP109). In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy must be considered and addressed. In the case of any inconsistency, the Conflicts of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

Adult – Any person from their 18th birthday or beyond.

Child – Any person up to their 18th birthday.

Chaperone – There is no common definition of a chaperone, and their role varies considerably depending on the needs of the patient/service user, the healthcare professional and the procedure being carried out. A chaperone should be another adult (in addition to the practitioner conducting the examination) who is acceptable to the patient and remains present during investigation, examination, and treatment of the patient. The chaperone could be another health professional, a non-clinical support staff member, a medical/nursing/allied health professional student, and/or a member of the bank.

Intimate Examination – The General Medical Council (GMC) defines these as examinations of breast, genitalia, or rectum.

3.0 Accountabilities

Each individual clinician/practitioner is responsible for ensuring that chaperones are sought appropriately. Heads of Department/Ward Managers/Practice Managers are responsible for the arrangement of services which support the patient's and clinician's right to a chaperone.

4.0 Policy Detail

4.1 Roles and Responsibilities of the Chaperone

Individual practitioners must refer to their Professional Codes of Conduct to ensure that they are familiar with the requirements of their own professional body.

A chaperone is present as a safeguard for all parties (patients and practitioners) and is a witness to continuing consent of the procedure.

Chaperones should be considered when:

- An intimate examination is being undertaken.

- A patient or health care professional requests one for a specific examination.
- Where the healthcare professional considers it necessary for the procedure.
- For patients with a history of difficult or unpredictable behaviour.
- For unaccompanied children.
- Patients are under general anaesthetic, have impaired consciousness or are considered vulnerable.
- For patients aged sixteen or over who lack mental capacity to consent to the procedure. For further details see CP06 Consent Policy.

Where an intimate examination needs to be carried out in a situation which is life threatening, or where speed is essential in the care of the patient, this may be done without a chaperone. It should, however, be recorded in the patients record.

If either the practitioner or the patient does not want the examination to go ahead without a chaperone present, or if either party is uncomfortable with the choice of chaperone, the practitioner may delay the examination to a later date when a suitable chaperone is available if the delay will not adversely affect the patient's health.

If the practitioner does not want to undertake the procedure without a chaperone being present but the patient has said no to having one, the practitioner must explain clearly why they want a chaperone present. Ultimately, the patient's clinical needs must take precedence. The practitioner may wish to consider referring the patient to a colleague who is willing to examine them without a chaperone if a delay would not adversely affect the patient's health.

Prior to conducting chaperone duties, the chaperone must receive level 2 Safeguarding Children training and Level 2 Safeguarding Adults training (for children and young people's examinations, this must be Level 3 Safeguarding Children training).

In the provision of midwifery services, where physical intimacy is a predictable and unavoidable element of the midwife-client relationship, the client must be informed from the commencement of their pregnancy that they are at liberty to request a chaperone at any point in their pregnancy, birth, or postnatal period.

To protect the patient from vulnerability and embarrassment, a chaperone should be of the same sex as the patient. 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.

A chaperone will be able to identify any unusual or unacceptable behaviour on the part of the practitioner and should immediately report any incidence of inappropriate behaviour to their line manager/senior manager and the appropriate Safeguarding Team. HR should be informed where appropriate and a DATIX completed.

They will also provide protection to healthcare professionals against unfounded

allegations of improper behaviour.

In all cases the presence of the chaperone should be confined to the physical examination part of the consultation. Confidential clinician/patient communication should take place on a one-to-one basis after the examination.

A sign is available for patient areas informing them of chaperones – Appendix 1.

4.2 Communications and Record Keeping

Poor communication between practitioners and patients is often the root of complaints and incidents. It is therefore essential that an explanation is given to the patient on the nature of any intimate examination i.e., what examination is proposed and the reasons why it is necessary. This will enable the patient to raise any concerns or objections and give informed consent to continue with the examination. Information should be given in a format and language that is accessible and appropriate to support the patient to make the decision.

The practitioner must record any discussion about chaperones in the patient's medical record. Details of the examination, including the presence or absence of a chaperone (name to be recorded if present) must be documented in the patient's record. The notes should also record if a chaperone has been offered but declined by the patient.

Prior to examination, a full explanation of the examination, procedure, or treatment to be performed must be given in a language appropriate to the patient / child / young person. The practitioner must ensure that the patient has understood the information provided. In the case of children and young people, an age-appropriate conversation must take place, and this must be documented in the patients' records.

4.3 Children

A chaperone would normally be a parent or carer, or someone trusted and chosen by the child. However, good practice would indicate a staff member should act as chaperone in all settings, where intimate or complex examinations are being undertaken, as parents do not always have an understanding of procedures. The age of consent is 16 years, but for a minor who is assessed as competent to make the decision, the guidance relating to adults applies.

In situations where Child Protection issues are a concern, health professionals should refer to CP 41 Safeguarding Children, Child Protection Service Delivery Standards 2020, and Wolverhampton Safeguarding Together guidance. Advice can also be sought from the RWT Safeguarding Team.

4.4 Consent

Valid consent must be obtained that is relevant to the procedure being undertaken. The practitioner carrying out the procedure is ultimately responsible for ensuring that the patient has the mental capacity to consent to what is being done.

For further details regarding consent and the assessment of mental capacity see CP06 Consent Policy. The Trust Safeguarding Team can provide staff with further guidance relating to mental capacity and safeguarding when considering consent.

4.5 Religion, Ethnicity or Culture

Religious and cultural observations must be considered, including gender and choice of chaperone. Staff must be mindful that areas of the body considered intimate may vary according to culture and/or religion.

Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter should be used if required.

It should be noted that an interpreter is to be used solely to provide a clear channel of communication between the practitioner and the patient, and the interpreter themselves cannot also act as a chaperone. For further information on the use of interpreters see OP47 Interpreting and Communication Policy and Procedure.

4.6 Lone Working

Healthcare professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

Where a healthcare professional is working in a situation away from other colleagues e.g., home visit, the same principles for offering and use of chaperones should apply. In some instances, the use of a family member/friend may be appropriate, and others will require a further colleague (intimate tasks).

If the examination is non-urgent, a dual person visit should be arranged. Where this is not an option, for example due to the urgency of the situation, or because the practitioner is community based, then good communication and record keeping is paramount.

4.7 During the Examination or Procedure

Intimate examinations should take place in a closed room or well-screened area that cannot be entered while the examination is in progress. Examinations should not be interrupted by phone calls or messages. Signage is available for privacy screens/lock doors – Appendix 2a and Appendix 2b.

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. Sheets or gowns should be available to use during the examination to minimise the extent of the nudity.

- Be courteous.
- Offer reassurance.
- Avoid personal comments
- Any requests for the examination to cease must be respected.
- Keep the amount of the patient's body exposed to a minimum.
- Remain alert to verbal and non-verbal signs of distress.
- Distraction therapy may be advisable for some children.

After the examination allow the patient to dress in private before continuing with the consultation.

The chaperone may leave after the examination to allow the consultation to continue once the examination is complete and the patient is dressed and comfortable.

4.8 Student Practitioners acting as Chaperones

Consideration must be given as to how student / trainee health professionals carry out intimate procedures and observations of practice.

The patient should be informed that a student will be present for the examination and consent should be obtained. The procedure must be carried out in an appropriate structured, supervised, and consented way.

No more than one student should be present for an intimate examination.

Date, time, location of the examination, names of the student, the supervisory chaperone and the consent obtained should be recorded in the patients' records.

Further guidance on the use of students can be sought from the student's educational body.

4.9 Virtual Consultations

The COVID-19 pandemic has accelerated the use of online and video consultations as part of core clinical practice. An online, video, or telephone

consultation does not negate the need to offer a chaperone. The same principles (including record keeping) apply to virtual consultations as applied to meeting in person.

The GMC have published guidance on how to provide appropriate patient care in online, video or telephone consultations. The guidance includes appropriate use of photographs and video consultations as part of patient care.

NHS England have produced some key principles for intimate clinical assessments undertaken remotely in response to COVID-19. They include how to conduct intimate examinations by video and the use of chaperones.

5.0 Financial Risk Assessment

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

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
X	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: • • •

7.0 Maintenance

This policy will be reviewed every three years by the Adult Safeguarding Service or earlier if warranted by a change in standards, guidance, or legislation and or if changes are deemed necessary from an internal source.

8.0 Communication and Training

Following a CQC recommendation in July 2018 Chaperone training has been mandatory for staff at all Vertical Integration (VI) Primary Care sites. This training is referred to in OP 41 Trust Mandatory Training Policy and is accessible via an e-learning package on the RWT My Academy pages. It is required to be completed only once.

This Chaperoning of Patients and Clients Policy will be disseminated via Trust Safeguarding Group (TSG) and a Trust wide bulletin sent out in the Trust Brief.

9.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Committee
Compliance with mandatory training	Corporate Education Steering Group (CESG)	Corporate Education Steering Group (CESG) data	Monthly	Trust Safeguarding Group (TSG)

10.0 References - Legal, professional, or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

All references to appendices and attachments within the body of the document must be highlighted in blue and all hyperlinks inserted.

Key principles for intimate clinical assessments undertaken remotely (NHS England)

Police and Criminal Evidence Act 1984 (PACE)

GMC guidance on intimate examinations and chaperones

GMC guidance on how to provide appropriate patient care in online, video or telephone consultations

Part A - Document Control

Reference Number and Policy name: CP36 Chaperoning of Patients and Clients	**Version:** Policy V5 July 2022		**Status:** Final	**Author:** Named Nurse Safeguarding Adults **Director Sponsor:** Chief Nurse
Version / Amendment History	Version	Date	Author	Reason
	1	04/2004	Senior Matron – Acute Paediatrics	Introduction
	2	01/2009	Senior Matron – Acute Paediatrics	Review
	3	09/2013	Senior Matron – Acute Paediatrics	To include RWT, Acute, Community Adult and Paediatric Services
	4	02/2018	Matron Intrapartum & Gynaecology /Senior Matron – Children's Services	• Review & revise as SOP • Clarification regarding patient refusal of chaperone / inclusion definition
	4.1	02/2022	Named Nurse Safeguarding Adults	Extension applied
	4.2	04/2022	Named Nurse Safeguarding Adults	Extension applied
	5	07/2022	Named Nurse Safeguarding Adults	Full review and revision from a SOP to a Policy.

Intended Recipients: This policy applies to all staff members who are directly employed by RWT (clinical and non-clinical support staff).	
Consultation Group / Role Titles: Head of Safeguarding, Senior Managers, Service Leads, Clinical Commissioning Group, Trust Safeguarding Group (TSG)	
Name and date of Trust level group where reviewed	Trust Policy Group – July 2022
Name and date of final approval committee	Trust Management Committee – July 2022
Date of Policy issue	July 2022
Review Date and Frequency (standard review frequency is three yearly unless otherwise indicated)	July 2025 and every 3 years subsequently
Training and Dissemination: Policy accessible via Trust Intranet Mandatory training requirements Trust Safeguarding Group RWT Trust wide "Trust Brief" bulletin	
To be read in conjunction with: OP109 Conflicts of Interest Policy OP53 Safeguarding Adults at Risk CP41 Safeguarding Children Policy CP08 Children and Young People in Care Policy OP110 Prevent Policy CP06 Consent Policy CP12 Care of People with Learning Disabilities OP47 Interpreting and Communication Policy and Procedure Wolverhampton Safeguarding Adults and Children Policies Child Protection Service Delivery Standards 2020	

Initial Equality Impact Assessment (all policies): **Completed** **Full Equality Impact assessment (as required):** **Completed**	
Monitoring arrangements and Committee	Monthly training compliance reports will be presented to the Trust Safeguarding Group and to CCG as part of the dashboard reporting.

Document summary/key issues covered. The purpose of this document is to provide guidance to all RWT health personnel and non-clinical support staff so that consideration is given to the use of chaperone when carrying out their patient contacts. This will minimise risk and safeguard both parties against abuse and/or subsequent allegations as well as ensuring that the privacy and dignity of patients is treated in the highest regard. The policy also offers guidance on how chaperoning must be offered, conducted, and documented.	
Key words for intranet searching purposes	Chaperone Consent Dignity
High Risk Policy? **Definition:** • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.	**No**

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

Policy number and policy version	**CP36 Chaperoning of Patients and Clients**	
Reviewing Group	**Policy group**	**Date reviewed:**
Implementation lead: Helena Dempsey, Senior Named Nurse Safeguarding Adults, 01902 695163		
Implementation Issue to be considered (add additional issues where necessary)	**Action Summary**	**Action lead / s (Timescale for completion)**
Strategy; **Consider** (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Share with Trust Safeguarding Group (TSG) Members. To update RWT staff of the availability of the policy via the Trust Brief.	Helena Dempsey August 2022
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Already a mandatory training requirement for staff at all Vertical Integration (VI) Primary Care sites.	
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record **MUST** be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	No form development required.	
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	This policy provides guidance to all RWT staff regarding the use of chaperones	

	when carrying out their patient contacts. As well as guidance on how chaperoning must be offered, conducted, and documented.	
Financial cost implementation Consider Business case development	No financial costs.	
Other specific Policy issues / actions as required e.g., Risks of failure to implement, gaps or barriers to implementation		

Appendix 1

The Royal Wolverhampton NHS Trust

Chaperones

A chaperone will be present for all intimate examinations. Please request a chaperone if you would feel more comfortable during other procedures.

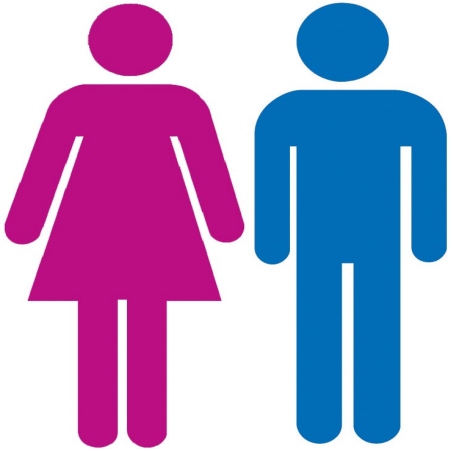
Your family member **cannot** act as a chaperone, but you may request that they are also present during any specific examination / interaction.

The chaperone will support you during a clinical procedure and be sensitive to your needs.

Please do not hesitate to speak with any member of staff about the Trust's chaperoning process.

Appendix 2a

The Royal Wolverhampton NHS Trust



DO NOT DISTURB

PERSONAL CARE IN PROGRESS

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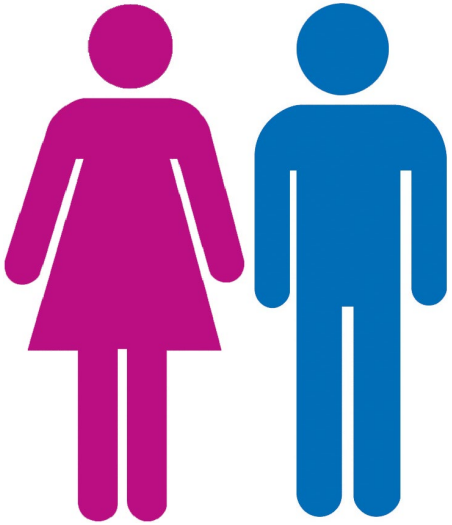
Appendix 2b

NHS
The Royal Wolverhampton
NHS Trust



YOU CAN ENTER

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