

## POLICY FOR THE CHAPERONING OF PATIENTS DURING EXAMINATION, INVESTIGATION OR CLINICAL RECORDING

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## 1. INTRODUCTION

This policy provides guidance for Buckinghamshire Healthcare Trust (BHT) staff working within all Trust settings on the use of chaperones.

BHT is committed to ensuring high standards of privacy and dignity for all its patients and their safety and welfare is of paramount importance. This policy upholds these commitments by providing guidance for staff on the use of chaperones in relation to all healthcare interventions. The Trust expects the highest standards of personal conduct and integrity from staff in order to maintain the confidence of patients, their families and carers.

This policy recognises that all healthcare interventions can be potentially distressing for a patient and that they may prefer to have a chaperone present in order to support them. It is good practice to offer all patients a chaperone for any healthcare intervention, or where the patient feels that one is required, however for most patients, respect, explanation consent and privacy take precedence over the need for a chaperone.

## 2. PURPOSE OF THIS POLICY

The purpose of this policy provides BHT staff, and in particular healthcare professionals (HCPs), with effective guidance on the use of chaperones within all Trust clinical settings and for all types of healthcare interventions. The policy applies to all BHT employees who consult, examine, treat or provide care to patients.

The policy's key objectives are to:

- provide protection and reassurance for patients and minimise the potential for a poor experience of care;
- safeguard staff and patients in respect of any possible misinterpretation of actions taken as part of consultation, examination, treatment or care;
- provide practical advice to Trust HCPs working in a variety of locations on the appropriate use of chaperones which facilitates good practice;
- provide advice on what to do where the availability of a chaperone may not always be possible;
- provide clarification around definitions and terminology relating to chaperoning;
- ensure that all employees are clear as to the standards of behaviour expected of them in their dealings with patients and service users;
- ensure openness and transparency for all patients, safeguarding their rights to make informed choices about being supported by a chaperone if required, and to be treated with dignity and respect at all times.

## 3. POLICY CONTEXT AND BACKGROUND

A number of inquiry reports have led to recommendations about the use of chaperones in health care settings. The role and use of chaperones in the NHS was examined in particular as part of Committee of Inquiry Investigation report into the conduct of Dr Clifford Ayling, (Pauffley, 2004) and recommendations were made as follows:

- Each Trust should have its own chaperone policy and this should be made explicit to patients and resourced accordingly;
- An identified managerial lead (with appropriate training)

- The presence of a chaperone during clinical examination or treatment must be the clearly expressed choice of a patient and the patient has the right to decline any chaperone when offered;
- Chaperones must receive appropriate training;
- A family member or friend should not undertake a *formal* chaperone role (please see definitions in section 4 below).

Chaperone policies within NHS organisations have been further shaped by the independent investigation into governance arrangements within the paediatric and oncology service of Cambridge University Hospitals NHS Foundation Trust (Scott-Moncrieff & Morris, 2015). This inquiry was held following the conviction and imprisonment of Myles Bradbury for sexual offences against children in his care.

The findings of the Myles Bradbury investigation showed that, despite the provision of a chaperone policy, his manipulative and grooming behaviours and breaching of professional boundaries had gone unnoticed by families and professionals. The Myles Bradbury inquiry report found that some recommendations from the Ayling inquiry in respect of chaperones were either not implemented or enforced, were not applicable to children or were so restrictive that breaches were commonplace.

The learning from the Myles Bradbury inquiry includes that:

- Chaperone policies should be workable in all situations – a too restrictive policy will inevitably lead to breaches;
- The policy must mention special provision for children;
- A chaperone policy should offer guidance on maintaining professional boundaries with patients and families whilst at the same time fostering a relationship of trust and rapport;
- The organisation must consider how best to enforce the policy;
- The policy should be explicit to patients and their families;
- The organisation should consider appointing an accredited managerial lead with responsibility for implementing the policy if not already in post.

All examinations, investigations and procedures are potentially distressing for patients and the presence of a chaperone must always be offered. In particular any consultations or procedures involving the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum may make the patient feel particularly vulnerable.

Royal College of Nursing Guidance (RCN 2002) states that all patients should have the right, if they wish, to have a chaperone present during an examination or procedure, treatment or care irrespective of organisational constraints or settings in which they are carried out.

The General Medical Council (GMC) 2013, paragraph 8 recommends that whenever possible medical practitioners should offer the patient the security of having an impartial observer (a “chaperone”) present during an intimate examination even if you are the same gender as the patient.

## 4. DEFINITIONS

**Chaperone** – There is no common definition of what is a chaperone; the role varies according to the needs of the patient, the HCP, and the examination or procedure being carried out.

The HCP must routinely offer a chaperone for any consultation or intervention, but the patient retains the right to decline and the choice of the individual must be respected. It is mandatory that a staff (formal) chaperone is available for all intimate examinations. Where a friend, relative or carer wishes to be present during a procedure, this should be permitted with consent from the patient. The HCP is responsible for maintaining accurate documentation in respect of the offer of a chaperone or consent given by the patient to proceed without a chaperone.

**Formal Chaperone** - This will be an HCP who has undertaken appropriate chaperone training in accordance with this policy.

The formal chaperone plays an active part in the delivery of a healthcare intervention and 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 practices involved in the consultation, procedure, intervention or examination being carried out;
- observe and stay for the whole examination;
- be able to identify any unusual or unacceptable behaviour on the part of the HCP
- raise concerns immediately if they are worried in any way about the behaviour and actions of the health professional carrying out the consultation, procedure, intervention or examination;
- complete a written incident report with regard to any concerns.

**Informal Chaperone** – This is considered to be person who is familiar with the patient and can include family members, friends, a legal guardian, or someone known, trusted or chosen by the patient. An informal chaperone would not actively take part in any examination, procedure or investigation. Their role as person familiar to the patient is to provide reassurance and emotional support. It is permissible for the informal chaperone to assist with practicalities, for example undressing or dressing the patient, but must not be used as a formal witness.

**Intimate examinations** – These are likely to include examinations of the breasts, genitalia and rectum but could also include any examination where it is necessary to touch or even be close to the patient. A patient's perceptions of what constitutes an intimate examination may differ from staff perceptions; sensitivity must always be shown in respect of the patient's prior life experiences, disability, age, social, ethnic and cultural perspectives.

**Health care interventions** - These can include consultations, examinations, investigations and clinical treatments and are not always of an intimate nature. Whenever a patient undergoes a healthcare intervention, staff must be sensitive to differing interpretations of what the patient think of as being intimate and act accordingly.

**Consent** - Consent is a patient's agreement for an HCP to provide care. Consent can be gained verbally non-verbally or in writing. An HCP must obtain always gain a patient's consent before they examine, treat or provide care.

For consent to be valid, the patient must:

- be competent to take the particular decision;
- have received sufficient information to fully inform their decision making;
- not to be acting under duress.

The HCP carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done.

**Communication** – Poor communication between an HCP and a patient is often the root of complaints and incidents. The HCP must always greet the patient and introduce themselves by name and designation. It is essential that a clear explanation is always given to the patient about the nature of any procedure or examination, and especially where an intimate examination is being proposed. The patient must be given an explanation, using communication methods appropriate to their need, of what is being proposed and why it is necessary. This enables the patient to raise any concerns or objections and give informed consent to continue with the examination.

**Gillick competency and Fraser guidelines** – Gillick competence is concerned with determining a child's capacity to consent. Fraser guidelines, on the other hand, are used specifically to decide if a child can consent to contraceptive or sexual health advice and treatment. There is no lower age limit for Gillick competence or Fraser guidelines to be applied; *however* it would rarely be appropriate or safe for a child aged less than 13 years to consent to treatment without a parent's involvement.

In 1982 Victoria Gillick challenged Department of Health (DoH) guidance which enabled doctors to provide contraceptive advice and treatment to girls aged less than 16 years without their parents knowing. In 1983 the judgement from this case laid out criteria for whether a child under 16 has the capacity to provide consent to treatment; the so-called 'Gillick test'

It was determined that children under 16 can consent if they have sufficient understanding and intelligence to fully understand what is involved in a proposed treatment, including its purpose, nature, likely effects and risks, chances of success and the availability of other options. If a child is considered to be 'Gillick competent' consent is only valid for that particular treatment or intervention; each individual decision requires assessment of Gillick competence.

The Fraser guidelines refer to the guidelines set out by Lord Fraser in his judgement of the Gillick case in the House of Lords (1985) and specifically relate to contraception and sexual health. The guidelines state that advice can be given provided the HCP is satisfied in the following criteria:

1. He/she has sufficient maturity and intelligence to understand the nature and implications of the proposed treatment;
2. He/she cannot be persuaded to tell his/her parents or to allow the HCP to tell them;
3. He/she is likely to begin or continue having sexual intercourse with or without contraceptive treatment;
4. His/her physical or mental health is likely to suffer unless he/she receives the advice or treatment;
5. The advice or treatment is in the young person's best interests.

Professionals working with children must always balance children's rights and wishes with their responsibility to keep children safe from harm. Underage sexual activity should always be seen as a possible indicator of child sexual exploitation (NSPCC).

## 5. POLICY EFFECT - CHAPERONING OF PATIENTS

### 5.1 Preparation for the role

Formal chaperones must be appropriately prepared for the role; within clinical teams this can be achieved locally with reference to this policy. A staff chaperone does not need to be a registered HCP but the use of administrative or clerical staff should be avoided. Essential information about the role of the chaperone will be incorporated into safeguarding training at induction; Appendix C provides suggestions of what important information must be incorporated into chaperone training. Additional training may be necessary in some specialist areas and this should be identified by the appropriate multidisciplinary team.

## 5.2 Consent

Consent is a patient's agreement for a health professional to provide care. Before HCPs 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 consent and mental capacity policy in relation to this.

Staff must 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/ be Gillick competent 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 ability to consent for themselves HCPs must 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 clearly 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 (BHT 024).

In the case of any victim of an alleged sexual attack, valid written consent must be obtained for the examination and collection of forensic evidence. In situations where abuse is suspected, great care and sensitivity must be used to allay fears of repeat abuse. In such cases HCPs must refer to the BHT Safeguarding Children Policy (BHT149) or Safeguarding Adults Policy (BHT 093) and/or seek advice from the Safeguarding Children team or the Adults Safeguarding team.

## 5.3 Maintaining Professional Boundaries

The relationship between a patient and HCP is based on trust; the patient must be able to trust that their HCP will always behave professionally towards them. HCPs who are required to be registered with statutory bodies are bound by codes of conduct that require clear professional boundaries to be maintained; in addition BHT expects all of its staff to adhere to the Trust Professional and Personal Boundaries Policy (BHT 206) at all times.

Professionally registered staff must always be mindful that they could be putting their registration at risk by participating in inappropriate communication; additional information can be found in the Trust's Computer Usage Policy (BHT 059).

## 5.4 Issues Specific to Religion, Ethnicity or Culture

HCPs must always be sensitive to cultural differences and treat every patient in a way that respects their views and wishes and preserves their dignity. Cultural differences can affect people's perceptions of what is intimate or appropriate. The ethnic, religious and cultural

background of patients may also have particular significance to intimate examinations. For example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Wherever possible, particularly in these circumstances, a same sex healthcare practitioner should perform the procedure

It would be unwise to proceed with any examination if the HCP is unsure that the patient understands due to a communication barrier. If an interpreter is available they may be able to double as an informal chaperone but it should be noted that this individual will most likely not be trained as a formal chaperone. HCPs should assess in each circumstance if this would be appropriate. In an urgent or acute situation, every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

## 5.5 Issues Specific to Learning Disabilities/Mental Health Problems

For patients with learning disabilities and/or mental health problems who lack capacity to consent, HCPs must ensure that they are familiar with, and follow this policy. Where a patient requires a familiar person i.e. *informal chaperone*, with them during the procedure for the purpose of reassurance, the HCP will take into consideration any possible safeguarding concerns before agreeing to the appropriateness of this request. It is always advisable that a *formal chaperone* is present whenever possible and with the consent of the patient.

All decisions and discussions must be clearly documented in the clinical records as per the Trust Clinical Record Keeping Policy (BHT 062). The level of understanding of the person should be clarified and consent obtained or best interest decision made regarding examination as per Trust and National guidance.

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.

Patients who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In an urgent or acute situation, the HCP must use professional judgment and where possible must discuss and seek advice from members of the relevant specialist teams.

## 5.6 Chaperoning children and young people

It is important that children and young people are offered the provision of a chaperone. In the case of children a chaperone would normally be a parent or carer or alternatively someone known or trusted or chosen by the child but for non-intimate procedures only.

For most purposes (especially child protection) UK law defines a child as everyone aged less than 18 years of age; a number of different laws across the UK specify age limits in different circumstances, including age of capacity and consent.

GMC guidance, states that when dealing with a child or young person, “you must assess their capacity to consent to the examination” (p.1). When assessing a young person’s capacity you should bear in mind that:

- at age 16 a young person can be presumed to have the capacity to consent;
- whilst decisions relating to chaperones for young people aged over 16 years need not be referred to their parents or guardians, it is always good practice to involve parents if the young person agrees.
- a young person aged under 16 years may have the capacity to consent, depending on their maturity and ability to understand what is involved; in such circumstances the



Gillick test applies. This is based on the child or young person's maturity and understanding and also the nature of the consent required. The child or young person must be capable of making a reasonable assessment of both the advantages and disadvantages of any treatment proposed, so the consent, if given can be properly and fairly described as true consent.

GMC guidance also cautions that "You should think carefully about the effect the presence of a chaperone can have. Their presence can deter young people from being frank and from asking for help", (p.8).

The designation of a chaperone for a child or young person must be decided on a case by case basis and HCPs must always be sensitive to the child or young person's needs. Whatever their age, the child's dignity must always be preserved and a high level of privacy, choice and control be provided.

It is usual for a parent or carer or trusted friend to be present with a child for a health appointment, acting as an informal chaperone, whether in a hospital or community setting. Where this is not possible or not appropriate, the presence of a formal chaperone is essential.

When using an informal chaperone for a child or young person parents or carers or trusted friends must:

- receive a full explanation of the proposed procedure or interaction in order to obtain full co-operation and understanding;
- receive an explanation of the role and the responsibilities of being an informal chaperone – i.e. to offer reassurance, emotional comfort and to support the child or young person;

The HCP must document in the clinical record that the above explanations have been provided; the documentation should also include the full name of the accompanying adult or friend and their relationship to the child or young person.

A formal chaperone must be present when a child or young person is undergoing an intimate examination and also during any consultation, examination, procedure or investigation for child protection purposes. This formal chaperone is an HCP, who is fully aware and competent regarding their role and responsibilities when acting as a formal chaperone.

When using a formal chaperone the HCP must:

- clearly explain to the child or young person, accompanying parent, or friend the reason why a formal chaperone is required;
- clearly document the explanation in the clinical record;
- document the name, designation and contact details of the formal chaperone.

## **5.7 What to do when a chaperone is not available or declined**

All patients must routinely be offered a chaperone prior to any consultation or procedure. It is not always clear ahead of a healthcare interaction that a chaperone may be required, especially in community or domiciliary settings. If this becomes apparent, or where a patient requests a chaperone and none is immediately available, the patient must be offered the choice of:

- waiting until a chaperone is available;
- re-scheduling the appointment for another day (and within a reasonable timeframe) so that arrangements for a chaperone can be put in place.

If the seriousness of the situation would dictate that a delay is inappropriate, then this must be explained to the patient and recorded in the clinical record. A decision to continue or otherwise must be reached jointly.

Whilst it is accepted that the presence of a chaperone must be the clearly expressed wish of the patient or that the patient must have the right to decline any chaperone offered (Pauffley 2004), this will not apply in the case of younger patients (Scott-Moncrieff 2015).

Older aged children, those in transition and young adults may be seen without their parents or carers at their request; however in these circumstances these young people must be examined in the presence of an alternative chaperone. If children and young people specifically request a review without an informal or formal chaperone, this must be fully discussed and documented in detail within the clinical records.

In the event of the parent, carer, friend or someone already known and trusted by the child or young person, being seen to not have the capacity to undertake the role of informal chaperone, then they should be supported by an additional HCP.

If a patient refuses to have a staff chaperone where the situation warrants one, this must be documented in their notes along with the reason for their refusal. The patient should be informed of the consequences or possible alternatives as well as the effects on, or delays to, treatment or diagnosis.

If an examination is to take place without a formal chaperone this must be discussed with a fellow HCP and the reason for carrying out the examination without a chaperone clearly documented in the clinical record. The documentation should include the details of the HCP with whom the discussion took place with.

## 5.8 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 and;
- not be acting under duress.

Staff should refer to all the relevant Trust Consent and Mental Capacity Act Policy (BHT 117) and guidance in all situations relating to any adult who does not have capacity. If in doubt contact the safeguarding team for advice.

## 5.9 Lone Working

Where an HCP is working in a situation away from other colleague's e.g. in the community carrying out a home visit or any 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 an informal chaperone only. In cases where a staff 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 example due to the urgency of the situation or because the practitioner is community based, then procedures should be in

place to ensure that communication and record keeping are treated as paramount. If after consultation with the patient the decision is made to go ahead with an examination/procedure without the presence of a staff chaperone, this decision should be documented in the patient's clinical or investigation record.

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.

### **5.10 Midwives**

The Policy recognises that the "relationship between the Midwife and the mother is unique and that providing verbal consent has been undertaken and documented, then the use of a chaperone is not always appropriate". Midwives should, when chaperoning patients, practice within their Code of Practice.

Consent should be obtained and documented for all "intimate examinations", on pregnant and post-partum women. In gaining consent there should be an acknowledgement of the intimate nature of the procedure and the potential for women to request a formal chaperone. In most cases an informal chaperone, usually their partner, is present. Equally some women may not want their partner to be present for such an examination and this request should be respected.

### **5.11 During examination/procedure**

There should be adequate facilities provided to enable the patient to get undressed in private, and suitable coverings should be available to protect the patient's dignity. Only the part of the patient's body that is being examined should be exposed and for the shortest time possible. Do not help the patient to remove clothing unless they have asked you to do so or you have checked with them that they want you to help.

The examination or procedure should be performed in a closed room or a well screened area, with no interruptions for example phone calls or messages. Once the patient has undressed there should be no delay in commencing the examination or procedure.

During the examination or procedure, the staff chaperone should be able to offer reassurance, be respectful of the patient's privacy and dignity at all times and avoid any irrelevant discussion or personal comments.

The formal chaperone should always remain alert to verbal and non-verbal signs of distress from the patients. Where there are concerns about the possible inappropriate conduct of an HCP the Whistleblowing Policy (BHT 092) and local multi-agency procedures in relation to raising concerns about staff working with children or other vulnerable groups (BSAB and BSCB) must be followed.

Throughout the examination/procedure the HCP must give clear information to the patient at all times, explaining what they are going to do before they do it. If this differs from what the patient has been told beforehand, the HCP must explain why and seek the patient's permission. The HCP must stop the examination/procedure if the patient requests this.

If an intimate examination or procedure involves contact with blood or body fluids then the appropriate personal protective equipment (PPE) should be used. Ensure hand hygiene is performed before and after any contact with the patient.

## 5.12 Documentation

Poor communication between a health professional and a patient is often the root of complaints and incidents. Good clinical records validate the effectiveness of the HCP's communication.

Record-keeping is an integral part of clinical care and is essential to the provision of safe and effective care. Records include anything that makes a reference to the care of the patient and can be called as evidence as part of:

- coroners' inquests or criminal proceedings;
- fitness to practice cases for all professional bodies;
- disciplinary investigations;
- trust investigations;

All HCPs have a duty to keep clear and accurate records relevant to their practice. Discrete guidelines in regard to record keeping are provided by each relevant professional or regulatory body. It is the responsibility of each HCP to keep up to date with, and adhere to relevant legislation, case law and national and local policies relating to record keeping.

Record keeping specific to chaperoning must include:

- details of the examination or procedure and informed consent;
- the offer of a formal chaperone and whether accepted or declined;
- reason for refusal of any chaperone;
- the presence or absence of a formal chaperone – this must include their details i.e. name, designation, contact details;
- the presence of an informal chaperone including name and relationship to the patient.

Where a Health Passport or similar patient-held record is available it is good practice to also make notes within these documents.

## 6. ROLES & RESPONSIBILITIES

### 6.1 Chief Executive

The Chief Executive has overall accountability for ensuring that the Trust meets its obligations in respect of delivering care to our patients that is of a high quality with an emphasis on ensuring privacy, dignity and safety. The Chief Executive devolves the responsibility for monitoring and compliance to the Chief Nurse and Medical Director.

### 6.2. Chief Nurse and Medical Director

The Chief Nurse and Medical Director are responsible for ensuring that Trust staff uphold the principles of chaperoning and that appropriate policies and procedures are developed maintained and communicated throughout the organisation in co-ordination with other relevant organisations and stakeholders. The Medical Director and Chief Nurse are responsible for ensuring implementation of this policy in Service Delivery Units (SDUs).

### 6.3 Divisional Leads

The Divisional Chairs, Divisional Directors and Divisional Chief Nurses are responsible for ensuring that the requirements of this policy for the chaperoning of patients during examination are managed within their division and that staff are aware of, and implement, those requirements.

## **6.4 SDU Leads and Matrons**

The SDU Lead and Matrons are responsible for ensuring that chaperoning principles are communicated and implemented within their areas of responsibility.

SDU Leads and Matrons will take a leading role in the implementation of this policy and any associated training within their clinical areas. They will also take a leading role in the investigation of incidents arising from the chaperoning of patients.

## **6.5 Senior Sisters, Charge Nurses, Leads for Medical Illustration, Lead AHPs**

It is the role of clinical managers to locally implement this policy (this could be a Senior Sister, Charge Nurse, Lead for Medical Illustrations or the Lead for Allied Healthcare Professions). They should make provision for mechanisms to be in place to ensure that their staff have read and understood this policy, publicise the chaperone check list, and to ensure that strategies are in place to ensure that training is available to assist with the implementation of this policy. Any incidents relating to the chaperoning of patients must be reported via the Trust's incident reporting system

## **6.6 Staff undertaking the procedure or taking the chaperone role**

Staff who are undertaking examinations, investigations or clinical recording are accountable for their own actions. Staff must be familiar with the contents of this policy and adhere to the guidance within. All staff should report any incidents relating to the chaperoning of patients via the Trust's incident reporting system. The member of staff's line manager and the manager of the ward or department must be informed of the incident.

## **7 EQUALITY AND DIVERSITY STATEMENT**

This policy has been assessed for its impact upon equality. The equality analysis can be seen Annex 1.

The Buckinghamshire Healthcare NHS Trust is committed to ensuring that the way we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

## **8 CONSULTATION AND REVIEW PROCESS**

This policy was circulated for review to:

- Chief Nurse Team
- Divisional Chief Nurses, Divisional Chairs, Divisional Directors
- Matrons and Lead Nurses
- Nurse Consultants
- SDU Leads
- Lead for Medical Illustration (Photography)
- AHP Lead
- Patient Experience Team
- Safeguarding Team
- Safeguarding Committee
- Patient Representatives (PEG)

This policy will be reviewed two years after its publication date, by the Deputy Chief Nurse

## 9 REFERENCES

**Care Act 2014**, London, HMG.

**Children Act 2004**, London HMG.

**CHRE** (2009), Clear sexual boundaries between healthcare professionals and patients. Information for patients and carers, London CHRE.

**DoH** 2009, Reference guide to consent for examination or treatment Second edition, London TSO.

**GMC** (2012) Protecting children and young people: the responsibilities of all doctors, London, GMC.

**GMC** (2013 a), Guidance on Intimate Examinations and Chaperones, published March 2013 London, GMC.

**GMC** (2013 b), Maintaining a Professional Boundary between You and Your Patient, published March 2013, London GMC

**Mental Capacity Act 2005**, London, HMG.

**Pauffley** (2004), Committee of Inquiry - Independent investigation into how the NHS handled the allegations about the conduct of Clifford Ayling, London, DoH.

**NHS CLINICAL GOVERNANCE SUPPORT TEAM** (2005), Guidance on the Role and Effective Use of Chaperones in Primary and Community Care Settings; MODEL CHAPERONE FRAMEWORK, London DoH.

**NMC** 2016, The Code; Professional standards of practice and behaviour for nurses and midwives, London, NMC.

**NSPCC**, Gillick competency and Fraser guidelines, [www.nspcc.org.uk](http://www.nspcc.org.uk)

**RCN** (2002), Chaperoning: The Role of Nurse and the Rights of Patients, Guidance for Nursing Staff. July 2002.

**Scott-Moncrieff, L & Morris, B.** (2015), Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case, London, Verita.

**Skills for Care and Skills for Health** (2013), Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England, [www.skillsforcare.org](http://www.skillsforcare.org) & [www.skillsforhealth.org](http://www.skillsforhealth.org)

## 10 GLOSSARY OF TERMS

<b>BSAB</b>	Buckinghamshire Safeguarding Adults Board
<b>BSCB</b>	Buckinghamshire Safeguarding Children Board
<b>BHT</b>	Buckinghamshire Healthcare NHS Trust
<b>CHRE</b>	Council for Healthcare Regulatory Excellence
<b>DoH</b>	Department of Health
<b>GMC</b>	General Medical Council
<b>HCP</b>	Health Care Professional
<b>HMG</b>	Her Majesty's Government
<b>NSPCC</b>	National Society for the Protection of Children

## Appendix A

### Checklist for consultations involving intimate examinations, investigations or clinical recording

1. Establish there is a genuine need for an intimate procedure and discuss this with the patient (and their parent or carer where appropriate). Explain to the patient (and their parent or carer where appropriate) why the intimate procedure is necessary giving opportunity for questions.
2. Establish there is a genuine need for a staff chaperone and discuss this with the patient prior to the procedure taking place.
3. Offer the use of a staff chaperone; if offer is declined then this must be documented in the patient's notes. If a staff chaperone has been refused an HCP must decide whether to continue with the procedure without, or to abandon the examination or procedure. If it is decided to carry out an examination without a chaperone this should be discussed and documented.
4. Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a staff chaperone to be present during an intimate examination then the parents can act as chaperones if this is deemed in his/ her best interest, ensuring that the role is fully explained and consent sought and recorded.
5. Where there are safeguarding concerns, and where it would not be appropriate for a family member to act as the chaperone, this should be explained to the family (and patient if appropriate) and a staff chaperone should always be present.
6. Obtain and document consent prior to the procedure and be aware that consent may be withdrawn during the procedure. In the case of the withdrawal of consent the procedure will be discontinued.
7. Offer the opportunity for the patient to talk in private with the staff chaperone prior to the procedure.
8. Maximise privacy and dignity at all times with the use of gowns/drapes. Do not assist a patient in removing of clothing unless you have clarified with them your assistance is required.
9. During the procedure give the patient explanations. Keep all discussions relevant and avoid personal comments.
10. If a staff chaperone was present document their role and identity (name and job title) in the patients records.
11. Record any other relevant issues and escalate concerns immediately following the examination, this may include the completion of an incident form (Datix).



## Appendix B

### The Role of the Staff Chaperone

The role of the staff chaperone is to protect the interests of the patient and the professional by providing impartial observation of intimate procedures, examinations, investigations or care.

A staff chaperone is a health care worker that is specifically trained for the role, for example a registered or unregistered member of the Nursing, Midwifery, Allied Health Professional or Medical team. A friend or family member can be present during the procedure or examination to act as a source of comfort and support for the patient.

Staff Chaperones will:

- maintain patient's privacy and dignity
- where possible, be the same sex as the patient
- provide comfort and reassurance to patients
- assist patients with dressing and undressing in accordance with patient requests and if required (see appendix A - no 8.)
- ensure that there is no undue delay prior to examination once the patient has removed any clothing
- help to prevent vulnerable patients from being abused
- help to protect HCPs against false allegations of misconduct or sexual abuse
- assist the HCP to complete the procedure, examination, clinical recording or delivery of care, when appropriate
- assist the to position the patient for the procedure, using appropriate moving and handling techniques
- be experienced in the specialty and aware of the normal procedures for examination, treatment and care
- have the ability to take appropriate action and highlight concern, either during or immediately after the event
- have an understanding of cultural, ethical and religious diversity
- ensure that the full name and job title of the chaperone as well as a record of the procedure is documented in the patients notes by the practitioner undertaking the examination/procedure.

## Appendix C

### Suggested additional training may include:

- What is meant by the term chaperone / the purpose and function of a chaperone
- What is an “intimate examination”/an understanding of the procedure or examination, during which they are chaperoning
- The rights of the patient /the ability to take appropriate action and highlight concern (this may include stopping an examination or procedure)
- Their role and responsibility e.g. advocate, the appropriate conduct during intimate examinations
- The ability to take appropriate action and how to raise a concern (this may include stopping an examination or procedure)
- An understanding of cultural, ethical and religious diversity
- Disability awareness
- Knowledge of this policy
- Access to support from professionally registered staff
- A basic awareness of the Safeguarding Adults at Risk and Children policies

Additional training may be necessary in specialist areas and this should be identified by the appropriate multidisciplinary team.

## Appendix D

### Suggested Wording for Patient Letters

Suggested wording to be included in patients letters and any signage to inform patients and carers with regards to the Buckinghamshire Healthcare NHS Trust approach to chaperoning of patients

### CHAPERONE POLICY

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

All patients are entitled to be accompanied during a consultation, examination, investigation or clinical recording where they wish. This person may be a family member or friend. There may be times when the accompanying person is asked to leave an area (during X Rays or other treatments for example) but staff will explain this to you. On occasions you may prefer a chaperone to be present, i.e. a member of staff.

Wherever possible we would ask you to make this request at the time of booking appointment so that arrangements can be made and your appointment is not delayed in any way. Where this is not possible we will endeavour to provide a chaperone at the time of request. However occasionally it may be necessary to reschedule your appointment.

Your health care professional may also require a staff chaperone to be present for certain consultations or procedures in accordance with our chaperone policy.

## Appendix E Chaperone Poster

## Annex 1 Finance and Resourcing Impact Assessment

<b>Document title</b>	POLICY FOR THE CHAPERONING OF PATIENTS DURING EXAMINATION, INVESTIGATION OR CLINICAL RECORDING
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**Risk Management Issues:** There is a potential risk of inadequate staff resource to enable chaperoning on every occasion when a chaperone may be required.

**Summary of Impact:** This policy may have cost implications where staffing resource is not adequate enough to enable a chaperone to be provided in accordance with the policy guidance.

Whilst it is probable that there will be financial resource implications, it is not practicable to evaluate the financial impact of this potential cost for the purpose of this policy.

Additional costs will be identified as they arise and will be reported as part of locality financial planning arrangements.

## Annex 2 Equality Impact Analysis

### **Equality Impact Assessment - Toolkit**

#### **Please refer to the Equality Impact Assessment guidance when completing this template**

This Equality Impact Assessment (**EQIA**) toolkit is to help managers ensure that when creating or changing a strategy, policy, process, function or service that it is legally compliant with the Equality Act 2010 and the Public Sector Equality Duty.

It is essential that you complete this form when you undertake an EQIA. This form is to be completed when you are reviewing a strategy, policy or function. It must also be completed when you make any service changes that affect staffing structures, patients' services, or the local community.

The EQIA will help you to detect any unlawful discrimination and also prompts you to look at how your policy, process or function/service embeds equality of opportunity and fosters good relations.

The Equality Duty will not be satisfied if equality is considered after changes or decisions are made and it must be integral to initial steps. Please note only staff that have attended the face to face EQIA training Session or completed the mandatory Equality & Diversity training which is available online, can complete the EQIA form.

The toolkit is divided into;

- Stage 1 - Screening
- Stage 2 - Full EQIA
- EqIA work force profile (Appendix A)

**Appendix A** is provided by HR on request to assist managers when undertaking staff organisational change and it will assist you to complete the work force profile.

**If you experience difficulties in completing the EQIA please contact the Equality & Diversity Manager on 01494 734149.**

**If you require information on work force profile please contact your HR business partner.**

**At the start of the review you need to identify the people who will lead and be responsible for undertaking the EQIA, and the other people who will contribute to the EQIA. You should also notify your Associate Chief Operating Officer of the EQIA so that they can plan for the sign off stage.**

It may be relevant to involve patients, carers, staff or the unions, in order to provide challenge to the assessment. Try to get a balance of skills and experience as well as mixture of staff at different levels. The EQIA assessment team need to have enough knowledge of the service to make valid judgements, but they also need to be as objective as possible.

For large service reviews it is good practice to invite challenge of the EQIA assessment from an existing working group or stakeholders.

Try to avoid duplication if you are undertaking a service/ staff review, the same team should undertake the EQIA, simultaneously.

<b>Division:</b>	<b>Corporate Nursing</b>
<b>Service:</b>	<b>Safeguarding</b>
<b>Title of Proposal:</b>	<b>Policy for the Chaperoning of Patients During Examination, Investigation or Clinical Recording</b>
<b>Lead Officer (Author of the Proposal):</b>	<b>Deputy Chief Nurse</b>
<b>Names of other Officers involved:</b>	<b>AD Safeguarding AD Healthcare Governance</b>
<b>Overall Findings: Highlight any risks or key actions</b>	<b>Training roll out across Trust and support for safeguarding Leads</b>

### **Screening - Initial Assessment**

#### **Stage – 1**

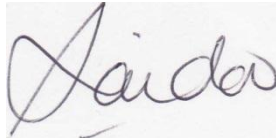
The screening process must be used on all new policies, projects, service reviews and staff restructuring. If you are not able to determine why your proposal has a positive/ negative / neutral affect on patients, services users or staff you will require a more detailed analysis and need to conduct a full equality impact assessment.

Questions	Answers
<p>1. Brief summary of the project/ policy including the main aims and proposed outcomes.</p>	<p>Policy promotes good practice and provides guidance for the suitable use of chaperones.</p>
<p>2. Could the proposed strategy, policy, service change, or function have a direct or indirect affect on patients, service users, staff or local community?</p> <p>Please explain your answer.</p>	<p>The remit of the policy is to safeguard the interests of all parties – patients and staff – and to ensure that the privacy &amp; dignity of patient are preserved at all times.</p> <p>The policy applies to all staff groups who perform procedures, examinations, clinical recordings or care across all Trust sites. It applies to patients of all ages.</p>
<p>3. Could the proposal have a positive or negative effect on patients, service users, staff or local community by the protected characteristics (age, disability, gender, gender re-assignment, marriage &amp; civil partnership, pregnancy &amp; maternity, race religion or belief, sexual orientation)?</p> <p>Briefly explain your answer by consider each characteristic and state what is the impact on each group.</p>	<p>The policy directs staff to uphold the right of all patients, including those with any protected characteristics, to be treated with privacy and dignity.</p> <p><b>Age</b> – Policy applies to all age groups equally but specific guidance is provided in relation to children and young people aged less than 18 years.</p> <p><b>Disability</b> – Policy directs staff to take into account any additional needs around disability. It specifically instructs staff in respect of the provision of support for people with disabilities and particularly where mental capacity is identified as being a concern.</p>



	<p><b>Race</b> – Policy dictates that equal respect is given to the privacy, dignity and beliefs of all individuals whatever their race.</p> <p><b>Sex</b> – Policy dictates that equal respect is given to the privacy, dignity and beliefs all individuals whatever their sex.</p> <p><b>Gender re-assignment</b> – Policy dictates that equal respect is given to the privacy, dignity and beliefs all individuals whatever their specified gender identity.</p> <p><b>Marriage and civil partnership</b> - Policy dictates that respect is given to the privacy, dignity and beliefs all individuals whatever their marital or partnership status.</p> <p><b>Pregnancy and maternity</b> – Policy dictates that pregnancy and maternity do not impede respect being given to the privacy, dignity and beliefs all individuals.</p> <p><b>Religion or belief</b> - Policy content actively promotes consideration of religious and cultural beliefs.</p> <p><b>Sexual orientation</b> - Policy dictates that equal respect is given to the privacy, dignity and beliefs all individuals whatever their sexual orientation.</p>
<p>4. Is there any indication or evidence (including from engagement/consultation with relevant groups) that different groups have or will have</p>	<p>The policy takes account of the different needs of some groups. This specifically applies in relation to young age, religious/cultural beliefs and disability.</p>

different needs, experiences, issues, and priorities in relation to the proposals? Or do you need more information?	
5. What measures are you proposing to take to mitigate /reduce the impact of your proposal for any of the protected characteristics, within patients, service users or staff?	Safeguarding training will incorporate information in respect of the effective application of the policy, including taking into account individual needs so as not to adversely discriminate.
6. Are there any measures that you can take to produce a positive impact for any of the protected characteristics, within patients, service users or staff?	Training of all staff and support staff in practice areas via Practice Development Nurses and Divisional Safeguarding Leads
7. <b>As a result of the screening is a full EQIA necessary?</b>	<b>No</b>

<b>Signed off by</b>	
<b>Name of lead officer:</b>	<b>S.Naidoo</b>
<b>Signature &amp; date:</b>	 <b>28.11.16</b>
<b>Name of Assistant Chief Operating Officer:</b>	<b>Isobel Day</b>
<b>Signature &amp; date:</b>	

### Annex 3 - Plans for Communication and Dissemination of Policy

<b>Title of document:</b>	Policy for the Chaperoning of Patients during examination, investigation or clinical recording
<b>Approving Group/Committee</b>	Executive Management Committee
<b>Date Approved:</b>	

<b>Target Audience E.g. staff groups or stakeholders</b>	<b>Objective</b>	<b>Action</b>	<b>Person Responsible</b>	<b>Target date</b>
For staff who undertake intimate examination, investigation or clinical recording, or are acting as chaperones during the afore mentioned- This may include those below.	i)know of the policy's existence, ii)understand its purpose, and iii)understand their role in implementation.	Disseminate to Divisional Triumverate teams and Medical Illustration	Deputy Chief Nurse	September 2016
Each Division Medical Staff Nursing Staff	For all staff to be aware of the policy and its contents	To disseminate to each division on publication	Divisional management team	October 2016
AHPs	For all staff to be aware of the policy and its contents	To disseminate on publication	Head of Therapies	October 2016
Medical Illustration	For all staff to be aware of the policy and its contents	To disseminate on publication	Lead for Medical Illustration (Photography)	October 2016
All BHT Staff	To have only the current version published on the Intranet and Internet	Removal of out of date policy from Intranet and Internet. Upload of a new policy will trigger the retrieval of previous versions	Regulatory Compliance Administrator	October 2016

## Annex 4 - Checklist for the Review and Approval of Policy

To be completed by the Serving Officer for the Approving Committee and attached to the policy/procedure when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
<b>1.</b>	<b>Format and Content</b>		
	Is it in the correct format?	Yes	
	Is the staff summary clear and adequate?	Yes	
	Are the intended outcomes clearly described? (the Policy/Procedure Effect)	Yes	
	Is there a Definitions section giving an explanation of key terms used.	Yes	
	Is there an Equality Analysis signed off by the Head of Equality and Diversity (Policies Only)	Yes	
<b>2.</b>	<b>Approval</b>		
	Has an appropriate governance group reviewed and supported the document prior to submission for formal approval?	Yes	Yes , NMTPB reviewed
	For HR Policies only, has the TCNC approved the document?	N/A	
	If it is a clinical policy/procedure has it been reviewed by the Clinical Guidelines Group?	N/A	
	Has it been reviewed by internal audit for counter fraud?	No	Not necessary at this point
<b>3.</b>	<b>Dissemination and Implementation</b>		
	Is there a communications plan to identify how it will be communicated and implemented? The Communications Team can help you with advice.	Yes	
<b>4.</b>	<b>Process to Monitor Compliance and Effectiveness</b>		
	Is there a monitoring table setting out measurable standards or KPIs together with clear monitoring and reporting mechanisms (to ensure there is assurance of implementation)	No	There is no formal mechanism for review of compliance mentioned in the Policy, other than review of incidents relating to chaperoning, by Specialties
<b>5.</b>	<b>Review Date</b>		
	Is the review date in 2 years? If not is there a justified reason?	Yes	Proposed as October 2018

**If the document needs urgent approval before all of the above are satisfactorily addressed, please bring this to the attention of the appropriate committee so conditional approval can be given.**