University Hospitals of Derby and Burton NHS Foundation Trust

UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST CHAPERONING POLICY

Reference Number POL-SG/1977/16	**Version:** V2	**Status** Final	**Author:** Jane O'Daly-Miller

Version / Amendment History	**Version**	**Date**	**Author**	**Reason**
	V1	March 2016	Jane O'Daly-Miller Trust Safeguarding Lead	Learning from serious incidents across health system
	V1.2	January 2020	Jane O'Daly-Miller Trust Safeguarding Lead	Following merger
	V1.3	February 2023	Jane O'Daly-Miller Trust Safeguarding Lead	Timed Review
	V2	October 2023	Jane O'Daly-Miller Trust Safeguarding Lead	Timed review and addition of guidance specific to children and young people

Intended Recipients: All healthcare professionals working within this Trust including Students, Medical personnel, Allied Health Professionals, Nursing and Midwifery professionals, Radiographers and other Therapists working with individual patients in clinic situations, wards, departments, and outpatient and in the patient's home.

This policy also covers any non-medical personnel who may be involved in providing care.

This policy applies to all clinicians directly employed on substantive or honorary contracts by the organisation and contractors whose contract specifies adherence to this.

Training and Dissemination:
Addressed in Safeguarding training. Disseminated via the internet.

To be read in conjunction with: Equality and Diversity Policy / Safeguarding Adults and Child Protection Policies / Consent to Examination and Treatment / Personal Safety & Lone Worker Policy / Incident Reporting Policy / Dignity and Respect Policy / Speak Up (Whistleblowing) Managing Allegations Policy.

In consultation with and Date: Trust Safeguarding Committee

EIRA stage One Completed Yes stage Two Completed No	
Approving Body and Date	Trust Delivery Group - December 2023
Date of Issue	December 2023
Review Date and Frequency	December 2026 and then three yearly
Contact for Review	Head of Safeguarding & Vulnerable People
Executive Lead Signature	 Garry Marsh, Executive Chief Nurse

Contents

Trust Policy Chaperoning

1.0 Introduction

The Trust is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being always followed and the safety of everyone is of paramount importance.

Whilst for some patients, respect, explanation, consent, and privacy take precedence over the need for a chaperone; there will be many others for whom consultations, examinations and procedures may be embarrassing, distressing or confusing. Whilst the presence of a third party does not negate the need for adequate explanation and courtesy towards the patient and cannot provide full assurance that the procedure or examination is conducted appropriately, a chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

The Trust considers it good practice to offer **all** patients a chaperone for any intimate examination or procedure, regardless of the gender of the examiner or patient. This is particularly important when the patient, young person or adult has any physical, learning, or mental health issues which result in that person having needs for care and support and who, because of those needs for care and support would not be able to take steps to protect themselves from abuse or exploitation. Similarly patients in a significant amount of pain may also require additional support because of the impact of that upon their capacity for example.

All healthcare professionals have a responsibility to ensure they work in line with their own professional code of conduct. This policy sets out guidance for the use of chaperones and procedures that should be in place for intimate examinations and clinical interventions and applies to all healthcare professionals working within this Trust whether working in the acute environment or in the patient's home. In this policy, all staff groups covered will be referred to as "Healthcare Professionals" (HCPs).

This policy applies to all healthcare professionals (HCPs) and clinicians directly employed on substantive or honorary contracts by the organisation and contractors whose contract specifies adherence to this policy.

This policy applies to all intimate examinations and procedures and to all members of the public.

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

- Equality and Diversity policy
- Safeguarding Adults and Child Protection Policies
- Consent to Examination and Treatment
- Personal Safety & Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy
- Speak Up (Whistleblowing)
- Managing Allegations Policy

This policy applies to the need for a chaperone during intimate examinations / processes. It is important to bear in mind those perpetrators of abuse and violence may seek to maintain a presence with the patient to ensure that they have no opportunity to reveal their circumstances to health professionals.

Nothing in this policy should detract from the requirements of other safeguarding policies (e.g. Trust Domestic Violence Policy) which outline the requirement to ensure that the patient is seen at some point on their own so that routine enquiries about safeguarding / domestic violence can be undertaken.

2.0 Purpose and Outcomes

To ensure clarity of expectations for and upon all staff and patients involved in intimate and other examinations

3.0 Definitions Used

Intimate Examinations / procedures: This is likely to include examinations / care provision of breasts, genitalia and rectum, but could also include any examination or care where it is necessary to touch or even be close to the patient.

Chaperone

The designation of the chaperone will depend on the role expected and the wishes of the patient or the professional (i.e. either a passive/informal role or an active/formal role.)

There is no clear definition of a chaperone since this role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. However generally it refers to a person who acts as a witness for a patient and / or professional.

The chaperone may be informal or formal;

- 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, assist with undressing the patient and who may act as an interpreter if deemed appropriate. If an informal chaperone is used, a clear explanation of what is expected to happen during the examination must be provided before it takes place.

- a Formal Chaperone is a healthcare professional such as a qualified Nurse, or a specifically skilled unqualified 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.

Where a chaperone, formal or informal, identifies any unusual or unacceptable behaviour on the part of the health care professional, or has a concern or a feeling of doubt about what has happened in the examination or treatment they must report the matter either to their line manager, a senior manager, the Trust Designated Officer in HR, to the Freedom to Speak Up Guardian or directly with the Safeguarding Team.

Safeguarding: The action we take to promote the welfare of children / vulnerable adults to ensure we protect them from harm and is further defined for the purposes of this guidance as:

- protecting from maltreatment;
- preventing impairment of health or development;
- ensuring that vulnerable children and adults are living in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all to have the best outcomes.

Child Protection Concerns: Suspicion that a child is at risk of, or has experienced, significant harm, neglect, or abuse.

Adult Protection Concerns: Suspicion that an adult is at risk of, or has experienced, significant harm, neglect, or abuse.

Children and Young People: Defined in the Children Acts (1989 and 2004), a child or young person is anyone who has not yet reached their 18th Birthday, or 21yrs if in Local Authority Care (LAC), or 25 if is disabled. Issues of neglect as defined in Working Together 2013 can apply to the unborn baby.

4.0 Key Responsibilities/Duties

4.1 Safeguarding Children Partnerships

Safeguarding Children's Partnerships (SCP) are required to lead children's safeguarding arrangements across their locality, monitor and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Trust is required, as a partner agency, to attend key meetings of the Derby and Derbyshire SCP, their sub-groups and undertakes a s11 (Children Act 2004) process led by the DDSCP and CCG Designated Professionals. The SCPs provide policies and procedures specific for safeguarding process and practice in their area

4.2 Integrated Care Boards

Derby and Derbyshire ICB and Staffordshire and Stoke on Trent ICB monitor Trust performance in safeguarding in regular meetings with the Trust. The ICB employee Designated Nurses and Doctors who attend the Trust Safeguarding Committee and provide supervision to Trust Named Nurses and Doctors.

4.3 Executive Chief Nurse and Director of Patient Experience and all Executive Directors.

The Executive Chief Nurse and Director of Patient Experience is the Executive Lead accountable to the Trust Board for safeguarding and for ensuring compliance with this policy. The Executive Lead, or their nominated deputy, is also a member of the SAB / SCP. All are responsible for endorsing the full implementation of this policy and its relevance to everyday practice within safeguarding, patient dignity, safety and delivery of quality care.

4.4 Head of Safeguarding & Vulnerable People

The Head of Safeguarding & Vulnerable People is responsible for alerting the Lead Executive Officer, Trust HR representatives and Trust Safeguarding and Vulnerable People Group to any concerns or shortfalls in safeguarding practice within the Trust, advising about the impact of relevant policy, enquiries, or legislation and for development or review of safeguarding training, Trust policy and procedures. The Head of Safeguarding & Vulnerable People Trust Safeguarding Lead is also responsible for advice and support of staff and teams within the Trust and managing the Safeguarding & Vulnerable People team.

4.5 Trust Safeguarding & Vulnerable People Team

The Trust Safeguarding & Vulnerable People Team is responsible for providing advice to Trust staff and for facilitating liaison with the appropriate Local Authority Social Care Department, provision of training and for maintaining records of the number and nature of alerts raised and the quality of advice in such cases.

4.6 Trust Safeguarding & Vulnerable People Committee

The Committee should ensure that national developments regarding safeguarding and vulnerable people are incorporated into Trust policies and processes and advise the Trust Safeguarding Lead and Lead Executive regarding any issues with implementation in their area of responsibility accordingly. They also receive reports and monitor the implementation of safeguarding & vulnerable people workplans, agree assurance reports to the Trust Quality Assurance Committee and for assisting with compilation of evidence to necessary to ensure compliance for registration with the Care Quality Commission.

4.7 Divisional Business Units, matrons and managers including ward or out-patient department Sisters / Charge Nurses

The role of the above is to ensure implementation of this policy and that the staff understand how the Chaperone Policy applies to them and their patients. They are also responsible for ensuring that where necessary, local processes are developed, that the leaflet attached as appendix 2 (also available on OLH) is given to all staff and that the leaflet attached at appendix 3 is available to patients and their representatives. They are also responsible for planning staff rosters and skill mix to support the full implementation of this policy. Managers should review the effectiveness of the implementation and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

They must enter any safeguarding incident where it is alleged that it has been caused by hospital employees / processes into the Datix Incident reporting system. They have a responsibility to respond sensitively to a disclosure of abuse and act in a professional manner and take appropriate action.

They will ensure that concerns about individual cases are escalated where appropriate to the safeguarding team.

They have a responsibility for ensuring chaperones are available within their respective areas, and that chaperones work within their scope of practice and are fully aware of this and associated policies. They also have a responsibility to ensure accurate records are kept of the clinical contact, which also include records regarding the acceptance or refusal of a chaperone.

They also have responsibility for informing the senior manager if no suitable chaperone is available.

4.8 All Trust Healthcare Professionals and Healthcare students.

The health care professionals (HCP) are responsible for ensuring that 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. They are responsible for maintaining the accurate documentation including the consent given to proceed without a chaperone. They are also responsible for escalation of concerns should these emerge during this process.

5.0 Implementation of policy

5.1 Intimate examinations / care provision can be embarrassing or distressing for patients and whenever HCPs examine a patient, they should be sensitive to what they may think of as "intimate". This includes examinations / care provision involving the breasts, genitalia, and rectum.

The default position is that all intimate examinations /care provision will be chaperoned for the benefit and protection of both the patient and the professional and particularly for all intimate examinations / procedures which include:

- During obstetric/gynaecological/intimate examinations or procedures.

- When examining the upper torso of a female patient.
- Intimate and invasive procedures/ examinations before or after sedation.
- Intimate and invasive examinations as identified by HCP.
- For patients with a history of difficult or unpredictable behaviour, this may or may not be attributable to mental health illness.
- For unaccompanied children.
- For vulnerable adults who lack capacity including those with a learning disability.
- Intimate nursing and clinical care interventions e.g. attending to intimate personal hygiene and toileting requirements.

The list above is not exhaustive.

5.2 However, the patient must always have the right to decline any chaperone offered. Patients may decline the offer a chaperone for several reasons:

- because they trust the HCP;
- because they feel that to refuse the chaperone demonstrates Trust in the HCP and they do not want to offend them by requesting one;
- they think it unnecessary;
- they require privacy;
- they are too embarrassed.

It is therefore important that the discussion around the issue is sensitively conducted. **If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined.**

An HCP may nevertheless want a chaperone present when the patient has declined to have one. In these circumstances it must be explained clearly why a chaperone is required. Ultimately the patient's clinical needs must take precedence. However, if either party does not want the examination to go ahead without a chaperone present, or if either party is uncomfortable with the choice of chaperone, you may offer to delay the examination to a later date when a suitable chaperone will be available, if the delay would not adversely affect the patient's health.

5.3 **The Chaperone**

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners) and as a witness to continuing consent to the procedure/ examination. To protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient (unless otherwise stated by the patient).

A chaperone should usually be a healthcare professional and you must be satisfied that the chaperone will:

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

A relative or friend of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present **as well as** a chaperone.

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. This must be recorded and escalated to the appropriate line manager. The patient will not be asked to give a reason in these cases but their decision must be respected. The patient will be notified by the HCP that this may delay or even mean the procedure is cancelled until another suitable Chaperone is allocated. The implications for this must be communicated and documented in the patient's notes.

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 or Freedom to Speak Up Guardian or the Trust Safeguarding Team

It is the responsibility of the HCP to ensure that accurate records are kept of the clinical contact, which also includes records regarding the acceptance or refusal of a chaperone and the details of the chaperone.

The responsibilities of a chaperone 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 particularly in circumstances where consent to treatment is withdrawn by the patient before or during the procedure, the advocate must support the wishes of the patient in this regard.
- 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.

5.4 Student healthcare professionals as chaperones:

Student HCPs can undertake 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. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. 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 healthcare professionals students **should not**:

- Conduct intimate examinations on a patient without a clinically qualified member of staff being present.
- 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, subject to the rare situation in an emergency.

All Healthcare Professionals / students must raise concerns about the safety of any adult / child at risk of abuse and neglect with whom they are directly or indirectly involved with and work within safeguarding policies.

5.5 When there is no chaperone available.

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment within a reasonable time frame, should he/she choose.

If the seriousness of the condition would dictate that a delay would have a negative impact then this should be explained to the patient and recorded in their notes. All attempts must be made to locate a suitable chaperone before a decision to continue or otherwise is jointly reached and recorded in the patient's notes. In cases where the patient is not competent to make an informed decision a capacity assessment must be undertaken and then the healthcare professional must use their own clinical judgment and record and be able to justify this course of action.

5.6 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 Trust Consent and MCA (Treatment with awful consent Policy) in relation to this.

5.7 Issues specific to gender, religion, ethnicity or culture

Any patient undergoing examination should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging.

Male or female HCPs are sometimes required to perform intimate tasks on female or male patients, such as bathing and or rectal/vaginal procedures. The patient's consent should be sought prior to the procedure; where they appear to lack capacity an assessment and best interest process undertaken.

The ethnic, religious, and cultural background of some women can make intimate examinations particularly difficult, for example, Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands. Women of other cultures and beliefs may also feel strongly that they do not wish to be examined by a male HCP. A female or male HCP should be sought if the patient prefers a particular gender of HCP to undertake the procedure.

In an emergency the risk of delay and the patient's consent to proceed with a male HCP conducting the examination etc. must be very carefully considered.

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a communication barrier such as English not being the first language of the patient; indeed an interpreter may be required to undertake consent and explain the need for a chaperone.

In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

5.8 **Issues Specific to Patients with Learning Difficulties**

For patients with learning disabilities it is important to contact the Learning Disability Liaison Nurse who may be able to act as a chaperone

5.9 **Issues specific to Children and Young People (Patients under 19 years of age)**

A chaperone must be present in any intimate examinations, or invasive procedures, or actions of an intimate nature. A formal chaperone must be present if an intimate examination is necessary in a child/ young person with a reduced level of consciousness or intoxication.
A chaperone will not usually be needed for routine, clinical examinations in children or young people, when a parent or carer is available.

Intimate examinations include, but are not limited to, the following;

- female breast examination.
- Pubertal assessment.
- Examination of the genitalia – including postnatal checks and radiological examinations (e.g. ultrasound testes, MCUG)
- Rectal examination
- Catheterisation
- Rectal medication administration
- Topical medicinal administration on buttocks, around anus, gentalia, breast area

Key issues to note

The dignity of the child/young person should always be respected and intimate examinations should be kept to a minimum. Chaperoning of intimate examinations or invasive procedures and actions of an intimate nature should always be undertaken by a registered member of staff, who will directly witness the procedure to adequately document the nature of the examination.

Non-intimate examinations that the clinician / practitioner or patients feel they would benefit from a chaperone being present can be undertaken by any staff that has undergone the chaperoning e-learning package and in this circumstance does not have to be a registered staff member.

Medical students will only undertake intimate examinations in children and young people in compliance with their University Medical School guidelines.

Consider a session with a play specialist to prepare the child or young person.

The clinician/practitioner will explain the nature of the examination or procedure to the child/ young person and family, including why it is necessary, giving the opportunity to ask questions. Consent should be gained verbally and recorded. Consent may be from the young person, parent or both depending on their capacity to consent.

Gowns/ sheets should be used appropriately to limit patient exposure.

In the case of infants, the presence of a chaperone would not normally be required, but in the situation of intimate examination or procedure however consider the use of a chaperone in light of the nature of the examination. A parent or guardian should be present to support the infant .

Pubertal children and young people

When pubertal children and young people require an intimate examination, there should be a third person in the room. The patient should be offered the option of the presence of a chaperone.

In **inpatient settings**, a staff nurse will be allocated as the designated chaperone for that shift.
In the Children's Outpatient department, a chaperone will be available on each day. They will make themselves known to the staff in clinic that may require a chaperone, but it is the responsibility of the clinician/practitioner to request them when needed. A separate, designated chaperone is always allocated to a surgical clinic. This is surplus to the "Named Chaperone" for that day. The name of the chaperone should be documented in the notes.

Regardless of area, the young person may choose to have their parent(s) present for support in addition to the chaperone.

The child/young person should be offered the opportunity of discussing the findings of an examination alone, after dressing.

Many young people will prefer no chaperone or parent to be present or prefer them to be in the room or bed space, but outside of the curtain and this view should be respected as the presence of a chaperone may deter the young person from being frank and asking for help. If the patient requests that the examination/procedure is to be completed without the presence of a chaperone, you should record that the offer of a chaperone was made and declined in the clinical record.

If the clinician/practitioner feels vulnerable without a chaperone, the intimate examination should be deferred.

If the young person refuses an intimate examination, which is felt to be clinically important, alternatives (e.g. different clinician/practitioner, different chaperone) should be explored. A further appointment (in terms of outpatients) should be offered or an alternate time and day if an inpatient.

Child protection assessments

Referral must be made via social services.

The child/ young person should give informed written consent and the examination or procedure should stop if he/she changes their mind.

A chaperone must be present to support the child/young person, but the number of people in the room or bed space should be minimised. The chaperone may be the senior paediatrician, police surgeon or social worker in this circumstance.

Children and Young People with Learning Difficulties
In the event that the patient has learning difficulties or cognitive impairment, it is vital that an independent chaperone is present.The patient should still have a comprehensive explanation of the examination or procedure, at a level as close as possible to what is appropriate for their age and understanding. The Trust LD team can be contacted to support the child or young person if their regular carer / family member is unavailable.

Parents and Carers with Learning Difficulties
There is a legal presumption that every adult has the capacity to decide whether to consent or refuse a proposed medical intervention or examination for their child, therefore all decisions and discussions

must be clearly documented, and that informed consent is obtained. There must be no ambiguity around this.

As with the patient, parents/carers should have a comprehensive explanation of the examination and the reasoning for this, at a level as close as possible to what is appropriate for their understanding.
Parents must:

- Have capacity to make the decision
- Have received sufficient information regarding the examination and its relevance
- Not be acting under duress.

Staff should refer to all the relevant Trust consent, Mental Capacity Act, Policy and guidance in all situations if they feel there is a parental/carer capacity issue and contact for support can be made to the Trust LD team.

Documentation

When a chaperone is called upon, there are responsibilities of the clinician/practitioner and chaperone to document the event.
The documentation must contain:

- Who the chaperone was
- If the clinician/practitioner gave a comprehensive explanation of the examination or procedure to the CYP and their parents/carer
- If Informed consent was obtained
- If the examination/procedure was performed appropriately and with care

For non-intimate examinations or non-invasive procedures and actions of an intimate nature, documentation should simply include that the Chaperone was present, and the conversation or event is adequately reflected in the medical notes.

5.10 **Lone Working**

Where a healthcare professional 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 healthcare professional 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.

Healthcare professionals should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present. (However midwives must be mindful of compliance with their Midwifery rules and standards and act appropriately in in an emergency situation)

5.12 Management of concerns

If any concerns whatsoever in relation to the performance of intimate examinations by a Trust professional, they must be reported to a senior manager, the Trust Safeguarding Team or they must be brought to the attention of the Trust Designated Officer in HR or deputy. Any such incidents must be considered within the context of the Trust Managing Allegations policy.

5.13 Communication and Record Keeping

Poor communication between a health professional and a patient is often the root of complaints and incidents.

Details of the examination/event requiring presence of chaperone (including the presence or absence of a chaperone and their details which includes full name and contact number) must be documented in the patient's medical/nursing record.

The notes should also record if a chaperone has been offered but **declined** by the patient.

6.0 Monitoring Compliance and Effectiveness

Monitoring Requirement :	All cases where concerns have arisen through complaints, or elsewhere including management of allegations process regarding performance of intimate examination must be audited
Monitoring Method:	Case file audit
Reports Prepared by:	Trust Safeguarding Lead
Report presented to:	Trust Safeguarding Committee
Frequency of Report	Yearly

7.0 References

Intimate examinations and chaperones https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/intimate-examinations-and-chaperones/intimate-examinations-and-chaperones

CQC guidance GP mythbuster 15: Chaperones https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones

Intimate examinations and chaperones GMC 2013

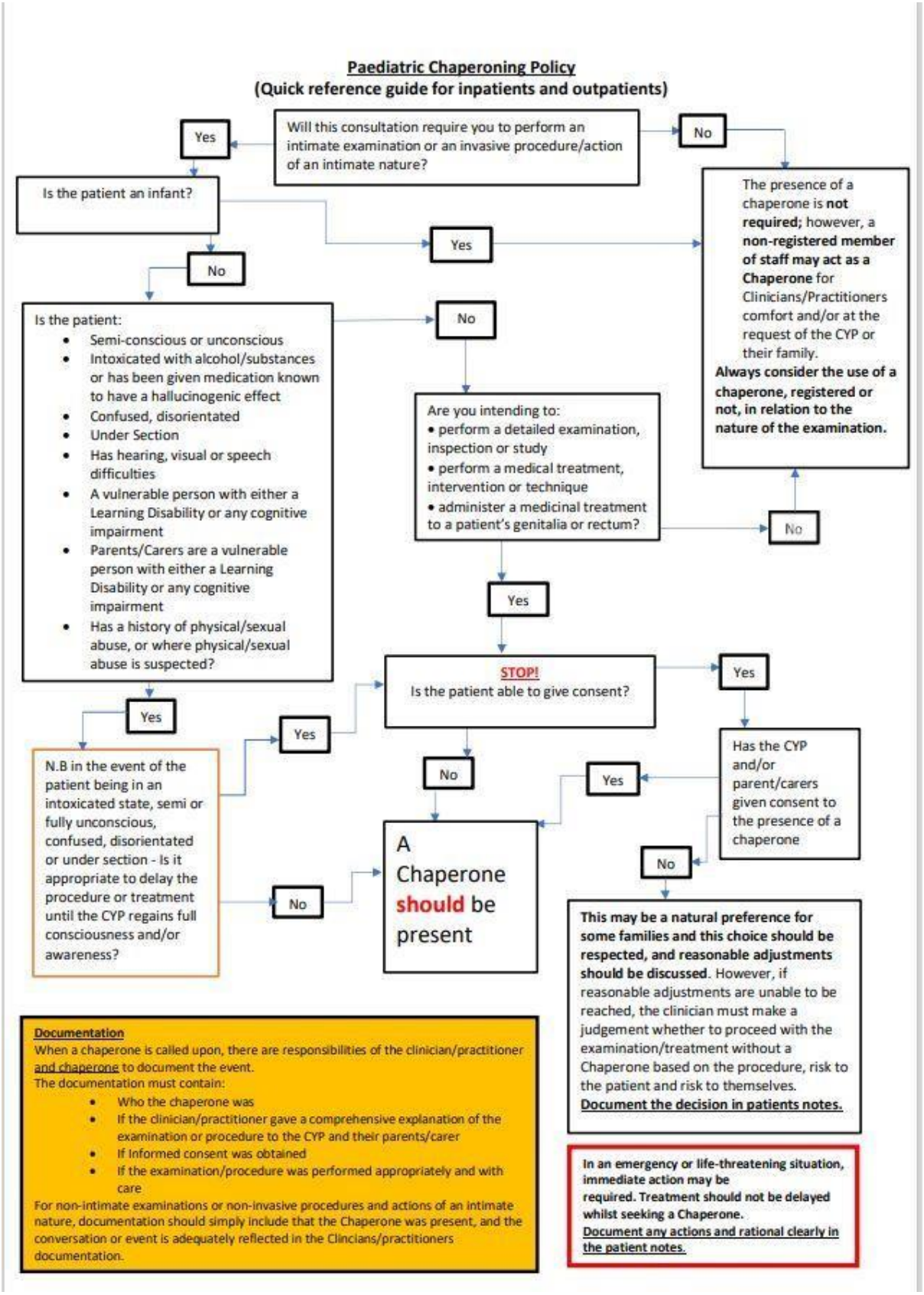
Policy for Intimate Examinations of Patients by Medical Students, University of Nottingham Medical School.

0 – 18 years: guidance for all doctors. GMC October 2018 Safeguarding Policy

Gillick or Fraser?A plea for consistency over competence in children BMJ 2006;332:807 (8 April), doi:10.1136/bmj.332.7545.807.

Chaperoning: The role of the nurse and the rights of patients, RCN 2002
Trust Policy for the Intimate Examination of Adult Patients 2020.

Appendix 1 Paediatric Quick reference guide



Appendix 2 - Information for Staff: Chaperoning

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

Information for Staff: Chaperoning

The safety of everyone at UHDB, both staff and patient's, is of paramount importance. The 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.

Whilst for some patients respect, explanation, consent and privacy take precedence over the need for a chaperone, there will be many others for whom consultations, examinations and procedures may be embarrassing, distressing or confusing and a chaperone may be a source of comfort to patients.

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners) and as a witness to continuing consent to the procedure/ examination.

In order to protect the patient (male or female) from vulnerability and embarrassment, a chaperone should be of the same sex as the patient (unless otherwise stated by the patient).

There are 2 types of 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. If an informal chaperone is used, a clear explanation of what is expected to happen during the examination must be provided to the patient and their chaperone before it takes place.

If abuse or assault is suspected it is important to bear in mind that perpetrators of abuse and violence may seek to maintain a presence with the patient to ensure that they have no opportunity to reveal their circumstances to healthcare professionals. Friends or family must not be used as an interpreter when abuse, assault or neglect is a possibility. Bear in mind that a physical examination can be a good opportunity to talk with the patient on their own - but there should, in these circumstances, always be a formal chaperone present.

A **formal Chaperone** is a healthcare professional (HCP) e.g., a registrant or a specifically experienced (experienced in the sort of procedures to be witnessed) unqualified staff member e.g. health care assistant (HCA).

The chaperone will:

- be sensitive and respect the patient's dignity and confidentiality.
- reassure the patient if they show signs of distress or discomfort.
- be familiar with the procedures involved.
- stay for the whole examination and be able to see what the healthcare professional is doing
- be prepared to raise concerns if they are concerned about the healthcare professional's behaviour or actions.

- assist in an examination or procedure, for example passing instruments or offer practical support during care interventions, such as undressing the patients, and attending to intimate toileting or hygiene requirements.
- act as an advocate for the patient and particularly in circumstances where consent to treatment is withdrawn by the patient before or during the procedure
- provide protection to HCP's against unfounded allegations of improper behaviour.
- report any unusual or potentially unacceptable behaviour on the part of the HCP. If in doubt about anything untoward having occurred during the process they must report to their line manager, freedom to speak up guardian or the Trust safeguarding team.

When must a chaperone be used?
The default position is that all intimate examinations /care provision will be chaperoned for the benefit and protection of both the patient and the professional and particularly for all intimate examinations / procedures which include:

- During obstetric/gynaecological/intimate examinations or procedures.
- When examining the upper torso of a female patient.
- Intimate and invasive procedures/ examinations before or after sedation.
- Intimate and invasive examinations as identified by HCP.
- For patients with a history of challenging or unpredictable behaviour, this may or may not be attributable to mental health illness, learning disability or mental health.
- For unaccompanied children or young people
- For vulnerable adults who lack capacity.
- Intimate nursing and clinical care interventions e.g. attending to intimate personal hygiene and toileting requirements.

The list above is not exhaustive

Patients may decline the offer a chaperone for a number of reasons:

- because they trust the HCP;
- because they feel that to refuse the chaperone demonstrates Trust in the HCP and they do not want to offend them by requesting one;
- they think it unnecessary;
- they require privacy;
- they are too embarrassed.

It is therefore important that the discussion around the issue is sensitively conducted. If the patient is offered and does not want a chaperone it is important to record that the offer was made and declined.

Student HCPs: Can undertake 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. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. 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 healthcare professionals should not:

- Conduct intimate examinations on a patient without a clinically qualified professional being present.
- 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, subject to the rare situation in an emergency.

Appendix 3 - Information for Patient: Chaperoning

University Hospitals of Derby and Burton NHS Foundation Trust

Patient information: Chaperones

A chaperone is a person who serves as a witness for both a patient and a clinician as a safeguard for both parties during a medical examination or procedure. At UHDB are committed to developing a culture that promotes the privacy and dignity of all patients. We are committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being always followed and the safety of everyone is of paramount importance. We recognise that some examinations and treatments, where they involve intimate body parts and stages of undress, can make patients feel vulnerable and distressed.

A chaperone may assist in supporting and reassuring a patient during an examination or procedure.

The healthcare professional may also require a chaperone to be present for certain consultations in accordance with the practice chaperones policy.

If you feel you would like a chaperone present at your consultation, please either inform Reception or speak to the health care professional who will be more than happy to arrange this for you.

What to expect?

You can request a chaperone be present during any examination or procedure that you feel uncomfortable with. Expect the role of the chaperone to be clearly explained to you and the person introduced to you by the health care professional who is to undertake the examination or procedure.

Who can be a chaperone?

The practice will try to ensure your chaperone is a qualified nurse or health care assistant. In some circumstances a non-clinical member of staff may be asked to chaperone. All clinical and non-clinical staff have received information on the role of the chaperone.

Arranging a chaperone

If you would like to arrange a chaperone in advance, please inform the receptionist when you book your appointment so they can arrange for a healthcare professional to be available. If during your consultation the clinician feels a chaperone is needed, they will attempt to arrange this, if possible, during the consultation. In the unlikely event a chaperone cannot be arranged you may be asked to arrange another appointment.

What is the chaperones responsibility?

- Ensure that the conduct of the procedure is sensitive and respectful of your privacy and dignity.
- To reassure you if you are distressed or experiencing any discomfort and to communicate this, if appropriate, to the clinician
- Ensure that they can communicate with you a way that you can understand.
- To act as your advocate and to ensure that, so far as is possible and depending on the situation, ensure that if you withdraw your consent to the procedure you are supported with that.

Can a family member act as a chaperone?

Your family member cannot act as a *formal* chaperone. You can however request that a member of your family or a friend be present as an informal chaperone during the examination.

Can I refuse a chaperone?
You have the right to refuse a particular person as a chaperone; in this instance we will document the reasons for your refusal and an alternative chaperone will be arranged if possible.

Confidentiality
All our staff and clinicians are trained to a high level on the laws and policies relating to data protection and confidentiality. Your chaperone will not disclose any information obtained during your examination or procedure. In all cases where the presence of a chaperone may intrude in a confidential clinician-patient discussion, their presence will be confined to the physical examination only. One-to-one communication with the clinician will continue once the chaperone has left.