



Policy:

OPS 017 – Chaperone Policy

Executive Director Lead	Executive Director of Nursing, Quality and Professions
Policy Owner	Deputy Director of Nursing and Quality
Policy Author	Deputy Director of Nursing and Quality

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Ratified By	Quality Assurance Committee
Date of Issue	October 2024
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Summary of policy

This policy sets out the guidance for the use of formal chaperones, by a health care professional, during physical consultations, examinations, and procedures and particularly in relation to intimate procedures.

Target audience	Clinical, Medical Staff, Allied Health Professionals
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Keywords	Patient safety, privacy and dignity, physical health procedure
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Storage & Version Control

Version 2 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
Draft 0.1	New draft policy created	10/2020	New policy commissioned by EG on approval of a Case for Need.
Draft 1.0	Approval and issue	11/2020	Amendments made during consultation, prior to ratification.
Draft 2.0	Review / approve / issue		Review undertaken to update the policy to comply with new regulatory requirements and changes in policy/practice
Draft 2.1	Review on expiry of policy	09/2024	Draft Policy Review completed and submitted to the Policy Governance Group
1.0	Review / approval	TBC	Full review completed as per schedule

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1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC) is committed to providing safe, respectful and trauma informed care for people accessing our services. It is acknowledged that physical examinations, procedures and interventions have the potential to cause unintentional stress and trauma/ The health care professional must be mindful of this and act, in the best interests of the person at all times.

A chaperone is an impartial person who is present during the intimate examination of a service user. All service users should be routinely offered a chaperone during any health care procedure, examination or intervention and this should be made clear to the person ahead of the procedure taking place. It is recognised that not all chaperones are registered professionals, but there is an expectation that in these situations, the health care worker will have received guidance on the role by a registered health care professional.

We recognise that all medical consultations, examinations and investigations are potentially distressing for the person undergoing them, but those involving intimate parts of the body, including breasts, genitalia or rectum and/or those requiring dimmed lights or the need to undress, can make people feel particularly vulnerable. Many of our service users have a history of trauma, which can increase feelings of vulnerability, distress, and re traumatisation. All physical examinations and procedures must be carried out with dignity and respect and in a compassionate and trauma informed way.

It is good practice where possible to offer all service users a chaperone for any physical examination or procedure, where the service user, carer/family member or advocate feels one is required. The offer of a chaperone should be made verbally or by use of communication aids, such as an interpreter where required.

2. Scope

This policy applies to all healthcare professionals working within SHSC including medical staff, nurses, healthcare support Workers and allied health professionals. It applies to all employees, including locum, bank or agency staff who are providing direct care.

All healthcare professionals have a responsibility for ensuring that they work in line with their own professional code of conduct.

When students/learners are conducting clinical procedures, they must be supervised by a registered health care professional.

3. Purpose

This policy sets out the guidance for the use of chaperones during clinical procedures, examinations and interventions, particularly in relation to intimate procedures.

For the purpose of this policy, any procedures, examinations or interventions will be referred to as physical procedures for simplicity.

The Policy's objectives are:

To ensure that patient safety, privacy and dignity is maintained during physical procedures, especially intimate procedures.

To act as a safeguard against any inappropriate or unprofessional acts of behaviour by a health care professional or non-registered health care worker engaged in any physical procedures, particularly where these involve intimate procedures.

To protect both service users and staff against abuse and any potential allegations of abuse

To minimise the risk of any actions by a health care professional or non-registered health care worker being misinterpreted during a physical examination, procedure, particularly where this is an intimate procedure

To ensure that physical procedures, particularly those involving intimate areas of the body, are conducted in a person centred, dignified and trauma informed way.

To assist service users to make an informed choice about health care interventions and treatment.

4. Definitions

Chaperone: A chaperone is an adult who is present during an intimate examination of another person. Individuals have the right to ask for a chaperone when they want extra support. They also have the right to have a partner, relative or friend with them during intimate examinations and if that is their wish and they have the capacity to consent to this, this should be respected, and their wishes documented accordingly.

Consent: Consent means a person must give permission before they receive any type of physical examination, investigation or procedure. Consent must be considered on the basis that the person at the receiving end of care demonstrates that they fully understand the procedure, it's rationale and any risks or benefits. This is known as informed consent. Prior to any examination, investigation or procedure taking place, health care professionals must obtain informed consent and this must be documented fully in the person's health care records.

Mental Capacity Assessment: A mental capacity assessment must be undertaken when a person is not able to make decisions for themselves. You should always start from the assumption that a person has the capacity to make the decision in question and that you have made every effort to encourage and support the person to make decisions themselves. Under the Mental Capacity Act (MCA), health care professionals are required to assess capacity before carrying out any care or treatment if there is the reasonable belief that someone lacks capacity.

Intimate Examinations: Physical procedures relating to the breasts, genitalia or rectum. Examination of the chest or heart in women would fall into this category. It can include any examination where it is necessary to touch or even be in close

physical proximity to the service user. Health professionals need to be aware that intimate examinations may have different implications to service users from culturally diverse backgrounds and for people who may have other vulnerabilities and a history of trauma.

5. Detail of the policy

This policy sets out the guidance for the use of chaperones during physical procedures and care by a health care professional, particularly in relation to intimate procedures. It is recognised that if intimate procedures are not carried out in a compassionate, trauma informed way and with full consideration of dignity and respect for the person undergoing the physical examination or procedure. This can cause distress to the person receiving care and might be experienced as traumatic.

6. Duties

Chief Executive: is responsible for ensuring effective corporate governance within SHSC and supports the implementation of this policy.

Executive Directors: Director of Nursing, Medical Director and Chief Operating Officer are responsible for endorsing the full implementation of this policy and its relevance to practice within safeguarding, patient dignity and delivery of quality care.

Healthcare Professionals: are responsible for the undertaking of the and ensure that any care/examination is completed in a suitable environment. Healthcare Professionals must demonstrate an understanding of the role of the chaperone and the procedures for reporting concerns.

Healthcare professionals have a responsibility to ensure accurate information about the process is documented on Insight (EPR).

Chaperone: Members of staff who act as a chaperone must understand the role and the requirements of this policy. Administrative and Clerical staff cannot be used as a chaperone.

Members of Staff: Have a responsibility to provide full assurance that the procedure or examination is conducted appropriately. All members of staff are expected to conduct themselves in a way that promotes the human rights of the person- fairness, respect, equality, dignity and autonomy.

7. Procedure

Explaining the procedure and obtaining consent.

The nature of the procedure should first and foremost be explained to the service user. This explanation should include an exploration of whether the procedure is necessary at this time.

The health care professional should explain exactly what the purpose of the procedure, examination or intervention is and what will be involved.

It should be explained to the service user that a chaperone will be offered and if an appropriate chaperone is not available, it may be necessary to postpone the procedure.

The service user may choose the gender of the chaperone and this wish should be respected unless there is a specific safeguarding or patient safety risk which requires further consideration with the multi-disciplinary team and where necessary advice should be sought from the safeguarding team.

Consent must be sought before any procedure can take place and this must be recorded in the service user's clinical records. The Trust Consent to Treatment policy must be adhered to.

Where the service user is not able to understand because they have disabilities such as a hearing impairment, the health care professional must utilise appropriate communication aids in order that the service user is able to understand and give consent to the procedure.

The use of an interpreter must be considered if the service user's first language isn't English. This is in order that a person fully understands the procedure and rationale for this. The interpreter cannot act as a formal chaperone but can be present during the procedure if the person wishes and has the capacity to make this decision. Consideration of privacy and dignity must be maintained. For example, the interpreter can be present in the room, but may be behind a screen so they do not need to directly observe the procedure, especially where this is an intimate examination of which there would be an expectation that a formal chaperone will be present.

When it is thought that a person lacks capacity due to their mental state or a learning disability, health care professionals are required to assess capacity under the mental capacity act (MCA) before carrying out any care or treatment. You should always start from the assumption that a person has the capacity to make the decision in question and that you have made every effort to encourage and support the person to make decisions themselves.

8. Offer of a Chaperone

A verbal offer of a chaperone being present during the procedure should be offered to the service user before the procedure takes place. Service users can also request a chaperone as and when required.

If a service user refuses a chaperone for an intimate examination/procedure and the healthcare professional has concerns about this, they should decide whether it is appropriate to continue. This should be discussed with the service user to understand their reasons, any implications for treatment or diagnosis. Appropriate support should be offered which considers any adjustments that can be made to make the service user feel more comfortable. This may include considerations around the preferred gender of the chaperone and cultural factors or it may be that the service user requests a specific chaperone who they have a trusting, therapeutic relationship with.

This conversation should be trauma informed and should also be considered in the context of whether this relates to a person's current mental state and whether they

have capacity to consent. If a procedure is urgent, the health care professional should consider fully whether it should proceed without a chaperone being present. This will need to be discussed with the persons clinical team and documented fully in the service user's records.

If the need to examine the patient is clinically urgent, this takes precedence over any concerns that the health care professional might have about a lack of chaperone. The clinical decision making for this should be discussed with the clinical team and documented clearly in the persons health care records.

In some situations, a service user may ask that a partner, family member or friend is present during a health care procedure or examination. It may help a person to feel more emotionally supported and reassured during a procedure if their chosen family member or friend is present. In most cases, this should be accepted, unless there is a specific safeguarding or clinical concern. However, the family or friend is present to fulfil a support role and not to act as a formal chaperone. The formal chaperone role should still be carried out by a health care professional. Under no circumstances should a child be expected to act as a chaperone.

The presence of a third party does not negate the need for an adequate explanation and courtesy and cannot provide full assurance that the clinical procedure or examination is conducted appropriately. A formal chaperone, that is a chaperone who is a health care professional.

Chaperones should be suitably qualified for this role and where non-registered health care staff are involved in chaperone duties, they must have first had some guidance and training from a registered health care professional.

9. Environmental considerations

Intimate examinations should ideally take place in a closed room that cannot be entered while the examination is in progress. If this is not possible, all attempts must be made to prevent any interruption or breach of the service user's privacy and dignity throughout the procedure. The Health Care Professional conducting the procedure should be aware that darkened rooms for physical examinations or procedures that whilst not considered "intimate examinations" may lead the service user to feel more vulnerable.

The service user must be given complete privacy without the risk of interruption, to undress and dress before and after the examination/procedure. Assistance should be provided by the chaperone if requested by the service user. If a chaperone is not present, the healthcare professional should only assist the service user if requested to do so by the service user.

There should be no delay prior to examination/procedure once the service user has removed clothing. The process should not be interrupted by phone calls or messages.

10. Conducting the clinical procedure.

During the procedure, the health care professional carrying out the procedure must explain what they are doing at every stage. If this differs from what was explained

before the procedure when consent was sought, this should be explained to the service user and further consent must be sought.

The health care professional must keep the amount of the service users body exposed to a minimum and be aware of any verbal or non- verbal signs of distress. The health care professional must be prepared to stop the procedure if the service user requests this at any time. They must remain caring and compassionate, offering reassurance throughout.

Detailed, accurate and contemporaneous clinical records must be kept at the time of the procedure or soon after explaining the procedure, decisions and actions and who was present and in which role. Any further consent issues which emerged during the procedure must be also fully documented.

The service user's confidentiality must be maintained throughout the process.

11. The role of the chaperone

The chaperone should enter the room discreetly before the explanation of the procedure and remain in the room until the health care professional has carried out the procedure.

The chaperone should make their own entry into the service users clinical records after the procedure has taken place, giving details of any observations or concerns.

The chaperone may be required to give a statement or be interviewed as part of an allegation against staff investigation if a complaint is made by the service user or where the chaperone or other member of staff raises any concerns about the procedure.

12. After the procedure

The service user's privacy and dignity must be maintained at all times while they are getting dressed and the service user should be encouraged to maintain independence, unless some assistance and support is required as part of an identified care need. Consideration should be given to the persons safety and wellbeing and any agreed therapeutic observations, the purpose of which are to maintain the person's safety.

Where the service user is distressed following the procedure, the health care professional should remain with the person, as part of a therapeutic, compassionate intervention.

13. Development, Consultation and Approval

This is a review of an existing policy. Within the development of the original policy, the following groups were consulted:

- Care Networks, Safety Service User Group, Associate Director of Patient Safety, Sunrise Service User Group, Ward Managers, Senior Operational Managers, Heads of Nursing,

Education, Training and Development Lead, Clinical Director and Clinical Commissioning Group. NICE guidance, NMC code and GMC guidance followed.

- Within this policy review, the policy was reviewed by the Physical Health Committee and the Trust Safeguarding Team. It was also discussed at the Clinical Quality and Safety Group and with the Trust Lead for Sexual Safety and the Trust's Expert by Experience Sexual Safety Lead.
- Other available NHS Chaperone Policies have been reviewed, particularly East London NHS Foundation Trust Chaperone Policy (2023) The Review author has also consulted GMC and NMC guidance relating to Chaperone duties. The policy has also been updated to reflect legislation relating to the Mental Capacity Act (2005)

14. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/ group/ committee for action plan development	Responsible Individual /group/ committee for action plan monitoring and implementation
A) Chaperone policy implemented and embedded into ward/team areas	e.g. Review, audit	Physical Health Committee	Annual Annual	Safeguarding Assurance Committee	Physical Health Committee	Safeguarding Assurance Committee
B) Chaperone role activity and effectiveness	Dip sampling of EPR	Physical Health Committee	Annual	Safeguarding Assurance Committee	Physical Health Committee	Safeguarding Assurance Committee

This policy will be reviewed every three years or earlier where legislation dictates or practices change. The policy review date is 31 March 2027

15. Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Chief Nurse/Corporate Governance	October 24	TBC
Make team aware of new policy	Ward/Team Manager	October 24	TBC

16. Dissemination, Storage and Archiving (Control)

This section should describe how the new policy will be disseminated. It says where the policy will be made available and to whom. This will normally be that the policy is available on the Trust's intranet and available to all staff.

It makes it plain that any previous versions must be deleted and describes the archiving and storage arrangements for the current and previous versions of the policy.

It says who is responsible for archiving and version control, and what they should do.

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
2.0	October 2024	October 2024	October 2024	Jarvis October 2024

17. Training and Other Resource Implications

Any staff who are required to chaperone within their role will be required to undertake the relevant training and be compliant with:

- Safeguarding Children, Adults and Prevent
- Mental Capacity Act
- Data Security and Information Governance

18. Links to Other Policies, Standards (Associated Documents)

- Capacity to Consent Policy
- Record Management Policy
- Freedom to Speak Up
- Mental Capacity Act 2005
- Safeguarding Children, Adults and Prevent Policy
- Equality and Diversity Policy
- Lone Worker Policy
- Incident Reporting Policy
- Dignity and Respect Policy

19. Contact Details

<i>Title</i>	<i>Name</i>	<i>Email</i>
Deputy Director of Nursing	Vanessa Garrity	vanessa.garrity@shsc.nhs.uk

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.

Name/Date: Vanessa Garrity, 19th September, 2024

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have ‘due regard’ to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Disability	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Gender Reassignment	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Pregnancy and Maternity	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Race	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening

Religion or Belief	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Sex	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Sexual Orientation	Yes	This policy promotes safety, privacy, dignity, choice and respect for all patients	No negative impacts identified at this stage of screening
Marriage or Civil Partnership			

Please delete as appropriate: - Policy Amended /

Impact Assessment Completed by:
 Vanessa Garrity, 22 September 2024

Appendix B

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	Y
2.	Is the local Policy Champion member sighted on the development/review of the policy?	Y
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Y
5.	Has the policy been discussed and agreed by the local governance groups?	Y
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	N/A
Template Compliance		
7.	Has the version control/storage section been updated?	Y
8.	Is the policy title clear and unambiguous?	Y
9.	Is the policy in Arial font 12?	Y
10.	Have page numbers been inserted?	Y
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Y
Policy Content		
12.	Is the purpose of the policy clear?	Y
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Y
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	Y
15.	Where appropriate, does the policy contain a list of definitions of terms used?	Y
16.	Does the policy include any references to other associated policies and key documents?	Y
17.	Has the EIA Form been completed (Appendix 1)?	Y
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	Y
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Y
20.	Is there a plan to <ul style="list-style-type: none"> i. review ii. audit compliance with the document? 	Y
21.	Is the review date identified, and is it appropriate and justifiable?	TBC