CHAPERONE POLICY

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Policy lead	**Deputy Director of Quality & Safety**	
Policy author *(if different from above)*	**Head of Nursing and Allied Healthcare Professionals – Secure Care**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

POLICY CONTEXT

- Birmingham and Solihull Mental Health foundation trust (BSMHFT) is committed to ensuring a culture which values patient privacy and dignity and are committed to promoting the safety and well-being of our service users
- This policy supports the trust in meeting the legislative requirements, principles and values that inform the practice of mental health staff who come into contact with or deliver mental health services to such service users.
- This policy aims to ensure that patient's safety, privacy and dignity are protected during intimate examinations or procedures and intimate clinical care interventions.
- To act as safeguard for patients and employees against any unacceptable acts of behaviour during intimate examinations/ intervention.
- To minimise the risk of any Health Care Professionals (HCP), or patients actions being misinterpreted.
- All patients have a right, if they wish, to have a chaperone present during an examination or procedure or any care irrespective of organisational constraints or settings in which they are carried out.

POLICY REQUIREMENT (see Section 2)

- An outline of the chaperones role and responsibilities
- The use of a chaperone must be offered for assessments, consultations or treatments of a more personal nature where the service user may be required to remove or adjust their clothing.
- Clinical staff will be sensitive to the gender, culture, values, faith and past experiences of the service user to avoid causing the person distress
- Service users have the right, if they wish to have a chaperone present during an examination, procedure, treatment or any care, irrespective of organisational constraints or the setting in which this is carried out. The presence of a chaperone must be in addition to the person performing intimate examinations or personal care.
- The primary role of the chaperone is to act as an advocate and to support a service user. However, they can act as an independent witness so as to prevent misinterpretation of events and safeguard against those rare instances of false accusations of abuse

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1 INTRODUCTION

BSMHFT is committed to ensuring a culture in which services are delivered in a safe and effective manner with utmost consideration and value to the dignity of our service users.

This policy sets out guidance on the use of chaperones within the Trust and is based on recommendations from the:-

- General Medical Council Guidance (GMC) Intimate examinations and chaperones Policy 2023 (Ref 1).

- Nursing and Midwifery Council (NMC) Chaperoning Patients 2003: The role of the nurse and the rights of patients Guidance for nursing staff and Allied Health Professionals body (AHP) (Ref 2) It is underpinned by the NMC Code of Conduct (2015)

This policy should be read in conjunction with the Policies and Guidance documents listed in reference list: (Ref 3, 4, 5, 6.7.8, 9, 12 &13).

The Trust is visible in providing strong Board leadership; embedding our organisational values and behaviours; leadership that fosters curiosity, scrutiny, and constructive challenge along with a zero tolerance for abuse of staff or service users. This is echoed in the Francis report which was published following the public enquiry in to events in Mid Staffordshire Trust Francis report 2013 (Ref 17).

1.1 Rationale (Why)

Service users can find some consultations, examinations or procedures distressing or threatening and may prefer to have a chaperone to support them. It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required. A chaperone (particularly if it is a person known to and trusted by the service user) may help reduce distress.

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. The intimate nature of many nursing, midwifery and medical interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of inappropriate examinations or sexual assault. In these circumstances a chaperone can act as a safeguard for both patient and clinician. (Ref 2)

Not understanding the cultural background of a service user can lead to confusion and misunderstanding, with some service users believing they have been the subject of abuse. It is important that healthcare professionals are sensitive to these issues and alert to the potential for service users to be victims of abuse.

Careful consideration should be given to service users who have previously had a traumatic intimate examination or who have been sexually assaulted in the past. A

trauma informed approach should always be adopted in the planning of such procedures.

This policy therefore sets out the use of chaperones for clinical consultations, examinations and interventions, with particular regard to procedures of a more sensitive nature. The primary purpose of the policy is to ensure the safety and wellbeing of our service users and to minimise discomfort or distress experienced by a service user with the secondary benefit of providing protection for our clinical staff from complaints as a result of misinterpreted actions.

1.2 Scope

This policy applies to any healthcare personnel working in our services including locum and bank/agency staff or any other frontline clinical staff.

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating and being responsible for development and implementation of policies as part of their normal duties.

A Chaperone: - 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. The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either an informal role or a formal role.

The Collins dictionary definition is “A chaperone is someone who accompanies another person somewhere in order to make sure that they do not come to any harm.” (Ref 16).

In BSMHFT there are two categories of chaperone

- Category 1: Formal – Formal Chaperone may be referred to as an employee who acts as a witness for the patient and the Clinician, (i.e. Doctor) during an intimate medical examination or procedure being undertaken and may also in some circumstances assist the Clinician to undertake the relevant procedure. This person should understand what procedure is taking place. Healthcare students should not be used as formal chaperones.
- Category 2: Informal Chaperone may be referred to as a person or third party who 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, legal guardian, non-clinical employee, healthcare student i.e. a familiar person who may be able to give reassurance and emotional comfort to the patient leading up to and during the intimate procedure. Parents/guardians of a young person/child in our service should not automatically be used as a chaperone. In this scenario the healthcare professional will consult with the young person/child and parent/guardian to determine the best chaperone.

It applies to all consultation, examinations, procedures and interventions – particularly those which by their personal nature may cause embarrassment or distress to the service user. This will include any procedure that requires the service user to undress/have clothing removed and expose parts of their body that they would not normally choose to.

It is difficult to provide a definitive list of such scenarios and it is therefore important that each clinical member of staff uses their judgement (and seeks senior advice where necessary) to determine when the use of the chaperone may be indicated. Particular consideration must be given to the service user's individual preferences and gender, cultural/spiritual beliefs.

The role of the formal chaperone is also to identify any unusual or unacceptable behaviour on the part of the Clinician undertaking the intimate procedure. Should this occur the chaperone should remove themselves and the patient from the treatment area and immediately report any incident of inappropriate behaviour, which also includes inappropriate sexual behaviour/ intervention, to their line manager or another senior manager (Ref 3, 4 & 7), and review their statutory responsibilities.

1.3 Principles (Beliefs)

The Trust strongly support the rights of all service users to feel safe, protected and be given the best care whilst accessing the full range of mental health services available. Whilst also giving full regard to any gender, cultural/spiritual beliefs.

To ensure that patient's safety, privacy and dignity are protected during intimate examinations or procedures and intimate clinical care interventions. To act as safeguard for patients and employees against any unacceptable acts of behaviour during intimate examinations/ intervention. The Trust aims to minimise the risk of any Health Care Professionals (HCP), or patients' actions being misinterpreted.

'The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.'

(a) There is no common definition of a chaperone and their role varies considerably depending on the needs of the service user, the healthcare professional and the procedure to be carried out. The key principles for the chaperone are

- The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination. (Ref 3 & 4).
- To act as a safeguard to protect service users from verbal, physical, sexual or other abuse.
- To support communication between the service user and the person carrying out the procedure.
- To provide compassionate support and reassurance to the service user
- As a secondary benefit, provide protection for the healthcare professional against unfounded allegations of improper conduct.
- The role of the formal chaperone is also to identify any unusual or unacceptable behaviour on the part of the Clinician undertaking the intimate procedure. Should this occur the chaperone should remove themselves and the patient from the treatment area and immediately report any incident of inappropriate behaviour, which also includes inappropriate sexual behaviour/ intervention, to their line manager or another senior manager (Ref 3, 4 & 7).
- It is critical that staff report unusual behaviour and/or failure to comply with this policy. Reported breaches of the Chaperoning Policy must be formally investigated by the Line Manager, the appropriate Clinical Lead and via the Trust's Risk Management and Clinical Governance arrangements (Ref 8).
- A chaperone will also provide protection and evidence for clinician against unfounded allegations of improper behaviour which may be made by a patient.
- In all cases the presence of the formal chaperone is required during the actual physical examination element of the consultation or procedure unless the patient requests otherwise. If the patient declines a chaperone, then the clinician must assess the situation and record if this is appropriate in the patient's medical notes.
- For most patients and procedures, respect, explanation, consent, and privacy are all they need. These take presidents over the need for a chaperone. A chaperone does not remove the need for adequate explanation and courtesy, and neither can it provide full assurance that the procedure or examination is conducted appropriately.
- It is the responsibility of the clinician to ensure that accurate records are kept of the clinical contact, which also includes records regarding the acceptance or refusal of a Chaperone. Clear consent should be obtained from the patient in relation to the presence of any formal or informal chaperones prior to any clinical procedure been undertaken. Please see Consent to treatment policy (Ref 6).

(b) Any clinical physical health examination, investigation or intervention has the potential to be uncomfortable or distressing for the service user. It is important that the service user is provided with a clear explanation in terms they can

understand of any proposed examination or intervention and that their consent to proceed is sought and documented.

(c) Particular consideration needs to be given to the service user's capacity to understand the purpose and nature of the proposed assessment or intervention *(please refer to Mental Capacity Act 2005 Policy (number MHL14) which all clinical staff are required to understand.) (*Ref 5).

2 POLICY (What)

Key functions of a Chaperone

This will be determined by the requirements of each unique situation. The main functions may include the following:

- To provide the patient with physical, emotional support and reassurance during any sensitive and intimate examinations or treatment.
- Ensuring the environment supports privacy and dignity.
- Provide practical assistance with an examination.
- To safeguard the service user against any unacceptable acts of humiliation, pain and distress or abuse.
- Identifying unusual or unacceptable behaviour on the part of the healthcare professional.
- Providing protection for the clinician from a potentially abusive patient.

Chaperones should:

- Be sensitive and respectful of the patient's dignity and confidentially.
- Be familiar with the procedures involved in routine intimate examinations.
- Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record.
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end.
- Be prepared to raise concerns if misconduct occurs and report this via the Incident Management System (Eclipse form) risk management process.

(a) There are particular examinations, investigations or interventions which are more personal or intimate in nature (for example, those that require the service user to remove clothing or that require physical contact between the clinical staff member and the service user). For such procedures the Trust requires the offering of a chaperone to support the service user and minimise potential for distress and confusion.

(b) It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

(c) Where the service user is deemed to lack capacity a chaperone will always be made available.

(d) The person carrying out the physical examination, investigation or intervention will explain the procedure and offer the presence of a chaperone – either a formal chaperone or an informal one depending on circumstances.

(e) The healthcare professional will also explain the role of the chaperone

(f) For some people who use our services, whether because of mental health needs and/or learning disabilities, consultations, examinations or procedures of any nature may feel threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

(g) All service users regardless of gender will be offered a chaperone

(h) Selection of a suitable chaperone will be informed by the service user's needs and wishes in relation to their culture, values and faith.

(i) The only exception to this will be if the service user explicitly refuses the support of a chaperone – in which case this will be documented and consideration given by the clinical staff member to alternative arrangements as soon as possible or the safety/viability of continuing without.

(j) Consideration needs to be given to, although it should not always be assumed, that a family member can act as chaperone. This should not be automatically assumed. In this scenario the healthcare professional will consult with the young person/child and parent/guardian to determine the best chaperone. The service users request should be documented. Clinical staff will also need to consider past/present abuse and dynamic of coercive control when making such a decision. A relative or friend of the patient is not considered impartial observer and so would not be a formal chaperone, but it may be considered a reasonable request to have such a person present as well as a chaperone (GMC, 2023)

(k) Consideration will be required to ensure the suitability of the environment in which the procedure will take place.

(l) All guidance in this policy refers equally to young people in our care as well as adults.

(m) Breaches of and complaints relating to this policy will be investigated by the respective clinical lead in accordance with Trust policy HR37 "Managing Safeguarding Allegations for People in a Position of Trust." (Ref 13).

3 PROCEDURE

(a) The service user's capacity to consent must be assessed.

(b) The healthcare professional will explain to the service user why the examination or intervention is required.

(c) The healthcare professional will explain what is to happen to the service user in terms that they can understand and check that the service user has understood.

(d) The service user will be given the choice of having a chaperone present for the procedure.

(e) If the service user is deemed to be able to consent, they will decide whether they require a chaperone and whether they would prefer this to be formal or informal and of what gender.

(f) If the service user does not have capacity to consent then a suitable chaperone will be designated. Where possible a family member or significant other should be consulted to seek information of what the service user's wishes are likely to be.

(g) If there is any history of past trauma or abuse the professionals involved should allow for additional sensitives during the procedure and be led by service user reactions/requests.

(h) The healthcare professional/chaperone will be introduced to the service user.

(i) The healthcare professional will explain the procedure to the chaperone in order that they can offer effective support to the service user.

(j) The healthcare professional/chaperone will explain the purpose of their presence to the service user.

(k) The healthcare professional will continually explain the examination or intervention as it is being carried out and offer reassurance.

(l) The healthcare professional will afford the service user sufficient time and privacy to undress or adjust clothing. Assistance may be offered if indicated and additional covering provided to help maintain service user's dignity.

(m) The healthcare professional will ensure the service user's continuing consent and be prepared to discontinue if the service user requests it.

(n) The chaperone may not leave the room whilst the service user's clothing is adjusted or removed. In the exceptional circumstance where the chaperone must leave then the procedure will be halted and the service user's dignity maintained (Ref 3, 4 & 7).

(o) The healthcare professional will document all of the above and detail the discussion with the service user. (Ref 1)

3.1 WHERE A CHAPERONE IS NEEDED BUT IS NOT AVAILABLE OR IS REFUSED.

Where a suitable formal chaperone cannot be provided for a specific intimate procedure, all reasonable attempts must be made to locate one before a decision to continue or otherwise is made. This decision should be jointly reached with the service user and recorded in the service user's notes. The service user must be given the opportunity to reschedule their appointment within a reasonable timeframe should he/she chooses.

If the seriousness of the condition would dictate that a delay would have a negative impact then this should be explained to the service user and any discussion recorded in their notes.

It is the clinician's own discretion following discussion with the service user about their preference to proceed without a formal chaperone present. Any discussions with the service user and the rationale to proceed without a chaperone must be documented in the patient's RIO notes (Ref 1 & 2).

The Trust accepts that service users may decline the offer a chaperone for a number of reasons which should be respected. This may be because the patient feels relatively assured and is trusting of the professional relationship and feels comfortable for the clinician to undertake the procedure without chaperone and/or it may be they do not think it necessary for, or in some cases service user's may feel embarrassed or uncomfortable to have additional employees present.

If the service user is offered and does not want a formal chaperone it is important to record that the offer was made and declined. If a chaperone is refused the clinician

must make a decision about the suitability of the procedure continuing in the absence of a formal chaperone. As above, any discussions with the patient and the rationale to proceed without a chaperone must be documented in the patient's RIO notes.

3.2 A SERVICE USER'S FIRST INTIMATE EXAMINATION

The conduct of a first intimate examination or procedure may influence service user's confidence for future examinations and procedures and will require sensitivity from the examining doctor, chaperone and anyone else involved (Ref 14).

3.3 SPECIAL CONSIDERATIONS

Intimate personal care' is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much nursing and medical day-to-day care is delivered without a chaperone, as part of the unique and trusting relationship between service users and practitioners. However, employees must consider the need for a chaperone on a case-by-case basis, mindful of the special circumstances outlined in this policy and below.

3.4 ANAESTHETISED OR SEDATED SERVICE USERS

(a) Consent to intimate examinations must be sought before the service user is anaesthetised or sedated, including where this is implicit in the procedure to be undertaken. The Trust's Consent to Examination or Treatment guidelines must be followed including the use of the appropriate Consent Form.

(b) Most commonly in BSMHFT service users will only be anaesthetised if undergoing electroconvulsive therapy (ECT). The healthcare professional in charge of the ECT suite or ward will be responsible for making arrangements to ensure that the service user is safe whilst under anaesthetic, to include ensuring that more than one member of staff remains with the service user until they regain consciousness.

3.5 MHA 1983 / MCA 2005

Consent to participate in consultations or examinations are required for service user's detained under the MHA. Should the service user not consent then the Multi-disciplinary team (MDT) will review the situation and decide the best way forward (Ref 5 & 9). This should be evidenced under the relevant forms on RiO and form part of the MDT Care plan.

3.6 SERVICE USERS WITH ADDITIONAL ETHNIC, RELIGIOUS AND CULTURAL NEEDS

The ethnic, religious and cultural background of service user can make intimate examinations particularly difficult, for example, some service user may have strong cultural or religious beliefs that restrict being touched by others. Service users undergoing examinations 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. In these circumstances, a same sex healthcare practitioner

should perform the procedure wherever possible. A personalised plan of care must be developed which will consider any specific needs around gender identity and sexuality, ethnic, religious or cultural needs. Further consideration should be given with service users who identify as non-binary or who are transgender, to ensure appropriate care.

3.7 COMMUNICATION BARRIERS

It would be unwise to proceed with any examination if the healthcare professional is unsure that the service user understands due to a communication barrier. All efforts should be made to ensure the procedure is communicated. In life saving situations every effort should be made to communicate with the service user by whatever means available before proceeding with the examination.

3.8 SERVICE USERS WITH INDIVIDUAL NEEDS OR LEARNING DISABILITIES

Service users with communications needs or learning disabilities must have formal chaperone support from healthcare professionals.

Family or friends who understand their communications needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination if agreed by the service user.

The medical doctor or nurse undertaking the examination must take particular care to ensure service user's needs are met and that there Capacity to Consent is recorded and the Consent to Treatment Policy is fully complied with (Ref 6).

For service users with learning difficulties or mental health problems that affect capacity, a familiar individual such as a named family member or professional carer may be the best informal chaperone. This must be agreed and documented with the individual and the family member/carer as part of the overall best interest decision making process.

A careful, simple and sensitive explanation of the technique is vital in these circumstances. These service user groups are more at risk of vulnerability and as such, will potentially experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as "touch", one to one "confidential" settings in line with their existing or previous treatment plans history of therapy, verbal and other "boundary-breaking" circumstances.

Employees must be aware of the implications of the Mental Capacity Act (2005) ('MCA') and any cognitive impairment (Ref 5). If a service user's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental capacity must be undertaken. This should be fully documented in the service user's notes or electronic record (on RIO MC form 2), along with the rationale for the decision. In such circumstances the Trusts Safeguarding team could be contacted where ever

possible in advance to provide advice and specialist input regarding the personalised care plan and the additional support an individual may require.

Adult service users with learning difficulties or mental health problems who resist any intimate examination or procedure must be interpreted as refusing to give consent and the procedure must be abandoned. In life threatening situations the healthcare professional should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities.

3.9 WEARING OF GLOVES

During any intimate internal examination surgical gloves must be worn as per Infection prevention and control (IPC) policy. Whenever there is a need for internal examination consideration will always need to be given to how this can be completed in the most personalised and trauma informed way.

3.10 Children and Young People (Under 18 years)

The care of children and young patients often needs to be managed on an individual case basis, due to the complexities and range of issues which apply to the safe chaperoning of children and young people. All children and young people under the legal age of consent (16 years) must be seen in the presence of another adult. This may be a parent, acting as an informal chaperone.

A parent or formal or informal chaperone must be present for any physical examination; the child should not be examined unaccompanied. Any staff acting as a chaperone in the case of a paediatric patient, should have completed Level 3 Safeguarding Training.

Any intimate examination must be carried out in the presence of a formal chaperone. Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination. A parent or carer or someone already known and trusted by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

If it is ever necessary to see or examine a child or young person without a chaperone, written and signed consent must be obtained from the parent or guardian, on each occasion unless otherwise specified, and the young person and the reasons recorded in the notes.

Children and young adults being prepared for transition may be seen without their parent/carer at their request, but should be examined in the presence of a chaperone. Gillick competence/Fraser Guidelines (Ref 10) can be used to assess the circumstances in which a child under 16 will be allowed to make their own decisions on medical matters.

It is not necessary to request a chaperone for assisting infants and young children with care, such as nappy changing, unless there are special circumstances as outlined in this policy.

In relation to any photography, if a competent child refuses to be photographed their wishes must be followed irrespective of parental wishes.

Remember:

- Before carrying out a procedure/examination on a child less than 16 years of age, verbal consent must be obtained from the child and from the parent/person with parental responsibility.

- After obtaining verbal consent, the parent/person with parental responsibility should be encouraged to remain with their child throughout the procedure/examination, to give support and reassurance. The presence of a formal chaperone may still be required.

- A child who is assessed as being Fraser competent and therefore has 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed' can accept an examination/procedure/parental presence. A minor the age of 18 or under does not have the legal capacity to refuse and so consent from one person with parental authority can override refusal by a minor. The health care professional then needs to assess whether the overriding of the child's refusal is in the child's best interests.

- Where a Gillick competent child (Ref 10 & 11) refuses parental presence during a procedure/ examination a formal chaperone must be present. The person identified should be Safeguarding Level 3 trained.

- Where minors elect to or need to be examined without a parent present the healthcare professional should be guided by an assessment of Gillick Competence (Ref 15). Even when permission is gained on behalf of a minor the consent of the patient her/himself should be obtained whenever practicable and possible. Adolescent patients generally have a lower embarrassment threshold, and the healthcare professional may feel it appropriate to use a chaperone in situations where one would not normally be used.

- The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion. The law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the individual the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003 (Ref 15), makes it clear that sexual activity with a child under 13 is always an offence. The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health.

• In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. In this instance Healthcare Professionals should refer to the Safeguarding Children & Young People Policy (Ref 3), and seek support from the Safeguarding Children's Leads before undertaking any examination or procedure.

As the law relating to capacity and children is complex, if there is any uncertainty the healthcare professional should seek advice from the Named professional doctor/nurse or the Trust Legal team.

4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
All Staff - All Ward Managers, Matrons and Managers for Non Clinical Services	Act in the best interests of the service user Use professional judgement to determine if a chaperone is indicated Practice within the scope of this policy	
Service, Clinical and Corporate Directors	Ensure that the policy is cascaded through teams in their scope of leadership Ensure that staff comply with the requirements of the policy Ensure the availability of a range of staff (male, female) to meet the needs of the service users	
Policy Lead	Ensure the dissemination of the policy Monitor national and trust developments and update the policy if indicated Review the policy when required	
Executive Director	Provide executive support for the implementation of the policy	
Nursing/Midwifery Students – Medical students - Students	Act in the best interests of the service user Practice within the scope of this policy	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary	
Date policy issued for consultation	February 2024
Number of versions produced for consultation	1

Committees /meetings where this policy was formally discussed		Date(s)
Safeguarding Management Board (SMB)		
Where received	**Summary of feedback**	**Actions / Response**
NAC	Minor changes recommended	Completed

6 REFERENCES AND BIBLIOGRAPHY

Ref Number	Document Title
1	General Medical Council Intimate Examinations and Chaperones Policy, 2023
2	Nursing and Midwifery Council (NMC) Chaperoning: The role of the nurse and the rights of patients Guidance for nursing staff
3	Safeguarding Children & Young People Policy
4	Safeguarding Adults Policy
5	Mental Capacity Act 2005 Policy and Procedures
6	Consent to Treatment
7	Freedom to Speak Up: Raising Concerns
8	Risk Management Policy
9	Mental Health Act Policy and Procedures
10	Gillick competence/Fraser Guidelines
11	Fraser Guidelines, 1985 sited by NSPCC
12	Standard Infection Prevention and Control precautions Operational Procedure Partnership Committee (IPPC)
13	Managing safeguarding allegations concerning people in a position of trust
14	NMC (2003) Guidelines for Chaperoning Patients
15	Sexual Offenses Act 2003
16	Collins Dictionary
17	Francis Report Mid Staffordshire Trust 2013

7 Bibliography

1. Department of Health (2010) Essence of Care: Benchmarks for Respect and Dignity **http://wwww.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005475**
2. CHRE (2008) Sexual Boundaries between healthcare professionals and service users: responsibilities of a healthcare professional

8 Glossary

- **Chaperone**: "A chaperone is someone who accompanies another person somewhere in order to make sure that they do not come to any harm."

A member of staff of a friend/family member of the service user who accompanies the service user during a consultation, examination or intervention of a more personal nature in order to

- To act as a safeguard to protect service users from verbal, physical, sexual or other abuse
- To support communication between the service user and the person carrying out the procedure
- To provide compassionate support and reassurance to the service user
- As a secondary benefit, provide protection for the healthcare professional against unfounded allegations of improper conduct
- Identify and report unusual or unacceptable behaviour by the healthcare professional

The Trust recognises two types of chaperone

- **Formal** – another member of staff who may be present at an assessment, examination or intervention to act as a witness for both the clinical staff member and the service user. They may be involved in carrying out of the procedure.
- **Informal** – a third party who would be present but not expected to take part in the procedure (such as a friend, family member or interpreter.) Parents/guardians of a young person/child in our service should not automatically be used as a chaperone. In this scenario the healthcare professional will consult with the young person/child and parent/guardian to determine the best chaperone.
- General Practitioner (GP)
- Health Care Professionals (HCP)
- Health Care Assistant (HCA),
- Electroconvulsive therapy (ECT
- Intimate examinations - intimate examinations involving the breasts, genitalia or rectum may make the patient feel particularly vulnerable.
- Eclipse form – BSMHFT Trust Incident reporting form

9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Service user satisfaction	Operations	Complaints	Annual	Number of complaints regarding staff involved in carrying out personal care or assessments

All reported incidents relating to the carrying out of personal nature procedures	Operational Leads	Local Audit	As incident occurs	Monitoring of PIPOT Policy
Capacity for each ward and department to offer a formal chaperone if required	Matron	Safer Staffing Review	Annual	Report any barriers to policy adherence to Clinical Nurse Manager

10 APPENDICES

Appendix 1 – Equality Impact Assessment
Appendix 2 – Employee Checklist

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	Chaperone Policy		
Person Completing this policy	Zoe Cockbill	**Role or title**	Head of Nursing and AHPs
Division	SCOH	**Service Area**	SCOH
Date Started	24/1/24	**Date completed**	24/1/24
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To ensure the safety and quality of care of service users within our service who require examination/chaperoning.			
Who will benefit from the proposal?			
Service users, staff and the wider service			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
Affects care delivery for service users.			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
No			
Does it involve a significant commitment of resources? ***How will these reduce inequality?***			
No			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
No				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*				*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age	**x**			NA
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	x			Supports service users in making decisions about their care.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	x			NA
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	x			NA

People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	x			NA
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	x			NA
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	x			NA
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	x			NA
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	x			Yes – the group are considered within the policy.
This will include people who are in the process of or in a care pathway changing from one gender to another. Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights	x			NA

Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
				x
If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required. If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding. If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
Not applicable				
How will any impact or planned actions be monitored and reviewed?				
Not applicable				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Not applicable				

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

APPENDIX 2

Chaperone Policy - Employee Checklist: for
Consultation Involving Intimate Investigations / Procedures

Chaperone Policy	**Employee Checklist:**	
1	Establish there is a genuine need for an intimate examination and discuss this with the patient prior to the procedure taking place.	
2	Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions, and full explanation of what this involves.	
3	Chaperone must at all times allow patient privacy to undress and dress through the use of drapes, screens, blankets and ensure the individual is supported to dress fully after the procedure maintaining his/her full dignity and privacy at all times	
4	Offer a chaperone and explain who the chaperone would be and what their role would be	
5	If the patient would like a chaperone but no one is available, or the patient is not happy with the available chaperone, rearrange the appointment for a time when a suitable chaperone is available	
6	If the practitioner would like a chaperone present but the patient does not agree, postpone the appointment until a suitable solution can be found, or refer the patient back to the General Practitioner (GP) (unless it is an emergency situation).	
7	Obtain the patient's consent before the examination, and record that permission has been obtained in the patient's notes. Follow relevant policies where there are issues relevant to patient capacity.	
8	Obtain the patient's consent before the examination, and record that permission has been obtained in the patient's notes. Follow relevant policies where there are issues relevant to patient capacity.	

9	Be prepared to discontinue the examination at any stage should the patient request this and record the reason.	
10	Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones if this is deemed in his/ her best interest, ensuring that the role is fully explained and consent sought and recorded.	
11	Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next.	
12	Keep discussion relevant and avoid personal comments at all times.	
13	If a chaperone has been present throughout the process, record that fact and the identity of the chaperone in the patient's notes.	
14	Record any other relevant issues and escalate concerns immediately following the consultation or intervention.	