Northamptonshire Healthcare
NHS Foundation Trust

Chaperone Policy– CLP004

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Why we need this Policy

It is good practice to offer **all service users** a chaperone for any consultation; examination or procedure, including the administration of medication, where the service user or carer/relative/advocate feels one is required. This policy will enable NHFT to ensure that we respect individual Human Rights by creating an environment that upholds the Dignity and Respect of all our service users.

The offer of a chaperone should be made verbally or by use of communication aids if required i.e. prominently placed posters, leaflets, interpreters and Braille (list not exhaustive). Information related to chaperones should also be available in an in-patient admission pack.

For people who use NHFT services, whether because of mental or physical health needs, learning disabilities or sexual health concerns - consultations, examinations or procedures may be distressing, threatening or confusing. A chaperone, particularly one trusted by the service user, may help the individual through the process with the minimum of distress. Examinations involving the breasts, genitalia or rectum; or those requiring dimmed lights or the need to undress may make service user feel particularly vulnerable. The policy requires that clinicians work in a culturally sensitive manner by considering individual needs related to a protected characteristic (in accordance with Equality Act 2010), such as communication needs, religious observance or specific needs related to a service user's identity.

The presence of a third party does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure or examination is conducted appropriately.

This Policy is primarily for staff working within mental health, physical health and learning disabilities. Sexual Health already has a robust procedure in place, which specifically covers intimate examinations/procedures.

For the purposes of this Policy, individuals who use Northamptonshire Healthcare NHS Foundation Trust (NHFT's) services will be referred to as service users.

According to national guidelines (Clifford Ayling Inquiry, 2004) chaperones are most often required or requested where a male clinician is carrying out an intimate examination or procedure on a female service user - even though complaints involving allegations of improper examination are very rare. This procedure however should be followed for all service users, and will not be dependent on gender or sexuality, religious beliefs, background, culture gender, disability, age and sexual orientation.

What the Policy is trying to do

This Policy applies to all NHFT employees who examine, treat or provide care to service users and does not detract from any professional guidance, standards or codes of practice.

Staff are reminded that they have a professional obligation and legal duty to report immediately any untoward incident or inappropriate behaviours that they perceive may cause harm to a service user, whether that harm is emotional, physical or psychological.

Which stakeholders have been involved in the creation of this Policy

- Medical Director, MHA Manager, Older Peoples Service Managers, Core Service User Group, Head of Safeguarding, The Nursing Advisory Committee, Quality Forum, Equality and Inclusion Manager
- Trust Policy Board

Any required definitions/explanations

- **NHFT**

  Northamptonshire Healthcare NHS Foundation Trust

- **Chaperone**

  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 being carried out. Chaperones however, should:

  - Act as a safeguard for service users, offering protection against distress, humiliation and abuse. use, or access, resources to enable the service user to communicate appropriately with the chaperone and the individual undertaking the examination
  - provide physical and emotional comfort and reassurance to the service user during sensitive and intimate examinations or treatment
  - provide protection to healthcare professionals against unfounded allegations of improper behaviour or potentially abusive service users
  - offer practical support to service users

- identify unusual or unacceptable behaviour by the healthcare professional undertaking the examination and be mindful of the need to safeguard a service user is required

Any clinician working in a healthcare setting may be designated as an appropriate chaperone – the individual does not always have to be a 'qualified' healthcare professional but should be clinically based, and deemed as competent/experienced in their job role i.e. student nurse, healthcare assistant

- **Intimate Examination**

  An intimate examination is defined as an examination of the breast, genitalia or rectum and applies to female, male and transgender service users.

- **Intimate Procedures**

  An intimate procedure is defined as a procedure involving intimate contact such as administering suppositories and pessaries (please see Appendix 1).

Key duties

- **Chief Executive**

  The Chief Executive, on behalf of the Trust Board has overall responsibility for ensuring that the organisation complies with its statutory obligations.

- **Director of Nursing, AHP and Quality**

  Is the responsible Director for the overall implementation of this Policy.

- **Service Managers/ Head of Service**

  Are responsible for:

  - Implementing and monitoring the effectiveness of the procedure
  - Ensuring all staff within their areas comply with the procedure, and that professional standards are maintained. They must make certain that all staff are supported and that resources are available to support the procedure.
  - Ensuring action plans to address areas of non-compliance with this procedure are fully implemented.
  - Responding to audit requirements.

- **Line Managers**

  Are responsible for:

  - Ensuring that a "hard copy" of the procedure is available to every member of staff – especially those without access to the Trust intranet, and that the procedure has been read/understood by staff.
  - Responding to audit requirements.
  - Ensuring adherence with auditor's recommendations if any concerns are identified via the monitoring process.

- Ensuring the service user/carer information is on display in all clinical areas.
- Ensuring teams are adequately trained and have the right skills to implement this policy
- Following up any service user/carer issues in relation to the process of "chaperoning".
- Providing supervision within the service, to support the implementation of this procedure.

- **Clinical Staff who act as a Chaperone**
  are responsible for:
  - Reading the procedure and seeking clarification regarding the role as required
  - Their own professional practice and accountability
  - Practicing in accordance with the procedure, relevant code of conduct and local procedure.
  - Acting as an advocate for the service user and their families.
  - Using appropriate trust mechanisms to report unsafe or inappropriate practice.

Policy detail

Clinicians are advised (where appropriate) to request a chaperone, or a member of staff to be present, when carrying out personal intimate examinations, consultations or procedures.

In the instance that a service user has had/is having concerns/issues with a service, staff group or an individual member of staff - it is recognised as good practice that a chaperone should be used during examinations/procedures to safeguard the interests of both parties.

It is also recognised that there will be occasions where a clinician should insist on a chaperone being present (i.e. if the individual is particularly vulnerable), even if the service user refuses. If the service user continues to refuse a chaperone the examination if appropriate should not take place (this should be documented in the clinical record).

Some service users may not need or want a chaperone present during an examination, in these cases if reasonable and justified this should be clearly documented within the clinical record.

When booking a service user an appointment which may require a chaperone; consideration needs to be given at the time of booking as to whether a chaperone would be readily available.

In all appropriate clinic / waiting areas signs must be on display advising patients that they can ask for a chaperone.

- **Non-Healthcare Professionals**

  In line with CHRE (2008) guidance NHFT recommends that a chaperone should be a member of clinical staff. However, if a service user requests that a friend/relative should be present at an examination/procedure this should be honoured and documented appropriately.

Where staff have concerns regarding the service user's choice of chaperone this should be discussed within the team. The outcome of these discussions should be communicated to the service user and carer (where appropriate) and documented. It is noted that community staff may utilise friends/family as a chaperone more frequently, especially when the procedure is taking place in the service user's home.

- **The Role of the Chaperone is to:**

  If possible try to gain an understanding of the purpose of the examination or procedure as well as how it will affect the examiner's clinical decision-making. Where necessary this should be explained to the service user using the most appropriate form of communication.

  Ensure that the examiner has given a comprehensive explanation of the procedure in a way that the service user can understand, including elements such as the level of discomfort the service user can expect.

  Explain to the service user that a chaperone is there to support them and if needed act as their advocate during the examination ensuring they have the opportunity to ask questions and express concerns.

  Ensure the environment supports privacy, dignity, gender, religious or cultural needs.

  Be certain that the service user agrees to the examination and understands the procedure before the process begins. This should be documented accordingly. If there is reason to doubt the person's capacity to consent to the examination then a formal assessment of capacity should be completed. If this concludes the person lacks capacity then any decision made in accordance with best interests guidance will involve the chaperone as part of the consultation and decision making.

  Other considerations:

  The service user has the right to request a change of chaperone and in this event another chaperone must be found. This may result in the procedure / examination not taking place.

  If the service user does not wish to have a chaperone present, record in the clinical records that the offer was made and declined.

  In the case of female service users, the chaperone (unless the service user expresses differently) must be of the same gender. Male service users must also be afforded the same rights. For transgender service users, staff should be guided by the service user's need and personal preference.

  Where a chaperone is a member of NHFT staff they must document their role during the procedure in service user's records.

  The chaperone must not leave the room whilst an intimate examination or procedure is taking place in order to witness the examination/procedure.

In the event that the chaperone has to leave the room the procedure should be halted until the chaperone returns. During this time the service user's privacy and dignity must be maintained e.g. by covering with a blanket etc.

- **Communication**

  It is unwise to assume that the service user understands why certain examinations are being conducted or why they are done in a certain manner. In this instance a number of communication techniques can be deployed in order to promote understanding. Where the service user has little or no capacity e.g. end stage Dementia/Brain injury where appropriate the service user's carer/relative/advocate should be consulted, any expressed opinions should be documented in the service user's clinical record. Clinicians are required to ensure that interpreters or translator are provided for service user who may not have English as a first language or have a communication need relating to a disability / impairment. It is not appropriate to use family members in place of appropriately trained translators.

  The purpose and outcome of any examination/procedure should be documented in line with local procedure and communicated to colleagues as appropriate.

- **The Procedure**

  The service user must be provided with privacy to undress and dress (as appropriate) and consent to physical contact

  Assistance in dressing/undressing, mobilising etc. should be given if assessed as necessary or requested by the service user /carer/family/advocate.

  The examiner must carry out the procedure in a courteous way. The chaperone should assist the examiner in remaining alert to signs of increasing anxiety, discomfort or distress.

  The examiner is expected to wear gloves on both hands during any invasive examination – the reasons for this should be explained to the service user.

  Personnel from outside the immediate area should not interrupt the examination. DO NOT ENTER or EXAMINATION IN PROGRESS signs must be employed.

  Continuation of the examination should only occur when the service user is happy to do so (this should also be documented in the single clinical records).

  Concerns relating to the conduct of a clinician during an intimate examination or procedure **MUST** be reported without delay in line with Trust Procedure HR009 – Guidance for Staff Raising Issues of Concern.

  Students should not carry out, or sit in on, intimate examinations or procedures unless specific consent has been sought from the service user /carer/family/advocate.

  When students are conducting intimate examinations or procedures they should be supervised by a senior clinician. The involvement of a senior clinician does not exclude the need for a chaperone.

- **Cultural Values and religious Observances**

  The cultural values and religious observances of service users can make intimate examinations and procedures difficult and stressful for both themselves and healthcare professionals. Clinicians need to be sensitive to the needs of service users and their specific requirements must be fully understood (through the use of interpreters if appropriate), and wherever possible be fully complied with, prior to and during intimate examination or procedures

  Where an interpreter may be required, staff should follow local guidance to source the interpreter. However, it should be noted that a member of the service user's family could be utilised for chaperoning only if both parties are in agreement. As stated above, it is not appropriate to use family members in place of appropriately trained translators. Consent must be clearly documented.

- **Mental Health Act (1983) / Mental Capacity Act (2005)**

  If an examination/procedure is required for those individuals detained under the mental health act (1983) consent should still be obtained from the service user. If consent cannot be obtained from the service user i.e. they refuse – a number of communication methods should be utilised. If the service user continues to refuse treatment this must be discussed within the MDT meeting. If there is reason to doubt the person's capacity to consent then a formal assessment of capacity should be completed and if lacking capacity any decision made must be using best interests guidelines in accordance with NHFT Mental Capacity Act (2005) Policy (CLP023) . The role of the chaperone in this instance should support the service user during these assessments, assist in the communication process (where required) and contribute to the best interests decision making.

- **Service Users with Communication / Learning Disabilities**

  We adhere to the requirements of the Accessible Information standard to ensure we record and provide communication needs in appropriate formats for service users. Service users with communication needs or learning disabilities must ((where appropriate) have a chaperone to support them to understand any clinical intervention and to ensure that communication needs are met and we are able to minimise distress caused by the procedure.

- **Service Users in Community Settings**

  It is understood that working within the community setting can bring its own challenges pertaining to the chaperone process – however assessment/identification of lone working activities must be carried out to address any chaperoning issues prior to seeing a service user at base or during a community visit.

  This procedure must also be read in conjunction with HSC006 - Lone Working Procedure and HR009 – Raising issues of concern (Freedom to speak up).

- **Children / Young People**

  Parents/guardians should not be automatically used as chaperones for a child / young person. Consultation between the child/parent/guardian and healthcare professionals will assist in deciding who is best suited to undertake the role. The young person may for example be accompanied by another individual of the same age (CGST, 2005).

Where there is doubt/concern regarding the child/young person's choice advice must be sought from a line manager.

Training requirements associated with this Policy

- **Specific Training not covered by Mandatory Training**

  Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

How this Policy will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
All incidents of concern regarding the carrying out of intimate examinations and procedures whether reported by a service user, a member of their family, a friend or a member of staff will be treated as per the relevant Trust procedure.	Datix will flag incidents which will be monitored, a 24 hour report will be requested and the appropriate action (e.g. SI, clinical review, HR process) instigated following review.	Head of Safe-guarding/ Head of Patent Experience	As an incident occurs	The Serious Incident Review Group	Quality Forum via the Patient safety Reporting process
The procedure will be monitored via patient experience data.	Incidents will be monitored via the monthly	As above	As required	As above	As above

Utilising complaints, PALs, SI's, IWGC and compliments any issues pertaining to the chaperoning of service users will be identified. Where required appropriate actions will be undertaken in line with the appropriate Trust procedure/ process.	patient safety data available to the team. The data can be themed and categorised utilising our internal systems so that issues pertaining to chaperoning can be easily recognised. Incidents will be reviewed via a Datix and 24 hour report (if appropriate) and processes (as stated above applied).				
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

For further information

The Trust's body of Policy can be found here:
http://nww.nhft.northants.nhs.uk/Content/Policies_and_Procedure/index.jsp

No further references, bibliography or web links are provided for this Policy.

Equality considerations

The Trust has a duty under the Equality Act and the Public Sector Equality Duty to assess the impact of Policy changes for different groups within the community. In particular, the Trust is required to assess the impact (both positive and negative) for a number of 'protected characteristics' including:

- Age;
- Disability;
- Gender reassignment;
- Marriage and civil partnership;
- Race;
- Religion or belief;

- Sexual orientation;
- Pregnancy and maternity; and
- Other excluded groups and/or those with multiple and social deprivation (for example carers, transient communities, ex-offenders, asylum seekers, sex-workers and homeless people).

The author has considered the impact of the Chaperone Policy on these groups. In the development of this Policy, clear requirements have been stipulated to ensure that barriers related to a persons protected characteristics are considered. The policy emphasises the need to uphold and respect individual Human Rights. The clear guidance have been given where clinicians are to identify a specific related to age, disability (communication needs and access to facilities), language barriers, cultural / religious differences and sensitiveness have all been taken into account. Through the adoption of this policy we anticipate that positive experience for all protected groups, we address any elements or discrimination raised service users.

Reference Guide

Clinical Governance Support Team - Guidance on the Role and Effective Use

Chaperones in Primary and Community Care settings - Model Chaperone Framework (June 2005)

Code of Professional Conduct – Nursing & Midwifery Council (2008).

Human Rights Act (1998)

Guidelines for Professional Practice (1996) UKCC

Clifford Ayling Inquiry (July 2004)

CHRE (2008) Sexual boundaries between healthcare professionals and patients: responsibilities of the healthcare professional

RCP (2007) Sexual boundary issues in psychiatric settings

Document control details

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Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1.0	08.12.2015	09/12/2015	08/12/2018	New governance of trust policies template.
2.0	04.12.2018	04.01.2019	04.12.2021	Review

Appendix 1 - Checklist for consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the service user.

2. Explain to the service user why an examination is necessary and give them an opportunity to ask questions.

3. Offer a chaperone or invite the service user to have a family member or friend present (as per procedure). If the service user does not want a chaperone, record that the offer was made and declined in the clinical records.

4. Obtain the service user's consent before the examination and be prepared to discontinue the examination at any stage at their request.

5. Record that permission has been obtained in the service user's clinical records.

6. Ensure the service user has the opportunity (if required) to talk with the chaperone in private prior to beginning the examination.

7. Once the chaperone has entered the room give the service user privacy to undress and dress.

8. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.

9. If a chaperone has been present record their role and identity in the service users records.

10. Record any other relevant issues or concerns immediately following the consultation.

Appendix 2 - Service user/Carer Information

Northamptonshire Healthcare NHS Foundation Trust (NHFT) is committed to providing a safe, comfortable environment where service users and staff can be confident that best practice is being followed at all times and the safety of everyone is of paramount importance.

All service users are entitled to have a chaperone present for any consultation, examination or procedure where they or their carer/advocate feel one is required.

The Trust will endeavour to provide a formal chaperone at the time of request, however occasionally it may be necessary to reschedule an appointment/procedure.

A healthcare professional may require a chaperone to be present for certain consultations in accordance with local procedure. If you would like more information or to forward any comments on the use of chaperones please talk to a member of staff.