

Reference Number: UHB 092 Version Number: 2	Date of Next Review 28 Jun 2019 Previous Trust/LHB Reference Number: UHB 092
Chaperone Policy	
Policy Statement <p>To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure patients' safety, privacy and dignity are protected during intimate clinical examinations. To safeguard staff and patients from misinterpretation of actions taken as part of a consultation, examination, treatment or care, the provision of a chaperone will be made available.</p>	
Policy Commitment <ul style="list-style-type: none"> • To ensure that all examinations, investigations and consultations are undertaken in a respectful and dignified manner. • To safeguard the dignity, safety, vulnerability, and wellbeing of patients and healthcare providers and to protect against embarrassment throughout consultations, examinations, investigation or procedure. • Provide guidance on special circumstances which may require a chaperone. 	
Supporting Procedures and Written Control Documents <p>This Policy is to be used in conjunction with the supporting documents listed below:</p> <ul style="list-style-type: none"> • All Wales Child Protection Procedures (2008) • Cardiff and Vale UHB (2012), Consent to Examination or Treatment Policy • Cardiff and Vale UHB (2014), Lone Worker Policy • Royal College of Emergency Medicine (2015) Best Practice Guideline Chaperones In Emergency Departments • The All Wales Guidance: Safeguarding Children and Young People from Sexual Exploitation (2011) • The Mental Capacity Act (2005) • UN Convention for the Rights of the Child (1991) 	
Scope <p>This policy applies to all healthcare professionals employed by the UHB, including those on temporary or honorary contracts, students and bank or agency staff. It also applies to academics and healthcare support workers. In this policy, all staff groups will be referred to as employees.</p>	
Equality Impact	An Equality Impact Assessment (EqIA) has been completed

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Assessment	and this found there to be no impact.
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Health Impact Assessment	A Health Impact Assessment (HIA) is not required for this policy.
Policy Approved by	
Group with authority to approve procedures written to explain how this policy will be implemented	
Accountable Executive or Clinical Board Director	Chief Nurse/Executive Nurse Director
<p style="text-align: center;"><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	Date approved by Board/Committee/Sub Committee dd/mm/yyyy	TBA <i>[To be inserted by the Gov. Dept]</i>	Revised document
2	28/06/2016	16/08/2016	Added to Section 2.0 The aim of the policy is to ensure that patients' safety, privacy and dignity are protected during intimate clinical examinations and to safeguard staff and patients from misinterpretation of actions taken as part of a consultation, examination, treatment or care.
			Added to Section 4.0 4.2 Those staff in Emergency Departments should refer to the Royal College of Emergency Medicine Best Practice Guideline, Chaperones In Emergency Departments (2015).

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			Section 5 Job titles updated to reflect current titles
			Deleted from Section 6 6.2.2 in the case of children, a parent or guardian may be used with reference to the All Wales Child Protection Procedures (2008) for further information.
			Added to Section 6 6.2.5 The presence of the chaperone must be documented.
			Added to Section 6 6.4.1 or delay the consultation, examination, procedure or investigation until such time a chaperone becomes available.
			Added to Section 6 6.5.4 Further guidance can be found in the UHB Procedure for NHS Staff to Raise Concerns (2015).
			Added to Section 7 7.1 Issues specific to Children Children are normally chaperoned by parents, carers or someone known and trusted or chosen by the child. The full name of the accompanying adult and their relationship to the child should be recorded in the clinical records. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents without a parent or guardian, the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases consent should be secured and a formal chaperone present for any examination. In situations where abuse is suspected healthcare professionals should refer to the All Wales Child Protection Procedures (2008) or contact the Safeguarding Team for advice.

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			Added to Section 7 7.3.1 Patients who are seen by a lone worker should be made aware by the worker of their right to request the presence of a chaperone.
			Added to Section 8 8.2 It is important that the name and role of the chaperone present is documented in the patient's notes. If the patient is offered a chaperone and declines the offer, it is also important to document that the offer was made and declined.
			Added to Section 12 Strategic Equality Plan Fair Care 2016-2020.

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1.0 INTRODUCTION

Cardiff and Vale University Health Board is committed to providing a safe and dignified environment where patients and staff can be confident that best practice is being followed and that the safety of everyone is of paramount importance. Intimate examinations raise considerable issues about clinical governance and risk management for both the healthcare provider and patient. It is acknowledged that a person who feels vulnerable may misinterpret interventions or actions as threatening or intrusive.

A chaperone is a person who is present during a consultation, examination, investigation or treatment as a safeguard for all parties, and is a witness to continuing consent of the procedure. A chaperone will be a clinical employee, for example, Healthcare Support Worker; where relatives are present, please refer to section 6.2.5, and in the case of children please see 6.2.3.

All clinical examinations, procedures and consultations are potentially distressing for patients. Patients can find that examinations, photography or investigation involving the breast (e.g. palpating the apex beat), genitalia and rectum are particularly stressful and embarrassing (these are collectively known as intimate examinations). Consultations involving the need for patients to undress, be touched for extensive periods, conducted with dimmed lights, or during examinations where the healthcare providers are in close proximity (such as during eye examinations) may also make patients feel vulnerable.

Professional and Regulatory bodies are in receipt of numerous complaints from patients who have wrongly misinterpreted the intention of healthcare employees. They are also in receipt of complaints of inappropriate behaviour of healthcare providers towards patients. Whilst these allegations are rare, allegations are made against both male and female healthcare employees. The use of a chaperone can safeguard both the patient and healthcare employee.

There are few situations where it is deemed mandatory that a chaperone is provided. Where this is the case procedures will be developed to clearly identify how this will be provided for. In all other situations healthcare employees should consider when undertaking any consultation, examination, investigation or procedure whether it is appropriate under the circumstances to offer the patient a chaperone.

Following the Ayling enquiry (2004) a number of recommendations were made for the use of chaperones in healthcare settings, specifically around who should undertake the role and the training required for the role.

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2.0 AIM

The aim of the policy is to ensure that patients' safety, privacy and dignity are protected during intimate clinical examinations and to safeguard staff and patients from misinterpretation of actions taken as part of a consultation, examination, treatment or care. It is to ensure employees have an understanding of their role, and the rights of the patient when conducting a consultation, examination, investigation or procedure with regard to the provision of a chaperone.

3.0 OBJECTIVES

3.1 To ensure that all examinations, investigations and consultations are undertaken in a respectful and dignified manner.

3.2 To provide supplementary information in support of the Consent to Examination or Treatment Policy (2012).

3.3 To safeguard the dignity, safety, vulnerability, and wellbeing of patients and healthcare providers and to protect against embarrassment throughout consultations, examinations, investigation or procedure.

3.4 Provide guidance on special circumstances which may require a chaperone.

4.0 SCOPE

4.1 This policy applies to all healthcare professionals employed by the UHB, including those on temporary or honorary contracts, students and bank or agency staff. It also applies to academics and healthcare support workers. In this policy, all staff groups will be referred to as employees.

4.2 Those staff in Emergency Departments should refer to the Royal College of Emergency Medicine Best Practice Guideline, Chaperones In Emergency Departments (2015).

4.3 Whilst Independent Contractors are not mandated to follow the policy it does support a framework for good practice and may be supplementary to guidance already adopted within that setting. Independent Contractors are responsible for the development and management of their own procedural documents and for ensuring compliance with relevant legislation and best practice guidelines.

4.4 This policy aims to support safe practice and does not override professional judgement. In exercising professional judgement, any deviation

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from the policy must be documented in the patient's records, and if considered necessary, reported through the UHB's incident reporting process.

4.5 This policy must be read in conjunction with the Mental Capacity Act (2005) and the Consent to Examination or Treatment Policy (2012).

5.0 RESPONSIBILITIES

5.1 Executive Nurse Director, Medical Director, and Director of Therapies and Health Sciences

The Executive Nurse Director, Medical Director and Director of Therapies and Health Sciences has delegated responsibility for ensuring that the UHB has a clear policy outlining its commitment to providing chaperones where appropriate.

5.2 Clinical Board Director and Clinical Board Nurses

The Clinical Board Director and Clinical Board Nurse will ensure that:-

5.2.1 Their employees are aware of the contents of the Chaperone Policy and the arrangements for identifying the need and providing a chaperone where required within their Clinical Board.

5.2.2 The training needs of staff are assessed in accordance with the Knowledge and Skills Framework (KSF) and that where further development is required this is reflected within Personal Appraisal Development Plans.

5.2.3 The Quality and Safety Meeting, or other appropriate forum, monitors the implementation of this policy and any associated local procedures.

Note: Where a Clinical Board does not have a Clinical Board Nurse the Clinical Board Director and Head of Operations and Delivery will ensure that the responsibilities detailed above have been appropriately discharged.

5.3 Clinical/Community Directors and Directorate/Locality Lead Nurses/Heads of Service

Clinical/Community Directors and Clinical Board/Locality Lead Nurses/Heads of Service are responsible for ensuring that:-

5.3.1 Their employees are aware of the contents of the Chaperone Policy and the arrangements for identifying the need and providing a chaperone where required within their Directorate or Department.

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5.3.2 The training needs of staff are assessed in accordance with the Knowledge and Skills Framework (KSF) and that where further development is required this is reflected within Personal Appraisal Development Plans.

5.3.3 Examinations, procedures and consultations where a Chaperone should always be offered and provided are identified and recorded.

5.3.4 Circumstances where it has not been possible to adhere to such procedures are reported and investigated in accordance with the Incident Reporting and Investigation Procedure (2013).

5.3.5 The Directorate/Locality Quality and Safety Group meeting, or other appropriate forum monitor the implementation of this policy and any associated local procedures.

5.3.6 Reports are provided to the Clinical Board Quality and Safety Meeting, or equivalent, when requested.

Note: Where a Directorate/Locality does not have a Lead Nurse the Clinical Director and Directorate/Locality Manager will ensure that the responsibilities detailed above have been appropriately discharged.

5.4 Employees

Employees will ensure that:

5.4.1 Their practice reflects the requirements of this policy, any associated procedure and/or professional code/guidance.

5.4.2 Information regarding failure to comply with this policy, any associated procedure and/or professional code/guidance is reported to their Line Manager and that the incident reporting system is used where appropriate.

5.4.3 They comply with the provisions of this policy, any associated procedure and/or professional code/guidance. Failure to comply will be investigated and managed as appropriate in accordance with the relevant Disciplinary Policy.

6.0 POLICY GUIDANCE

6.1. The dignity and respect of patients must be maintained at all times:

- Facilities must be available for the patient to undress in a private, undisturbed area.

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- Intimate examinations must take place in a closed room, or in screened bays which must not be entered without consent whilst the examination is taking place.
- Interruptions by telephone or message must be kept to a minimum other than in an emergency.

6.1.2 Prior to performing an examination a full explanation as to why it is necessary should be given to the patient. The Cardiff and Vale UHB Consent to Examination or Treatment Policy 2012 provides comprehensive guidance.

6.1.3 The offer of a chaperone is not dependent on the gender of the patient or employee. Intimate examinations can cause anxiety for both male and females.

6.1.4 Patients undergoing examination, treatment or procedure should only be required to uncover the part of the anatomy required for investigation or imaging.

6.1.5 Patients will be encouraged to maintain their independence as far as it is practicable, for example, by undressing themselves.

6.2 Offering a Chaperone

6.2.1 The patient and the employee have the right to request a chaperone and where appropriate, there is a requirement to provide one. There are certain circumstances where a chaperone must be present and reference must be made to local procedures.

6.2.2 A chaperone will be a clinical employee

6.2.3 The chaperone must introduce herself/himself to the patient.

6.2.4 Whilst patients feel reassured by the presence of a familiar person and this request should be respected in almost all cases, it should not be assumed that it is acceptable to the patient for the familiar person to remain present during examinations and investigations. The familiar person cannot act as a chaperone and the employee should still offer a chaperone. If the healthcare employee requests a chaperone, one should be provided.

6.2.5 The presence of the chaperone must be documented and this entry should be countersigned by the chaperone.

6.3 Patients who are offered a chaperone but decline

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6.3.1 The patient has the right to choose not to have a chaperone. It is important to record this decision. However, please refer to local guidance for circumstances where a chaperone must be present.

6.3.2 If a patient declines a chaperone, it is acceptable for a consultation, examination or investigation to be performed without a chaperone. Employees should note that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

6.3.3 An employee may feel vulnerable or unhappy to proceed in the absence of a chaperone. This may be due to unpredictable or inappropriate behaviour of the patient or their family member/friend. In these situations, it may be possible to arrange for the patient to be referred to another healthcare employee and the reason explained to the patient and documented.

6.3.4 The patient has the right to decline a particular chaperone if that person is not acceptable to them for any reason, e.g. gender. In this instance alternative arrangements may be considered.

6.4 Where a chaperone is needed but not available

6.4.1 If the patient has requested a chaperone and none is available at that time, an opportunity must be given to reschedule the appointment or delay the consultation, examination, procedure or investigation until such time a chaperone becomes available.

6.4.2 If the patient refuses the consultation, examination, procedure or investigation without a chaperone, it must be documented in the notes and an incident form should be completed.

6.5 Role of the Chaperone

6.5.1 There is no common definition of a chaperone and the role varies considerably depending on the needs of the patient, the employee and the nature of the consultation, examination or intervention.

6.5.2 The chaperone acts as a safeguard for all parties and is a witness to continuing consent to the procedure. The role of the chaperone may include the following:

- To provide and assist with the physical, emotional comfort and reassurance to patients.
- To provide a safeguard for the patient against humiliation, pain or distress during an examination and protect against verbal, physical, sexual or other abuse.

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- To provide a safeguard to employees against unfounded allegations of improper behaviour.

6.5.3 It is essential that the chaperone is courteous, helpful and professional at all times and has awareness of the examination, treatment or procedure being undertaken.

6.5.4 The chaperone must discuss any concerns that may arise with his or her line manager. Further guidance can be found in the UHB Procedure for NHS Staff to Raise Concerns (2015).

7.0 SPECIAL CONSIDERATIONS

7.1 Issues specific to Children

Children are normally chaperoned by parents, carers or someone known and trusted or chosen by the child. The full name of the accompanying adult and their relationship to the child should be recorded in the clinical records. Children and their parents or guardians must receive an appropriate explanation of the procedure in order to obtain their co-operation and understanding. If a minor presents without a parent or guardian, the healthcare professional must ascertain if they are capable of understanding the need for examination. In these cases consent should be secured and a formal chaperone present for any examination. In situations where abuse is suspected healthcare professionals should refer to the All Wales Child Protection Procedures (2008) or contact the Safeguarding Team for advice.

7.2 Issues specific to religion/ethnicity or culture and Sexual Orientation

Practitioners should ensure that they are aware of any cultural, religious beliefs or restrictions the patient may have. Cultural, ethnicity and religious beliefs and sexual orientation must be taken into account at all times. Cultural, ethnic and religious beliefs of some can make intimate examinations particularly difficult; The patient may have a cultural dislike to being touched by a person of the opposite sex or undressing.

7.3 Lone working

7.3.1 Where a healthcare provider is working in a situation away from other colleagues e.g. home visits, the principles of this policy apply. Patients who are seen by a lone worker should be made aware by the worker of their right to request the presence of a chaperone.

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8.0 COMMUNICATION AND DOCUMENTATION

8.1 The most common cause of complaint is a failure on the patient's part to understand what the healthcare provider was doing in the process of treating them. Clear communication with the patient is required throughout the whole process.

8.2 It is important that the name and role of the chaperone present is documented in the patient's notes. If the patient is offered a chaperone and declines the offer, it is also important to document that the offer was made and declined.

8.3 Record keeping must be contemporaneous and reflect the communication between healthcare professional and patient.

9.0 TRAINING

9.1 All employees must to be aware of their own professional code in relation to their own clinical area of expertise.

9.2 It is the responsibility of the line manager to ensure that employees are made aware of this policy and any local arrangements, and their role and responsibilities at local induction.

10.0 IMPLEMENTATION

10.1 The policy will be implemented by UHB and will apply to all healthcare providers in all care settings across the UHB.

10.2 Accountability for practice rests with the individual employee choosing to undertake any consultation, examination, procedure or treatment.

11.0 CLINICAL POLICIES AND GUIDANCE DOCUMENTS

The evidence which underpins the principles detailed in this policy has been obtained from extensively researched guidance as follows:

Cardiff and Vale UHB (2012); Consent to Examination or Treatment Policy
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Approved%20CV%20Consent%20Policy%202012%20v1.1.pdf>

Cardiff and Vale UHB (2013) Incident Reporting and Investigation Procedure
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Incident%20Reporting%20Policy%20with%20new%20App%209%20V1.1.pdf>

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Cardiff and Vale UHB (2015) Procedure for NHS Staff to Raise Concerns
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/raising%20concerns%20procedure%20%28adopted%20by%20PPD%2031%2003%2015%29.pdfV2.pdf>

Chartered society of Physiotherapy (2013); Chaperoning and related issues

Council for Healthcare Regulatory Excellence (2008); Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals
[http://www.bacp.co.uk/admin/structure/files/pdf/14836_11421_clear_sexual_boundaries_professionals\(1\).pdf](http://www.bacp.co.uk/admin/structure/files/pdf/14836_11421_clear_sexual_boundaries_professionals(1).pdf)

Department of Health (2004); Independent Enquiry into how the NHS handled allegations about the conduct of Clifford Ayling
<https://www.bipsolutions.com/docstore/pdf/8221.pdf>

General Medical Council (2013); Supplementary Guidance: Maintaining a Professional Boundary Between You and Your Patient
http://www.gmc-uk.org/guidance/ethical_guidance/maintaining_boundaries.asp

Health and Care Professions Council (2016) Standards of conduct, performance and Ethics. Policy and Standards Department
<http://www.hcpc-uk.org/assets/documents/10004EDFStandardsofconduct,performanceandethics.pdf>

Kavanagh S., Anthony S. Close Encounters of the Risky Kind. MPS Casebook.
2004; **12**: 13-14 May Close
<http://www.medicalprotection.org/Default.aspx?DN=8ad714de-6f4b-43eb-b4c0-5b8d1a513bcb>

Medical Protection Society Professional Support and Expert Advice (2016); Chaperones FAQs
<http://www.medicalprotection.org/docs/default-source/pdfs/factsheet-pdfs/england-factsheet-pdfs/chaperones.pdf?sfvrsn=13>

Royal College of Emergency Medicine (2015) Best Practice Guideline Chaperones In Emergency Departments.
www.rcem.ac.uk/CEM/document?id=8291

Royal College of Nursing (2002) Chaperoning – The Role of the Nurse and the Rights of Patients. Guidance for Nursing Staff
https://www2.rcn.org.uk/data/assets/pdf_file/0006/78513/001446.pdf

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Royal College of Obstetricians and Gynaecologists (2002); Gynaecological examinations: Guidelines for Specialist Practice

The Society of Radiographers (2007) Consent to Imaging and Radiotherapy Treatment Examinations: An Ethical Perspective and Good Practice Guide for the Radiography Workforce
http://www.sor.org/system/files/article/201202/sor_consent_document.pdf

Wai D, Katsaris M, Signahl R (2008) Chaperones. Are we protecting patients? British journal of General Practice. 2008 Jan 1; 58(546): 54–57
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2148245/>

12.0 EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Strategic Equality Plan Fair Care 2016-2020. The responsibility for implementing the plan falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

We have undertaken an Equality Impact Assessment and received feedback on this policy and the way it operates. We wanted to know of any possible or actual impact that this policy may have on any groups in respect of gender, maternity and pregnancy, carer status, marriage or civil partnership issues, race, disability, sexual orientation, Welsh language, religion or belief, transgender, age or other protected characteristics. The assessment found that there was no impact to the equality groups mentioned. Where appropriate we have taken the necessary actions required to minimise any stated impact to ensure that we meet our responsibilities under the equalities and human rights legislation.

13.0 AUDIT

13.1 Adherence to the policy will be appropriately audited by the Clinical Boards, and may include the number of requests for chaperones.

13.2 Any concerns raised, and reported breaches of the policy will be formally investigated.

14.0 DISTRIBUTION

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14.1 This policy will be available via the UHB Clinical Portal, Intranet and Internet web sites. Where staff do not have access to these resources, the line manager must ensure that they are aware of the content where appropriate.

14.2 Responsibility for distribution within Clinical Boards will be undertaken by the Clinical Board Director,

15.0 REVIEW

The policy will be reviewed to reflect any changes in guidance or legislation. As a minimum, it will be reviewed three years after the date of approval.