

HYWEL DDA UNIVERSITY HEALTH BOARD



Chaperone Procedure

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Brief Summary of Document:	This Procedure gives guidance for the use of chaperones within the Hywel Dda University Health Board
Scope:	This Procedure covers all service areas within Hywel Dda University Health Board including Acute/ Community/Mental Health and Learning Disability Services
To be read in conjunction with:	<p>008 - Consent for Examination or Treatment Policy</p> <p>811 – Mental Capacity Act Practice Guidelines</p> <p>133 - Equality and Diversity Policy</p> <p>182 - Staff Concerns (Whistle Blowing) Policy</p> <p>Wales Safeguarding Procedures 2019</p> <p>170 - Lone Worker Policy</p> <p>NHS Wales Good Working Practice Principles for the use of Chaperone During Intimate Examinations for Procedures within NHS Wales (2019)</p> <p>Social Services and Wellbeing (Wales) Act 2014</p> <p>Independent Inquiry into Child Sexual Abuse (IICSA)</p>
Owning Group	<p>Senior Nursing and Midwifery Team</p> <p>Chair: Mandy Rayani Director of Nursing Midwifery & Patient Experience</p>

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	19.1.2016
2	Full review	29/04/2020

Glossary of terms

Term	Definition
Fraser competent	A child under the age of 16, who has been assessed as Fraser competent i.e. has sufficient maturity and intelligence to be capable of understanding the treatment and making a decision based on the information provided (refer to Consent to examination or treatment policy).

Keywords	Chaperone
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HYWEL DDA UNIVERSITY HEALTH BOARD

CONTENTS

1.	INTRODUCTION	4
2.	STATEMENT	4
3.	SCOPE.....	5
4.	AIM.....	5
5.	OBJECTIVES.....	5
6.	PROCEDURE	5
6.1.	Offering a Chaperone.....	5
6.2.	Choice of Chaperone	6
6.3.	Consent.....	7
6.3.1.	Consent to examination.....	7
6.3.2.	Consent to the presence of a chaperone	7
6.4.	Documentation	8
6.5.	Issues Specific to Diversity, Religion, Ethnicity or Culture	8
6.6.	Safeguarding and Protecting Children and Adults at Risk.....	8
6.7.	Protection of the Incapacitated, Unconscious or Sedated Patient.....	8
6.8.	Issues Specific to Learning Difficulties and Mental Health	9
6.9.	Chaperoning Children	9
6.10.	Lone Working.....	10
7.	ROLES & RESPONSIBILITIES	10
7.1.	Chief Executive	10
7.2.	Clinical Directors	10
7.3.	Heads of Nursing, Therapies and Senior Medical Managers	10
7.4.	All healthcare professionals undertaking the procedure or examination	11
7.5.	All Healthcare staff undertaking the role of chaperone.....	11
8.	TRAINING	11
9.	IMPLEMENTATION	12
10.	FURTHER INFORMATION	12

HYWEL DDA UNIVERSITY HEALTH BOARD

1. Introduction

This Procedure sets out guidance for the use of chaperones during consultations, examinations and investigations.

There is no common definition of a chaperone and their role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. However as based on the NHS Wales Good Working Practice Principles for the use of Chaperones (2019) a Chaperone is defined as “A formal chaperone is a person appropriately trained, whose role is to observe the examination/procedure undertaken by the Health Practitioner. Chaperones are present to support and protect patients and Healthcare Practitioners”.

The chaperone should be regarded as a third party and is present as a safeguard for all parties (patient and healthcare workers) and is a witness to continuing consent of the examination or procedure, however a chaperone cannot be a guarantee of protection for either the examiner or examinee.

All clinical consultations, examinations and investigations are potentially distressing to the patient or person undergoing them. Examinations, investigations, inspection or photography involving the rectum, genitalia or breasts are particularly intrusive and collectively referred to as “intimate examination”. As such, these can cause anxiety for both male and female patients and need to be practised in a sensitive manner. Each patient will respond differently to these situations, depending on their individual beliefs, views, religion, culture and past experiences.

Both patients and clinical staff are vulnerable during an intimate examination. Whilst allegations of indecent assault during a clinical examination are rare, the use of a chaperone can safeguard both patient and Health Care Professional (HCP). Good communication with the patient regarding the reason for examination and the technique to be used will help the patient to feel more at ease and avoid the Health Care Professional’s intention or actions being misconstrued. Respect, explanation, consent and privacy are more important than the need for a chaperone for the majority of patients and appropriate technique, sensitive behaviour and expertise of staff are of paramount importance.

Chaperones should be used with caution, as their presence can potentially reduce the likelihood of patients confiding sensitive information to their practitioner (such as sexual or any other form of abuse, previous termination of pregnancy or domestic violence, for example). Some patients also find their distress increases with the number of people present during the examination.

2. Statement

Hywel Dda University Health Board (HDUHB) is committed to providing a safe, comfortable environment where patients and staff can be confident that best practice is being followed at all times, dignity and privacy is being respected, and the safety of everyone is of paramount importance.

This Procedure defines who is responsible for obtaining a chaperone and sets out guidance for the use of chaperones and the procedures that should be in place for consultations, examinations, investigations and imaging.

HYWEL DDA UNIVERSITY HEALTH BOARD

If a member of the nursing team is designated as a formal chaperone then the following should be noted:-

The Nurse Staffing Levels (Wales) Act 2016 requires that the Health Board has a sufficient staffing level in place in all areas to be able to provide sensitive care to our patients. The impact on the nurse staffing level of this Procedure must therefore be explicitly considered for each service that falls within the scope of this Procedure and if necessary, either initiate a review of the nurse staffing level required in the clinical area (where the impact of meeting the requirements of this policy is considered to be particularly significant) or monitor the position so that any emerging or gradually increasing impact of the Procedure is considered during a routine nurse staffing level review

3. Scope

This Procedure applies to all healthcare professionals, clinical and support staff working within the Health Board including Pre-Registration Student Nurses and Midwives/Medical Students/ and Allied Health Professional Students on clinical placement. In the Procedure all staff groups will be referred to as the “healthcare professionals”.

This Procedure applies to the care of adults, young people and unaccompanied, Fraser competent, children.

The use of the feminine gender equally implies to the male and similarly the use of the male gender equally implies to the female.

4. Aim

The aim of this Procedure is to provide guidance and advice on using chaperones during examination and procedures.

5. Objectives

The objective of this Procedure is:

- To promote that patients’ safety, privacy and dignity is protected during intimate examinations
- To minimise the risk of the healthcare professional’s actions being misinterpreted
- To promote the safety of healthcare professionals whilst carrying out intimate clinical examinations.

6. Procedure

6.1. Offering a Chaperone

It is the responsibility of the healthcare professional undertaking the procedure to determine if the offer of a chaperone is required, take appropriate steps to obtain one, and ensure a suitable environment.

A chaperone should be offered to all patients undergoing intimate examinations/ procedures irrespective of gender of either the patient or the healthcare professional.

As well as during intimate examination of patients, it is often appropriate to use a chaperone for history taking and less intrusive physical examinations, depending on the patient’s wishes and the circumstances.

HYWEL DDA UNIVERSITY HEALTH BOARD

In these circumstances, if the patient is offered and does not want a chaperone (and there is no concern about the mental capacity to make this informed decision/provide this consent as e.g. is often the case during pregnancy and child birth care processes), it is important to record in the patient's medical record that the offer was made and declined. If a chaperone is declined a healthcare professional cannot usually insist that one is present and many will examine the patient without one present. Patients decline the offer of a chaperone for a number of reasons: for example, because they trust the clinician, think it unnecessary, require privacy, or are too embarrassed. However, even with the patient's consent, there are some cases where it may be inappropriate, or where the healthcare professional may be concerned, to proceed without a chaperone. For example, this may be where a healthcare professional (HCP) is carrying out an intimate examination, such as catheterisation,/rectal examination/vaginal examination/ cervical smear or breast examination; or where there is a history of violent or unpredictable behaviour. In such instances this should be explained to the patient and a chaperone position negotiated. The Health Care Professional should escalate the situation to their manager if a compromise cannot be agreed.

The patient also has the right to decline a particular person as chaperone. However if the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences will be clearly noted within the patient's medical notes (NHS Wales Good Working Practice Principles for the use of Chaperones, 2019).

Patients can request a chaperone. However if a chaperone cannot be provided, e.g. due to operational constraints, they must be informed and asked whether they wish to continue with the procedure or examination and their decision recorded in their records (NMC, 2012). However in line with the NHS Wales Good Practice Principles every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, as long as the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in their medical records. A decision to continue or otherwise should be reached jointly and the patient should be given an opportunity to reschedule their appointments within a reasonable timeframe. (Ref: Good Working Practice Principles for the use of Chaperones During Intimate Examinations or procedures within NHS Wales, 2019)

6.2. Choice of Chaperone

The decision about who is capable of chaperoning the patient relies on agreement between the healthcare professional undertaking the examination as well as the chaperone, understanding what is required in relation to the nature of the situation and the function required of the chaperone at that time. The patient has the right to decline a particular person as chaperone.

The chaperone is ideally a healthcare professional including a specifically trained pre-registration Nurse or Midwife or Medical/Allied Health Professional student on clinical placement, or a non-clinical staff member, who meets the following criteria:

- Sensitive and respectful of the patient's dignity and confidentiality
- Prepared to reassure the patient if they show signs of distress or discomfort
- Familiar with the procedures involved in the procedure or examination

HYWEL DDA UNIVERSITY HEALTH BOARD

- Prepared to raise concerns about the healthcare professional if misconduct occurs
- Ideally be the same sex as the patient
- Ideally be able to liaise with the patient in a common language

At the patient's request or if deemed in the individual's best interest it is acceptable for a friend, relative or carer to be present during a procedure with agreement of both patient and healthcare professional. This request should almost always be accepted in order to provide support and comfort for the patient. However they are not formal chaperones and cannot witness in a legal sense, or take part in the procedure and it does not negate the need for a trained chaperone to be present.

It should not be assumed that it is acceptable to the patient for a family member or friend to remain present during procedures. Situations where this may not be appropriate include where a child or young person is asked to accompany their parent during an intimate examination.

6.3. Consent

6.3.1. Consent to examination

Consent is a patient's agreement for a Health Care Professional to provide care and treatment. It should be obtained before the examination commences. Consent must be obtained and evidenced in the patient's record relevant to the procedure being undertaken. Consent can also be obtained from unaccompanied young people if they are assessed as being Fraser competent as per Fraser Guidelines (see 'H DUHB Policy 008 - Consent to Examination and Treatment Policy' for detailed guidance).

6.3.2. Consent to the presence of a chaperone

If the Health Care Professional (HCP) has a reasonable belief that the patient likely lacks capacity to give consent to a chaperone being present, a decision must be taken in the best interests of the patient. In most circumstances, where a chaperone is deemed necessary, a formal assessment of decision-making capacity would not be required but the Health Care Professional (HCP) should describe the objective reasons why they feel the patient cannot make this decision in the patient's medical record. It is likely to be in the best interests of a vulnerable patient for them to have a chaperone present. Consultation with others 'interested in the welfare of the patient' may not be practical where vulnerable patients are unaccompanied and, of course, where a vulnerable patient has a relative friend or carer with them consideration should be given as to whether that person can reasonably fulfil the role of chaperone in accordance with best practice principles (NHS Wales 2019). A relative or friend of the patient is not a suitable formal chaperone, but you should consider any reasonable request by the patient to have such a person present, as well as a chaperone. In either circumstance, the HCP should record in the patient's medical record why they believe a chaperone is in this particular patient's best interests (for further guidance on best interests see 'H DUHB Guideline 811 – Mental Capacity Act Practice Guidelines')

If a vulnerable patient is felt to have the necessary decision-making capacity and refuses the offer of a chaperone this will need to be evidenced in the patient's medical record. However, Healthcare Professionals 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. If a HCP feels that a chaperone is necessary to safeguard both the vulnerable patient and themselves, they should consider politely refusing to undertake the examination in such circumstances. If in doubt, consult a senior colleague.

6.4. Documentation

Details of the examination including presence/absence of chaperone and information given must be documented in the patient's health record. This could be the nursing, medical or therapy record according to circumstances. The record should indicate;

- That a chaperone was offered
- If the chaperone was accepted or declined.
- Name and designation of the chaperone.
- If a chaperone was requested by the patient and not available, the decision whether or not to continue with the examination /procedure should in accordance with best practice principles be jointly agreed and the patient should be given an opportunity to reschedule their appointment within a reasonable timeframe as long as the delay would not adversely affect them
- Assessment of Fraser competence in accordance with Fraser Guidelines

6.5. Issues Specific to Diversity, Religion, Ethnicity or Culture

Consideration must be given to diversity, religion, ethnicity and culture and assumptions should not be made about preferences of particular groups based on age, sex, race etc. The ethnic, religious and cultural background can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others or consideration may need to be given to the Healthcare Professional being of a specific gender eg female for the purpose of examining female patients if required. Wherever possible, particularly in these circumstances, the healthcare professional performing the procedure needs to take this into account and act accordingly within professional boundaries.

If language is a barrier an interpreter should be made available to ensure the patient understands the information being given. If an interpreter is available they may be present in addition to a formal chaperone if this is acceptable to the patient and the healthcare professional.

6.6. Safeguarding and Protecting Children and Adults at Risk

All staff have a statutory responsibility to safeguard and protect children and adults from harm, abuse and neglect. Any member of the healthcare team providing direct care to patients must be up to date with children and adult safeguarding training and aware of what constitutes abuse and neglect and their responsibility to recognise and report inappropriate behaviour / misconduct in accordance with the Social Services and Wellbeing Wales Act 2014 and Wales Safeguarding Procedures, 2019

6.7. Protection of the Incapacitated, Unconscious or Sedated Patient

Wherever possible, patients in all clinical areas should, if physically incapacitated, have cognitive difficulties which have been assessed in line with the Mental Capacity Act (2005) Practice Guidelines, or are unconscious or sedated, be under the care of two members of staff, either directly or indirectly. All such patients should have two staff, one of whom should, wherever possible, be the same gender as the patient, available and aware of the care being administered when any intimate procedures are being undertaken, this includes pressure area care, the attachment of monitors/ECG leads, catheter care, intimate hygiene procedures and the inspection of wounds, pads etc.

HYWEL DDA UNIVERSITY HEALTH BOARD

Elderly and vulnerable patients without capacity must be protected in a similar way in accordance with the Mental Capacity Act (2005) Practice Guidelines

Clinical teams should undertake generic risk assessments relating to the care processes undertaken in their clinical areas. These risk assessments should inform the decisions taken in individual patient circumstances when making decisions as to whether a patient requires the direct, or the indirect, care of two staff members. Such decisions and their rationale should be documented in the individual patient's medical records

All patients who are unconscious, incapacitated or sedated must be recorded as such in their records and in the nursing documentation and, as is good record keeping practice, a record kept of the names of both/all staff members responsible for their care, whether they have acted as a formal chaperone or been involved in undertaking procedures directly .

6.8. Issues Specific to Learning Difficulties and Mental Health

For patients with a learning disability or a mental illness, a familiar individual such as a family member or carer may be present alongside a formal chaperone who is a Healthcare Professional trained in the role (NHS Wales Good Working Practice Principles in use of Chaperone (2019)). In addition the statutory principles relating to the care of these individuals patients must comply with the Mental Health Capacity Act (2005) Practice Guidelines.

6.9 Chaperoning Children

It is important that children are offered the provision of a chaperone. A chaperone would normally be a parent or carer chosen by the child but for non-intimate procedures only.

The designation of a chaperone for a child should be decided on a case-by-case basis and Health Care Professionals must always be sensitive to the child or young person's needs. Whatever their age, the child's dignity must always be preserved and a high level of privacy, choice and control be provided.

It is usual for a parent/carer to be present with a child for a health outpatient appointment, acting as an informal chaperone, whether in a hospital or community setting. Where this is not possible or not appropriate, the presence of a formal chaperone is essential.

When using an informal chaperone for a child parents/carers must:

- receive a full explanation of the proposed procedure or interaction in order to obtain full co-operation and understanding; including Play service support
- receive an explanation of the role and the responsibilities of being an informal chaperone – i.e. to offer reassurance, emotional comfort and to support the child or young person;

The HCP must document in the clinical record that the above explanations have been provided; the documentation should also include the full name of the accompanying adult/carer and their relationship to the child.

A formal chaperone must be present when a child is undergoing an intimate examination and during any consultation, examination, procedure or investigation for safeguarding purposes. This formal chaperone is a HCP, who is fully aware and competent regarding their role and responsibilities when acting as a formal chaperone.

When using a formal chaperone the HCP must:

HYWEL DDA UNIVERSITY HEALTH BOARD

- clearly explain to the child, accompanying parent/carer the reason why a formal chaperone is required;
- clearly document the explanation in the clinical record;
- document the name, designation of the formal chaperone.

6.10 Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. home visits, the same principles for offering and use of chaperones should apply. Where it is appropriate, family members or friends may be present, providing the patient consents to this. However the role of the formal chaperone must be undertaken by a Health Care Professional who is trained in this role.

In cases where a formal chaperone is required i.e. for intimate examinations, the examination should be rescheduled to a more convenient location, or until a formal chaperone can be provided. In cases where this is not possible procedures must be in place to ensure that communication with the patient and subsequently record keeping of these discussions and outcomes are clearly maintained.

However Healthcare professionals 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.

7. Roles & Responsibilities

7.1. Chief Executive

The Chief Executive has overarching responsibility for ensuring that all appropriate healthcare professionals in Hywel Dda University Health Board are informed of and act safely within the guidance of this procedure.

7.2. Clinical Directors

Clinical Directors i.e. Director of Nursing, Quality and Patient Experience; the Medical Director; and the Director of Therapies, Health Care Sciences and Commissioning are responsible for ensuring that effective systems are in place to enable all clinical professionals to be aware of, understand and to implement the standards of care and conduct required within this procedure.

7.3. Heads of Nursing, Therapies and Senior Medical Managers

It is the responsibility of Heads of Professions within the Health Board to ensure that healthcare professionals including Pre-Registration Medical/Nursing/Midwifery/and Allied Health Professional Students receive appropriate training in respect of this procedure and the role of the chaperone, and that they have access to the appropriate resources to support its implementation. This can be delegated to appropriate team managers/professional leads as appropriate to the professional group concerned

Complaints and incidents reported relating to alleged inappropriate behaviour by Healthcare professionals must be reported in accordance with Social Services and Wellbeing (Wales) Act 2014 and Wales Safeguarding Procedures 2019. Agreement in terms of investigation must be agreed in accordance with these policies and procedures. Service Managers / Heads of Service must only proceed with internal investigation when the safeguarding process has concluded / determined this is appropriate.

HYWEL DDA UNIVERSITY HEALTH BOARD

Heads of Services must demonstrate compliance with the Part 7 of the Social Services and Wellbeing (Wales) Act 2014 and the duty to report.

7.4. All healthcare professionals undertaking the procedure or examination

- Obtain the patient's consent for the examination or procedure by providing a clear explanation, appropriate to the needs of the patient, of the reason that the examination or procedure is needed, what technique is being used and any other necessary information (refer to HDUHB Policy 008 - Policy for Consent to Examination or Treatment).
- Ensure that the environment is suitable to maintain the patients' dignity and privacy with appropriate screens and no interruptions.
- Offer the patient the choice of having a chaperone present for all intimate examinations or procedures, or in situations where the patient may feel vulnerable e.g. when the examination will take place in a darkened room).
- Document details of the examination in the patient's record (nursing medical or therapy record according to circumstances) including the presence/absence of a formal chaperone and the name and designation of the chaperone where one is used.
- Maintain the patient's confidentiality by having the chaperone present only for the procedure/examination.

7.5. All Healthcare staff undertaking the role of chaperone

The role of a chaperone requires the following responsibilities to be undertaken:

- To provide a safeguard for the patient.
- To confirm that consent issues have been addressed
- To act as witness to the procedure and to challenge and report any unusual or unacceptable behaviour by either party

In certain circumstances, a chaperone may also:

- Act as an advocate for the patient, helping to explain what will happen during the examination or procedure
- Provide emotional support, comfort and reassurance to patients in a sensitive manner.
- Assist with undressing the patient, being sensitive to the patient's privacy and dignity by allowing undressing in private and providing suitable coverings.
- Provide practical help to the healthcare professional undertaking the procedure e.g. handing instruments, etc.

8. Training

All clinical staff including pre-registration Medical/Nursing/ Midwifery/Allied Health Care Professionals/students and non-clinical staff that act as a chaperone must have an understanding of the role of the chaperone. This will be included as part of the induction within the clinical area and also other in-house HDUHB training programmes, e.g. Skills to Care programme

This must include:

- What is meant by the term chaperone
- What is an "intimate examination"
- Why chaperones need to be present
- The rights of the patient
- Their role and responsibility e.g. advocate

HYWEL DDA UNIVERSITY HEALTH BOARD

- Policy and mechanism for raising concerns

9. Implementation

The procedure will be implemented through the policy distribution channels to appropriate areas via email through the clinical Directors as well as through the Intranet pages and global Email. The procedure will be available via Hywel Dda University Health Board Policies and Procedures intranet site.

10. Further information

- Children Act 1989 & Children Act (2004) and Part 7 of the Social Services and Wellbeing (Wales) Act 2014 – duty to report.
- Social Services and Wellbeing (Wales) Act 2014
- Wales Safeguarding Procedures (2019)
- Welsh Health Circular (WHC) 2019/039 – Good working practice principles for the use of chaperones during intimate examinations or procedures within NHS Wales
- DoH (2005) *Mental Capacity Act*. London: Dept of Health.
- DoH, (2004) Independent Enquiry into how the NHS handled allegations about the conduct of Clifford Ayling
- Gillick competence and Fraser Guidelines NSPCC December 2018
GMC (2013), Intimate Examinations and Chaperones www.gmc-uk.org
- NHS Wales Good Working Practice principles for the use of Chaperones during Intimate Examinations or Procedures within Wales – (2019)
- NMC (2008, updated May 2012). Chaperoning <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Chaperoning/>
- RCN (2007), *Chaperoning – The role of the nurse and the rights of patients: guidance For nurses*. London: Royal College of Nursing.