

# Chaperone documentation in the Surgical Department

6th March 2026

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## Project

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Project status: **Active (Open approved)**

Project Tracker Status: **No status (tracking turned off)**

Project Category: **Single Site**

Project Priority: **4**

Project Code: **Pembs IS - General Surgery/CA/2025-26/01**

CQC Domains: **N/A**

Reported Group: **Specialty Meeting**

Is your project related to particular sites? **Yes**  
**Withybush General Hospital**

Is your project related to particular wards/areas? **Yes**  
**WGH - Accident & Emergency Department, WGH - Same Day Emergency Care Unit, WGH - Surgical Assessment Unit, WGH - Ward 4**

## Project Team

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Lead Participant: [REDACTED]

Participant(s): [REDACTED]

Mentor: **Mohammed Elmorsy**

## Rationale

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The use of chaperones during intimate examination is a key part of safe patient centred care.

According to the GMC, clinicians should always offer a chaperone and document both offer and the patients response. Failure to do so compromises patient dignity and trust exposing patient and clinician to consequences in medical rapport and relationship.

This audit aims to assess current practice to improve compliance in chaperoning of patients with intimate examination (e.g breast, genital or rectal examination) and documentation as per GMC guidelines.

It is essential in implementing and improving patient safety, uphold patient rights and comfort.

## Objective

This will be a two-phase audit:

1. Baseline data collection – reviewing surgical notes for documentation of chaperone use in line with NICE guidance (offer, acceptance/decline, and name/role recorded).
2. Intervention and re-audit – providing teaching and reminders to staff, followed by repeat data collection using the same standards to measure improvement.

## Methodology & Data Collection

Methodology and source of data: **Patient will be offered in consultations during clerking and if required on the ward.**

**Patient information will remain anonymous. However documentation on offering chaperone, position of the chaperone and if patient declined a chaperone will be highlighted.**

**Documentation will be from present patient files including clerking performance and clinical notes.**

Data time frame from: **09/10/2025** to: **07/11/2025**

Type of patients: **Patients presenting to the A/E department under surgery and patients in Ward 4 ( Surgical ward) requiring intimate examination including breast, genitals or rectum.**

Retrospective/prospective: **Prospective**

Has the data already been collected?: **No**

Will you be collecting sensitive patient data for this project?: **No**

## Guidance

Type	Origin	Title	Status	Further comments
Guideline	Other origin	GMC Medical Practice	Not achieved	Baseline data collected revealed compliance percentage of 43% which does not meet our criteria for achieving 80% of the necessary appropriate chaperoning documentation.

## Results

## First Cycle (Baseline Measurement)

A total of █ **intimate examinations** were reviewed in the surgical department.

Chaperoning documentation was **inconsistent** across cases.

- █ **examinations (≈43%)** met chaperoning compliance criteria
- (chaperone presence with role documented).
- In the remaining cases:
- Chaperones were either **not offered, not documented**, or
- The **role of the chaperone was missing**, despite an intimate examination being performed.
- Clinician identifiers were absent in █ **cases**.

Overall, the department **did not meet the audit standard** of  $\geq 80\%$  compliance.

### **Intervention:**

Disrupted standardized chaperoning template to the surgical department and the emergency department. Additionally displayed posters with the template in the residents room

I have presented it to the resident doctors, speciality doctors and consultants of the first round on 31st of October 2025 and 3rd of December 2025 to the new cohort to familiarize them with the chaperone documentation and GMC guidance.

# Template to follow


1. Location
2. Gender
3. Age
4. Examination required (DRE, Breast examination,genitals)
5. Chaperoning offered/declined
6. Chaperone present, and role
7. Clinician name present

Discussion:

This audit showed improved chaperoning documentation following introduction of a standardised template, although compliance remained below the 80% standard. Incomplete recording of chaperone details, consent, and clinician identifiers raises **patient safety and governance concerns**, particularly for intimate examinations. GMC guidance states that patients undergoing intimate examinations should be offered a chaperone and that the presence or refusal of a chaperone should be clearly documented. Failure to do so risks undermining patient dignity and safeguarding, and increases medico-legal risk for clinicians and the organisation.

Ongoing gaps suggest continued reliance on individual clinician recall. Viewed through a Swiss cheese model, failures occur at several levels, including individual practice and documentation systems. While education and templates led to improvement, further system-based measures are needed to support consistent and GMC-compliant practice.

### Criteria

Order	Criteria	Exceptions	Numerator/ Denominator figures	Target	Previous	Current	Status	Guidance
1	Over 80 percent of patients requiring a chaperone should have documentation of chaperone presence, whether accepted or declined.	N/A		>=80.00%	N/A	43.00%		0

### Conclusions

Baseline compliance with chaperoning documentation for intimate examinations was **43%**, below the recommended **80% standard**. Ongoing deficiencies included incomplete documentation of clinician details, consent, and chaperone information. Further measures, including staff education and improved documentation systems, are required, with a repeat audit recommended to assess sustained improvement.

Incomplete chaperoning documentation is unlikely to reflect unwillingness to comply, but rather includes time pressure in acute settings, competing documentation demands, reliance on memory during busy clinical encounters and lack of prompts at the point of documentation. Furthermore resulting in key details such as chaperone role, consent, or clinician identifiers are omitted despite appropriate clinical practice.

A SMART framework is used to focus on achievable, system-supported change rather than individual behaviour alone. Interventions are designed to be specific and measurable, feasible within existing workflows, relevant to patient safety and GMC guidance, and time-limited to allow reassessment.

#### Proposed Actions

- Promote consistent use of the standardised chaperoning template to simplify documentation.
- Reinforce expectations during induction and handover rather than relying on ad hoc reminders.
- Introduce visual prompts to reduce cognitive load at the point of care.
- Explore mandatory documentation fields to prevent unintentional omissions.

Compliance will be reassessed through another cycle within 1-3 months, allowing evaluation of sustainability and further refinement.



## Assurance & Risk

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Assurance level: **Very limited**

The project failed to achieve the standards or criteria being audited against

Risk level: **Low**

Peripheral element of treatment or service suboptimal

Add to risk register: **Yes**

## Key Successes

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No data has been recorded yet.

## Key Concerns

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No data has been recorded yet.

## Action Plan

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## Recommendations

	Recommendation	Added	By
1	Include chaperone documentation in induction meeting to new cohorts	04/02/2026	██████████
2	Expanding chaperone documentation to include more wards and hospital locations - ED, Frailty, Stroke, Acute medicine	04/02/2026	██████████
3	Provide feedback of audit results to the surgical team and methods to improve our adherence.	05/02/2026	██████████

## Actions

	Recommendation(s)	Action	Responsible	Date raised	Due date	Action RAG	Progress
1	Include chaperone documentation in induction meeting to new cohorts	Presentation to the preceding cohort on the third of December 2025. It is presented to F1, F2, clinical fellows in the presence of registrars and consultants on the new developed template for chaperoning documentation.	[Redacted]	05/03/2026	03/12/2025	●	Fully complete
2	Expanding chaperone documentation to include more wards and hospital locations - ED, Frailty, Stroke, Acute medicine	Distributed the template to the primary location of first meeting with the patient - ED. Added the template to the documentation rack and informed the ED team plus the receptionist/site.	[Redacted]	05/03/2026	08/12/2025	●	Fully complete
3	Provide feedback of audit results to the surgical team and methods to improve our adherence.	Presenting the first cycle results to my current cohort. Explained our lack of compliance with the GMC guidelines as well as the pattern in missing data points.	[Redacted]	06/03/2026	31/10/2025	●	Fully complete

## Post Project impact

This project resulted in an improvement in chaperoning documentation compliance from **43% to 60%** following introduction of a standardised documentation template and departmental awareness. While the **80% standard was not met**, the intervention led to improved recognition of chaperoning requirements and highlighted ongoing documentation gaps, particularly clinician identifiers and consent.

## List of Uploaded Files

Name	File Type	Usage	Uploaded By	Uploaded Date
<a href="#">20251016132102_gmcprofessionalstandardsintimateexaminationsandchaperones.pdf</a>	PDF	Audit data input	Thant Noe	16/10/2025
<a href="#">20260305235314_chaperoneaudit2.pptx</a>	PowerPoint Presentation	Audit evidence	Norhan Shaykhon	05/03/2026
<a href="#">20260203154332_chaperoneaudit2.pptx</a>	PowerPoint Presentation	Audit presentations	Norhan Shaykhon	03/02/2026
<a href="#">20260217195445_audit1.xlsx</a>	Excel Spreadsheet	Audit data input	Norhan Shaykhon	17/02/2026

