Cumbria Partnership NHS
NHS Foundation Trust

Chaperone Policy

Document Summary

The purpose of this policy is to raise staff awareness of the use of chaperones and provides the procedure to follow for the protection of both patient and Healthcare professional.

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POLICY AUTHOR	Associate Director of Nursing (Specialist Services)

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1. Introduction to this document

1.1 The aim of this 'Guidance' is to provide a unified source of advice to staff in Cumbria Partnership NHS Foundation Trust (the Trust/CPFT) in providing an appropriate chaperoning services to patients.

1.2 The Guidance sets out a framework upon which respect and dignity for patients and good clinical and managerial decision making should be considered when thinking about the use of a chaperone.

1.3 The requirement for intimate examination and the provision of personal care is integral to the delivery care and treatment. The presence of a chaperone is to protect and reassure both patients and staff.

2. Scope

This guidance applies to all staff working for CPFT within inpatient and community settings

3. Statement of Intent

The purpose of this policy is to raise staff awareness for the use of chaperones and provides the procedure to follow for the protection of both the patient and the healthcare professional

4. Definitions

What is a Chaperone?

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 procedure being carried out.

In essence a chaperone is an impartial third party person who is present during a patient examination and/or treatment. A chaperone is an adult person. Children should not be used as chaperones, even in exceptional circumstances.

It may be helpful for the chaperone to be the same gender as the patient, but this is not mandatory. The patient should have the opportunity to decline a particular person as a chaperone, but it must be remembered that it is unlawful to discriminate against a person purely on the basis of their gender or religious grounds.

5. Role and Responsibilities of a Chaperone

Chaperones may have a variety of roles and responsibilities for the benefit of both patients and therapists, which can be considered in any of the following areas:

- To directly observe an interventional procedure. In this case the chaperone must be able to clearly observe the area being treated and see the practitioner performing the task; be familiar with the task in question, and observe the whole of the procedure
- To take an active role in delivery of treatment, such as assisting the patient to dress/undress
- To act as a witness to continuing and ongoing consent to treatment
- To be sensitive and respect a patient's dignity and confidentiality
- To provide protection to staff against unfounded allegations of improper behaviour; and from potentially abusive and/or vexatious patients
- To identify unusual or unacceptable behaviour on the part of the member of staff. The chaperone should immediately report any incidence of "sexualised behaviour" using the relevant reporting structures
- To take an active role in supporting the patient, such as providing physical and emotional comfort and reassurance during sensitive and intimate examinations or treatment, or when the patient is upset, in pain or distressed
- Any other role where the member of staff has a concern for the well-being of their patient
- The chaperone should remain with the patient until the examination or procedure is complete

In any case where the presence of a chaperone may intrude upon or interrupt a confiding patient-clinician relationship, the presence of the chaperone should be limited to the elements of the examination that specifically require chaperoning. Some patients may prefer not to have a chaperone present during their consultation. If it is felt necessary or the clinician feels one should be present then the need for a chaperone, to protect both staff and patients, should be discussed.

6. Types of Chaperone

The designation of the chaperone will depend upon the role expected of them and the wishes of the patient.

Informal Chaperone

An example of an informal chaperone may be a family member or friend of the patient. An informal chaperone would not be expected to take an active part in the examination or delivery of treatment or

observe any interventions directly o In the case of children, it may be appropriate for the chaperone role to be fulfilled by a parent / legal guardian

In the case of children before their 17th birthday, any *intimate* procedure should be explained to both the parents/ carer and the child before it is carried out and a trained member of staff chaperone the child

Formal Chaperone

This should be carried out by a health professional or staff member such as a Support Worker or Healthcare Assistant. A formal chaperone will have a specific role to play during the consultation, and this role should be made clear to both the patient and chaperone at the outset

7. Responsibilities and duties.

Board of Directors

The Board of Directors have the responsibility that the Trust has policies and procedures in place to provide best practice. The Executive Director with responsibility for this policy is the Executive Director of Quality and Nursing.

Health Care Professionals

The patient/service user should be offered a chaperone, to be present with them during the consultation/examinations/procedure.

Quality and Safety Leads, Network Managers and Clinical Directors are responsible for ensuring that:

- Staff are aware of his policy and their responsibilities.

- That staff are competent and have the knowledge and skills to undertake the role of a chaperone as detailed below.

Chaperones

The role can vary depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out..

A chaperones role can include:-

- Always respect and maintain the privacy and dignity of the patient
- Provide emotional comfort and reassurance
- Be courteous
- Encourage questions
- Be alert for any signs of distress from the patient - verbal and non-verbal
- Be able to observe the examination/procedure
- Assist in the procedure if required to do so
- Act as the patients advocate/interpreter
- Identify unusual or unacceptable behaviour on the part of the healthcare professional and question or raise concerns at the time and /or with their line manager who may then make a referral under Safeguarding Adult Procedures. (Refer to the Trusts Safeguarding Adults Policy and Multi-Agency Procedures for detailed guidance)
- Assist with undressing/dressing, if requested
- Help the patient to understand what is being communicated to them

8. Procedure/Implementation

Mental Capacity

There is a basic assumption that every adult has the capacity to decide whether to consent to or refuse a proposed intervention, before proceeding with an examination it is vital that the patient's consent is gained.

This means that the patient must:

- Have capacity to make the decision
- Have received sufficient information and
- Not be acting under duress

Using a Chaperone

All patients have the right to have their privacy and dignity respected. Any consultation, examination, procedure, treatment or care that is of an intimate nature, will be practised in a sensitive and respectful manner. Obvious examples of an intimate examination include examination of the breasts, genitalia and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient. This will take into account personal preferences, cultural, religious wishes of patients/service users, and ensuring wherever possible misinterpretation or misunderstandings do not occur.

If a chaperone is present to witness an examination/ procedure being undertaken they must stand in a position whereby they can see the examination/procedure being carried out, to provide assurance that it has been conducted appropriately.

Therefore a chaperone in this situation will be a formal chaperone (another member of staff competent to fulfil this role).

If the patient prefers to undergo an examination/procedure without the presence of a chaperone, wherever possible this should be respected. This should be recorded in their health records as long as the following is satisfied:

- The patient is capable of making that decision and has the capacity to do so (this should be documented in the patient's record and formally recorded. Staff should refer to the Cumbria Interagency Mental Capacity Policy for guidance (available on CPFT Intranet)
- It is in the interest of the patient
- The rights of the staff member and patient are considered and will not be compromised.
- If a decision is made to use a chaperone despite patient wishes, the patient must be given an explanation why.

If the situation is deemed an emergency, and the patient declines a chaperone, it is acceptable to perform an intimate examination or procedure with or without a chaperone. This should be recorded in the patient's health electronic/paper record.

If a patient declines to have a chaperone present, but one is deemed to be necessary for safety reasons this will be explained to the patient/service user. If they continue to decline the presence of a chaperone the clinician will need to undertake an assessment of the level of risk should they proceed. It may be necessary to postpone the examination/procedure until advice can be sought,

and to complete an incident form on the Trust's Ulysses Reporting System. A culture of openness between patients/service users and health care professionals should be actively encouraged.

Details of any examinations/procedures should be recorded in the patient's health record and the presence or absence of a chaperone recorded, including the name of the chaperone.

Issues Specific to Religion, Ethnicity or Culture

The ethnic, religious and cultural background of some women can make intimate examinations particularly difficult, so the background of patients must be taken into account, as some patients may have strong cultural or religious beliefs that restrict being touched by others. If there is a language barrier it would be unwise for a procedure to take place if the healthcare professional is unsure that the patient understands what is going to happen. With the aid of an interpreter, staff should identify who the patient would like to act as a chaperone. Under normal circumstances family members/friends (and not a child) should not be asked to act as an interpreter or formal chaperone. However, a family member or friend may offer support as an informal chaperone

Health care professionals are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

Where a health care professional is working in a situation away from other colleagues e.g. home visit, out-of-hours centre, the same principles for offering and the use of chaperones should apply.as previously identified in Section 5,where it is appropriate family members/friends may take on the role of informal chaperone. In cases where a formal chaperone would be appropriate, i.e.

Intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location or arrange for a colleague to attend the appointment alongside them self (double-up visit). Where this is not an option, for example due to the urgency of the situation, then good communication and record keeping are paramount.

For further guidance, see Lone Working Policy (POL 002-057)

Issues specific to Patients who are lacking mental capacity

A familiar individual such as a family member or carer may be the best chaperone and be able to act as an advocate for patients with health problems that may affect capacity. Should the family member or carer wish to have a chaperone present, this should be provided for support also.

Adults 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 and an assessment should be made of whether the patient can be considered as having capacity or not. If a patient lacks capacity, they should be treated according to his or her own best interests. The process of assessing best interests follows the format identified in section 4 of the Mental Capacity Act.

Examination of Children Under 16 years of Age

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.

However if a child is assessed as meeting Fraser Guidelines and therefore has 'sufficient understanding and intelligence to enable him or her to understand fully what is being proposed' they can consent to an examination or procedure without parental involvement/ consent.

For a child assessed as competent the same guidance relating to adults is applicable, including the option to decline a chaperone.

For a child assessed as not competent the practitioner will need consent to examine from the child's legal guardian and it would be appropriate for both an informal and formal chaperone to be present.

In situations where abuse has been identified or is suspected, practitioners should follow child protection procedures in line with the Trusts Safeguarding Policy.

9. Training

There is currently no mandatory training associated with this policy. Individual training needs will be identified through annual appraisal and supervision.

10.Monitoring compliance with this policy

"The table below outlines the Trusts' monitoring arrangements for this policy/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	**Monitoring method**	**Individual responsible for the monitoring**	**Frequency of the monitoring activity**	**Group / committee which will receive the findings / monitoring report**	**Group / committee / individual responsible for ensuring that the actions are completed**
The use of/offer of a chaperone	Quality Peer Reviews	Associate Directors of Nursing	Yearly	Trust Wide Clinical Governance	Trust Wide Clinical Governance
The use of/offer of a chaperone	Complaints review	PET team	Yearly	Trust Wide Clinical Governance	Trust Wide Clinical Governance

11. References/ Bibliography.

A child's legal rights - Gillick competency and Fraser guidelines

https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/

General Medical Council (2013). Maintaining a professional boundary between you and your patient. London: GMC [online] www.gmc-org.uk

Guidance on the Role and Effective Use of Chaperones in Primary and Community Care settings (2005) Clinical Governance Support Team

https://www.lmc.org.uk/visageimages/guidance/2007/Chaperone_model%20framework.pdf

Starr, K, T, (2013) W**hy do you need a clinical chaperone?** Nursing. Vol 43 - Issue 7 - p 14–15

http://journals.lww.com/nursing/Citation/2013/07000/Why_do_you_need_a_clinical_chaperone_.5.aspx

Whilst there is no specific NICE guidance relating to the use of a Chaperone the following guidance may support practitioners – CG138 Patient Experience in Adult NHS services https://www.nice.org.uk/guidance/cg138 CG136 Service user experience in Adult Mental Health Services - https://www.nice.org.uk/guidance/cg136

Also there are the following NICE Quality Standards QS15 – Patient Experience in Adult NHS services https://www.nice.org.uk/guidance/qs15 and QS 16 Service user experience in Adult Mental Health Services https://www.nice.org.uk/guidance/qs14

12. Related Trust Policy/Procedures

Cumbria Multi-agency Mental Capacity Act Policy (POL -001-005-019)

Lone working Policy (POL 002-057)

Safeguarding Framework Policy (POL -001-006)

Incident and Serious Incidents that Require Investigation (SIRI) PolicyIncident reporting policy (POL 002-006-001)