Trust-wide Document

Great Western Hospitals NHS Foundation Trust

Chaperone Policy

Document No	W&C&SH - 00002	**Version No**	3.0
Approved by	Policy Governance Group	**Date Approved**	10/03/2020
Ratified by	Maternity Clinical Governance Forum	**Date Ratified**	28/01/2020
Date implemented (made live for use)	01/06/2020	**Next Review Date**	28/01/2023
Status	LIVE		
Target Audience- who does the document apply to and who should be using it. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All Obstetric/Midwifery and paediatric and Primary Care employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	N/A		
Accountable Director	Chief Nurse/Medical Director		
Author/originator – Any Comments on this document should be addressed to the author	Head of Midwifery		
Division and Department	Women, Children and Sexual Health – Maternity and Primary Care.		
Implementation Lead	Associate Medical Directors & Divisional Directors of Nursing & Head of Midwifery		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Regulatory Position	General Medical Council (GMC) Intimate Examinations and Chaperones Policy, 2013 (Ref 1) Nursing and Midwifery Council (NMC) (2003) Guidelines for Chaperoning Patients (Ref 16)		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

Instant Information 1 – Key Messages of this Policy

Key messages

- All Patients have a right to a chaperone
- All Patients must be made aware of the Great Western Hospitals NHS Foundation Trust (the Trust) Chaperone Policy
- All clinical employees must be aware and knowledgeable of the Trust Chaperone Policy.
- It is mandatory for healthcare professionals to have a formal chaperone present when performing intimate examinations
- No child, young person or adult at risk of abuse should be seen within a consultation or examined without a chaperone being offered/present
- All children and young people under the legal age of consent (16 years) the healthcare professional must be guided by an assessment of Fraser Competence
- The need for emergency care will take precedence over the request and/or requirement for a chaperone

Instant Information 2- Chaperone Policy - Employee Checklist: for Consultation Involving Intimate Investigations / Procedures

- Establish there is a genuine need for an intimate examination and discuss this with the patient prior to the procedure taking place.
- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions, and full explanation of what this involves.
- Chaperone must at all times allow patient privacy to undress and dress through the use of drapes, screens, blankets and ensure the individual is supported to dress fully after the procedure maintaining his/her full dignity and privacy at all times
- Offer a chaperone and explain who the chaperone would be and what their role would be
- If the patient would like a chaperone but no one is available, or the patient is not happy with the available chaperone, rearrange the appointment for a time when a suitable chaperone is available
- If the practitioner would like a chaperone present but the patient does not agree, postpone the appointment until a suitable solution can be found, or refer the patient back to the General Practitioner (GP) (unless it is an emergency situation).
- Obtain the patient's consent before the examination, and record that permission has been obtained in the patient's notes. Follow relevant policies where there are issues relevant to patient capacity.
- Be prepared to discontinue the examination at any stage should the patient request this and record the reason.

- Children should be given the opportunity to have parents present if they wish during the whole procedure. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones if this is deemed in his/ her best interest, ensuring that the role is fully explained and consent sought and recorded.

- 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 at all times.

- If a chaperone has been present throughout the process, record that fact and the identity of the chaperone in the patient's notes.

- Record any other relevant issues and escalate concerns immediately following the consultation or intervention.

Instant Information 3 - Key Standards for Monitoring and Audit.

The purpose of monitoring and audit is to determine patient awareness that they can ask for a chaperone, employee compliance with documentation standards against the policy and employee knowledge of the Chaperone Policy.

- Employees demonstrate a thorough knowledge of chaperoning policy and practice (95 per cent (%).
- A formal chaperone is always present when performing intimate examinations unless documented otherwise as patient preference (100%).
- Is there a poster or patient information leaflet available on request or on display (100%)
- All children, young adults or adults at risk of abuse are seen or examined with a chaperone present (100%).
- The indication for **not** having a chaperone present is documented (e.g. emergency care) (100%).

1 Introduction & Purpose

1.1 Introduction and Purpose of the Document

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to ensuring a culture which values patient privacy and dignity.

This policy sets out guidance on the use of chaperones within the Trust and is based on recommendations from the:-

- General Medical Council Guidance (GMC) Intimate examinations and chaperones (Ref 1)
- Nursing and Midwifery Council (NMC) Chaperoning: The role of the nurse and the rights of patients Guidance for nursing staff (Ref 16).
- Safeguarding patients: the Government's response to the recommendations of the Shipman Inquiry's fifth report and to the recommendations of the Ayling, Neale and Kerr/Haslam inquiries (Ref 18).
- Verita Report (Ref 9).

Patients can find some consultations, examinations or procedures distressing and may prefer to have a chaperone to support them. It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required

Any consultations or procedures involving the need to undress, the use of dimmed light or intimate examinations involving the breasts, genitalia or rectum may make the patient feel particularly vulnerable.

The intimate nature of many nursing, midwifery and medical interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of inappropriate examinations or sexual assault.

In these circumstances a chaperone can act as a safeguard for both patient and clinician.

All patients have a right, if they wish, to have a chaperone present during an examination or procedure or any care irrespective of organisational constraints or settings in which they are carried out.

The purpose of this policy is:

- To ensure that patient's safety, privacy and dignity are protected during intimate examinations or procedures and intimate clinical care interventions.
- To act as safeguard for patients and employees against any unacceptable acts of behaviour during intimate examinations/ intervention.
- To minimise the risk of any Health Care Professionals (HCP), or patients actions being misinterpreted.

This policy should be read in conjunction with the following Policies and Guidance documents:

- Safeguarding Children & Young People Policy (Ref 2)
- Safeguarding Adults at Risk Policy (Ref 3)
- Consent for Medical Treatment for All Patients at the Great Western Hospital Policy (Ref 4)
- Mental Capacity Act 2005 Policy and Procedures (Ref 5)
- Mental Health Act Policy and Procedures (Ref 13)
- Freedom to Speak Up Raising Concerns Policy (Ref 6)
- Risk Management Strategy (Ref 7)
- Perinatal Mental Health Guidelines (Ref 14)

1.2 Glossary/Definitions

A Chaperone: - There is no clear definition of a chaperone since this role varies considerably depending on the needs of the patient, the healthcare professional and the examination or procedure being carried out. The designation of the chaperone will depend on the role expected and the wishes of the patient i.e. either an informal role or a formal role.

Informal Chaperone may be referred to as a person who would not be expected to take an active part in the examination or witness the procedure directly. An example is a family member or friend, legal guardian, non-clinical employee, healthcare student i.e. a familiar person who may be able to give reassurance and emotional comfort to the patient leading up to and during the intimate procedure.

Formal Chaperone may be referred to as an employee who acts as a witness for the patient and the Clinician, (i.e. Doctor) during an intimate medical examination or procedure being undertaken and may also in some circumstances assist the Clinician to undertake the relevant procedure. Healthcare students should not be used as formal chaperones.

Intimate examinations: these include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary to touch or even be close to the patient. Cultural and diversity influences may affect what is deemed 'intimate' to a patient.

The following terms and acronyms are used within the document:

%	Per cent
ANTT	Aseptic Non Touch Technique
GMC	General Medical Council
GP	General Practitioner
HCA	Health Care Assistant
HCP	Health Care Professionals
IP&C	Infection Prevention and Control
IR1	Electronic incident reporting form
MCA	Mental Capacity Act
MSW	Maternity Support Worker
NHS	National Health Service
NMC	Nursing and Midwifery Council

2 Main Document Requirements

This policy recognises the following principles to be considered:

2.1 Role of the Chaperone

This implies a health professional such as a qualified Nurse, or a specifically skilled unregistered employee e.g. Health Care Assistant (HCA), or Maternity Support Worker (MSW).

Where appropriate the chaperone may also assist in the procedure being carried out and/or hand instruments to the examiner during the procedure where they have completed any required training to enable them to do so.

The chaperone's main responsibility is to provide a safeguard for all parties (patients and practitioners), as a witness to continuing consent to the procedure/ examination.

The role of the formal chaperone is also to identify any unusual or unacceptable behavior on the part of the Clinician undertaking the intimate procedure. Should this occur the chaperone should remove

themselves and the patient from the treatment area and immediately report any incident of inappropriate behavior, which also includes inappropriate sexual behavior/ intervention, to their line manager or another senior manager. (Ref 2, 3 & 6).

A chaperone will also provide protection and evidence for clinician against unfounded allegations of improper behavior which may be made by a patient.

In all cases the presence of the formal chaperone is required during the actual physical examination element of the consultation or procedure unless the patient requests otherwise. If the patient declines a chaperone, then the clinician must assess the situation and record if this is appropriate in the patient's medical notes.

It is the responsibility of the clinician to ensure that accurate records are kept of the clinical contact, which also includes records regarding the acceptance or refusal of a Chaperone.

2.1.1 Key Functions of a Formal Chaperone

This will be determined by the requirements of each unique situation. The main functions may include the following:

- Providing the patient with physical and emotional support and reassurance during sensitive and intimate examinations or treatment.
- Ensuring the environment supports privacy and dignity.
- Providing practical assistance with the examination
- Safeguarding patients against unacceptable acts of humiliation, pain or distress or abuse.
- Identifying unusual or unacceptable behavior on the part of the healthcare professional
- Providing protection for the Clinician from potentially abusive patients.

Chaperones should:

- Be sensitive and respectful of the patients dignity and confidentially.
- Be familiar with the procedures involved in routine intimate examinations.
- Ensure their presence at the examination is documented by the examining professional in the patient's notes or electronic record.
- Be prepared to ask the examiner to abandon the procedure if the patient expresses a wish for the examination to end.
- Be prepared to raise concerns if misconduct occurs and report this via the Incident Management System (electronic incident reporting form) risk management process.

2.1 Chaperone Process

It is good practice to offer all patients a chaperone for any consultation, examination or procedure where the patient feels one is required.

All medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures, for example the breasts, genitalia or rectum; or those requiring dimmed lights or the need to undress may make patients feel particularly vulnerable. (Ref 1)

For some people who use our services, whether because of mental health needs and/or learning disabilities, consultations, examinations or procedures of any nature may feel threatening or confusing. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.

For most patients, respect, a clear explanation, consent and privacy provided to the individual, may take precedence over the need for a chaperone. However the default position should be that **all intimate examinations** are chaperoned unless explicitly refused by the individual and recorded.

To protect the patient from vulnerability and embarrassment consideration should be given to the chaperone being of the same sex as the patient wherever possible.

In life threatening situations where speed is essential in the care or treatment of the patient it is acceptable for clinicians to perform intimate examinations without a chaperone. This should be recorded in the patient's notes (Ref 1).

Examinations should take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. A sign such as '**Do not enter'** must be used.

During the examination the examiner should:

- Be courteous at all times.
- Offer reassurance.
- Keep all discussion relevant to the examination relevant to the examination and avoid unnecessary personal comments.
- Remain alert to any verbal and non-verbal signs of distress or discomfort from the patient
- Respect any requests for the examination to be discontinued.

The Trust recognises the diversity of clinical situations which cannot be fully covered in this policy, and therefore the accountability and responsibility for assessing and seeking advice for each unique clinical situation which may not be outlined within the policy lies with the respective employee.

Reported breaches of the Chaperoning Policy must be formally investigated by the Line Manager, the appropriate Clinical Lead and via the Trust's Risk Management and Clinical Governance arrangements (Ref 7).

Clear consent should be obtained from the patient in relation to the presence of any formal or informal chaperones prior to any clinical procedure been undertaken. Please see the Consent for Medical Treatment for All Patients at the Great Western Hospital Policy for further details, (Ref 4)

2.2 Where a Chaperone is needed but is not Available or is Refused

Where a suitable formal chaperone cannot be provided for a specific intimate procedure all reasonable attempts must be made to locate one before a decision to continue or otherwise is made. This decision should be jointly reached with the patient and recorded in the patient's notes. The patient must be given the opportunity to reschedule their appointment within a reasonable timeframe should he/she chooses.

If the seriousness of the condition would dictate that a delay would have a negative impact then this should be explained to the patient and any discussion recorded in their notes.

It is the Clinician's own discretion following discussion with the patient about their preference to proceed without a formal chaperone present. Any discussions with the patient and the rationale to proceed without a chaperone must be documented in the patient's medical notes.

The Trust accepts that patients may decline the offer a chaperone for a number of reasons which should be respected. This may be because the patient feels relatively assured and is trusting of the professional relationship and feels comfortable for the Clinician to undertake the procedure without chaperone and/or it may be they do not think it necessary for, or in some cases patients may feel embarrassed or uncomfortable to have additional employees present.

If the patient is offered and does not want a formal chaperone it is important to record that the offer was made and declined. If a chaperone is refused the Clinician must make a decision about the suitability of the procedure continuing in the absence of a formal chaperone. As above, any discussions with the patient and the rationale to proceed without a chaperone must be documented in the patient's medical notes.

2.3 Special Considerations

Intimate personal care' is defined as the care associated with bodily functions and personal hygiene, which require direct or indirect contact with, or exposure of, the sexual parts of the body. It is recognised that much nursing and medical day-to-day care is delivered without a chaperone, as part of the unique and trusting relationship between patients and practitioners. However, employees must consider the need for a chaperone on a case-by-case basis, mindful of the special circumstances outlined in this policy and below.

2.3.1 Patients with Additional Ethnic, Religious And Cultural Needs

The ethnic, religious and cultural background of patients can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Patients undergoing examinations should be allowed the opportunity to limit the degree of nudity by, for example, uncovering only that part of the anatomy that requires investigation or imaging. In these circumstances, a same sex healthcare practitioner should perform the procedure wherever possible. A personalised plan of care must be developed which will take into account any specific ethnic, religious or cultural needs.

2.3.2 Communication Barriers

It would be unwise to proceed with any examination if the healthcare professional is unsure that the patient understands due to a communication barrier. In life saving situations every effort should be made to communicate with the patient by whatever means available before proceeding with the examination.

2.3.3 Patients with additional needs related to Learning Difficulties or Mental Health Issues

Patients with communications needs or learning disabilities must have formal chaperone support from healthcare professionals.

Family or friends who understand their communications needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination if agreed by the patient.

For patients with learning difficulties or mental health problems that affect capacity, a familiar individual such as a named family member or professional carer may be the best informal chaperone. This must be agreed and documented with the individual and the family member/carer as part of the overall best interest decision making process.

A careful, simple and sensitive explanation of the technique is vital in these circumstances. These patient groups are more at risk of vulnerability and as such, will potentially experience heightened levels of anxiety, distress and misinterpretation. This could potentially lead to a risk of concerns that may arise in initial physical examination such as "touch", one to one "confidential" settings in line with their existing or previous treatment plans history of therapy, verbal and other "boundary-breaking" circumstances.

Employees must be aware of the implications of the Mental Capacity Act *(2005)* ('MCA') and any cognitive impairment (Ref 5). If a patient's capacity to understand the implications of consent to a procedure, with or without the presence of a chaperone, is in doubt, the procedure to assess mental

capacity must be undertaken. This should be fully documented in the patient's notes or electronic record, along with the rationale for the decision. In all circumstances the Adult Safeguarding team should be contacted where ever possible in advance to provide advice and specialist input regarding the personalised care plan and the additional support an individual may require.

Adult patients 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.

In life threatening situations the healthcare professional should use professional judgment and where possible always discuss and engage with members of the relevant specialist teams within mental health and learning disabilities.

2.3.4 Children and Young People (Under 18 years)

The care of Paediatric patients often needs to be managed on an individual case basis, due to the complexities and range of issues which apply to the safe chaperoning of children and young people.
All children and young people under the legal age of consent (16 years) must be seen in the presence of another adult. This may be a parent, acting as an informal chaperone.

A parent **or** formal **or in**formal chaperone must be present for any physical examination; the child should not be examined unaccompanied.

Any intimate examination **must** be carried out in the presence of a formal chaperone.

Parents or guardians must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination. A parent or carer or someone already known and trusted by the child may also be present for reassurance.

For young adults, who are deemed to have mental capacity, the guidance that relates to adults is applicable.

If it is ever necessary to see or examine a child or young person without a chaperone, written and signed consent must be obtained from the parent or guardian, on each occasion unless otherwise specified, and the young person and the reasons recorded in the notes.

Children and young adults being prepared for transition may be seen without their parent/carer at their request, but should be examined in the presence of a chaperone. Gillick competence/Fraser Guidance can be used to assess the circumstances in which a child under 16 will be allowed to make their own decisions on medical matters (Ref 15).
It is not necessary to request a chaperone for assisting infants and young children with care, such as nappy changing, unless there are special circumstances as outlined in this policy.

In relation to any photography, if a competent child refuses to be photographed their wishes must be followed irrespective of parental wishes.

Remember:

- Before carrying out a procedure/examination on a child under 16 years of age, verbal consent must be obtained from the child and from the parent/person with parental responsibility.
- After obtaining verbal consent, the parent/person with parental responsibility should be encouraged to remain with their child throughout the procedure/examination, to give support and reassurance. The presence of a formal chaperone may be required.
- A child who is assessed as being Fraser competent (Ref 15) and therefore has '***sufficient understanding and intelligence to enable him or her to understand fully what is proposed'*** can accept an examination/procedure/parental presence. A minor the age of 18 or under does not have the legal capacity to refuse and so consent from one person with

parental authority can override refusal by a minor. The health care professional then needs to assess whether the overriding of the child's refusal is in the child's best interests.

- Where a Fraser competent child (Ref 15) refuses parental presence during a procedure/ examination a formal chaperone **must** be present.
- Where minors elect to or need to be examined without a parent present the healthcare professional should be guided by an assessment of Fraser Competence (Ref 15). Even when permission is gained on behalf of a minor the consent of the patient her/himself should be obtained whenever practicable and possible.
- Adolescent patients generally have a lower embarrassment threshold and the healthcare professional may feel it appropriate to use a chaperone in situations where one would not normally be used. (Ref 1)
- The age of consent is 16 years, but young people have the right to confidential advice on contraception, pregnancy and abortion. The law is not intended to prosecute mutually agreed sexual activity between young people of a similar age, unless it involves abuse or exploitation. However, the younger the individual, the greater the concern about abuse or exploitation. Children under 13 years old are considered of insufficient age to consent to sexual activity, and the Sexual Offences Act 2003, (Ref 17) makes it clear that sexual activity with a child under 13 is always an offence.
- In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. In this instance Healthcare Professionals should refer to the Safeguarding Children & Young People Policy, (Ref 2) and seek support from the Safeguarding Children's Leads before undertaking any examination or procedure.

As the law relating to capacity and children is complex, if there is any uncertainty the healthcare professional should seek advice from the Named professional or the Trust Legal team.

2.3.5 Pregnancy in Under Sixteen Year Olds

In the case of under sixteen year olds pregnancies health professionals are advised that they should always consider being accompanied by a chaperone in the following circumstances:

- Pregnancy under 16 years and requires perineal or vaginal examination in the assessment of sexual, genitor-urinary and/or elimination disorders or in assessment of pregnancy.
- Pregnancy under 16 years and is not accompanied by an individual with parental responsibility.

Please read the section on Children and Young People *(Under 18 years)* for additional information

2.3.6 Maternity

Midwifery practice, by definition, involves intimate contact with women throughout pregnancy, in labour and postnatally. Whilst the Nursing and Midwifery Council (NMC) (2013), in its position statement, acknowledges the right of patients in the care of nurses and midwives to request a chaperone, it is often neither practical nor feasible for a formal chaperone to be present for all vaginal examinations, or at all births.

Consent should be obtained, and documented, for all intimate examinations on pregnant or post-partum women by midwives (e.g. vaginal examinations, examination of the perineum, perineal suturing, assisting with breastfeeding). In gaining consent there should be acknowledgment of the intimate nature of the procedure and the potential for women to request a chaperone. In most cases an informal chaperone (e.g. partner) is present.

Equally, some women may not want their partner present for such an examination and this request should also be respected.

Where women request a formal chaperone for an examination by a midwife, this should be provided, where feasible, with an explanation that the need to provide appropriate clinical care in an emergency

may require intimate procedures to be performed in the absence of a chaperone. However, midwives should not proceed with an intimate examination if consent is withheld

2.3.7 Anaesthetised/Sedated Patients

Written consent must be obtained prior to anaesthesia, if the patient has capacity, for any intimate examination/photography under anaesthetic. Where this is not possible, e.g. as a result of unplanned or emergency surgery, every effort should be made to ensure that a chaperone is present during examination.

Please refer to the following policies for further guidance: Consent for Medical Treatment for All Patients at the Great Western Hospital Policy (Ref 4).

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

Measurable policy objectives	**Monitoring / audit method**	**Monitoring responsibility** (individual / group /committee)	**Frequency of monitoring**	**Reporting arrangements** (committee / group to which monitoring results are presented)	**What action will be taken if gaps are identified?**
Compliance with the Chaperone policy	Complaints recieved	Divisional Audit team/Divisional Governance Boards	First year of implementation of the policy and then Ad Hoc in response to any risks / incidents indicate.	Divisional Governance Boards Safeguarding children's /adults Forum	Divisions to instigate action plan against the gaps identified in the monitoring and audit of the policy.

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers, Matrons and Managers for Non Clinical Services

All Ward Managers, Matrons and Managers for Non Clinical Services are to ensure that the list of new or revised policies, competencies, clinical guidelines, strategies, plans, protocols or procedural documents published each month is on the agenda at Divisional/Service Area meetings to ensure that the documents are drawn to the attention of managers and general users. All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of the document; able to implement the document and that any superseded documents are destroyed.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

4.4 Target Audience – As indicated on the Cover Page of this Document

The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

4.5 Line Managers

The Line Manager has a responsibility for ensuring formal chaperones are available within their respective areas, and that chaperones work within their scope of practice and are fully aware of this and associated policies. They also have responsibility for informing the senior management if no suitable formal chaperone is available when required. They also have responsibility for ensuring all formal chaperones are aware of their responsibilities at a local level and that appropriate use of formal recording processes are in place within their areas of responsibility.

Managers are also responsible for ensuring that where necessary, local processes are developed and training given to planning employee rosters and skill mix to support the full implementation of this policy. Managers should review the effectiveness of the implementation, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

4.6 Health Care Professional

The health care professional is responsible for ensuring that patients are offered a chaperone as outlined in this policy, and for respecting the individual's choice to either request or decline formal and informal chaperone. This should be applicable within both an outpatient and inpatient setting. The HCP is responsible for maintaining the accurate documentation including the consent given to proceed without a chaperone. They are also responsible for the appropriate escalation of concerns should these emerge during this process.

4.7 Nursing/Midwifery Students

Students can undertake the role of an informal Chaperone if the activity is deemed appropriate with their level of competence, commensurate with their stage of training, and where there is a specific learning and development opportunity associated with the task. An assessment would be undertaken by their mentor / practice educator in discussion with the student to determine this. The student has the right to engage or refuse to undertake the role as an informal Chaperone in accordance with their code of professional conduct.

4.8 Medical Students

In line with best GMC guidance, (Ref 1) Medical students should only:

- Act as a chaperone for patients examined by the relevant clinical supervisor.
- Conduct non-intimate examinations on patients with their clinical partner (other medical student) present or on their own during year five placements.

Medical student should not:

- Conduct intimate examinations on a patient without a clinically qualified chaperone being present (i.e. doctor or nurse)

- Act as chaperone to their clinical partner for intimate examinations.
- Conduct any intimate examination unsupervised even if the patient is happy for them to proceed with the examination.

4.9 The Divisional Governance Committee

The Divisional Governance committees will be responsible for monitoring compliance

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	General Medical Council Intimate Examinations and Chaperones Policy, 2013	http://www.gmc-uk.org
2	Safeguarding Children & Young people Policy	T:\Trust-wide Documents
3	Safeguarding Adults at Risk Policy	T:\Trust-wide Documents
4	Consent for Medical Treatment for All Patients at the Great Western Hospital Policy	T:\Trust-wide Documents
5	Mental Capacity Act 2005 Policy and Procedures	T:\Trust-wide Documents
6	Freedom to Speak Up Raising Concerns Policy	T:\Trust-wide Documents
7	Risk Management Strategy	T:\Trust-wide Documents
8	ANTT Procedure for any Invasive Clinical Practice	T:\Trust-wide Documents
9	Veritas Investigation: Independent investigation into governance arrangements in the paediatric haematology and oncology service at Cambridge University Hospitals NHS Foundation Trust following the Myles Bradbury case	http://www.verita.net
10	Standard Infection Control Precautions Policy	T:\Trust-wide Documents
11	Chaperones: Requirement for use of Chaperones. Cambridge University Hospitals NHS Foundation Trust	http://www.cuh.org.uk
12	Conduct Management Policy	T:\Trust-wide Documents
13	Mental Health Act Policy and Procedures	T:\Trust-wide Documents
14	Perinatal Mental Health Guidelines	T:\Trust-wide Documents
15	Fraser Guidelines, 1985 sited by NSPCC	www.nspcc.org.uk
16	NMC (2003) Guidelines for Chaperoning Patients	www.nmc.org.uk
17	Sexual Offenses Act 2003	www.legislation.gov.uk
18	Safeguarding patients: the Government's response to the recommendations of the Shipman Inquiry's fifth report and to the recommendations of the Ayling, Neale and Kerr/Haslam inquiries	https://www.gov.uk

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Divisional Directors of Nursing & Head of Midwifery	28/11/2019
Consultant Obstetrician	28/11/2019
Clinical Audit Midwife	27/11/2019
Clinical Midwifery Manager	28/11/2019
Antenatal/postnatal ward manager	28/11/2019
Community midwifery manager	28/11/2019
Birthing centre manager	28/11/2019
Head of Nursing for Swindon Community Health Services and GWH Primary Care Network	01/06/2020

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Chaperone policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? This policy sets out guidance on the use of chaperones within the Trust		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Kathryn Owen
Date completed	28/11/2019
Job Title	Clinical Midwifery manager

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.