This policy supersedes all previous issues.
## Version control

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<td>June 2008</td>
<td>Viv Atkinson</td>
<td>SafeCare Council</td>
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<td>Faye Butler, Coleen Knox</td>
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1. Introduction

Gateshead Health NHS Foundation Trust is committed to the provision of high quality health care in all aspects of its services to patients, visitors, local community and members of staff. The Trust recognises that clinical consultations, examinations and investigations have the potential to cause some people distress. Sometimes consultations can cause people to feel vulnerable, for example where lights are required to be dimmed, there is close physical proximity, or where patients need to undress or be touched for intensive periods of time. Many patients find examinations, investigations, inspection or photography involving the rectum, genitalia or breasts particularly intrusive.

The chaperone is a third party to a clinical examination, who aims to provide support and reassurance to the patient, witness the continuing consent to a procedure, and on occasion provide practical help to the clinician. They are able to discourage unfounded allegations of improper behaviour, by acting as a witness to the procedure. This policy is therefore intended to offer safeguards to both patients and members of staff during consultation, examination, treatment and care.

2. Policy scope

This Policy applies to all healthcare professionals working within Gateshead Health NHS Foundation Trust. All staff groups are referred to in this policy as the “healthcare professional”.

Healthcare professionals should ensure that the basic principles of respect, explanation, consent and privacy and dignity apply to all patients undergoing such examinations, investigations and imaging. They must use this policy in conjunction with a range of existing good practice guidance from professional bodies, with particular reference to:

- Consent to Treatment Policy (RM22)
- Clinical Recording Keeping Guidelines
- Privacy and Dignity Policy (OP29)
- And the Mental Capacity Act 2005.

3. Aims of policy

The key aims of this policy are to establish procedures to:

- Safeguard patients throughout consultation, examination, treatment and care
- Safeguard all healthcare professionals from unfounded accusations, by patients, of improper conduct
- Promote patients rights to give or withhold their consent to any intervention
- Promote the safety, privacy and dignity of patients

4. Duties – roles and responsibilities

The Trust Board:
The Trust has ultimate responsibility for providing effective healthcare services to patients. They are responsible for ensuring there is support available to ensure the safety and wellbeing of patients in our care.
The Chief Executive:
The Chief Executive is ultimately responsible for ensuring effective corporate governance within the organisation and therefore supports the Trust-wide implementation of this policy.

Trust Managers:
Managers are responsible for ensuring all members of staff understand how the Chaperone Policy applies to them and their patients. Managers are also responsible for ensuring that where necessary, local procedures are developed, to support the implementation of this policy. Managers should review the effectiveness of the implementation of this policy, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

Privacy & Dignity Steering Group:
The Privacy & Dignity Steering Group are responsible for overseeing the development and implementation of the policy, including training provision, information and promotion.

Healthcare professionals:
It is the responsibility of the healthcare professional undertaking the procedure to determine if a chaperone is required, and to take appropriate steps to obtain one, and ensure a suitable environment. All healthcare professionals must therefore demonstrate an appropriate understanding of the role of the chaperone and the procedures for reporting concerns.

Healthcare professionals are also responsible for ensuring adequate and appropriate information about the process are documented in the patient’s notes.

Chaperones:
Members of staff who act as a chaperone must understand their role and the requirements of this policy. For example, administrative and clerical staff can only be used if they have received the appropriate training to carry out the role effectively.

Members of staff:
The presence of a chaperone does not negate the need for adequate explanation and courtesy towards patients, or provide full assurance that the procedure or examination is conducted appropriately. Therefore all members of staff are expected to work in a manner that promotes the human rights of patients to fairness, respect, equality, dignity and autonomy.

PALS:
The Trust’s PALS officers offer a confidential service to enable concerns to be raised and addressed. PALS officers therefore must be aware of the potential for abuse throughout any patient/healthcare professional interaction and report any breaches of the Chaperone Policy to the Privacy & Dignity Group.

5. Definition of terms

Chaperone:
There is no suitable common definition of a chaperone and the role of the chaperone may vary considerably depending on the needs of the patient, the
healthcare professional and the requirements of the examination or procedure. The Ayling Report described the following roles of the chaperone:

- To provide physical and emotional comfort and reassurance to a patient during sensitive examinations or treatment.
- To provide a safeguard for a patient against humiliation, pain or distress during an examination and to protect against verbal, physical, sexual or other abuse.
- To identify unusual or unacceptable behaviour on the part of the health care professional.
- To provide protection for the health care professional from potentially abusive patients.

Consent:
Consent is a patient’s agreement for a health professional to provide care. Before a healthcare professional examines, treats or cares for a patient, they must obtain their consent.

Intimate examinations:
Many patients can find examinations, investigations or photography involving the breasts, genitalia or rectum particularly intrusive, and so these are collectively referred to as “intimate examinations”. They can cause both men and women distress, even where they are carried out by members of the same gender.

In addition, examination of the chest or heart in women, which usually involves touching the breasts (e.g. lifting them up to hear the mitral valve), can also be considered to be an intimate examination requiring the presence of a chaperone.

6. Procedure for the use of Chaperones

6.1 Background and guidelines

Public inquiries such as the Harold Shipman Inquiry FIFTH REPORT Safeguarding Patients: Lessons from the Past – Proposals for the Future” (2004) and the Clifford Ayling Inquiry, “Independent Investigation into how the NHS handled allegations about the conduct of Clifford Ayling” (2004), have made recommendations relevant to this policy.

Ayling recommendations:

- No family member or friend of a patient should be routinely expected to undertake any formal chaperoning role in normal circumstances. The presence of a chaperone during a clinical examination and treatment must be the clearly expressed choice of a patient (however the default position should be that all intimate examinations are chaperoned). Chaperoning should not be undertaken by any other than chaperone-trained staff: the use of untrained administrative staff as a chaperone in a GP surgery for example, is not acceptable. However, the patient must have the right to decline any chaperone offered if they so wish.

- Beyond these immediate and practical points, there is a need for each NHS Trust to determine its chaperoning policy, make explicit to patients and resource it accordingly. This must include training for the role and an identified managerial lead with responsibility for the
implementation of the policy. It is recognised that for primary care, developing and resourcing a chaperoning policy will have to take into account issues such as one to one consultations in the patient’s home and the capacity of the individual practices to meet the requirements of the agreed policy.

- Reported breaches of the chaperoning policy should be formally investigated through each Trust’s risk management and clinical governance arrangements and treated, if determined as deliberate, as a disciplinary matter.

In addition various professional bodies have produced or reviewed good practice guidelines in order to protect both healthcare professionals and the patients in potential situations of abuse, and avoid inappropriate behaviour. These good practice guidelines include advice for healthcare professionals on obtaining consent, good communication, privacy and dignity and the use of chaperones. All healthcare professionals are expected to comply with the advice and good practice guidelines produced by their professional bodies. The Trust recognises that these are likely to develop over time, however the following information has been attached in relation to this policy:

- General Medical Council guidance for doctors (December 2001) Appendix 1.


- Chartered Society of Physiotherapy guidelines “Guidance to Members and Chaperoning and Related issues” – ERUS Fact Sheet number 24, October 2003. This is also covered implicitly within the “Code of Professional Conduct of Physiotherapists (number 2 and number 16) and the “Standards of Proficiency for Physiotherapists” (number 1). Appendices 4, 5, 6, and 7.

- NHSBSP Good Practice Guide to Breast Screening publication number 1, November 1998.

Where there are existing professional guidelines in place for services to follow, such as in Breast Screening and Physiotherapy services, it is acceptable for Departments to develop and implement their own departmental Chaperone policy. These must incorporate the principles set out in this Trust wide Chaperone policy wherever practical.

6.2 The role of the healthcare professional

The healthcare professional is responsible for establishing the patient’s needs for a chaperone during their explanation about the clinical examination, consultation or treatment. The involvement and continued presence of a chaperone during a clinical examination, consultation or
treatment must be the clearly expressed choice of a patient. Healthcare professionals must:

- Establish the needs of the patient for a chaperone, and take them into consideration when making arrangements for an appropriate person to be present.

- Identify and record any preferences or objections resulting from diverse religious, cultural or ethnic backgrounds as early as possible to avoid the potential for causing offence. The individual requirements of the patient regarding choice of chaperone should be respected.

- Ensure a suitable chaperone is present should the patient choose to have a chaperone.

- Record the presence of the chaperone and their name in the patient’s healthcare record.

- Record whether a patient has declined a chaperone at any point during the process in the patient’s healthcare record.

- Seek and record the patient’s consent to have relatives or carers present during examinations or procedures.

6.3 Information concerning patients

Adults:
All patients have the right to have a chaperone present during a clinical examination, consultation, or treatment, if they wish. Patients should have received adequate explanation as to what is required, how it will be performed, and who will be present. The healthcare professional must check the patient has understood, and given verbal consent to proceed with or without a chaperone.

In practice, most patients decline the offer a chaperone for non intimate examinations. They may be the same gender as the healthcare professional, have had the opportunity to develop trust and confidence in them, require privacy, or be too embarrassed to have someone else present. It is acceptable for a friend, relative or carer to be present during a procedure if that is the wish of the patient. This does not, however, negate the need for a properly trained chaperone to be present in accordance with this policy.

It is recognised that nurses and midwives must operate within their professional boundaries, and in doing so there will be a level of trust expected between themselves and their patients. However, nurses and midwives should, within their initial assessment of the patient, establish with the patient if they have any concerns or issues relating to personal care and determine if a chaperone would be required. This should be documented in the nursing care plan.
Children:
Children over 16 years can consent to clinical examination, consultation or treatment themselves, without their decision about a chaperone being referred to their parents or guardians. However it is good practice to involve the parents in this decision, if the young person agrees.

A person with parental responsibility can consent for a child under 16 years unless the child is deemed to be ‘Gillick competent’. In the case of children, a chaperone should be a parent or carer or alternatively someone already known and trusted by the child. In this event, the healthcare professional must clearly explain the role to the parent, carer or other trusted adult. If they are not available then their consent should be sought in advance, for a member of staff to chaperone.

Children can be accompanied by a parent, guardian or friend, but this does not negate the need for a properly trained chaperone to be present in accordance with policy.

The healthcare professional should be aware however that very occasionally there may be issues around coercion/grooming/abuse involving a ‘trusted adult’. GMC guidance (2007) also states that practitioners should ‘avoid giving the impression that young people cannot access services without a parent. They advise practitioners to think carefully about the effect a chaperone can have, as their presence can deter young people from being frank and from asking for help’.

Healthcare professionals must:

- Explain information to the child in age appropriate language.
- Record in the health record where parents, carers, other trusted adults or member of staff have acted as chaperone.
- Record in the health records where the offer of chaperone has been declined.
- Ensure an appropriate chaperone is present during examination for child protection procedures.
- Ensure an appropriate chaperone is present during the assessments of patients with sexual genitor-urinary and elimination disorders requiring perineal examination.
- Ensure an appropriate chaperone is present for children who are not accompanied by an individual with parental responsibility, or where this individual (parent/carer) requires support/guidance whilst accompanying the child or young person.

Further information about confidentiality, data protection and consent can be found in Working Together to Safeguard Children (Department of Health 1999).
**Critically ill patients:**
Healthcare professionals within the Critical Care Department (CCD) will be expected to communicate and interact with the patient in accordance with this policy. However it is recognised that due to the severity and nature of critical illness and its treatments, prior communication and subsequent consent may not always occur. In such cases it is expected that the Critical Care Department health care professional will ensure two members of staff are present when an intimate examination or care is required. If this does not occur, the rationale why should be documented in the patients health care records.

**Intimate examinations:**
As discussed in the definitions section of this policy, intimate examinations have the potential to cause patients a great deal of distress. Healthcare professionals must:

- Ensure that they offer patients the opportunity to be accompanied by a chaperone during any intimate examination, irrespective of gender of either the patient or the health professional.

- Obtain consent prior to anaesthetisation, (usually in writing), for the intimate examination of anaesthetised patients.

It is acceptable for a health professional to perform an intimate examination without a chaperone if the situation is life threatening or speed is essential in the care or treatment of the patient. Children must always be chaperoned by someone in this situation to assist with fear and distraction. Details must be recorded in the patients’ health records.

### 6.4 The choice of Chaperone

There are many issues which influence the patients’s choice to have a chaperone, and therefore the arrangements for chaperoning patients. These may include:

**Gender:**
Often patients request a chaperone of a particular gender. This is because having members of the opposite gender present can cause embarrassment or distress, particularly during intimate examinations. However staff must be aware that intimate examinations may cause anxiety for both male and females patients, whether the examiner is of the same gender as the patient or not.

**Religion and culture:**
The ethnic, religious and cultural background of some people can make some examinations particularly difficult. For example, Muslim and Hindu women have a strong cultural aversion to being touched by men other than their husbands. It may be possible, particularly in these circumstances, for a trained female healthcare practitioner to perform the procedure.
**Degree of nudity:**
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. There should be no undue delay prior to examination once the patient has removed any clothing.

**Friends and relatives:**
Friends and relatives can provide valuable emotional support to patients but cannot adequately perform the chaperone function. This is because they would not necessarily be aware of the normal procedures involved in an examination, and may not recognise any deviation from the normal procedure.

However it should never be assumed that it is acceptable to the patient for relatives to remain present, and the patient’s choice must always be sought.

**Interpreters:**
In circumstances when an interpreter is required, it should not be assumed that it is acceptable to the patient that the interpreter acts as a chaperone. Neither should it be assumed that the interpreter is comfortable with the role of chaperone. The interpreter’s role is to explain the intended procedure, treatment or examination to the patient and help to establish the patient’s consent. The interpreter should be used to establish whether the patient wishes the interpreter to be used as a chaperone or if a trained chaperone should be present. The patient’s choice should be respected and decision documented in the healthcare record, as well as the name of the interpreter/chaperone.

**Vulnerable adults:**
For some patients with learning difficulties or mental health illness, a familiar individual such as a family member or carer may be the best chaperone. A family member or carer may be able to understand, communicate and respond to the needs of the patient more quickly and effectively. Any discussion with the patient must take into consideration their communication needs. A careful, simple and sensitive explanation of the technique is vital, and easy read information and diagrams can be used to support verbal information.

Where an adult patient with learning difficulties or mental health illness resists any intimate examination or procedure, this must be interpreted as refusing or withdrawing consent. The procedure must therefore be abandoned. In lifesaving situations, healthcare professionals should consider their duty of care and may act under common law in the best interests of the patient. Further advice should be sought from:
- A senior member of the mental healthcare team.
- The Learning Disability Liaison Nurse
- Practice Development Nurse (with responsibility for disabilities)

**Mental Capacity:**
There is a basic assumption that every adult has the capacity to decide whether to consent to or refuse a proposed medical intervention, unless it is shown that they cannot understand information presented in a clear way.
By attending a consultation it is assumed by implied consent that a patient is seeking treatment. However, before proceeding with an examination it is vital that the patient’s informed consent is obtained. This means that the patient must be:

- Competent to make the decision;
- Have received sufficient information to take it; and
- Not be acting under duress.

Healthcare professionals should refer to OP57 Deprivation of Liberty Safeguards policy about assessing capacity.

**Suspected abuse:**
In situations where abuse is suspected great care and sensitivity must be used to allay fears of repeat abuse. Healthcare professionals should refer to the nominated Safeguarding Leads for advice and information about dealing with patients who are suspected of being victims of abuse.

6.5 **The role of the Chaperone**

The chaperone should be regarded as a third party to a clinical examination. They may provide support and reassurance to the patient, provide practical help to the clinician, and may discourage unfounded allegations of improper behaviour, by acting as witness to the procedure.

- Both the healthcare professional and the chaperone should leave the patient to undress or dress in private. However the chaperone should remain if the patient requests assistance for dressing.

- Where the presence of a chaperone may intrude in a confiding healthcare professional/patient relationship, chaperoning should be confined to the physical examination or interaction only. One-to-one communication between the healthcare professional and the patient should take place before and/or after the chaperoned physical examination or interaction.

- Chaperones must fully observe the healthcare professional to ensure that there are no inappropriate behaviours or actions which are out with the norm and may constitute abuse or assault. They must therefore remain present throughout the whole of the examination, procedure or treatment. They must only leave the room once the interaction is fully completed and the patient no longer requires their assistance.

- Chaperones must act as the patient’s advocate to ensure they receive an appropriate response from the healthcare professional to any discomfort or distress encountered throughout the procedure, treatment or examination. This may involve explanation, reassurance, pain relief or administration of medication to resolve the discomfort or distress.
• The chaperone must ensure that the patient’s right to withdraw consent to the procedure, examination or treatment is upheld, and the interaction abandoned if the patient requests so.

• Chaperones must intervene immediately if they observe any untoward behaviour or action taken by the healthcare professional.

• The chaperone must diplomatically and professionally request the healthcare professional to cease with the examination, procedure or treatment and request that they speak with them in confidence outside of the room. The chaperone must advise the healthcare professional of their concern and request that they do not continue. The chaperone must inform and seek assistance from their line manager immediately and request their immediate attendance.

• The chaperone must provide support and assistance to the patient and/or healthcare professional and must document the untoward incident as per the Trusts Incident Reporting Policy.

6.6 Communication, documentation and environment.

1. The healthcare professional gains the patient’s consent according to the Trusts Consent Policy, by fully explaining the intended procedure to the patient. As part of this explanation, the healthcare professional must:
   • In the case of “intimate examinations”, explain to the patient why a chaperone is required, i.e. for purposes of support to the patient and the healthcare professional
   • In the case of “non-intimate examinations” determine the patients needs as it is expected that, in the main, the use of a chaperone will not be appropriate and it is only in exceptional circumstances that you would expect a chaperone to be required, e.g. religious or cultural reasons which should be documented in the patients healthcare record

2. During the examination/procedure, the healthcare professional and the chaperone must:
   • be courteous
   • offer reassurance
   • keep discussion relevant
   • avoid unnecessary personal comments
   • encourage questions and discussion
   • remain alert to verbal and non-verbal indications of distress from the patient
   • Be aware of any health and safety considerations to protect themselves for example within the radiology department with regard to radiation risks.

3. The healthcare professional must ensure the patient’s healthcare record is updated by recording the chaperone’s name as well as any other appropriate details (for example if the patient chooses to decline a chaperone).
4. **Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity:**
   - The patient must be given complete privacy without any risk of interruption, to undress and dress before and after the examination/treatment. Assistance should be provided by the chaperone if requested by the patient. If a chaperone is not present, the healthcare professional should only assist the patient if requested to do so by them.
   - There should be no undue delay prior to examination, treatment once the patient has removed any clothing. The process should not be interrupted by phone calls or messages.
   - The chaperone must ensure that the patient’s body is not unnecessarily exposed and that use of blankets, drapes, curtains, screens etc are used to protect the modesty of the patient whilst ensuring the healthcare professional can perform the examination or treatment without hindrance.
   - Intimate examination should ideally take place in a closed room that can not be entered while the examination is in progress. If this is not possible all efforts must be made to prevent any interruption or breach of the patient’s privacy and dignity throughout the procedure/examination and the “Do Not Enter” sign must be attached to the closed curtains.
   - Staff should be aware that darkened rooms for radiological, retinoscopy or other similar procedures whilst not considered ‘intimate examinations’ may lead the patient to feel more vulnerable.

6.7 **When a Chaperone cannot be located?**

If a chaperone cannot be located, the patient must be made aware that the examination/treatment cannot go ahead and this should be documented in the patient’s healthcare record. Another alternative arrangement must be made for the examination/treatment to go ahead when an appropriate chaperone is available.

6.8 **Breach of the policy**

Reported breaches of the Trust’s Chaperoning Policy should be formally investigated through the Trust’s Risk Management Policy RM04 ‘Incident Reporting Policy’ and/or the Trust’s Complaints Procedure. If following investigation it is deemed appropriate, disciplinary action may be taken according to the Trust’s Disciplinary Policy.

7. **Training**

Members of staff who undertake a chaperone role should have undergone appropriate training in order to ensure that they develop the competencies required for this role. This will include an understanding of:
   - 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
Policy and mechanism for raising concerns
Awareness of religious, cultural, interpreting and ethnic issues, relevant to chaperoning
Awareness of the normal way in which that particular examination, procedure or treatment is performed to ensure they can identify inappropriate/ untoward behaviour

Induction of new clinical staff will include training of the appropriate conduct of intimate examinations and the use of chaperones throughout examinations, consultations and treatment of care. Trainees should be observed and given feedback on their technique and communication skills in these aspects of care and comply with all competency assessments to meet professional training requirements and CNST standards.

The policy will be promoted at induction, local induction, and mandatory training to ensure that all members of staff have an understanding of the role of the chaperone and how to access the policy.

The use of chaperones should be included in appropriate patient information/documentation where appropriate, to raise awareness with patients.

8. Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we treat members of staff and patients reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic. The aim of this policy is to provide support and reassurance to the patient, witness the continuing consent to a procedure, and on occasion provide practical help to the clinician. Chaperoning helps to discourage unfounded allegations of improper behaviour, by acting as a witness to the procedure. This policy is therefore intended to offer safeguards to both patients and members of staff during consultation, examination, treatment and care.

In this way, the policy promotes equality of opportunity and values diversity. The policy adopts a human rights approach by considering a wide variety of situations, and encourages supportive, reasonable arrangements to promote fairness, respect, equality, dignity and autonomy. This policy has been impact assessed.

9. Process for monitoring compliance with the policy

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<td>Method</td>
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<td>Policy complies with OP27 – Policy for the development, management and authorisation of policies and procedures</td>
<td>OP27 Checklist</td>
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10. Consultation and review

The policy was developed using best practice guidelines, in consultation with members of the Privacy & Dignity Group.

11. Policy implementation

The Privacy & Dignity Group is responsible for overseeing the development and implementation of the policy, including the development of training, information and promotion. However individual healthcare professionals have a responsibility to ensure they understand the role of the chaperone, and take appropriate steps to implement this policy effectively, including reporting any concerns as appropriate.

Managers are responsible for ensuring all members of staff understand how the Chaperone Policy applies to them and their patients. Managers are also responsible for ensuring that where necessary, local procedures are developed, to support the implementation of this policy. Managers should review the effectiveness of the implementation of this policy, and take appropriate remedial action when they become aware of any acts or omissions that contravene it.

12. References


Chartered Society of Physiotherapists, Codes of Professional Conduct; Chartered Society of Physiotherapists (2005) Core Standards of Physiotherapy Practice


GMC (2001), Intimate Examinations; http://www.gmc-uk.org/guidance/library/intimate_examinations.asp

Health Professions Council (2003) Standards of Proficiency- Physiotherapy

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<tr>
<th>Staff are aware of the policy and able to implement it effectively</th>
<th>Action plan to promote policy</th>
<th>Faye Butler, Coleen Knox</th>
<th>Privacy &amp; Dignity Group</th>
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<tr>
<td>Informal feedback from patients and carers about chaperone issues</td>
<td>Discussed in the PALS/Complaints quarterly analysis reports</td>
<td>PALS &amp; Complaints Manager</td>
<td>Privacy &amp; Dignity Group</td>
<td>Quarterly</td>
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Royal College of Nursing (2002), Chaperoning, The Role of the Nurse and the Rights of Patients [http://www.rcn.org.uk](http://www.rcn.org.uk)