Trust Policy

Plymouth Hospitals NHS
NHS Trust

Policy for the Chaperoning of Patients within Plymouth Hospitals NHS Trust

Date	Version
December 2011	2

Purpose

The purpose of this policy is to provide clear guidance for healthcare professionals regarding their role and responsibilities in ensuring a suitable chaperone is available in order to provide protection for both the service user and healthcare professional.

Who should read this document?

Whole Trust, all staff.

This policy applies to all trust employees, including locum, bank and agency staff working on behalf of the trust and involved in the direct care of patients.

Key messages

Plymouth NHS Trust attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation.

This policy is intended to safeguard the position of patients and staff throughout consultation, examination, treatment and care.

Accountabilities

Production	Angela Newton, Sister Planned Investigation Unit
Review and approval	Clinical Governance Steering Group
Ratification	Chief Nurse, Sarah Watson-Fisher
Dissemination	Trust wide
Compliance	Personal Care Group

Links to other policies and procedures

PHNT Policy for the Consent to Examination or Treatment

PHNT Mental Capacity Act

PHNT Assessment of Capacity Checklist

Version History

V1	October 2006	Approved via the Clinical Governance Committee
V2	January 2012	Approved via the Clinical Governance Steering Group.

Last Approval	Due for Review

January 2012	January 2017

PHNT is committed to creating a fully inclusive and accessible service.

Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff.

We will treat people with dignity and respect, actively promote equality and diversity, and eliminate all forms of discrimination regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/ maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

1 Introduction

Plymouth NHS Trust attaches the highest importance to ensuring that a culture that values patient privacy and dignity exists within the organisation.

This policy is intended to safeguard the position of patients and staff throughout consultation, examination, treatment and care.

2 Purpose, including legal or regulatory background

The purpose of this policy is to provide clear guidance for healthcare professionals regarding their role and responsibilities in ensuring a suitable chaperone is available in order to provide protection for both the service user and healthcare professional.

Links to

- PHNT Policy for Consent to Examination or Treatment
- PHNT Assessment of Capacity Checklist Form
- PHNT Best Interests Checklist when Proposing Treatment for Patients without Capacity Form
- Department of Health (2005) Mental capacity Act HMSO London
- NHS Constitution (2008)
- Equalities Act (2010)
- Getting it Right Charter (Mencap)

3 Definitions

Intimate examination

Intimate examination should be defined as examination of the breast, genitalia or rectum, but could also include any examination or treatment where it is necessary to touch or even be close to the patient. All patients requiring an intimate examination should be offered a chaperone to be present with them during these activities and this must be undertaken in a sensitive and respectful manner. Deciding what constitutes an intimate procedure should also take into account the personal preferences, cultural, and religious wishes of patients and should ensure wherever possible that misinterpretation or misunderstandings do not occur.

4 Duties

All Staff

The safety, privacy and dignity of patients is paramount. Patients have the right to give or withhold their consent to any intervention. They also have the right to request that a trusted adult is present whilst any consultation, examination, care or treatment takes place.

There is a potential for all staff to find themselves in a position of vulnerability during consultation, examination, treatment or care. The process of chaperoning allows for healthcare professionals to safeguard themselves from any accusation, by patients, of improper conduct.

5 Key elements (determined from guidance, templates, exemplars etc)

Staff are advised to consider being accompanied by a chaperone when;

- The patient requires intimate examination or care
- The patient has a reduced level of consciousness
- Is intoxicated with alcohol or has taken drugs know to have a hallucinogenic or sedative effect
- The patient has learning difficulties
- The patient has mental health issues

This list is not exhaustive and clinical judgement should always be used.

In the case of children;

- Undergoing examination for child protection issues
- Requires perineal examination in the assessments of patients with sexual, genito-urinary and elimination disorders
- When the patient is pubertal or post-pubertal

The chaperones responsibilities are to;

- Always respect and maintain the privacy and dignity of the patient
- Provide emotional comfort and reassurance
- Be alert for any signs of distress from the patient
- Be assertive enough to intercede on behalf of the patient to terminate the procedure
- Be able to observe the examination or procedure
- Assist in the procedure if required to and competent to do so
- Recognise any unacceptable practice and escalate concerns
- Ensure interruptions are kept to a minimum and only as a result of urgent information or action being required.

The NHS provides a comprehensive service regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

It has a duty to each and every individual that it serves and patients should have the opportunity to decline a particular person if that person is not acceptable to them for any reason that is non discrimatory. The ethical, religious or cultural background of patients can make intimate examinations difficult and every effort must be made to respect these views and availability of a person of the same sex* to undertake the procedure and chaperone may be required. The patient must be given the opportunity to decide if they wish the examination to proceed or be re-scheduled until suitable arrangements can be put in place and the decision must be documented in the medical records.

**The gender of the person undertaking the procedure is defined as the gender in which they present themselves at work; this may not coincide with their birth gender. If a patient challenges this then managers should have a plan in place to deal with the situation. Such a plan should have prior approval of the Trust's equality and diversity manager.*

Where a chaperone is required or requested but unavailable the clinician should delay the procedure until a chaperone is available and the decision should be documented within the clinical records.

An examination should not be undertaken if the healthcare professional is unsure that the patient understands why the examination is needed because of a language barrier and if this is the case an interpreter should be made available.

For patients with learning disabilities or mental health issues or for who English is an additional language, or through sight/hearing loss, requiring translations, it may be more appropriate for the chaperone to be someone who is familiar to the individual such as a family member or carer. It is also important to inform the Learning Disability Liaison Nurses when patients with learning disabilities present to the hospital to obtain appropriate advice and support.

Patients with learning disabilities or mental health issues who resist any intimate examinations or procedures must be interpreted as refusing to give consent and the procedure abandoned. This may require the referral of patients to Independent Capacity Advocates (IMCA's) and advice from the Learning Disability Liaison Nurses should be sought.

In the case of life threatening situations the healthcare professional should use their professional judgement and where possible should seek advice from their Clinical Director, Director of Clinical Professions, Director of Mental Health Care, Director for Allied Health Professionals, Chief Nurse or Director of Nursing.

If the patient prefers to undergo an examination or procedure without the need for a chaperone wherever possible this should be respected and documented within the clinical records as long as the following criteria is met;

- The patient is capable of making the decision and has the capacity to do so.
- The rights of the staff members are considered and will not be compromised.

If a decision is made to use a chaperone despite the patient's wishes the patient must be given an explanation as to why and documented within the clinical records.

Details of any examination or procedure should be recorded in the clinical records and the presence or absence of a chaperone recorded including their name and designation.

6 Overall Responsibility for the Document

The Information Governance Team are responsible for holding and maintaining a master file containing a register and evidence of ratification of the document and corresponding Equality Impact Assessment.

The Information Governance Team will ensure that old versions of the document are archived in the archive master file. Access to archived documents will be through the Information Governance Team.

The Information Governance Team will issue the document numbers and maintain an index that will include the document's title, number & version, owner, issue date and next review date.

7 Consultation and Ratification

Those involved in the consultation process included the following;

- Julie Mitchell, Junior Sister Outpatients Department
- Sample of Ward Managers within PHNT
- Superintendant Radiographers, Imaging Department
- Physiotherapy Department
- Plymouth PRIDE Forum
- Transgender Representative
- Jayne Middleman, Equality and Diversity Lead.

8 Dissemination and Implementation

Following approval and ratification, this document is being rolled out across the Trust.

Publication of this document has been publicised in Vital Signs and the Trust's daily staff news briefing. All Directorate Managers will have had the document sent to them and it is available electronically on the Trust Documents Network Share Folder.

This document is published on the Trust Documents Network Share Folder.

9 Monitoring Compliance and Effectiveness

The Trust will undertake a regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

10 References and Associated Documentation

- GMC. Maintaining boundaries – guidance for doctors. (Nov 2006)
- RCN. Chaperoning: The role of the nurse and the rights of the patient. (2006)
- NMC. Chaperoning guidance. (2008)
- NMC. Code of Conduct: Standards of conduct, performance and ethics for nurses and midwives.

Dissemination Plan | Appendix 1

Core Information	
Document Title	**Policy for the Chaperoning of Patients within Plymouth Hospitals NHS Trust**
Date Finalised	January 2012
Dissemination Lead	Angela Newton, Sister Planned Investigation Unit
Previous Documents	
Previous document in use?	Yes
Action to retrieve old copies.	Removed by Document Controller

Dissemination Plan

Recipient(s)	When	How	Responsibility
All staff	January 2012	Vital Signs	Document Controller
Department Heads	January 2012	Email	Dissemination Lead

Review and Approval Checklist | Appendix 2

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	
	Have archiving arrangements for superseded documents been addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information	
Manager	Angela Newton / Jayne Middleman
Date	December 2011
Title	Policy for the Chaperoning of Patients within Plymouth Hospitals NHS Trust
What are the aims, objectives & projected outcomes?	To provide clear guidance for healthcare professionals regarding their role and responsibilities in ensuring a suitable chaperone is available in order to provide protection for both the service user and healthcare professional. Links to • CQC Outcome 4 Regulation 9 – Care and Welfare of People who use Services. • CQC Outcome 7 Regulation 11 – Safeguarding people who use services from abuse. • CQC Outcome 1 Regulation 17 – Respecting and involving people who use services. • CQC Outcome 2 Regulation 18 – Consent to care and treatment The safety, privacy and dignity of patients is paramount and this policy is intended to safeguard the position of both patients and staff throughout consultation, examination and treatment.

Scope of the assessment

This policy applies to all Trust employees including locum, bank and agency staff who are working on behalf of the trust and involved in the direct care of patients.

Data collected from

- DATIX incident reporting – review showed 1 incident (2010) where lack of chaperone was raised due to poor staffing levels.

Trust Complaints Department - review of complaints made to the Trust between the 1st April 2009 to the 17th October 2011 and out of a total of 90 complaints 2 were related to chaperoning.

Collecting data	
Race	There is no evidence to suggest that there is an impact on race regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. The policy notes that the ethical, religious or cultural backgrounds of patients can make intimate examinations difficult and every effort must be made to respect these views and availability of an appropriate person to undertake the examination and to chaperone should be made available. There should be a positive impact for those with English as an additional language, however care should be taken to ensure that the chaperone is appropriate (gender and age). See section 5 of the policy
Religion	There is no evidence to suggest that there is an impact on religion or belief and non-belief regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. The policy notes that the ethical, religious or cultural backgrounds of patients can make intimate examinations difficult and every effort must be made to respect these views and availability of an appropriate person to undertake the examination and to chaperone should be made available.
Disability	There is no evidence to suggest that there is an impact on disability regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. There should be a positive impact as this would support decision making/empowering of the patient to make informed consent. It should be recognised that literacy rates do impact on the level of understanding that a patient may have in order to (a) be able to give informed consent and (b) ask for a chaperone.
Sex	There is no evidence to suggest that there is an impact on sex regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.

Gender Identity	There is no evidence to suggest that there is an impact on gender identity regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Sexual Orientation	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Age	There is no evidence to suggest that there is an impact on age regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
Socio-Economic	There is no evidence to suggest that there is an impact on socio-economical issues regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored. It should be recognised that literacy rates do impact on the level of understanding that a patient may have in order to (a) be able to give informed consent and (b) ask for a chaperone. Need to be conscious that individuals may be from backgrounds that are atypical with what group they appear to be e.g. living in an affluent area but being economically disadvantaged
Human Rights	There is no evidence to suggest that there is an impact on human rights issues regarding this policy. However, data collected from Datix incident reporting and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	○ DATIX incident reporting review showed 1 incident (2010) where lack of chaperone was raised due to poor staffing levels. ○ The two patient complaints identified failure to provide a chaperone as the main attributing factor. ○ No further comparative data to use

Specific issues and data gaps that may need to be addressed through consultation or further research	Data collected from Datix incident reporting and complaints will ensure this is monitored. It should be recognised that literacy rates do impact on the level of understanding that a patient may have in order to (a) be able to give informed consent and (b) ask for a chaperone. Need to be conscious that individuals may be from backgrounds that are a typical with what group they appear to be e.g. living in an affluent area but being economically disadvantaged
Involving and consulting stakeholders	
Internal involvement and consultation	Ward Managers and Matrons Datix reporting team Patient Complaints Team Imaging Consultants Radiographers Head of Clinical Professions Head of Midwifery Jayne Middleman, Equality and Diversity Lead Issues identified in the consultation process have been addressed within the EIA
External involvement and consultation	Plymouth PRIDE Forum Tran Gender Information Representatives All comments that were made have been identified within the EIA and specific changes have been made to the policy.
Impact Assessment	

Overall assessment and analysis of the evidence	There should be a positive impact on disability as this would support decision making/empowering of the patient to make informed consent. There are no particular groups that have the potential of being excluded from obtaining services or limit their participation in any aspect of public life, however, need to be conscious that individuals may be from backgrounds that are atypical with what group they appear to be e.g. living in an affluent area but being economically disadvantaged Consulted groups should be kept informed of progress to make them feel valued, and part of the consultative process enough to want to continue to engage with the Trust.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Collect and monitor data collected from Datix on incidents				
Monitor data through the Matrons with a view to support staff in the implementation of the guidelines.				