# HUCCLECOTE SURGERY

# Chaperone Policy

| Version | Edited by | Date issued | Next review date |
|---|---|---|---|
| 001 | Carla Banks | 25/02/2025 | 25/05/2026 |
| 002 | Carla Banks | 03/02/2026 | 03/02/2027 |
| 003 | Emma Jones | 29/07/2026 | 29/07/202 |

**Key personnel identified within this policy**

| Position | Named individual |
|---|---|
| GP Partner | Virginia Head |

**This policy was re-written in line with:**

- **Improving Chaperoning practice in the NHS: Key principles and guidance January 2026:** Q:\HucclecoteSurgery\01 Practice Management\Policies\01 HUCCLECOTE SURGERY POLICIES 2025\Master version Policies 2025\Improving Chaperoning Practice in the NHS - Key Principles and Guidance.pdf

- **Sexual safety Charter – self-assurance checklist for primary care providers January 2026:** Q:\HucclecoteSurgery\01 Practice Management\Policies\01 HUCCLECOTE SURGERY POLICIES 2025\Master version Policies 2025\Sexual Safety Charter  self-assurance checklist for primary care providers.docx

# HUCCLECOTE SURGERY

## 1. Introduction

Chaperone definition is 'someone who accompanies another person somewhere in order to ensure that they do not come to any harm'.

This policy is underpinned by a set of principles ensuring a level of commonality in our offer to patients and service-users:

- The purpose, terminology and role of chaperoning
- Communication on the offer of a chaperone
- Escalation process
- Records management and information requirements
- Training and competency frameworks
- Alignment to legislation, regulatory guidance and local policies

This policy will be reviewed annually.

This policy will be displayed on our website and a poster offering a chaperone will be displayed in waiting areas and on all clinical room doors.

## 2. Provision of Chaperones

It should be considered best practice to offer a chaperone to patients when undertaking examinations. The offer of a chaperone should be clear to the patient before any consultation, ideally at the time of booking the appointment in line with Care Quality Commission guidance (GP mythbuster 15: Chaperones - Care Quality Commission )

The offer should be reinforced at the time of examination.

Staff must demonstrate cultural sensitivity and respect each patients' individual values regarding privacy, dignity and intimacy. When offering or providing a chaperone, staff should consider the patient's preference in relation to choice of chaperone, which might include considerations relating to sex, religious beliefs or other persona circumstances.

Staff should also identify where patients may have additional needs, such as communication difficulties or leaning disabilities, and make reasonable adjustments to ensure the patient understands the offer and feel supported. This may include using accessible information, involving carers or advocates, or allowing extra time for discussion.

The purpose of the examination and the role of the chaperone must always be communicated to the patient using culturally appropriate and respectful language.

Only trained staff can act as a chaperone (a list of chaperones is displayed in all clinical rooms and at reception).

## 3. Intimate Examinations

In all cases of intimate examinations, a chaperone should be offered and consent taken. The patient has the right to decline (this should be documented on the patient records).

It is acceptable for a healthcare professional to perform an intimate examination without a chaperone if the situation is life-threatening or time critical.

The General Medical Council 2024) definition (Intimate examinations and chaperones - GMC) of an intimate examination is agreed as a guiding principle 'Examination of the breast, genitalia and rectum but could also include any examination where it is necessary to touch, examine intimate parts of the patient's body digitally, or even be close to the patient'.

**Presence of Family Members / Carers**
The presence of a family member, parent or carer does not replace the need for a chaperone. A chaperone is for Hucclecote Surgery to provide, in line with this policy, on the request by the patient or their family member/carer. A patient can decline the offer of a chaperone if they feel that their family member/carer is able to provide the support they need.

**Children and Young People (under 18)**
Any intimate examination on children and young people under 8 years should be carried out in the presence of a formal chaperone. A parent, carer or someone known and trusted by the child may also be present during the examination or procedure to provide reassurance.

Parents/carers must receive an appropriate explanation of the procedure to provide informed consent when the young person is unable to provide consent themselves.

## 4. Primary Care and Lone Working

The provision of chaperoning in primary care and community care will have unique challenges including the one-to-one nature of some consultations, less observed team-working and patients being visited by lone clinicians.

Though it is important that patients are provided with the offer of chaperones in these settings, the need for adaptability in how this is fulfilled must be recognised. This may include a greater need for the use if the wider non-clinical team as chaperones.

Healthcare professionals working alone, especially during intimate examinations or in isolated settings like a patient's home, face increased risk of their actions being misinterpreted. To mitigate this, they should offer a chaperone in advance of the visit. Where this is not possible, they should ensure clear communication and torough documentation explaining why the examination proceeded without a chaperone present and that the patient consented to this.

## 5. Virtual Consultations and Appointments

This policy should be applied to video, telephone, online and face-to-face consultations for all healthcare professionals.

Patient should be communicated to how images are stored and that the images are needed to support clinical decision making.

## 6. Consent and Reasonable Adjustments for Vulnerable Patients

If the patient cannot make an informed decision, the healthcare professional must use their clinical judgement and be able to justify the course of action. We have a duty to ensure that reasonable adjustments are made for vulnerable patients as per our duty under the Equality Act (Equality Act 2010).

## 7. Chaperone Availability

If a patient requests a chaperone and one is not immediately available – whether due to patient preference or resource limitations – they must be offered the option to reschedule the appointment within a reasonable timeframe, considering the urgency of their clinical needs.

If postponing the examination would pose a risk due to the severity of the condition, this must be explained to the patient and recorded in their patient records. The decision to proceed or defer should be made collaboratively between the patient and the healthcare professional.

## 8. Patient Declines a Chaperone

Patients have the right to decline a chaperone for any reason, including personal, cultural or privacy concerns, in the presence of a family member/carer, or because they do not fell it is necessary. Staff must respect this decision while ensuring the patient's safety and dignity.

If a healthcare professional believes that proceeding without a chaperone would compromise professional standards or patient safety, they should risk assess and the examination should be postponed until an appropriate chaperone is available. The rationale for deferral must be clearly documented in the patient's records.

When a chaperone is declined, staff should consider appropriate safeguards, such as:

- Documenting the discussion and decision within the patient's records
- Maintaining clear and respectful communication throughout
- Ensuring the examination takes place in a private and appropriate setting

## 9. Training and Competency Framework

Only staff members who have received appropriate training in the role of Chaperone and are deemed competent may act as a chaperone. This policy and training are included with new staff inductions.

All chaperones will have obtained a Disclosure and Barring Service (DBS) check. This will be at least a standard level check.

Hucclecote Surgery will maintain an auditable record of staff who have completed chaperone training.

Chaperone training will be carried out on our e-learning platform and will be undertaken every two years.

## 10. Supporting Chaperones

In all cases where a chaperone is used, the chaperon should be provided with sufficient information on the reason for the examination and background to the patient to allow them to provide sufficient support. In cases of intimate examinations, they should be provided with a clear rationale for this being required.

Chaperones should:

- Ensure the patient understands why they are in attendance and that they have consented to it
- Act as a witness as to the continuing consent of the procedure
- Ensure time is provided for chaperone and patient to ask questions
- Confirm that the healthcare professional has clearly communicated the role of the chaperone
- Promote awareness of chaperoning policies to staff and patients

## 11. Escalating and Raising Concerns

If any member of staff has concerns regarding the treatment provided by a healthcare professional to a patient, they must raise these concerns as soon as possible with the most senior partner on site or the Practice Manager. The concern must be submitted in writing and include a clear, precise, and factual account of the issues observed.

Alternatively, they can raise a concern to the practices Freedom to Speak Up Guadian (posters are displayed around the surgery with who this is).

If during a consultation, the chaperone must communicate with the patient asking questions and seeking clarification. Chaperone must be aware of signs of distress.

Chaperones must be aware of the practice's complaint policy so that they can advise the patients (or family/carer) if necessary.

**12. Records Management**

The offer and use of chaperones must be documented in the patient record, the minimum level of detail that sis required is:

- Explanation of the need for the examination/procedure must be clearly documented by the healthcare professional undertaking the examination. This is to include confirmation of the patient's capacity and best interest
- Confirmation that an active offer of a chaperone was made
- Document the patient's decision regarding the examination and the offer of a chaperone
- Any decision to proceed, postpone or cancel the examination/procedure, along with any alternative arrangements made, including the name and role title of alternative chaperone
- Any incidents or complaints related to the examination, procedure or use of chaperones, recorded in line with our complaints policy and/or significant event policy
- Name and role of chaperone. Also to be recorded any other persons present
- If chaperone was declined by the patient, explain why
- The chaperone should confirm their presence within the record to allow for identification and audit reasons

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**Annex A – List of Core Responsibilities of the Chaperone**

The following list shows the roles and responsibilities of a chaperone. This list is not exhaustive and may change from time-to-time.

- Carry out appropriate and relevant training bi-annually
- Be sensitive to the patient's needs, respecting and maintaining their privacy and dignity
- Provide emotional comfort and reassurance
- Always be courteous and professional
- Encourage patients to ask questions and seek clarification
- Be alert to signs of patient distress – both verbal and non-verbal
- Understand the clinical context and be able to appropriately observe the examination or procedure
- Act as the patient's advocate when required
- Identify and raise concerns about unusual or unacceptable behaviour by the healthcare professional
- Assist with undressing or dressing if required by the patient
- Help the patient understand what is being communicated to them
- While chaperones may support clinicians, this is not the primary role
- Chaperones are not required to be registered clinicians. It is outside their remit to challenge the clinical decision to preform an examination or procedure. However, they do have a duty of care to raise concerns about unsafe practice
- The formal chaperone should document their presence in the patient record, noting the date, time and nature of the examination or procedure