

Policy Document

Reference: C44

Chaperoning

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Executive Lead:	Chief Nurse

Version Control Schedule

Final Version	Issue Date	Comments
1	May 1999	
2	October 2004	
3	November 2011	
4	May 2014	Ratified by Quality and Safety Forum
5	May 2015	Integrated with County
6	November 2018	
7	January 2022	
8	September 2025	Full review of the policy conducted. Policy to be reviewed 12 months following implementation date. Summary of changes added to the review form (page 3). Mandatory e-learning will be implemented 29/09/2026 Following the launch of the revised policy, employees at UHNM will need to complete the role specific mandatory eLearning training.

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed [here](#)

Review Form / Equality Impact Assessment (EIA)

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Analysis Form is designed to help consider the needs and assess the impact of each policy. To this end, EIAs will be undertaken for all policies.

Policy Reference, Title, and Version Number	C44 Chaperoning V8
Summary of changes made on this review	<ul style="list-style-type: none"> • Key policy messages included as a flow chart appendix 3 • Items outside the scope of the policy referred to. • Chaperones must be trained for the role. • Section on the role of the healthcare professional conducting the examination/procedure included (appendix 2) • Training resources included. • Reference listing updated. • Several high-profile inquiry reports/recommendations referred to. • Reference to transgender people included. • New structured clinical note included. • Loan working included. • Virtual consultations included. • Examination under anaesthetic included. • Child defined in previous policy as sixteen and under amended to under eighteen years. • Reference to newborn babies and children under one year included. The only exception to the requirement for the presence of a formal chaperone for intimate examinations is for newborn babies during the Newborn Infant Physical Examination (NIPE) and children under one. • Training package introduced to support implementation of the policy. • Policy monitoring table amended. • Existing poster amended and new posters developed
Please list which service users, staff or other groups have been consulted with, in relation to this	<ul style="list-style-type: none"> • Trust-wide/Keele University circulation for comments. • Trust-wide/Keele University meeting to discuss the policy. • UHNM Safeguarding leads. • UHNM Quality, Safety & Compliance Department. • UHNM Associate Non-executive Director, Professor of Medical Education, Keele University • UHNM Non-Executive Directors • Staffordshire Police.
Were any amendments made as a result? If yes, please specify	<ul style="list-style-type: none"> • Added 'flow chart as an appendix. • QR code included in the posters that will provide a link to the UHNM website where further information will be available, including a link to the full Policy. • Bespoke electronic patient record systems in operation acknowledged. • Standard 6 chaperones for child protection medicals included. • Importance of conducting and recording individual risk assessments where appropriate has been included. • Sentence added that the policy should also be applied to any teaching of undergraduate or postgraduate students from any discipline within UHNM. • Reference to the NIPE examination and children under one included. • Chaperone posters have been updated and posters for children and young people have been developed.

Does this policy involve the administration or control of medicines? If yes, have the Safe Meds Group been consulted with?	N/A
Which Executive Director has been consulted on?	Chief Nurse, Chief Medical Officer.
Does this policy have the potential to affect any of the groups listed below differently - please complete the below. Prompts for consideration are provided, but are not an exhaustive list	

Group	Is there a potential to impact on the group? (Yes/No/Unsure)	Please explain and give examples	Actions taken to mitigate negative impact
Age	No	The requirements for children are different to adults. Both are explained in the Policy	
Gender	No		
Race	No		
Religion & Belief	No		
Sexual orientation	No		
Pregnancy & Maternity	No		
Marital status/civil partnership	No		
Gender Reassignment	No		
Human Rights	No		
Carers	No		
Socio/economic	No		
Disability	No		
Are there any adjustments that need to be made to ensure that people with disabilities have the same access to and outcomes from the service or employment activities as those without disabilities?			No
Will this policy require a full impact assessment and action plan?			No

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1. Introduction

The University Hospitals of North Midlands (UHNM) NHS Trust is committed to providing a safe, comfortable environment for patients and staff. Everyone needs to be confident that best practice is always followed. Keeping patients and staff safe is of paramount importance. Any breaches of this policy should be reported using the Trust DATIX system and will be formally investigated. Deliberate breaches will lead to disciplinary action, following relevant Trust policies.

Patients may find consultations, examinations, investigations, or procedures distressing and might prefer to have a chaperone present to support them. All patients have the right to have a chaperone present during any care, irrespective of organisational constraints or settings.

The requirement for a chaperone depends on the procedure, and the beliefs and experiences of patients, their families, and staff. Intimate and personal care is a key area of a person's self-image and respect. Misinterpretation and allegations of abuse can occur if care is not practised sensitively. An individualised approach is required, and assumptions should be avoided.

Chaperoning can protect healthcare professionals against unfounded allegations and protect patients from unscrupulous professionals. It is rare for an allegation of assault to be made if a chaperone is present.

Several high-profile inquiry reports have led to recommendations about the use of chaperones in healthcare settings. Key recommendations include having a clear chaperone policy, providing appropriate training, and ensuring patients can choose whether to have a chaperone present.

At UHNM it is **mandatory to offer all patients a chaperone** for any consultation, examination (intimate and non-intimate/sensitive), treatment, or procedure, including digital images/photography. Please refer to section 4, definitions, and appendices 2 and 3 respectively, chaperoning responsibilities and a chaperone policy flow chart

This does not mean that every consultation needs to be interrupted to ask if the patient wants a chaperone to be present. The offer of chaperone should be clear to the patient before any consultation, ideally at the time of booking the appointment (CQC, 2022).

At UHNM it is **mandatory that a formal chaperone** (trained in the role of a chaperone) **must always be present** in the following situations:

- All intimate examinations on children and young people (under eighteen years of age). The only exception is during the routine top-to-toe, newborn, and infant physical examinations (NIPE) or for babies seen before the age of one year old. Please see appendix 2, section 2.7, chaperoning children, and young people from newborn to under eighteen years.
- All intimate examinations on all patients irrespective of gender or age, where the patient is unconscious/anesthetised/sedated or under the influence of drugs or alcohol.
- All intimate examinations where there are concerns about the person's ability to understand or to consent to the examination, the patient lacks capacity, or they may be considered vulnerable.
- When the examination or procedure is to be carried out on any person who lacks capacity e.g. a person with advanced dementia, or severe learning disability. Consideration should also be given to a patient with visual or auditory impairment and where the person's first language is not English (UHNM Interpreters Policy, C11).
- Child protection medicals.

Patient autonomy must also be respected; some patients may feel that the presence of a chaperone compromises their privacy. A patient may, exercise their right to request or decline the presence of a chaperone in any situation. Please risk assess each individual situation and record any actions taken.

The overall aim of this policy is to safeguard patients and staff during episodes of intimate care provided within the hospital environment and to provide a guide to best practice in conjunction with the Professional Codes of Conduct, National Guidance, and the following Trust Policies:

- Child Protection Medical Proforma
- Consent to Treatment (incorporating Mental Capacity Act), C43
- Deprivation of Liberty Policy, C61
- Disciplinary, HR01
- Equality, Diversity & Inclusion, HR12
- Interpreters, C11
- Lone Working Policy, HS21
- Maintaining High Professional Standards in the Modern NHS Disciplinary and Management of Performance Policy and Procedure for Medical and Dental Staff, HR18
- Managing Risks Associated with Safeguarding Children, C23
- Multidisciplinary Health Records, Re01
- Photographic and Video Policy, Re02
- Privacy and dignity, C32
- Protection of Adults from Abuse and Neglect who have Care and Support Needs, C36
- Reporting and Management of Incidents, RM07
- Speaking Up, HR30
- Supporting Transgender and Non-Binary Individuals, C64
- Use and Reduction of Restrictive Interventions, C3

An Equality Impact Assessment has occurred, and no actual or potential discriminatory impact has been identified relating to this document.

Transgender (Trans is the preferred term by most transgender people) people should be offered equality of access to services, as stated in the government publication Equality Act 2010 guidance; however, they may have additional needs and considerations when attending for intimate examinations. Healthcare professionals need to understand terminology to assist with person-centred communication and care. Please refer to UHNM Policy, Supporting Transgender Individuals C64.

2. Scope

This Policy applies to all healthcare professionals and all student healthcare workers who are either employed by, or on placement in the University Hospitals of North Midlands NHS Trust regardless of contract type, who are involved in the direct care of patients. This policy should also be applied to any teaching of undergraduate or postgraduate healthcare professionals enrolled as students on their current course from any discipline within UHNM.

It is intended that this Policy will cover the need for chaperoning children (under 18) and adults. Staffordshire Safeguarding Children Board and Stoke-on-Trent Safeguarding Children Board procedures should be followed in line with Working Together to Safeguard Children. Staffordshire and Stoke-on-Trent Safeguarding Adult Board (SSASPB) Adult Safeguarding Enquiry procedures should be followed to safeguard adults with care and support needs.

The document is available at: <https://www.ssaspb.org.uk/Guidance/SSASPB-Adult-Safeguarding-Enquiry-Procedures-approved-Sept-21.pdf>

3. Outside the scope of the Policy

Whilst consent and the use of interpreter's and consent and a patient's mental capacity are referred to in this document, please access the relevant policies listed in section 1.

Lone working is also referred to in this policy relating to the use of chaperones, please access UHNM Lone Working Policy, HS21 and your relevant speciality, lone working Standard Operating Procedures.

4. Definitions

For the purpose of this policy, the following definitions are used:

4.1 Chaperone

The definition of a chaperone (and the role) varies according to the needs of the patient, the healthcare professional, and the examination or procedure being carried out.

Chaperone:

In healthcare settings a chaperone is a healthcare professional who provides support, assistance, and acts as an impartial observer during an intimate examination or consultation of a patient.

Whilst a relative or friend of the patient is not usually an impartial observer, it is acceptable for a friend, relative or carer/advocate to be present during a procedure, if this is the wish of the patient. You should comply with any request to have such a person present as well as a formal chaperone. This should be documented along with confirmation that the patient has capacity to make this specific decision.

4.2 Informal chaperone

An informal chaperone: a family member, friend, parent, legal guardian, healthcare student. Children (i.e. anyone under 18) should not act as chaperones. An informal chaperone only knows one party and is unlikely to be trained, therefore healthcare professionals are encouraged to have a formally trained chaperone.

4.3 Formal chaperone

A formal chaperone: A healthcare professional with appropriate chaperone training, i.e., all medical and registered staff and healthcare support workers. Section 6 of this policy identifies training requirements.

If a relative or friend wishes to be present and the patient does not have capacity to make that decision, consideration needs to be given if it is in the patient's best interests. This is in addition to a formal chaperone, again in the best interests of the patient.

Healthcare students must not be used as formal chaperones (includes undergraduate students or postgraduate healthcare professionals enrolled as students on their current course).

4.4 Intimate examinations

Intimate examinations: The GMC (2024), defined intimate examinations as being likely to include:

Examinations 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.

'When you carry out an intimate examination, irrespective of organisational constraints, you should, wherever possible, offer the patient the option of having a chaperone who can act as an impartial observer' (GMC 2024, RCN 2023, SCoR 2023, MDU 2024). The offer and response should be documented in the woman's records (appendix 2, section 2.3 and figures 1 and 2.).

4.5 Non-intimate/sensitive examinations

Non-intimate/sensitive examinations: several organisational policies and professional publications (RCEM, 2015) refer to sensitive (non-intimate by definition) areas; defined in this policy as any area of the body from below the clavicle to above the knee. This sensitive area definition encompasses all the areas that are near to intimate areas (e.g., the axilla, inner thigh, or groin).

Sensitive areas also include an examination of the heart and lungs. Some patients may also have concerns about undressing or exposing parts of their body but feel hesitant to speak up. Cultural and diversity influences may affect what is deemed intimate to a patient.

5. Roles and responsibilities

Chief Executive

The Chief Executive has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust.

Chief Nurse

The Chief Nurse has delegated accountability in ensuring that appropriate arrangements for chaperoning are in place across the Trust and for providing Board Assurance. Please see Appendix 1, monitoring, and review arrangements.

Divisional Medical Directors / Divisional Directors of Nursing /Professional Leads

Divisional Medical Directors / Divisional Directors of Nursing /Professional Leads are responsible for the implementation of the chaperoning policy; ensuring all staff receive appropriate training, and investigating any incidents related to the use of chaperones and that the policy is audited against agreed standards.

If a breach to the Chaperoning Policy is determined deliberate, actions should be taken in line with the Trust Disciplinary Policy and the Trust Policy for Managing Risks Associated with Safeguarding Children and the Protection of Vulnerable Adults from Abuse Policy (C36), which may include notification to the Local Authority Designated Officer (LADO).

Ward/Departmental Managers

Managers are responsible for the implementation of the Chaperoning Policy within their department and that all staff are aware of and comply with the Chaperoning Policy. They must ensure that the Chaperoning Policy is promoted within the clinical setting and that patients/clients are aware that the Trust has a Chaperoning policy and that all patients can request a chaperone. If any issues are identified further discussion is required with the respective Matron and UHNM Safeguarding Team.

All Trust healthcare professionals

All Trust healthcare professionals should be aware of, and comply with, the chaperoning Policy. All staff are also responsible for reporting any incidents or complaints relating to the use of a chaperone via the DATIX system and to their line manager.

All healthcare professionals involved with the process of offering and providing a chaperone and undertaking chaperone responsibilities should follow the guidance in appendix 2.

If a formal chaperone is concerned an intimate examination is unjustified, excessive, traumatic, or potentially abusive, the procedure should be stopped immediately, and concerns raised to the ward/department manager/line manager.

The concerns raised should be submitted on Datix to ensure there is an electronic record which details the incident and actions taken. The concerns should be escalated to senior department leads, UHNM safeguarding team, and the People Directorate, so that there is consideration of any on-going potential risks to patients and ensure that mitigation plans are implemented.

6. Education, training, and policy implementation plan

This policy is available to all Trust staff via the intranet. All Trust staff working within clinical areas must be made aware of this Policy and the importance of complying with it via Divisional communication channels. Additional communication will be provided as part of UHNM communication bulletins and learning alerts.

Healthcare professionals who need a chaperone to assist them and healthcare professionals who act as formal chaperones need to be confident that they understand this policy and their role in either requesting or acting as formal chaperones.

At UHNM all members of staff who undertake a formal chaperone role must have completed local training so that they develop the relevant knowledge and skills required for this role. Training must also consider any additional skills healthcare professionals require to record the structured clinical chaperone note in iPortal.

Chaperone training, which will be incorporated as part of UHNM mandatory training, should also form part of the local ward/departmental induction programmes and be facilitated by respective line managers/induction programme leads/training leads. As with other training records, a record of this training and any signature sheets should be retained.

Please see appendix 2: Responsibilities and further guidance for the chaperone process.

Checklist for training and education

Policy awareness	<ul style="list-style-type: none"> Chaperoning policy available on UHNM intranet Policies University Hospitals of North Midlands NHS Trust 	Evidence of completion: <ul style="list-style-type: none"> Policy signature list Appraisals
Mandatory training requirements	<ul style="list-style-type: none"> Chaperone training: complete as part of safeguarding training 	Evidence of completion: <ul style="list-style-type: none"> ESR Appraisal
Competency Development All members of staff, who undertake a formal chaperone role must have read this policy, completed the signature document to confirm receipt, and developed the competencies required for this role.	Competency includes an understanding of: <ul style="list-style-type: none"> Equality and diversity issues when chaperoning. What is meant by the term chaperone? What is an “intimate examination”? Why chaperones need to be present. The rights of the patient. Your role and responsibility Policy and mechanism for raising concerns. Guidelines for safeguarding concerns capacity and consent. Virtual consultations and chaperones 	Evidence of completion: <ul style="list-style-type: none"> Policy signature list Appraisal Successful eLearning completion
Patient information awareness	<ul style="list-style-type: none"> UHNM website Chaperone posters (4-7) QR codes on the poster to signpost to the UHNM website where further information will be available including a link to the full Policy. 	Evidence of completion: <ul style="list-style-type: none"> Policy signature list Appraisal Successful eLearning completion

Appendix 1 Monitoring and review arrangements

No	Aspect of compliance or effectiveness being monitored	Monitoring method	Individual or department responsible for the monitoring	Frequency of the monitoring activity	Group/committee/ forum which will receive the findings /monitoring report	Committee/individual responsible for ensuring action completion
1	To ensure privacy, dignity is respected during intimate examinations.	Number of complaints linked to chaperones. Safeguarding concerns / referrals made against the Trust	Patient Experience Trust Safeguarding Group	Quarterly	Trust Safeguarding Group Patient Experience Group/ Quality and safety panel	Trust Safeguarding Group
2	All clinicians to be aware of the policy.	Policy document receipt, signed and completed in each area by employees.	2.1 Respective divisions 2.2 Ward/department sisters/charge nurses/clinical leads /Lead Allied Health Professional	Quarterly	Divisional Group Meetings	Quality Safety and Compliance
3	All staff acting in the role of chaperone have completed mandatory training.	ESR	3.1 Ward/department sisters/charge nurses/clinical leads/Lead Allied Healthcare Professional	Annually	Quality Safety and Compliance	Quality Safety and Compliance
4	The process by which the right to a chaperone is offered to all patients.	4.1 Datix as an exception 4.2 Complaints 4.3 Audit of patients aware of the policy 4.4 Audit of staff awareness of the policy	4.1 Ward/department sisters/charge nurses/Lead Allied Healthcare Professional 4.2 Patient experience 4.3 Quality, Safety & Compliance	Annually	Quality Safety and Compliance weekly quality panel	Quality Safety and Compliance weekly quality panel

5	Appropriate utilisation of a chaperone	5.1 Datix as an exception 5.2 Complaints 5.3 Audit 5.4 Safeguarding concerns / referrals made against the Trust	5.1 Ward/department sisters/charge nurses/Lead Allied Health Professional 5.2 Patient experience 5.3 Quality, Safety & Compliance 5.4 Safeguarding Team/Divisions	Annually	5.1 - 5.3 Quality Safety and Compliance quality panel 5.4 Adult Safeguarding Working Group Childrens Safeguarding Working Group	5.1-4.3 Quality Safety and Compliance weekly quality panel 5.4 Trust Safeguarding Group
6	Record keeping	Clinical Audit of the documentation around: <ul style="list-style-type: none"> • offering the provision of a chaperone • acceptance/decline of a chaperone • the name and role of the chaperone 	Quality, Safety & Compliance	Annually	Quality Safety and Compliance quality panel	Quality Safety and Compliance weekly quality panel

Review

The policy will be reviewed 12 months from implementation date and thereafter three years, unless national guidance or legislation indicates an earlier review is required.

Appendix 2: Chaperoning responsibilities and further guidance for the chaperone process.

2.1 Role of the Chaperone

- Chaperones protect both patients and staff. As a chaperone you have a duty of care to ensure that the patient, adult, or child, is always safe and to act on any concerns you may have throughout the examination process. This will involve potentially challenging actions taken by another professional which you believe to be inappropriate or unsafe and asking for the examination to stop at any point. It is essential that both the healthcare professional conducting the intimate examination and the chaperone, make every effort to ensure that patients feel as safe and in control of the situation as possible (GMC, 2024; RCN, 2020).
- To protect the patient from vulnerability and embarrassment, consideration should be given to the chaperone being of the same sex as the patient whenever possible.
- The chaperone may be able to act as an interpreter.

Chaperones have a responsibility to:

- Safeguard the patients against humiliation, pain, distress, or abuse.
- Be sensitive and respectful of the patient's gender, dignity, and confidentiality.
 - provide the patient privacy to dress and undress, do not assist the patient with undressing unless you have clarified that your assistance is required.
 - support the request from the patient for a relative or friend to be also present.
- Be sensitive and respectful to cultural and religious issues, as well as the context of the patient's circumstances and specific needs.
- Provide the patient with an opportunity to ask questions.
- Be alert to the patient showing signs of distress or discomfort.
- Be prepared to reassure the patient offering emotional support at an embarrassing and uncomfortable time.
- Be familiar with the procedures involved in a routine intimate/sensitive examination/procedure and at what stage it may become inappropriate.
- Ensure that the individual understands why they are in attendance and that consent has been provided.
- Listen, observe as much as practical without obstructing the examination (position yourself so that you can see what the healthcare professional is doing) or the patient's dignity and verify what is discussed and carried out act as a witness as to continuing consent of the procedure.
- Be prepared to act as an advocate for the patient, speak up for the patient including asking the clinician conducting the examination to stop/pause.
- Document if there are any concerns about the behaviour or actions of the healthcare professional, escalating concerns to their clinical manager (GMC, 2024; HCPC, 2024B NMC, 2018; RCN, 2020) and completing an incident report via DATIX.
- Ensure records are completed (see section 2.3 of this appendix below)

2.2 The Chaperone process

Mandatory offer of a chaperone

- At the University Hospitals of North Midlands (UHNM) it is **mandatory to offer** all patients a chaperone for any consultation, examination (intimate and non-intimate/sensitive), treatment, or procedure including photography/digital images (A flow chart appendix 3, is provided)

Clear communication and the offer of a chaperone

- Offering a chaperone does not mean that every consultation needs to be interrupted to ask if the patient wants a chaperone to be present.
- The offer of chaperone should be clear to the patient before any consultation, ideally at the time of booking the appointment (CQC, 2022). At UHNM this offer will be made through multiple routes including verbal information prior to the actual consultation and prominently placed posters with a QR code to access the UHNM website. Further information will be available on the UHNM website which will also include a link to the full policy.

Mandatory presence of a formal chaperone

- At UHNM it is **mandatory that a formal chaperone** (trained in the role of a chaperone) is **present** in the following situations, unless the situation is life threatening and speed is essential in the care or treatment of the patient, and the patient's condition means they are unable to be consulted for consent.
- For all intimate examinations on children and young people (under eighteen years of age). The only exception to the mandatory requirement for the presence of a formal chaperone for intimate examinations, is during the routine top-to-toe, newborn, and infant physical examinations (NIPE) or for babies seen before the age of one year old. Please see section 2.7 of this appendix, chaperoning children, and young people from newborn to under eighteen years.
- For all intimate examinations on all patients irrespective of gender, age, or whether they are accompanied or not where the patient is unconscious or under the influence of drugs or alcohol or where there are concerns about the person's ability to understand or to consent to the examination, the patient lacks capacity, or they may be considered vulnerable.
- When the examination or procedure is to be carried out on any person who lacks capacity e.g. a person with advanced dementia, or severe learning disability. Consideration should also be given to a patient with visual or auditory impairment and where the person's first language is not English (UHNM Interpreters Policy, C11).
- For child protection medicals.

Patient's wishes and the presence of a formal chaperone

In all other situations, the patient's wishes will be respected for the presence of a formal chaperone.

Explanation and consent of the intimate examination and the offer of a chaperone

- Prior to any intimate examination/ procedure being conducted the intimate examination/procedure must be fully explained, in a language understood by the patient so that an informed decision to consent to both the procedure and the presence of a chaperone can be made. If there is an element of doubt that the patient may lack capacity to consent to the examination / procedure, consider the completion of a formal capacity assessment and document the findings.

- The conversation must be recorded in the patient's medical records along with an acceptance or decline of the offer. It is preferable if the chaperone is witness to the discussion and consent process.
- The explanation should be followed by a check to ensure that the patient has understood the information and gives consent.
- If there are language difficulties or communication difficulties it is essential that a formal interpreter service is used, (UHNM Interpreters Policy, C11).
- Please risk assess and document each individual situation.

Prior to conducting the intimate examination, the healthcare professional conducting the examination should:

- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
- Consider and address any communication barriers that could impact on the patient's experience or understanding of an intimate examination.
- Explain what the examination will involve in a way the patient can understand, so that they have a clear idea of what to expect, including any pain or discomfort.
- Explain to the patient that they can ask at any time for the examination to stop.
- Offer the patient a chaperone and explain what the chaperone's role would be during the examination.
- Obtain the patient's consent for the examination and the chaperone to be present.

During the intimate examination, the healthcare professional conducting the examination should:

- Explain what you are going to do before you do it and, if this differs from what you have told the patient before, explain why and seek the patient's permission.
- Be alert to the patient showing signs of discomfort or distress.
- Check whether the patient has questions, wants to stop the examination, or agrees for the examination to continue.

The healthcare professional conducting the examination must be satisfied that the chaperone is:

- Trained for the role they are undertaking (Pauffley 2004, RCN 2020, RCR 2023, GMC 2024).
- Familiar with the procedures involved in the proposed examination or briefed in advance (GMC, 2024).
- Provided with an opportunity to ask questions if anything about their role is not clear to them prior to the examination.

The healthcare professional conducting the examination should:

- Comply with the patient's request to have a relative or friend present as well as the chaperone.
- Not assume that the patient does not want a chaperone. See section 2.5 of this appendix if no suitable chaperone available.
- Record the detail and outcome of any discussion about chaperones in the patient medical records. See section 2.3 of this appendix documentation and figure 1.

The healthcare professional conducting the examination and the chaperone must protect the patient's privacy and dignity by ensuring that:

- Facilities are available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.
- Examinations take place in a closed room or well screened bay that cannot be entered without consent while the examination is in progress. "Do not enter" or "examination in progress" signs must be used when possible, and the chaperone must be present.
- Curtains / doors are closed during all examinations and procedures. Where curtains / doors are closed, staff will gain permission before entering to ensure privacy. Staff will ensure patients do not feel vulnerable to intrusion and that curtains, which do not remain tightly closed, do not compromise privacy and dignity.
- The patient will not be asked to take off more clothing than is necessary and will be provided with an appropriate gown/garment that is acceptable to them to protect their modesty. Patients will be given privacy to dress and undress. Patients should not be assisted in removing clothing unless it has been clarified that assistance is required. Staff should be aware and sensitive to religious customs and beliefs.
- The chaperone will be able to stay for the whole examination and position themselves to observe what the healthcare professional is doing, if practical, without obstructing the healthcare professional or the patient's dignity and verify what is discussed and carried out act as a witness as to continuing consent of the procedure.
- Following any physical examination, patients will have an opportunity to re-dress before the consultation continues.
- Any patient requests for the examination/procedure be discontinued are respected and documented in the medical records.

Your rights as a healthcare professional

- For professional integrity and safety, equal consideration should be given to the healthcare professionals own need for a chaperone irrespective of the examination being undertaken or the gender of the patient. This applies whether or not the healthcare professional is or identifies as the same gender as the patient.
- As a healthcare professional if a patient behaves in a sexual way towards you and you feel that your personal safety is at risk and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop (GMC, 2024; RCN, 2020). If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help from a senior colleague where appropriate. You should report the incident in line with workplace policies and seek support if you need it.

2.3 Record keeping

- UHNM acknowledges the current hybrid system of patient records in operation.
- The conversations and the offer and use of a chaperone must be recorded in either the patient's electronic or paper medical record, both will be subject to audit.

The healthcare professional conducting the intimate examination/procedure should:

- Use the structured electronic clinical note available in iPortal (please see figure 1).
- The electronic clinical note will be the primary location for recording the use of a chaperone
- The electronic clinical note has been developed to facilitate and standardise record keeping for the healthcare professional obtaining consent for the procedure/examination.
- For specialities where iPortal is not commonly used, the structured clinical note must be replicated where bespoke electronic records are in place.

The healthcare professional conducting the intimate examination/procedure should record:

- Consent for the examination and consent for the chaperone. Keep the discussion relevant to the examination/procedure and do not make any unnecessary personalised comments.
- The name and role of the chaperone present, and whether “formal” or “informal.” If an accusation of improper behaviour is made several years later and there is no record of who acted as chaperone, it would be difficult to recall who witnessed the examination.
- See 2.4 below if the patient declines the offer of a chaperone.

Figure 1 Clinician electronic structured note: name and grade prepopulated automatically via iPortal note.

Date and time of examination/procedure	
Examination/procedure <ul style="list-style-type: none"> ▪ Digital rectal examination ▪ Vaginal examination and/or speculum/vaginal probe ▪ Male genital examination ▪ Breast examination ▪ Urinary catheterisation ▪ Other 	Free text
Indication	Free text
Consent from patient/parent to proceed with the examination/procedure? *If no mandatory field note will appear saying all need consent. *If no mandatory field note will appear saying in patients who may lack capacity to consent to an examination/procedure because of a cognitive impairment/disturbance in functioning of mind/ brain. A Capacity assessment should be clearly documented in the clinical notes. Care can then be delivered in the patient's best interest, but a formal chaperone must be used.	Yes/No*
Consent for formal Chaperone present. Note saying: If no mandatory field not to say that a formal chaperone is expected for all intimate area examinations. Note saying: For child protection procedures, examinations <u>should not be</u> chaperoned by parents/carers or social worker. If no chaperone, please explain why. If no chaperone, did the examination/procedure go ahead	Yes/No Free text Yes/No
Name and role of chaperone (trained healthcare professional)	Free text
Any other person present during examination/procedure?	Yes/No
Names and roles in free text	Free text

The healthcare professional acting as a chaperone should record

- The healthcare professional acting in the role of chaperone must also complete their records replicating the record keeping guidance in figure 2. The record may be entered in the relevant section of the patients electronic or paper record

Figure 2 Chaperone recommended guidance for record keeping.

Were you witness to the consent process for the examination/procedure	Yes/No
Were you able to see the examination/procedure in full?	Yes/No
Were any concerns expressed by the patient or the chaperone during the examination?	Yes/No
If yes what concerns?	Free text
If yes what actions were taken? Escalated to senior colleague? Please add name and role Incident submitted in Datix? Please add reference number	Free text
Any further comments	Free text
Date, Name (in full), role.	

2.4 Where a patient declines a chaperone

- If a patient prefers to undergo an examination / procedure / teaching without the presence of a chaperone, this should be respected and their decision documented in their clinical record, evidencing that the patient was assessed as having capacity to make that decision.

The only exclusion to this is when intimate examinations or procedures are performed, where it is mandatory to have a chaperone as outlined in this policy.

- If the patient has declined a chaperone for an intimate examination where it is mandatory to have a chaperone, the healthcare professional must explain clearly to the patient why a chaperone is necessary. A risk assessment and plan of action must be completed, recording that the patient was assessed as having capacity to make that specific decision, i.e., declines a chaperone. Include the name of the chaperone that was offered.
- Several professional bodies advise that you may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as the delay would not adversely affect the patient's health (GMC, 2024, NMC 2018, HCPC 2024b). The patient may also wish to consider requesting a referral to an alternative care provider.
- The examination should not proceed without a chaperone, unless the situation is either life threatening and speed is essential in the care or treatment of the patient, or delaying the examination or procedure could adversely affect the patient's well-being. In this situation the healthcare professional should continue without a chaperone, taking particular care to document the risk assessment.

2.5 Where a suitable chaperone is not available

- Every effort should be made to provide a chaperone and where possible a chaperone of the same sex as the patient should be offered.
- If either the healthcare professional or the patient does not want the examination to go ahead without a chaperone present, or if either is uncomfortable with the choice of chaperone, the examination may be delayed to a later date when a suitable chaperone will be available, as long as the delay would not adversely affect the patient's health.
- On occasions, where it is not possible to provide a chaperone of the same sex as the patient the following considerations will be considered.
 - The wishes of the person requiring the examination.
 - The consequences if the person does not receive the care.

- The consequences for the person's health.
- Whether the urgency of the care needed, makes it an immediate necessity, e.g., resulting from an episode of incontinence.
- The length of time before a same gender member of staff can be present.

2.6 Patients with individual needs

- Patients with communication needs, cognitive impairment or learning disability must have a formal chaperone for all examinations / procedures.
- Family or friends who understand their communications needs and can minimise distress caused by the procedure could also be invited to be present throughout any examination.
- Staff should consider making reasonable adjustments to help facilitate the examination.
- Staff must be aware of the implications of the Mental Capacity Act (2005) (MCA) and cognitive impairment. 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 decisions.

2.7 Chaperoning children and young people from newborn to under eighteen years

Mandatory presence

- It is **mandatory** that any intimate examination **MUST** be carried out in the presence of a formal chaperone.
- An informal chaperone, parent / carer, or someone already known and trusted by the child / young person, may also be present for reassurance and to minimise any distress caused by the procedure.
- A Hospital Play Specialist with up-to-date Level 2 Safeguarding training can provide chaperoning for babies and children requiring imaging in line with radiographers' guidance, 2018.

Mandatory presence exceptions

- The only exception to the mandatory requirement for the presence of a formal chaperone for intimate examinations, is during the routine top-to-toe, newborn, and infant physical examinations (NIPE) or for babies seen before the age of one year old.
- Genital examination is an essential part of the routine newborn screening examination, particularly assessing for undescended testes in males. The clinician performing all intimate examinations should inform the parent, and child/ young person where appropriate, of the need for the examination and check that they are happy for the clinician to proceed. Verbal consent is documented.
- The parent, guardian or healthcare professional can act in the role as a chaperone.
- Please risk assess and document each individual situation.

Parent/ guardian presence

- Whilst it is accepted that a child or young person must be seen in the presence of a parent / legal guardian / appropriate adult it is recognised that in some circumstances it may be necessary to see a child or young person without a parent or legal guardian present. This may be in the case of sexual health settings, or where there are safeguarding concerns or in an emergency.

- When a young person is transitioning from Children to Adult services, the young person may wish to, or be encouraged to, attend part of the appointment unaccompanied by a parent / legal guardian / appropriate adult to encourage independence.
- Parents or guardians must receive an appropriate explanation of the procedure to obtain their informed consent to the examination. Preferably in the presence of the parent or guardian, the young person must also receive the explanation and be offered the choice of a chaperone. Please risk assess and document each individual situation.
- If an intimate examination is required in children who are deemed to have mental capacity or are, for example, being prepared for “transition” to adult services they may be seen without their parents / carer at their request but must be examined in the presence of a formal chaperone. If they specifically request examination without a chaperone, this must be discussed with them and their carer and documented in the notes or electronic record. As with adults, (mandatory section) the examination should not proceed without a formal chaperone unless it is life threatening. Please risk assess and document each individual situation.
- In the case of a child or young person under eighteen for physical examinations that are considered non-intimate/sensitive for example, an examination of the chest and or abdomen (below clavicle to above the knee), a formal chaperone should be offered and provided where reasonable and possible. However, UHNM recognises that this will not always be achievable and that in this event an informal chaperone (parent or carer) must be present.
- A formal chaperone must always be present for examinations that take place as part of teaching of undergraduate or postgraduate healthcare professionals enrolled as students on their current course. The healthcare professional conducting the bedside teaching can act in the role of chaperone if the students are conducting an examination. If the healthcare professional conducts the examination with the students observing, then they need to consider the presence of a chaperone.
- Please risk assess and document each individual situation.

2.8 Child Protection Medicals

- The RCPCH (2020) Good practice service delivery standards for the management of children referred for child protection medical assessments, states that:
Child protection medicals are conducted in the presence of a formal chaperone (Standard 6)
- The chaperone should be an experienced member of staff who is familiar with procedures and the special aspects of these examinations. The parents or the social worker should not be used as chaperones for the examination.
- The RCPCH (2020) detail indicators of good practice to achieve standard 6 include the following:
 - ✓ A named chaperone is present as a witness and to support the child and clinician. Their name should be recorded on the child protection medical assessment proforma.
 - ✓ The chaperone should be trained with respect to the role of a chaperone.
 - ✓ The chaperone should be a qualified health professional, particularly during the examination.
 - ✓ The chaperone should not be a student as they need to be able to be of sufficient experience and confidence to report what they have observed to senior staff and potentially a court.
- Please refer to the UHNM medical form for use in child protection procedures (current version)

2.9 Maternity

- Midwifery practice, by definition, involves intimate contact with women throughout pregnancy, in labour and postnatally.
- Midwives and Nurses should always consider being accompanied by a chaperone when undertaking intimate examinations and procedures to avoid misunderstanding and, in rare cases, false accusations of abuse. The name of the chaperone should be documented within the records (FSRH, 2020).
- Whilst the NMC acknowledges that the right of patients in the care of nurses and midwives to request a chaperone, it is often neither practical or feasible for a formal chaperone to be present for all vaginal examinations, or at all births.
- Consent must be obtained, and documented, for all intimate examinations on pregnant or post-partum women by midwives. 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 is present. Equally, some women may not want their partner 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.
- UHNM acknowledges that Maternity Services have a bespoke record keeping system in operation.

2.10 Emergency care

- It is acceptable for a healthcare professional to perform intimate examinations without a chaperone if the situation is life threatening and speed is essential in the care or treatment of the patient, and the patient's condition means they are unable to be consulted for consent. This should be documented in the patient's record as soon as possible.

2.11 Examination under anaesthetic

Please see section 2.2 of this appendix: mandatory presence of a chaperone.

- Written consent must be obtained prior to anaesthesia, if the patient has capacity, for any intimate examination/photography under anaesthetic.
- Remember, the administration of rectal/vaginal medication is an intimate procedure. Where this is not possible, e.g. because of unplanned or emergency surgery, every effort should be made to ensure that a formal chaperone is present during examination.
- The patient's privacy and dignity must be maintained even while under anaesthesia.
- Clinicians must not carry out, or supervise, an intimate examination on an anaesthetised patient for educational purposes, without checking that the patient has given consent in writing or as a signed entry in their records (GMC, 2023; RCN, 2020).
- Patients have a right to refuse to take part in teaching or research (GMC, 2023; RCN, 2020).

2.12 Cultural and religious issues

- The cultural values and religious beliefs of patients can make intimate examination and procedures difficult and stressful for themselves and healthcare professionals.
- Healthcare professionals must be sensitive to the needs of the patients and their specific requirements and whenever possible complied with.

2.13 Lone working

- Where a healthcare professional is working in a situation away from other colleagues e.g., home visit or out-of-hours, the same principles for offering and use of chaperones should apply.
- If appropriate, relatives or carers may be able to act as an informal chaperone. However, in cases where a formal chaperone is required for example, intimate examinations, the healthcare professional would be advised to reschedule the examination to a more convenient location or time when chaperones are available.
- The healthcare professional may be required to risk assess the need for a formal chaperone and should not be deterred by the inconvenience or complexity of making the necessary arrangements. The risk assessment must be recorded.
- For patients that are housebound, it may be appropriate to offer a chaperone via telephone prior to the appointment so if required arrangements can be made for a chaperone to be available. The offer and acceptance or decline of a chaperone should be documented.
- In urgent situations where a formal chaperone is required but not available and any delay in examination would be at detriment to the patient, if the healthcare professional chooses to continue with the examination, then effective communication and documentation is paramount.

2.14 Virtual Consultations

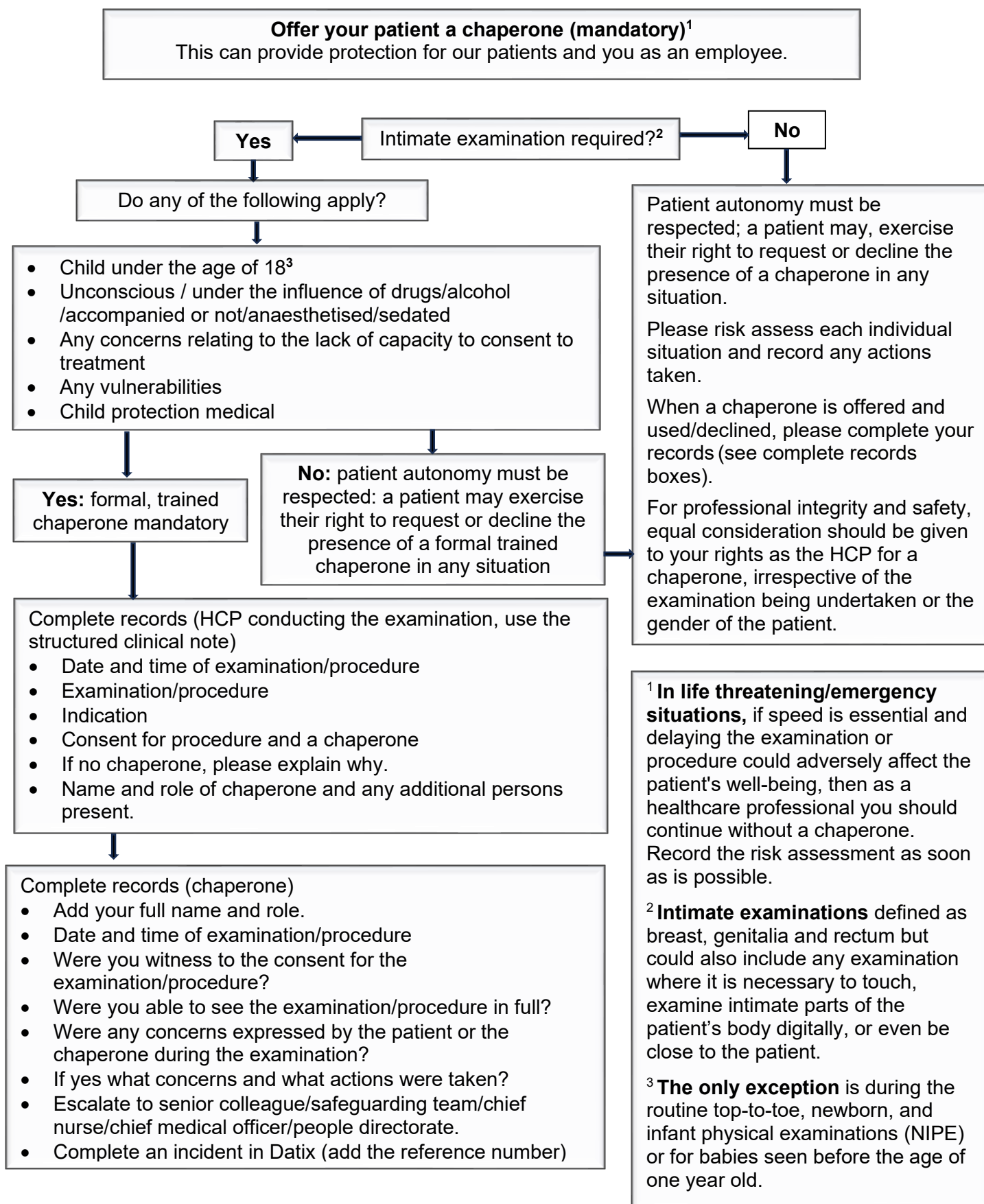
- The COVID-19 pandemic has accelerated the use of online and video consultations as part of core clinical practice. An online, video or telephone consultation does not negate the need to offer a chaperone. The same principles would apply. Please also refer to UHNM Re02 Policy Photography and Video to Govern Clinical and Non-clinical Images and Recordings.
- If the patient (adult or child) is the subject of a video consultation, you should have an appropriately trained chaperone for any situation where you would do so in a face-to-face consultation, with extra consideration given if the patient is a vulnerable person or where a decision to proceed with an examination is made in the patient's best interests (NHSE/I 2020).
- Record who was present for the consultation and their relationship to the patient. Document whether or not a chaperone was offered and either declined or was present at the consultation. If a chaperone was present, you should record their identity, including their designation and the extent of the assessment witnessed, for example 'present for the complete video-linked assessment,' and where the chaperone was located both at the patient and clinician end.
- A chaperone could be present with the healthcare professional (either virtually or in the same room) and could witness the nature and extent of the video examination that was undertaken. The chaperone should be visible to the patient. The chaperone should be appropriately trained (consider whether the chaperone is competent and comfortable with conducting their role in these circumstances and use your professional judgement). Their role, in this context, is to ensure the nature and extent of the assessment are appropriate and to protect the patient and healthcare professional from any suggestion the examination was inappropriate.
- A family member of the patient is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone.
- For sexual health conditions, a remote intimate assessment with a young person under eighteen or a vulnerable person should only be undertaken in exceptional circumstances, if

this is via a video consultation this should be with an appropriately trained chaperone present.

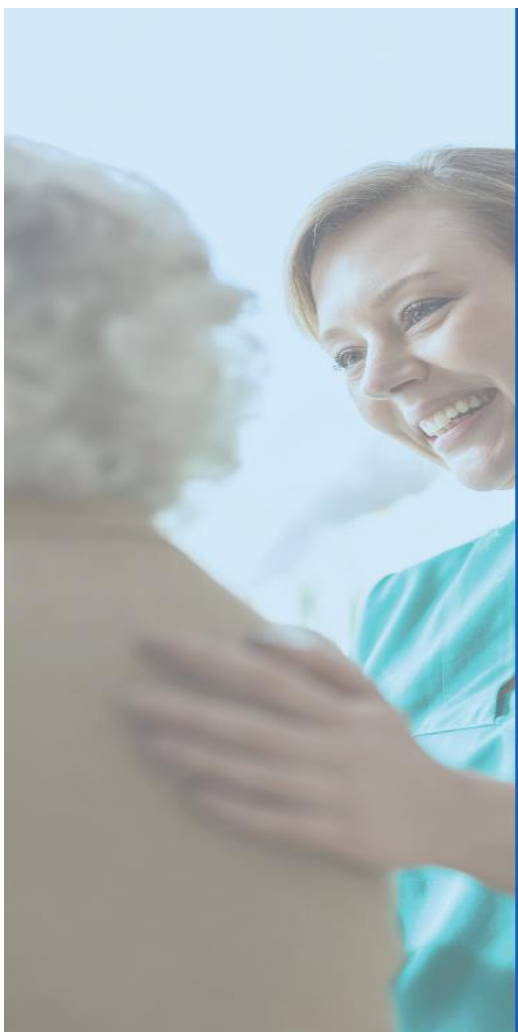
2.15 Intimate personal care

- Intimate personal care is defined as the care associated with bodily functions and personal hygiene which requires direct and indirect contact with, or exposure of, the sexual parts of the body.
- It is recognised that most medical, nursing, and allied health professionals' day to day care is delivered without a chaperone as part of the unique and trusting relationship between patients and healthcare professional. However, staff must consider the need for a chaperone on a case-by-case basis, mindful of the exceptional circumstances outlined in this policy, and patients should always be offered the opportunity to have a chaperone if they wish. Staff must be aware that diverse cultures may interpret other parts of the body as intimate.
- When there is a potential of providing intimate care to patients of a different sex, staff must ensure that patients are given the option of consenting to an opposite member of staff completing the task/care/procedure. Considerations would include a female staff member washing a male patient, the patient may prefer a male member of staff and vice versa if a female patient were offered care from a male member of staff.
- Where patients lack capacity to consent to care/treatment and intervention, care delivery should be provided in the patient's best interests and chaperones provided to protect the patient and to ensure that the staff have a witness present during intimate care delivery.

Appendix 3 Chaperone policy flow chart



Appendix 4: UHNM Chaperone poster for display



All patients are entitled to have a chaperone present for any consultation, examination or procedure.

The chaperone may be a family member, carer, friend or a nurse or other trained member of staff.

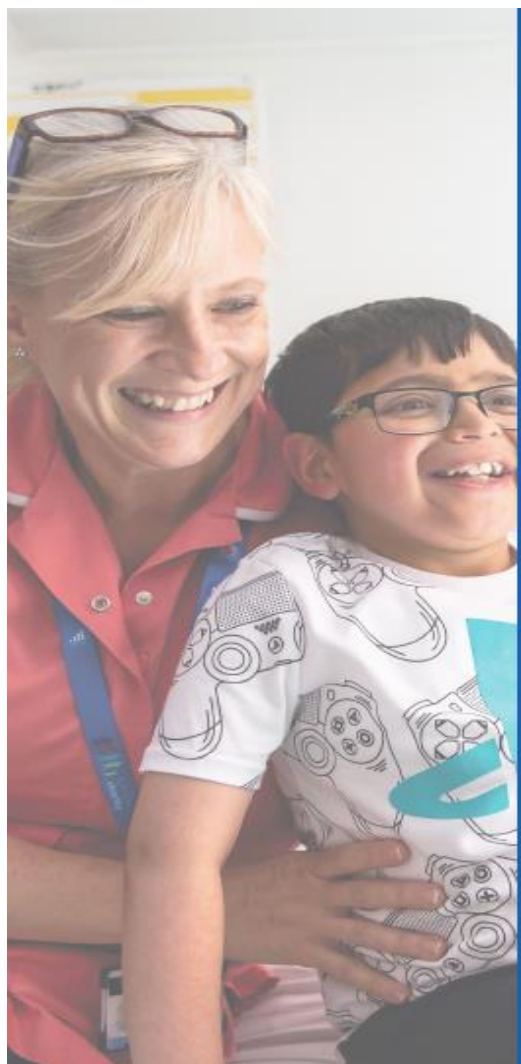
Your healthcare professional may also require a chaperone to be present for certain consultations or procedures.

If you have any questions or would like a chaperone, please ask.



Further information is available on the UHNM website via the QR code

Appendix 5: UHNM Paediatrics chaperone poster for display: parents/guardians



All paediatric patients are entitled to have a chaperone present for any consultation, examination or procedure.

The chaperone may be a family member, carer, friend or a nurse or other trained member of staff.

Your child's healthcare professional may also require a chaperone to be present for certain consultations or procedures.

If you have any questions or would like a chaperone, please ask.



Further information is available on the UHNM website via the QR code

Appendix 6: UHNM Chaperone poster for display: children and young people, out-patients.



University Hospitals
of North Midlands
NHS Trust



Staffordshire



Childrens



Hospital



Further information is available on
the UHNM website via the QR code



Welcome to the child development
centre and children's outpatients



During your appointment today, you
will see a doctor or nurse.



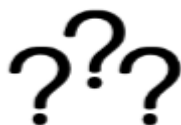
The doctor or nurse may want to
look at the private bits of your body
to see why you are been unwell.



When the doctor or nurse looks at
your private bits, another member of
staff will be present to help you feel
comfortable.



Your parent/carer can stay with you
if you want them to whilst
the doctor or nurse looks at the
private bits of your body.



If you have any questions, please
ask the doctor or nurse at any time.

Appendix 7: UHNM Chaperone poster for display: children and young people, wards.



Further information is available on the UHNM website via the QR code



During your stay in hospital, you will be seen by doctors, nurses, and others.



The doctor or nurse may want to look at the private bits of your body whilst you are in your hospital bed to see why you are unwell.



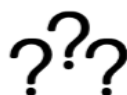
The curtains around your bed or the door to your room will be closed before the doctor or nurse will look at your private bits.



When the doctor or nurse looks at your private bits, another member of staff will be present to help you feel comfortable.



Your parent/carer can stay with you if you want them to, whilst the doctor looks at the private bits of your body.



If you have any questions, please ask the doctor or nurse at any time.

QR Code will link to UHNM website

Appendix 8 References and useful documents for further reading

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Electronic learning resources

Transgender awareness courses are available to access. The recommended e-learning package is <http://www.gires.org.uk/e-learning/>

Chaperone training resources.

eLFH which was updated 2022 <https://portal.e-lfh.org.uk/component/details/52459>

The [Learning Hub](#) platform contains 4 resources

[The role of Chaperone for Adults and Children](#) – contributed by North Tees and Hartlepool Trust.

[The role of Chaperone in Child Protection Medicals](#) – contributed by North Tees and Hartlepool Trust.

[The Role of Chaperone](#) – contributed by Kettering General Hospital.

[Chaperone Training](#) – contributed by City Healthcare Partnership CIC.

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