Berkshire Healthcare NHS Foundation Trust

CCR125

Chaperone

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	Minor	Full Review							Inserted	Deleted
April 2026		x	6		June 2026	SECEG	Transferred to new template. Updated in line with actions to tackle sexual misconduct in the NHS from NHS England briefing August 2025 and December 2025. References and policies updated. EQIA completed			
								5	Introduction - Added Trust commitment to sexual safety	
								5	Updated definition and added intimate examination definition	
								5	Updated additional associated documents	
								5	Updated roles and responsibility of chaperone	
								6	Added all other roles and responsibilities	Removal of references to family members being an informal chaperone
								6	Update to chaperone training	
								7	Updates to all other sections in line with new NHS England guidance	
								8-14	Addition of appendix C example list of core responsibilities of a chaperone	Deletion of repeated sections
2024		x	5			SECEG	Biennial review. Section 5 – Training for Chaperones updated. Section 8.3 – children under the legal age of consent updated. Further minor amendments.			
		x	4			SECEG	Reviewed following a serious incident at the Berkshire Adolescent Unit. Section 2.4 added.			

Summary of the changes made. All versions are held centrally- please contact Policy Scrutiny Group to access older versions. Please include whether this policy replaces any preexisting policies.

For policy information: Policyandscrutinygroup@berkshire.nhs.uk

This policy has been assessed for compliance with CQC Fundamental Standards.

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1 INTRODUCTION

Berkshire Healthcare is committed to providing a safe and supportive working environment, free from abuse, harm and harassment. This includes protecting the sexual safety of our patients and staff by ensuring that there are appropriate and clear policies, training, and processes in place.

This policy sets out guidance for the use of chaperones and procedures that should be in place for consultations, examinations, treatments, and investigations. The Clifford Ayling inquiry (Department of Health, 2004) made recommendations about the use of chaperones, specifically about who should undertake the role and the training. All consultations, examinations, treatments, and investigations are potentially distressing. Many patients find examinations, treatments, investigations, or photography involving the rectum, genitalia, or breasts particularly intrusive (these examinations are collectively referred to as “intimate examination”). The basic principles of respect, explanation, consent, and privacy apply to all patients undergoing such examinations and imaging.

Appropriate technique, sensitive behaviour and expertise of staff are of paramount importance. This policy defines who is responsible for obtaining consent, offering and securing a chaperone when required and the set procedure for consultations, examinations, treatments, and investigations.

The offering of a chaperone can be made through a number of routes including prominently placed posters, leaflets, and verbal information prior to the actual consultation. A sample patient information notice is attached at Appendix A.

Accessibility and Publication
Berkshire Healthcare will ensure this policy is readily accessible to staff, patients, the public and service-users. The policy will be published on the Trust website, included in patient-facing information materials and made available in alternative formats (including easy-read) in line with NHS England guidance. Staff must be aware of the policy and its requirements as part of mandatory training and local induction.

2 PURPOSE OF POLICY

Examinations have the potential for causing distress, especially via misunderstanding of necessity. A common factor in many patient complaints about inappropriate touching by clinicians is that the patients were not told precisely what would be involved in the examination or treatment in advance. To a person who is not a health professional, it may also seem inappropriate to examine one part of the body when the patient has identified the problem as being elsewhere. For example, a minor problem such as a sore throat may require the clinician to palpate for swollen glands and examine a patient’s chest. The clinician is acting professionally but the patient may misunderstand the clinician’s intention. It is therefore important for health professionals to explain on every occasion the relevance of the procedure they intend to undertake to understand the problem with which the patient presents.

Complaints of indecent assault have been made by patients of both sexes and are not limited to allegations against a clinician of a different sex. It is therefore essential that all staff who act as a chaperone are aware of their responsibilities and the importance of chaperoning in protecting both patients and healthcare professionals.

It is important that examinations are practiced in a safe, sensitive and respectful manner. Intimate examinations or treatments can be embarrassing or distressing for patients and whenever a patient is examined, the health professional, should be sensitive to what the patient may think is of an intimate nature. This is likely to include examinations of breasts, genitalia, and rectum, but could also include any examination or treatment where it is necessary to touch or even be close to the patient. Darkened rooms for retinoscopy or other similar procedures, while not considered ‘intimate examinations or treatments’, may also lead patients to feel vulnerable.

The use of a chaperone should not be restricted to medical or physical examinations and a

patient may request a chaperone for any treatment, consultation, or review regardless of the nature.

3 SCOPE OF POLICY

This policy applies to all Berkshire Healthcare Foundation Trust (hereinafter referred to as Berkshire Healthcare) staff including Nursing and Midwifery Council registered nurses, health care assistants, allied health professionals, medical students, Medical staff registered with the General Medical Council, and radiographers working with individual patients in wards, departments, outpatients, clinics and patients' homes. Chaperones are not required to be registered clinicians but will be appropriately trained in chaperoning.

This policy covers patient consent and chaperone requirements in relation to all examinations undertaken within Berkshire Healthcare. Appendix B shows an example of a chaperone consent form.

This policy provides practical advice to healthcare professionals working in a variety of locations, where availability of a chaperone may not always be possible.

It is considered best practice to offer a chaperone to patients when undertaking examinations (NHS England 2025b). For many patients' respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a third person does not negate the need for adequate explanation and courtesy and cannot provide full assurance that the procedure, treatment, or examination is conducted appropriately.
This policy aligns with national NHS England guidance on sexual safety (NHS England 2024; 2025a: 2025b; 2025c), safeguarding, lone working, the Mental Capacity Act, and clinical challenge frameworks including Martha's Rule.

Chaperone policies apply to video, telephone and online consultations (NHS England 2025b).

On no account must a child under 18 years of age be used as a chaperone.

4 ASSOCIATED DOCUMENTS

- CCR035: Consent to Examination and/or Treatment
- CCR072: Child Protection (Safeguarding and Promoting the Welfare of Children)
- CCR073 Managing Allegations against Staff and Volunteers
- ORG013 Freedom to Speak up: Raising Concerns (Whistleblowing)policy
- CCR096 Mental Capacity Act and Deprivation of Liberty Safeguards
- CCR163 Assessing Gillick competence in children under 16
- CCR089 Safeguarding Adults at risk of abuse or harm
- ORG126 Sexual Safety of Staff
- HS029 Lone worker
- ORG002 Complaints policy
- ORG017 Confidentiality
- CCR164 Sexual Safety. Promoting Sexual Safety on Mental Health and Learning Disability Inpatient Units and Phoenix policy

5 DEFINITIONS OF KEY TERMS

Chaperone: A chaperone is a person who is present during a physical examination or treatment as a safeguard for all parties (patient and practitioners) and is a witness to continuing consent of the procedure.

Intimate examinations: As defined by General Medical Council [GMC 2024] an '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'

6 ROLES AND RESPONSIBILITIES

The Chief Executive has the overall responsibility for ensuring that there is organisational commitment to all policies within Berkshire Healthcare.

The Director of Nursing and Therapies is the executive lead for this policy and has the responsibility for

- Ensuring that there is organisational commitment to all elements of this policy within Berkshire Healthcare
- Ensuring that there are robust governance structures are in place to identify risks and unusual activity, and clear escalation procedures
- Ensuring its implementation and assuring quality and safety governance through monitoring compliance/ service–user feedback.

Directors, Clinical Directors, Operational Directors are responsible for:

- Ensuring that this Policy is disseminated, implemented, and monitored.
- Promoting and supporting the aims and objectives of this policy
- Ensuring that Chaperone processes reflect national policies and evidence-based practice.
- Ensuring that Chaperone training is available

Managers and service leads are responsible for:

- Ensuring that this Policy is disseminated, implemented, and monitored within their area of responsibility.
- Promoting and supporting the aims and objectives of this policy
- Ensuring that Chaperone training compliance is monitored for their service
- Overseeing service-user feedback in relation to Chaperoning

Team Leads [adult and child services] are responsible for:

- Identifying staff groups who will be required to act as Chaperones as part of their role, ensuring that they have necessary level of Disclosure and Barring [DBS] check
- Ensuring that Chaperoning is part of staff induction.
- Ensuring that appropriate staff attend Chaperone training and that there are processes in place for assessing and monitoring competency in practice.
- Ensuring that patient resources are available and displayed in clinical areas
- Reviewing and monitoring themes from service-user feedback
- Reviewing record keeping procedures and quality of record keeping.

All staff are responsible for:

- Being aware of and having an understanding of this policy.
- Ensuring that they are able to confidently discuss the Chaperone role and this policy with patients and families or facilitate a discussion with someone who is able to.
- Attending Chaperone training if it is appropriate for their role.
- Knowing the process and procedure for raising concerns

Role and responsibilities of Chaperones: A Chaperone is an appropriately trained member of staff who is present during examinations or treatment of a patient, to provide support, and to ensure the patient's comfort. They act as an impartial witness to the conduct of the health professional and the patient and to the patient's ongoing consent, helping to protect both parties from potential allegations of inappropriate behaviour. The role includes:

- Advocating for the patient.

- Providing emotional comfort and reassurance to patients.
- Being sensitive, and respecting and maintaining the patient's privacy, dignity and confidentiality.
- Providing protection to healthcare professionals against unfounded allegations of improper behaviour.
- Being prepared to raise concerns if they are worried about the behaviour or actions of the health professional.
- Documenting their presence in the clinical record and noting the date, time and nature of the examination.

Wherever possible, clinical staff should be prioritised to act as chaperones. Non-clinical staff may undertake this role where appropriately trained and supported, in line with NHS England guidance.

All parties should understand the expectations of the chaperone during the consultation, treatment and examination. It is for the lead clinician to ensure this common understanding exists.

It is outside of the chaperone's remit to challenge the decision to perform an examination or procedure. It is not the role of the Chaperone to provide a 'second opinion' or to challenge clinical decision making by the clinician. However, they have a duty of care to raise concerns about unsafe practices, in line with Berkshire Healthcare policies.

For further information on the Chaperone's core responsibilities see Appendix C.

7 POLICY CONTENT

7.1 Training for Chaperones

All staff should understand the role of the chaperone and the procedures for raising concerns as part of their local induction.

Staff members who undertake a formal chaperone role must have been trained [see Nexus] so that they develop the skills and competencies required. Staff who have completed chaperone training should be observed and given feedback on their technique and communication skills in this aspect of care by an experienced and trained member of staff. Evidence of training should be monitored and recorded in local training records on Nexus learning, which are auditable.

Training should include:

- What is meant by the term chaperone.
- What is an 'intimate examination'.
- Why chaperones need to be present.
- The importance of understanding the purpose of procedures prior to chaperoning
- The importance of record keeping
- The rights of the patient.
- The Chaperone's role and responsibilities.
- Position of Chaperone - It is important that chaperones should place themselves inside the screened-off area as opposed to outside of the curtains/screen
- Related safeguarding policies and national guidance
- Policy and mechanism for raising concerns.

7.2 Disclosure and Barring

Clinical staff who undertake a chaperone role will usually already have a Disclosure and Barring Service (DBS) check. If non-clinical staff function as chaperones, they will also require a DBS check. The level of DBS will depend on the member of staff's specific duties as a chaperone and the contact they have with patients, particularly children and vulnerable adults.

7.3 Offering a Chaperone

It is considered best practice to offer a chaperone to patients when undertaking examinations (NHS England 2025b). The offer of a chaperone can be made through a number of routes including the appointment letter, prominently placed posters, written resources [including easy-read resources], information on service web-pages and verbal information prior to the actual consultation/ examination.

The offer of a chaperone should be made especially clear to the patient prior to any intimate procedure, ideally at the time of booking the appointment, however it is not always clear ahead of the consultation that an intimate examination, treatment or procedure is required. The offer of a chaperone should always be repeated at the time of the examination or treatment. This applies whether or not the clinician carrying out the intervention is the same gender as the patient.

If a patient is offered and does not want a chaperone it is important that the clinician records that the offer was made and declined. See section Patient declines a chaperone.

If no appropriate chaperone is available, the patient must be offered the option to reschedule the appointment within a reasonable timeframe, taking into account the clinical urgency. Where delay poses a clinical risk, this must be clearly explained and documented in the patient record.
A decision to continue or whether to reschedule the appointment should always be reached in partnership with the patient.

In cases where it is assessed that the patient does not have the capacity to make the decision to have the examination or treatment, the healthcare professional must use their own clinical judgement and record the decision demonstrating they are working in the patient's best interests.

If the patient is being examined in an in-patient setting and lacks capacity, they should always be provided with an appropriate gender sensitive chaperone.

7.4 Provision of a Chaperone

Staff must be culturally sensitive and should respect the patient's individual values in relation to intimacy, privacy and dignity. When providing a chaperone, staff should consider the patient's preference in relation to choice of chaperone – e.g. sex, religious belief.

Staff should also identify where patients may have additional needs such as communication difficulties and learning disabilities. See consent section below.

7.5 Presence of family members or carers

It should not be assumed that it is acceptable to the patient for relatives to remain present during procedures. The presence of a family member, friend, parent or carer does not replace the need for a chaperone, however, many patients feel reassured by the presence of a familiar person and therefore may decline the offer of a chaperone. The request should be accepted, unless there are specified reasons for refusing or safeguarding concerns. This should be documented in the clinical record.

Intimate examinations on a child or young person aged under 18 should be carried out in the presence of a formal chaperone. A parent/ carer or someone known and trusted by the child or young person may also be present to provide reassurance.

7.6 Confidentiality

Where the presence of a chaperone may intrude in a confidential discussion, the chaperoning should be confined to the physical examination or treatment. One-to-one communication with the patient

should normally take place before or after the examination or treatment to maintain patient confidentiality.

7.7 Consent

Relevant consent must be obtained in relation to the procedure being conducted (as per policy Consent to Examination and/or Treatment CCR035). The Clinician should offer and discuss the role of the chaperone and answer any questions from the patient. As part of the normal procedure for consent, the nature of the examination or treatment is explained to the patient and the decision as to whether the patient wishes to proceed with that examination or treatment with or without a chaperone is made. The patient will then be able to give informed consent to continue with the consultation. Details of the examination or treatment, including presence/absence of the chaperone, and information given must be documented.

The patient may ask the chaperone to leave at any time during a procedure/consultation. If the clinician is unhappy to continue with the consultation without a chaperone, then this should be explained to the patient and another appointment made. This should be recorded in the patient's clinical record

7.7.1 Children and young people

For children under the legal age of consent (16 years) the young person and their parents or guardians must receive an appropriate explanation of the procedure to obtain their cooperation and informed consent. A relative or a friend of the patient would not be a suitable chaperone, but the clinician should comply with a reasonable request to have such a person present as well as a chaperone. Refer to GMC guidancehttp://www.gmc-uk.org/guidance/ethical_guidance/21168.asp

A competence assessment should be documented for children who are assessed as being Gillick Competent.

In situations where abuse is suspected [e.g. child protection medical examination] great care and sensitivity must be used to allay fears of repeat abuse. Refer to CCR072 Child Protection (Safeguarding and Promoting the Welfare of Children) for any specific issues.

7.7.2 For patients who are neurodiverse (whether there is a confirmed diagnosis or not)

It is important to ask **all** patients if they have a neurodiversity passport. In addition to this a conversation with the patient and their carers should be held to establish what support or help is needed to help the practitioner understand how best to communicate. This will also help to establish whether there are any sensory or processing needs that should be considered. Information should be provided in a way which is easily accessible for the patient and should meet the accessible information standards.B0467_i_sensory-friendly-resource-pack.pdf (england.nhs.uk) , Neurodiversity | Nexus (berkshirehealthcare.nhs.uk)

7.7.3 For Patients with learning difficulties and patients who have communication or capacity needs

A careful, simple and sensitive explanation of the intervention is vital. This may include using accessible information, involving carers or advocates where appropriate and allowing extra time for discussion. Where the person lacks mental capacity to decide about having a chaperone, the clinician is the decision maker and makes the decision in the best interests of the patient using their clinical judgement, being able to justify their course of action, and in line with CCR096 Mental Capacity Act and Deprivation of Liberty Safeguards. This should be documented. Careful explanation of the examination or treatment technique to be used should be given immediately prior to the procedure being carried out. A familiar individual such as a family member or carer may also be present. We have a duty to ensure that reasonable adjustments are made for vulnerable patients as per our duty under

the Equality Act.

7.7.4 The ethnic, religious and cultural background of patients

For some people an intimate examination or treatment can be particularly difficult, and some people may have particular concerns about undressing or exposing parts of their body. Wherever possible, arrangements should be in place for a gender appropriate practitioner to perform the procedure. The purpose of the examination and the role of the chaperone must be communicated using culturally appropriate and accessible, respectful language. Intimate examination or treatment should never be conducted for non-English speaking patients without an interpreter/ advocate (taking account of gender) being present for the obtaining of consent (except in exceptional circumstances) Interpreting and Translation | Nexus (berkshirehealthcare.nhs.uk)

7.8 Patient Declines a Chaperone

Patients have the right to decline a chaperone for any reason. This may include personal, cultural, or privacy concerns, the presence of a family member or carer, or because they do not feel it is necessary.

Staff must respect this decision while ensuring the patient's safety and dignity. If a clinician believes that proceeding without a chaperone would compromise professional standards, or patient safety they should risk assess the need for the examination and whether it can be postponed until an appropriate chaperone is available. The rationale for the deferral, discussion and decision making must be documented in the patient's records, maintaining clear and respectful communication throughout.

7.9 Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g., home visit, out-of-hours centre, the same principles for offering and use of chaperones should apply. Family members/friends may support their family member, although this does not replace the need for a chaperone.

In cases where a chaperone is required, the healthcare professional would be advised to reschedule the examination to a Berkshire Healthcare Clinic. In cases where this is not an option, for example due to the urgency of the situation or because the patient is unable to travel, then decisions as to what should be done are made with the patient.

Where a chaperone is unable to be present, the clinician should ensure clear communication and thorough record keeping, documenting why the examination proceeded without a chaperone present and that this was agreed with the patient. Where the patient lacks capacity, then all decisions are made in the patient's best interests in line with CCR096 Mental Capacity Act and Deprivation of Liberty Safeguards. Decisions should be communicated to relevant parties and clearly documented.

7.10 Virtual Consultations

Chaperone policies should be applied to video, telephone and online consultations (NHS England 2025b). Where services have virtual consultations e.g. phone or online, consideration must be given to locally defined procedures to protect patients, for instance how clinical images are requested and safely managed to support clinical decision making.

7.11 Overarching Requirements

Patients must be prepared for examination or treatment by staff ensuring that adequate information and explanation is given as to why the examination, treatment or procedure is needed. Easily understood literature and diagrams, should be provided where possible, to support verbal information.

In all cases, the chaperone should be provided with sufficient information on the reason for the examination by the clinician and what it will entail, and allowed time to ask questions. In the case of an intimate examination, they should be provided with a clear rationale for this being required. Confirmation should be gained that the Clinician has clearly communicated the role of the Chaperone to the patient, and the patient should be asked if they have any questions, and ensure the patient understands why the chaperone is present.

Attention must be given to the environment ensuring adequate privacy is afforded to maintain dignity.

There should be no undue delay prior to examination or treatment once the patient has removed any clothing.

The Chaperone should position themselves inside of curtains/ screened off area, so that they are able to observe what the examining clinician is doing, and to respond to patient needs. The Chaperone should stay for the duration of the examination.

During the examination/treatment/procedure the chaperone should:

- Be courteous.
- Offer reassurance.
- Keep discussion relevant.
- Remain alert to verbal and non-verbal indications of distress from the patient.

The Chaperone acts as a witness to continuing consent to the procedure, and any requests that the examination or treatment to be discontinued should be respected.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing, then it would be good practice to record this in the patient's notes.

7.12 Specific Requirements for Intimate Examinations

In all cases of intimate examinations, a chaperone should be offered and consent taken, however the patient retains the right to decline.

Valid consent must be obtained to carry out the procedure or treatment by the professional who is competent in undertaking the procedure or trained in obtaining consent.

Most patients will accept intimate examinations if the necessity for the procedure is explained, and the examination is performed by a member of staff who is skilled, sympathetic and gentle.

Consent for intimate examination or treatment – verbal. This must be obtained prior to all examinations/treatments and following explanation, discussion and information giving.

Consent for intimate examination/treatment – written. In the case of an individual who is a victim of an alleged sexual attack, valid written consent must be obtained for the examination/treatment and collection of forensic evidence.

Intimate examination/treatment should take place in a closed room or well screened bay that cannot be entered while the examination/treatment is in progress. Examination/treatment should not be interrupted by phone calls or messages.

Where appropriate a choice of position for the examination/treatment should be offered, for example, left lateral, dorsal, recumbent and semi recumbent positions for speculum and bimanual

examinations/treatment. This may reduce the sense of vulnerability and powerlessness.

Once the patient is dressed following an examination, treatment or investigation, the findings must be communicated to the patient. The professional must consider (asking the patient as necessary) if it is appropriate for the chaperone/advocate to remain at this stage.

Details of the examination including the presence/absence of the chaperone and information given must be documented in the patient's medical records.

It is acceptable for a doctor (or other appropriate member of the health care team) to perform an intimate examination or treatment without a chaperone, if the situation is life threatening or time critical in the care or treatment of the patient. The decision-making procedure should be recorded in the patients' medical records.

Induction of new junior medical staff and all trainees should include training on the appropriate conduct of intimate examination or treatment. Trainees should be observed and given feedback on their technique and communication skills in the aspect of care.

7.13 Record keeping

The offer and use of a chaperone should be recorded in the patient's clinical record.
The following information should be recorded in line with NHS England guidance [2025b] including;

- Explanation of the need for the examination or procedure clearly documented by the professional undertaking the examination.
- This should 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 in the clinical record. Recognise that patients have the right to decline a chaperone or refuse a specific individual offered as a chaperone, and record the outcome if either is the case
- Any decision to proceed, postpone or cancel the examination or procedure, along with any alternative arrangements made, including the name and title of alternative chaperones
- Any incidents or complaints related to the examination, procedure or use of chaperones, recorded in accordance with local policies and procedures
- The record entry should include:
    - date and time of examination or procedure examination or procedure
    - indication – why the examination is required
    - consent to the procedure and to a chaperone including details of the discussion between the practitioner and the patient regarding the offer of a chaperone and the name and title of the chaperone offered
    - name and role of chaperone and any additional persons present
    - if no chaperone present, explain why this was declined
- the chaperone should also confirm their presence within the patient record to allow for identification and audit

7.14 Escalation process

The Trust will foster a culture of psychological safety in which staff feel empowered and supported to raise concerns during or after examinations..
All staff have a duty of care to raise concerns about unsafe practices, and to escalate if they have any concerns about unusual behaviours or the conduct of a member of staff in relation to this policy. Chaperones should be prepared to raise concerns if they are worried about the behaviour or actions of the health professional carrying out an examination. Concerns should be escalated via line management and/or Freedom to speak up by following ORG013 Freedom to Speak up: Raising

Concerns (Whistleblowing)policy. Where appropriate advice can be sought from safeguarding leads. A Datix should be completed if the concern involves:

- inappropriate behaviour (verbal, physical or professional boundaries)
- failure to follow chaperone policy
- safeguarding concerns
- breach of dignity, privacy, or consent
- any situation where a patient felt unsafe or uncomfortable
- near misses e.g. chaperone not present when they should have been

If the patient/ family wishes to raise any concerns, staff should explain how they can make a complaint in line with ORG002 Complaints policy.

7.15 Conclusion

The key message for healthcare professionals is to routinely offer a chaperone to service-users , where a medical examination or treatment is required, and to use clinical judgement in deciding on the appropriateness for each situation.

When using a chaperone or offering use of a chaperone, always record this in the patient record.

The use of a chaperone is not only for the protection of the patient but also for the protection of health care staff.

8 GLOSSARY OF TERMS AND ABBREVIATIONS

Terms	Abbreviation
Mental Capacity Act	MCA
Disclosure and Barring	DBS

9 REFERENCES

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NHS England (2025c) *An update on actions to tackle sexual misconduct in the NHS.* Available at: https://www.england.nhs.uk/long-read/an-update-on-actions-to-prevent-sexual-misconduct-in-the-nhs/#an-update-on-actions-to-prevent-sexual-misconduct-in-the-nhs (Accessed 13 February 2026)

10 MONITORING

The recording of chaperoning should be sufficient to support an auditable process where required, including the monitoring of trends and exemptions.

Minimum requirement	Monitoring Process	Monitoring/ implementing Job title(s)	Frequency of the monitoring	Name of responsible group	Monitoring/ implementing group(s)
What is to be monitored	e.g., review of incidents/ audit/ performance Management	of individual(s) responsible for the monitoring and for developing action plan	(Minimum)	that is responsible for review of the results and of the action plan	committee reported to and responsible for monitoring implementation of the action plan
Staff Chaperone training numbers	Annual report		annual	Performance Patient Safety and Quality Learning and Development	Training and Education Advisory Group
Feedback themes from service users [complaints, IWGC]	Monthly ongoing monitoring of themes	Governance Leads, Team Leads and Heads of Service	annual	Performance Patient Safety and Quality	Violence Prevention and Reduction Group And Divisional Patient Safety and Quality meetings

11 IMPLEMENTATION AND TRAINING

All staff who may act as chaperones must complete mandatory training covering safeguarding, communication, cultural sensitivity, and record keeping.

Training will be accessed through Learning and Development who will keep an auditable record of staff who have completed the training

Competency must be assessed and recorded locally, with refresher training as required.

12 DISSEMINATION AND PUBLICATION

Trust wide dissemination will be managed as per Policy ORG053.

This policy will be made available and advertised to patients, the public and service-users

To support staff to easily locate the policy on NEXUS, include a list of search terms / key words.

Chaperone, Chaperoning, Intimate, examination, procedure, consent, sexual safety

13 APPENDICES

Appendix A: Sample Patient Notification

Berkshire Healthcare
NHS Foundation Trust

SAMPLE PATIENT NOTIFICATION

CHAPERONE POLICY

Berkshire Healthcare is committed to providing a safe, comfortable environment, where patients and staff can be confident that best practice is being followed, at all times and the safety of everyone is of paramount importance.

All patients are entitled to have a chaperone present for any consultation, examination, treatment or procedure. Our staff members have received training to act as chaperones.

Wherever possible, we would ask you to make this request at the time of booking your appointment, so that arrangements can be made, and your appointment is not delayed in any way. Where this is not possible, we will endeavor to provide a formal chaperone at the time of request. However, occasionally it may be necessary to reschedule your appointment.

Your healthcare professional may also require a chaperone to be present for certain consultations in accordance with our Chaperone Policy.

WestCall NHS

Berkshire Healthcare NHS Foundation Trust

Form of Consent to intimate examination or treatment by WestCall doctor

Name of WestCall Doctor: …….. Date of attendance: …….

Name of patient: ……..WestCall Ref No: …….

Location: Patients Home or Primary Care Centre ……..

I confirm that the doctor named above has advised me that as part of a medical consultation it is necessary for me to have an intimate physical examination or treatment and the reason for this has been explained to me by the doctor as follows:

Type of examination:
Reason for examination:
Signature of doctor

I confirm my agreement to this examination/treatment which will be conducted:
(Please tick which box applies)

☐ In the presence of a chaperone whose name is:

……..……

☐ In the absence of a chaperone.

Signature of patient: …….. Date: …….

THIS FORM IS TO BE RETURNED TO THE WESTCALL OFFICE BY THE ATTENDING DOCTOR

Appendix C Example list of core responsibilities of the chaperone

The list below is not exhaustive but details the core roles and responsibilities of a chaperone [NHS England 2025b]

- Receive appropriate and necessary training.
- Be sensitive to the patient's needs, respecting and maintaining their privacy and dignity.
- Provide emotional comfort and reassurance.
- Be courteous and professional at all times.
- 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 any unusual or unacceptable behaviour by the healthcare practitioner.
- Assist with undressing or dressing if requested by the patient.
- Help the patient understand what is being communicated to them.
- While chaperones may support clinicians, this is not their primary role.
- Chaperones are not required to be registered clinicians. It is outside their remit to challenge the clinical decision to perform an examination or procedure. However, they have a duty of care to raise concerns about unsafe practices, in line with wider NHS policies.
- The formal chaperone should document their presence in the clinical record, noting the date, time and nature of the examination or procedure.

14 EQUALITY IMPACT ASSESSMENT (EqIA)

To be completed by the policy author or lead at the time of developing and reviewing the policy. For additional guidance to support the completion of this see Equality, Diversity and Inclusion | Nexus

An EqIA helps us to reach better evidenced outcomes first time. They analyse how all our work might impact differently on different people.

1. What is changing and why?[i]				
Update to policy as part of scheduled review and in line with NHS England guidance published in December 2025				
2. What do you know? What disparities or inequalities already exist?[ii]				
National learning from Clifford Ayling enquiry and national, regional and local learning from incidents and complaints. That some groups may have barriers to requesting or accepting a chaperone				
3. Assessing the impact				
	Could benefit	**May adversely impact**	**What does this mean?** *Impacts identified from what you know (actual, potential and unintentional)*	**What can you do?** *Actions (or why no action is possible) to advance equality of opportunity, eliminate discrimination, and foster good relations*
a) How could this affect different ethnicities? *Including Gypsy, Roma, Traveller, Showmen and Boaters, migrants, refugees and asylum seekers.*	x☐	☐	People may have specific anxieties or preferences for chaperone, People may have language difficulties [English as a second language]	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs. Staff should access chaperone training as appropriate for their role. Staff can book interpreting service and translate resources for patients with language needs Staff are trained to meet the needs of diverse groups
b) How could this affect cisgender and transgender men and women (including maternity/pregnancy impact), as well as	x☐	☐	People may have specific anxieties or preferences for chaperone gender, and privacy. People may request same-	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs. Staff should ensure sensitivity and respect for gender identity and biological sex

non-binary people?			sex chaperone especially for intimate examinations During pregnancy patients may request additional support or privacy	Staff are trained to meet the needs of diverse groups Staff should access chaperone training as appropriate for their role.
c) How could this affect disabled people or carers? *Including neurodiversity, invisible disabilities and mental health conditions.*	x☐	☐	People may have specific anxieties or preferences for chaperone. People may require adjustments for informed consent	Review accessibility of Chaperoning information available and specific communication support for the individual. Make reasonable adjustments. Consider the role of carers or advocates in supporting the individual patient Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs Staff are trained to meet the needs of diverse groups
d) How could this affect people from different faith groups?	x☐	☐	Religious requirements for gender of chaperone, privacy, and modesty.	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs Respect for religious observance and modesty during care Staff are trained to meet the needs of diverse groups
e) How could this affect people with different sexual	x☐	☐	People may have specific anxieties or preferences for chaperone.	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs

orientations?				Staff are trained to meet the needs of diverse groups
f) How could this affect different age groups or generations?	x☐	☐	Children, young people, adults, and older adults may have different needs or vulnerabilities regarding chaperoning.	Consider safeguarding, consent processes (e.g., Gillick competence), and communication for each age group Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs Staff are trained to meet the needs of diverse groups
g) How could this affect those who are married or in a civil partnership?	x☐	☐	People may request their partner or spouse to be present	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs.
h) How could this affect people from different backgrounds such as: socio-economic disadvantage/deprivation, homeless, alcohol and/or substance misuse, people experiencing domestic and/or sexual violence, ex-armed forces, looked after children and care leavers?	x☐	☐	People who have experienced sexual violence may have particular anxieties or specific requests	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs Staff are trained to meet the needs of diverse groups
i) How could this affect people based on their geographic location or the area	x☐	x☐	Lone working - People who are seen at home in the community may need to wait to have a chaperone present	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs

they live?				Where possible [depending on urgency] examinations should be rearranged if a chaperone is requested
j) How could this affect people with multiple intersectional experiences?[iii]	x☐	x☐	People with multiple intersectional experiences	Clinicians should be mindful of requests and should where possible deliver care to sensitively meet the patient's individual needs Staff are trained to meet the needs of diverse groups

4. Overall outcome			
No major change needed ☐x	Adjust approach ☐	Adverse impact but continue ☐	Stop and remove ☐
5. Details of further actions needed[iv] e.g. What specific actions would you take to address (health) inequalities?			
Inclusion in newly developed Chaperone training available to book on Nexus eLearning. The training includes equality-based small group scenario activities			
6. Arrangements for delivery and future monitoring[v] e.g. What output and process measures will be used?			
Monitoring of incidents and patient and service user feedback including triangulation of equality related themes			

7. Completed by:	Jane Levers	Governance Lead CFAA	**Date**	January 2026
8. Signed off by[vi]:	PSG		**Date**	May 2026

[i] Summarise the scope of the proposal including aims, context and timescales. Use plain English; refer to other document(s) if needed

[ii] Summary of data about patients and/or colleagues (include consultation feedback where relevant, info from reviews, audits, national or wider data and local dashboards. What do you have in your team or dept?) Reference primary or secondary research/feedback, the date it was carried out and any gaps: including actions, timeframes and accountable persons for addressing gaps. Consider and note who you have engaged with and who else you need to engage with. E.g. patients, staff networks, trade unions, voluntary groups, forums etc.

[iii] Assess the cumulative impact. This looks at the combined influences of various impacts. E.g. young gay showmen.

[iv] Outline further actions and/or recommendations. Will you review your approach, when will you do this? Can you align a review with any planned closure report, policy review or (event) evaluation?

[v] Detail how you are delivering your project, policy change or service change. What governance arrangements are in place, which internal stakeholders have/will be consulted and informed about the project or changes? How do you intend to communicate any changes to the affected groups? e.g., easy read and communication plan

[vi] Sign off should be proportionate to the change and checked by someone outside of the area/dept/division. You may want to complete the template as a group if you are doing a project. If you are unsure, please speak to EDI Team EDITeam@berkshire.nhs.uk

Public Health England, Health equity assessment tool (HEAT) has further information about assessing impact for health inequalities Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk).