Ymddiriedolaeth GIG Prifysgol Felindre
Velindre University NHS Trust

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CF15 7QZ
Ffôn/Phone : (029) 20196161
https://velindre.nhs.wales

Date: 13th April 2026
Ref: CORP 25/26 - 305

Dear xxx

Freedom of Information request: NHS Chaperone Policies, Training and Reporting (CORP 25/26 – 305)

Thank you for your request for information which the Trust received on 17th March 2026.

Your Request:

1) *Current chaperone policy or policies relating the use of formal and informal chaperones.*
2) *Associated procedures & guidelines including:*
    a) *Guidance on how the offer, acceptance, or refusal of a chaperone must be recorded in patient notes.*
    b) *Guidance on how the sex of the chaperone is recorded.*
3) *If your policy/procedures/guidelines have been withdrawn, please provide:*
    a) *the most recent version.*
    b) *the date it was placed under review or withdrawn.*
    c) *the communications with staff when it was put under review or withdrawn.*
    d) *the timetable for development and approval of any replacement policy*
    e) *details of internal and external consultation lists.*
4) *If not included in the policy/procedures/guidelines, please also disclose:*
    a) *training and competency standards for staff acting as formal chaperones.*
    b) *training description and provision for chaperones (e.g. online, in person, what organisations delivers the training and outline).*
5) *Audit reports, quality assurance reviews, compliance monitoring, and management and/or board reports relating to chaperoning 2024 to date.*
6) *Related equality impact assessments (EIAs) if separate*
7) *Datix reports:*
    a) *Number of Datix reports raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field in Datix.*
    b) *If you record this data by gender, please disclose the Number of Datix reports raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field in Datix.*
8) *Concerns:*
    a) *Number of concerns raised by chaperones, if not recorded via Datix, in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field.*
    b) *If you record this data by gender, please disclose the number of concerns raised by chaperones in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field.*

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9) *Complaints:*
   a) *Number of complaints raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field in your complaints system.*
   b) *If you record this data by gender, please disclose the number of complaints raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field in your complaints system.*
   c) *Number of Freedom to Speak Up reports related to chaperones in 2024, 2025 and 2026 Jan & Feb by sex of the reporter.*
   d) *If you record this data by gender, please disclose the number of cFTSU reports related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of the reporter.*

Please find the Trust's response below:

1) Current chaperone policy or policies relating the use of formal and informal chaperones.

There is no policy in place.

2) Associated procedures & guidelines including:
   a) Guidance on how the offer, acceptance, or refusal of a chaperone must be recorded in patient notes.
   b) Guidance on how the sex of the chaperone is recorded.

Please see Appendix 1 which includes our Standard Operating Procedure (SOP) and Good Practice Guidelines.

Within the SOP it is noted that the Healthcare Professional must be mindful that a patient may request a chaperone of a specific gender, but it does not specify that this must be recorded in the notes.

3) If your policy/procedures/guidelines have been withdrawn, please provide:
   a) the most recent version.
   b) the date it was placed under review or withdrawn.
   c) the communications with staff when it was put under review or withdrawn.
   d) the timetable for development and approval of any replacement policy
   e) details of internal and external consultation lists.

Not applicable.

4) If not included in the policy/procedures/guidelines, please also disclose:
   a) training and competency standards for staff acting as formal chaperones
   b) training description and provision for chaperones (e.g. online, in person, what organisations delivers the training and outline).

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These are included within the SOP in Appendix 1.

5) **Audit reports, quality assurance reviews, compliance monitoring, and management and/or board reports relating to chaperoning 2024 to date.**

Please see Appendix 2 – Report of Audits undertaken Feb-June 2022.
A repeat Audit was completed February – April 2025 however the report is not yet complete.

6) **Related equality impact assessments (EIAs) if separate**

Not applicable.

7) **Datix reports:**
   a) **Number of Datix reports raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field in Datix.**
   b) **If you record this data by gender, please disclose the Number of Datix reports raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field in Datix.**

Less than 6 reports raised in this period.

* Where the figure provided is less than 6, and where simple calculations could identify fields that contain less than 6, the Trust has applied an exemption under Section 40(2) (personal data) of the Freedom of Information Act 2000. This is because the Trust believes there is a potential risk of individuals being able to be identified if the figures were disclosed.

8) **Concerns:**
   a) **Number of concerns raised by chaperones, if not recorded via Datix, in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field.**
   b) **If you record this data by gender, please disclose the number of concerns raised by chaperones in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field.**

Less than 6 concerns raised in this period.

* Where the figure provided is less than 6, and where simple calculations could identify fields that contain less than 6, the Trust has applied an exemption under Section 40(2) (personal data) of the Freedom of Information Act 2000. This is because the Trust believes there is a potential risk of individuals being able to be identified if the figures were disclosed.

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9) Complaints:

- **a) Number of complaints raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by sex of patient and chaperone & definition of sex field in your complaints system.**
- **b) If you record this data by gender, please disclose the number of complaints raised related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of patient and chaperone and definition of gender field in your complaints system.**
- **c) Number of Freedom to Speak Up reports related to chaperones in 2024, 2025 and 2026 Jan & Feb by sex of the reporter.**
- **d) If you record this data by gender, please disclose the number of cFTSU reports related to chaperoning in 2024, 2025 and 2026 Jan & Feb, by gender of the reporter.**

Less than 6 complaints raised in this period.

* Where the figure provided is less than 6, and where simple calculations could identify fields that contain less than 6, the Trust has applied an exemption under Section 40(2) (personal data) of the Freedom of Information Act 2000. This is because the Trust believes there is a potential risk of individuals being able to be identified if the figures were disclosed.

I trust this answers your request for information, however, should you not be satisfied with the information supplied or the process of supplying it, you have a right to complain and request a review. Please note that you must submit a request for a review within 40 days of the date of this letter.

You should forward your complaint to:

Mr Ian Bevan via FOI.VUNHST@wales.nhs.uk
Head of Information Governance
Velindre University NHS Trust
2, Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff, CF15 7QZ

Should you wish to take your complaint further, if you are still unhappy with the decision after review, you can contact the:

Information Commissioner's Office - Wales
2nd Floor, Churchill House,
Churchill Way,
Cardiff, CF10 2HH
Telephone: 0330 414 6421
email: wales@ico.org.uk

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Yours sincerely

Non Gwilym
Interim Director of Corporate Governance
Velindre University NHS Trust
2 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
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Appendix 1

Good Working Practice Principles for the Use of Chaperones during Intimate Examinations or Procedures

'Good working practice principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales' produced in March 2019 following collaboration within the NHS in Wales.

Executive Sponsor: Nicola Williams

Document Author: NHS Wales Safeguarding Network

Approval :

Approval Date:

Review Date:

Version:

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1.0 INTRODUCTION

1.1 These good working practice principles are to guide all healthcare practitioners in Wales in the appropriate use of a chaperone during intimate examinations and procedures, to ensure safe and effective practice. They are based on and developed from a range of policies, guidance and procedures available within NHS Wales, evidence based practice and where applicable, legislation.

1.2 It is important to note that the chaperone is present to safeguard both patients and healthcare practitioners.

1.3 Patients can request a chaperone for any consultation, examination, investigation or procedure including those that are not considered intimate. In these circumstances the principles of these good working practice principles can also be used.

1.4 The basis of these good working practice principles is that, there will always be an active offer of a chaperone to all patients before conducting any intimate examination or procedure.

1.5 These principles also accept and acknowledge that patients have a right to decline a chaperone.

1.6 These good working practice principles will:

- complement and not supersede existing legislative requirements to support children and adults at risk of harm or abuse, such as the Social Services and Wellbeing (Wales) Act [1], the Mental Capacity Act [2], and the Mental Health Act [3];
- complement and not supersede existing guidance offered by regulatory or professional bodies;
- offer NHS Wales organisations an opportunity to review their policies and procedures in light of these good working practice principles along with other relevant professional practice documents; and
- be considered [4] in conjunction with the Mental Capacity Act (2005) and All Wales Consent to examination or treatment Policy.

1.7 These working principles can be used by healthcare practitioner undertaking intimate examinations or procedures in all healthcare setting in Wales to understand their responsibilities and legal obligations and enable them to make safe and ethical decisions when practising. [2,3] This will support practitioners to understand their responsibilities, their legal obligations and enable them to make safe and ethical decisions when carrying out procedures.

1.8 This document **does not include** routine personal care which *may be part* of prescribed nursing care.

2.0 BACKGROUND

2.1 Recommendations have been published by the Independent Inquiry Child Sexual Abuse (IICSA)[5] in relation to chaperones. These are:

- *The Welsh Government develops a National policy for the training and use of chaperones in the treatment of children in healthcare services.*

- *Healthcare Inspectorate Wales considers compliance with national chaperone policies (once implemented) in its assessments of services*.

2.2 Following this the Chief Nursing Officer (CNO), who leads on the safeguarding agenda within NHS Wales, tasked the All Wales Safeguarding NHS Network ("the Network") to develop good working practice principles (rather than policy) regarding chaperones during intimate examination of adults and children in healthcare settings on behalf NHS Wales.

2.3 These good working practice principles have been produced using the 'Five Ways of Working' from the Wellbeing of Future Generations Act (2015)[6]. A desktop review of current practice was undertaken using available guidance and policies from healthcare organisations in Wales and examples of best practice principles from NHS England obtained through a literature search.

2.4 The views of practitioners and patient groups have also been taken into consideration in shaping this document and have been overseen by a working group who represent various areas within NHS Wales. An Equality Impact Assessment is included within Annex 1 and clearly references how the voice and views of populations with protected characteristics have been taken into account.

2.5 Guidance advocating chaperone use has also been published by other professional organisations, including the Faculty of Sexual and Reproductive Healthcare at the Royal College of Obstetricians and Gynaecologists [7] and The Royal College of Emergency Medicine. [8]

2.6 These good working practice principles are considered essential by Welsh Government to inform any associated policy development.

3.0 Key Practice Principles: Summary

Intimate examinations or procedures:
An intimate examination or procedure is defined as one involving the breast, genitalia or rectum. This also includes intimate investigations, medical photography and audio visual recording.
Cultural, ethnic, religious beliefs, gender identity and sexual orientation must be considered and respected at all times.
Intimate examinations and procedures must be practised in a safe, sensitive and respectful manner on every occasion.
Consideration will be given to the environment to ensure privacy and dignity must be maintained throughout the procedure.

Healthcare Practitioners:
There must always be an active offer of a chaperone to all patients before conducting any intimate examination or procedure.
A formal chaperone is a person appropriately trained, whose role is to observe the examination/ procedure undertaken by the Health Practitioner. Chaperones are present to support and protect patients and healthcare practitioners.
Cultural, ethnic, religious beliefs, gender identity and sexual orientation must be considered and respected at all times by healthcare practitioners [10]

Communication:
The offer of chaperone should be made clear to the patient before any procedure, ideally at the time of making the appointment
Any preferences and/or objections to intimate examinations should be identified as early as possible to eliminate the potential of causing any unnecessary distress.
A relative or friend of the patient is not usually an impartial observer but you should consider any reasonable request by the patient to have such a person present, as well as a formal chaperone
In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out must be given to the patient. This should be followed by a check to ensure that the patient has understood the information and gives consent.
A patient may request to have chaperone and/or to be examined by a healthcare

practitioner of a specific gender and wherever practical this request should be granted.

Children and Young People:

For children and young people who are undergoing intimate examinations, usual practice would be to have a chaperone present in addition to the parent or carer. For young people, who are deemed to have mental capacity, they have the same rights to consent and confidentiality as an adult.

Adults Who Lack Capacity:

In adults who lack capacity to give consent staff must be aware of and act in accordance with the Mental Capacity Act (2005).

Emergency Situations:

In an emergency or life threatening condition, where the patient can give consent, the principles in this guidance should be followed. However, where the patient is unable to give consent and speed is essential in the care and treatment [8]of the patient it is acceptable for clinicians to perform intimate examinations without a chaperone. This must always be recorded in the patient's records.

4.0 Intimate Examination

4.1 For the purposes of these good working practice principles an intimate examination or procedure is defined as one involving the breast, genitalia or rectum. This also includes intimate investigations, medical photography and audio visual recording.

4.2 Healthcare practitioners must be culturally sensitive aware of, and respect patients' individual concepts of privacy, intimacy, dignity and what constitutes appropriate touch[10].

5.0 The Role of Formal Chaperones

5.1.0 The offer of a chaperone is a sign of respect. The presence of a chaperone is important for medico- legal protection of both patient and healthcare practitioner [11]

5.1.2 For most patient's respect, explanation, consent and privacy take precedence over the need for a chaperone and the presence of a third party does not negate the need for this [12].

5.1.3 For the purpose of these good working practice principles, the definition of a Chaperone will be:

A *formal chaperone is a person appropriately trained, whose role is to observe the examination/ procedure undertaken by the healthcare practitioner. Chaperones are present to support and protect patients and healthcare practitioners.*

5.1.4 The General Medical Council (GMC) ethical guidance for Intimate examinations and chaperones in Good Medical Practice 2013 [13] states:

"A formal chaperone should usually be a health professional and you must be satisfied that the chaperone will:

a) be sensitive and respect the patient's dignity and confidentiality;
b) reassure the patient if they show signs of distress or discomfort;
c) be familiar with the procedures involved in a routine intimate examination;
d) stay for the whole examination and be able to see what the healthcare practitioner is doing, if practical; and
e) be prepared to raise concerns if they are concerned about the healthcare practitioner's behaviour or actions.

5.1.5 Under the Social Service and Wellbeing (Wales) Act, any concerns with regards a child or adult at risk must be managed in line with Part 7 of the Act. [1]Chaperones also ensure safe and effective practice and discourage unfounded allegations of improper behaviour [14].

5.1.6 A relative or friend of the patient is not a suitable formal chaperone, but you should consider any reasonable request by the patient to have such a person present, as well as a chaperone [13].

5.1.7 Respect for patient's privacy and dignity is always vital especially under circumstances where the examination, care or treatment being carried out is considered to be intimate or embarrassing to the patient. For many patients the presence of a chaperone provides support and reassurance during examinations or procedures by healthcare professionals.[14]

6.0 Organisational Responsibilities

6.1 Communication

6.1.0 The active offer of a chaperone should be clearly advertised through patient information leaflets, websites (where available) and on notice boards.[15]

6.1.1 Clinical and patient waiting areas can be used to increase public awareness and understanding, support the more frequent use of chaperones and promote appropriate professional standards for patients and healthcare practitioners'.

6.1.2 Information needs to be accessible to everyone to whom it applies. The information needs to be available in different languages and formats for those whose first language is not Welsh or English and/or have different communication requirements.

6.1.3 The offer of chaperone should be made clear to the patient before any procedure, ideally at the time of booking the appointment (where applicable).

6.1.4 In order for patients to exercise their right to request the presence of a chaperone, a full explanation of the examination, procedure or treatment to be carried out should be given to the patient. This would be followed by a check to ensure that the patient has understood the information and gives consent.

6.1.5 A patient may request to have chaperone and/or to be examined by a healthcare practitioner of a specific gender and wherever practical this request should be considered and supported.

6.2 Suitable Environment

6.2.0 Consideration is given to the environment to ensure privacy and dignity is maintained throughout the procedure. (Included as a key principle.)

6.3 Healthcare Practitioner Responsibilities

6.3.0 Whenever practitioners perform an intimate examination or procedure it is their responsibility to ensure the patient has consented to the procedure and that the care is delivered in a safe, sensitive and respectful manner. The patient's privacy and dignity must always be upheld at all-time [17].

6.3.1 The presence of a chaperone does not alleviate the requirement to have informed consent for any examination or procedure to be performed. The healthcare practitioner must ensure a full explanation and need for the examination has been discussed with the patient. [18]

6.3.2 Although healthcare practitioners have an ethical duty to ensure patients understand what an examination entails and the reasons for it, offering a chaperone demonstrates recognition that an examination may be uncomfortable or embarrassing, which in itself may reassure the patient.[16,19]

6.3.3 Healthcare practitioners must:

- explain to the patient why an examination is necessary and give them an opportunity to ask questions;
- explain what they are going to do before doing it covering all steps e.g. removal of clothing, provision of covers etc;
- if any of this differs from what the patient has been told before, explain why and seek their permission again;
- stop the examination if the patient asks you to; and
- keep discussion relevant and not make unnecessary personal comments.

6.3.4 Practising in a safe, sensitive and respectful manner on every occasion will reduced the risk of misunderstandings which may result in allegations of improper behaviour.[9]

6.3.5 Healthcare practitioners must record in the patient record:

- the patient's acceptance or refusal of a chaperone [19];
- any decision about continuing with or cancelling an examination or procedure; and
- the name and designation of the chaperone. [7,21,22]

6.3.6 Incidents or complaints relating to the examination/procedure or the use of chaperones is recorded in line with organisational policies and procedures.

6.4 When Patients Decline The Active Offer Of A Chaperone

6.4.0 Patients have a right to refuse a chaperone.

6.4.1 The healthcare practitioner will explain clearly the reasons why the presence of a chaperone is advisable.

6.4.2 If the patient refuses to have a chaperone present, the healthcare practitioner needs to consider if it would be safe and appropriate to continue with the examination or procedure.

6.4.3 If the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences will be clearly noted within the patient's medical notes

6.4.4 Note the patient's acceptance or refusal in the records [19].

6.4.5 If a patient declines a chaperone, it is acceptable for a consultation, examination or investigation to be performed without a chaperone [15]. Healthcare practitioners should recognise that they are at increased risk of their actions being misconstrued or misrepresented [4] if they conduct intimate examinations where no other person is present.

6.5 No Suitable Chaperone Available

6.5.0 When no chaperone is available or the patient is unhappy with the chaperone offered the patient could be asked to return at a different time, if this is considered to be clinically safe.

6.5.1 Every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, as long as the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in their medical records. A decision to continue or otherwise should be reached jointly.

6.6 Children and Young People

6.6.0 For children and young people who are undergoing intimate examinations, usual practice would be to have a chaperone present. For young people, who are deemed to have mental capacity, they have the same rights to consent and confidentiality as an adult. Children and young people would normally have a parent or carer present during an intimate examination or procedure but this should be in addition to a chaperone where appropriate (see 5.1.8).

6.6.1 GMC 0-18 guidance states:[13]

The capacity to consent depends more on young people's ability to understand and weigh up options than on age. When assessing a young person's capacity to consent, you should bear in mind that:

a. *at 16 a young person can be presumed to have the capacity to consent (see paragraphs 30 to 33)*
b. *A young person under 16 may have the capacity to consent, depending on their maturity and ability to understand what is involved.*

6.6.2 In an emergency situation the same principles would apply for children and young people as for adults.

6.6.3 Parents, guardians and young people must receive an appropriate explanation of the procedure in order to obtain their informed consent to examination.

6.6.4 A parent or carer or someone already known and trusted by the child may also be present during the examination or procedure to provide reassurance.

6.7 Patients Who Lack Capacity to Give Consent

6.7.0 Staff must be aware of and act in accordance with the Mental Capacity Act (2005) (MCA)[2].

6.7.1 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 must be fully documented in the patient's record, along with the rationale for the decision.

6.7.2 Adult patients who cannot give consent and consequently resist any intimate examination or procedure should be managed using the principles of the MCA including best interest decisions. [20]

6.7.3 Family or friends who understand their communication needs and are able to minimise any distress caused by the procedure could also be invited to be present throughout any examination.

6.8 Emergency Situations

6.8.0 In an emergency or life threatening condition, where the patient can give consent, the principles in this guidance should be followed. However, where the patient is unable to give consent and speed is essential in the care and treatment of the patient it is acceptable for clinicians to perform intimate examinations without a chaperone. This must always be recorded in the patient's records.

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Providing a Chaperone Process

Standard Operating Procedure (SOP) for providing a chaperone for intimate procedures or when requested.

Date:	08/02/23	**Status:**	Approved
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Review date:			
Lead Author	[redacted]		

Distribution & approvals history

Version	Distributed to	Date	Action taken / Approved by
1.0	Safeguarding and Public Protection Management Board		
1.1	Quality and Safety Management Group	16/02/23	Approved

1. Objective/ Purpose

This SOP sets of the chaperone process within Velindre University NHS Trust. Patients should be informed that they can request a chaperone for any consultation, examination, investigation, or procedure including those that are not considered intimate. In these circumstances the principles of these good working practice principles can also be used.

2. Scope:

This SOP describes the operation and management of providing chaperones for intimate procedures within the Trust. The chaperone is present to safeguard both patients and healthcare practitioners.

3. Definition:

A formal chaperone is a person appropriately trained, whose role is to observe the examination/ procedure undertaken by the healthcare practitioner. Chaperones are present to support and protect patients and healthcare practitioners.

4. Raising Awareness

Information must be available in clinical, and patient waiting areas to increase public awareness and understanding of chaperones, to support the more frequent use of chaperones, and to promote appropriate professional standards for patients and healthcare practitioners. The information needs to be accessible to everyone to whom it applies and must be available in different languages and formats for those whose first language is not Welsh or English and/or have different communication requirements.

The active offer of a chaperone should be made clear to the patient before any procedure, ideally at the time of booking the appointment (where applicable).

5. Staffing/ Training Requirements:

The chaperone must:

- Have read and understood the Good Working Practice Principles for the Use of Chaperones during Intimate Examinations or Procedures.
- Be familiar with procedures involved in specific intimate examinations.
- Ensure their NHS ID and name badge are clearly visible
- Be up to date with Safeguarding children and adults Level 2 training.
- Be up to date with Mental capacity act, level 1 eLearning training.

6. Procedure:

Healthcare practitioners undertaking any intimate examination or procedure must:

- Consider the environment to ensure privacy and dignity is maintained throughout the procedure.
- Introduce themselves prior to any procedure
- Explain to the patient why an examination is necessary and give them an opportunity to ask questions
- Explain what they are going to do before doing it covering all steps e.g., removal of clothing, provision of covers etc
- If any of this differs from what the patient has been told before, explain why, and seek their permission again
- Give a full explanation of the examination, procedure or treatment to be carried out to the patient. This should be followed by a check to ensure that the patient has understood the information and gives consent.
- Ensure the patient has received an active offer of a chaperone
- Note that a relative or friend of the patient is not usually an impartial observer, but you should consider any reasonable request by the patient to have such a person present, as well as a formal chaperone
- Be mindful that a patient may request to have chaperone and/or to be examined by a healthcare practitioner of a specific gender and wherever practical this request should be considered and supported.
- Stop the examination if the patient asks them to
- Keep discussion relevant and not make unnecessary personal comments
- Record in the patient clinical record their acceptance or refusal of a chaperone
- Record the name and designation of the chaperone

Patients have the right to refuse a chaperone. In this instance:

- The healthcare practitioner will clearly explain the reasons why the presence of a chaperone is advisable.
- The healthcare practitioner needs to consider if it would be safe and appropriate to continue with the examination or procedure.
- If the patient continues to refuse, and the practitioner does not feel it is appropriate to continue, alternatives will be considered. For example, arranging to see a different practitioner or arranging a different appointment, if the patient's clinical needs allow. These incidences must be clearly noted within the patient's medical notes
- If a patient declines a chaperone, it is acceptable for a consultation, examination, or investigation to be performed without a chaperone. Healthcare practitioners should recognise that they are at increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.
- Note the patient's acceptance or refusal in the clinical record

If there is no suitable chaperone available:

- When no chaperone is available, or the patient is unhappy with the chaperone offered the patient could be asked to return at a different time if this is considered to be clinically safe.
- Every effort will be made to provide a chaperone. If the patient has requested a chaperone and none is available at that time, the patient must be given the opportunity to reschedule their appointment within a reasonable timeframe, provided the delay would not adversely affect the patient's health. This will be explained to the patient and recorded in the patient's clinical record. A decision to continue or otherwise should be reached jointly.

Children and Young People:

- For children and young people who are undergoing intimate examinations, usual practice would be to have a chaperone present
- For young people, who are deemed to have mental capacity, they have the same rights to consent and confidentiality as an adult.
- Children and young people would normally have a parent or carer present during an intimate examination or procedure, but this should be in addition to a chaperone where appropriate

Patients Who Lack Capacity to Give Consent:

- Staff must be aware of and act in accordance with the Mental Capacity Act (2005)
- 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 must be fully documented in the patient's record, along with the rationale for the decision.
- Adult patients who cannot give consent and consequently resist any intimate examination or procedure should be managed using the principles of the MCA including best interest decisions
- Family or friends who understand their communication needs and can minimise any distress caused by the procedure could also be invited to be present throughout any examination.

Emergency Situations

- In an emergency or life-threatening condition, where the patient can give consent, the principles in this guidance should be followed
- Where the patient is unable to give consent and rapid intervention is essential in the care and treatment of the patient it is acceptable for clinicians to perform intimate examinations without a chaperone. This must always be recorded in the patient's clinical record.

For additional information refer to Velindre NHS University Trust Good Working Practice for the Use of Chaperones during Intimate Procedures.

Appendix 2

Canolfan Ganser Felindre
Velindre Cancer Centre

Chaperone Audit Report 2022

Published September 2022

Canolfan Ganser Felindre
Velindre Cancer Centre

Velindre Chaperone Audit 2022

1.0 Introduction

The "Good Working Practice Principles for the Use of Chaperones during Intimate Examinations or Procedures" was developed by the Trust in 2019 utilising the All Wales Chaperone Policy as a template. The basis of these good working practice principles is that, there will always be an active offer of a chaperone to all patients before conducting any intimate examination or procedure.

A formal chaperone is a person appropriately trained whose role is to observe the examination / procedure undertaken by the healthcare practitioner. Chaperones are present to support and protect patients and healthcare practitioners.

For the purposes of these good working practice principles an intimate examination or procedure is defined as one involving the breast, genitalia or rectum.

2.0 Methodology

A retrospective review was undertaken of the clinical notes of breast, gynaecology, urological (testicular & penile) patients to ascertain if there was documented evidence of an active offer of a chaperone. Rectal patients were not included in the audit as he SST advised that generally intimate examinations are not required/performed for these patients at VCC.

As per the Good working principles Healthcare practitioners must document in the patient record:

- the active offer of a chaperone
- the patient's acceptance or refusal of a chaperone
- the name and designation of the chaperone.
- the patient has consented to the procedure
- the patient understanding as to why an examination is necessary and that that they have been given an opportunity to ask questions

After discussion with staff members data from each of the aforementioned cancer sites was retrieved using different methods. The Breast team suggested that patients are intimately examined when receiving neo-adjuvant SACT. Therefore, a list of patients receiving neo-adjuvant SACT from February to June 2022 was reviewed. The gynaecology team suggested that an intimate exam usually occurs during follow-upeither post or mid-treatment, and so a list of patients from specific follow up clinic codes during February 2022 was reviewed. The urology team stated that intimate exams were not routine and were only performed ad hoc and if required. It was suggested that testicular and penile patients were most likely to be examined. **NB there is no opportunity in the current PAS system for downloading a report specific to chaperone offer/documentation, it is not clear yet whether this is available in WPAS.**

3.0 Findings

A total number of 275 patients' records were reviewed of which 149 had an intimate examination documented in Canisc.

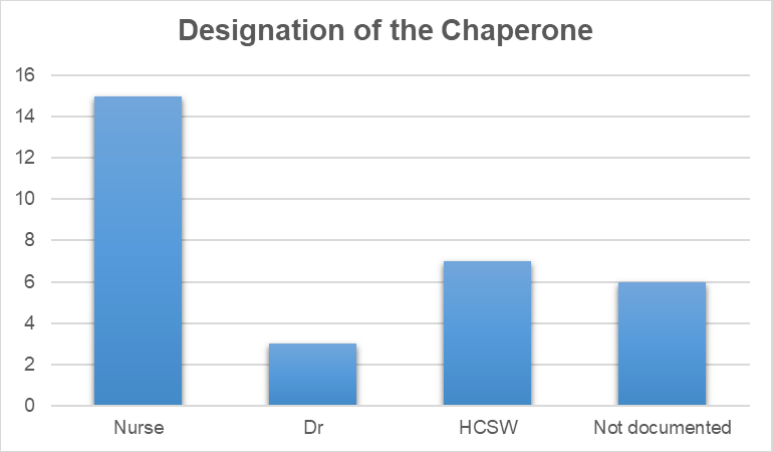
On review of the notes there was no documentation regarding an offer or acceptance of a chaperone in any of the 275 notes reviewed , however there was mention of a chaperone being present, their job title and patients consent to being examined in some cases; see table (figure 1) below for details.

Figure 1:

Documented Evidence	%
Patient consented to be examined	17%
Chaperone present	21%
Information on chaperone provided	0%
Patients understanding of reason for examination	0%
Family member/Carer present	31%

Of the 31 (21%) patients that had a chaperone present, the name and designation of the chaperone was present in 81% (25/31) of cases. The designation details are shown in the graph below; figure 2 (nurse could mean CNS, outpatient nurse – figures relate to registered nurse)

Figure 2:



CONCLUSION

Although the offer and acceptance/decline of a chaperone was not present in any patients' records, there was documentation to show a chaperone was present in 21% of cases. The audit demonstrates areas for improvement in all the key elements within the good working principles.

Canolfan Ganser Felindre
Velindre Cancer Centre

RECOMMENDATIONS

- Create awareness of the roles and responsibilities of health care professionals about the requirements in relation to chaperones, including documentation.
- Ensure guidelines are accessible to health care professional.
- Inform patients of the availability of chaperones prior to the examination
- Create information leaflet and posters in relation to chaperones.
- Re-audit in 1 year

ACTION PLAN

Recommendation	Action	Lead	Comments/update	Anticipated Completion
Create awareness of the roles and responsibilities of HCP about chaperones, including documentation.	Attend CNS meeting to highlight the guidelines		Complete	
	Attend SST leads meetings to highlight the guidelines		Complete	
	Circulate findings of the audit at SST meetings and directorate operational groups			January 2023
	Create Poster with results and improvements			January 2023
Ensure guidelines are accessible to health care professional.	Make available on intranet		Ensure these are available on the intranet	December 2023
	Circulate guidelines		Complete Guidelines widely circulated	
Inform patients of the availability of chaperones prior to the examination	Create posters		Complete Posters displayed in outpatients	
	Consider signage on each clinical door		Refer to outpatient improvement group.	January 2022
Create information leaflet in relation to chaperones.	Create information leaflet in relation to chaperones.		Drafts available need to be finalised, posters already in place in OPD, send speedy cascade, A4 poster being developed	December 2023
Re-audit in 1 year	Add to the audit programme for re-audit next finical year		Complete Audit added to programme as an annual review	