

Our Ref: NG/RM/26081
Date: 17th April 2026

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
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ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 17th March 2026. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Please provide the following information on NHS chaperone policies, training and reporting:

- 1) Current chaperone policy or policies relating the use of formal and informal chaperones. **Please see Appendix 1 attached.**
- 2) Associated procedures & guidelines including:
 - a) Guidance on how the offer, acceptance, or refusal of a chaperone must be recorded in patient notes. **N/A**
 - b) Guidance on how the sex of the chaperone is recorded. **N/A**
- 3) If your policy/ procedures/ guidelines have been withdrawn, please provide:
 - a) The most recent version. **N/A**
 - b) The date it was placed under review or withdrawn. **N/A**
 - c) The communications with staff when it was put under review or withdrawn. **N/A**
 - d) The timetable for development and approval of any replacement policy. **N/A**
 - e) Details of internal and external consultation lists. **N/A**
- 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).

Currently the Trust provides training for our Primary Care Services utilising online courses; 'Primary Care Chaperones for Clinicians' and 'Primary Care Chaperones for Non-Clinician', provided by E Learning for

Health and NHS England. Current compliance rates are 92% for both courses. Courses cover, Confidentiality, Consent and Chaperoning. These courses are mandated for our Primary Care practitioners. All other staff employed by the Trust have access to these courses on a self-enrol basis.

Clinical- This training ensures people have a clear understanding of chaperoning requirements and when to request one – the module relates to sexual health, but the principles apply to all procedures requiring chaperones and that whilst a health care professional should always be first choice for chaperoning, there may be occasions where an informal chaperone may be a necessity

Non-Clinical - This training will ensure people have a clear understanding of the need for chaperoning and responsibilities as an informal chaperone

- 5) Audit reports, quality assurance reviews, compliance monitoring, and management and/ or board reports relating to chaperoning 2024 to date. **The Trust does not produce specific reports and have not had cause to audit chaperoning practices.**
- 6) Related equality impact assessments (EIAs) if separate. **N/A**
- 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. **Data not collected.**
 - 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. **Data not collected.**
- 8) Concerns:
 - c) 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. **Data not collected.**
 - d) 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. **Data not collected.**
- 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. **Data not collected.**

- 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.
Data not collected.
- c) Number of Freedom to Speak Up reports related to chaperones in 2024, 2025 and 2026 Jan & Feb by sex of the reporter. **0**
- 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. **N/A**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Document level: Trustwide

Code: 1.19

Issue number: 2

Chaperoning Policy

Lead executive	Chief Nursing Officer
Authors details	Head of Nursing & Deputy Chief Nursing Officer

Type of document	Policy
Target audience	All clinical staff
Document purpose	To provide guidance on the use of chaperones when undertaking intimate clinical procedures

Approving meeting	Quality Committee	Meeting date	6 th March 2025
Implementation date	31 st January 2025	Review date	31 st January 2028

Trust documents to be read in conjunction with	
MH16	Mental Capacity Act Policy
G4.25	Consent Policy
G4.32	Privacy, Dignity & Respect Policy

Document change history		Version	Date
What is different?	Change in titles	1	December 2024
Appendices / electronic forms	n/a		
What is the impact of change?	No alteration to the fundamental ethos of the policy in terms of chaperoning requirements		

Training requirements	None identified
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Document consultation	
Directorates	Via Nursing & Quality Policy Working Group
Corporate services	Via Nursing & Quality Policy Working Group
External agencies	n/a

Financial resource implications	There are potential financial implications in terms of the need for a second member of staff to be available to act as a chaperone however it is expected that directorates will manage this within current resources.
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External references

1. Department of Health (2005). Mental Capacity Act. London, HMSO. <https://www.legislation.gov.uk/ukpga/2005/9/contents>
2. Department of Health (2009). Reference guide to consent for examination or treatment. Second edition. London, Gov. [dh_103653_1.pdf](#)

Monitoring compliance with the processes outlined within this document	Any incidents that arise in relation to this policy must be reported through the Trust incident reporting system. Compliance with the policy will be monitored annually through the auditing of themes arising from incident forms and complaints.
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact
Does this document affect one or more group(s) less or more favorably than another (see list)?		
– Age (e.g. consider impact on younger people/ older people)	No	
– Disability (remember to consider physical, mental and sensory impairments)	No	
– Sex/Gender (any particular M/F gender impact; also consider impact on those responsible for childcare)	No	
– Gender identity and gender reassignment (i.e. impact on people who identify as trans, non-binary or gender fluid)	No	
– Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries, Roma/travelling communities)	No	
– Pregnancy and maternity, including adoption (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples)	No	
– Sexual Orientation (impact on people who identify as lesbian, gay or bi – whether stated as 'out' or not)	No	
– Marriage and/or Civil Partnership (including heterosexual and same sex marriage)	No No	
– Religion and/or Belief (includes those with religion and /or belief and those with none)		
– Other equality groups? (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other	No	

groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)		
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
There is specific reference made within the policy with regards to the need for chaperones to be of the same gender as the patient. With the majority of staff identifying as male or female this could be challenging to implement where a person identifies with an alternate gender type.		
If you have identified potential negative impact: - Can this impact be avoided? - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?		
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	Yes / No	
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason	Yes / No	
Enter details here if applicable		
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact.		
For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@northstaffs.nhs.uk		
Was a full impact assessment required?	Yes / No	
What is the level of impact?	Low / medium / high	

1. Introduction

North Staffordshire Combined Healthcare NHS Trust is committed to providing a safe environment for patients. This policy sets out guidance for the use of chaperones in relation to intimate clinical procedures. The Trust acknowledges that there are a diverse range of clinical situations which cannot be fully covered in this policy and staff must therefore be aware of their accountability and responsibility for assessing each individual clinical circumstance and addressing appropriately.

2. Policy synopsis

The following principles must be considered in relation to the potential need for a chaperone:

- All medical consultations, examinations and investigations are potentially distressing for individuals and those involving intimate procedures (e.g. the breasts, genitalia or rectum) or those that require the service user to undress, may make people feel particularly vulnerable. A chaperone, particularly one trusted by the patient, may help the patient through the process with the minimum of distress.
- The presence of a third party does not provide full assurance that the procedure or examination is conducted appropriately.
- All intimate examinations should be chaperoned unless explicitly declined by the individual; in this case the situation should be discussed with a senior colleague.
- The patient has the right to decline any chaperone offered. This must be documented in the patient's record, reasons noted and alternate chaperone sought.

3. Scope

All healthcare professionals (HCP) have a responsibility to ensure they work in line with their own professional code of conduct for example General Medical Council (GMC), Nursing & Midwifery Council (NMC) and Health & Care Professions Council (HCPC). The term HCP, as used in this policy, applies to all professional groups and students whether they are employed on substantive or honorary contracts by the Trust or are delivering services through a Service Level Agreement (SLA).

This policy relates to the chaperoning of all service users however it should be noted that for children a chaperone **must** be present during physical examinations. This would normally be the parents or guardian of the child however, in their absence; any health care professional could fulfil this role.

4. Definitions

There is no one common definition of the role of a chaperone however the role encompasses the following:

- provision of physical and emotional comfort and reassurance to a patient during sensitive and intimate clinical procedures
- acts as a safeguard witnessing continuing consent to the clinical procedure
- will identify any unusual or unacceptable behaviour on the part of the HCP

Chaperones may be either informal or formal and a formal chaperone may undertake a passive or an active role:

- An informal chaperone is a family member or friend of the patient
- A passive formal chaperone is a member of staff
- An active formal chaperone is a member of staff who has a defined role in the examination and treatment of a patient as part of the clinical team therefore this must be a member of staff or student on placement within the Trust

The designation of the chaperone will depend on the role expected from both the patient's perspective and the clinical requirements. Consideration of patient's cultural needs must also be taken into account.

5. Process

5.1 Offer of a chaperone

All staff about to undertake any intimate procedure must offer a chaperone or invite the patient (in advance if possible) to have a friend or relative present. However, the chaperone must be a staff member if an active chaperoning role is required (i.e. assisting in the clinical procedure).

The chaperone should be of the same gender expressed by the patient. The patient should always be given the opportunity to decline a particular person in the role as chaperone if that person is not acceptable to them. The patient will not be asked to give a reason in these cases; however, their decision must be respected and recorded in the Electronic Patient Record (EPR). An alternate chaperone should be offered however it is acknowledged that this may delay the clinical procedure, and this must be explained to the patient.

If the patient declines to have a chaperone present the HCP must discuss this with a senior colleague before deciding how to proceed.

In life threatening situations, or where speed is essential in the best interests of the patient, a clinical intervention may be undertaken without a chaperone.

5.2 Religious, ethnicity and cultural considerations

The ethnic, religious and cultural background of patients can make intimate clinical procedures particularly difficult for them, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others. Therefore, the HCP needs to be sensitive to religious, ethnic or cultural issues.

All patients undergoing clinical procedures should be allowed the opportunity to limit the degree of undress, for example, ensuring that only that part of the anatomy that requires investigation or imaging is uncovered; this may be of particular relevance when there are religious, ethnic or cultural beliefs.

Wherever possible, particularly in these circumstances, a same sex healthcare practitioner should perform the procedure.

Language barriers may also be an issue if the healthcare professional is unsure of the patient's understanding. An interpreter, if available, could act as an informal chaperone. (This can also be either informal or formal chaperone that has the skills to translate accurately)

In every case the health professional should be able to demonstrate, if challenged, that they have taken all reasonable steps to protect themselves and the patient from allegations of improper behaviour.

5.3 Role of the chaperone

Formal and informal chaperones:

- provide physical and emotional comfort and reassurance to the patient
- safeguard the patient acting as a witness to continuing consent to the clinical procedure
- may identify any unusual or unacceptable behaviour on the part of the HCP

In addition formal chaperones:

- safeguard the HCP acting as a witness to continuing consent to the clinical procedure

Furthermore active formal chaperones:

- Assist in an examination or procedure
- Offer practical support during care interventions, such as undressing the patient
- Act as an interpreter if appropriately skilled and trained to do so

6. Guidelines

6.1 Capacity and consent

It is vitally important that clinicians obtain informed consent from the patient before undertaking the clinical procedure (Department of Health, 2009) and this policy should be read in conjunction with the Trust's Consent Policy (4.25). Consideration must also be given to the potential need for an interpreter should the HCP be unclear as to whether the person understands the information being communicated. Likewise alternate modes of communication should be attempted for people with a learning disability or mental illness that affects their understanding.

In order to consent the patient must:

- Have capacity to make the decision
- Have received sufficient information and
- Not be acting under duress

Therefore, the Trust Mental Capacity Act Policy (MH16) must be considered in relation to the person's capacity to make decisions in relation to consenting to the intimate clinical intervention.

Where the person lacks capacity to make an informed decision in relation to the proposed intimate clinical intervention, a decision to proceed (or not) must be taken in line with the Trust Mental Capacity Act Policy (MH16). If the intimate clinical intervention proceeds, then a chaperone must be present.

Decisions in relation to capacity and consent should be documented in the EPR.

6.2 Undertaking the clinical procedure

- Appropriate facilities should be made available for patients to undress in a private, undisturbed area in order to maintain their dignity and privacy. There should be no undue delay prior to examination once the patient has removed any clothing. Delays due to any unforeseen circumstances must be communicated to the patient and appropriate use of blankets etc. to cover up.
- Intimate clinical procedures should take place in a closed room or, in ward settings, in screened bays which must not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.
- Where appropriate a choice of position for the examination should be offered, this may reduce the person's feelings of vulnerability
- Any request by the patient that the examination be discontinued should be respected. The reason for the procedure being discontinued must be documented and the implications of this sensitively explained to the patient.
- Any concerns raised by the patient regarding conduct or procedures used by the HCP must be escalated immediately to the appropriate line manager.

It is advisable that during an intimate examination, the HCP and chaperone should:

- Offer reassurance to the person
- Remain alert to verbal and non-verbal indications of distress from the patient
- Discontinue the process if there is any severe pain or distress evident from the patient
- Allow the patient time to respond to instructions given during the procedure
- Remain compassionate, courteous and mindful of the intimacy of the procedures the patient is undergoing

In relation to chaperoning the key areas to be recorded in the EPR are:

- that a chaperone was offered, and whether that offer was accepted or refused
- if a chaperone is present; the details of the chaperone and whether staff or family/friend
- the reason for the clinical procedure and the explanation given to the patient

7. Duties

7.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring effective corporate governance assurance within the Trust.

7.2 Chief Nursing Officer

The Chief Nursing Officer is the lead executive for the policy.

7.3 Directorate Associate Directors

Directorate Associate Directors are responsible for the operational implementation of this policy within their directorate.

7.4 Line Managers

Line managers must ensure that formal chaperones are available within their departments where needed and that they undertake the role working within their scope of practice. They must raise any issues in relation to the implementation of the policy to their relevant Directorate Associate Director.

7.5 Health Care Professionals

Health care professionals are responsible for ensuring that patients are offered a chaperone as outlined in this policy, and for respecting the individual's choice to either request or decline a chaperone. They are also responsible for maintaining accurate documentation, including the consent given to proceed without a chaperone. They are also responsible for the escalation of concerns should these emerge during this process.

7.6 Formal Chaperones

Formal chaperones are responsible for undertaking their chaperoning duties as outlined within this policy.

Training Needs Analysis for the policy for the development and management of Trustwide procedural / approved documents

Please tick as appropriate

There is no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels (Do not continue to complete this form-no formal training needs analysis required)	✓
There is specific training requirements for staff groups (Please complete the remainder of the form-formal training needs analysis required- link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trustwide learning programme for this staff group (✓ if yes)
Career Grade Doctor				
Training Grade Doctor				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non-registered Nurse				
Community Registered Nurse				
Community Non Registered Nurse / Care Assistant				
Psychologist / Pharmacist				
Therapist				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				
Non-clinical non				

patient contact				
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Please give any additional information impacting on identified staff group training needs (if applicable)

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by

Date