

**CAMBRIDGESHIRE LOCAL INVOLVEMENT NETWORK  
(Cambridgeshire LINK)**

**PARTICIPANTS' CODE OF CONDUCT  
AND RELATED POLICIES AND GUIDANCE**

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CONTENT

Code of Conduct .....5

Appendix A: The Seven Principles of Public Life .....9

Appendix B: Guidance on Declarations of Interest .....10

Appendix C: Active Participants’ Expenses Scheme .....12

Appendix D: Data Protection Guidance .....15

Appendix E: Restricted Release of Active Participant’s Contact Details .....18

Appendix F: Participants’ Standards of Conduct Policy and Procedures .....19

Appendix G: Policy for Enforced Transfer of Active to Interest Participant .....24

Appendix H: CRB Policy for Active Participants .....25

Appendix I: Code of Conduct – Enter and View Services .....28

Appendix J: Complaints Policy and Procedure .....40

Appendix K: Equality and Diversity Policy .....42

Appendix L: Role of Liaison Group Chairs .....43

Appendix M: Role of Task and Finish Group Chairs .....44

Appendix N: Policy and Procedures on the Safeguarding of Vulnerable Adults .....45

Appendix O: Policy and Procedures for Freedom of Speech (Whistleblowing) .....67

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# PARTICIPANTS' CODE OF CONDUCT

## 1. Introduction

- 1.1. This Code of Conduct shall be read as part of the Constitution of Cambridgeshire LINK although the following is primarily relevant to those described as Active Participants.

## 2. Personal Conduct

- 2.1. Participants in Cambridgeshire LINK shall undertake to observe the *Seven Principles of Public Life* (Appendix A).
- 2.2. Participants in Cambridgeshire LINK shall conduct themselves with politeness, courtesy, fairness, respect, dignity and sensitivity when dealing with colleagues and all members of the community.
- 2.3. Participants shall recognise that they are accountable to the public for their activities and conduct and shall ensure that all activities are open and honest at all times.
- 2.4. Participants shall work closely with but remain independent of NHS and local authority bodies and other agencies with interests in health and social care and shall conduct relationships in a proper and ethical manner ensuring that participation in the LINK and its standing is not compromised or open to misinterpretation.
- 2.5. Active Participants undertake that at no time shall they individually or collectively take responsibility for an individual complaint against any health or social care provider or commissioner (unless their own) but should refer any such enquiries to the Host for signposting to the appropriate body.

## 3. Corporate Responsibility

- 3.1. Participants undertake to abide by the democratic decisions of the LINK General Assembly and work in accordance with the approved Work Plan.
- 3.2. Participants shall not work against the majority and democratic view and shall work to promote the activities of the relevant Task & Finish or Liaison Group even if that may conflict with their personal view. Should such conflict be so serious as to negate the proper business of the Task & Finish or Liaison Group then they shall leave the Group but may pursue the matter in open General Assembly.

#### 4. Declarations of Interest

- 4.1. Participants should also refer to *Guidance on Declarations of Interest* (Appendix B).
- 4.2. Active Participants shall always act impartially and not be influenced by social, political, personal, business or professional relationships and shall declare a conflict of interest when they have one. They shall ensure that any interests that could potentially conflict are declared.
- 4.3. Participants understand that the onus to declare an interest lies with them and that they could be challenged for not declaring an interest or potential interest if one came to light.
- 4.4. The Host shall hold a Register of Participants' Interests which shall be reviewed in April of each year by each person and which shall be made available for public inspection on reasonable request.
- 4.5. At each General Assembly and Task & Finish or Liaison Group attended, Participants shall declare any interest in an agenda item or other item to be raised, shall withdraw whilst such item is under consideration and request that such interest be recorded in the minutes of the meeting.

#### 5. Casual Gifts and Hospitality

- 5.1. Participants shall comply fully with the provisions of paragraph 5 of the *Guidance on Declarations of Interest* (Appendix B).

#### 6. Financial Matters

- 6.1. Active Participants warrant that any claim for reimbursement of expenses incurred during undertaking their role shall be made strictly in accordance with the *Active Participants Expenses Scheme* (Appendix C) and that all expenses shall be subject to prior approval, be genuine and relevant to the Work Plan and be incurred in the most effective manner.
- 6.2. Participants accept that any claim for reimbursement of expenses should be submitted to the Host on a regular basis and within three months of being incurred. Participants may be requested to comply with specific final submission dates to enable timely year end accounts closure.
- 6.3. Participants attending external meetings on behalf of LINK can claim reimbursement of expenses only if they provide a feedback report to Cambridgeshire LINK in the required format.

#### 7. Equal Opportunities and Diversity

7.1. Participants shall promote equal opportunities and diversity in everything they do and shall comply with the LINK's *Equality and Diversity Policy* (Appendix K) ensuring an inclusive approach and by not discriminating against any community member.

## 8. Confidentiality

8.1. Participants accept that during delivery of their roles they may well have access to, and process, personal data and information (as defined by the Data Protection Act 1998). They understand that personal data includes names and addresses and that sensitive personal data includes reference to physical and mental health and social care needs.

8.2. Participants understand that they are bound by a duty of confidentiality as expressed within the Data Protection Act 1998, the Access to Health Records Act 1990 (for deceased persons), Article 8 of the European Convention of Human Rights and the common law duty of confidentiality and they shall do their utmost to ensure strict confidentiality in all their LINK duties.

8.3. Participants shall refer to *Data Protection Guidance* (Appendix D).

## 9. Visiting Health and Social Care Premises

9.1. Participants shall ensure that visits are only undertaken pursuant to the approved Work Plan and strictly comply with the provisions of relevant legislation, Statutory Instruments and Directions.

9.2. A minimum of two Active Participants (authorised representatives) shall work together during each visit and shall accurately note all observations, findings and details, all of which shall be held confidentially before reporting back to the relevant Liaison Group or Task & Finish Group.

9.3. All arrangements and conduct shall be in accordance with the *Code of Conduct - Enter & View Services* (Appendix I).

## 10. Dealing with the Media

10.1. No Participant shall discuss any issue or relevant LINK matter with the local or national media unless specifically authorised so to do by the LINK General Assembly.

## 11. Failure to Comply with this Code

- 11.1. Participants understand that failure to comply with this Code shall be dealt with under the *Participants' Standards of Conduct Policy* (Appendix F) which may lead to the withdrawal of Active Participant entitlement.

## The Seven Principles of Public Life

1. **Selflessness:** Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends.
2. **Integrity:** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their duties.
3. **Objectivity:** In carrying out public business, including making public appointments, awarding contracts or recommending individuals for rewards or benefits, holders of public office should make choices on merit.
4. **Accountability:** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness:** Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty:** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership:** Holders of public office should promote and support these principles by leadership and example.

**Guidance on Declaration of Interests**

1. It is very important that LINK participants, as public representatives and stakeholders, act and are seen to act in accordance with high standards. Participants should not use their involvement to gain media or public attention in order to advance their personal, business or party political interests.
2. Participants must ensure that they declare all conflict of interests where they may have a financial interest in a decision or activity of the LINK, or any personal or business interest that might lead others to conclude that their decision about the work of the LINK could have been influenced by it. For example, if the partner of a participant is an A&E doctor, and A&E services are being reviewed, it would not be appropriate for that participant to influence the outcome of the review or the recommendations. Any Active Participant engaged in any personal or family formal complaint action against a health or social care organisation within the remit of the LINK shall declare such interest and shall not participate in any Liaison Group or Task & Finish activity relevant to that health or social care organisation. Advice should be sought from the Host and/or President if an Active Participant has any concern with the applicability of any matter under this paragraph.
3. On registration, participants will be asked to declare any financial, business, political or personal interests that could potentially conflict with the business of the LINK. The LINK Host will keep a register of those interests and a participant should notify it if their interests change and amendments to the register are necessary.
4. If an item arises during LINK business with which the participant has a conflict they should immediately declare it and physically withdraw from a meeting or such business whilst that issue is under discussion or consideration.
5. Gifts should not be accepted during the conduct of LINK business. Participants must not accept any hospitality except as part of normal LINK activity (e.g. a working lunch provided by the Host). Any gifts or other invitations offered should be reported to the Host and advice be sought before acceptance. No-one shall accept gifts or hospitality from third parties which might reasonably be seen to compromise their integrity or personal judgement.
6. Relevant interests may include:
  - 6.1. Remunerated employment, directorships or partnerships if they relate to a health or social care company or organisation or public body.
  - 6.2. Remunerated consultancies or advisory positions if they relate to a health or social care company or organisation or public body.

- 6.3. Remunerated commissioned work for a health or social care company or organisation or public body or related activity or speaking engagements which do not form part of LINK duties.
  - 6.4. Positions held as an office-holder or trustee within a voluntary or not for profit organisation, public body, pressure group or trade union relating to health or social care.
  - 6.5. Membership or fellowship of a body other than the LINK within health or social care.
  - 6.6. The employment or other financial interest of a spouse, partner or close relative which could reasonably be regarded as relevant to the position within the LINK, e.g. relating to a health or social care company or organisation or public body.
  - 6.7. Other support received from a health or social care company or organisation, e.g. sponsorship, grants, bursaries, fellowships or awards.
  - 6.8. If a participant has a formal complaint or is in the process of taking legal action against a health or social care company or organisation or public body and the LINK is reviewing that specific part of a service.
7. The above list provides guidance but is not exhaustive. Relevant interests may also include, depending on their significance, other trusteeships, unpaid functions, membership of voluntary organisations, or the non-financial interests of a spouse, partner or close relative.

## Active Participants' Expenses Scheme

1. Introduction
  - 1.1. This scheme is designed to ensure that anyone with an interest in health and social care is able, whatever their personal circumstances, to take part in the LINK as an Active Participant.
  - 1.2. Representatives of organisations and stakeholders are expected to claim their expenses direct from the organisations they represent on the LINK. This scheme is designed for individual volunteer Active Participants.
  - 1.3. The Scheme shall be regularly reviewed to ensure that the allocated LINK budget is sufficient to cover claims.
2. Overall Conditions
  - 2.1. All expenditure for which reimbursement is sought shall be actually and necessarily incurred solely in undertaking pre-approved LINK business.
  - 2.2. Reimbursement claimed must be shown to be reasonable in the circumstances for which a claim is made and only cover costs which are *additional* to those normally incurred. For example, the cost of telephone calls made on LINK business may be reclaimed but *not* the costs of line rental.
  - 2.3. All claims shall be submitted on a claim form issued by the Host.
  - 2.4. Active Participants should take full advantage of concessionary travel rates where possible.
3. Rail Travel
  - 3.1. Participants may claim the cost of a standard class ticket.
  - 3.2. Journeys shall be booked in advance and for 'off peak' travel if at all possible so that the cheapest standard class ticket is used.
  - 3.3. A receipt or ticket (if not collected) must be attached to the submitted claim form.
4. Underground Travel
  - 4.1. Participants may claim for the actual cost of the ticket which should be retained and submitted with the claim form.

- 4.2. Should the ticket be machine retained the participant should note the Zone from/to on the claim form.
5. Bus / Park and Ride / Guided Bus
  - 5.1. Participants may claim for the actual cost of the ticket which should be retained and submitted with the claim form.
6. Car Parking
  - 6.1. Participants should use the cheapest most appropriate parking available and actual cost will be reimbursed.
  - 6.2. They should retain the ticket where possible and submit with the claim form. If the ticket cannot be retained or a receipt obtained then they should quote on the claim form where they parked, the duration and cost.
7. Taxi
  - 7.1. If a participant cannot use their own or public transport or has personal needs which make such use very difficult the actual costs of taxi use may be reclaimed but all arrangements should be advance cleared with the Host.
  - 7.2. A receipt must be obtained and attached to their claim form.
8. Private Vehicle
  - 8.1. Participants may use their own vehicles and reclaim mileage rates. In these circumstances they must certify on their claim form that the motor vehicle insurance covers such activity; the driver holds a valid driving licence; the vehicle has a valid tax disc and MOT certificate (if required).
  - 8.2. Participants shall specifically note that any loss or damage caused whilst using their vehicle on LINK business should be covered by their own insurance and breakdown arrangements.
  - 8.3. Any personal taxation matter resulting from the payment of any vehicle use rate is the sole responsibility of the participant.
  - 8.4. Reimbursement rates are:
    - 8.4.1. Car: 45p per measured mile plus 2p per passenger measured mile;
    - 8.4.2. Motorcycle: 24p per measured mile;

- 8.4.3. Cycle 20p per mile (on estimated mileage)
- 8.5. Details of journeys undertaken, journey mileage and all other details to substantiate the claim shall be entered on the claim form.
- 9. Incidental Expenses
  - 9.1. Pre-approved incidental expenses may be reclaimed where solely relevant to the business of the LINK.
- 10. Subsistence
  - 10.1. As the scheme only covers *additional* costs (i.e. costs in excess of those normally incurred) claim items should be discussed in advance with the Host.
- 11. Carers Costs
  - 11.1. If it is essential for a participant to incur *additional* carer costs in order to participate then an evidenced claim can be submitted on the following conditions: care is for a child or children under 16 years of age; or where there is a proven medical or social need.
  - 11.2. A claim is not payable if care is provided by a member of the participant's household; or where "no cost" care is provided by another individual, body or organisation.
- 12. Completion of Expenses Claim
  - 12.1. In addition to any certification made under paragraph 8 in signing and submitting a claim form the participant shall also certify that the person actually and necessarily incurred the expense charged solely on LINK business; the journeys detailed were necessarily made in the performance of LINK duties; that it was reasonable in the circumstances for the expenditure to be incurred and that the claim is in accordance with this Scheme; and that the person has not received any reimbursement from another source for the expenses claimed.
- 13. Role of Host
  - 13.1. The Host shall retain the right on behalf of the LINK to query any claim submitted and to report any problem to the LINK Management Group whose decision on any matter shall be final.
  - 13.2. The Host shall use its best endeavours to pay any valid claim within 14 days of receipt.

## Data Protection Guidance for LINK Participants

1. Introduction
  - 1.1. This guidance adds to the summary given in the Code of Conduct, paragraph 8 – “Confidentiality”.
  - 1.2. Anyone who holds and uses personal information about other people has to comply with the Data Protection Act (DPA). This law relates to personal privacy and controls how information about living individuals may be collected, used, kept and released. Personal information can be any details about someone that identifies who they are and this includes photos, addresses, contact details, interests and other personal details.
2. Information
  - 2.1. DPA applies to all personal information in paper or electronic format, so this includes e-mails, CDs, DVDs and files stored on computer hard drives and servers. It may include information about LINK participants, service users, members of the community generally and health and social care staff (both providers and commissioners). The LINK and its participants should not collect personal information unless it is absolutely essential; anonymous data will often be enough for much of the LINK work to progress.
3. Data Controllers and Data Processors
  - 3.1. DPA defines two different kinds of groups that handle personal information – Data Controllers and Data Processors. The LINK is a Data Controller and has control and ownership of information held by it or by people working on its behalf – participants and Host staff, known as Data Processors. Although DPA gives different responsibilities to Data Controllers and Data Processors, in general terms all must comply with the eight principles.
4. The Eight Principles
  - 4.1. Principle 1 – Personal information shall be handled fairly and lawfully. The LINK must not process or store information about others unless they have given their actual consent. The LINK must make sure that the reason for collection of data is explained and that people have agreed to this. *E.g. (1) If service users are asked to complete a questionnaire it should state to what use the information will be put and the individual must agree to this (why not use anonymous questionnaires?). (2) Photographs are classified as sensitive data because they may reveal information about the subject’s age, race and ethnicity. Permission must be sought to keep or use a*

*photograph of an individual. (3) The LINK may rightly decide that a registration system is operated to ensure that interested people and parties give permission for their data to be held.*

- 4.2. Principle 2 - Personal information shall be held only for a specified purpose and shall not be used for other unrelated reasons. The LINK must not use information obtained for one purpose for a different purpose. *E.g.(1) If the LINK has the name and address of a person who has a completed survey for, say, diabetic services, it cannot use the same data for, say, maternity services, unless the individual has agreed to it . (2) Registration data processed and held by the Host shall be used solely for LINK's use and not be shared with other and non LINK related parts of the Host's parent organisation.*
- 4.3. Principle 3 – Personal information shall be relevant and not too much in relation to LINK activities. Detailed information about individuals should not be collected and held which is not completely necessary. The LINK shall not ask for information without ensuring that questions are strictly relevant. Any unnecessary personal information provided must be quickly destroyed. *E.g. a survey on catering and nutrition should not record information about occupation as it is irrelevant but it may record general information around the elderly if such patients are believed to be a risk category.*
- 4.4. Principle 4 – Personal information shall be accurate and where necessary kept up to date. If personal information is collected and stored it must be regularly checked and corrected and updated if necessary. Information suspected of being inaccurate should be destroyed and should be recollected if appropriate. *E.g. (1) Mailouts “returned to sender” should trigger an immediate investigation and data deleted during the investigation.(2) All regular outwards communications should contain a reminder giving the participant the opportunity to withdraw or correct their contact details.*
- 4.5. Principle 5 – Once it has been used, personal information shall not be kept for longer than is necessary. Personal information held by the LINK shall be reviewed to ensure that it is not kept for longer than is necessary. Regular reviews of both paper and electronic files containing personal information shall be held. *E.g. if a patient has completed a survey form and provided information it should not be kept “in case”. Once a public interest report has been approved by the General Assembly and all issues arising have been dealt with the survey form should be destroyed. If the person has agreed for their contact details to be retained then only those should be retained for future contact.*
- 4.6. Principle 6 – LINK participants will deal with personal information in accordance with the rights of the individuals involved. Individuals have a

right of privacy and a right to know and see what information is being kept about them. Where the LINK has received personal information from another and the individual has not consented the information should be immediately destroyed and not used for any purpose. Individuals are legally entitled to know what information is being held about them. No personal information shall be given or shared to anyone, inside or outside the LINK, unless the consent of the individual has been given. No LINK participant shall retain any individual's personal data. Individuals seeking information about the data held about them shall contact the Host. *E.g. where information on individual cases is brought to LINK meetings for discussion, the information should be anonymised before circulation to prevent identification of that individual.*

- 4.7. Principle 7 – All personal information will be kept securely and safeguards shall be in place to prevent loss, destruction and damage. No LINK participant shall retain any individual's personal data. All such data held on behalf of the LINK shall be held by the Host in a secure environment and all steps taken to prevent unauthorised access to any electronic storage facility in which personal information is stored. Where such data is held in remote electronic storage (e.g. a server) access shall be restricted to secure office based electronic equipment; no laptop access to the server shall be allowed and no personal information shall be stored on any laptop.
- 4.8. Principle 8 – Personal data shall not be transferred to a country or territory outside the European Economic Area. The Host shall ensure that no personal information is available through the website or on the internet.

**Restricted Release of Active Participant's Contact Details**

I, the undersigned, hereby give Cambridgeshire ACRE as Host to Cambridgeshire LINK the authority to share my contact details with:

- Other registered Active Participants in Cambridgeshire LINK.
- Senior staff being representatives of the NHS Trust / local authority with whom I have regular contact in undertaking my role with Cambridgeshire LINK:

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(Delete / complete whichever is appropriate)

Name:

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Address:

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Tel. No.:

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Mobile No.:

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Email:

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(Please enter above the information to be shared)

## Participants' Standards of Conduct Policy and Procedures

### 1. Introduction

- 1.1. It is essential that all LINK participants, particularly Active Participants, operate in a manner which complies with the Code of Conduct, however, in the unlikely event that they do not meet the appropriate standards it is essential that the LINK takes action which is fair, proportionate and appropriate.
- 1.2. This policy therefore aims to ensure the safe and effective operation of the LINK; ensure that participants are supported in gaining awareness of their rights and obligations; ensure that standards of conduct action is fairly and consistently applied; promotes and maintains standards of conduct and commitment to public service values as described in the Seven Principles of Public Life (Appendix A).

### 2. Powers

- 2.1. LINK participants undertake duties under the authority of the General Assembly, not under a personal or other authority, and the General Assembly retains the power to remove participation authority to ensure the correct and safe operation of the LINK. The General Assembly may disqualify any participant from all or part of any LINK activity to maintain the correct and safe operation of the LINK.
- 2.2. The following is a list of examples of behaviour that could potentially trigger conduct action. The list is not exhaustive and other situations of inappropriate behaviour may also be considered:
  - 2.2.1. physical or verbal assault on another LINK participant or any other individual the course of LINK activity or any action perceived by the recipient or a witness to be intimidating.
  - 2.2.2. written personal abuse, including abusive e-mails.
  - 2.2.3. making comments a recipient or witness considers to be discriminatory in any type of discrimination recognised in law.
  - 2.2.4. failing to observe positions of confidentiality.
  - 2.2.5. deception, fraud, theft or malicious damage in any matter relating to LINK activity.

- 2.2.6. gross carelessness or negligence (an act or failure to act which endangers others).
- 2.2.7. convicted of a criminal offence that may damage the credibility of the LINK.
- 2.2.8. bringing the LINK into disrepute.
- 2.2.9. failing to register an interest as required by the Code of Conduct.
- 2.2.10. preventing other LINK participants from undertaking LINK business and / or activity.
- 2.2.11. acting outside the approved LINK work plan.
- 2.2.12. purporting to speak on behalf of or acting on behalf of the LINK when no authority existed.
- 2.2.13. acting outside the provisions of the Local Government and Public Involvement Act 2007, related statutory instruments and Directions.

### 3. Initiating Procedure

- 3.1. The conduct procedure may be initiated either by formal complaint or in response to information received by the Host. Anyone may make a complaint. The Host Team Leader or an independent person appointed by him/her shall take responsibility for ensuring that the correct procedures are followed.
- 3.2. If a breach of standard of conduct involves possible criminal activity the Host Team Leader shall refer the matter to the appointed Contract Manager of Cambridgeshire County Council and inform the President of the LINK.

### 4. Representation

- 4.1. A participant being dealt with under these procedures shall be entitled to be accompanied by a friend, colleague or independent advocate not acting in a legal capacity, during any stage of the procedures.

### 5. Stages

- 5.1. Stage 1 – Initial (Informal) Action:
  - 5.1.1. The LINK President shall attempt to resolve any complaint against a participant quickly and informally through communication,

mediation and re-training if appropriate. Discussions shall be held with the objective of helping the participant reach an appropriate standard of conduct or resolve the particular problem which led to the complaint. Following resolution the President shall report the outcome to the Management Group.

5.2. Stage 2 – Investigation:

- 5.2.1. If a complaint cannot be resolved informally or if it is considered by the President to be too serious a matter to be dealt with informally this stage shall be implemented. The President shall report such to the Management Group, a formal notice served on the participant and an investigation undertaken, led by the Vice President. If the complaint is judged by the Management Group to be serious enough to affect the participant's ability to properly function for the LINK or in cases where serious disrepute for the LINK could occur, the Management Group may suspend the participant by written notice until the investigation is complete. (Suspension is a neutral act and does not imply that the complaint is upheld). The investigation must be completed within ten working days of the Management Group's decision to investigate and a report submitted to that Group.
- 5.2.2. If the outcome of the complaint is that there is no standards of conduct case to answer all parties shall be advised of the Management Group decision in writing, the participant advised personally and the suspension immediately lifted.
- 5.2.3. If the outcome of the complaint is that there is a standards of conduct case to be considered the suspension shall continue and a Stage 3 hearing held within 20 days of such decision by the Management Group.

5.3. Stage 3 – Formal Hearing:

- 5.3.1. A formal hearing shall be convened at a convenient location. It shall be chaired by the LINK President accompanied by the Contract Manager of Cambridgeshire County Council and the Chief Executive of the Host's parent organisation or such other senior official nominated by them. The hearing shall follow the model given in Annex A. A hearing may be held in the absence of the participant if they fail to attend without reasonable cause or fail to give seven days prior notice of unavailability. A participant is entitled to be accompanied at a hearing by a friend, colleague or independent advocate not acting in a legal capacity. The participant shall be advised of the outcome within five working days of the hearing:

5.3.1.1. Outcome 1 – Issue not upheld. The participant shall be advised in writing and any suspension immediately lifted.

5.3.1.2. Outcome 2 – Issue upheld. The participant shall be advised in writing of the details of the misconduct result in a written warning; the details of any action needed to improve/resolve the situation and any period involved (this could include a period of suspension for re-training); any further breach may result in further hearings and possible participation reclassification or withdrawal.

5.3.1.3. Outcome 3 – Issue Upheld. The member shall be advised in writing that the issue is so serious that participation is reclassified or withdrawn and any period involved.

5.4. Stage 4 – Appeal:

5.4.1. Details of the Appeal mechanism shall be included with all Stage 2 and 3 decisions. A participant has a right of appeal against any decision which shall be registered within 14 days of the decision date. Notice of an appeal shall be served on the Host Team Leader who shall, within ten working days, establish an Appeal Panel consisting of three Liaison Group Chairs who have not been involved in any previous stages. The Appeal Panel shall either conduct another hearing or decide to review papers and notes of previous hearings. The appeal outcome, which shall be final, shall be to either uphold the decision of the original hearing; reduce the penalty of the original hearing; or fully re-instate the participant.

6. The Host shall ensure that at all stages of the procedure all parties are kept regularly informed of progress and action.

7. Should the complaint be against either or both of the President and Vice President then the Management Group shall appoint persons to replace their functions under this procedure.

### **Model Procedures for Standards of Conduct Meetings**

1. The Chairman of the Panel introduces the panel members.
2. The Chairman will go through the appropriate procedures to date to ensure correct delivery, explain any issues and ensure that the participant has understood issues.
3. The Chairman will set out procedures for the panel hearing:
  - 3.1. A representative of the investigating group shall present the allegations and details of the case.
  - 3.2. The participant will respond to the case, involving an advocate or witnesses as necessary.
  - 3.3. The panel can ask questions for clarification.
  - 3.4. The representative of the investigating group will sum up.
  - 3.5. The participant will sum up.
4. There should be no interruptions from either side during the summing up nor should new evidence be introduced.
5. The Chairman should establish that the participant is satisfied with the fairness of the meeting and that they have had all opportunity to present their case.
6. There should then be an adjournment for the panel to consider matters and come to a decision.
7. If it is not possible to produce a decision on the same day the participant should be advised of a timescale.
8. A verbal decision should be confirmed in writing within five working days.
9. In communicating a decision, a right of appeal should be explained.

### **Policy for Enforced Transfer of an Active Participant to an Interest Participant**

1. This policy is to deal with any situation where an Active Participant fails to support the delivery of the approved Work Plan by failing to support the work of at least one Liaison Group or Task & Finish Group for an extended time period without explanation.
2. Active Participants are appointed to the Liaison Groups and Task & Finish Groups to deliver the Work Plan for the benefit of the communities of Cambridgeshire. The LINK invests in such participants through CRB checks, expenses and training opportunities.
3. Non-attendance in supporting such work delays activities and wastes valuable public funds.
4. The approved policy is that where any Active Participant fails to participate in any Liaison Group or Task & Finish Group within the year of their membership without offering an explanation to the Host and the relevant Group, they shall be deemed to no longer hold an Active Participant classification and shall be automatically transferred to an Interest Participant classification and henceforth be unable to support the activities of the Liaison Group or Task & Finish Group as an Active Participant should they re-apply to be an Active Participant.

**CRB Policy for Active Participants (to be read in conjunction with the Annex A to the Constitution)**

1. General Principles
  - 1.1. Cambridgeshire LINK and its Host fully comply with the CRB Code of Practice regarding the correct handling, use, storage, retention and disposal of Disclosures and Disclosure information. They also fully comply with their obligations under the Data Protection Act and other legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.
2. Storage and Access
  - 2.1. Disclosure information is always kept separately and securely in lockable, non-portable storage containers with access strictly controlled and limited to those who are entitled to see it as part of their duties.
3. Handling
  - 3.1. In accordance with the Police Act 1997, Disclosure information is only passed to those who are authorised to receive it in the course of their duties. We maintain a record of all those to whom Disclosure or Disclosure information has been revealed and we recognise that it is a criminal offence to pass this information to anyone not entitled to receive it.
4. Usage
  - 4.1. Disclosure information will only be used for the specific purpose for which it was requested and for which consent has been given.
5. Retention
  - 5.1. Once a relevant decision has been taken, we do not keep Disclosure information any longer than is necessary. This is normally for up to six months to allow for the consideration and resolution of any dispute or complaint.
6. Disposal
  - 6.1. Once the retention period has elapsed we will ensure that any Disclosure information is destroyed by shredding or similar. We will not keep any photocopy or other image of the Disclosure information although we will keep a register of Disclosures to record the date of Disclosure issue, the

name of the subject, the type of Disclosure, the unique reference number of the Disclosure and details of decisions taken.

7. Handling Cleared Disclosures

- 7.1. Upon receipt of a cleared Disclosure, the Host Manager will apply the provisions of Annex A of the Constitution to enable the applicant to commence activities at the earliest opportunity.

8. Handling Positive Disclosures

- 8.1. Upon receipt of a positive Disclosure, the Host Manager will assess the potential seriousness of the conviction. If it is considered that the conviction is of no relevance to the role of the LINK and clearly poses no risk then the information will be disregarded and the registration will be completed. If however, it is unclear to the Host Team Leader whether the conviction is relevant or poses a risk then he/she will initially discuss the context of the conviction with the applicant and seek to establish:

8.1.1. The circumstances in which the conviction occurred (e.g. influence of domestic or financial difficulties)

8.1.2. Whether the applicant's circumstances have changed since the offence was committed

8.1.3. The degree of remorse or otherwise expressed by the applicant

- 8.2. The Host Manager shall then compile a report to include the above information together with the following established from the Disclosure:

8.2.1. The seriousness of the offence and its relevance to the safety of other LINK participants and others with whom they are most likely to come into contact with during LINK activities

8.2.2. Whether the offence was disclosed on the original at time of registration

8.2.3. Whether fraudulent papers were submitted for the check

8.2.4. Whether the offence was related to sexual or child related matters

8.2.5. The length of time since the offence occurred

8.2.6. Whether the offence was one-off or part of a history of offending

8.2.7. The country in which the offence was committed

8.2.8. Any other relevant information

8.3. The Host shall convene a CRB Panel consisting of the LINK President, the LINK Vice President and the Host Team Leader (or persons appointed to deputise for them) to consider the information provided and determine whether it is appropriate to register the applicant as an Active Participant.

9. Appeal

9.1. Applicants may appeal against a decision of the CRB Panel by lodging a notice with the Host Team Leader within 14 days of receipt of notification of the Panel's decision. The Appeal shall be dealt with as a 'Stage 4' Appeal as detailed in the Participants' Standards of Conduct Policy & Procedures, Appendix F.

10. Disqualification

10.1. Active Participants may be disqualified from the LINK by decision of the CRB Panel following the receipt of information concerning any proven incident or occurrence which would have led to a positive Disclosure had such occurred prior to submission of a Disclosure Application.

## Code of Conduct – Enter & View Services

### 1. Introduction

- 1.1. This Code of Conduct is based on guidance published by the National Centre for Involvement, Gateway reference 10194. This is not statutory guidance but it sets out the background principles and practical considerations relating to LINKs ability to enter and view certain health and social care settings. The guidance has been prepared by the Department of Health. It does not amend or limit any existing legislation or create any legal obligations.
- 1.2. People who use health and social care services, their carers and the public generally, have expectations about the experience they want to have of those services and want the opportunity to express their view as to whether their expectations were met. To enable LINKs to carry out their activities effectively there will be time when it is helpful for ‘authorised representatives’ to observe the delivery of services and for them to collect the views of people whilst they are directly using those services.
- 1.3. LINKs may, in certain circumstances, enter health and social care premises to observe and assess the nature and quality of services and obtain the views of the people using those services.
- 1.4. In carrying out visits LINKs may be able to validate the evidence that has been collected from local services users, patients, their carers and families, which can subsequently inform recommendations and be fed back to relevant organisations. Properly conducted and co-ordinated visits, carried out as part of a constructive relationship between LINKs and organisations commissioning and/or providing health and social care services, may enable ongoing service improvement. LINK’s role is not to seek out faults with local services, but to consider the standard and provision of care services and how they may be improved.

### 2. Aims

- 2.1. The aim of this Code is to provide the basis of good practice that shall underpin appropriate conduct when visits are made.
- 2.2. LINK representatives who are authorised to undertake visits – ‘authorised representatives’ – shall use the Code when preparing for and making visits and reporting back.
- 2.3. Those being visited may take the Code into account when deciding if LINKs are acting reasonably and proportionately.

2.4. The Code is designed to achieve the following:

- 2.4.1. that, in relation to LINK's visits, the rights of patients, services users, staff and residents are respected and protected as are those of the authorised representatives undertaking the visit;
- 2.4.2. that visits are conducted in a spirit of openness and partnership between the LINK, the provider of the service and the individuals receiving the service;
- 2.4.3. that the relationship and dialogue between the LINK, provider and wider population remains positive and constructive.

### 3. Duty of Allow Entry

3.1. The duty to allow entry extends to:

- 3.1.1. NHS Trusts;
- 3.1.2. NHS Foundation Trusts;
- 3.1.3. Primary Care Trusts;
- 3.1.4. Local Authorities;
- 3.1.5. A person providing primary medical services (e.g. GPs);
- 3.1.6. A person providing primary dental services (e.g. dentists);
- 3.1.7. A person providing primary ophthalmic services (e.g. opticians);
- 3.1.8. A person providing pharmaceutical services (e.g. community pharmacists);
- 3.1.9. A person who owns or controls premises where ophthalmic and pharmaceutical services are provided;
- 3.1.10. Bodies or institutions which are contracted by Local Authorities or NHS Trusts, Primary Care Trusts or Strategic Health Authorities which provide care services.

### 4. Legal Position

4.1. Under the legislation, certain individuals can be authorised to enter, view and observe health and social care activities being carried out – these individuals are referred to as 'authorised representatives'. The Local

Government and Public Involvement in Health Act 2007 is clear that authorised representatives only shall enter and view premises for the purpose of carrying out the activities of the LINK they represent.

- 4.2. Before an individual can be authorised, the LINK must have agreed procedures for making decisions about who can be an authorised representative (Regulation 3 of the Local Involvement Networks Regulations 2008). Representatives can be authorised only if:
  - 4.2.1. They have undergone a Criminal Records Bureau check, in line with section 113A of the Police Act 1997, and have a certificate to verify this; and
  - 4.2.2. A 'nominated person' of the LINK has considered the certificate and is satisfied that the person is suitable to carry out visits.
- 4.3. The LINK must make publicly available a comprehensive and up to date list of all of its authorised representatives.
- 4.4. Authorised representatives may make a visit under The Local Involvement Networks (Duty of Services-Providers to Allow entry) Regulations 2008 which imposes a duty on providers of health and social care services (listed in 3 above), with certain exemptions, to allow authorised representatives of LINKs to enter premises that they own or control to observe the services that are being provided. [There are also certain activities that are excluded.] In addition, because many health and social care services are now provided by the independent sector, the Government has published legally binding Directions which place a further duty on those commissioning services to ensure that their contracts with independent providers, made after 1 April 2008, allow for authorised representatives to enter and view, and observe the carrying on of activities in premises which are owned or controlled by the independent provider.
- 4.5. However, the Government believes that some exclusions from the duty to allow entry are essential. Therefore, the duty to allow entry does not apply in the following circumstances:
  - 4.5.1. if the visit compromises either the effective provision of a services or the privacy or dignity of any person;
  - 4.5.2. if the premises where the care is being provided is a person's own home (this does not mean that an authorised representative cannot enter when invited by residents – it just means that there is no duty to allow them to enter);
  - 4.5.3. where the premises or parts of premises are used solely as accommodation for employees;

- 4.5.4. where the premises are non-communal parts of care homes;
- 4.5.5. where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed);
- 4.5.6. if, in the opinion of the provider of the service being visited, the authorised representative, in seeking to enter and view its premises, is not acting reasonably and proportionately; and/or
- 4.5.7. if the authorised representative does not provide evidence that he or she is authorised in accordance with Regulation 4 of the LINKs (Duty of Services-Providers to Allow Entry) Regulations 2008.
- 4.5.8. finally, an important exclusion – the duty does not apply to the observing of any activities which relate to the provision of social care services to children. [This is because the Government is of the view that it would be inappropriate for children’s social care to be included as there are already effective measures in place to scrutinise and oversee children’s social care and also to seek the views of children and young people in the development of their services.]

## 5. Preparing for a Visit

- 5.1. Visits are only one way of gathering intelligence about a service. It is important that LINK has a clear understanding of why it deems it necessary to enter and view a particular care setting. For example, it may be that a visit is prompted by feedback from local service users, patients, their carers and families, which suggests common concerns about performance or aspects of provision.
- 5.2. Before a visit it is advisable to prepare by thinking through the kinds of information it might be helpful for the care provider to have prior to the proposed visit and to give thought to the aims and structure of the visit.
- 5.3. Although the legislation allows for both announced and unannounced visits, if the visit is ‘announced’, it may be helpful to let care providers know about the reasons for a visit and to set out the practical aspects in advance; this would be best presented in a formal email or letter.
- 5.4. Whilst the legislation allows for unannounced visits, careful consideration should be given before one is undertaken. The duty to allow entry does not apply in circumstances where a visit is not reasonable and proportionate or

would compromise the privacy or dignity of patients, and authorised representatives may be refused entry on those grounds.

- 5.5. The LINK shall suggest to those being visited that this Code be treated as the agreed protocol for the visit.
- 5.6. The LINK shall normally provide the following information prior to the visit:
  - 5.6.1. a suggested date and time of the visit and how long it will last;
  - 5.6.2. the intelligence summary or statement/summary of facts that has stimulated the visit (note that any patient and user feedback must be anonymised);
  - 5.6.3. the purpose of the visit;
  - 5.6.4. the shape and format of the planned visit, for example:
    - 5.6.4.1. the identification of staff, service users, and user forums that authorised representatives would like to meet;
    - 5.6.4.2. the number and nature of discussions/meetings to take place and whether special requirements will be necessary, such as communication aids or special access to buildings;
    - 5.6.4.3. the types of activities and service areas authorised representatives would like to access and observe;
    - 5.6.4.4. whether authorised representatives have explanatory leaflets about LINKs (including contact information) available for distribution during the visit;
    - 5.6.4.5. whether it would be helpful for staff and/or service users to accompany authorised representatives during the visit;
    - 5.6.4.6. the names of the authorised representatives attending the visit. Careful consideration shall be given to the number of representatives visiting an establishment at any one time; numbers of representatives shall be proportionate to the size of the establishment. (Some care homes are extremely small and large numbers of visitors may unnerve residents and could compromise their privacy and dignity). No authorised representative shall work alone.

- 5.6.5. reassurance that authorised representatives will have appropriate identification visible throughout the visit;
- 5.6.6. reassurance that draft findings resulting from the visit will be shared with the provider, together with, where appropriate, relevant residents, users, patients, carers and families or people whose feedback had prompted the visit, prior to them being finalised and shared more widely.

## 6. Requesting Information from a Care Provider

- 6.1. In preparation for, or following, a visit, a LINK may request information from the relevant providers which should be received within the statutory timescale.
- 6.2. The LINK may request information from a public body under the Freedom of Information Act.
- 6.3. The LINK may request information about a service provided by the independent sector but funded by a Primary Care Trust., NHS Trust, Strategic Health Authority or Local Authority, in line with the legally binding directions about LINKs and independent providers (refer to “Directions about the Arrangements to be made by Relevant Bodies in respect of LINKs 2008”).

## 7. Responding to LINK Requests

- 7.1. The LINK shall expect that those being visited respond to LINKs in a spirit of cooperation, while recognising it will not always be possible to meet all the requests. In those cases, the providers might consider, for example:
  - 7.1.1. offering alternative times and dates if a request for a visit falls on a day which is not suitable;
  - 7.1.2. giving sufficient notice if an agreed date becomes unavailable owing to, for example, staff being unavailable;
  - 7.1.3. giving reasons why a visit request is to be tuned down; and/or
  - 7.1.4. providing an explanation if a visit has to be terminated early.

## 8. Pre-Visit Preparatory Work for LINKs

- 8.1. The LINK shall require all authorised representatives to properly prepare for all visits by considering a range of issues, including:
  - 8.1.1. Thinking through the aim and desired outcomes of the visit;

- 8.1.2. Establishing whether any other visits are being planned around the same time of the LINK's visit by, for example, the care regulators (e.g. the Care Quality Commission) or Foundation Trust governors. Could the visits be coordinated?
- 8.1.3. Agreeing how the objectives of the visit will be achieved, for example: by talking to staff, service users, patients – with their agreement – including meeting the user forum (where one exists) to hear their views;
- 8.1.4. By observing the general interaction between staff, users and patients;
- 8.1.5. By noting environmental aspects of the care setting;
- 8.1.6. By reference to information about a service which is already in the public domain to build a profile of any issues or concerns which have already been noted such as:
  - 8.1.6.1. comments received by the LINK from people with direct knowledge of the service (for example, users or their families, user groups or forums);
  - 8.1.6.2. regulators' monitoring and recommendations;
  - 8.1.6.3. Overview and Scrutiny Committee reviews and recommendations;
  - 8.1.6.4. complaints information;
  - 8.1.6.5. Patient and Public Involvement and/or Patient Advice and Liaison Service;
  - 8.1.6.6. intelligence held by the relevant premises being visited;
  - 8.1.6.7. research into recommended practice/national minimum standards/core standards for the particular service area, numbers of staff, beds, activities, therapies, etc;
  - 8.1.6.8. identifying any special support needs necessary to facilitate the visit for example, the use of interpreters, signers, advocates or private rooms;
  - 8.1.6.9. identifying whether a specific mix of authorised representatives is appropriate to the setting to be visited (in terms of gender and diversity);

8.1.6.10. agreeing and allocating topics of enquiry to visiting representatives in advance;

8.1.6.11. deciding whether a particular service or specific aspect of a service should be the focus of the visit and whether the visit needs to be made at a specific time to coincide with certain activities;

8.1.6.12. researching specific types of care provision to sufficiently understand methods deployed in different care environments and with different patient and user groups, for example, people with dementia, people with challenging behaviour, people who are close to death, etc;

8.1.6.13. agreeing an approach for dealing with matters of concern or complaints raised by individuals on a visit and whether these should be referred to other agencies;

8.1.6.14. researching the formal complaints process relevant to that care service, so that authorised representatives can inform service users of it if appropriate; and

8.1.6.15. agreeing an approach for collating and writing up notes and producing draft findings from the visit including whether additional concerns or complaints raised during the visit should be included with the overall outcomes and recommendations.

## 9. Working with the Regulators

- 9.1. Close working between LINKs and the regulators strengthens LINKs' ability to make a difference and improve local health and social care services.
- 9.2. The LINK shall contact the relevant regulator locally whilst planning a visit as co-ordination of visits could prevent duplication of work and reduce the burden to the provider of services and disruption to patients, carers and staff.
- 9.3. Regulators inspect organisations in order to assess their performance in relation to regulations, national minimum standards and core standards to identify evidence of compliance with these standards. As part of this process, regulators may also take account of people's experiences of using services.

- 9.4. The LINK shall refer to any guidance produced by the regulators for useful information and guidance on how LINKs can work effectively with them.

10. Conduct and Behaviour during the Visit

- 10.1. The legal framework requires that authorised representatives possess certain qualities which help to ensure proficiency in conducting visits. For example, authorised representatives should demonstrate that they have the ability to listen, that they are sensitive to people's feelings, and are observant, patient and respectful.
- 10.2. They should demonstrate their respect for the Nolan Principles and conduct themselves in an appropriate way throughout the visit. [In certain circumstances providers do not have to allow entry to premises and the conduct and behaviour of the authorised representative(s) are key elements of the exemptions to the duty.] They shall respect and comply with this Code and behave in a responsible, reasonable and proportionate manner as befits their role. They shall bear in mind at all times that the needs of service users, residents and patients are paramount and are not to be compromised by the visit. They shall be sure to treat staff with respect at all times.
- 10.3. Conduct or behaviour which could lead to entry being refused or a visit being terminated includes:
- 10.3.1. the authorised representatives act in such a way as to compromise the effective provision of services or the privacy or dignity of any person (e.g. being present when someone is being washed or dressed, getting in the way of a consultation, holding up the serving of a meal, or the administration of medication);
- 10.3.2. the provider judges that the authorised representative is not acting in a way which is reasonable or proportionate (e.g. making repeated visits, regularly undertaking unannounced visits, presenting a large number of representatives at a small facility);
- 10.3.3. the authorised representative does not provide evidence that he or she is authorised to enter and view services (as specified in the legislation);
- 10.3.4. the visit is not for legitimate LINK activity and is clearly not covered by the authorised Work Plan;
- 10.3.5. in any circumstance where a visit is denied or terminated the Host and the authorised representatives should be urgently informed of the problem and provided with evidence of the alleged misbehaviour or misconduct.

- 10.4. The LINK requires all authorised representatives to:
- 10.4.1. treat staff, service users, residents, patients, their carers and families fairly, courteously, and with sensitivity and respect;
  - 10.4.2. ensure that the dignity and privacy of service users, residents, patients, carers, families and staff are maintained at all times;
  - 10.4.3. be as unobtrusive as possible, and inform staff on duty about what they are doing at each stage of the visit;
  - 10.4.4. value people as individuals, respecting the different and diverse people they meet;
  - 10.4.5. exhibit no discriminatory behaviour;
  - 10.4.6. have respect for individual confidentiality, not disclosing confidential or sensitive information unless there is a genuine and urgent concern about the safety and well-being of a user, resident or patient, or if the individual concerned consents to the sharing of the information;
  - 10.4.7. co-operate with requests from staff, users, residents, patients, carers and their families if necessary, and comply with all operational and health and safety requirements;
  - 10.4.8. avoid interrupting the effective delivery of health or social care provision;
  - 10.4.9. refrain from making unreasonable demands on staff, users and patients or disrupting services outside the agreed visiting schedule;
  - 10.4.10. recognise that user, resident or patient needs should always take priority; and
  - 10.4.11. be guided by staff where operational constraints may deem visiting activities inappropriate or mean that staff are unable to meet the requests of the authorised representatives.

11. Authorised Representatives' Expectations

- 11.1. Those being visited are expected to:
- 11.1.1. allow and enable access to the premises as requested;

- 11.1.2. work cooperatively and in partnership with authorised representatives in responding to their visiting requests; and
    - 11.1.3. accompany authorised representatives on the visit if required and appropriate.
  - 11.2. Although there is no formal requirement for users, residents, patients, carers and families to engage with authorised representatives during visits they shall be given the opportunity to do so and to participate and share their views if they wish. They are also free to provide the LINK with feedback if they are unhappy with any aspect of the visit, including the conduct of the authorised representatives.
  - 11.3. It is important that comments and compliments are shared; the purpose of a visit is to gather views and experiences and to observe the quality of services, not simply to identify faults and problems.
- 12. Post-Visit Duties
  - 12.1. Authorised representatives shall document their findings in writing and in accordance with processes and formats approved by the LINK and by reference to the documentation produced before the visit.
  - 12.2. Although each visit and work area will be different, the findings should clearly quote the source of all evidence and findings, e.g. observations, discussions with staff/users/carers/relatives, documentation provided, etc.
  - 12.3. A copy of the final draft findings shall be sent to staff of the location visited as well as the provider giving them the opportunity to check for factual accuracy, allowing a period of at least two weeks for a response. Subject to circumstances, it may also be appropriate to send a copy to users involved in the visit. Where the provider raises issues or concerns about the content of the draft the authorised representatives involved in the visit should carefully consider what has been said and decide whether their draft should be amended.
  - 12.4. A copy of the final draft, together with any recommendations, should be shared with the provider prior to submission to the LINK (which shall be in accordance with processes determined by it).
  - 12.5. Where the visit is one of a number used in the elements of a Work Plan project the findings and recommendations should be summarised in a project report prior to submission to the LINK.
  - 12.6. Once reported to the LINK it may use the information to inform the overall picture of services being provided for the local community, what is being done really well, examples of good practice, and whether and how the

needs and preferences of the community are being met. It will also help in documenting recommendations for improvement where things are not so good, or there are gaps in provision.

- 12.7. A key LINK activity is to make reports and recommendations public and available to other organisations and bodies.
- 12.8. Commissioners of services are a principal audience for the information gathered and the LINK expects commissioners to build good working relationships and agree how best to work with it to make sure the intelligence gathered is fed back in the most effective and appropriate ways so that the needs and preferences of the local community can be effectively taken into account.
- 12.9. In certain circumstances it would be appropriate for the LINK to send their findings to the Overview and Scrutiny Committee (OSC) particularly where:
  - 12.9.1. there is an OSC planned programme of scrutiny;
  - 12.9.2. particular services have significantly deteriorated or improved;
  - 12.9.3. particular services have regularly failed to respond to recommendations for changes or improvements; and
  - 12.9.4. service users and others have reported specific areas of concern that it would be appropriate for an OSC to follow up.
- 12.10. The LINK may, by reference to guidance issued, refer any findings to the regulators where specific circumstances are relevant, especially where serious concerns are raised about patient safety, or the quality of care, and it would be appropriate for the regulator to decide if further action should be taken outside of the routine assessment of services. Alternatively, a LINK may want to draw to the regulators' attention an example of excellent service in its local area.
- 12.11. Similarly, LINKs may wish to consider whether any of their findings would merit closer inspection by another statutory body such as the Health and Safety Executive or the Food Standards Agency.
- 12.12. In rare, extremely serious, cases, where criminal activity or abuse is suspected, LINKs should also consider contacting the police or referring the matter to the Local Authority safeguarding officer.

## Complaints Policy and Procedure

### Notes

*A: This policy refers only to complaints about the LINK by an external person or body. It is not to be used in any complaint against a Health or Social Care Body.*

*B: A complaint is any form of communication showing dissatisfaction, however small, with any action LINK and/or its members have taken. If there is any doubt it should be treated as a complaint.*

1. Cambridgeshire LINK aims to consistently represent the views of Cambridgeshire residents in all matters relating to its obligations in an efficient, prompt and courteous manner and it recognises that in order to maintain, develop and improve the quality of its work it needs to receive constructive feedback and be informed of any problems as they arise.
2. The LINK pledges to take seriously any feedback, comment or complaint received about any LINK activity or its participants and to resolve matters through the proper application of these procedures which it will make residents aware of through its website and corporate literature. A copy of the procedure will be willingly provided on request to the Host.
3. This procedure commits the LINK to:
  - 3.1. Welcome and recognise the value of comments, both positive and negative, on what it does, as such feedback and suggestions enable the body to review and improve the way it works for the benefit of Cambridgeshire residents.
  - 3.2. Treat all comments and complaints seriously.
  - 3.3. Ensure that the LINK participants and the Host staff are notified about the procedure, its significance and their responsibilities under it.
  - 3.4. Investigate all comments and complaints quickly, thoroughly and effectively.
  - 3.5. Ensure the appropriate handling of the issue and that the complainant is notified of the contact details of those looking into matters.
  - 3.6. Ensure that the Host acknowledges receipt of the complaint to the complainant within two working days.

- 3.7. Ensure the Host keeps the complainant informed about progress and action being taken as a result of investigations.
- 3.8. Take action to minimise the chances of the problem recurring.
- 3.9. Learn from mistakes by monitoring the type and frequency of complaints and taking them into account when planning ahead.

#### 4. Procedure

- 4.1. Complainants at each stage should ensure that all correspondence is sent to the LINK Host at 32 Main Street, Littleport, CB6 1PJ, addressed to 'The Host Team Leader' and marked 'Private and Confidential'.
- 4.2. Details of the complaint or comment should be set out as clearly as the complainant is able giving as much detail as possible including dates, those involved and circumstances. It would be helpful to include any previous relevant correspondence including those from third parties. If the complainant is unable to express themselves clearly the Host Team Leader can contact them and visit to develop the issue further.

#### 5. Stages

- 5.1. Stage 1 – Informal - The Host Team Leader will contact the LINK participant concerned and obtain an initial response which will be communicated direct to the complainant. As LINK participants are volunteers and the Host Team Leader will aim to respond within 15 working days.
- 5.2. Stage 2 - If the complainant is not satisfied with the response at Stage 1 they may notify the Host Team Leader who will forward all details to the LINK President and the LINK Vice President (or two other members of Management Group, if they have been involved in Stage 1) who will conduct a joint investigation and respond within ten working days. Their decision shall be final.

## **Equality and Diversity Policy**

1. Cambridgeshire LINK is fully committed to equality of access to and engagement with its policies, procedures, operations and services. By focusing on the unique contribution of every individual, managing diversity goes far beyond the traditional equal opportunities approach of targeting specific groups. Diversity is inclusive. It not only acknowledges and understands differences between people; it seeks positive ways to harness such differences to enhance creativity, innovation and productivity. Managing diversity is not just socially desirable but a driver for organisational development.
2. Cambridgeshire LINK will ensure that no person in their dealings with the LINK receives less favourable treatment on the grounds of sex; disability; race; marital status; sexual orientation; religion or similar philosophical belief; colour; nationality or ethnic or national origin; age; or political belief; nor is disadvantaged by conditions or requirements which cannot be shown to be justifiable.
3. Cambridgeshire LINK's Management Group shall take responsibility for monitoring and evaluating the operations and work of the LINK to demonstrate compliance with this policy.
4. Any member of Cambridgeshire's diverse society who considers that discrimination has occurred in the operation and delivery of Cambridgeshire LINK's work should make use of the Complaints Procedure.

## **Role of Liaison Group Chairs**

1. Introduction
  - 1.1. The aims and responsibilities of the President and Vice-President are detailed in the Constitution, however, those of the Chairs and Vice-Chairs of Liaison Groups are covered in this document.
  - 1.2. This document aims to provide governance to achieve commonality of approach in the way that Liaison Group outcomes are achieved by setting out the operational purpose and role of Liaison Group Chairs, considering at all times that all Active Participants are equal and Chairs have no executive powers.
2. Chair's Aims and Responsibilities
  - 2.1. To follow the Terms of Reference for Liaison Groups as set out by Management Group.
  - 2.2. To ensure that business is conducted in an orderly and objective manner.
  - 2.3. To uphold the highest standard of integrity and probity in meetings and to ensure compliance with Seven Principles of Public Life and all approved LINK governance and policies.
  - 2.4. To be impartial in debate and to promote effective discussion and decision making through constructive debate.
  - 2.5. To ensure that decisions are reached through consensus.
  - 2.6. To ensure the delivery of group decisions.
  - 2.7. To set meeting agendas in partnership with members and the Host.
  - 2.8. To agree draft minutes in partnership with the Host and to ensure distribution and sharing accordingly.
  - 2.9. To put forward proposals for Task & Finish projects to Management Group in the appropriate format.
  - 2.10. To ensure that meetings are held in compliance with approved Risk Assessments and that Risk Assessments are appropriate.
  - 2.11. To prepare for meetings by reading the documentation and discussing issues with the facilitator prior to commencement of the meeting.

## **Role of Task & Finish Group Chairs**

### **1. Introduction**

- 1.1. This document aims to provide governance to achieve commonality of approach in the way that Task & Finish Group outcomes are achieved by setting out the operational purpose and role of Task & Finish Group Chairs, considering at all times that all Active Participants are equal and Chairs have no executive powers.

### **2. Chair's Aims and Responsibilities**

- 2.1. To work with the Host team facilitator to produce a delivery work plan for the Task & Finish Activity. This will be achieved using the format approved by Management Group. The delivery workplan will include the identification of the resources both human and other that are required to deliver the project.
- 2.2. To ensure the delivery of the Task & Finish Group activity on time, to include the production of a written report, which will be presented to the Management Group for their approval.
- 2.3. To ensure that each member of the Task & Finish Group completes any actions assigned to them in the delivery workplan on time.
- 2.4. To set up a meeting schedule that will deliver the outcomes of the Task & Finish group and plan agendas in partnership with members and the Host.
- 2.5. To agree draft minutes in partnership with the Host and to ensure distribution and sharing accordingly.
- 2.6. To ensure that business is conducted in an orderly and objective manner.
- 2.7. To uphold the highest standard of integrity and probity in meetings and to ensure compliance with Seven Principles of Public Life and all approved LINK governance and policies.
- 2.8. To be impartial in debate and to promote the effectiveness of the group through constructive debate.
- 2.9. To ensure that meetings are held in compliance with approved Risk Assessments and that Risk Assessments are appropriate.

## **POLICY & PROCEDURES FOR THE SAFEGUARDING OF VULNERABLE ADULTS (SOVA)**

### **1. Introduction**

- 1.1. Cambridgeshire Local Involvement Network (LINK) is committed to ensuring that vulnerable adults are safe in all respects when involved in our activities.
- 1.2. We will do this through our policy and procedures, which are designed to safeguard vulnerable adults. Adherence to our policy and procedures will also protect our participants and the Host team staff who facilitate the LINK's activities.
- 1.3. The policy and procedures apply to all volunteers acting as participants of Cambridgeshire LINK. Host team staff are expected to abide by the SOVA policies of their employer organisations.
- 1.4. The aim of this policy is to outline the practice and procedures for participants to contribute to the prevention of abuse of vulnerable adults through raising awareness and providing a clear framework for action when abuse is suspected or alleged.

### **2. Definition of Terms**

- 2.1. Throughout this policy, and informing its implementation, the following definition of terms apply:
  - 2.1.1. **Vulnerable adult:** any person aged 18 or over who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation.
  - 2.1.2. **Significant harm:** should be taken to include not only ill-treatment (including sexual abuse and forms of ill-treatment that are not physical); the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, emotional, social or behavioural development.
  - 2.1.3. **Adult abuse:** Abuse is a violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts. It is physical, sexual, financial, emotional, discriminatory, or psychological violation or neglect of a person unable to protect him/herself to prevent abuse from happening, or to remove him/herself from abuse or potential abuse by others.

### **3. Vulnerable Adult Policy Statement**

- 3.1. All Cambridgeshire LINK participants have a duty to safeguard vulnerable adults who come into contact with the Local Involvement Network, and to respond to any concerns they may have regarding the physical, sexual, emotional, or psychological safety of a vulnerable adult or concerns relating to discriminatory or financial violation or exploitation of a vulnerable adult. This policy is in place to protect all vulnerable adults regardless of gender, ethnicity, disability, sexuality or religion.
- 3.2. Cambridgeshire LINK believes that every vulnerable adult has the right to be:
  - 3.2.1. Protected from neglect, abuse and exploitation.
  - 3.2.2. Listened to, to have their views given careful consideration and to be supported in participating in decisions which affect them
  - 3.2.3. Respected and understood in the context of their own individual needs and with respect to their cultural, religious and ethnic origin, age, gender, disability and sexuality.

### **4. Responsibilities**

- 4.1. All participants have a duty to safeguard vulnerable people from abuse and to ensure that where a person has been abused that they receive support and protection from further abuse.
- 4.2. All participants have a duty to report abuse or suspected abuse and to act on complaints of abuse. It is the responsibility of all participants to be aware of, and be working within, the guidance laid down within this document.
- 4.3. All participants have a duty to work in partnership with service users, families and carers in order to ensure service users are protected from harm.
- 4.4. All participants have a duty to accept the principle that agencies work together in order to protect vulnerable people from abuse.
- 4.5. Participants are expected to maintain close links with all relevant statutory and voluntary bodies in the pursuit of safeguarding vulnerable adults.
- 4.6. All participants within Cambridgeshire LINK must be familiar with this procedure and their role within it.
- 4.7. Reporting inappropriate professional practice or 'whistleblowing' is a requirement for all participants.

## 5. Responsible Person

- 5.1. Cambridgeshire LINK's Management Group are responsible for appointing one of their number to act as the Responsible Person.
- 5.2. All concerns, suspicions, or disclosures of abuse must be referred to the Responsible Person. If the nominated Responsible Person is unavailable then vulnerable adult protection concerns should be raised with the LINK Services Manager. If the LINK Services Manager is not available, the alerter may contact Cambridgeshire Direct to report their concerns (please see page 20 for further details).
- 5.3. The Responsible Person is responsible for ensuring that vulnerable adult safeguarding policies and procedures are being implemented correctly. S/he will:
  - 5.3.1. Act as a source of information and support for fellow participants.
  - 5.3.2. Provide advice as to how the safeguarding process would operate within Cambridgeshire LINK.
  - 5.3.3. Be contactable when fellow participants have queries or need advice or information about how the safeguarding process works.
  - 5.3.4. Ensure that all participants are aware of their own role and the roles of others.
  - 5.3.5. Ensure that a clear process is articulated that must be followed once an allegation or suspicion of abuse is alerted.
  - 5.3.6. Ensure that other LINK procedures and guidance fit with this SOVA Policy and Procedures, for example, whistleblowing procedures and Participant Code of Conduct.
  - 5.3.7. Access specialist adult protection training and development to ensure competencies are maintained for the role and responsibilities of a responsible person.
- 5.4. This policy and guidance will be reviewed annually by the Responsible Person. Where changes, amendments, or updates are recommended, these will be ratified by the Cambridgeshire LINK's Management Group.
- 5.5. All stakeholders will be informed of this policy as appropriate. The policy is held centrally for participants at the Host office. In addition, the policy will be available for any interested parties upon request.

## **6. Recruitment of LINK Participants**

- 6.1. Cambridgeshire LINK takes seriously its obligations to ensure that participants undergo appropriate vetting before being allowed contact with vulnerable adults, and to present a barrier to those seeking involvement in Cambridgeshire LINK who might present a risk to vulnerable adults.
- 6.2. Cambridgeshire LINK's participant registration process requires that:
  - 6.2.1. A registration form providing full personal details is completed and held on file at the Host office,
  - 6.2.2. All active participants must attend an Induction Session with the Host team that will include highlighting Cambridgeshire LINK's vulnerable adult safeguarding procedures,
  - 6.2.3. Any active participant taking part in 'enter and view' visits must be in possession of an Enhanced Disclosure from the Criminal Records Bureau, have undergone SOVA training provided by Cambridgeshire County Council and 'Enter and View' training provided by SDTL.
- 6.3. Cambridgeshire LINK takes its responsibility to ensuring the safety of vulnerable adults seriously. Cambridgeshire LINK will act on any and all concerns raised in relation to its participants.

## **7. Participant training and supervision**

- 7.1. All participants working directly with vulnerable adults will receive awareness training in vulnerable adult safeguarding. This training will include:
  - 7.1.1. Basic definitions of abuse,
  - 7.1.2. Signs of abuse,
  - 7.1.3. What to do if someone tells you they are being abused,
  - 7.1.4. What to do if you suspect abuse.
- 7.2. The Host team will respond quickly to participant requests for information and training on issues relating to adult safeguarding. Participants are encouraged to ask questions and talk to the Responsible Person about any concerns related to adult safeguarding. In addition, we are committed to seeking support for our participants in the event that vulnerable adult safeguarding issues arise.

## **8. Policy implementation**

8.1. Included alongside this policy are the associated procedures for ensuring effective implementation. As stated above, all participants are required to understand this policy and to ensure that it is being effectively implemented at all times. The appendices attached set out the following procedures and protocols:

8.1.1. Type and signs of abuse – Appendix A

8.1.2. Procedure to be followed if you think a vulnerable adult may be at risk of abuse, is being, or has been abused, either by a health or social care professional / a member of their family / any other person, including another vulnerable adult – Appendix B

8.1.3. Procedure to be followed if a vulnerable adult tells you that they are being, or have been, abused - Appendix C

8.1.4. Procedure for Responsible Person/LINk Services Manager to report concerns/suspicions that someone is being abused - Appendix D

8.1.5. Allegations against participants – Appendix E

## **9. Confidentiality**

9.1. In operating this policy, participants must also be aware that, in order to protect vulnerable adults, in some circumstances it will be necessary to share what might normally be regarded as confidential information. The protection of all confidential information is recognised as good practice but public interest can override the duty of confidentiality. Anyone who is told or suspects abuse of any vulnerable adult should report the incident in line with these procedures. The following principles should be adhered to:

9.1.1. Information will only be shared on a need to know basis,

9.1.2. Information will only be shared when it is in the best interests of the vulnerable adult concerned,

9.1.3. Confidentiality must not be confused with secrecy,

9.1.4. Informed consent<sup>1</sup> should be obtained but if this is not possible and other vulnerable adults are at risk it may be necessary to override it.

9.2. Guidance in the form of a Code of Good Practice (Appendix F) has also been developed to provide LINk participants with ideas which not only will help to protect vulnerable adults, but will also help to identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse. Participants should familiarise

themselves with this and if it is necessary to carry out practices contrary to it, only do so after discussions with, and approval of, the Management Group.

9.3. Remember the first priority should always be to ensure the safety and protection of vulnerable adults and that it is the responsibility of all participants to act on any suspicion or evidence of abuse or neglect.

*Version: Approved by the Management Group on 06-Jan-2011*

Notes:

<sup>1</sup> The term 'informed consent' can be defined as: 'The voluntary and continuing permission of the adult to agree to a course of action or inaction, based on adequate knowledge of the purpose, nature, likely effects and risks of the 'proposed action/inaction' including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not consent'.

## TYPES AND SIGNS OF ABUSE

Abuse may occur in any setting for example where a vulnerable person:

- Lives alone, with a relative, or other(s);
- Attends nursing, residential or day care settings;
- Is in hospital or custodial situations;
- Is receiving support services in their own home; (supported housing);
- Is in other places previously assumed safe;
- Is in a public place;
- Is in education, training or a work place setting.

### **Physical abuse**

*Definition* - Non accidental harm to the body caused by the use of force, which results in pain, injury or a change in the person's natural physical state.

Some examples are: hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions, rough handling, pinching, punching, shaking, burning, forced feeding.

### **Sexual abuse**

*Definition* - Sexual abuse is the involvement of a vulnerable adult in sexual activities or relationships, which are for the gratification of the other person and which: they have not consented to, or they cannot understand and are not able to consent to, or which violates the individuals expressed cultural or religious preferences, sexual taboos, or family custom and practice.

Some examples are: rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Inappropriate touching and fondling, indecent exposure, penetration (or attempted penetration) of vagina, anus or mouth by penis, fingers, or other objects.

### **Psychological abuse**

*Definition* - Psychological or Emotional abuse is behaviour that has a harmful effect on a vulnerable adult's emotional health and development.

Some examples are: emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks, withholding affection, shouting, depriving the person of the right to choice, information and privacy. Behaviour that has a harmful effect on the vulnerable adult's emotional health and development.

### **Financial or material abuse**

*Definition* - Financial or material abuse involves the use of a vulnerable adult's property, assets or income without their informed consent or making financial transactions that they do not understand to the advantage of another person.

Some examples are: theft, fraud, exploitation, and pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

### **Neglect and acts of omission**

*Definition* - Neglect is behaviour that results in the vulnerable adult's basic needs not being met.

Some examples are: ignoring medical or physical care needs, persons physical condition/appearance is poor e.g. ulcers, pressure ulcers, soiled or wet clothing, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating and undermining personal beliefs.

### **Discriminatory abuse**

*Definition* - Discriminatory abuse is behaviour that makes or sees a distinction between people as a basis for prejudice or unfair treatment.

Some examples are: racism, sexism, religious and ageism, based on a person's disability, and other forms of harassment, slurs or similar treatment.

### **Domestic abuse and violence**

*Definition* - Domestic abuse and violence is best described as the use of physical and/or emotional abuse or violence, including undermining of self-confidence, sexual violence or the threat of violence, by a person who is or has been in a close relationship.

Domestic violence can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, threats to others including children, control over access to money, personal items, food, transportation, telephone, and stalking.

It can also include violence perpetrated by a son, daughter or any other person who has a close or blood relationship with the victim. It can also include violence inflicted on, or witnessed by children. The wide adverse effects of living with domestic violence for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance abuse, mental health problems and homelessness from running away.

Domestic violence is not a 'one-off' occurrence but is frequent and persistent aimed at instilling fear into and compliance from, the victim.

### **Professional abuse**

*Definition* - Is the misuse of power and abuse of trust by professionals, the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services, resource shortfalls or service pressures that lead to service failure and culpability as a result of poor management systems/structures.

## **Institutional abuse**

*Definition* - Involves the collective failure of an organisation to provide an appropriate and professional service to vulnerable people. It can be seen or detected in processes, attitudes and behaviour that amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and stereotyping. It includes a failure to ensure the necessary safeguards are in place to protect vulnerable adults and maintain good standards of care in accordance with individual needs, including training of staff, supervision and management, record keeping, unable or unwilling to implement professional or clinical guidelines and liaising with other providers of care.

Abusive behaviour may be part of the accepted custom and culture within an organisation or an individual member of staff, or particular group of staff may carry it out. The key risk factors for institutional abuse are:

- It is widespread within the setting
- It is repeated
- It is generally accepted, it is not seen as being poor practice
- It is sanctioned, it is encouraged or condoned by line managers
- It takes place in a setting where there is poor monitoring by senior management
- There are environmental factors (e.g. unsuitable buildings, lack of equipment, many temporary staff) that adversely affect the quality of care
- It is systematic e.g. factors such as a lack of training, poor operational procedures, poor supervision and management all encourage the development of institutionally abusive practice.

## **Significant harm**

*Definition* - Can be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development.

The process of assessing significant harm will include consideration of the following factors:

- The vulnerability of the adult according to the eligibility criteria of the National Health and Community Care Act 1990.
- The apparent impact of the abuse on the vulnerable adult.
- The risk of repetition or escalation of abuse involving increasingly serious acts or the extension of the abuse to other vulnerable adults or children under the age of 18.
- The degree of corroboration between the outcome of the assessment and the depth and conviction of the feelings expressed by the person reporting the alleged abuse.

If the assessment indicates that there are sufficient indicators of significant harm to the vulnerable adult, it is then necessary to evaluate if intervention is in the best interests of the vulnerable adult and/or in the public interest.

Any or all types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

## **Specific Indicators of Abuse**

Although abuse often comes to light through disclosure by the person, who sensing they are safe, confides in a trusted person, there are situations or events that might indicate that all is not well.

The following list highlights situations or events that may require closer attention.

They are merely indicators, the presence of one or more does not confirm abuse and they are no substitute for a thorough assessment.

However, a cluster of several indicators may indicate a potential for abuse and a need for assessment.

For ease of use the indicators have been grouped under a number of headings.

Typically an abusive situation may well involve indicators from a number of groups in combination.

### **Social and Emotional Indicators**

The following are indicators for identifying the possible signs and symptoms of abuse:

- The vulnerable adult appears to be withdrawn or agitated and anxious.
- They may be isolated in one room of the house or confined to living in a small space.
- Their mobility is restricted due to absence of suitable mobility aids.
- They may be excluded from outside social contacts.
- They are overly subservient or anxious to please.
- Professional and other visitors may have difficulty gaining access to the vulnerable adult or may find confidential interaction inhibited.
- Lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual.
- Dramatic changes in behaviour or personality; depression or confusion, for which no medical explanation can be offered.
- Refusal to allow person into respite/permanent care.
- Poor conditions, lack of clothing, lack of access to own money.
- Reluctance to return home or to service placement.

### **Indicators of Physical Abuse**

The following are indicators for assessing the risks involved where physical abuse is suspected:

- Multiple bruising that is not consistent with the explanation e.g. a fall.
- Cowering and flinching.
- Bruised eyes, marks resulting from a slap and/or kick, other unexplained bruises.
- Abrasions, especially around the neck, wrists and/or ankles.
- Unexplained burns, especially on the back of the hands.
- Scalds, especially with a well-defined edge from immersion in water.
- Hair loss in one area – scalp sore to touch.
- Frequent minor accidents without seeking medical help.
- Unusually sleepy or docile. Tendency to flounder or slip over.
- Unexplained fractures.

- Malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence.
- Frequent 'hopping' from one GP to another or from one care agency to another.
- Need for Health or Social Care Services ignored or obstructed.
- Misuse of medication.

### **Indicators of Sexual Abuse**

The following are indicators for assessing the risks involved where sexual abuse is suspected:

- Changes i.e. the person starts to seek or avoid attention where previously they did not, by expressing over sexualised behaviour, or becoming fixated on sexual matters.
- Complaints of soreness in genital/anal area, no medical cause known.
- Recurring conditions such as thrush or cystitis.
- Pregnancy or diagnosis of a sexually transmitted disease when the person is not known to be sexually active.
- Bruising on the inner thighs or shoulders, breasts and/or genital area.
- Objects to being washed in genital areas, which is a change in behaviour.

### **Indicators of Financial or Material Abuse**

The following are indicators for assessing the risks involved where financial or material abuse is suspected:

- Unexplained or sudden inability to pay bills.
- Gifting and transferring of assets and property.
- Unexplained or sudden withdrawal of money from accounts.
- Contrast between known income or capital and unnecessarily poor living conditions especially where this has developed recently.
- Personal possessions of value go missing from the home without satisfactory explanation.
- Contrast with their previous lifestyle and standards.
- Someone has taken responsibility for paying rent, bills, buying food etc - but is clearly not doing so.
- Unusual interest taken by relative, friend, neighbour or other in financial assets especially if little real concern is shown in other matters.
- Next of kin refuse to follow advice regarding control of property via Court of Protection or through securing Enduring Power of Attorney, but insist upon informal arrangements.
- Care services including residential care are refused under clear pressure from family or other potential inheritors.
- Unusual purchases unrelated to the known interests of the vulnerable adult e.g. purchases of fashionable clothes, expensive make-up, food and holidays.
- Reluctance to accept financial assessment or engagement from department.

### **Indicators of Institutional Abuse**

The following are indicators for assessing the risks involved where institutional abuse is suspected:

- There is poor staff morale, high turnover or high sickness rate amongst staff; excessive hours are worked and there is frequent use of agency staff.

- There is a general lack of consideration of privacy e.g. staff walk casually into bedrooms; washing and personal care tasks (going to the toilet) lack appropriate privacy; there is no telephone that can be used privately.
- Residents/service users appear unusually subdued, especially when compared to their previous behaviour; they retreat into their own room or other areas out of the way of staff.
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or teeth.
- Poor hygiene e.g. strong smell of urine, dirty clothing or bed linen, only changed when staff consider it necessary.
- Inappropriate and thoughtless use of equipment e.g. restraint and buzzers out of reach.
- Lack of internal procedures, including poorly written and/or outdated policies.
- Lack of clear lines of responsibility and consistency of management.
- Lack of staff training and of assessment of staff competencies.
- Inadequate care plans and risk assessments.
- Inappropriate use of medical or nursing procedures e.g. enemas, catheterisation, over reliance on medication.
- Lack of communication between staff about service users.
- Lack of communication between relatives and staff.

### **Indicators of Professional Abuse**

The following are indicators for assessing the risks involved where professional abuse is suspected:

- Entering into a sexual relationship with a service user.
- Failure to refer disclosure of abuse, poor, ill-informed or outmoded care practice.
- Failure to support vulnerable adult to access health care/treatment, denying vulnerable adults access to professional support and services such as advocacy.
- Service design where groups of users living together are incompatible, punitive.
- Responses to challenging behaviours, failure to whistle-blow on issues when internal procedures to highlight issues are exhausted.

### **Indicators of Domestic Violence and Abuse**

The following are indicators for assessing the risks involved where domestic abuse is suspected.

Possible presenting complaints of:

- Abuse directly
- Unexplained falls
- Stranger assault
- Chronic pain syndrome, headaches
- Overdose/suicide attempts or ideation
- Anxiety, depression, multiple somatic complaints
- Miscarriage/vague gynaecological complaints (e.g. pelvic pain)
- Psychosomatic complaints

Possible indicators of abuse from person's history:

- Mechanisms described by patient do not fit injury
- Delay in seeking care
- Accident prone patient
- History of children being abused
- High stress in family (financial worries, pregnancy, relocation, change or loss of job, bereavement)
- Frequent Walk-in Centre visits
- Drug/alcoholism

Possible behavioural indicators of abuse:

- Person is evasive/guarded
- Person is embarrassed, gives poor eye contact when asked questions
- Person is depressed with injuries
- Person denies abuse too strongly
- Person has charged/fearful behaviour with partner
- Person defers to partner
- Partner hovers
- Patient minimises injury or demonstrates inappropriate responses.

High Risk injuries:

- Mid-arm injuries (defensive)
- Strangulation marks
- Injuries to areas not prone to injury by falls
- Weapon injuries or marks
- Symmetrical injuries
- Old, as well as new injuries
- Bites and burns (scald and cigarette)
- Injuries to multiple sites
- Poor nutrition.

Common injuries:

- Black eyes and dental injuries
- Mid face injuries
- Breast/abdominal/internal injuries
- Injuries hidden by clothing.

### **Risks Arising from Self-Neglect**

This will apply where a vulnerable adult has been identified as suffering from significant neglect and where one or more of the following apply:

- They are unable to agree to having their needs met which for example may be because of their state of mental health or because they have a learning disability or an acquired brain injury.
- They have capacity but have refused essential services without which their health and safety needs cannot be met.
- In many cases this may not lead to the situation being dealt with under these practice guidance and procedures; however the cases that often give rise to the most concern

are those where a vulnerable adult refuses help and refuses services and is seen to be at grave risk as a result.

### **Assessing the Seriousness of Abuse**

The seriousness or extent of abuse is often not clear when anxiety is first expressed. It is important therefore, when considering the appropriateness of intervention, to approach reports or incidents or allegations with an open mind.

In making any assessment of seriousness the following factors need to be considered:

- The vulnerability of the adult:  
(To what extent is the person able to protect him or herself?)
- The nature and extent of the abuse:  
(Has the abuse caused injury to the person or property?)
- The length of time it has been occurring:  
(How long has the abuse been going on?)
- The impact on the individual and/or their carers/family:  
(How have the people involved been affected by the abuse?)
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults:  
(Is the risk so serious that a place of safety is needed?)  
(How will other vulnerable adults be protected?)
- The vulnerability of the perpetrator:  
(Is the perpetrator a vulnerable adult? If so what actions are needed to support and protect the perpetrator?)  
(Has a criminal offence taken place?)
- The risk of repeated or increasingly serious acts involving this or other vulnerable adults:  
(Is the risk so serious that a place of safety is needed?)  
(How will other vulnerable adults be protected?)
- The vulnerability of the perpetrator:  
(Is the perpetrator a vulnerable adult? If so what actions are needed to support and protect the perpetrator?)  
(Has a criminal offence taken place?)

## Appendix B

### **PROCEDURE TO BE FOLLOWED IF YOU THINK A VULNERABLE ADULT MAY BE AT RISK OF ABUSE, IS BEING, OR HAS BEEN ABUSED, EITHER BY:**

- **A HEALTH OR SOCIAL CARE PROFESSIONAL**
- **A MEMBER OF THEIR FAMILY**
- **ANY OTHER PERSON, INCLUDING ANOTHER VULNERABLE ADULT**

1. The Responsible Person is responsible for ensuring that all participants are aware of and understand the importance of implementing these procedures, even though the overwhelming majority of vulnerable adults, which you will come into contact with through your LINK activities, are likely to experience a perfectly safe and happy life.
2. It is recognised as well, that a percentage of the vulnerable adults that you come into contact with will, through the nature of their experiences, demonstrate behaviours that might be indicators of abuse. Many factors associated with disadvantage can also result in a vulnerable adult's behaviour being affected, thereby making the identification of abuse even more difficult. You are not expected to suddenly become expert in the protection of vulnerable adults nor are you expected to investigate abuse. You are, however, expected to comply with these procedures.
3. Participants, who for any reason become concerned that a vulnerable adult may be at risk of abuse, is being, or has been, abused must immediately report that concern to the Responsible Person (or in his/her absence the LINK Services Manager).
4. The Responsible Person will discuss your concerns with you to clarify their cause and obtain all the known relevant information. This will then be forwarded to the appropriate local Social Services Department stating that it concerns vulnerable adult protection.
5. In the absence of the Responsible Person or a suitable alternate, you should report your concerns directly to the local Social Services Department (see Appendix D) and then inform the Responsible Person or his/her alternate as soon as possible.
6. Should the concern relate to the Responsible Person, you should contact the LINK Services Manager who will contact the Social Services Department directly.
7. In all cases you should make notes about the incident with dates and recording your actions.
8. Every reported incident of abuse or suspected abuse will be taken seriously and will be fully recorded at all stages of the process. Everyone has a responsibility to report any circumstances which indicate the presence of suspected or actual abuse.
9. It is recognised by Cambridgeshire LINK that participants who report in good faith will receive full support for their actions.

## Appendix C

### **PROCEDURE TO BE FOLLOWED IF A VULNERABLE ADULT TELLS YOU THAT THEY ARE BEING, OR HAVE BEEN, ABUSED**

1. Vulnerable adults will occasionally disclose abuse to an individual they have come to feel they can trust. This happens for many reasons but the important thing to remember is that if they do tell you, they are doing so in the hope that you will act to stop it happening, even if they ask you not to do anything with the information.
2. Vulnerable adults may feel as if they are betraying someone they are close to and whom they love. It is not unusual for a vulnerable adult to love the abuser but want the abuse to stop, especially when that person is a family member or carer. Equally, it may be someone they fear e.g. a person whom they perceive to be able to influence decisions concerning their future. Either way, it takes great courage for a vulnerable adult to talk about abuse and your response can be crucial.
3. It is important to remember too, that it can be more difficult for some vulnerable adults to tell than for others. Vulnerable adults who have experienced prejudice and discrimination through racism may well believe that people from other ethnic groups or backgrounds don't really care about them. They may have little reason to trust those they see as authority figures and may wonder whether you will be any different.
4. Vulnerable adults with a disability will have to overcome barriers before disclosing abuse. They may well rely on the abuser for their daily care and have no knowledge of alternative sources.
5. If a vulnerable adult discloses abuse to you in the course of your LINK activities it is important to react appropriately.
6. Do:
  - 6.1. Remain calm and receptive.
  - 6.2. Listen without interrupting.
  - 6.3. Only ask questions of clarification if you are unclear what the vulnerable adult is saying.
  - 6.4. Make it clear that any information they may give you will be treated seriously and sensitively.
  - 6.5. Acknowledge their courage in telling you and ask them what they would like to happen now.
  - 6.6. Tell them they are not responsible for the abuse.
  - 6.7. Let them know you will do what you can to help them, and where possible, get their consent to inform Cambridgeshire LINK's Responsible Person and local Social Services Department.
7. Do not:
  - 7.1. Allow your shock or distaste to show.

- 7.2. Probe for more information/ask other questions - you are taking a disclosure, not investigating.
  - 7.3. Make assumptions or speculate.
  - 7.4. Make negative comments about the abuser.
  - 7.5. Make promises you cannot keep.
  - 7.6. Agree to keep the information secret.
8. It is therefore essential that everything possible is done to protect the vulnerable adults who place their trust in us. If a vulnerable adult tells you that they are being, or have been abused, you must:
- 8.1. Make an immediate record of what the vulnerable adult has said, using their own words.
  - 8.2. Follow the instructions for reporting to Cambridgeshire LINK's Responsible Person, as set out in Appendix B.
  - 8.3. Tell them that you will have to inform Cambridgeshire LINK's Responsible Person and that, if appropriate, the relevant authorities will also have to be informed.

## Appendix D

### **PROCEDURE FOR RESPONSIBLE PERSON / LINK SERVICES MANAGER TO REPORT CONCERNS OR SUSPICIONS THAT SOMEONE IS BEING ABUSED**

1. Once a concerns or suspicion of abuse has been reported there are two options. Your course of action may depend on the nature and severity of the abuse:
  - 1.1. Contact the Cambridgeshire Safeguarding Vulnerable Adults Team on 0345 045 5202 (Monday – Friday, 9am – 5pm). Multi-agency adult protection arrangements will make sure something happens as a result of your call.
  - 1.2. Out of hours emergency social care is available on 01733 234724. They will discuss your concern and act upon it.
2. You will be asked to give your name and contact number but this information will not be passed on to the abuser or the abused. However, you may be asked to give evidence or to contribute to a multi-agency strategy meeting.
3. If the person is in immediate danger or needs medical treatment, do not delay in taking action to protect the vulnerable victim. Contact the police and/or call an ambulance by phoning 999. When contacting the police, you will need to record the crime number and remind them they are responding to a vulnerable adult who may have communication difficulties. If your vulnerable adult is taken to hospital via an ambulance, make a note of the hospital they are being taken to.
4. If you have any concerns, do not:
  - 4.1. Confront the possible abuser yourself.
  - 4.2. Start an investigation yourself.
  - 4.3. Agree to keep anything confidential.
  - 4.4. Destroy or taint evidence that may be used if the situation is investigated.
5. Where possible the referrer should record any further information which may assist any enquiry.
6. The flowchart overleaf summarises the course of the action that should be taken.  
Flowchart for participant reporting suspected or actual abuse

Abuse of vulnerable adult suspected /  
alleged / discovered by participant



- Participant should
- assess immediate situation
  - inform and discuss with Responsible Person
  - record details of dates and your actions



If vulnerable adult in immediate  
danger or needs medical treatment,  
Responsible Person should phone  
999



If no immediate danger, Responsible  
Person should contact  
Cambridgeshire Safeguarding  
Vulnerable Adults Team on 0345 045  
5202 (or 01733 234724 if out of  
hours)

### **ALLEGATIONS AGAINST PARTICIPANTS**

1. Any vulnerable adult protection allegation made against a LINK participant, whether by a carer, service user, colleague or anybody else will be treated with the utmost seriousness and responded to immediately. This will apply regardless of whether the allegation relates to actions within a work or personal context.
2. Such allegations must always be shared with the Responsible Person who will involve other members of the LINK's Management Group and Host Team as necessary.
3. In all cases where a vulnerable adult protection allegation has been made against a participant, the individual will immediately be suspended from Cambridgeshire LINK's activities until the investigation into the allegation is completed. The allegation will be referred to the Cambridgeshire Safeguarding Vulnerable Adults Team as appropriate (see Appendix D).
4. Allegations against participants will be dealt with under the Cambridgeshire LINK's Code of Conduct.
5. Action under vulnerable adult safeguarding and Code of Conduct procedures will usually work in parallel.
6. All action taken in response to an allegation against a participant of the LINK will:
  - 6.1. Protect the rights and wishes of the vulnerable adult,
  - 6.2. Protect the rights of the participant.
7. If there is the possibility of a criminal offence having occurred, any criminal investigation will take precedence over any internal investigation.
8. In situations where it is possible that a criminal offence has occurred but the complainant is unwilling to make a formal complaint to the police, Cambridgeshire LINK will give careful consideration as to whether it has a duty to report the matter to the Police directly. This decision will be based on risk to service users, risks to others, and the seriousness of the allegation. This decision will be made by the Responsible Person.

## **VULNERABLE ADULTS CODE OF GOOD PRACTICE**

This Code has been developed to provide you with advice that not only will help to protect vulnerable adults, but will also help you and your fellow participants identify any practices which could be mistakenly interpreted and perhaps lead to false allegations of abuse.

Good practice will also protect Cambridgeshire LINK through reducing the possibility of anyone using their role to gain access to vulnerable adults, in order to abuse.

While it is not intended that this code should restrict participants from normal ways of working, e.g., comforting a distressed vulnerable adult through providing a hug, there is much they can do to avoid situations that may give rise to misinterpretation, which will also work to protect vulnerable adults.

If in doubt, consider how an action or activity may be perceived as opposed to how it is intended.

Wherever possible, you should be guided by the following advice.

If it is necessary to carry out practices contrary to it, you should only do so after discussion with, and the approval of, the LINK's Management Group.

- Avoid unobserved situations of one-to-one contact with a vulnerable adult. If it is unavoidable, always keep a door open and ensure you are within the hearing of other adults.
- Never invite a vulnerable adult to your home without the knowledge and consent of the carers and the LINK's Management Group.
- Never offer to or take a vulnerable adult alone in your own vehicle without the knowledge and consent of the carers and the LINK's Management Group.
- If it is necessary to do things of a 'personal' nature for a vulnerable adult, e.g., toileting if they are disabled, ensure these are carried out with the full knowledge of the carers.
- Develop a culture in which participants feel comfortable enough to point out inappropriate attitudes and behaviours to each other.
- Don't engage in or allow any sexually provocative games involving or observed by vulnerable adults, whether based on talking or touching.
- Never make suggestive remarks or discriminatory comments to a vulnerable adult.
- Don't engage in or tolerate any bullying of a vulnerable adult, either by vulnerable adults or other people.

- Don't engage in or tolerate inappropriate physical activity involving vulnerable adults.
- Never enter a room where a vulnerable adult may be changing their clothes or not be fully dressed, without first clearly getting their consent to enter.
- Respect all vulnerable adults, regardless of their age, gender, ethnicity, disability or sexual identity.
- Avoid 'favouritism' and singling-out 'troublemakers'.
- Never trivialise abuse.
- Never let allegations by a vulnerable adult go unreported, including any made against you.

## **POLICY & PROCEDURES FOR FREEDOM OF SPEECH (WHISTLEBLOWING)**

### **1. Introduction**

- 1.1. This policy is to give participants of Cambridgeshire LINK the opportunity to voice their genuine concerns about any aspect of the LINK's work without fear of recrimination.

### **2. Principles**

- 2.1. A participant has the right and a duty to raise a concern about possible fraud, abuse, neglect, harassment or health and safety.
- 2.2. Cambridgeshire LINK has a duty to ensure that any participant who raises a concern under the terms of this policy will be protected from any recriminations. Management Group may, however, invoke the Participants' Standards of Conduct Policy and Procedures if it is established that the issue raised is not genuine and is done with malicious intent.
- 2.3. This policy will allow for confidentiality except in cases such as abuse when the Police/Social Services need to be informed or another participant is guilty of an offence requiring disciplinary action (see Participants' Standards of Conduct Policy and Procedures and Safeguarding of Vulnerable Adults policies).
- 2.4. Management Group must ensure that any genuine concern brought to their attention under the terms of this policy will be dealt with quickly and with empathy.
- 2.5. If a participant feels that he/she is unable to approach Management Group with a specific concern, he/she should approach the LINK Host Team Leader.
- 2.6. Management Group are required to be sensitive to issues involving any type of discriminatory practice or any other discriminatory behavior.
- 2.7. Participants who take action under the terms of this policy will be advised when the situation has been dealt with and will be debriefed as appropriate.
- 2.8. Protection for the individual following the issue: Participants who raise a concern must feel able to do so on the understanding that they have nothing to fear and will not suffer reprisals.

### **3. Procedural Guidance**

- 3.1. Anyone raising concerns about a situation must make sure he/she is clear what the specific issue is. (It may help to write down what the actual facts are rather than rely on memory).
- 3.2. If the concern is complex and a participant is unsure who the best person to approach is, he/she may discuss the issue in confidence with the President or a preferred member of the Management Group. Further guidance can be obtained from Public Concern at Work ([www.pcaaw.co.uk](http://www.pcaaw.co.uk) or 020 7404 6609), the whistleblowing charity.
- 3.3. This policy is not intended to supersede the existing procedures, e.g. Participants' Standards of Conduct Policy and Procedures, Safeguarding of Vulnerable Adults Policy and Procedures, etc.
- 3.4. This policy is underpinned by the Public Interest Disclosure Act 1998, popularly known as the whistleblowing law. It forms part of employment legislation and protects employees and others workers from reprisals for public interest whistleblowing.

### **4. External Agencies**

- 4.1. If our policies are working, Cambridgeshire LINK should be able to deal with most issues internally however; in exceptional circumstances it may be felt necessary to contact an external agency. A suggested approach is laid out below.
- 4.2. If the problem involves the Management Group, abuse of public funds or abuse of Vulnerable Adults Policy; and after raising concerns with the LINK the 'whistleblower' continues to have serious concerns, they may wish to approach where appropriate Cambridgeshire ACRE (as host) or Cambridgeshire County Council (as contractor). Neither have authority to over rule a final decision or action approved by the LINK's Management Group, but may be able to assist the individual to determine what further steps may or should be taken.

*Version: Approved by the Management Group on 06-Jan-2011*