SCHEDULE 2 – THE SERVICES

A.   Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	
Service	Contractual Adult Safeguarding requirements
Commissioner Lead	
Provider Lead	All NHS Luton CCG commissioned services
Period	April 2019 - March 2020
Date of Review	January 2020

1.   Population Needs

National/local context and evidence base

As cited in the NHS Standard Contract, the provider must ensure that Service Users are protected from abuse, neglect and improper or degrading treatment, and must take appropriate action to respond to any allegation or disclosure of abuse in accordance with the law. Effective safeguarding arrangements must be in place to protect individuals from harm caused by abuse or neglect occurring regardless of their circumstances.

The provider must adhere to National and local policies and procedures and must fully co-operate with the Local Safeguarding Adult's Boards. This includes compliance with the requirements and principles specified in the aforementioned Board's respective Multi Agency Safeguarding Policies, Practices and Procedures.

All staff, regardless of whether they work with children or not, must have safeguarding children's training in line with mandatory requirements.

Statutory and best practice guidance and legislation

- Working Together to Safeguard Children (2018)
- Adult Safeguarding: Roles and Competencies for Health Care StaffSafeguarding (2018)
- Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (2018)
- Child Sexual Exploitation: definition and guide for practitioners (2017)
- NHS Improvement Serious Incident Framework (2016)
- Revised PREVENT Duty Guidance: for England and Wales (2016)
- Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework (2015)
- Promoting the Health and Well-being of Looked After Children (2015)
- Looked After Children knowledge, skills and competence of health care staff - Intercollegiate Role Framework (2015)
- Counter Terrorism and Security Act (2015)
- Serious Crime Act 2015

- Modern Slavery Act (2015)
- Home Office Mandatory Reporting of female Genital Mutilation – procedural information (2015)
- Making safeguarding personal (2014)
- NHS England PREVENT Training and Competencies Framework (2014)
- Children and Young People: roles and competences for health staff - Intercollegiate Document (2014)
- Children and Family Act (2014)
- Care Act (2014)
- Health and Social Care Act (2012)
- The Right to Choose: multi-agency statutory guidance for dealing with forced marriage (2009)
- The Deprivation of Liberty Safeguards (2009)
- Safeguarding children in whom illness is fabricated or induced (2008)
- Mental Health Act (1983) (revised 2007)
- National Health Service Act (2006)
- Mental Capacity Act (2005)
- Children Act (1989 and 2004, including section 11 responsibilities)
- Domestic Violence, Crime and Victims Act (2004)

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

2.2 Local defined outcomes

All providers must ensure that adults who are considered vulnerable are identified at the earliest opportunity and ensure collaborative, multi-agency working is undertaken to manage those identified risks appropriately to safeguard the individual(s).

One of the ways to support the prevention of deaths in vulnerable people is the participation in **The LeDeR programme which is part of a suite of programmes previously known as confidential enquiries.** It has had approval from the Secretary of State under section 251 of the NHS Act 2006 to process patient identifiable information without the patient's consent.

Service condition 26 of the NHS Standard Contract requires any provider of services to the NHS to participate in the projects within the National Clinical Audit and Patient Outcomes Programme relevant to the Services.

The LeDeR programme strives to ensure that reviews of deaths lead to learning which will result in improved health and social care services for people with learning disabilities. It is not an investigation nor is it aimed at holding any individual or organisation to account. If individuals and organisations are to be able to learn lessons from the past it is important that the reviews are trusted and safe experiences that encourage honesty, transparency and the sharing of information in order to obtain maximum benefit from them. It is therefore a requirement that NHS providers of services have LeDeR reviewers who can participate in the minimum of 6 reviews a year.

KPI	Outcome	Measurement	Reported	Target
	Safeguarding training – Adults To include FGM; radicalisation; exploitation; Domestic Abuse; human trafficking and modern slavery. All staff working in health care settings are compliant with the Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document, 2018).	Percentage of staff who have received safeguarding training at the appropriate level as specified in the Intercollegiate document.	Quarterly quality reports on in year progress, with end of year assurance of compliance with Intercollegiate / NHSE Document Training requirements	95% of staff, over 12 months, have received core safeguarding initial and refresher training as laid out in the Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document, 2018).
	Safeguarding training – MCA / DoLS To include covert administration; DNACPR; lasting power of attorney; advanced decisions to refuse treatment. All staff working in health care settings have received statutory training in MCA/DoLS in line with latest legislation, case law and local competencies.	Percentage of staff who have received statutory training in MCA/DOLS in line with latest legislation, case law and local competencies.	Quarterly quality reports	95% of all staff have received statutory training in MCA/DoLS in line with latest legislation and case law.
	Safeguarding training - PREVENT All staff have received Prevent Training in line with the NHSE Prevent Training and Competencies Framework (2017) and the Adult Safeguarding: Roles and Competencies for	Percentage of staff who have received Prevent Training in line with the NHSE Prevent Training and Competencies Framework (2017) and the Adult	Quarterly quality reports	95% of all staff have received basic Prevent awareness. 85% of identified appropriate staff have received Health WRAP3 training.

		Health Care Staff. Intercollegiate Document (2018).	Safeguarding: Roles and Competencies for Health Care Staff. Intercollegiate Document (2018).		
		Providers of services for those who are 16yrs and over: **Deprivation of Liberty Safeguards (DoLS), including DoLS in the Community e.g. Supported Living schemes, shared lives schemes.** **16-18yr –** funding authority notified where DoLS may apply **18yr + - Deprivation of Liberty Safeguards (DoLS)** identified appropriately and authorisations are sought in a timely manner to the Supervisory Body or funding authority.	Number of DoLS applications made. Number of Granted and number of those Not Granted. Number referred to the funding authority where application needed to the Court of Protection (CoP). Use of Prioritisation Tool (see 4.3)	Quarterly quality reports	All DoLS applications applied for and outcomes reported e.g. number of granted; number of not granted; number of applications disputed. Number referred to funding authority where CoP application required. Number of those not yet assessed, due to Supervisory Body backlog.
		LeDeR Programme Participate in the Learning Disability Mortality Review Programme	Complete a minimum of 6 reviews a year.	Quarterly Quality Reports	The request for LeDeR reviews will be completed in a timely manner as requested. 100% of requests will have been actioned and any learning taken forward.

	Allegations against staff For all allegations of abuse perpetrated by staff who have or may have, access to children and vulnerable people through their employment, a Local Authority Designated Officer (LADO) referral is made	The provider is compliant with mandatory reporting	Quarterly quality reports	100% of cases reported
	Safeguarding Board Performance Data All data required for the Local Safeguarding Adult Board (SAB) is submitted with analysis in line with submission dates circulated.	All data as per performance framework submitted with associated analysis	Quarterly quality reports	100% of reports and analysis submitted each quarter

3. Scope

3.1 Aims and objectives of service
Any person accessing health services in Luton / Bedfordshire is safeguarded. Vulnerabilities to be identified at the earliest opportunity and appropriate, timely intervention to be initiated.

3.2 Service description/care pathway
Not applicable

3.3 Population covered
All service users

3.4 Any acceptance and exclusion criteria and thresholds
None

3.5 Interdependence with other services/providers
All health providers, acute and community, mental health services and Local Authorities.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

See section 1 for Statutory guidance and best practice guidance

4.2   Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)
As above

4.3   Applicable local standards

In line with the Local Safeguarding Adult Boards

Deprivation of Liberty Safeguards (DoLS) in the Community Prioritisation Tool

20160721
Deprivation of Liber

5.   Applicable quality requirements and CQUIN goals

5.1   Applicable Quality Requirements (See Schedule)
To identify and safeguard all vulnerable people

5.2   Applicable CQUIN goals (See Schedule)
Not applicable

6.   Location of Provider Premises

The Provider's Premises are located at:

7.   Individual Service User Placement

Not applicable