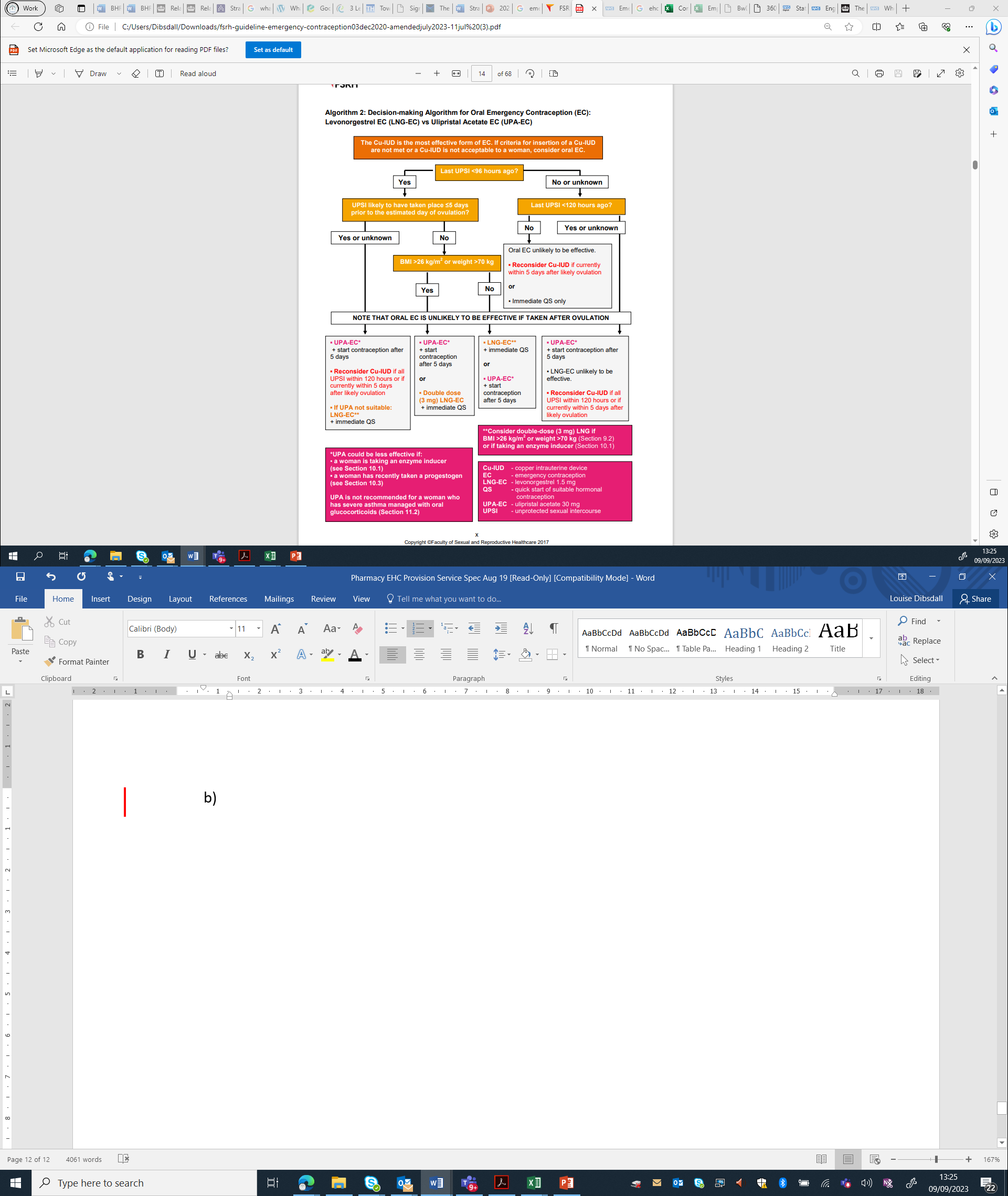
**– SERVICE SPECIFICATION**

**Service Specification for the Emergency Hormonal Contraception Contract**

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| --- |
| 1. Population Needs |
| **1.1 National/local context and evidence base**  Improving the sexual health of the population in Havering is a priority for the Council and provision of open access sexual health services is mandated under the Health and Social Care Act 2012. It is underpinned by the Department of Health’s Framework for Sexual Health Improvement in England[[1]](#footnote-1). The main targets associated with sexual health are:   * Reduction in the under-18 conception * Reduction in the number of terminations of unintended pregnancies * Reduction the number of new cases of Sexually Transmitted Infections (STIs)   Unintended pregnancy threatens public health as it can have a range of health, social, economic and cultural consequences including[[2]](#footnote-2):   * Abortion, which in itself poses a risk to the mother of medical complications * Mental health and wellbeing of deciding what to do in the case of an unintended pregnancy, managing partner as well as families’ expectations * Socio-economic impact of raising a child, which is particularly challenging for those already disadvantaged, especially teenage and/or single parents * Physical wellbeing of the mother, where the risks to the mother and baby are greater in younger teenage or much older (40+) age groups * Ambivalence towards seeking pre-natal care, particularly in younger or disadvantaged groups experiencing unintended pregnancy * Social norms of different cultural groups where unintended pregnancy or pregnancy outside of marriage may result in ostracising the parent(s), lack of support etc.   Both international and national evidence points to young people's access to contraception as being crucial in reducing teenage pregnancies, terminations and STIs. Emergency hormonal contraception (EHC) has a vital role to play either when contraception might have failed or after unprotected sexual intercourse. Increasing access to EHC is viewed as an important step in preventing unintended pregnancies. Regardless of future improvements to information, services or contraceptive use, EHC will remain a vital "back-up" contraceptive for women seeking to avoid an unintended pregnancy as currently no method of contraception is 100 per cent effective, and in addition methods may be used incorrectly or not at all.  Evidence that access via pharmacies is vital for women is compelling. Community pharmacies are conveniently located in the heart of communities, with long opening hours and trained staff on site who reflect the diversity of the communities they serve. They provide a safe haven for individuals seeking anonymous and informal advice from a trusted professional without having to make an appointment, especially for populations living in the most deprived areas[[3]](#footnote-3). Over 90% of community pharmacies have a private consultation area , which provides a good environment for people to raise concerns and ask questions about issues that are sometimes embarrassing or private, in a confidential and non-judgemental setting[[4]](#footnote-4).  EHC is available for free at:   * Contraception clinics * Brook centres * Some community pharmacies who have been commissioned to deliver the service * Most Sexual and Reproductive Health (SRH) or genitourinary medicine (GUM) clinics * Most NHS walk-in centres and minor injury units * Most GP surgeries * Some hospital accident and emergency departments (A&E)   However, since 2001, EHC has been made available for purchase over-the-counter in community pharmacies across England. For many communities, the cost of purchasing it remains an important barrier to uptake[[5]](#footnote-5). Despite this, less than half of the pharmacies across the country are commissioned to provide the service.  This service agreement aims to strengthen the pharmacy provision of EHC, particularly to reduce unintended pregnancies in young people aged 13 to 25 years. |
| 2. Key Service Outcomes |
| **2.1** EHC is intended for occasional use, to reduce the risk of pregnancy after unprotected sexual intercourse (UPSI). It does not replace effective regular contraception**[[6]](#footnote-6).**  **2.2** The desired outcomes of this Emergency Hormonal Contraception Service (EHC Service) are to:   * Increase access to free Emergency Hormonal Contraception (EHC) and sexual   health advice   * Increase choice of health care professionals who can provide EHC free of charge * Reduce the rate of unintended pregnancies, in particular among women 19   years and under.   * Directing clients who fall outside the Faculty of Sexual and Reproductive Health (FSRH) algorithms for provision of EHC[[7]](#footnote-7) (Appendix 1) or who need advice on ongoing contraception into mainstream contraceptive services and appropriate healthcare services |
|  |
| **3.1 Aims and objectives of service**   1. The aim of the service is to increase access to sexual health services in Havering in   order to reduce unintended pregnancies and improve sexual health. In addition the  services will increase knowledge of the consequences of risky sexual behaviour by  providing information and advice as appropriate on sexual health issues including  STIs, avoiding unintended pregnancy, contraception and delaying sex (as  appropriate). The service will also improve awareness of the range of sexual health  services available in the area.   1. To increase the use of EHC by women who have had unprotected sexual intercourse (UPSI) and help contribute to a reduction in the number of unintended pregnancies and the costs associated with unintended pregnancies 2. The Contract allows the Provider to supply Levonorgestrel or Ulispristal emergency hormonal contraception to appropriate clients in line with relevant guidance and patient group directions (PGDs), by accredited pharmacists 3. To refer clients, especially those from hard to reach groups, into mainstream contraceptive services 4. To increase the client’s knowledge of the prevalence of Sexually Transmitted Infections, the risks associated with STIs and how to protect themselves from STIs. 5. To refer clients who may have been at risk of STIs to an appropriate support service 6. Increase the Public Health role of the community pharmacist and promote multidisciplinary working in relation to sexual health   3.2.1 Pharmacy Responsibilities   1. The pharmacy shall supply EHC, where clinically indicated, to patients aged 13 years – 25 years in accordance with the requirements described in the locally agreed PGD and subject to (g) and/or as per independent pharmacy prescribing regulations. 2. The service must be provided by the pharmacists in person. See accessibility (section 3.4.1) for action to be taken if contracted pharmacists are not available. 3. The pharmacist will take a client history to ensure that they have sufficient information to assess the appropriateness of the supply. 4. Clients who are excluded from the service must be referred to other services for treatment and advice within the time frame for emergency contraception treatment to be effective. Note that for client exclusions for valid clinical reasons, it is the responsibility of the local authority and/or NHSE commissioners to ensure that open-access SRH and GUM clinics are commissioned and provided appropriately to ensure referrals made by the pharmacy for alternative treatment are met. 5. The pharmacy shall provide advice on the avoidance of pregnancy including the use of ongoing contraception choices, particularly Long Acting Reversible Contraception (LARC) and shall signpost patients to services that provide on-going contraception support. 6. The pharmacy shall provide advice and supply on the prevention of STIs through safer sex and use of condoms and in line with FSRH standards[[8]](#footnote-8). 7. The Pharmacy shall be a registered C-card distribution point and provide a free supply of condoms as per the Havering c-card scheme. 8. The pharmacy shall signpost patients to services that provide diagnosis and treatment for STIs via Sexual Health London e-service ([Sexual Health London • SHL.UK](https://www.shl.uk/)) or local SRH/GUM service provided by BHRUT ([Sexual health services in Barking, Havering and Redbridge | BHR Hospitals](https://www.bhrhospitals.nhs.uk/sexual-health/)). 9. The pharmacy shall be linked into existing sexual health services such that patients with on-going needs can be referred to appropriate services effectively. 10. Patients excluded from the PGD shall be referred to appropriate local NHS services able to meet their needs. 11. The service shall be offered in accordance with Fraser guidance in relation to the provision of confidential sexual health advice and/or treatment for patients aged 13 years or over.   3.2.2 Consultation   1. The pharmacy will provide a user-friendly, non-judgemental, client centred and confidential service. A complete sexual health consultation must be carried out within a private consultation room separate to the main area of the premises to ensure privacy 2. A consultation under the EHC service must include a discussion about the three options for emergency contraception[[9]](#footnote-9):  * Cu-IUD * ellaOne – within 5 days of unprotected sex * Levonelle – within 3 days of unprotected sex  1. All requests for any of the specified services must be dealt with sensitively and discreetly. 2. Medicines counter staff must refer queries for EHC to the pharmacist without delay and with discretion so as to maintain confidentiality. 3. The pharmacist must personally speak with and counsel the client requesting EHC, which can only be supplied, in person, to the client. 4. During the consultation, all the information outlined in the relevant proforma should be obtained before providing the service or referral. 5. Requests for condoms may be managed by appropriately trained members of pharmacy staff. 6. Verbal and written advice/information on the avoidance of STIs and the use of regular contraceptive methods will be provided to the client. This should be supplemented by a referral to a service that can provide treatment, further advice, and care as appropriate.   3.2.3 Formulary   1. Levonorgestrel 1500 MG (or 3000mg if woman is over 70kg/BMI over 26kg/m2 and if UPA-EC is unsuitable) within 72 hours of UPSI   Ulipristal Acetate 30MG tablet - within 120 hours following UPSI or contraceptive method failure with the intention of preventing an unintended pregnancy. UPA should be especially considered as superior to LNG in the following circumstances:   * Women 70kg or BMI over 26kg/m2 from 0-120 hours after UPSI * Mid cycle UPSI – 5 days either side of expected day of ovulation from 0-120 hours after UPSI i.e.   + - 28 day cycle : days 9-19     - 30 day cycle: days 11-21     - 26 day cycle : days 7-17  1. The product may only be supplied for use at the time and not for future use. 2. The client should take the tablet on the premises, i.e. supervised consumption. 3. All clients should be given a verbal warning that the tablet may be associated with nausea or vomiting. If vomiting or severe diarrhoea occurs within 3 hours of taking the tablet, the client should seek further advice from a pharmacist, GP or Family Planning Clinic; 4. Emphasise the failure rate and the need for follow up; 5. Stress that this supply takes care of this episode of unprotected sex only; 6. Advise the practise of abstinence or careful use of barrier methods until the onset of the next menstrual period and discuss future contraceptive needs. 7. Advise a follow up appointment with the Family planning clinic or GP in 3-4 weeks to ensure that themethod has worked. This is especially important if:  * They do not have a period within 3-4 weeks of taking the tablet; * Or the period is unusually light, short, or painful (possibility of failed method/ectopic pregnancy); * They should be advised to take an early morning sample of urine with them to that appointment. * They can attend the Family Planning clinic or GP earlier to discuss ongoing contraception.   *NB The Over-The-Counter (OTC) product Levonelle One Step® must not be supplied, as the licensing and the patient information leaflets are different. Pharmacists will not be reimbursed for supply of the OTC product.*  3.2.4 Data Requirement and Frequency of Submission  A completed Assessment and Supply form for Emergency Hormonal Contraception (EHC) which is signed by the client should be completed for each client. The Assessment form is to be retained at the pharmacy for clinical governance and audit purposes.  The following data will need to be recorded at each consultation:   * Date of consultation * Postcode of client * Date of Birth * Ethnicity * Reason for EHC * Sexual Orientation (where patient is comfortable to disclose) * Number of other requests for EHC in last 6 months   Data should be provided on a quarterly basis, submitted at the same time as invoices for services delivered.  3.2.5 Payment Arrangements  Providers will receive an agreed payment for the service which is as follows.   |  |  |  |  | | --- | --- | --- | --- | | **Service** | **Evidence** | **Product** | **Payment** | | EHC consultation & supply | Agreed data to Havering Council | £5.20 (Levonelle)x2 for double doses where indicated or £14.05 ellaOne | £18.00 + VAT |   Payment for the service will subject to the provision of monthly invoices. A copy of the completed Assessment and Supply Form (per person) needs to be attached to each invoice as a means of validation.    3.2.6 Additional Information   1. Promotion: The pharmacy will be required to actively promote the service to young people accessing the pharmacy ensuring it has adequate health promotion material, including leaflets on sexual health services such as long-term contraception methods and STIs for clients. The pharmacy contractor should have a current list of all accredited pharmacy premises in the area, to give to all potential clients if unable to fulfil a request for EHC. The list will be supplied by Havering Council on request. 2. Record keeping: The pharmacy must record each consultation and the outcome using the client Assessment and Supply form, in accordance with the PGD to ensure effective on-going service delivery and audit. Records will be confidential and should be stored securely in the pharmacy premises for at least 8 years (or up to the client’s 26th birthday if under 16). Destruction should be in line with existing guidance on destruction of medical records. Access to the records is for approved staff only. Authorised Council staff may wish to access these records, for audit purposes. They should be filed in such a manner that allows for easy retrieval. All records must comply with The Data Protection Act 1998. 3. Confidentiality: Confidentiality for all clients, including those under 16 years of age, is paramount. Pharmacy contractors, pharmacists and pharmacy staff must all understand and respect the issue of confidentiality. No information may be given to a third party without prior consent of the Client. 4. Referrals: The client should always be advised to talk to her GP or local family planning clinic, regardless of whether a supply is made. However, where the pharmacist, on the basis of the information obtained, is not certain that EHC can be supplied, the client should be referred to a GP or specialist clinic immediately. Similarly, a client judged not to be competent in line with the Fraser ruling, should be referred. If the non-competent young person attends with a parent and both agree to treatment, then EHC can be given and both sign the PGD record sheet 5. Safeguarding / Child Protection: If you have any concerns about a Safeguarding or Child Protection you should in the first instance speak to your line manager and follow your organisation’s Safeguarding/Child Protection Procedure. If you have any child protection queries and would like advice you should call the following Havering services:   **Aged 18+**  Adult Social Services Safeguarding Adults Team  Telephone: 01708 433 550  Email: [safeguarding\_adults\_team@havering.gov.uk](mailto:safeguarding_adults_team@havering.gov.uk)  Online Referral: [Safeguarding Adult Alert (havering.gov.uk)](https://lasportal.havering.gov.uk/web/portal/pages/saalert#h1)  **Children and Young People**  Child Protection Team  Telephone: 01708 433 222 (office hours) or 01708 433 999 (before 8:45am and after 5pm every weekday and anytime at weekends).  Online Referral: [Referral to Children/Young Person Services (havering.gov.uk)](https://ehmportal.havering.gov.uk/web/portal/pages/ehassess#ssa)  Please remember that the young person should be informed that advice will be sought from others and information shared with them.   1. IUD request: Clients who choose or require referral for IUD emergency contraception can be referred to contraception clinics of the Integrated Sexual Health Services (ISHS) or to on eof the Havering LARC fitting GPs (North Street Surgery and Wood Lane Surgery). . If possible, contact the clinic/provider beforehand or advise the client to telephone to confirm that the clinic doctor is available to fit an IUD. If not, the clinic can provide details of availability at other clinics. The telephone number for the ISHS is 0208 924 6674. https://www.bhrhospitals.nhs.uk/sexual-health 2. Clinical support: The accredited pharmacist should not work in isolation and must feel confident to refer to other sources of information and support services such as, other participating pharmacists, and designated Family Planning staff, subject to the requirement for confidentiality. 3. Medical referral: for EHC the client should always be advised to talk to their GP or local family planning clinic, regardless of whether a supply is made. However, where the pharmacist, on the basis of the information obtained, is not certain that EHC can be supplied, the client should be referred to a GP or specialist clinic immediately.   **3.3 Population covered**  Girls and young women aged 13 – 25  **3.4 Any acceptance and exclusion criteria and thresholds**  3.4.1 Accessibility criteria:   * The service will be available to girls aged 13 – 25 years old who request EHC. * Unprotected sexual intercourse (UPSI) or contraception failure within the last 72 hours. * UPSI or contraception failure within the last 72 hours where patient has vomited within 3 hours of taking a dose of Levonorgestrel for EHC. A second supply can only be made if this occurs. * Patient gives their consent to providing the relevant clinical information to the pharmacist after pharmacist has assessed their capacity to consent.   3.4.2 Exclusion Criteria   * Patient does not agree to share relevant clinical information or there is no valid consent. * Patient using Levonorgestrel for EHC in current menstrual cycle unless vomited within 3 hours of ingestion and returned for a second supply. * Known or suspected pregnancy * Under 16 years of age and assessed as not competent using Fraser Guidelines * Known hypersensitivity to any constituents of levonorgestrel or ulipristal Acetate   **3.5 Interdependencies with other services**  The provider will maintain efficient working relationships with services, agencies and stakeholders to enhance the quality of care delivered and ensure the holistic nature of the Service. Specifically, linkages will be maintained with GPs, Hospital Trust, Local Authority and other sexual health and secondary health service providers for use when relevant.  **3.6 Any activity planning assumptions**  It is expected that providers will also register with the pan-London “C-Card” free condom distribution scheme to become a scheme provider. The local scheme is coordinated by Havering Council which offers training and support to scheme providers. To become a provider, this will involve receiving training on registering young people into the scheme, recording revisits of registered users, providing condom demonstrations (where young person has not used a condom before) and supplying condoms at no cost to young people aged 24 or under on request.   |  | | --- | | 4. Applicable Service Standards | | 4.1 Applicable national standards  4.1.1 Premises:The service can only be provided in an approved pharmacy, which must have a suitable private area for consultation with clients. This may be an area within the shop where privacy can be maintained rather than a separate room, where chaperoning issues will need to be addressed.  4.1.2 Clinical Governance:   1. The Pharmacy has a named clinical governance lead. 2. The Pharmacy has a practice leaflet, which includes information on the EHC service, if providing EHC service. 3. The Pharmacy has in place a Standard Operating Procedure for the EHC and reviews this annually. 4. The Pharmacy participates in London Borough of Havering annual service audit. 5. The Pharmacy undertakes an annual patient satisfaction survey, which will include the sexual health service and provide feedback 6. The Pharmacy has appropriate Child Protection Procedures in place in line with national and local guidance with a record of staff trained in this area. 7. A Non prescribing pharamcist is appropriately trained in the EHC PGD and understands their role in the EHC provision and this information is cascaded down to pharmacy staff. 8. The Pharmacist is able to demonstrate a record of Continuing Professional Development as required by the RPSGB (see local standards). 9. The Pharmacy has a written complaints procedure, keeps a record of Complaints made and can demonstrate that a review of complaints has led to a change in practice 10. The Pharmacy has an incident reporting system in place. 11. The Pharmacy complies with Health and Safety legislation. Contractors have systems and policies in place to ensure that contractors and employees comply with legal obligations of data protection and confidentiality and that staff is appropriately trained on these issues 12. To have up to date sexual health information leaflets including contraception methods, to supplement verbal advice as specified in PGD. 13. To ensure that if the pharmacy is unable to provide EHC to signpost the 14. client to where they can access the service 15. Appropriate patient records are maintained. 16. The Pharmacy is working towards the Department of Health’s *You’re Welcome quality criteria - Making health services young people friendly* in the nine topic areas as below;  * Accessibility * Publicity * Confidentiality and consent * The environment * Staff training, skills, attitudes and values * Joined-up working with other relevant services * Monitoring and evaluation and involvement of young people * Awareness of health issues for adolescents   As a result of ensuring that the environment meets the above criteria and is therefore young person friendly, when visiting a pharmacy each young person should experience the following:   * A friendly, welcoming and non-judgmental service * Where possible male and female staff will be available * Clear boundaries on what the service providers at registration or   distribution outlets can and cannot offer   * A free and confidential service adhering to the Fraser Guidelines * Information regarding sexual health issues wider health issues and services through leaflets and signposting * Clear referral and support to other services where necessary * That their views will be taken seriously whether positive or negative * Information and support or sign posting to where they can discuss sexual   health issues to enable them to take care of their sexual health.  4.1.3 Opening hours  For EHCthe pharmacy must be able to provide the service for at least 5 days a week, including either a Saturday or Sunday, equivalent to 40 hours per week. Under normal circumstances there should not be a service gap longer than 48 hours.  Any EHC requesting client will be seen as soon as possible and within 1 hour. If they are unable to be seen within an hour, they should be signposted to another local pharmacy providing the service.  If the pharmacist is unavailable (e.g. off sick or on holiday) then the pharmacist should ensure there is either a trained Locum available or signpost client to the nearest alternative provider.  4.1.4 Guidance and EHC PGD  The service will be provided in accordance with the approved PGD and comply with Department of Health guidance. The pharmacy owner and accredited pharmacist have a duty of care towards their client group. All clients accessing EHC should be encouraged to use long term contraception and given details of contraceptive clinics to contact. If a client uses the service repeatedly for EHC the pharmacist has a duty to try and counsel the client and also be referred to an appropriate provider, such as GP or a contraceptive clinic including young people’s clinic.  4.1.5 Criminal Records Bureau checks (CRB)  The Accredited Pharmacist should have submitted their enhanced Criminal Records Bureau check and declaration in accordance with the NHS (Pharmaceutical Services) Regulations 2005. Other pharmacists employed as Locums or to cover holiday will also need enhanced CRB Check and the responsibility and cost for ensuring this will lie with the Pharmacy Contractor.  4.1.6 Training and meetings  a) PGD provision: Registered pharmacists must have accessed and completed training approved by Train All East, Bart’s Sexual Health primary Care Support Team. This mandatory training consists of:   * CPPE Emergency Contraception e-Learning Programme (3 Hours) * CPPE Safeguarding Children Open Learning Programme (1.5 Hours) * CPPE Contraception Open Learning Programme (12 Hours) * Local EHC PGD training (webinar and / or face to face training) including a pass in the quiz   All: Safeguarding children – update training every 3 years  The pharmacy contractor must ensure that the pharmacist and all other pharmacy staff who may have contact with potential clients are trained in the provision of the service and aware of and operate within approved PGD and service agreement. This will include areas such as child protection issues, confidentiality, Fraser Guidelines and alternative services in the area and how to seek urgent advice. The pharmacy contractor will participate in any meetings held by Havering Council to promote the service and update pharmacy staff with new developments, knowledge and evidence.  4.2 Applicable local standards  EHC provision can only be provided by accredited pharmacists who have successfully completed the following training:   * In possession of a current Centre for Pharmacy Postgraduate Education: sexual health in pharmacies * In possession of a current Centre for Pharmacy Postgraduate Education: emergency contraception (3 hours) * In possession of a current Centre for Pharmacy Postgraduate Education: contraception (12 hours) * In possession of a current Centre for Pharmacy Postgraduate Education: Safeguarding Children Open Learning programme (1.5 hours) * Attendance at a local GP led PGD training. | |  | |  |   **Appendix 1: Decision-Making Algorithms for Emergency Contraception**   1. Copper Intrauterine Device (Cu-IUD) versus Oral Emergency Contraception (EC) |

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Levonorgestrel Emergency Contraception (LNG-EC) versus Ulipristal Acetate EC (UPA-EC



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**– BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN**

1. **Introduction**

In order to ensure the safety and wellbeing of all service users and staff

/ volunteers at each service, it is vital that effective Business Continuity and Disaster Recovery Plans are in place to address the wide range of issues that could adversely affect the continued provision of the service.

1. **General Requirements**

Within 2 months of the Commencement Date of the Contract, a Business Continuity and Disaster Recovery Plan shall be provided for each Service covered by the Contract.

Each Service Business Continuity and Disaster Recovery Plan shall examine the potential impact of any critical/emergency situation on the Service(s), the Service Users and the staff / volunteers.

Key functions of the Service(s) should be identified and planned responses developed to address each potentially critical/emergency situation.

Service Providers shall be expected to develop their Business Continuity and Disaster Recovery Plans in conjunction with, and following liaison with commissioners, partner / stakeholder agencies and other Service Providers (where relevant), as well as consulting with local authority departments and healthcare services.

It is essential that where Business Continuity and Disaster Recovery Plans require the involvement and active participation of partner agencies (such as the use of emergency accommodation provided by the local authority), a protocol should be agreed between representatives of those parties concerned related to the specific courses of action required by each party.

Each Service Business Continuity and Disaster Recovery Plan shall be adopted by the Service Provider’s organisation and reviewed on an annual basis for any potential changes or new situations.

1. **Specific Issues for Inclusion**

Each plan shall contain a minimum of the following areas of potential impact, however each Service Provider shall identify any further areas of potential impact related to the Service concerned:

* + *Health related emergencies (examples being influenza pandemic, outbreak of MRSA)*
  + *Buildings related emergencies (examples being burst pipes, fire, boiler breakdown)*
  + *Business related emergencies (examples being sudden loss of funding, loss of organisational accommodation, loss of key registrations, loss of key IT systems)*
  + *Resource related emergencies (examples being loss of key staff / volunteers without warning, unavailability of locum staff when required).*

1. **Continuity and Recovery Responses Required**

In consideration of the specific issues included in the Business Continuity and Disaster Recovery Plan, Service Providers shall address their response in respect of the areas below, as a minimum requirement:

* + Roles and responsibilities of key staff and management
  + Interim staffing arrangements
  + Interim accommodation arrangements, to include both Service Users and staff / volunteers, where applicable.
  + Reporting procedures and communication/liaison with key agencies and the local authority
  + Continuous risk monitoring
  + Recovery planning
  + Service User communication
  + Stakeholder communication.

1. **Contract Monitoring**

The Business Continuity and Disaster Recovery Plan for each Service will be annually reviewed under the Contract and Performance Monitoring Policy applicable to the Contract.

Evidence will be required in respect of the actions by the Service Provider, in regular review of the plan, any impact during the period of the Contract for which the plan has been activated and any potential new risks for which Business Continuity and Disaster Recovery Planning should be implemented.

**– SERIOUS INCIDENT REPORTING**

1. **Background**

This document outlines the procedures by which support the Provider will report to the Council any serious or untoward incident that takes place within a commissioned Service.

The Council wishes to ensure that Service Users receive a safe, secure and appropriate Service and it is therefore important that Supplier work together with the Council to manage risk.

It is recognised that other Services, such as those operated for Mental Health, Learning Disabilities and Offenders under contract to Clinical Commissioning Groups, Mental Health NHS Trusts, the London Borough of Council and the Probation Service, already have in place procedures for the reporting of serious incidents. However, this procedure will be implemented in addition to any other reporting procedure, to ensure the Council is able to manage risk and effectively monitor the Service being contracted.

1. **Reasons for Immediate Reporting of Incidents**
   1. It is essential that the Council receives immediate notification of any serious incident to enable the following actions to be taken or monitored:

* Support can be provided, where necessary, to the Service Provider concerned to resolve immediate difficulties
* To enable other stakeholders to be alerted and informed of the incident, however this does not replace the Provider’s responsibility to advise and notify such stakeholders of the incident under other procedures which might be in place
* To enable the implementation of a communications strategy related to any adverse publicity
* To facilitate any necessary inquiries into the incident, including those relevant to the Council Safeguarding Adults from Abuse Protocol.

1. **Definition of a Serious Incident**
   1. There can be a number of reasons for declaring an incident ‘serious’ and it is not possible to provide an exhaustive list. Furthermore, the Provider should already have in place an Incident Reporting Policy, which will detail the nature of various levels of incident and the reporting procedures that should apply.
   2. Some examples, albeit not an exhaustive list, of incidents that would constitute a ‘serious incident’ are:
2. Serious crime or violence by, or to, Service Users, staff, volunteers or members of the public directly involved with the Service
3. Serious threats by, or to, Service Users, staff, volunteers, or members of the public directly involved with the Service
4. Suicide or attempted suicide by a Service User or any other person on the premises of a Service User
5. Death or serious injury of a Service User or any other person on the premises of a Service User
6. Incidents on the premises that involve, or were instigated by, the police or are related to children
7. Abuse (physical, verbal or financial), or exploitation of a Service User by another person
8. Serious neglect of a Service User by any other person
9. Emergency admission to hospital of a Service User, subject to circumstances e.g. regular falls victim would be excluded as reporting would be through another route
10. Housing management incidents that result in a serious disruption of an Adult Social Care Commissioning Funded Service affecting the delivery of the Service, such as fire, flood or power failure. This is particularly relevant where the Service User may be rendered temporarily homeless by the incident, or may lead to the building being unoccupied for a period of time.
    1. If the Provider is uncertain whether an incident is sufficiently serious in nature to warrant reporting should contact the Council for advice.
11. **Incident Reporting**

4.1 All incidents that are considered serious in nature under the conditions of this procedure should be reported to the Council (see Schedule 5 – Representatives) at the earliest opportunity following the incident as is considered practical. It would be expected that the first notification would be by telephone or email within 24 hours of the incident during the working week and by the end of the working day on a Monday where the incident occurs during the week-end.

4.2 Where a serious incident is likely to attract media interest, notification of the incident should be reported immediately.

* + 1. Where the serious incident occurs outside normal working hours, or at a weekend, the Provider should contact Council Social Services who provide an emergency/out-of-hours number, as detailed elsewhere in this procedure, and give a brief report of the details. This should be followed up on the next working day with a report to the Council.

4.4 The initial report, verbal or written, provided to the Council shall include the following details:

1. Date and Time of incident
2. Brief Description of incident
3. Names of all known parties involved in the incident; and including details of any care manager’s / care coordinators, probation officers or social workers from the London Borough of Havering, North East London Foundation Trust or Clinical Commissioning Group, or the Probation Service
4. Information of the involvement of any emergency or rescue Service
5. Identification of the immediate action taken by the Service Provider or their staff
6. Identification of the individual appointed to be responsible for the management of the incident who will act as the contact for information and notification purposes. This individual shall be of a suitably senior level within the Supplier’s organisation.
7. Identification of any further action required
8. Identification of the impact on the delivery of the support Service and any associated risks to the Service Users

4.3 Whilst the initial report should be provided within 24 hours of the incident, the Provider should also provide a copy of its own comprehensive internal report on the incident within 5 working days of the incident. This should be sent to the Council.

4.4 The Provider will also be required to submit copies of all subsequent reports to the Council, including a final written report setting out the outcome and resolution of the incident including any plans for risk management / avoidance or corrective actions to avoid repetition of the incident.

1. **Incident Policy**
   1. All Suppliers are required to have a policy which details the process by which incidents will be described, recorded, investigated and reported. In addition, this policy will include the process by which outcomes will be reviewed, corrective actions identified and, where necessary, risk will be managed and avoidance procedures implemented. This policy shall also identify specific timescales for the processes concerned, in relation to the nature of the incident and outcomes and provide the details of the responsible person(s) who will undertake these processes and ensure Service Users are protected.
   2. The Supplier's Incident Policy will be reviewed as part of any Contract and Performance Monitoring process implemented under the Service contract and compliance will be required in respect of the paragraph above.
2. **Protecting Adults at Risk**

6.1 There is an overall requirement that the Provider establishes robust safeguarding arrangements that conform to the Council Safeguarding Adults from Abuse Protocol, which can be accessed at:

<https://www.havering.gov.uk/Pages/Category/Adult-protection.aspx>

Safeguarding alert forms can also be found at this location.

* 1. It is expected that the Supplier and its staff should also be fully conversant with the Pan London Protocol; which can be found at: [www.scie.org.uk/publications/reports/report39.pdf](http://www.scie.org.uk/publications/reports/report39.pdf)
  2. The reporting of serious incidents as described above is not meant to replace reporting requirements under the Council Safeguarding Adults from Abuse Protocol but to complement them. All alerts and reports submitted to the Safeguarding Adults or Children’s Safeguarding teams should be copied to the Council’s representative (see Schedule 5 for details).

1. **Essential Contact Details**
   1. Council Safeguarding Adults Team - 01708 433550
   2. Customer Services Adult Social Care - 01708 432000
   3. LB Council Out of Hours Duty Team - 01708 433999
   4. Main Council Switchboard and Information Service - 01708 434343

1. Department of Health, 2013. *A Framework for Sexual Health Improvement in England.* [A Framework for Sexual Health Improvement in England (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142592/9287-2900714-TSO-SexualHealthPolicyNW_ACCESSIBLE.pdf) [↑](#footnote-ref-1)
2. Institute of Medicine (1995) *The Best Intentions: Unintended Pregnancy and the Wellbeing of Children and Families*  National Academies Press [Consequences of Unintended Pregnancy - The Best Intentions - NCBI Bookshelf (nih.gov)](https://www.ncbi.nlm.nih.gov/books/NBK232137/) [↑](#footnote-ref-2)
3. [The Pharmacy Offer for Sexual Health, Reproductive Health and HIV: A resource for commissioners and providers (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788240/Pharmacy_Offer_for_Sexual_Health.pdf) [↑](#footnote-ref-3)
4. Public Health England (PHE). Pharmacy: A Way Forward for Public Health. Opportunities for action through pharmacy for public health. PHE; 2017. Retrieved from: [www.gov.uk/government/publications/community-pharmacy-public-health-interventions](http://www.gov.uk/government/publications/community-pharmacy-public-health-interventions) [↑](#footnote-ref-4)
5. Schenk, K.D. Emergency contraception: lessons learned from the UK. J Fam Plann Reprod Health Care. 2003;29(2):35-40. [↑](#footnote-ref-5)
6. <https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/fsrh-guideline-emergency-contraception03dec2020-amendedjuly2023-11jul.pdf> [↑](#footnote-ref-6)
7. [FSRH Clinical Guideline: Emergency Contraception (March 2017, amended July 2023) - Faculty of Sexual and Reproductive Healthcare](https://www.fsrh.org/documents/ceu-clinical-guidance-emergency-contraception-march-2017/) [↑](#footnote-ref-7)
8. [Home - Faculty of Sexual and Reproductive Healthcare (fsrh.org)](https://www.fsrh.org/home/) [↑](#footnote-ref-8)
9. [Emergency contraception (morning after pill, IUD) - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/contraception/emergency-contraception/) [↑](#footnote-ref-9)